

# Inspection of safeguarding and looked after children services

## Sunderland

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**Reporting inspector** Matthew Brazier HMI

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with 37 children and young people, 20 parents and carers receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 84 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in October 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS South of Tyne and Wear, City Hospitals Sunderland NHS Foundation Trust, Northumberland, Tyne and Wear NHS Foundation Trust and South Tyneside NHS Foundation Trust.

## The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements

Inadequate (Grade 4)	A service that does not meet minimum requirements
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## Service information

4. Sunderland is a large city in the North-East of England, which comprises a city centre based around the mouth of the River Wear, and also includes the new town of Washington and the two former coal-mining towns of Hetton-le-Hole and Houghton-le-Spring. Sunderland covers more than 14,000 hectares including a coastline, a port, a university and 600 hectares of open space.
5. Sunderland has a population of 283,509 of whom 56,137 are children and young people representing approximately 20% of the overall population. After significantly falling during the 1990s, the birth rate has levelled off and in recent years there has been a slight upturn. In 2011, 5.8% of the school population was classified as belonging to an ethnic group other than White British (mostly Bangladeshi) compared to 22.55% in England overall.
6. Sunderland is ranked 41<sup>st</sup> most deprived out of 327 English local authorities and this places the city in the bottom quartile in comparison to all English authorities. In addition 25% of children and young people in Sunderland were defined as living in poverty.
7. The number and proportions of children who are looked after by Sunderland has remained consistent, at around 400. At the time of the inspection the figure was 387. Of those, 109 were under five; 220 aged 5-15 years; and 58 aged 16 years and over. The council and its partners also support 143 care leavers including four who are over 21 and in further education. The council and its partners also support 201 care leavers, including those on care orders living independently and four who are aged over 21 and in further education. The number of children subject to a child protection plan increased throughout 2010/11, and at the time of the inspection stood at 408 (72.7 per 10,000 children).
8. Sunderland has nine nurseries, 83 primary schools (of which three are academies), 17 secondary schools (of which four are academies), seven schools for pupils with special educational needs and three pupil referral units.
9. Safeguarding and looked after children services operate within the Children's Services Directorate under the Head of Safeguarding. The safeguarding service is organised into three interlinked services:
  - The children's safeguarding social work service provides social work services to children in need, including those in need of protection and looked after. In addition, the child and family support service

supports families below the threshold of social care and the leaving care service supports care leavers.

- Services for looked after children and disabled children provides adoption, fostering and residential placements for children and young people who cannot be looked after in their own homes, and provides social care services for disabled children and their families. The family care and support team provides a range of personal care and short break support to disabled children.
  - The Youth Offending Service (YOS) provides preventative and post-conviction services for young people who have offended. It is a multi-agency service comprising the four statutory agencies of police, probation, health and the Local Authority, working in partnership with other key agencies.
10. The Sunderland Children's Trust is a multi-agency partnership and chaired by the lead member. It is an advisory board for the Early Implementer Health and Wellbeing Board.
  11. Sunderland's Local Safeguarding Children Board (LSCB) has had an independent chair since October 2008. The Board has reporting and accountability structures involving the Children's Trust, Risk and Resilience partnership, Youth Offending Board and the Child Poverty Board.
  12. Sunderland Teaching Primary Care Trust (STPCT) is responsible for assessing the health needs of local people and commissioning the health services required to meet these needs. Sunderland Teaching Primary Care Trust, Gateshead Primary Care Trust and South Tyneside Primary Care Trust have been brought together under a single management team collectively known as NHS South of Tyne and Wear (SOTW).
  13. STPCT commissions paediatric health services for children locally from City Hospitals Sunderland NHS Foundation Trust. Mental Health Services, including CAMHS, are commissioned from Northumberland, Tyne and Wear NHS Foundation Trust. Community Health Services, including health visiting, the family nurse partnership and school nursing, transferred to South Tyneside NHS Foundation Trust (STNHSFT) as part of the Government's transforming community services, on 1 July 2011.

## Safeguarding services

### Overall effectiveness

### Grade 2 (Good)

14. The overall effectiveness of safeguarding services is good.
15. Leaders within the council and its partners give safeguarding a high priority and have ensured that services continue to develop and improve in a very challenging financial climate. The council has focused its efforts on ensuring that the stability of the workforce is secured and creative action has led to a significant reduction in the number of vacancies and temporarily filled social work posts. As a result, performance in most areas has been sustained and, in some areas, improved. The recent Ofsted inspection of contact, referral and assessment arrangements did not identify any priority areas of action. All identified areas for development have been addressed promptly and proportionately, although the impact of all work undertaken is understandably not yet fully evident.
16. Safeguarding concerns are responded to effectively to ensure children are safe. A relatively high number of referrals have resulted in child protection investigations. The council has responded to this by strengthening the decision-making processes to ensure that children and families are not unnecessarily subject to statutory investigations.
17. Assessments are generally undertaken in a timely manner although the overall quality requires improvement. The views of children and families are not always sufficiently evident in assessments and the contribution of all agencies involved is not always clear. Children who are old enough to express their views are not always seen alone. Identity issues were generally addressed well. The council is well aware of the variable quality of assessments and undertakes regular case file audits to drive improvement, although the rigour of the audit process could be strengthened to ensure a sharper focus on quality and organisational learning.
18. Child protection plans are generally robust although some could be more specific so that progress can be assessed more effectively. Child protection conferences are effective and ensure children are safeguarded appropriately when a child protection plan is required, although minutes of some conferences and core groups are not sufficiently specific and detailed.
19. Multi-agency threshold criteria have been revised as a result of an inconsistent understanding across agencies and a high number of inappropriate referrals to social care. Although there are signs of progress, the use of the common assessment framework (CAF) as a tool to coordinate preventative services remains an acknowledged area for development and the process is currently under independent review.

20. The culture of management at all levels is consultative and supportive to front line staff. Children's services controls its budget effectively, involving all managers appropriately, and uses its resources well.
21. Performance management is good. Senior managers and elected members ensure that they are fully informed of key performance issues. However, some aspects of quality assurance, such as the casefile auditing process, could be improved to drive overall improvement more rapidly.
22. The LSCB effectively provides effective oversight and leadership on safeguarding issues and a wide range of partners are actively engaged with the board. Partnership working generally is strong at all levels and there is good engagement with voluntary and community organisations.
23. Health agencies contribute well to safeguarding arrangements and health partners are engaged with the Children's Trust Partnership and the LSCB. There are several areas of good practice, including support for children with complex needs, contraceptive and sexual health services for young people and safeguarding work undertaken by health visitors, school nurses and midwives.

## **Capacity for improvement**

## **Grade 2 (Good)**

24. Capacity for improvement is good. The council and its partners, as exemplified by a detailed and challenging self-assessment and the decision to undergo a recent peer review challenge, have a good understanding of its key strengths and weaknesses. This builds on a thorough needs assessment and a robust performance management framework. Elected members are well informed of key issues, enabling them to respond appropriately to changing demands.
25. As a result, the council has been able to establish and act upon key priorities, such as significantly improving the stability of the social work teams and strengthening management through additional training and development. This has required significant investment in services. Plans are in place to address ongoing areas for development, including the review of early intervention provision and the re-launching of revised threshold guidance. Outcomes are improving in a number of key areas.
26. The Children's Trust's priorities appropriately include the most vulnerable children, such as those who need safeguarding and those who are most at risk of poor outcomes. These priorities are based on an ambitious shared vision across the partnership and are consistent with all related plans, providing a firm base for continued improvement.



## Areas for improvement

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

### **Immediately:**

- ensure that all assessments clearly identify risk and protective factors and include contributions from partner agencies who are involved with the family
- ensure that all assessments take into full account the views of children and families and that children are seen alone, when appropriate

### **Within three months:**

- ensure that all child protection plans are specific and measurable including clear timescales for action and that all core group discussions are effectively minuted so that progress can be monitored more effectively
- review the chairing of conferences to ensure that they are chaired by professionals who have the requisite experience and expertise to undertake this role
- Northumberland, Tyne and Wear NHS Foundation Trust to ensure that revised pathways of care are effectively implemented for children and families who need specialist services from CAMHS
- ensure, as far as is practically possible, that the ethnicity of all staff is known so that the local authority can evaluate accurately whether the workforce reflects the diversity of the local population

### **Within six months:**

- the local authority designated officer's (LADO) annual report should include more detailed analysis of activity to ensure senior managers and partner agencies have a good understanding of the effectiveness of the service
- reporting of private fostering arrangements should be more robust to ensure that senior managers are able to assure themselves that requirements are met
- ensure that learning from complaints is identified more clearly and used to improve practice across safeguarding and looked after children's services.

## **Safeguarding outcomes for children and young people**

### **Children and young people are safe and feel safe**

#### **Grade 2 (Good)**

28. Safeguarding outcomes for children and young people are good. The council meets its statutory responsibility for the management and delivery of safeguarding services. Effective action is taken to ensure that children and young people are safe and feel safe. Relevant safeguarding performance indicators show an improving picture.
29. Cases seen by inspectors demonstrated that appropriate action is taken to safeguard children and young people through timely interventions. All child protection cases are allocated to suitably qualified and experienced social workers. There were no cases seen by inspectors where children or young people were judged to be unsafe. Assessments did not always sufficiently take into account the views of children and parents. In some cases, there was no evidence that children were seen alone.
30. A high proportion of referrals proceed to child protection investigations. Decisions to proceed to a child protection investigation are now made jointly by managers in the investigation team and the child in need team. This is to ensure that cases can be managed within child in need procedures wherever appropriate. There has been a recent increase in the percentage of children subject to a plan for a second or subsequent time, partly due to plans for a large sibling group. The council are monitoring this area of performance.
31. Statutory requirements in respect of complaints are met. There is a well-established statutory complaints procedure in place. Timescales for responding to complaints are monitored and generally achieved. Complaints activity is reported annually, although the report does not evidence how learning from complaints has shaped service development, nor does it identify trends or themes arising from complaints.
32. The role of the local authority designated officer (LADO) is well understood and carried out effectively to safeguard children and young people. Good systems are in place for managing allegations against staff who work with children. The LADO is increasingly consulted by a wide variety of organisations but the council is aware that there may be some under-reporting from some sectors, including some schools. Work is being undertaken to address this. The increase in the number of referrals to the LADO has impacted on the timely completion of some investigations. The council are taking effective action in reviewing the LADO's capacity to meet demand. The annual report has insufficient detailed analysis to enable senior managers and partner agencies to be assured of the overall effectiveness of the service.

33. Processes to ensure safe recruitment are clear and practice has improved since safer recruitment practice was introduced. However, not all files fully comply with the standards. Processes for managing disciplinary action are robust.
34. Safeguarding arrangements for the council's fostering and adoption services have both been judged as good at their last Ofsted inspection. Judgements for safeguarding arrangements for the council's children's homes range from adequate to outstanding.
35. Private fostering arrangements in Sunderland were inspected in 2008 and judged as good overall. Monitoring of such placements are managed well but the private fostering annual report lacks sufficient detail to ensure that senior managers can satisfy themselves that requirements are met.
36. Young people at risk of not engaging in any form of education or training are known and supported to ensure that they are effectively safeguarded. These young people are tracked from secondary school through to post-16 provision and are supported well by Connexions advisors.
37. The profile of young people educated out of school is known and their attendance to special provision is monitored closely. Support to staff is provided by the education safeguarding team with good access to briefings, guidance on risk to children not in school, anti-bullying strategies and safe working practice. Good processes are in place to monitor the welfare of children in home education.
38. Effective arrangements are in place to enable young carers to continue with their education and to enjoy both term-time and holiday activities through well-coordinated support programmes. There is a good understanding in schools of the range and needs of vulnerable groups and support is targeted effectively to raise aspiration and improve achievement.
39. Reviewed and revised procedures on responding to the needs of children who go missing from home are now operational. A preventative group is responsible for analysing the relevant data in order to recommend actions to reduce the numbers. Prevention work to raise awareness of risks is taking place in some schools, with plans to extend this more widely. The police and children's social care work well together in response to reports of missing children. A project for missing and sexually exploited children has been set up to review and develop support for this group of children but work is at an early stage.
40. Arrangements are in place to safeguard the needs of disabled children. The LSCB is working effectively to raise awareness of issues for disabled children and to ensure their needs are considered.

41. Services and professionals are helping young people to become more aware about safety issues in Sunderland. The city-wide development of the anti-bullying strategy for 2010-2013 identifies clear priorities and has engaged children and young people well. There is evidence of good practice and positive impact in raising the awareness of cyber-bullying across a wide range of settings and with families. Key groups involved, such as 'City Equals' for children with disabilities, youth work providers, and small independent providers focus on promoting positive behaviours as early as possible.

### **Quality of provision**

### **Grade 3 (Adequate)**

42. The quality of provision is adequate. Planned actions arising from the unannounced inspection have been implemented, although it is too early to assess the impact of all work undertaken.
43. Front line services within the initial response team (IRT) have been strengthened as a result of the recent restructure and the team is now staffed by experienced and qualified social workers. Initial contacts are responded to within 24 hours and appropriate decisions made. An experienced team manage high volumes of 'Cause for Concern' notifications from the police appropriately. Action taken with partner agencies and families was seen to be prompt and effective.
44. Assessments undertaken are variable in quality and range from poor to good. Some assessments do not adequately identify risk and protective factors and lack sufficient analysis to inform planning for children and families. The views of children and parents are not routinely considered, and not all children who are old enough to make an active contribution to their own assessments and plans are being seen alone by social workers. There were some good examples seen of multi-agency assessment and planning, but not all assessments included the contribution of other agencies who were involved with the family.
45. Child protection investigations are undertaken appropriately and in a timely manner. The restructure of the Public Protection Unit and increased availability of specialist child protection officers has improved the attendance of the police at multi-agency strategy meetings, ensuring relevant information is shared before any decisions are made.
46. Thresholds for assessment and referral are still misunderstood by some partner agencies, resulting in a high number of inappropriate contacts. This has prompted the council to review and revise thresholds for access to children's social care. Following consultation with front line staff and partner agencies, new guidance now brings together all the safeguarding referral processes for the CAF, children in need and child protection. Multi-agency training and workshops support the council in ensuring all partner agencies are clear about thresholds and access to services. The IRT work closely with external colleagues to promote and develop a shared

understanding of thresholds. However, it is too early to assess the impact of this in regard to both reducing the number of inappropriate referrals to children's social care, and ensuring that support is provided by the most appropriate agencies.

47. The early intervention programme and the development of multi-agency locality teams across the five localities is a positive approach to identifying and supporting children and young people in need at an early stage. Inspectors saw evidence of early support resulting in much improved outcomes, such as preventing young people entering the youth justice system, improved behaviour at schools and good early years development for pre-school children. Families spoken to by inspectors who receive support through the CAF were full of praise for the help they are given.
48. The council are aware that the CAF is too often used as a referral tool rather than a mechanism to coordinate support services. A review of the CAF operating model is underway and will report in March 2012.
49. The timeliness of initial child protection conferences is improving. However, the quality of conference minutes is variable with some poor examples seen by inspectors, including contradictory summary of risk and protective factors. Planned actions within child protection plans are not all sufficiently specific or measurable and sometimes lack clear timescales, making progress hard to evaluate.
50. Effective work is being undertaken by the multi-agency child protection review panel to reduce the number of children subject to plans for over two years and there has been some improvement as a result.
51. Visits to children and families are undertaken within the required timescales but the recording is not always purposeful. Some case files are not always up to date and lacked detail and clarity.
52. Core group meetings are generally well attended by relevant agencies and parents. However, the content of the meetings is not always recorded in sufficient detail to monitor the progress of the child protection plan.
53. Scrutiny of education files by inspectors showed at times a mismatch between the known vulnerability of the child and the educational aspiration for that child.
54. Out of hours children's social care arrangements are effective, with good levels of communication across teams and partner agencies. Legal advice is readily available outside of office hours.

## **The contribution of health agencies to keeping children and young people safe**

### **Grade 2 (Good)**

55. The contribution of health agencies is good. Health partners are well engaged with the Children's Trust Partnership and the LSCB and are appropriately represented on the relevant board and sub-groups. Section 11 audits are carried out with good oversight from the LSCB on performance against outstanding agreed actions.
56. Governance on safeguarding practice within NHS South of Tyne and Wear (SOTW) is effective, with evidence of how safeguarding standards are being included in contracts. Governance arrangements for providing assurance to the South Tyneside NHS Foundation Trust (STNHSFT) on safeguarding practice within community services are adequate. Board assurance within City Hospitals Sunderland NHS Foundation Trust on safeguarding children is limited by the lack of a robust set of performance indicators on safeguarding practice across the organisation.
57. The majority of designated and named professionals for safeguarding children are appropriately line-managed and have access to suitable training and good supervision. However, the arrangements for the line management and resourcing of the named nurse for safeguarding children within the City Hospitals Sunderland NHS Foundation Trust does not meet the requirements as stated in *Working Together to Safeguard Children* 2010 or the Intercollegiate guidance 2010.
58. Training in safeguarding children across health partners is of variable quality. Good progress is being made in primary care, the STNHSFT community services and in Northumberland, Tyne and Wear NHS Foundation Trust. However, training at Level 2 and Level 3 within City Hospitals Sunderland NHS Foundation Trust is not yet sufficiently effective. The named nurse has provided a number of training opportunities but attendance is patchy.
59. Good and effective supervision in safeguarding children practice is well established in STNHSFT community services. Significant progress continues to be made in Northumberland, Tyne and Wear NHS Foundation Trust where supervision training has now been commissioned and an implementation plan in place. City Hospitals Sunderland NHS Foundation Trust has good arrangements in place to provide group supervision in most key areas but the current practice of only providing group supervision to midwifery staff holding child protection and child in need cases is not good practice. There are no arrangements in place to monitor the uptake of supervision across the trust and a record of the supervision is not routinely recorded in patient notes.
60. The named General Practitioner (GP) is new in post and is starting to positively impact on the contribution of primary care into child protection

conferences. A new report template has been produced that is available electronically for GPs to complete and there are plans to audit its implementation.

61. All GP practices had been allocated a named health visitor but not all hold regular multi-disciplinary meetings with other health professionals to discuss and share information about vulnerable families. Historically, there has been problems in sharing information between primary care and partners and while much of this has been resolved, there is still a lack in clarity for GPs about what information is appropriate to share for multi-agency risk assessment conferences.
62. A new approach to sex and relationship education has been implemented across Sunderland using a 'risk and resilience' approach. Schools are being encouraged to engage in training but it is too early to demonstrate impact of this initiative. School nurses continue to offer drop in clinics in all secondary schools and refer to effective contraceptive and sexual health (CASH) services if appropriate.
63. Young people have good access to CASH services. The service has recently been recommissioned and rebranded to give clarity to young people about their eligibility to access any of the family planning services across Sunderland. CASH services now offer testing for sexually transmitted infections and all clinics have staff qualified in genitourinary medicine. Access to emergency contraception is good and young people who elect to have a termination of pregnancy are supported well. Practitioners working in CASH are enthusiastic about the strength of partnership working and believe that the risk and resilience approach has contributed to the recent reduction in the number of teenage conceptions.
64. Midwifery services safeguard unborn children effectively. Early assessment of vulnerability and risk takes place at the initial booking appointment and includes the details of both parents. This improved assessment is in response to a serious case review. There are further opportunities to revisit risk throughout the pregnancy, and the social contact at 16 weeks is an example of good practice. The outcomes of the vulnerability assessment are shared with health visitors and general practice and, where appropriate, with social care, so that appropriate support can be planned.
65. A consultant-led vulnerable women's antenatal clinic is held regularly, with attendance at appointments closely monitored and any non-attendance quickly followed up. Women who require additional mental health support during their pregnancy are seen at the clinic, as are any teenagers who are pregnant.
66. Good support is available to pregnant women who misuse substances or alcohol, with clear thresholds for when a pregnant woman is referred to the specialist substance misuse midwife for shared care. The specialist

substance misuse midwife has good links with the local adult substance misuse team. Good partnerships with the children and families team ensure timely and coordinated child protection plans are in place where necessary. This is reinforced by the team approach to midwifery services in Sunderland where the same team care for the woman throughout their antenatal, labour and post-natal care.

67. Teenagers who are pregnant are cared for as part of the midwives' generic caseloads. Additional support is provided through the midwifery support workers who work with the local children's centres to put individualised plans of support in place. Although the provision of teenage ante-natal clinics is patchy, where these are available they are highly successful and provide good support as well as linking teenage parents into a well-attended young parents group.
68. Health visiting and school nurses work effectively to safeguard children and young people. The healthy child programme is delivered in full with all core visits made to families, including ante natal-visits and the three- and four-year development assessments. Additional targeted visits are made to vulnerable families. The family nurse partnership is well established in Sunderland and supports young parents to return to education, employment or training.
69. Health visitors work closely with children's centres to deliver a range of activities and courses, including baby days, baby massage and "Tasty Treats". Multi-agency training is ongoing to support practitioners in effectively chairing CAF meetings. Health visiting and school nursing work well together to support families with varying levels of need.
70. Good arrangements are in place to transfer children from the health visiting service to the school nursing service. School nurses have high numbers of children with a health plan and the new entry into school assessments have been reintroduced across Sunderland. The role of the school nurse now includes developing health profiles for schools as well as a health calendar offering programmes of targeted health themes and events.
71. Services to support the emotional health and well-being of children in Sunderland are undergoing significant changes following the recommissioning of services. A wide range of therapeutic services are available in Tier 2 CAMHS provided by a multi-disciplinary and multi-agency workforce. Practitioners work directly with children and families as well as providing training, advice and consultation to universal practitioners. However, the waiting time to access the service is up to 20 weeks for early years children (0-5 years), children aged over five years old can wait up to approximately 18 weeks.
72. Pathways of care between early intervention mental health services and CAMHS were well-established prior to the recent re-structure and it is



recognised by practitioners that these will need renegotiating. If the need for a service from CAMHS is identified as part of a CAF, then referrals are escalated immediately.

73. CAMHS are in the midst of change. Current arrangements are for two multi-disciplinary teams covering 0-16 and then 16–18 years. Waiting times vary, although the service reports waiting times of no longer than 18 weeks for routine referrals. New care pathways are due to be shared widely with staff and will be implemented from April 2012. A partnership approach helps to ensure young people with dual diagnoses of mental health and substance misuse problems receive a joint care package through the work of CAMHS and youth drug and alcohol project (YDAP).
74. Northumberland, Tyne and Wear NHS Foundation Trust have an appropriate policy on not admitting young people into adult wards. Local in-patient care is available for children with a learning disability and young people with mental health problems. Transition arrangements for young people into adult mental health services are managed well.
75. Effective services support children and young people with disabilities and complex health needs. Families with children who demonstrate challenging behaviour are supported well by the multi-agency Quest team. Children's community nurses offer good support to children with complex health needs. Transition into adult services for those young people with learning disabilities is improving. Northumberland, Tyne and Wear NHS Foundation Trust has recently invested in new posts to work with families through the transition period.
76. A comprehensive and innovative range of short breaks for disabled children are available and these have been developed in conjunction with parents, carers, children and young people. Families have good and timely access to a wide range of aids and adaptations, with funding for duplicate equipment available to enable children and young people to access support both at home and in school.
77. Effective processes are in place to identify and safeguard children and young people who attend urgent care and the walk-in centre, with well embedded systems in place to identify children subject to a child protection plan. The accident and emergency (A&E) team have developed an appropriate assessment tool to assess children and young people for non-accidental injury which is compliant with the National Institute of Clinical Excellence (NICE) guidance. Highly effective paediatric liaison ensures that GPs, health visitors and school nurses are notified of the attendance of any child or young person. Children and young people who attend A&E following an incident of self-harm are supported appropriately by CAMHS. The A&E have implemented a "Chaser for Children" protocol which means that if a GP or the walk-in centre refer a child to A&E and

the child has not attended the A&E within four hours, then contact is made with the parents or carers to find out what is happening. This is good practice.

78. Adult mental health staff in adult substance misuse teams and in the early intervention psychosis team have established assessment processes in place to identify and record details of any children in families that they are working with. The risk assessment also includes consideration of any children with whom a service user may have contact. The introduction of the "Keeping Children Safe" assessment tool is becoming increasingly well embedded and is an integral part of the "Think Family" approach.
79. The impact of domestic violence in families on children is well understood by health practitioners. A&E staff refer appropriately to children's social care services when adults attend following an incident of domestic violence. A specialist health visitor is in place to work with families who are homeless and with the local domestic violence refuge. The family nurse partnership has domestic violence as one of its priorities. However, public health nurses do not receive copies of police notifications following their attendance at an incident of domestic violence where there are children in the family. This means that the public health nurses do not always have access to the most up to date information on families they are working with.
80. The City Hospitals Sunderland NHS Foundation Trust are not fully signed up to the local multi-agency risk assessment conference (MARAC) process but they do share information on request to the MARAC panel.
81. An effective shared Child Death Overview Panel (CDOP) is in place across NHS South of Tyne and Wear for Sunderland, Gateshead and South Tyneside. The structure of the CDOP means that some discussion and work is being duplicated. Discussions are taking place on how to improve the rapid response to child death as well as the follow up support to families. The CDOP has recently identified themes around safe sleeping and deaths of infants in unsuitable car seats.
82. Child protection medicals are carried out swiftly by appropriately trained staff. Children with suspected sexual abuse are seen at Newcastle in a specialist, child friendly facility.

## **Ambition and prioritisation**

## **Grade 2 (Good)**

83. Ambition and prioritisation are good. Leaders across the council and its partners are able to articulate strongly a shared vision for children in Sunderland. This is allied to a set of principles that are consistent with service planning and priorities, based on a realistic assessment of its performance, and with higher level objectives. Ambitions to improve outcomes for children are clearly set out in the Children and Young People's Plan and in the LSCB Business Plan. The Children's Trust has

strong representation from key partners, including those in the voluntary sector. Priorities are reviewed routinely and rigorously through 'Challenge and Confirm' meetings.

84. The LSCB is well attended, effectively led by an independent chair, and has representation from appropriately senior members of partner agencies. The board's sub-groups are chaired by representatives from different agencies, evidencing strong multi-agency commitment to the board's work.
85. Elected members have effectively prioritised the needs of all children within an extremely challenging financial climate for the council and its partners. This commitment is evidenced by significant additional resources being identified to enable an increase in the number of social work posts, in response to increasing demand upon the service's capacity. This has resulted in increased staff stability and improving outcomes for children and families in Sunderland.
86. The lead member provides visible and regular challenge to leaders and to officers and ensures that she has up to date information about significant issues through regular meetings with senior managers. Agreed actions from these meetings are tracked closely. The scrutiny committee has undertaken several reviews of practice that have raised awareness and driven improvement in service provision, and has regularly sought the views of children and young people. There remains scope, however, to include children and young people more proactively as representatives on the committee. Elected members are supported well by officers to ensure that they are equipped to champion the needs of children effectively.

## **Leadership and management**

## **Grade 2 (Good)**

87. Leadership and management are good. Workforce stability has been a key priority within the children's social work strategy. A well-resourced and creative recruitment and retention strategy, including the successful recruitment of qualified social workers from the USA, has made significant progress. There are now low vacancy rates and low reliance on the use of agency staff.
88. Effected measures to strengthen retention include the good quality newly-qualified social worker (NQSW) programme and good succession planning with five peripatetic social work posts and six supernumerary social workers. Good single agency and multi-agency training is in place which is monitored by the LSCB. The foundations are in place to develop a skilled and sustainable workforce. The council's data on the diversity of the workforce indicate that, in children's services and schools, the ethnicity of approximately 10% of the staff is not known which makes it difficult to measure the extent to which the workforce reflects the diversity of the local population.

89. Sunderland children's services express the ambition to give children, young people and their families every opportunity to engage in decisions that affect them. A new participation and engagement framework is building on previous strategies and consolidating activity. Approximately 5000 children and young people took part in a survey which informed Sunderland's Children and Young People's Plan Strategy 2010-2025. Examples of good participatory practice in Sunderland include the Youth Parliament which is locally and nationally recognised and the innovative Young People's Annual State of the City Event.
90. A strong and established group for young people with learning disabilities and difficulties, City Equals, provides a valuable forum for consultation. Young people with a disability informed inspectors how their views had contributed to improvements such as better access to public transport. Children and young people champions within Sunderland YOS participate regularly in work to develop services. Young people have recently produced a DVD to share their experiences in order to help other young people avoid becoming involved in anti-social behaviour and crime.
91. Children and young people have been involved in the recruitment and selection of staff at all levels. Young people including representatives from the Youth Forum who spoke to inspectors said they have many opportunities to share views about how to improve services. However, more remains to be done to deliver these improvements such as access to good leisure facilities in some areas of the city.
92. Designated websites for young people demonstrate high level of access. City-wide parent forums held in each locality area offer parents and carers the opportunity to influence decisions. The Parent/Carer Council for disabled children enables parents and carers to be involved in the development of social care services for disabled children. Recent achievements include a fully inclusive play site at Silksworth, a fundamental review and redesign of the direct payments scheme and the expansion of the short breaks service.
93. The views of service users are collected through surveys and used to inform service improvement. For example, families are surveyed on their experience of initial response team. Feedback has contributed to improvements in the presentation of forms printed from the computer system. Other examples of effective participation include improvements to literature concerning child protection, adoption and complaints.
94. A strong commitment exists throughout the city in developing the participation and engagement of all children and young people in the design, development and delivery of services. There are clear plans for further development including re-establishing the Shadow Children's Trust Board from March 2012, and developing children, young people and parent and carer champions within services to embed participation and

engagement within their service area. Service user engagement is a 'commissioning standard' and is a requirement for all services, set out in all outcomes-focused service specifications.

95. The council has a clear understanding of its strengths and areas for development and appropriate action is being taken. The council had taken proactive steps to prepare for reduced financial circumstances and has successfully reduced costs while protecting services for the most vulnerable. There are several good examples of how the 'Sunderland Way of Working' has led to the reconfiguration of services to protect services and posts, such as the creation of new family teams designed to provide tailored support to individual families. The council has been creative in efforts to offset financial constraints. For example, significant additional funds for more than 800 vulnerable children have been realised through the adoption of the 'assumed consent' approach to free school meals.
96. Financial management processes are robust involving managers at all levels, closely linked to casework decision-making and taking account of potential risks to children. There is good collaborative working between the commissioning, procurement and operational staff to ensure that contracts and service level agreements give appropriate weight to safeguarding and improving children's outcomes. Commissioning standards and service specifications require all service providers to work to prescribed equalities standards and compliance is routinely monitored.
97. Lessons learned from a recent serious case review have been carefully disseminated across a wide range of stakeholders. Individual agency action plans are monitored closely via the LSCB. Although the impact of the learning is not yet fully evident, the LSCB has short-term and long-term plans in place to ensure that learning is fully evaluated as part of a staged response to the review. Multi-agency safeguarding training is well developed across the partnership.

## **Performance management and quality assurance**

### **Grade 2 (Good)**

98. Performance management and quality assurance are good. The council's self-assessment, set within the local context, charts the journey being taken by the council. In line with the CYPP, it identifies their strengths, areas for improvement and is consistent with the CYPP and the wider Sunderland Partnership.
99. Actions arising from the unannounced inspection have been implemented, although the impact of all work undertaken is not yet fully evident.
100. The senior management team exercise strong oversight of services and their visible and active support is valued by staff. However, there was inconsistent evidence of first-line management oversight in case records

seen and some delays in the recording of supervision sessions. The quality of supervision of social workers is generally good, although it is not always possible to determine the level of challenge or the opportunities for reflective practice and learning.

101. There is a coherent performance management framework, involving managers at all levels with clear links to corporate, service, team and partnership agendas, and the council is responding to a need to develop a more outcome-focused approach to analysing performance. Performance reporting mechanisms are robust at all levels, including reporting to senior managers and the LSCB.
102. The range of case file audits are beginning to improve compliance with recording policies, although there is an insufficient focus on quality in the auditing process and the level of attention to detail by different auditors is variable. The audits do not contribute fully to individual or organisational learning and development. Currently, independent reviewing officers (IROs) do not participate in the auditing process and their role in wider performance management is under-developed.
103. Some child protection conferences are not chaired by experienced and qualified social workers. Although this is not inconsistent with national guidance as outlined in *Working Together to Safeguard Children*, this is contrary to usual practice in relation to this key decision-making forum. Inspectors found no evidence that the quality of the conference decision-making was undermined by this practice.

## Partnership working

## Grade 2 (Good)

104. Partnership working is good. Partnership working across key agencies is effective and works well at both strategic and operational levels. There is evidence that this contributes to improved outcomes for children and young people. Partners, including those from the voluntary and community sector, are well represented on all strategic boards and relationships are strong between different professional groups across services and within the localities.
105. Effective partnership working with the police has resulted in improved risk management of the high volume of 'cause for concern' notifications, which has reduced the demand on the IRT. The development of the Police Vulnerable Persons Unit has led to a more collaborative approach to child protection referrals and enhanced the timely involvement of the police in strategy discussions.
106. A wide range of partners have worked together successfully to reduce the incidence of young people in the city who are not engaged in education, employment or training.

107. Partnership working to tackle domestic abuse is robust and a range of resources are available to support families and children. Awareness of teenage relationship abuse has been raised through a carefully targeted campaign, championed by elected members, and more work within local schools to address this issue is planned.
108. Staff have welcomed the benefits arising from co-location in the localities, such as the closer working relationships with Connexions and Wear Kids (YOS preventative service) staff.
109. The LSCB fulfils its statutory duties effectively and there is good engagement with a wide range of partner agencies. It has established a comprehensive set of linked priorities. The board has a clear focus on improving frontline practice.
110. Multi-agency public protection arrangements (MAPPA) and MARAC arrangements are effective and demonstrate good levels of cooperation by key partner agencies, although City Hospitals Sunderland NHS Foundation Trust has not been consistently represented at the monthly MARAC meeting. Improved multi-agency planning leading to effective joint safety plans has contributed to a significant reduction in the number of repeat domestic violence referrals. A lesson from Northumbria Police MAPPA serious case reviews of the importance of full attendance has been effectively reinforced in Sunderland, to ensure all information across the partnership is shared.

## Services for looked after children

### Overall effectiveness

### Grade 2 (Good)

111. The overall effectiveness of services for looked after children is good. Multi-agency arrangements for ensuring the needs of looked after children are met are effective.
112. Thresholds for entering care are consistently applied. Decisions are made in an informed manner at an appropriately senior level. The number of looked after children is relatively stable and services to support children who are at the risk of family breakdown are responsive and effective. Overall placement stability is good.
113. Outcomes for looked after children are generally good. There is an effective range of support services that promote the physical and emotional health of children and young people, although the lack of a designated doctor for looked after children is a significant strategic omission. New care pathways for looked after children who require CAMHS support are due to be implemented in April 2012. Looked after children live in safe and secure residential and foster placements. However, children are not always seen alone when visited by their social worker. The reporting of outcomes of Regulation 33 visits is not sufficiently robust. The strong commitment to achieving permanence for children is well evidenced by the sustained high numbers of looked after children who are adopted, including some traditionally 'hard-to-place' children.
114. Educational outcomes for looked after children are improving. Children are well supported to achieve educationally and aspirations for children are high, and there is an acknowledged need to raise the number of children who achieve good GCSE grades in English and mathematics. Care leavers are well supported in suitable accommodation and there is strong corporate commitment to reducing the number of looked after young people and care leavers not engaged in education, employment or training. There is effective joint working to divert young people from offending.
115. The views of looked after children and care leavers are central to the planning and development of services. Looked after children have been involved in the recruitment of senior officers. The Pledge to looked after children, launched in 2011, provides the basis for a detailed service delivery plan. The Change Council provides an effective forum for children to express their views about service provision. However, not all looked after children who responded to the Care4Me survey are aware of the Change Council and this may affect the extent that all children's views can be represented. Children have good access to advocacy services and independent visitors.



116. Performance monitoring is robust although quality assurance could be improved. Reviews of looked after children's plans are generally timely and children routinely participate in their reviews through an inclusive range of media. Recommended actions are not always sufficiently specific to ensure progress can be effectively tracked. Management oversight is evident on case records and managers support staff well, but the overall quality of formal supervision is variable.
117. The service manages its resources well, ensuring that children and young people are placed in the most appropriate and safe placements, while maintaining overall value for money. There is robust monitoring of externally commissioned placements. The multi-agency strategy focuses clearly on improving outcomes by placing more children in in-house family placements and reducing reliance on agency placements. To this end, the council has invested strongly in the recruitment, retention and support of foster carers.

**Capacity for improvement****Grade 2 (Good)**

118. The capacity of improvement in services for looked after children is good. Performance in key areas relating to looked after children are at least as good as or better than comparators. There have been consistently positive inspection outcomes for the council's regulated services, including its children's homes and fostering and adoption services. The council has a good track record in achieving permanence through adoption for children. As corporate parents the local authority has clearly set out its priorities through a coherent multi-agency strategy that is focused on improving outcomes and is supported by the identification of looked after children as a vulnerable group within the CYPP.
119. Effective performance management and a culture of constructive challenge helps ensure that the authority and its partners have a good understanding of the needs of its looked after children and realistic plans to address shortfalls and support continued improvement. The council is well aware that there remains scope for improvement in some areas of assessment and recording. The social care workforce benefits from good access to training opportunities and receives good levels of support from managers.
120. The Corporate Parenting Board is well established and ensures that required actions are undertaken. Children from the Change Council are represented on the Corporate Parenting Board, as are cabinet members, although membership will be reviewed to ensure that cross-departmental contribution from officers to the Corporate Parenting agenda is maximised. Elected members, who are also represented on the council's fostering and adoption panels, support officers well. Partner agencies contribute significantly to improving outcomes for looked after children and care leavers, via forums such as the multi-agency looked after children

partnership (MALAP) and the placement and resource panel (PARP) and effective joint working arrangements with partners such as CAMHS, YOS and Youth Services.

### **Areas for improvement**

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

#### **Immediately:**

- ensure that all looked after children, according to their age and understanding, are seen alone when visited by their social worker.

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

- Sunderland Teaching Primary Care Trust (STPCT) to identify a designated doctor for children and young people to ensure that a health practitioner is in a position to have a strategic influence and overview on the health of looked after children
- Northumberland, Tyne and Wear NHS Foundation Trust to monitor the effectiveness of the new pathways of care for looked after children and young people who need services from CAMHS
- ensure that robust and transparent reporting arrangements about the outcomes of Regulation 33 visits are in place.

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

### Being healthy

### Grade 2 (Good)

122. Health services for looked after children and young people are good. The arrangements for the line management and supervision of the designated nurse for looked after children are adequate. However, there is no designated doctor in post for looked after children and young people. This means that there is no health practitioner who has the strategic influence and oversight on the health of looked after children in Sunderland.
123. Initial health assessments and health reviews are mostly carried out on time and effectively identify the health needs of children and young people. Considerable work has taken place across the partnership to resolve the issues contributing to missed appointments and delays in receiving consents for assessments. Most of these issues are now resolved, although the placement pack used by social workers does not include the consent form for health assessments.
124. There is no formal quality assurance process in place to ensure that health assessments and plans are routinely of good quality and to inform ongoing service development and improvement.
125. Health outcomes for looked after children are good and most are above national average of performance. However, the choice of venue for health reviews is narrow. Health promotion and advice is often limited to universal services and discussion during annual health reviews.
126. Suitable arrangements are in place to ensure that looked after children placed out of Sunderland receive timely and appropriate health assessments. There is good involvement of the Consultant Psychologist for looked after children in planning specialist placements where CAMHS input is required.
127. The Consultant Psychologist for looked after children offers a good service to ensure that the emotional health needs of children in care are identified and well met. CAMHS in Sunderland has recently been recommissioned and the new service will implement new care pathways in April 2012 for looked after children who require mental health services. Foster carers expressed concern on the future of the assessment and consultation service currently offered to young people, foster carers and other professionals.
128. The designated nurse for looked after children and CAMHS are actively involved in the training of foster carers and residential care staff on the health needs of looked after children. Support from CAMHS for Sunderland's residential children's homes has promoted a therapeutic

environment which has had a positive impact on the care offered to children.

129. Looked after young people are able to access information, advice and contraception from an associate specialist paediatrician. They are also able to access universal CASH services. The council's data shows that numbers of looked after young people and care leavers under 20 who become pregnant are higher than the national average. There is no written multi-agency sexual health protocol and care pathway for looked after young people in place.
130. The local youth drug and alcohol project (YDAP) is available to support looked after young people who are concerned about their substance or alcohol misuse, supported by the young people's nurse who works with the YDAP and youth offending teams. There has recently been some good work with link YDAP workers and residential care staff on supporting young people with substance misuse problems. This has significantly increased the number of young people successfully completing treatment.
131. The local substance misuse screening tool is not used routinely in the annual health reviews and this is a missed opportunity for identifying a need for early intervention.
132. The involvement of health practitioners in reviews and pathway planning is variable. It is recognised by health practitioners working with looked after children that the current arrangements for providing a complete health summary to young people when they leave care is an area for development.

## **Staying safe**

## **Grade 2 (Good)**

133. Arrangements to ensure that looked after children and young people stay safe are good. The proportion of children and young people living in family placements compares favourably with the national average. Stability of placement is in line with comparable authorities and the national average and this trend has been sustained.
134. Children seen during the inspection said they feel safe in their placements. All children replying to the Care4Me survey said there is at least one person they would tell if they were being harmed. This is consistent with the council's own Viewpoint survey that found that nearly all looked after children felt "definitely safe" in their placement. No looked after children replying to the council survey said that they felt unsafe.
135. The number of looked after children in Sunderland is stable. The percentage of looked after children who have become adopted is high, including a number of older children. Entry into care is effectively managed by the PARP. The community support team (CST) provides a responsive and targeted service to children and families who are in crisis.

Support is provided to resolve issues and safely maintain children at home or identify that care is necessary to safeguard children.

136. The CST also supports foster placements to avoid unplanned placement changes. Support to foster carers from the fostering service is good and training and development is increasing their understanding and skills. Support from the virtual school team and from CAMHS was highly valued by foster carers who spoke to inspectors.
137. Foster carer recruitment activity takes account of the ethnicity of the looked after children population to ensure that the ethnic background of carers reflect the diversity of children who are looked after by Sunderland. Decisions about placements, including the support required for carers, are informed by the cultural needs of individual children.
138. Statutory visits to looked after children by social services are undertaken in a timely manner although it is not always clear from the case records whether children are seen alone. Not all children who responded to the Care4Me survey said that their social worker always spoke to them on their own when they visited. This issue was identified as an area for development in a recent themed case file audit undertaken by the council.
139. There is a well-established statutory process for complaints and representations. The timescales for completing complaints are monitored and are satisfactory. Appropriate mechanisms for reporting complaints outcomes are in place, including reports to elected members. Parents spoken to by inspectors knew how to complain if they felt it was necessary.
140. The council's commissioning arrangements requires all providers of external placements to meet the safeguarding standards. The effectiveness of externally commissioned placements is monitored well, including reference to Ofsted's regulatory inspection reports. Suitable independent fostering agency (IFA) placements are monitored effectively through the sub-regional framework and outcome tracker. Similar arrangements are being put in place for external residential placements.
141. Representatives on the MALAP are engaged well in multi-agency priority setting for the children in care. This is helping improve outcomes for children and the monitoring of progress to achieve these.
142. The missing from care protocol is robust and residential staff and foster carers are aware of their responsibilities in reporting. The council has analysed the notifications and identified a group who are most at risk of going missing and of offending. Appropriate action is being taken to address this.

**Enjoying and achieving****Grade 2 (Good)**

143. The impact of services that enable looked after children and young people to enjoy and achieve are good.
144. The virtual school for the education of looked after children is raising standards and aspiration for all children and young people educated within and outside of Sunderland. The virtual head, appointed in 2011, provides effective leadership to the looked after education team. The head's oversight and understanding of the current provision for children and young people from their early years to post-16 education and training is robust, as is an in-depth knowledge of the strengths and areas for development required to improve outcomes further.
145. The looked after children education team is proactive in its intervention to support the learning and achievement of children at school. They know the schools well and have a targeted approach to support children and young people where there is a risk to their progress, including for those children placed out of area. They provide good training for designated teachers, staff in the children's homes and foster carers. The team has a good range of specialist expertise in areas such as early years, special education needs and disabilities. Designated teachers feel well supported by regular liaison meetings and briefings, consultancy in-school and annual conferences which helps them learn from the latest good practice.
146. The very large majority of looked after children and young people enjoy school and attend regularly. Overall rates of attendance are above the England average. The arrangements to track attendance, including for young people placed out of Sunderland, are thorough. There has been no permanent exclusion of a looked after child this academic year. Although on a downward trend, fixed-term exclusions are above average. A small number of 12 young people are responsible for the core of current exclusion incidents.
147. The strategies used through the virtual school are resulting in increasingly good educational outcomes for looked after children considering their starting point. The gap in attainment between looked after children and young people and all children in Sunderland remains wide but, based on a three-year average, is steadily narrowing. The large majority of children in primary schools make the expected progress from Early Years Foundation Stage to Key Stage 2. The Letterbox Club is valued by carers and has raised literacy levels for children. The number of young people taking GCSE examinations is small and results fluctuate each year. The 2011 GCSE results for looked after children were above the national average for the proportion of young people achieving five GCSE at grades A\* to C but, over the past two years, the number of young people achieving good GCSE grades in English and mathematics has been relatively low.

148. The quality of personal education plans (PEPs) is inconsistent. The less effective PEPs have unclear goals and do not explain precisely how to achieve the expected outcomes. The personal education allowances are effective in supporting a wide range of activities to motivate and support children and young people in their social development and educational achievement.
149. Children and young people have access to a wide range of leisure and recreational activities in and outside of school. Children and young people who met inspectors said that they enjoy the activities that their carers or staff in the children's homes arrange for them. Children and young people are entitled to a leisure card to access a choice of activities at a reduced price, although the discounts are not available for the children's carers. The council intend to raise awareness of the entitlement in order to increase the number of children who use the card. There is a sensitive approach to ensuring that looked after children are not singled out with strong focus on participation in enjoyment activities with their peers.

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

#### **Grade 2 (Good)**

150. Opportunities for looked after children and care leavers to make a positive contribution are good. Looked after children receive effective support to help them discuss issues that matter to them. This includes support to communicate with children with a disability. Regular consultation with a wide range of looked after children and young people takes place to develop services. Examples include the proposal for closure of some children's homes and the work done with the Regional Family Justice Council to improve services. Viewpoint, an electronic consultation system operational since March 2010, has been used by over 200 young people as an additional medium to express their opinions, including their views on their placements and the services they use. Viewpoint has enabled more children with communication difficulties to express their views. Views expressed via a recent Viewpoint survey of looked after children were largely positive and their feedback strongly informed the analysis of performance in the recent Corporate Parenting annual report.
151. A children in care council, known as the 'Change Council', acts effectively as a representative voice for looked after children, although responses to the Care4Me survey suggests that not all children are aware of its existence. The 'Change News' magazine and a range of child-friendly materials enable the Change Council to communicate with all young people in the care system. The Change Council has made significant impact upon the development and improvement of services for young people, such as the reduction to the cost of leisure activities, the participation in the interviewing of staff, and training of foster carers. The members of the Change Council effectively champion a range of positive

initiatives as well as challenging issues. This group have been involved in developing the Children's Pledge and is represented on the Corporate Parenting Board. The scrutiny committee have not yet fully engaged with the Change Council, although work is underway to develop a regular dialogue.

152. There are good examples of how learning from complaints had influenced the delivery of services. This has included the review of unborn baby assessments and planning how the contact service will be set up. Requests for an advocate are promptly met and information about access to advocacy has been sent to all looked after children. Information is available in a range of languages.
153. The proportion of looked after young people cautioned or convicted in the last reporting year was higher than similar areas and England. A small core group of young people is offending. Half of these young people have offended before entering care and are responsible for most offences and missing from care incidents. Reducing offending is a key priority of the Children in Care Strategy and there is a dedicated working group and action plan to address this. The therapeutic approach 'Holding the Space' to prevent offending of young people in the children's homes is having a positive impact. Residential care staff have also undertaken effective training in restorative justice approaches. Joint work and links with the police are increasingly constructive. The Youth Offending Service is informed by the police of any relevant overnight arrests and can provide support immediately from Wear Kids, who work with young people at risk of offending, or from YDAP.

## **Economic well-being**

## **Grade 2 (Good)**

154. Economic well being outcomes are good. Performance for care leavers in education, employment or training has been above similar areas and England although this dipped in 2010/11 within a challenging economic context. In that year 36 young people were not in education, employment or training. They were known to the leaving care team and received intensive support.
155. A range of initiatives are in place to engage care leavers in suitable training or employment opportunities. These include strong links with Connexions personal advisers, five council apprenticeships ring-fenced for care leavers, work experience opportunities at a local hotel and the 'Teenagers to Work' programme. The personal education allowance is being extended post-16 to purchase equipment required for vocational training and dedicated workers in the care leaving team and from Connexions work in a targeted way with those most at risk of disengaging. From the age of 14, 'Springboard Sunderland' bridges the transfer from pre- to post-16 to support the most vulnerable young people in choosing future positive career options. There is very good flexibility for admission



to courses to suit the young person's circumstance with short or long-term vocational programmes available.

156. Young people who continue their education in schools' sixth forms or at college make good progress. Stability of foster carers is secured for young people on A-level courses. The looked after children education team provides good support for those with the potential and aspirations to go to higher education. The head of the virtual school has developed good links with post-16 education providers and liaison with the leaving care team is becoming more embedded. Sunderland University offers a good programme of support with older care leavers mentoring younger students. There are currently 10 care leavers at university.
157. The very large majority of young people who took part in a care leavers' survey thought that they were involved fully in the development and review of their pathway plan. This was confirmed by the care leavers who met inspectors. Young people said that their pathway plans were very useful because they told them exactly what would happen when and for what reason. However, the quality of the pathway plans looked at as part of this inspection was inconsistent. Some were analytical and demonstrated well how plans were progressing or not. Others did not indicate sufficiently how the goals could be achieved by the young person. The views of the young person were not always evident. The service is aware of the limitations of the current pathway plan format and work is in hand to develop a seamless transition between the personal education plan and the pathway planning process.
158. Care leavers live in suitable accommodation. There is a good range of accommodation for young people which includes supported accommodation, flats for training in independent living and permanent tenancies. The futures team supports disabled care leavers who are likely to need long-term care and planning for transition is coordinated effectively with health, housing and adults services.

## **Quality of provision**

## **Grade 2 (Good)**

159. The quality of provision is good. The CST offers good targeted edge of care support to families and children to reduce the need for them to enter care and for them to remain at home safely.
160. The PARP provides a clear and agreed process for considering cases where children may need to become or remain looked after. This is contributing to a shared understanding of thresholds for care across partner agencies. An effective dispute resolution mechanism is in place.
161. There is a satisfactory range of in-house placements available and good access to external IFA placements through the sub-regional framework. The majority of children are placed within the city which promotes contact with friends and families and supports rehabilitation plans when

appropriate. A low number of children (29) are placed more than 20 miles away from their home address, which compares favourably with comparable authorities and the national average.

162. Where placements are required for children with complex health needs there is good partnership work with health colleagues to identify suitable placements and agreement for funding.
163. The quality of assessment and planning for looked after children seen by inspectors was variable. Most identified the diverse needs of children although the depth of the analysis of those aspects varied. In cases seen, children and young people were in appropriate and safe placements. In most case files seen there was satisfactory evidence of effective multi-agency working and appropriate contribution to assessment and planning.
164. Children seen by inspectors said that their views were sought and taken into account. The views of parents and carers were usually included in assessments and care planning. However, not all parents seen felt that they had been listened to and some disagreed with the outcomes of the assessment.
165. Good examples were seen by inspectors of direct work with children and young people. This was undertaken in a variety of ways using tools and methods appropriate to their age, culture and understanding, enabling children to engage meaningfully in their assessment. The completed life story work seen by inspectors reflected this work well. The information gleaned from direct work was used effectively in compiling robust assessments which informs planning for children.
166. Care plans for looked after children and care leavers seen were securely based on the assessments. Progress on achieving the plan is routinely monitored through case supervision with social workers and statutory childcare reviews. Regular care planning discussions and timely reviews keep the consideration of permanence and return home on the agenda as appropriate. Additional care planning meetings take place where necessary to progress plans or to facilitate additional monitoring of complex cases. The number of children remaining in care for two years or more has reduced over the last four years.
167. Statutory reviews are nearly all held on time for looked after children. Social workers report that IROs are suitably challenging and that plans are rigorously reviewed. Not all recommendations arising from reviews, however, are sufficiently specific and measurable. A dispute resolution process is in place and evidence was seen of IROs bringing delays in the implementation of agreed actions to the attention of managers. However, the capacity of IROs is stretched and this is having an impact on the prompt circulation of reports and their ability to undertake wider duties. The council are currently undertaking a review of the IRO service and plan

to increase the IRO establishment in advance of the conclusion of the review.

168. There are a range of varied mechanisms that enables as many children as possible to participate in their reviews. Children seen by inspectors said that they were satisfied with the choices and opportunities they have to contribute to their reviews and to other meetings.
169. Unplanned changes of placement are avoided as far as possible by good care planning and reviewing. Inspectors saw evidence of sustained and beneficial relationships children had with independent visitors, children's homes and foster carers. However, sustained relationships are less common with social workers due to an historical reliance on agency and temporary staff.
170. Most chronologies and case records seen were up to date and included relevant communications and information from other agencies. However the quality of recording seen varied from brief and formulaic descriptions to detailed analyses of children's needs. The electronic recording system does not yet fully support staff. However, staff seen were pleased that their views and suggestions about the electronic recording system have been taken into account by senior managers in ongoing development of the system.

#### **Ambition and prioritisation**

#### **Grade 2 (Good)**

171. Ambition and prioritisation are good. The Children's Trust has explicitly prioritised the needs of looked after children in the CYPP, and the MALAP has developed and agreed a coherent and ambitious strategy. The strategy is based on improving outcomes by reducing reliance on agency residential foster care placements and increasing the number of available in-house foster placements.
172. Plans to achieve objectives are led and robustly monitored by MALAP. There are good links between MALAP, the Corporate Parenting Board and the Change Council which is contributing well to the effective championing of the needs of looked after children across the wider partnership. The Corporate Parenting business plan systematically addresses the council's pledge to looked after children, ensuring that implementation can be effectively evaluated. There is a strong, shared emphasis placed on achieving permanence for looked after children by managers and staff who work with looked after children and this is well supported by senior officers and lead members.
173. The Corporate Parenting annual report demonstrates a sound analysis of performance of looked after children so that elected members and other corporate parents are fully aware of relevant issues. Membership of the Corporate Parenting Board includes several cabinet members, although attendance is not consistent due to competing commitments. The council

plan to review membership to ensure greater participation and more effective involvement of senior officers.

174. Performance on looked after children's services and outcomes are regularly reported to scrutiny committee who have addressed several areas, notably support to improve educational attainment, and engagement with children and young people in undertaking this work has been effective. Plans are in place to engage more actively with the Change Council.
175. Regulation 33 visits to children's homes are undertaken by elected external officers and elected members, although themes arising from these visits are not adequately addressed in the Corporate Parenting annual report. Reporting of outcomes is limited to reports on individual visits.

## **Leadership and management**

## **Grade 2 (Good)**

176. Leadership and management in services for looked after children are good. The council and their partners know the needs of the looked after children population well. They have identified where there are gaps in resource and service provision and have a good understanding of overall placement needs for children. The looked after children strategy and accompanying plan reflects this self-awareness.
177. There is good collaborative working underpinning the commissioning framework. The safeguarding of children is central to the contract and procurement process and all providers must demonstrate that they can ensure this and improve outcomes for children placed with them. The sub-regional IFA contract has provided choice and value for money and has contributed to the sustained overall stability of placements.
178. Further examples of the effective use of resources include the closure of a children's home which has released resources to prevent children entering care and to support care leavers. A dedicated contact service is also planned but is not yet operational.
179. There is effective monitoring of commissioned placements against outcome-focused quality indicators through a quarterly review and an annual visit. The MALAP is an effective partnership which identifies and sets priorities linked to improving outcomes. The process is informed by single agency priorities, performance information and children and young people's views gathered through mechanisms such as the Viewpoint survey of looked after children and the Change Council.
180. The multi-agency PARP is a good example of effective partnership working that identifies suitable preventative support for children at risk of entering care, and appropriate placements and support for those children who do so. There are effective partnerships with health colleagues, such as those

in YDAP, CAMHS and the OK 2 team. Partnerships with the virtual school and the youth service are effective in supporting children to achieve educationally and to access leisure and social activities.

181. Productive partnership working with housing providers contributes good access to suitable accommodation for care leavers. Care leavers with severe disabilities are supported well by the futures team (jointly funded by health) and are given priority for housing and for support from adults services.
182. Team managers were very positive about the management development training they have received and the impact this has had on the development of their skills. Social workers working with looked after children have manageable caseloads and were positive about the opportunities to undertake post-qualifying awards. Newly qualified social workers have good access to training and have protected caseloads.
183. There is a fee and allowance structure in place for foster carers which reflects their skills and the training that they have undertaken. Recent additional investment in the foster carer training and fees has been instrumental in attracting people to become foster carers and has increased placement choice for looked children. Foster carer recruitment activity is supported by Sunderland Football Club's community scheme, the SAFC Foundation. The council recognises the need to further develop the skills and quality of its foster carers and residential staff to meet the needs of the most challenging children and meet complex needs, and to reduce the number of children who are living in agency placements.

## **Performance management and quality assurance**

### **Grade 2 (Good)**

184. Performance management and quality assurance across services for looked after children are good. Performance targets are met and achievement is at least in line with national averages and statistical neighbours. The MALAP provides good challenge to partners about the progress made on meeting priorities and closely monitors progress of performance in key indicators and progress of the action plan at the partnership's quarterly meetings. The Corporate Parenting Board also receives regular reports on performance relating to looked after children and care leavers.
185. The IROs' role in monitoring performance in services for looked after children could be further developed. They are currently evaluating the extent to which they have taken on the additional responsibilities as outlined in the recently revised care planning regulations.
186. Social workers welcome the focused support from their managers and said that they are accessible and responsive to the need for additional advice

about complex cases. Staff reported that good practice is clearly acknowledged by senior managers. There is good evidence of management oversight of cases on the electronic record and effective senior managerial oversight through meetings such as the performance monitoring group. However, the quality of supervision records seen was variable. The content of supervision is generally task-focused with little evidence that there had been an opportunity for staff to reflect on practice issues.

## Record of main findings:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Good
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Partnership working	Good
Equality and diversity	Good
Services for looked after children	
Overall effectiveness	Good
Capacity for improvement	Good
How good are outcomes for looked after children and care leavers?	
Being healthy	Good
Staying safe	Good
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Good
Economic well-being	Good
Quality of provision	Good
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Good

