



Better  
education  
and care

# Pilot joint area review

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Rochdale Children's Services Authority Area

## Review of services for children and young people

Adult Learning Inspectorate  
Audit Commission  
Commission for Social Care Inspection (CSCI)  
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HM Crown Prosecution Service Inspectorate  
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## Introduction

1. This pilot joint area review was conducted using the arrangements under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of nine inspectors from the Commission for Social Care Inspection (CSCI), the Office for Standards in Education (Ofsted), the Health Care Commission (CHAI), the Adult Learning Inspectorate (ALI) and the Audit Commission (AC). The review was undertaken in accordance with 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 its findings are represented in the relevant part of the corporate assessment report. The review was undertaken alongside an inspection of the Youth Offending Team (YOT) by Her Majesty's Inspectorate of Probation. The YOT Inspection contributed evidence in key areas to the joint area review and the joint area review contributed evidence in key areas to the YOT Inspection.

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

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

5. The review took place in two stages over a five-week period in May and June 2005. The first stage reviewed all existing evidence including:

- a self assessment undertaken by local public service providers;
- performance data;
- a school's survey;
- a survey of children and young people;
- information from the inspection of local settings such as schools, day care provision, children's homes;
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers;
- the findings of the inspection of provision to 16 to 19 year olds undertaken by the Adult Learning Inspectorate in April 2005;

- planning documents and other key documents provided by local providers; and
- evidence from the most recent annual review of the performance of the council's children's services.

The second stage of the review involved inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, and a study of provision in one neighbourhood. It also included gathering evidence on 10 key judgements selected because of their critical importance to improving outcomes. This included discussions with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users, and community representatives.

6. Although the pilot review followed the agreed proposals for future joint area reviews, the following evidence was not available which will be available in future:

- The annual performance assessment of the council;
- HMI Constabulary assessment;
- information held on National Health Service files in respect of the sample of children and young people who have the most complex needs.

7. The Inspectors wish to thank those who contributed to the review and especially those responsible for the complex task of organising the fieldwork programme.

## Context

8. The Borough of Rochdale is in Greater Manchester. It is made up of four distinct townships: Heywood, Middleton, Pennines and Rochdale, each with its own character, challenges and opportunities. Rochdale has a population of 206,600 people comprising 89,000 households. Around 14% of the population are from black and minority ethnic backgrounds, primarily Pakistani, Bangladeshi and Kashmiri. The township of Rochdale itself has an ethnic minority black population of 21%. The ethnic minority black population is projected to rise to 20% by 2020. The age structure of the population is relatively young with more children and young people and reducing numbers of adults over 60.

9. Rochdale is ranked as the 25th most deprived borough in England. Much housing is terraced property and 7% of all housing is overcrowded. The number of owner occupied houses is less than the national average. Unemployment is similar to the national average but fewer 16 to 24 year olds are in employment and there is a higher than average unemployment rate amongst black minority ethnic groups. Rochdale residents have a higher than average incidence of ill health. Life expectancy, whilst improving, is still lower than the national

average. Deaths from coronary heart disease and strokes are above the national average. Only just over a quarter of residents feel that Rochdale is a safe place to live. The joint area review chose the area of Wardleworth and Hamer for a neighbourhood study as it exhibits many of these characteristics.

10. Rochdale is the birthplace of the Co-operative Society and this symbolises a rich, proud and long tradition of community development. There is a tangible spirit of warmth and generosity in the communities of Rochdale.

11. A strategic partnership comprises all the main providers of public services for children and young people in Rochdale. The Children, Schools and Families Partnership (CSFP) is accountable to and operates within the overall framework of the Local Strategic Partnership (LSP). The LSP has produced a community strategy called 'Pride of Place' and this strategy is aligned with the Rochdale Council Corporate Plan and the Council Renaissance Master Plan which establishes a new case for the physical development of Rochdale. A related five year strategic plan for children and young people contains four strategic aims, improvement; inclusion; investment and innovation. Each of these four aims has strategic objectives with clear and specific targets. The CSFP is currently working on the production of a single integrated strategic plan. The Partnership has made a decision not to register any provision as a pilot Children's Trust and not to register resources under Section 31 of the Health Act Flexibilities.

12. The council is served by a cabinet which is subject to challenge by overview and scrutiny committees. The Authority went through a major restructuring in January 2004 leading to the creation of an Executive Leadership Team and the post of Director of Children's Services bringing together into single management arrangements the council's social care and education services. The borough is served by two Primary Care Trusts, the directors of which along with the Director of Children's Services and his senior staff comprise the Children, Schools and Families Executive.

## **Summary Report**

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

13. In almost all respects the outcomes for children and young people in Rochdale are below the national average. This reflects the impact of the high indices of deprivation. In general terms children and young people in Rochdale currently are likely to have higher incidence of ill-health, be living in families with lower than average incomes and be less likely to attain educationally than the national average.

14. Equally, there is increasing evidence of an improvement in outcomes for Rochdale children and young people compared to similar areas. As such the outcomes are considered to be satisfactory in most areas.

## The impact of local services

### 15. Overall local services have a satisfactory impact on the outcomes for children and young people with strengths in important areas.

16. Effects are most noticeable in the valuable support provided to parents on health issues, the well focused work in raising standards in secondary schools, the varied opportunities available to help young people prepare for working life and the good work to develop young people's contribution to society. Further improvements are necessary to increase the educational attainment of primary aged pupils, ensure better access to primary care and in building a more consistent understanding amongst service providers of their collective and individual responsibilities to safeguard children. As demonstrated by the area's self-assessment, partners are largely aware of the strengths and weaknesses in provision. Appropriate priorities have been set for improvement. Financial planning and performance management are, however, under-developed. Nevertheless, there are some clear strategies for promoting continuous improvement, including a measured approach towards managing and sustaining change. The capacity for further improvement is good.

## Being healthy

17. Services make a satisfactory contribution to keeping children and young people healthy with some notable strengths. Parents are given well focused support and advice to help them adjust to the role of parenthood and about preventative treatment and provision. Childhood immunisation programmes are very effective, resulting in recent falls in infectious diseases. Children and young people have a good understanding of healthy lifestyles. There are extensive and successful programmes to reduce smoking, teenage pregnancies and drug misuse amongst young people. Access to general practitioner (GP) services in some areas is difficult and a walk-in centre provides a very useful alternative for many people. Dental decay in children and young people is significantly worse than national averages and access to dentists for treatment is very limited. Despite the dental access centre in Rochdale providing highly valued support, parents still experience delays in getting emergency treatment. There is a range of mental health services, many of which are good. However, waiting times for assessment and treatment to some services are poor, especially for young people aged between 16 and 18 years old. As is the case nationally, there is restricted access to mental health in-patient beds and services sometimes resort to using facilities on the children's ward at Rochdale Infirmary which is unsatisfactory. On other occasions, the only alternative is children being moved to specialist centres outside the area which is equally unsatisfactory. More than one quarter of attendances to accident and emergency is made up of children and young people under the age of 16. Despite this, there is only one registered children's nurse in accident and emergency at Rochdale Infirmary and no clear plans to address the shortfall.

## Staying safe

18. **Services to keep children safe are satisfactory.** A range of agencies work well together to minimise the incidence of child abuse and neglect. Inter-agency arrangements work well when children are identified as needing protection. The number of children on the child protection register in Rochdale is relatively low and compares well with the national average. There has been a steady reduction in the number of children registered and the majority of registrations are first time registrations. Although performance is acceptable, re-registration rates remain significantly higher than the national average. Some children have to wait for the allocation of a new social worker when their name is included on the child protection register. Arrangements in the Health Service to ensure that existing staff have a regular criminal record check should be strengthened. The monitoring of children's movements and information sharing across agencies is insufficiently robust. These issues weaken the arrangements for protecting children at risk of significant harm. In general, children feel safe in schools but less safe when outside of school, worrying about road traffic accidents, drug users on the streets and racial harassment.

## Enjoying and achieving

19. **The quality of contribution by local services to helping children and young people enjoy their education and achieve their potential is satisfactory with some notable strengths.** The quality of provision in secondary schools and in the early years is mainly good. Primary schools overall are satisfactory. The local authority challenges schools well, and provides timely and focused support for those placed in formal categories of concern. Some progress is also being made to improve the attendance of the most vulnerable children and young people, but attendance at secondary schools remains below the national average. Children enter schools with below average achievement. Although some gains have been made in raising pupils' attainment, especially at Key Stage 4, standards in primary schools are not yet in line with similar areas and the country as a whole. Pupils with special educational needs generally make satisfactory progress but looked after children do not do well enough.

## Making a positive contribution

20. **Services to help children and young people contribute to society are good overall.** Multi-agency partners recognise the richness and diversity brought by children and young people and are committed to involving them and listening to what they have to say. As a consequence, there are a broad range of activities across health, education and social care that allow young people to participate in democratic processes and to learn about citizenship in ways that reflect their interests, talents and desire to be involved. Procedures actively engage traditionally hard-to-reach groups such as traveller communities, looked after children, young carers and children and young people with learning difficulties and disabilities. There is also a wide range of effective multi-agency provision to help children and young people to flourish, to assist them through



key transitions in their lives and to support families experiencing relationship difficulties. Children and young people generally feel safe, happy and confident in schools and in their communities. Initiatives to develop community cohesion are satisfactory. There is, however, confusion among some young people about what constitutes a racist incident and under-developed monitoring of schools' procedures for combating racism. Approaches to reduce offending by young people are broadly successful.

### **Achieving economic well-being**

**21. The overall contribution of services to helping children and young people achieve economic well-being is satisfactory.** The co-ordination and quality of provision for 14 to 19 year olds are improving rapidly due to productive partnership working at all levels. There is a good range of opportunities to help prepare young people for working life, and a significant improvement in the proportion of young people in education, employment or training. There is not yet, however, access for all 14 to 19 year olds to the full range of provision and there are gaps in the offer of work-based learning. There has also been an increase in the number of 17 year olds leaving their initial choice of post-compulsory provision. Childcare provision is wide-ranging and has expanded much faster than nationally in recent years. A strong regeneration programme and effective housing renewal have improved access to supported housing for young people.

### **Looked after children**

**22. Overall the impact of services contributing to the well-being of children looked after by the council is satisfactory with some notable strengths.** Agencies have raised successfully the profile and priorities of services for looked after children. Services are generally well managed and staff well motivated and supported. Multi-agency arrangements for children looked after are generally strong and the council and its partners have actions planned or in place to improve outcomes. This is reflected in a good range of support services to avoid children and young people having to become looked after and an appropriate balance of residential and foster care placements. Considerable effort is being made to keep looked after children either living in or close to Rochdale but there are still relatively high numbers living outside the area. Improving the educational outcomes for looked after children remains a big challenge particularly for young people in residential care placements. Generally, the council is a responsible corporate parent but a small percentage of children do not have their own qualified social worker to support them. There is a comparatively high proportion of looked after children who live at home with parents or other relative carers some of whom could be better supported in ways other than being looked after by the council.

## Children and young people with learning difficulties and disabilities

23. **The overall provision for children and young people with learning difficulties and disabilities is satisfactory. There are a number of examples of how individuals' needs are being met well.** The quality of care and education for children with learning difficulties and disabilities is improving, supported by close partnerships between education, social care and health. Early intervention for very young children is leading to good clinical provision, improved social care and focussed education support. Where multi-agency working is securely established, improved communication between services and agencies has led to closely targeted provision and strong partnerships with families. There is a wide range of individual initiatives and projects, many of which are still at an early stage of development and have therefore not yet had time to demonstrate impact for children and young people. Protocols and procedures to support cross-service working are in the early stage of production and the development of common criteria to assess need across all services is in the pilot phase. Common recording systems have yet to be agreed.

### Service management

24. **Service management is satisfactory overall with some notable strengths.** Appropriate ambitions and priorities have been set for improving outcomes for children and for closing gaps in performance compared with national averages. To date there have been some notable successes, such as the reduction in teenage conceptions. The council and partnership are particularly good at engaging and consulting with children and young people so that the priorities reflect their needs and desires. Priority has been given to developing common processes across the partnership to improve the sharing of information and the co-ordination of services. The targeting of resources on key priorities is satisfactory, as is overall budget management, although links with service planning are underdeveloped. Performance management is focused on key priorities and is carried out within a corporate framework, though performance management and budget management tend to be parallel but unconnected activities. There are some good examples of action to secure value for money, although the focus on value for money is not always systematic or explicit.

25. The Children, Schools and Families Partnership is well established and the council has restructured to create a directorate to integrate services further. The council provides effective leadership and support to its public service partners. The capacity to improve is good.

26. The unverified 2005 results of Key Stages 1, 2, 3 and 4 along with the star-ratings for the Primary Care Trusts have been made available since the completion of the joint area review fieldwork. These results and ratings show further continuing improvement and strengthen the judgement that the capacity for improvement is good for both the council and the Children, Schools and Families Partnership.

## Grades

Grades awarded:

**4: outstanding; 3: good; 2: satisfactory; 1: inadequate**

	Local services overall	Council services	Health Services
Being healthy	2		
Staying safe	2		
Enjoying and achieving	2		
Making a positive contribution	3		
Achieving economic well-being	2		
Service management	2		
Capacity to improve	3	3	
Children's services		2	
Education services		2	
Social care services		2	
Health Care Services			2

## Recommendations

**For immediate action:**

- ensure that existing staff in the health service have a regular criminal record check.
- ensure that every child on the child protection register and every child looked after by the council has an allocated social worker.

- monitor and share information about children and young people not on a school roll and/or accessing health services outside Rochdale more effectively
- ensure that all agencies understand fully the agreed thresholds for intervention so as to effectively discharge their individual and collective responsibilities in accordance with the duties in the Children Act 2004 to safeguard children and young people and to co-operate.
- improve the educational outcomes for looked after children by: regularly monitoring their attendance and exclusions; enhancing personal education plans; coordinating more effectively work with primary schools to support early intervention and improved training for foster carers, social workers and care workers on educational issues.

**For action over the next 6 months:**

- ensure that young people between 16 and 18 have access to mental health services suitable to their needs by improving transition arrangements from CAMHS to adult services.
- increase the number of children's nurses in accident and emergency at Rochdale Infirmary.
- reduce bullying and harassment by children and young people by improving the level of knowledge and understanding about what constitutes a racist incident and ensuring that all racist incidents in schools are recorded and reported.

**For action over the longer term:**

- increase access to mental health services outside of normal working hours.
- improve services to children and young people with mental health problems who need to stay in hospital by providing better local accessible services staffed by suitably experienced professionals.
- develop the range of educational provision available for young people aged 14 and over and increase their participation in work based learning.

# Main Report

## Outcomes for children and young people

27. From birth children and young people are generally less healthy than found in other areas of the country. The proportion of babies with low birth weight is higher than average. Childhood immunisation rates are, however, high and the incidence of childhood infectious diseases has fallen in recent years. At five years old, significantly more children than average have decayed or missing teeth. The pregnancy rate for girls aged under 18 years of age is comparatively high but it is falling. The number of pregnant women smoking has decreased but not so for their partners.

28. The number of children on the child protection register in Rochdale is relatively low and compares well with the national average. There has been a steady reduction in the number of children registered and currently most are first time registrations. Although performance is acceptable, re-registration rates remain relatively high. Some children have to wait for the allocation of a new social worker when their name is included on the child protection register. This delay weakens the arrangements for protecting children at risk of significant harm. In general children report that they feel safe in schools but less safe when outside of school, worrying about road traffic accidents, drug users on the streets and racial harassment.

29. Some gains in pupils' educational outcomes have been made since the previous inspection of the local education authority in 2002, especially at Key Stage 4. However, with the exception of writing at Key Stage 1, children in primary schools generally achieve less well than pupils from similar areas, and significantly less well than found across the country. Secondary school pupils are achieving at least in line with, or better than, pupils from similar areas but their performance at Key Stage 3 in English and Science is below national averages. However, results at Key Stage 4 are encouraging with pupils generally achieving in line with the standards achieved nationally. There is underachievement among minority ethnic groups at Key Stages 1, 2 and 3. At Key Stage 4, pupils from minority ethnic groups have made significant improvement, achieving standards that are in line with, or significantly better, than other groups of pupils. The achievements of the more academically able children who are looked after by the council are disappointing and the targets set in the local public service agreement have not been met. School attendance is poor for some groups of looked after children, including those in residential provision. Children and young people's attendance at primary school is similar to the levels found elsewhere in the country, but attendance at secondary school needs to improve.

30. The area provides limited curriculum options for 16 to 19 year olds and this results in almost half travelling outside of the town for training and education. The rate of progress for students on Advanced Level and vocational courses is

improving but is still below the national average. The number of young people with learning difficulties and/or disabilities staying on in education and training compares favourably with the Greater Manchester figures.

31. There are good and inclusive processes of consultation and engagement with young people including some young people who are traditionally harder to reach. Of those young people known to the Youth Offending Team (YOT) 86.6% are allocated to education, training or employment placements. This is above the national average.

## **The impact of local public services**

### **Being healthy**

**32. The overall impact of services in helping children and young people be healthy is satisfactory with some notable strengths.**

33. Health and allied public service providers take appropriate steps to address current inadequacies in provision and are tackling the health inequalities that local children and young people experience. Some of these challenges are localised and some, such as the further development of Child Adolescent Mental Health Services (CAMHS), are issues on a national scale. There is emerging evidence of some notable impact to date but the providers of public services in Rochdale are acutely aware that some health provision at the moment is only adequate and there remains much to be done to ensure that every child and young person is as healthy as possible.

34. Parents and carers in Rochdale have access to a range of satisfactory services to help keep their children healthy. Through Sure Start, strong partnership work is targeted at specific areas of greatest need and some traditionally hard to reach groups, including teenage mothers. Although this multi-agency provision is not yet universally available across Rochdale, plans are well advanced for further co-location of services within new children's centres. The courses delivered by health and education professionals provide parenting skills and encourage family planning and more healthy lifestyles. In particular, the vital role played by fathers in child development is recognised fully and particular emphasis is placed on encouraging them to participate. Mothers are encouraged to breastfeed through a number of support groups, the impact of which is a dramatic increase in breastfeeding rates. Initiatives to reduce smoking in pregnancy have impacted in reducing numbers of mothers who smoke but is currently less effective in reducing the number of partners who smoke.

35. There are a number of successful partnership initiatives that assist children and young people to recognise the risks to their health. Over three-quarters of schools have achieved healthy schools status compared with the national average of 49%. This is a significant strength. The number of teenage

pregnancies is high, but falling, largely as a result of the detailed multi-agency strategy to reduce teenage conceptions. Children and young people have satisfactory access to information and services about drugs and alcohol to reduce the risk of abuse. Smoking cessation initiatives are satisfactory and beginning to have an effect across the area through the 'Smoke Free Rochdale' initiative.

36. The extent to which children and young people's health needs are identified and assessed at an early stage is limited in some areas by difficulties in accessing some primary care services. The opening of a nurse led walk-in centre in Rochdale has provided residents with a valuable alternative source of help and advice, with a large number of attendees under the age of 16.

37. Children and young people continue to experience some significant physical health inequalities reflecting the current inadequacy of health and allied services in meeting these particular needs. Childhood immunisation rates are high and, as a consequence, the incidence of childhood infectious diseases appear to be falling. Dental decay in children and young people, however, is very high. Access to dental treatment services is inadequate, even with the emergency access to dental treatment that is situated in the same building as the walk-in centre. Both primary care trusts have developed strategies to develop dental services but it is too early to see the impact of these initiatives.

38. Children and young people under the age of 16 count for more than one quarter of attendances to accident and emergency. This is a high rate. Once children and young people enter the Rochdale Infirmary accident and emergency service their experience and the quality of provision is mixed. Waiting time in the department is satisfactory and there are separate facilities available for the treatment of children. However, there is only one registered children's nurse in the department with no clear plans to address this shortfall. There are good links with the paediatric ward, which provides a good environment for children and young people. Facilities for parents and carers are satisfactory.

39. There is a satisfactory range of services available to children and young people to improve their mental health with some positive evidence of impact. There is a single point of access to CAMHS and clinical psychology services. Joint assessment procedures are in place. However, waiting times for assessment and treatment can be too long and there is inadequate provision of mental health services for young people aged between 16 and 18 year olds, including for children and young people who offend. Those over 16 are deemed too old for referral to CAMHS but do not meet the different criteria for referral to adult services. The provision for CAMHS to be used out of hours is partial and, as is the case nationally, there are currently no dedicated in-patient beds in the local area. There is reliance upon the paediatric ward in Rochdale Infirmary to admit young people with psychiatric illness on an emergency basis until a bed can be found either at Prestwich or Booth Hall hospitals in Manchester. The CAMHS network has been asked to review this work and a report is expected by autumn this year

40. The contribution of local health services to improving outcomes for the more vulnerable children and young people is generally satisfactory and in some instances good. Children looked after by the council are given good information and advice on health matters, and the availability of specialist health staff has been of direct benefit to them in ensuring they have easy access to the general and more specialist health services when necessary. The clinical provision for very young children with learning difficulties and disabilities is good. Providing early, timely and co-ordinated health services is improving through teams from different agencies working closely together. Projects such as 'Learning Together' (a multi-agency play service for children with disabilities funded by the health service and staffed by education) are a good example of how joint working can enhance the quality of provision. However, some health professionals are not yet fully aware of the range of services available to children with disabilities. The school nurse provides a very good link to health professionals but issues of confidentiality sometimes makes communication difficult.

### **Staying safe**

#### **41. The overall contribution of services to keeping children and young people safe is satisfactory.**

42. The council and the wider partnership make satisfactory arrangements to provide children and young people with safe environments and information about key risks to their safety. Of particular note is the successful work with the Children's Society to tackle bullying in schools. Young people generally feel safe in school but do not consider current initiatives to tackle some aspects of living in their community are having sufficient impact. These initiatives include reducing the number of road traffic accidents, drug users on the streets and racial harassment and increasing the availability of safe play areas and leisure activities. The council is aware of these concerns and has produced an improvement strategy. Some targeted work in Hamer Ward with young people has led to improved street lighting and better access to play facilities. Parents with young children are encouraged to be aware of safety issues in the home and a range of courses are available through the Sure Start services. However, services to prevent admissions to hospital for childhood injuries are not effective.

43. Satisfactory steps are taken to minimise the incidence of child abuse and neglect through a range of community based family support and treatment services for families in need. Good use is made of the council's family support service and other preventative services such as Sure Start to provide valuable and effective interventions for families at risk of breakdown. Plans to extend the council family support service out of hours are designed to enable greater flexibility of approach to families and to improve arrangements to minimise incidence of children and young people suffering abuse and neglect.

44. Child protection arrangements are well established and overall children are safeguarded satisfactorily. Interagency arrangements are generally good and agencies understand the paramount importance of protecting children at risk of



harm. The Area Child Protection Committee (ACPC) is well established. It has satisfactory policies and procedures and protocols to support the safeguarding of children and young people. There is regular review and monitoring of the implementation of these to ensure their effectiveness. There is also a comprehensive and accessible multi-agency rolling programme of training. Productive work has been done to raise awareness of child protection amongst the public and in particular with local leaders from the minority ethnic community. Plans and capacity to move to a local Safeguarding Board by 2006 are good.

45. The positive impact of the ACPC in safeguarding children and young people can be seen in the lower than average numbers of children on the child protection register. Re-registration rates are, however, high indicating that the risk assessments to remove children's names from the register are not always robust. Also of concern is the delay some children experience in waiting for a social worker to be allocated to them after their name is placed on the child protection register. Systems are in place within the council for the safe recruitment of staff working in social care and in educational settings. However, procedures in health care settings are currently inadequate. These issues weaken the arrangements for protecting vulnerable children and young people.

46. The reorganisation of the childcare duty and assessment services has led to improvements in other agencies' communication with the childcare team and a more satisfactory degree of consistency and continuity in responding to referrals. The duty system is satisfactory with clear systems and processes for risk assessments, decision-making, recording and tracking progress on referrals. Plans to provide a consultation service to practitioners are designed to improve further information sharing and advice about children's welfare. Communication between agencies is generally satisfactory. However, the level and quality of communication between childcare teams and some schools is, at times, not so effective. There are examples of confusion and misunderstanding in how the thresholds for intervention agreed by the ACPC should be applied in practice. As such the extent to which all the agencies consistently understand and effectively discharge their new individual and collective responsibilities and accountabilities is limited.

47. There are good policies and procedures for children who go missing from care. Arrangements for taking children off roll and for families who access health care in a number of neighbouring authorities are satisfactory but lack consistency and are therefore insufficiently tight. The monitoring of children's movements and information sharing across agencies are not robust enough.

48. Social care case files are in the main satisfactory, with evidence of regular communication between agencies to ensure that families received the support they need. Re-referral rates into the childcare teams have reduced indicating satisfactory targeting of initial assessments and services. Some families, however, are repeatedly referred, indicating that core assessments are not always sufficiently robust. Initial assessments of children and young people are,

in the main, timely but the childcare service is sometimes too reactive, focussing primarily on child protection work with inadequate attention to timely assessments of some children in need. For example, teenagers experiencing difficulties at home can have to wait up to four weeks for an allocated worker from the assessment team. A number of children looked after in stable placements receive an inadequate service as they do not all have a social worker. Managers are aware of this and have convincing strategies to deal with associated risks to children and young people. Reference has already been made to the small number of new child protection cases that are not being allocated immediately following the child protection conference. The arrangements put in place by the council for these very vulnerable children can only be a temporary measure and are inadequate.

49. The assessment and review of children with learning difficulties and disabilities by the specialist social care team is satisfactory with clear criteria for accessing services. Documents supporting the planning and reviewing of services for children with learning difficulties and disabilities are comprehensive and parents contribute fully to assessments. The range of health and social care support to help children with learning difficulties and disabilities stay safe is good.

### **Enjoying and achieving**

#### **The overall impact of services to help children and young people enjoy and achieve is satisfactory with some notable strengths.**

50. The local authority and its partners place a high level of importance in ensuring that all children and young people are able to attend school, or other educational settings, enjoy and achieve. This positive approach to services for children has underpinned recent work across the authority. It is recognised and appreciated by head teachers in schools, and a number of partner agencies who are working with local schools, and the authority as a whole. Schools are providing a range of appropriate opportunities for parents and carers to make personal contact regarding the progress of their children. School procedures are clear, generally helpful to parents and carers, and most often based on sound guidelines from the local authority.

51. Provision in the early years is wide-ranging and presents parents and carers with a flexible choice in balancing their children's needs, their work commitments and family life. The quality of education in the early years is generally good. There is, however, a slightly higher proportion of settings with significant weaknesses than found nationally, especially in developing provision to build mathematical skills and in knowledge and understanding of the world. The partnership is aware of weaknesses and has mounted an extensive training programme to address issues. In disadvantaged areas, the Sure Start programme fosters strong partnership working between public, voluntary and private agencies, and is instrumental in helping children to achieve a better start in life, especially at school.

52. Children and young people's attendance at primary school is similar to the levels found elsewhere around the country, but attendance at secondary school has been consistently lower than this. The education welfare service is making a difference, especially with those young people whose attendance is currently poor, and who are at greatest risk of exclusion. In particular, at those schools involved in the Behaviour Improvement Programme (BIP), rates of attendance among some of the most hard to reach children and young people have improved, as has the reduction in behavioural incidents likely to lead to exclusion. An education welfare officer (EWO), seconded to the youth offending team, has established effective communication with officers and young people, and this is helping to address some of the challenging issues arising. The majority of schools receive appropriate support from education welfare officers (EWO). A small number of secondary head teachers, however, consider that the amount of support provided is less than needed to address the poor attendance of a small minority of young people.

53. Most schools are sensitive to the needs of children and young people, and provide satisfactory support for their personal and academic development. For example, in one secondary school visited, pupils spoke highly of the efforts made to involve them in all aspects of school life, and to provide them with a range of additional curricular and extra-curricular opportunities. One such enrichment opportunity was a prayer room for young Moslems, which was greatly appreciated by the pupils, and who felt that this was a good example of the school showing respect for their religious beliefs and culture.

54. The local authority is well aware of those schools where aspects of provision are a cause for concern. Although the number of schools in a formal category of concern is generally in line with the national average, one foundation secondary school was recently placed in special measures. However, as with other schools similarly categorised, the local authority has acted sensibly and in a timely way to resolve the issues as quickly as possible. The authority's secondment of successful deputy head teachers, and head teachers, from other local authority schools, is at the core of this action and is working well. Regular link officer visits to schools also ensure that the educational agenda remains at the forefront of each school's work with its children and young people, and some recent pilot work in secondary schools to include partner representatives and peer head-teachers, in order to provide a broader range of challenge to schools, is a move in the right direction.

55. Gains in pupils' attainment have been made since the previous inspection of the local education authority in 2002. However, with the exception of writing at Key Stage 1, children in primary schools generally achieve less well than pupils from similar areas, and significantly less well than found across the country. Secondary pupils are doing better, particularly at Key Stage 4 where pupils generally achieve in line with national averages. At GCSE in 2004 pupils from minority ethnic groups made the biggest improvement. In particular, Pakistani and Bangladeshi girls became the two highest achieving groups by a significant margin. Positive work in some local authority youth clubs is successful in raising

the profile of achievement, and helping young people gain accreditation in a number of vocational areas.

56. The provision for children and young people who are unable to attend school is working satisfactorily under the auspices of the pupil referral service and the inclusion panel, which oversees placement of excluded children and young people. There is particularly well-focused support for vulnerable young people; for example, support for teenage mothers includes practical advice within an educational and social context. Head teachers have confidence in the services offered and are highly satisfied by the level of support.

57. Many children and young people are using the recreational facilities in Rochdale. There is a variety of opportunities for them to participate in extra curricular music and sporting activities. There are some notable successes in local, regional and national events. However, the provision would benefit from a clearer strategic overview to reflect accurately the identified needs and wishes of all children and young people in the area.

58. The council is raising the profile of educational achievement for children looked after through initiatives such as the 'raising achievement project'. Support in schools for looked after children is generally good with effective monitoring of attendance and effective arrangements to acknowledge and celebrate effort and achievement. There is acknowledgement that the achievements of more able looked after children, especially at GCSE, have been disappointing and local targets for educational achievement have not been met. Moreover, not all looked after children have a personal education plan, and school attendance is poor for some groups of children, including those in residential provision.

59. Educational provision for children and young people with learning difficulties and disabilities is improving, largely as a result of more transparent statutory assessment procedures and high quality support from central services. In general, school inspections indicate that pupils with special educational needs (SEN) make equivalent or better progress than the total cohort, although the number of exclusions of pupils from special schools is above the national average and above that in similar authorities. Schools receive improved data to support the monitoring of the educational achievement of children with SEN, but the authority does not systematically monitor the progress of pupils with learning difficulties and disabilities. It cannot therefore measure the impact of its schools and services for these pupils.

### **Making a positive contribution**

### **The overall contribution of services in helping children and young people to contribute to society is good.**

60. Children and young people are encouraged strongly to participate in decisions that affect them across health, education and social care, and to engage in a positive and informed way in the democratic processes. There is a

good range of mechanisms for achieving successful involvement. An active youth council enables young people to play an assertive role in council and community affairs. A well-established Youth Bank (a body through which young people distribute grant funding to support local projects), allows young people to make decisions that support the communities in which they live, and through becoming actively involved in projects, to become responsible citizens. The Youth Forum in Wardleworth and Hamer has been instrumental in securing better facilities for the area, including improved play areas and the formation of a youth base for the locality. In this neighbourhood young people have also contributed positively to housing and regeneration schemes.

61. Consultation and engagement are inclusive, and strenuous efforts are made to engage some traditionally hard-to-reach groups. A range of consultative events held during spring 2003 and Autumn 2004 dealt sympathetically and effectively with important issues that are of concern to the young people in Rochdale, including racial abuse, bullying, peer and family pressure, relationships, transport, leisure, homelessness, sexual health and mental health. Children and young people are listened to and their views and opinions are increasingly informing the reshaping of children's services. Channels through which children and young people are involved and their voices heard are becoming embedded and progressively more formalised through, for example, the founding of key principles of engagement and standards against which the success of active involvement can be judged. Effective contribution is also made through some school councils, including some especially innovative work in special schools

62. There is effective provision and support for helping children and young people to develop socially and emotionally. Sure Start programmes provide especially good quality support for families experiencing relationship difficulties. Highly regarded training and support is provided for foster carers that recognises the challenging and important role they perform. The assessment and review of children with learning difficulties and disabilities is supported by clear criteria for accessing services and undertaking assessments. Multi-agency working to support the families of these children and young people is increasingly effective, although protocols to support the work are still being developed and the role of the lead professional is not yet established fully.

63. Children and young people are supported positively to respond to challenges or to make major transitions in their lives. Young carers receive effective support to enable them to lead as normal a life as possible. Well focused provision is successful in supporting shy and withdrawn children and young people in transition between the different phases and stages in education. The authority is actively exploring new and innovative ways to include children with special needs in annual reviews, including the use of laptops and photographs for children and young people with communication difficulties. For young people who are about to leave care or have left care there are a comprehensive range of services to support transitions, to prepare young people

for independent living and to provide support for educational, training and employment.

64. Rochdale's anti-bullying strategies are well established and linked clearly to the wider agendas of keeping children safe and healthy. The majority of children and young people feel safe and happy at school. There have been no major disturbances and by and large the different communities live side by side in relative harmony. At a borough-wide level there are some well-developed strategies to support community cohesion, and some extensive pathfinder work targeted, for example, at enabling a range of schools with different communities to work together. The youth service carries out some effective and closely targeted work in neighbourhoods experiencing racial tension, although under investment in this resource means scarce funding for early intervention and preventative work. Many schools deal promptly and effectively with incidents of racial harassment. There are, however, differences in the extent and quality of schools' recording of racist incidents and insufficiently robust monitoring of provision and challenge for those schools with inadequate procedures. Despite some sound guidance from the local authority, there is still confusion among young people and school communities about what constitutes a racist incident. Young people are acutely aware that more needs to be done to secure widespread understanding and tolerance of different cultures.

65. Local agencies collaborate well to reduce youth offending. Effective support and intervention strategies are targeted at young people at risk. An above average number of young people who offend are in full time education. Intensive support provided by key workers for young people at risk of offending has led to a drop in the number of youths causing annoyance and criminal damage in identified 'hot spot' areas. The Rochdale YOT provides opportunities for reparation through a good range of supervised work placements including some specific settings for more vulnerable people. Strategies to address anti-social behaviour are increasingly effective and the use of Anti Social Behaviour Orders and similar measures is well-co-ordinated. As at a national level the lack of suitable CAMHS provision for 16 to 19 year olds involved in behaviour that is offending is a recognised weakness and steps are being taken to improve provision.

### **Economic well-being**

**66. The overall contribution of services to helping children and young people to achieve economic well-being is satisfactory.**

67. Children and young people make satisfactory progress towards furthering their education and moving to gainful employment. There has been significant improvement since the last area review of post-16 education, especially in improving the quality of education and training. Nevertheless, almost 50% of young people still travel outside the borough for post 16 education and training due to a combination of good transport links, a lack of some types of provision and a perception of a much better quality of offer elsewhere. There is a clear

understanding of the key priorities for improvement and partners are now poised to respond to the outcomes of the recent Strategic Area Review of provision for 14 to 19 year olds. The partnership is in the early stages of mapping skills requirements for the area against curriculum provision. Secondary schools are broadening the range of options available for the 14 to 19 age range, but the provision is still very much dependent on the offer of individual institutions and there is not yet a learner entitlement for all young people. Nevertheless, there are some examples of effective collaboration upon which to build through, for example, Excellence in Cities and the Aim Higher programmes.

68. There is a good range of opportunities to help prepare young people for working life. Strong collaborative working with Education Business Links has enabled the partnership to exceed the targets for the number of learners supported through work experience. The demand for work-based learning and extended work placements has risen significantly and strenuous efforts are made to ensure appropriate opportunities are found, although finding access to sufficient high quality placements is proving challenging. Special schools actively encourage their students to take part in work-related learning, and a new pre-apprenticeship programme has two out of 30 places designated for young people with learning difficulties and disabilities. The youth service, in collaboration with the Connexions service, has established some well-focused initiatives to enable young people to develop personal and work-related skills and confidence.

69. The Connexions service provides impartial advice and good guidance for young people in Rochdale, especially for targeted groups such as looked after children and young people who offend. For young people leaving care there is effective support for transition in education, training or employment. The disabilities team provides well-focused support through to age 19 for young people with learning difficulties and disabilities. Good use of research and data is informing the longer term development of suitable provision and support for these young people.

70. Effective measures have been taken to engage young people in the 16 to 19 age range who are not in education, employment or training. Improved emphasis on pre-vocational programmes such as Entry to Employment (E2E) is supporting young people in developing knowledge, skills and the experience necessary for progression to apprenticeship, further learning or a job. Successful support has been provided for vulnerable or targeted groups such as young mothers, care leavers, young people who offend and young people with learning difficulties and disabilities. As a result, participation rates have improved year-on-year from 2001 and are now higher than local and national averages. However, the rise has been largely in relation to participation in further education and there has been a significant fall in the number of young people entering work-based training. The retention and achievement rates for work-based learning, although improving, remain low with achievement rates being below 50% and less than 30% in some providers. There has also been an increase in the number of 17 year olds leaving their initial choice of post-compulsory provision.

71. Childcare provision for under fives is wide-ranging and has expanded much faster than nationally in recent years. Extensive information about childcare facilities is readily available through the authority's website and from outreach workers based in communities. A key priority has been to support parents seeking employment or wishing to undertake further education or training, and in this the authority has largely been successful. In particular, extra special efforts have been made to target publicity in areas where there has been a low take-up of nursery provision. Despite this, some parents, including those of children and young people with learning difficulties and disabilities, still have difficulty in finding appropriate care, especially at weekends or evenings.

72. There is a strong regeneration programme and an effective housing renewal strategy with visible signs of extensive investment clearly evident across Rochdale. Over four-fifths of the housing stock now meets the standards for decent homes. The involvement of children and young people in planning and decision making is a strength, especially in the Hamer, Wardleworth and Greave areas. Good partnership working with the voluntary sector is improving access to supported housing provision for young people, and young mothers in particular.

### **Service management**

**73. The overall impact of service management in improving outcomes for children and young people is satisfactory with some notable strengths. The capacity to improve is good.**

74. The Children, Schools and Families Partnership's ambition for children and young people in Rochdale is good. There is a clear understanding of what needs to be done to improve the life experience of all Rochdale's children, particularly the most disadvantaged and most vulnerable. This is at the heart of the ambition and is well encapsulated in the council's five year strategy, built around the mission statement 'Excellence for Everyone'. It is also reflected in the community plan 'Pride of Place' and the council's corporate plan 'Aiming High'. The vision for children and young people is good and increasingly shared across the partnership. It is based on thorough audits of need but these are not yet co-ordinated in a single analysis. Likewise, although the council strategy was amended in 2004 to cover all council services for children, the ambitions and priorities of the partnership as a whole are not captured in a single joint plan but the Partnership is satisfactorily placed to deliver a single integrated plan by April 2006, in accordance with the statutory timescale.

75. Very good leadership for children's services has successfully engaged staff across the various agencies in creating and agreeing the vision and ambitions for children and young people. The management of change is good. Several important developments, such as reduction in surplus school places and the reorganisation of education in special schools, have been achieved smoothly and have not been delayed by competing organisational interests and priorities. Head teachers and representatives from the voluntary sector feel that their views



are listened to. The result is a significant amount of confidence amongst the partnership in delivering the new agenda outlined in 'Every Child Matters'. This is a very good foundation upon which to build a Children's Trust.

76. Listening to the voices of children and young people has been integral to the development of priorities for the partnership. This is evident both from major events across the borough like the 'Big Listen' in autumn 2004 and from more routine involvement through, for instance, the youth parliament. There is evidence that this engagement of and consultation with children and young people is good and is having a positive impact on the development of some services.

77. Within the council the lead member and senior officers demonstrate a good and clear focus on priorities for improving the outcomes of children and young people. The extent to which these priorities are understood and shared at a strategic level across the council and the wider partnership is good and increasing at service delivery level. This is particularly evident in schools, the childcare service and in the special educational needs service. Priority has been given to developing common processes in the council and across the partnership so as to improve the way assessments are undertaken, how information is shared and how services are co-ordinated. All these developments are being vigorously and effectively supported by a 'change for children' team. The plan to roll out these pilot processes to build more confidence and capacity in the council and the partnership to integrate resources and governance is good. Although a reasonable decision was made not to proceed at this stage with pooled budgets within children's services or with joint commissioning, the overall partnership is well established and is working towards a more formal children's structure.

78. The council was successfully restructured 18 months ago into a Children, Schools and Families directorate, in order to facilitate increasing integration of services. Health involvement in the partnership has been less developed, although the engagement of the two primary care trusts has increased significantly during the past year. The involvement of the voluntary sector is good both at a strategic level and in developments on the ground. The increasing integration of services through stronger partnerships is now producing evidence of new and different solutions to the challenge of improving the outcomes for the children and young people of Rochdale. Examples include Sure Start, the Child and Adolescent Mental Health Service and the range of initiatives to reduce teenage conceptions.

79. The direction of resources to support key priorities is satisfactory. Revenue funding of over £6 million was shifted to education on a sustained and strategic basis up to 2003/04 to address comparatively low levels of funding. In childcare, however, the response to a similar comparative under-funding has been piecemeal rather than strategic. Additional resources have been found but only as budgets come under pressure. Overall, links between council service planning and financial planning are underdeveloped, though the timescales are broadly aligned. The management of finances in the council is, however, satisfactory.

The council is good at maximising resources from external funding and is in the later stages of finalising a Public/Private Finance Initiative to reorganise and replace the authority's special schools. There is a satisfactory medium term financial strategy in place and budget monitoring procedures are satisfactory, although scrutiny of the in-year budget pressures in childcare to ensure value for money is insufficiently robust.

80. The council's approach to policy development and service management, particularly in respect of major projects, provides evidence of the satisfactory management of risk. More systematic processes, including the establishment of a council risk register, are not yet fully constructed or utilised. The development of the partnership towards a Children's Trust is effectively risk managed. Organisational change is managed and delivered in a way designed to ensure that innovation is not at the cost of worsening performance in the services.

81. Performance management is satisfactory at both council and partnership level. There is a strong focus by the council's executive team on key priority indicators. One example of this is the managed improvement in the childcare performance indicators. The involvement of elected members is, however, inadequate with performance reported to the overview and scrutiny committee on a quarterly basis but to cabinet only annually. Performance management in the Children, Schools and Families directorate operates within an explicit corporate framework and is satisfactory. Performance management and budget management in the council tend for the most part to be parallel but unconnected activities.

82. There are some good examples of action to secure value for money, such as the extensive programme to remove surplus primary school places in order to tackle the lowest performing schools and release significant savings. The council has taken robust action to support schools in eliminating some significant secondary school budget deficits and to reduce primary school balances. Overall the council provides satisfactory value for money in its provision for children. On most indicators spending is below or reasonably in line with that of similar authorities. However, the focus on value for money is not always systematic or sufficiently explicit.

83. The unverified 2005 results of Key Stages 1, 2, 3 and 4 along with the star-ratings for the Primary Care Trusts have been made available since the completion of the joint area review fieldwork. These results and ratings show further continuing improvement and strengthen the judgement that the capacity for improvement is good for both the council and the Children, Schools and Families Partnership.

# Annex: 1

LOCAL STRATEGIC PARTNERSHIP

CHILDREN, SCHOOLS & FAMILY

MEMBERSHIP

- Independent Chair
- Executive director
- Head of Service, Learners & YP
- Head of Service, Child Care
- Head of Service, Schools
- Head of Service Regeneration
- Primary Care Trusts Public Health
- Director Clinical Services, H&M PCT
- Director of Services Rochdale PCT
- Pennine Acute Trust
- Pennine Care NHS Trust
- Superintendent, GMP
- Local Connexions Manager
- Lead Member, CSF
- Elected Members
- Rochdale Centre for Diversity

CHILDREN, SCHOOLS & FAMILY EXECUTIVE

- Executive Director
- Head of Child Care
- Head of Learners and Young People
- Head of School Service
- Deputy Director Public Health
- Director of Clinical Services, Rochdale PCT
- Director of Clinical Services, H&M PCT
- Head of Strategic Housing Services
- Director EIC

- Teenage Pregnancy Strategy
- C &YP Consultation
- Parents Consultation
- CSF Pilot Steering Group
- Integrated Services Group
- Healthy Schools Strategy
- Connexions Partnership
- 14-19 Strategy
- Local Implementation Team
- Children & Young People
- Local Safeguarding Children Board
- Children with Disabilities Partnership
- Youth Council

**NB** Groups shown in bold are currently accountable to the partnership and those in non-bold are included in the Children's Trust consultation document