

Joint area review

Tameside Children's Services Authority Area

Review of services for children and young people

Audit Commission
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Prisons
HM Inspectorate of Probation
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Introduction

1. The most recent Annual Performance Assessment (APA) for Tameside judged the council's children's services as good and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
 - the impact of the partners' strategy in improving provision in Child and Adolescent Mental Health Services (CAMHS).

Context

4. Tameside Metropolitan Borough Council covers an area of 104 square kilometres and is made up of eight distinct districts that came together through local government organisation in 1974. It is situated to the east of Manchester and is one of 10 local authorities which make up Greater Manchester.
5. The population is growing and there is an estimated population of 214,400, of which 6.5% of residents are from minority ethnic groups - smaller than the Greater Manchester figure of 10.7%. There are approximately 56,000 children and young people aged 0 to 19. Children from ethnic minority heritage make up 11.3% of the school population. The largest non-white ethnic group in Tameside is Asian (4.4%), predominantly people of Indian (1.5%), Pakistani (1.5%) and Bangladeshi heritage. In recent years there has been a growing number of Polish migrants.
6. The borough is an improving, but economically deprived area. In 2007, it was ranked 56th on the Index of Deprivation which places it in the bottom 20% in the national table, an improvement from 49th in 2004. The employment rate is slightly higher than both that of Greater Manchester and the national average but average wages are just below those in the region and nationally.
7. Pre-16 education is provided through 30 private or voluntary day nurseries, 15 children's centres, 74 primary schools, 18 secondary schools, five special schools and three pupil referral units.
8. The majority of learners access post-16 education and training through a further education college, two high schools with sixth forms or a sixth form college located in Tameside. Four major work-based training providers operate in the

borough including Tameside Further Education College, Rathbones, Age Concern and Skills Solutions. Over 100 other national and regional providers deliver work-based learning such as apprenticeship programmes. Tameside College and Rathbones have contracts to deliver Entry to Employment courses with responsibility for providing approximately 70 places.

9. Family learning is delivered by the council's Skills for Life and Family Learning team in partnership with schools and community and voluntary agencies.

10. Primary care is provided by Tameside and Glossop Primary Care Trust (PCT). Tameside Hospital NHS Foundation Trust provides acute care to children and young people in the borough including accident and emergency service and in-patient paediatric wards. Mental health services are provided by Pennine Care NHS Trust, which are contracted to provide mental health services for adults, children and young people across Bury, Rochdale, Oldham, Stockport, Tameside and Glossop.

11. Tameside Metropolitan Borough Council is the main provider of children's social care. Services are provided through 118 foster carers; 22 link foster carers; 25 kinship foster carers; three residential care homes; and one short break residential unit. There are four social work teams, four family support teams, one children with disabilities team, a leaving care team, a fostering team and an adoption team.

12. The police service operates across Greater Manchester. Services to children and young people who are at risk of offending, or who have offended, are provided through the Tameside youth offending service. There are no young offenders institutions in the area.

Main findings

13. The main findings of this joint area review are as follows:

- Arrangements for safeguarding children and young people are adequate. Partnership working is strong and the Local Safeguarding Children Board (LSCB) is working effectively. Preventative work is strong but there are a high number of re-registrations on the child protection register. The arrangements for providing an out-of-hours social care service are inadequate. Assessments are timely but the quality of some assessments and recording is inconsistent. The duty system appears to be safe.
- Arrangements to ensure looked after children achieve the best possible outcomes are good. Support to maintain healthy lifestyles is effective and the high priority placed on raising achievement is leading to improved educational attainment and increasing numbers remaining in education, employment or training at 19. Services for fostering, adoption and residential provision are good with outstanding provision in the short break residential unit. The council has taken positive action

to recruit foster carers from minority ethnic groups but there are still insufficient to meet assessed need. The role of the council as corporate parents is underdeveloped.

- The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good. Schools are well supported in promoting inclusive practice and they report good quality specialist services. The rate of permanent and fixed-term exclusions of those assessed at school action plus in mainstream schools is high and increasing. Most children and young people with learning difficulties and/or disabilities make good progress especially in special schools and pupil referral units. Staff work well together to deliver effective, local services for families with children with complex needs. A charity run by parents offers excellent support to families and provides good challenge to local services. Provision of some specialist equipment is too slow.
- Provision for children and young people requiring mental health services is good. The comprehensive children and adolescent mental health strategy is progressing well and access to services is improving. Good, responsive and accessible CAMHS are available for looked after children and young people known to the youth offending service. Good developments have successfully improved access to in-patient care on children's wards. Insufficient focus is given to evaluating the impact of the service on outcomes for young people.
- The management of local services is good. The council and its partners provide responsive, local services to children and young people and their families. The partners have developed a challenging vision, expressed in a set of clear priorities. They are working well together, both at strategic and operational levels, to achieve their ambition. Financial management and value-for-money are good. However, in some areas the focus on performance management and the use of sharp outcome-related performance measures is inconsistent.
- The capacity for further improvement is good. Trends in improvement have generally been upward. Leadership is dynamic and focused on key priorities. Partners are committed and enthusiastic about working together to improve outcomes for children and young people.

Grades

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

	Local services overall
Safeguarding	2
Looked after children	3
Learning difficulties and/or disabilities	3
Service management	3
Capacity to improve	3

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area
- implement robust out-of-hours social care duty arrangements which better serve the interests of children and families and reduce risks for staff and for children and young people in the community.

For action over the next six months

- Take steps to rapidly reduce the number of permanent and fixed-term exclusions of children and young people assessed at school action plus in mainstream schools.
- Ensure all actions in plans, including those for CAMHS have specific measurable outcomes to inform an evaluation of the impact of developments on outcomes for children and young people.
- Implement plans to further develop the role of the council as corporate parent.
- Review decision-making processes so that families are not removed from the child protection register before they have the capacity to manage on their own.

For action in the longer term

- Monitor the impact of funding and provision of essential equipment, such as duplicate equipment and wheelchairs, to ensure provision matches assessed need.

Equality and diversity

14. The commitment to inclusion and promotion of equality and diversity issues across the partnership is strong, with significant action taken to support the most vulnerable minority groups. The equalities action plan provides a comprehensive steer to addressing priorities across council services but the progress towards and impact of equality actions across all areas of the partnership is not recorded or monitored sufficiently. The council has achieved Level 3 of the Equality Standard.

15. Many initiatives promote community cohesion. Senior partnership officers engage fully with a wide range of local community representatives. Some innovative sports and recreational activities have brought together young children from very different communities and fostered good mutual understanding and respect. There is strong support for young people from vulnerable groups including gay and lesbian young people and good initiatives to raise the understanding and tolerance of others through the youth service.

16. Good progress has been made in narrowing the gap in educational performance between the majority of children and young people and those from vulnerable groups and also between the highest and lowest performing schools. A current priority is raising the performance of disadvantaged white and Pakistani boys. Dedicated support for children and young people from travelling communities and unaccompanied asylum-seeking children, as well as for those educated at home, improves their access to local services.

17. The council and partners act vigorously to encourage the participation of vulnerable children and young people. There is good use of interpreters to ensure effective communication with parents and children whose first language is not English. However, the youth justice system does not fully meet the diverse needs of all young people. The number of Bangladeshi young people not in education, employment or training is higher than the local authority average, although it is lower for Pakistani young people. The workforce across the partnership is representative of the local population as a whole and recent initiatives to recruit key workers from minority groups have had some success.

Safeguarding

Inadequate



Adequate

X

Good



Outstanding



18. The contribution of local services to improving outcomes for children and young people at risk or requiring safeguarding is adequate.

Major strengths	Important weaknesses
<p>The positive impact of arrangements to promote healthy lifestyles and keep children safe.</p> <p>Strong and effective safeguarding children board.</p> <p>Preventive work with children in need and their families.</p> <p>Very effective multi-agency public protection arrangements (MAPPA).</p> <p>First Response duty arrangements.</p>	<p>Out-of-hours social care duty arrangements.</p> <p>The high rate of children re-registered on the child protection register.</p> <p>Arrangements for safeguarding those children and young people known to the youth justice system.</p>

19. The APA 2007 judged the council's arrangements for staying safe as good. The good work and positive outcomes in relation to keeping children and young people healthy and safe reported at that time continues. The joint area review judgement of adequate takes into consideration: the review of case files which identified inconsistent quality of initial and core assessments; concerns relating to the capacity of the out-of-hours social care duty team; weaknesses in safeguarding arrangements for young people known to the youth justice system and insufficient safeguarding training provision for staff transporting children and young people with learning difficulties and/or disabilities. Inspectors identified issues in relation to the procedures for Criminal Record Bureau checks for staff working with children and young people. These were swiftly and fully addressed by the council.

20. The Tameside Strategic Partnership has produced a clear framework for the reduction of health inequalities and the promotion of healthy lifestyles. A good range of information is available to help parents keep their children healthy and safe. The community midwifery service provides good information for all new mothers and an excellent 'Safe Parenting Handbook' is distributed by the Tameside Safeguarding Children Board. However, these are not always translated into community languages. There is a good range of parenting courses available, but little data to evaluate the take-up rate or effectiveness of this work.

21. Children and young people report that they are well supported in improving their awareness of healthy lifestyles. Nevertheless, the number of children and young people with decayed, missing or filled teeth is poorer for children in Tameside than nationally. Good access to sexual health advice and screening for young people is provided in schools, in the community and youth service clinics. Young people aged 16 to 19 appreciate the opportunities given by a multi-agency one-stop shop, 'No. 31' where a range of services is provided including drug, alcohol and sexual health advice, smoking cessation services and counselling.

22. Currently, at 54 per 1,000 the rate of teenage conceptions is in line with similar councils (53 per 1,000) but above the national figure (40 per 1,000) for 15 to 17 year olds. Recent targeted strategies are designed to reduce the number of teenage pregnancies. The Teens and Toddlers programme works well with young people developing positive attitudes to early parenthood. The programme is carefully targeted to schools in wards that have the highest rates of teenage pregnancy. However, there is no overall trend of improvement and the current figure is the same as that in 2000.

23. There is good support for pregnant teenagers and teenage parents. New targeted services specific to supporting teenage mothers have been developed; the Better Outcomes, Achieved Together (BOAT) project promotes a good multi-disciplinary approach in children centres and delivers family planning, health and emotional well-being support and education, employment and training advice. The programme commenced in March 2008 and outcomes are yet to be realised.

24. Work to promote road safety has decreased the number of children aged 0 to 15 killed or seriously injured in road traffic accidents. Most schools are good at ensuring that learners adopt safe practices, and road safety schemes have seen a notable decrease of 77% in children killed or seriously injured from road accidents in Tameside. In 2002, there were 22 deaths. 2007 figures show a reduction to 10, exceeding the 2010 government target of a 50% reduction.

25. The Fire Service makes a positive contribution to promoting safety through involvement in community initiatives. Every Year 6 child attends 'Crucial Crew' safety training which includes personal safety, fire safety, first aid and road safety. Targeted work in the ward with the highest incidence of fire deaths in the past has resulted in a dramatic fall in fire deaths and injuries and smoke alarms are now installed in every child's bedroom in that area.

26. Some good work is being done by the multi-agency anti-bullying steering group, with effective arrangements to listen to the views of children and young people. However, not enough has been done to ensure there is comprehensive and accurate data about bullying to inform progress and the development of new initiatives. A group of unaccompanied asylum seeking young people report that they feel safe in the area and are well supported.

27. The Children's Needs Framework, produced by the Children and Young People's Strategic Partnership, is a helpful document for all agencies working with children and families. It sets out in a user-friendly way the thresholds for different levels of need, how to respond to these and how to undertake a Common Assessment Framework assessment. The process is well documented and understood but its use is not fully embedded across agencies. Some agencies and settings are not clear enough about relative levels of risk, thresholds for accessing services and their responsibilities to provide support for children and families who do not necessarily require intervention from children's services. Some good work is being done to improve links and understanding of safeguarding responsibilities between schools and the children's services assessment teams.

28. Preventative work with children in need and their families undertaken by the social care family support teams, Family First intensive crisis service and a number of voluntary and community services is good. However, the impact of some preventative work is reduced as involvement is sometimes ended before families have the skills to sustain improvements in parenting. This contributes to high rates of re-referrals to duty teams and re-registrations on the child protection register.

29. The rate of initial child protection conferences is high at 49.5 per 10,000 (2007–2008), compared to 37.4 for similar councils. Re-registrations on the child protection register are also high at 19.1% compared with 10.6 for similar councils. The percentage of core assessments leading to initial child protection conferences and held within 15 working days is low at 33.9% compared to similar councils at 45.4% and this is due in part to Greater Manchester Police having difficulty in staffing attendance at all conferences.

30. Duty arrangements provided by the First Response service and the children with disabilities team are robust. The four assessment teams communicate well and less experienced staff are provided with appropriately protected caseloads and support. However, the current out-of-hours social care duty arrangements for children and families are inadequate, involving potential risks for the staff team and for children and families in the community. There is insufficient capacity within the team and lack of recent childcare experience. Back-up arrangements for covering shifts and accessing management advice are not secure. Arrangements for safeguarding children in the accident and emergency department of Tameside Hospital are good.

31. The quality of initial and core assessments and of recording on children's services files show limited evidence of managerial oversight. All children subject to a child protection plan are allocated to a qualified social worker and formal child protection processes are effective. Only three child protection review conferences were not held within timescales, giving a figure of 92.3% for 2007–08, although this is against achievement of 100% for similar councils. There is good involvement of, and consultation with, parents and children attending conferences.

32. The Tameside Safeguarding Children Board is very effective and well led. The Safeguarding Framework produced by the board is good and complies with the requirements of Working Together 2006. It provides a good range of training on child protection and wider safeguarding issues for staff and carers from across the partnership and voluntary and community organisations. However, training is not always well enough targeted and advertised. For example, recent training on the impact of parental mental health problems on children was not attended by staff from adult mental health teams despite the fact that the mental health trust estimate that at least 50% of users are parents of children under 18.

33. High rates of domestic violence have rightly been identified by the Tameside Safeguarding Children Board as a priority for action. Some good progress has been made in arrangements for preventing and dealing with the consequences of domestic violence. Joint arrangements between the police and children's services

for sharing information about families affected by domestic violence have been strengthened and are now good, as are screening processes in the children's services social care assessment teams. A support group for a small number of children affected by domestic violence provides good counselling and support but its availability is too limited.

34. Safeguarding issues are not always effectively managed for young people in the youth justice system. The youth offending service was inspected concurrently with the joint area review and weaknesses were found although no child was found to be at immediate risk. Home visits were rarely conducted as part of assessments and interventions and none of the children and young people in the community with safeguarding needs whose cases were studied had a vulnerability management plan.

35. Arrangements for sharing information about and providing appropriate intervention for children missing from home, care and school are well established and effective.

36. MAPPA are sound and effective. No-one subject to a Level 2 or 3 MAPPA has re-offended since the arrangements were set up and there are good links with the Safeguarding Board and the youth offending service.

37. The Madrassah Project is making good progress on improving safeguarding arrangements in Muslim additional schools in the borough and is also making an excellent contribution to community cohesion.

Looked after children and young people



38. **The contribution of local services to improving outcomes for looked after children and young people is good.**

Major strengths	Important weaknesses
<p>A good preventative strategy.</p> <p>Effective actions to reduce the numbers of looked after children.</p> <p>Stability of foster placements.</p> <p>Responsive support from CAMHS.</p> <p>Good quality adoption, foster care and residential care services.</p>	<p>Underdeveloped corporate parenting role.</p> <p>Insufficient capacity in children's rights service.</p> <p>Some children and young people feel that insufficient consideration is given to their views when considering moves from agency placements.</p>

<p>Good coverage of Total Respect training.</p> <p>Good support to promote educational performance.</p> <p>High level of engagement in education, employment or training by care leavers.</p>	
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39. Decisions to look after children are taken at an appropriate management level and the pre-proceedings protocol works well. The number of looked after children in Tameside varies year-on-year but at 327 in 2006–07 is a higher proportion of all children than in similar councils and the national average. Focused, preventative work is taking place to reduce the numbers and there has been success in reducing the number of children and young people placed at home on care orders.

40. The council has a good three-year preventative strategy to drive improvement further. All looked after children and young people are allocated suitably qualified social workers, which is an improvement on previous years. However, the quality of care plans remains variable on social care files.

41. Good health outcomes are promoted through regular annual health assessments with 95.5% completed in 2006–07, above the average for similar councils and national figures. Looked after children have priority access to mental health services and dedicated CAMHS support offers good advice to professional staff. However, health records are of variable quality and performance in the achievement of annual dental checks has recently reduced.

42. The most recent fostering, adoption and residential inspections found services to be good, with the residential short break centre judged outstanding. Commissioning arrangements assure the good quality of agency placements, with annual accreditation by Placement 22, the North West consortium of councils. The council is working to reduce the number of out-of-borough placements. In some circumstances a few young people felt that their views had not been taken into account as the outcome was not as they had requested when decisions were made about their placements.

43. A high proportion of looked after children are placed with foster carers. The stability of both short-term and longer-term foster care placements has improved, and performance is now better than similar councils and the England average. Recent figures illustrate that the proportion of children and young people who are looked after who are adopted has risen significantly, although in 2006–07 adoptions were below similar councils, having reduced to 4.5% from 9.5% the previous year.

44. Arrangements to support unaccompanied asylum-seeking children and young people are good, with appropriate attention to educational needs and provision of interpreter services. Six percent of looked after children and young people are from minority ethnic backgrounds. The council actively seeks to recruit from a range of backgrounds but currently there are insufficient foster carers from minority ethnic backgrounds to meet assessed need.

45. The council's commitment to promoting educational attainment is reflected in the looked after children strategy for 2008–11. Educational performance is regularly monitored and the education resource team offers strong support to designated staff in schools. Significant improvements have been achieved in the number of educational targets in personal education plans, rising from 40% in 2007 to 80% in 2008. All looked after children have access to learning mentors and those needing extra help in English or mathematics receive additional out-of-school tuition. All Year 10 looked after children are given a personal laptop, but some report difficulties in getting them repaired.

46. Educational attainment is adequate overall and each individual's progress is carefully tracked. The council can demonstrate a four-year trend of overall improvement for looked after children. Test outcomes are below national and statistical neighbours at Key Stages 1 to 3 but above at Key Stage 4. In 2006, 73% of looked after 16 year olds were entered for GCSE or GNVQ examinations. Of these, 73% achieved one A* to G grade, 50% gained five A* to G grades, and 23% gained five A* to C grades. The numbers achieving five good GCSEs or equivalent qualifications in 2007 fell below the local target but remain above the very low national average for looked after children. Those who do not sit GCSE are supported to achieve alternative accredited qualifications including the Duke of Edinburgh award and units of National Vocational Qualifications (NVQs).

47. The percentage of looked after children and young people who missed 25 days or more school in 2006–07 is lower than in similar councils and the national average. Effective work is taking place to further improve attendance. Good liaison between agencies and a common understanding of the Missing from Care protocol underpin the appropriate response when children and young people go missing.

48. The arrangements to promote economic well-being of young care leavers are good. All Year 11 looked after young people are offered a four-week paid work placement to help to build employability skills. Forty-one young people took vocational courses in 2007 and the council plans to expand in other subjects the currently small number of NVQ Level 2 hairdressing apprenticeships. The percentage of care leavers remaining in education, employment or training at 19 is improving. At 76% in 2006–07, it was in line with the England average, although below similar councils. Internal data shows performance has since improved to 90% for 2007–08. Young people are encouraged to progress to higher education, and currently four looked after young people are attending university.

49. Access to leisure and recreational activities is improving. Swimming pool passes are available to looked after children and young people within the local area and they have free access to teen gyms. Younger looked after children are able to attend holiday activities organised by the education resource team.

50. The quality of care plans is monitored effectively, with 93% of statutory review meetings held within timescale in 2006–07 which is slightly above that of similar councils and well above the national average. At 99%, the number of children and young people contributing to their review meeting is well above the national average. There are also some good opportunities for children and young people to influence the development of services. For example, young people deliver the Total Respect training, regularly participate in staff recruitment interviews and training for social workers and foster carers, and undertake exit interviews with young people leaving care. The commissioned children's rights service provides effective advocacy in many cases, but staffing is too limited and is insufficient to fully represent looked after children and young people. Young people reported unresolved difficulties in accessing personal files and, for many, frequent change of social workers affects the continuity of support.

51. The care leaving team and Connexions are conveniently located in the young people's centre. They offer a good service and support young people well in the transition to independence. Each young person has an individual personal adviser and well-considered Pathway Plan. Many young people value this preparation for independence. However, some young people living in children's homes voiced concerns that they might be expected to leave care at age 16, and some said they lost Connexions support after leaving school at 16.

52. The council has appropriately prioritised action to improve the number of young care leavers living in suitable accommodation. In 2006–07, 85% of young people leaving care were living in suitable accommodation at age 19, which was better than similar councils (82.2%) but lower than the England average (87.3%). However, there is insufficient provision for accommodation for young people who are subject to criminal proceedings as an alternative to custody. The inappropriate use of order books for young people to purchase household goods for independent living does not promote choice or dignity.

53. Arrangements for corporate parenting are underdeveloped. Elected members conduct regular visits to children's homes and consider service information as part of their corporate parenting role. However, there is no regular contact between members and children and young people placed in foster care. Information on the provision and outcomes for looked after children presented to members is not always sufficiently evaluative. A corporate parenting group has recently been established, which includes sub-groups of officers and councillors. This is a positive step towards a wider overview of the issues for children and young people who are looked after. However, there is no formal representation on the group by children and young people. Currently, a group of looked after young people, the 'Definite Hopefuls', is producing a framework for the establishment of a Children in Care Council.

Children and young people with learning difficulties and/or disabilities



54. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good.**

Major strengths	Important weaknesses
<p>Outstanding short break residential unit.</p> <p>Early identification and support for families with babies with disabilities.</p> <p>Effective multi-agency training.</p> <p>Good specialist services promoting inclusive practice in mainstream schools</p> <p>Provision in special schools including arrangements for promoting healthy lifestyles.</p> <p>Improvement in completion of transition plans.</p>	<p>Delays in accessing funding and in delivery of equipment, particularly duplicate equipment and wheelchairs.</p> <p>High rate of permanent and fixed-term exclusions for children and young people assessed at school action plus.</p>

55. Provision for children and young people with learning difficulties and/or disabilities is firmly incorporated within the council's strategy for inclusion. There is clear commitment and strategic development to promoting inclusive practice and providing quality integrated services for children and young people with learning difficulties and/or disabilities. Improvements have been driven over time and reflect national best practice guidance. Early identification and prevention underpin strategic developments and a high priority is placed on developing the arrangements for working in partnership with parents.

56. Information to parents about services to children and young people with learning difficulties and/or disabilities is good and available in a range of formats. The formation of Our Kid's Eyes, a charity run by parents themselves, has been a very positive and innovative step improving the accessibility and range of information and practical support to families.

57. Processes to identify and support very young children with learning difficulties and/or disabilities and their families are good. Babies born with complex needs are allocated a key worker before discharge from the birth unit. There is comprehensive early years support through children's centres, and a good portage service.

58. Good provision is available to those who have a clear diagnosis of their needs. However, this is more variable for those who do not have an assessed medical condition. Historical delays in assessment and provision of services are being addressed robustly and in February 2008 an integrated services team was established to improve multi-agency assessment processes. A wide range of agencies has been trained in the Common Assessment Framework process and, very positively, some parents are being trained to take the role of lead professional.

59. As a positive response to increased numbers of children and young people diagnosed with autistic spectrum disorder a multi-agency autism team has been established. Whilst there is evidence of good working together between frontline staff from a range of agencies, integrated services are not yet embedded and it is too early to measure outcomes.

60. The children with disabilities team has produced good safeguarding training for the LSCB, which is being rolled out to a range of professionals. However, drivers and escorts for children and young people with learning difficulties and/or disabilities receive insufficient training in safeguarding issues for this vulnerable group.

61. Appropriate action has been taken to reduce waiting lists for speech and language and occupational therapy and the therapists are supported by good work by other professionals, such as portage workers. Access to specialist therapies is generally good in special schools, with effective arrangements for therapists to deliver services in school. However, there are delays in provision of therapies in mainstream schools.

62. Parents and staff report delays in funding and provision of equipment, particularly wheelchairs, and it is timely that a review of the wheelchair acquisition process is being conducted. Although processes are in place to enable children and young people to have duplicate equipment in different environments, such as home and school, there is evidence that this is not always provided promptly enough.

63. Improvements to CAMHS provision are having a positive impact on the access children and young people have to specialist support. The pupil referral units receive good support to meet the needs of children and young people with mental health issues, and schools report good access to CAMHS.

64. The residential short break unit is judged outstanding in the most recent Ofsted inspection. Good improvements have recently been made to the accommodation and staff make the best use of the available building to provide

safe and enjoyable short breaks. There can be some delays in accessing appropriate family link placements.

65. The successful delegation of special educational needs funding to schools has promoted a good understanding of roles and responsibilities. Tameside has well-established arrangements for monitoring and tracking the progress of individual children with learning difficulties and/or disabilities. Information gathered on pupil's progress is used appropriately to challenge schools in raising the achievement of children and young people with learning difficulties and/or disabilities, with local performance information illustrating that they make adequate and often good progress in school. Locally agreed performance targets for achievement of those with statements of special educational need have been met.

66. Services to promote educational inclusion in schools, including those for early years, are good. Schools find services responsive to their needs and are confident they will receive good training and appropriate resources to support inclusion. Tameside is in the top quartile for the production of new statements of special educational need within timescales. Health services' commitment to improving practice is illustrated by the continued improvement in completion of assessments. Schools report good support and advice from the local authority on assessment processes. The number of children and young people who have statements is in line with that found nationally and lower than in similar councils.

67. In 2006, 37% of those with statements of special educational need were excluded from mainstream secondary schools. This is higher than the 28% in similar councils and 31% nationally. Most recent council data illustrates that this reduced during 2007 and there have been no permanent exclusions from special schools over a three-year period. However, permanent and temporary exclusions of those assessed at school action plus continue to be high and increasing in secondary schools. Action to reduce the high levels of exclusion includes the implementation of an effective behaviour policy with good support from local services designed to increase schools' capacity to meet the needs of those with behavioural difficulties.

68. There are some very good opportunities for leisure and recreation provided by the youth service and voluntary and community groups. However, parents state that access to after school activities is severely limited by a lack of transport. Opportunities for leisure for younger children are also more limited than for older children, who have access to some excellent youth service provision.

69. There are good examples of children and young people's views being sought, such as by the youth service disability project, school surveys and school councils, and very good individual examples of gathering the views of children with communication difficulties. However, on case files, it is not always clear what efforts have been made to capture views. Equally, there are some occasions where individual views or concerns are expressed but not fully responded to.

70. Children and young people with learning difficulties and/or disabilities have good opportunities to achieve economic well-being. They and their parents and carers receive impartial information, advice and guidance on education and training opportunities. Increasing numbers of children and young people now access direct payments, with good advice and support from the direct payment coordinator.

71. A thorough review of the 14–19 curriculum by partners has resulted in a strengthened range of vocational pathways and progression routes, some of which are specially tailored to meet the needs of individual learners. Successful vocational taster pilot schemes have helped improve the retention of Level 1 learners in Year 10 and supported better transition at 16. Partners ensure that most children and young people have sound support, advice and guidance at all key transition points. Good collaborative work between schools and colleges helps ensure a smooth and supportive transition at 16. The Dovestones Centre offers excellent provision to meet the needs of young people with severe and complex learning difficulties and/or disabilities. Those with emotional needs attending the Bridgeway pupil referral unit receive good support to progress into further education.

72. Post-16 specialist provision is very good and offers young people a broad choice. Young people contribute to their own transition reviews and transition plans are kept under review through good collaboration between agencies. Completion of plans has improved, with data provided by the council showing 100% completion by June 2008. Young people make steady progress post-16 towards individual targets and there is a strong focus on ensuring that these targets are sufficiently challenging. Many young people successfully achieve accredited qualifications and some progress to higher levels. The proportion of young people with learning difficulties and/or disabilities in education, employment or training increased to 78% in 2006, which is higher than the national average. However, the numbers participating in work-based learning has been below the national average for the last three years. Most recent figures show 8.4% engage in work-based learning compared with the national figure of 14.5%.

Other issues identified for further investigation

The impact of the partners' strategy in improving provision in Child and Adolescent Mental Health Services

73. The impact of the partners' strategy in improving provision in Child and Adolescent Mental Health Services is good.

Major strengths	Important weaknesses
<p>Good partnership working with strong financial commitments to the CAMHS strategy and action plan for 2007–10.</p> <p>Good provision of tier 3 services offering a variety of interventions including a day clinic and inreach/outreach services.</p> <p>Effective support for children looked after from a dedicated CAMHS team.</p> <p>Good multi-agency working for young people aged 16 to 19.</p> <p>Preventative work through the Early Attachment Project.</p>	<p>There is limited focus on evaluating the impact of activity on improved outcomes for children and young people.</p>

74. The CAMHS strategy is securely based on a commitment to early intervention and prevention with a strong focus on developing easily accessible specialist services for families and children and young people that need them. The strategy is being introduced in a measured way with a target date for a fully comprehensive service in place by 2010. The council has identified the need to develop a coherent strategy with schools to improve the emotional health and well-being of children and young people.

75. The council and partners' commitment to the development of a comprehensive CAMHS is demonstrated in its inclusion as a key priority in the Children and Young People's Plan (CYPP) 2007–08. The CAMHS partnership and commissioning boards provide effective service management and leadership to deliver a focused strategy and action plan. However, there is limited focus on outcomes; the partnership recognises this and development of the results-based accountability framework for evaluating impact is commencing this year. The APA 2007 judged 'being healthy' as adequate and progress towards a comprehensive CAMHS as improving but slightly behind national averages for some aspects of services. Since that report the partners have made good progress and there are many newly developed services in place.

76. Young people are supported in managing their presenting problems very well by the team of link workers based at the Springleigh clinic. They have established good arrangements to ensure appropriate referrals to other agencies. The team provides good training and advice to all universal staff at tier 1¹, across all

¹ CAMHS delivers services to a national 4-tier framework. Most children and young people experiencing mental health problems will be seen at Tier 1. This level of service is provided by practitioners who are not mental health specialists such as GPs, health visitors, school nurses and teachers. At Tier 2 practitioners tend to be CAMHS specialists such as primary care workers, psychologists and counsellors. At Tier 3 practitioners are specialised workers such as community health workers, child psychologists or psychiatry, out-patient services for more severe and complex and persistent disorders. Tier 4 services are provided for young people with the most serious problems through, for example, highly specialised out-patient and in-patient units.

services. Effective outreach support is provided to lead professionals and families to assist the development of specific skills and individual care plans. The service and multi-disciplinary team has grown year-on-year and is regarded highly by stakeholders.

77. Successful partnership working with the child and family therapy team has been established with positive outcomes for children and families. Excellent preventative work is offered through the early attachment project. A principal clinical psychologist works with health visitors and midwives whose parents are finding difficulty attaching with their babies and toddlers. Eighty percent of families involved report that the intervention led to improvement and stability in their family situation. Effective arrangements are in place for the project to link to and receive referrals from the children centres, Sure Start, Connexions, home start and teenage pregnancy staff.

78. Children and young people have access to a good range of services that support their emotional and well-being needs in schools. There is dedicated support and early intervention for those with behavioural problems. The Social and Emotional Aspects of Learning (SEAL) programme is underpinning developments in schools and training has been delivered to staff in all primary schools. It is being introduced in secondary schools in line with the National Secondary Strategy programme.

79. Teachers speak positively of the multi-disciplinary team approach and the variety of interventions supporting children and young people with emotional and behavioural difficulties. Positively, 36% of referrals from April 2006 and March 2007 from schools to the CAMHS link worker for behavioural problems were passed to the behaviour and emotional support team for preventative work. This reduced the need for young people to access specialist services. The behavioural and emotional support team provide a variety of timely, effective support and intervention in all schools. Over half of young people reported an increase in awareness and manageability of their initial problems and a third experienced improvement with family relationships, behaviour and emotional symptoms and school or placement stability.

80. The partnership has used a range of opportunities to ensure children and young people contribute to the delivery and development of the CAMHS. Good examples of young people contributing to interview panels for recruitment of healthcare workers and participating in tender applications for counselling services have enabled the voice and opinions of young service users to be heard.

81. Children and young people have access to timely screening and assessments undertaken by a dedicated team of professionals at tier 3. Pennine Care NHS trust, who are commissioned to provide this service, compare well with the England average for length of waiting times. The service has developed an inreach/outreach team to support and prevent admissions to hospital along with a day clinic that provides good intensive targeted assessment and intervention for a

small number of children and young people demonstrating severe mental health problems.

82. CAMHS effectively prioritises work with vulnerable groups. Two dedicated CAMHS workers work with looked after children, front-line staff and carers to provide support and early recognition of mental health problems. There is also a new integrated service for young people with learning difficulties and/or disabilities which makes referrals to a newly formed virtual multi-agency autism team. The impact and outcome of this joint working is yet to be realised.

83. Whilst services for the most vulnerable young people are working effectively, three children aged between 14 and 16 were inappropriately placed in an adult mental health in-patient ward during 2007–08. The Partnership, realising the inappropriateness of this situation, has taken action to avoid the necessity for young people to be admitted to adult wards in the future. Places for Tameside children and young people are available at a newly opened unit in neighbouring Bury and additional funding has been allocated for further developments.

84. There is good multi-agency transition planning for young people who do not meet the threshold to access adult mental services. A dedicated young person's mental health team for young people aged 16 to 19 ensures all young people access appropriate mental health support and care as they move to adult services. Further benefits for young people have been realised by good joint working between all agencies at a co-located centre where the substance misuse team, Connexions, youth offending, care leaver and the CAMHS 16 to 19 services are based. Initial evaluation of this centre by young people has been positive in terms of dignity, accessibility and responsiveness of the agencies.

85. There is a dedicated youth offending service CAMHS worker who provides good consultation and direct work with children and young people. The key performance indicators for assessment requirements are met by CAMHS and there is good accessibility to services.

Service Management



Capacity to improve



86. The management of services for children and young people is good. Capacity to improve further is good.

Major strengths	Important weaknesses
<p>Clear vision and ambition for improving outcomes for children and young people.</p> <p>Strong and inspiring leadership.</p> <p>Comprehensive needs assessment.</p> <p>Productive partnership working at strategic and operational level.</p> <p>Good progress on joint workforce planning.</p> <p>Good financial management.</p>	<p>Inconsistent focus on performance management in some areas.</p> <p>Variable quality of action planning and inconsistent use of sharp, outcome-related performance measures in some areas.</p>

87. The ambition of the council and its partners to improve outcomes for children and young people is outstanding. The leadership of the Executive Director for Services to Children and Young people is inspirational. His vivid analogy of a rain forest as a theme which runs through children's plans to signify growth and renewal has struck a chord with staff and children alike. It is the starting point for a strong overarching vision to improve outcomes for all children in Tameside. A comprehensive analysis of need underpins this vision and the borough-wide picture is now enhanced effectively by detailed local profiles.

88. All the key players in the statutory and voluntary sectors are fully and enthusiastically signed up to the ambitions set out in the CYPP. Children and young people have been involved well in planning future services through the Participation Network and Participation Project. They have made a special contribution to developing school designs for 'Building Schools for the Future'. Members and officers in the council genuinely see the children and young people agenda as a matter for the whole council, not just the children's services department. Exceptionally good relationships between the council and headteachers help schools play their full part in developing the partners' ambitions.

89. Prioritisation is good. The CYPP clearly identifies six top priorities for improving outcomes for children and young people, along with key priorities to deliver each of the five Every Child Matters outcomes. Elected members and staff across the partnership all understand these priorities. They are based on a well thought out and presented conceptual framework for meeting children's needs, with an appropriate emphasis on preventative work. The commitment to equality and diversity permeates the partners' approach. Plans at different levels clearly reflect the partnership's priorities and this coherence between plans is promoted

well by the council's online business planning system. Action plans, however, vary in quality and are not always sufficiently focused on outcomes.

90. Prioritisation is based firmly on the council's good medium-term financial strategy. Efficiency savings have allowed resources to be shifted effectively to pursue key priorities, such as reducing teenage pregnancy and raising pupil achievement. The overall resource implications of delivering the partnership's priorities, however, are not well understood. There is, for instance, no reference to resourcing in the CYPP, although work is currently being undertaken to map the overall partnership resources available. The council has been prepared to take difficult decisions and stick to them. This is evident in the implementation of major school reorganisation proposals, including the ending of single sex education in Droylsden.

91. The capacity of the partners to implement their priorities is good. The council provides strong leadership. The leader of the council, the chief executive and the lead cabinet members are all impressive, not only in their passion for Tameside but also in their understanding and communication of the key challenges for improving children's lives.

92. Partnership working is well established at a strategic level, with the full and committed engagement of the health service and the voluntary and community sector. The Children and Young People's Strategic Partnership itself has been set up well. Its structures and governance arrangements are coherent. Partners have made good progress in developing joint workforce planning. They have carried out a comprehensive audit of skills and introduced joint training and induction programmes. Tameside has been at the forefront of developing information sharing protocols and systems. A local system, JASPER, is extensively used and is now converting easily to the new national system. Joint commissioning is underdeveloped. The partners have agreed a framework, if not yet a clear strategy, for further joint commissioning and a manager has been appointed jointly by the PCT and the council. A number of jointly funded services, like the Substance Misusing Family Support Service and the Children and Young People Counselling Service, are already in place.

93. Good partnership working exists on the ground as well as strategically. For example, the Young People's Centre in Ashton provides a single location for a range of targeted services and the BOAT project provides a good multi-disciplinary approach to supporting teenage mothers. Genuine integrated working in teams however is still to be developed. Currently, budgets are aligned rather than pooled; teams are coordinated rather than integrated with single line management. The four-area model provides a good basis for making further progress. Services from all the main agencies are organised within this structure and a Children's Locality Service Coordinator is in post in each area.

94. Financial management is good. Spending is consistently held within budget, while difficult demand-led budgets, relating, for example, to external placements of children, are competently managed. The council and its partners provide good

value for money. In general terms, outcomes for children and young people are at least satisfactory, at average or below average levels of spending. Value for money has been promoted in particular by the proactive removal of surplus capacity in schools. Major programmes and projects have been managed very well. New improved ICT systems for children's social care are poised for introduction, after good preparation and training. Most importantly, the council is implementing the Building Schools for the Future programme swiftly and successfully, with a clear vision for transformation beginning to be translated into reality.

95. Performance management is adequate. The overall council performance management system is comprehensive and there are well-established mechanisms for the performance management of the partnership, based on an explicit performance agreement with the broader Tameside Strategic Partnership. Councillors are involved well with appropriate challenge from lead members for children and young people and the lead member for performance. Performance management and quality assurance is not however embedded throughout all areas of children's services, for example within the youth service, the youth offending service, CAMHS and some areas of children's social care. In some areas performance is not consistently assessed against sharp, outcome-related performance measures and there is limited use of local performance indicators. Benchmarking is applied effectively in the analysis of need but is used less well when reporting performance, for example, in reports to members relating to provision and outcomes for vulnerable groups and safeguarding.

96. Performance management has been used effectively to tackle areas of underperformance. For example, good analysis of school performance led to the council revising its arrangements for supporting and challenging schools, with a beneficial impact on pupil achievement in the schools concerned. A well-organised scrutiny function has been used to improve provision. A review of children's play, for instance, led to changes in council policy and significant additional investment in play facilities across the borough.

97. The capacity of children's services to improve further is good. Trends in improvement have been consistently upward in almost all indicators. The partners show very strong commitment to taking forward the change programme for children's services and they benefit considerably from dynamic and highly visible leadership. A firm foundation is in place to secure continued improvement. Strategic planning, financial management and project management are all good.

Annex A

MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN TAMESIDE

Summary

Tameside Metropolitan Borough Council provides good services for children and young people in an area with high levels of social disadvantage. The quality of provision makes a notable difference to their lives. Many outcomes in the five *Every Child Matters* areas are better than in other similar local authorities and the remaining areas are improving year on year. Children and young people are regularly consulted and contribute widely to planning. Likewise, collaborative multi-agency working is a core strength, and working relationships between the council and its many partners, particularly schools and the local business community, are extremely positive. Capacity is judged to be good. There is a strong track record of improvement in most outcomes which is linked closely to visionary strategy, reflective planning and high quality service delivery.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3087&providerCategoryID=0&fileName=\\APA\\apa_2007_357.pdf

Annex B: Summary of the enhanced youth inspection report

Main findings

1. The local authority sufficiently secures the provision of youth work. The quality of provision in Tameside is adequate. Young people's achievement is good overall. They are given the opportunity to learn new skills and develop their self-confidence as a result of their involvement in an inclusive, and at times, imaginative programme. Accreditation arrangements are comprehensive and well-established with robust systems in place to record young people's learning. The numbers of young people participating in youth work is increasing but remain low. Youth workers are aware of local issues and most have positive relationships with the young people they work with. However, the quality of their practice is variable. Whilst workers demonstrate a high level of empathy and care towards young people they are not always sufficiently challenging. Accommodation has benefited from a recent investment programme and partnerships with other organisations are providing access to specialist resources to support learning. Planning arrangements are comprehensive but a lack of milestones and measurable outcomes restrict effective performance management. Furthermore, the deployment of youth workers is not always well matched to demand and too much of their time is spent on planning and review. The workforce is well supported by appropriate policies and procedures and good access to continuing professional development. Managers are well-respected by youth workers and morale is high. Quality assurance arrangements and management information are underdeveloped and this limits the ability of managers to make robust judgements against agreed standards.

Key aspect inspection grades

Key Aspect		Grade
1	Standards of young people's achievement	3
	Quality of youth work practice	2
2	Quality of curriculum and resources	2
3	Leadership and management	2

*Inspectors make judgements based on the following scale
4: excellent / outstanding; 3: good; 2: adequate/satisfactory; 1: inadequate*

Strengths

- The standard of achievement by young people is good.

- An inclusive range of activities and opportunities is on offer.
- The effective use of accreditation to recognise young people's achievement is valued by them.
- There are good opportunities for young people to make a positive contribution.
- The commitment of youth workers and managers to improving the service is high.

Areas for development

- Increase the numbers of young people participating in youth work.
- Ensure youth work practice motivates and challenges all young people.
- Improve the deployment of youth workers.
- Improve management information and quality assurance procedures.
- Ensure all plans include measurable progress and outcome indicators.

Annex C

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Tameside are generally good and improving. Most health outcomes are in line with similar councils and all referrals to specialist mental health services are seen within expected timescales. Adequate arrangements ensure children in need of protection are identified and supported and most looked after children live in stable foster placements. Educational achievements are in line with similar councils and above national figures at Key Stage 2. There is a sustained trend of improvement. A high proportion of care leavers and young people with learning difficulties and/or disabilities is engaged in education, employment or training post-16.
2. Service management in Tameside is good. The ambition for children and young people is outstanding and shared by all key partners. The priorities in the CYPP link well with other strategic plans and resources are well directed to these priorities. The partners have developed a challenging vision, expressed in a set of clear priorities. They are working well together, both at strategic and operational levels, to achieve their ambition. Financial management and value for money are good. However, in some areas the focus on performance management and the use of sharp outcome-related performance measures is inconsistent.
3. The combined work of all local services in securing the health of children and young people is adequate. Partners and schools work collaboratively to promote healthy lifestyles. Participation in sport is higher than national averages. Fitness club schemes to tackle obesity and promote healthy eating have been established. However, the rate of teenage conception remains high and oral health is poor. Health promotion for looked after children is good with a high proportion receiving regular health assessments. Improvements reported in the APA 2007 in the strategy for promoting a comprehensive child and adolescent mental health service have continued and this service is now good.
4. The APA reported that children and young people appear safe and arrangements to ensure this are good. The joint area review confirms much good practice but when additional information from fieldwork is included it is judged that overall, arrangements are adequate. Most schools are good at ensuring that learners adopt safe practices, and road safety schemes have seen a good reduction in the number of children killed or seriously injured on the roads over time. Good performance has been sustained in the area of child protection with some significant improvements. However, the joint area review found inconsistency in the quality of recording and of assessment processes in case files and support to some families in need was withdrawn too early. The out-of-hours social care duty team is insufficiently resourced to provide an adequate service. A concurrent youth offending service inspection identified weaknesses in safeguarding arrangements for young people known to the youth justice system.

5. The 2007 APA identifies that the impact of all local services in helping children and young people to enjoy their education and to achieve well is good. Educational outcomes have improved over time and most groups of children and young people achieve well. There is an overall long-term improvement trend above the national trend. The percentage of pupils achieving five or more GCSE A* to C grades at GCSE rose in 2006 bringing Tameside in line with similar councils. Performance data is used well to analyse the educational outcomes of most vulnerable groups and the council has prioritised the need to raise the performance of white working class and Pakistani boys. The educational attainment of looked after children and young people is adequate although progress is good. Those with learning difficulties and/or disabilities also make good progress from their starting points.

6. The impact of all local services in helping children and young people to contribute to society is good. Most schools have school councils and each of the eight district assemblies have youth representatives. There is a strong culture of participation within the council and the use of a participation network ensures that there is effective contact with all minority ethnic and more vulnerable groups. For example, looked after young people deliver the Total Respect training, regularly participate in staff recruitment interviews and training for social workers and foster carers, and undertake exit interviews with young people leaving care. Young people with learning difficulties and/or disabilities have been supported to become volunteers through the youth service disability group. However in some circumstances some young people who are looked after felt that their views had not been taken into account as the outcome was not as they had requested when decisions were made about their placements.

7. The impact of all local services in helping children and young people achieve economic well-being is good. Improvements are evident year-on-year, and the council is continuously seeking to ensure that children and young people receive the very best preparation for their economic future. Vulnerable groups of children are targeted appropriately for early intervention. Strong partnerships promote awareness of career opportunities and raise young people's aspirations. Good support has resulted in most care leavers living in suitable accommodation and a high level of engagement in post-16 education and training.

8. The capacity of Children's Services to improve is good.

Annex D

SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

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 inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.
2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and these findings plus aspects of the most recent Annual Performance Assessment are represented in the relevant part of the corporate assessment report.
3. This review describes the outcomes achieved by children and young people growing up in Tameside and evaluates the way local services, taken together, contribute to their well-being. Together with the Annual Performance Assessment of Children's Services, 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. This review explores these issues by focussing on children with learning difficulties and/or disabilities, children who are looked after and children at risk or requiring safeguarding and a few additional investigations. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.
4. The review took place in two stages consisting of an analysis stage (where recorded evidence was scrutinised) and a two week fieldwork stage (where inspectors met children and young people and those who deliver services for them).