

# Joint area review

**Redcar and Cleveland Children's Services Authority Area**

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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  
Ofsted

**Age group:** All

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## Introduction

1. The most recent annual performance assessment (APA) for Redcar and Cleveland 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 investigation was also carried out:
  - the impact of the partnership on improving health outcomes for children and young people with reference to misuse of substances and sexual health services.

## Context

4. The Borough of Redcar and Cleveland is on the north east coast of England, lying to the south of the River Tees. The population is spread across the main urban conurbations of Redcar and Greater Eston and many smaller commuter towns, rural villages and coastal settlements. The urban and rural areas are diverse in character reflecting their history, scale and location. The borough is ranked 50<sup>th</sup> of 354 local authorities in the national index of deprivation 2007. Nine of the 22 wards are in the top 10% of the most deprived nationally. Unemployment, at 7.5%, is higher than the national and regional averages. There are a number of regeneration, housing and learning environment initiatives taking place, including the Local Enterprise and Growth Initiative aimed at boosting business and enterprise and Building Schools for the Future.

5. The population is declining in number and aging in profile. Approximately 139,500 people are resident in the borough. Twenty-nine per cent of the total population is aged 0–24 years. There are 7,200 children under five years old, 18,000 children aged 5–16 years and 15,400 young people aged 16–24 years. Just over 1% of the population are from minority ethnic communities, which is small in comparison with statistical neighbours and national averages. There are 138 children in care in a range of placement settings and 401 children on the disability register, 183 of whom are supported through the Children with Disabilities Team. There are 728 pupils currently who have a statement of special educational need. Free school meal entitlement is at 22.3% across the borough.

6. There are currently 91 foster carers, two children's residential homes and a respite care centre. There are seven social work teams.

7. There are nine private and three voluntary early years settings and 10 designated children's centres with two more awaiting designation. The council maintains 60 schools: one infant, one junior, 43 primary, 11 secondary, three special and one pupil referral unit. Nursery provision is embedded within the infant and primary schools. Redcar and Cleveland College provides further education, with Prior Pursglove providing sixth form education. Currently there are no schools with sixth form provision; however, from September 2008 there will be one federated sixth form of three schools. There are 12 work-based training providers across Redcar and Cleveland and Middlesbrough.

8. Entry to Employment provision is funded through the Learning and Skills Council. It is delivered by five providers based in the borough and supplemented by provision in neighbouring councils. The Adult and Community Learning Division is the principal provider of family learning. Supplementary provision is through the further education college and voluntary sector.

9. Redcar and Cleveland Primary Care Trust (PCT) has responsibility for commissioning services to address the health needs of local people. A single senior management team works across both Middlesbrough and Redcar and Cleveland PCT. The delivery of acute health care is provided mainly by the South Tees Hospitals NHS Trust, Middlesbrough and Redcar and Cleveland Community Services and specialist units in neighbouring boroughs. Mental health and learning disability services are provided by Tees Esk and Wear Valley NHS Trust.

10. Services to children and young people who are at risk of offending or have offended are provided through the South Tees Youth Offending Service (YOS), which covers both Redcar and Cleveland and Middlesbrough. The borough does not have any young offender institutions. Provision is secured through the Youth Justice Board, mainly in Castington Young Offenders Institution in Northumberland for youngsters aged 15 and over and in secure children's homes in County Durham and Northumberland for more vulnerable and younger offenders. Young women are placed at Newhall near Wakefield.

11. There has been organisational change in both Redcar and Cleveland Borough Council and the local PCT, as well as a change in political administration within the local council. In April 2007, the council merged the former Children's Services and Health and Social Well Being Directorates to form a new Directorate of Adult and Children's Services. The Chief Executive took up post in January 2008. The Director of Adult and Children's Services and the Locality Director of Public Health both took up their posts in May 2008.

## Main findings

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

- Safeguarding in Redcar and Cleveland is good. Effective multi-agency working and well-targeted support for vulnerable families and young people are bringing about good outcomes for children and young people at risk. The social care service is working to improve the quality of assessments but some remain poor.
- Local services make a good contribution to improving outcomes for looked after children. The good range of targeted preventative services contribute to relatively low numbers of looked after children and there is an excellent leaving care service. Corporate parenting arrangements are underdeveloped and a priority for improvement.
- Local services make an adequate contribution to improving outcomes for children and young people with learning difficulties and/or disabilities. Outcomes are improving, supported by good multi-agency front-line working, but there is a lack of an overarching strategy.
- The impact of the partnership on improving health outcomes for children and young people with reference to misuse of substances and sexual health services is good. The development of targeted resources and dedicated services is improving outcomes.
- Service management in Redcar and Cleveland is adequate. Effective leadership is provided by senior officers and the lead member for children's services, and there are strengths in operational workforce capacity and partnership working. However, until recently partnership working at a strategic level has been less well developed and progress on issues such as joint commissioning and workforce strategy has been slow. There are some good operational action plans to support the Children and Young People's Plan (CYPP) but they are not consistently robust across all priority areas.
- Capacity for further improvement is good. Effective leadership is focusing on and coordinating key priorities. Partners and stakeholders have great confidence in the new leadership and are fully committed to joint working to address underachievement and promote continued improvement. There is a strong track record of improvement based on a firm foundation of good operational staff working effectively across agencies. Education, health and safeguarding outcomes continue to improve for most children and young people. Prompt and focused actions to tackle weaknesses are resulting in improved provision and outcomes for vulnerable children and young people.

## Grades

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

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

### For action over the next six months

- Ensure the new CYPP aligns with the key priorities set within the new corporate plan and the local area agreement and is underpinned with robust action plans.
- Develop an overarching strategy to improve outcomes and access to provision for children and young people with learning difficulties and/or disabilities.
- Strengthen corporate parenting arrangements, including training and support for councillors and opportunities for looked after children to contribute to the development and scrutiny of services.
- Improve the effectiveness of strategic and operational relationships between the local acute trust and other members of the Children's Partnership.
- Improve the timeliness of core assessments and develop quality assurance procedures to improve the quality of assessments.

## For action in the longer term

- Ensure the needs of carers of children and young people with learning difficulties and/or disabilities are fully addressed.

## Equality and diversity

13. The council is at Level 3 of the Equality Standard for Local Government and has a strong commitment to tackling disadvantage and improving outcomes for vulnerable children and young people. The Equality and Diversity Group has broad representation and regularly reviews services provided by the council and its partners. Progress on completing equality impact assessments is satisfactory and is being increasingly linked to local needs analysis. Partners recognise that equality and diversity is not covered in sufficient detail in the CYPP. They are addressing this through further development which is engaging children across all age ranges and from diverse backgrounds. Equality and diversity training is being provided for all children's services staff. All children's residential units have equality and diversity policies and anti-bullying strategies in place.

14. Good work is being undertaken in schools and the youth service to promote equality and diversity. Projects such as the Heartstone Project in secondary schools and the Youth and Community Black and Minority Ethnic project have done much to raise awareness of diversity and challenge racism. The council has achieved a Leading Aspect Award for its work on diversity in the Foundation Stage and at Key Stage 1. Children and young people from Black and minority ethnic backgrounds receive good support and most achieve in line with or better than similar pupils nationally. The gap in performance between children who live in some of the more disadvantaged areas and those in more affluent areas is narrowing.

## Safeguarding



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

Major strengths	Important weaknesses
<p>Good multi-agency working across the safeguarding agenda.</p> <p>Information and advice to families on risks to safety.</p>	<p>Only 60% of core assessments are completed within timescales.</p> <p>The quality of some initial and core assessments is poor.</p>



<p>Targeted action to support vulnerable families through universal services.</p> <p>Effective action to tackle domestic violence.</p> <p>Effective referral and access service.</p> <p>Safeguarding training available to all agencies working with families.</p> <p>Strategies to reduce anti-social behaviour in schools and the community.</p>	
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16. Good action is being taken to promote healthy lifestyles and improve health outcomes for children and young people. There are good sexual health promotion and prevention initiatives with targeted support for vulnerable groups, and a dedicated substance misuse service, contributing to significant improvements in sexual health and substance misuse outcomes. The Child and Adolescent Mental Health Service (CAMHS) provides a good service to children and young people in the borough, with a significantly high proportion waiting less than four weeks compared with the national average. CAMHS responses to young people involved with the YOS exceed the Youth Justice Board target for assessment, achieving 100% of young people seen within timescale.

17. Information and advice to families on risks to safety is good. Training for secondary school pupils on safe use of the internet, led by the Local Safeguarding Children Board (LSCB), is proving successful, and the programme is being rolled out to primary schools and parents. Effective road safety measures have resulted in a 25% reduction in the number of children and young people killed or seriously injured on the roads from the 1998 baseline. There is a similar reducing trend in the number of admissions to hospital accident and emergency departments for other reasons. The Safe Parenting Handbook issued to all parents has good practical advice on relevant subjects and recent evaluation indicates it is well regarded by families. Children's centres are placed in areas of need around the borough and, with partners, offer coordinated support services with good take-up. For example, the mellow parenting programme, which gives priority to applications supported by primary health care professionals, has produced a range of good outcomes such as improvement in the emotional well-being and parenting skills of those attending and in their family relationships generally. Parents and carers are very positive about the services offered through children's centres.

18. Almost all schools inspected by Ofsted are judged good or better in relation to pupils' care, welfare, health and safety. Initiatives to tackle bullying and support victims are well established and are proving effective. There has been a reduction in bullying by young people engaged with the Behaviour Education Support Team and victims of bullying report that they know where to go for help and support and have better strategies for dealing with issues.

However, the partnership is yet to establish baseline data on bullying for the local area agreement. Most children say they feel safe in their homes, schools and communities, but some young people told inspectors they do not feel safe in their community and felt not enough was being done to disperse troublemakers. Young people said that some parks are littered with discarded needles and broken glass.

19. Effective multi-agency action is taken to identify, protect and support children affected by domestic violence. Improvements have been made following a serious case review in 2005 and work by the overview and scrutiny panel. Good outcomes include an increase in the number of domestic violence offenders brought to justice and a reduction in repeat arrests from 51% in 2006 to 47% in 2007. Victims of domestic violence are well supported, for example by Emerging from Violence and Abuse (EVA), formerly Women's Aid, and the Freedom programme, run in partnership with Sure Start. Stopping Abuse For Everyone (SAFE), a project for men who wish to end their abusive behaviour, has also produced successful outcomes enabling families to be reunited.

20. The Access Team provides a good service as the single point of entry for social care referrals. Performance management in this team is very good and is helping to shape strategy. Work to define contacts and referrals was recently completed and local information suggests that referral rates are in line with those in similar councils. The Access Team provides consistent advice to other agencies which is highly valued, and has a key role in supporting implementation of the Common Assessment Framework (CAF).

21. There are comprehensive and clear procedures for CAF and the child well-being model, and an ambitious implementation plan which involves three days' training, including training on an electronic system, repeated throughout 2008. Although use of the system so far is variable across agencies, over 200 staff have been trained. Staff are enthusiastic about the potential of CAF and there is a strong commitment from senior managers to ensure systems are embedded.

22. Arrangements to identify and support private foster carers and children living with them are good. There is a clear policy and all recommendations arising from the last inspection have been addressed.

23. The social care service is working to improve the quality of assessments. This is part of a wider strategy to develop the workforce, improve practice and produce better outcomes. Additional training and new quality assurance systems have been introduced to support this and improvements have been achieved. However, the quality of some assessments remains poor and the service recognises there is more to do. Timescales for initial assessments are good, but only 60% of core assessments are completed within 35 days, which is below average performance nationally.

24. Threshold criteria for making safeguarding referrals are consistently applied, and there is consistency in decisions to commence child protection investigations. Part of the strategy is to support more children through child protection plans, and these numbers have increased accordingly, providing better safeguards for children who need such plans. All child protection cases are allocated to qualified social workers who make regular visits to children. Multi-agency meetings to coordinate plans are well attended by agencies, and active participation by families is encouraged. All child protection review conferences are conducted within the required timescales and most conference records are distributed promptly. However, the child protection plans produced through the integrated children's system are not easy to read and understand. Work is underway to produce plans that are clearer.

25. The LSCB is well managed with good leadership provided by both the chair and the business manager. The overview and scrutiny role is developing well and there is ambition to extend this further. Safeguarding procedures are up-to-date, apart from the Tees-wide child death review procedures which are not yet finalised.

26. There are satisfactory arrangements for vetting new staff and renewing checks. Procedures are in place to manage allegations against staff and a designated officer for allegations is in post. Multi-agency public protection arrangements (MAPPAs) are well managed by the police and probation service. The role of the council in MAPPAs is underdeveloped and agencies are now collaborating on plans for staff training to support the launch of new MAPPAs guidance and improve the effectiveness of engagement by children's services.

27. Staff directly responsible for safeguarding children are well supported. Managers offer regular supervision and use file audit tools to good effect to improve the quality of practice and record keeping. The social care workforce development strategy has increased capacity and reduced social worker vacancies, with staff stating that conditions have improved in the past two years. A move to locality working has contributed to the good working relationships between front-line staff across agencies. Agencies have ready access to advice about safeguarding through the social care access team. There is a highly regarded, comprehensive and well-established multi-agency safeguarding training programme overseen by the LSCB, which is well attended by staff from all agencies working with children.

28. The multi-agency approach to establishing the whereabouts of children is well organised and successful, with partners taking an increasingly coordinated approach to young people missing from education, home or placement. Every child reported as missing has been tracked and found. Educational support for vulnerable children in 'education other than at school' provision is generally good, with a curriculum tailored to individual needs.

29. Strategies to reduce anti-social behaviour coordinated through the Anti-social Behaviour Service Plan are producing good results. There is a wide range of projects to tackle anti-social behaviour, and many positive outcomes reported. For example, there has been a year-on-year reduction in serious anti-social behaviour and criminality in schools since the introduction of the Behaviour and Attendance Team. Prevention work includes workshops within schools and youth clubs and the use of buses promoting citizenship and respect which are taken to hotspots in the borough, engaging with over 6,000 young people last year. The buses are equipped with healthcare facilities and also serve to promote the physical and emotional health of vulnerable young people who might not otherwise be reached. The targeted integrated prevention group runs a young people's group that is routinely consulted about service development.

30. The number of first-time entrants to the youth justice system is reducing but not as fast as in similar areas, and the YOS has not achieved the 5% reduction target. There is a shortage of appropriate accommodation for 16 and 17 year olds. Those involved with the YOS are sometimes accommodated in bed and breakfast accommodation that has not been vetted.

## Looked after children and young people



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

Major strengths	Important weaknesses
<p>Good health outcomes with access to a dedicated CAMHS.</p> <p>Good range of targeted preventative services and interventions contributing towards relatively low numbers of looked after children.</p> <p>Outstanding fostering service, excellent adoption service and good residential placement services.</p> <p>Very good level of care leavers engaging in education, employment or training.</p>	<p>Inconsistent quality of social work records.</p> <p>Corporate parenting arrangements in respect of scrutiny, strategic development and monitoring of services for looked after children.</p>

Excellent leaving care service which is highly regarded by care leavers.	
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32. Support for improving looked after children's health is good with 85% of looked after children receiving an annual health check and dental check. Flexible arrangements are in place which support attendance, with children being consulted as to the location of their annual health check. Older children are able to attend appointments unaccompanied if they wish and can decide if this should be carried out by the designated looked after children nurse or their own GP. Health care professionals identified delays in producing some initial health assessment reports. However, social workers reported that delays did not significantly impact upon outcomes for children. A dedicated CAMHS ensures looked after children and care leavers access good support to manage emotional health and well-being. Social care staff confirm that there are no difficulties in accessing CAMHS for looked after children. Looked after children receive good advice about sexual health, with trained C-Card holders located within fieldwork, residential, fostering and leaving care services.

33. A good range of targeted preventative services and interventions has contributed towards relatively low numbers of looked after children. Support provided through the outreach team together with family mediation meetings has proved particularly successful in providing early intervention support to families in crisis and reducing the need for children to become looked after.

34. All looked after children are allocated qualified social workers and have care plans that are reviewed regularly and carried out within timescales. However, the quality of recording of some reviews is inconsistent. For example, some case recordings and reviews lack detail and clarity, and tracking decision-making in these cases is difficult. A system of audits is in place to identify quality issues relating to case files, although information obtained is not effectively used to inform wider strategic and performance management systems.

35. Safeguarding outcomes for most looked after children are generally good and most live in safe environments. Systems to secure safe and suitable accommodation for young people are mainly good. An exception to this is a very small number of young people placed in bed and breakfast accommodation where vetting arrangements have not been sufficiently robust.

36. An inspection of the adoption service in 2006 judged the service to be excellent overall. At a recent inspection the fostering service was judged to be outstanding. The number of children placed in kinship care is low compared to statistical neighbours and the England average. The council is active in pursuing permanency for children and of the six kinship placements made in the last year, three have progressed to residence or guardianship orders providing secure outcomes for the children. Residential services provided to looked after children are good and meet the national minimum standards. Children in a

range of placements reported that they felt safe where they were living and they had someone they could talk to if they were worried.

37. Support for looked after children's educational attainment is improving. There are effective systems to track children's educational progress and attendance. The proportion of looked after children leaving care with at least one GCSE is greater than that of statistical neighbours. Three out of the 10 young people who sat at least one GCSE achieved five GCSEs at grades A\* to C in 2007, compared to the previous year when no children achieved this level of attainment. There is evidence of closing the attainment gap in some key stages, this being most evident at Key Stage 2. A high proportion of children and young people have statements of special educational need. A new electronic personal educational plan (PEP) has been introduced and children, carers, schools and workers are able to complete PEPs online.

38. Partnership working between schools, the education welfare service, children's social workers and the education team for looked after children has resulted in a significant improvement in attendance to a level now in line with statistical neighbours and the England average. There have been no permanent exclusions of looked after children in the last three years and there are relatively low numbers of fixed-term exclusions.

39. High priority is given to education placement stability with a strong commitment to provide transport to ensure children do not have to move school following a change of placement. The number of care leavers accessing education, employment or training is very good and is at a level significantly higher than statistical neighbours and the England average. Good arrangements and support provided by the leaving care team also ensure that care leavers not in education, employment or training are monitored and access information and services through the team's resource base.

40. There are good arrangements in place for looked after children to contribute to their reviews, with a participation of 97.3%. The 'Children's Rights' group of young people has produced a creative child-friendly guide to making a complaint and a DVD for children and young people entering the care system. Representatives of this group were involved in the recent appointment of the Director of Children's Services and children placed in residential accommodation are regularly involved in the appointments of staff. The independent advocacy service is provided by the National Youth Advocacy Service, which has provided support to all the young people who made complaints last year. Wider participation of looked after children in the development of services and contribution at a strategic level is underdeveloped as are links with the youth service. Equality and diversity needs of looked after children are assessed through the child well-being model, although specific resources, for example support for Black and minority ethnic children are underdeveloped.

41. Support for care leavers is excellent, with the Target care leavers' service being held in high regard by the young people who access it. Young people make an excellent contribution to the development of provision. The service has a well resourced centrally located base which can be accessed by all young people, although most young people receive appropriate support within their own locality. Targeted support for care leavers' health is very good, especially in relation to sexual health with all personal advisors trained as sexual health advisors. A higher than average proportion of care leavers live in suitable accommodation. There are very good arrangements for care leavers in fostering placements to maintain their placement post-18 as a supported lodging placement.

42. Corporate parenting arrangements are being developed as a high priority within the council but some members are unclear about their role in overseeing scrutiny, strategic development and monitoring of services for looked after children. Training materials for 'Putting Corporate Parenting into Practice' have been developed but have not yet been shared with all members. A recent event, held to celebrate children's educational attainment and raise esteem, was well received by looked after children.

43. Support for looked after children who offend is satisfactory. The YOS is integral to the local council's approach to working with looked after children who offend and there is a protocol to address their joint working. This includes arrangements to ensure that the YOS has access to the looked after children review information and there are plans to allow the YOS access to the council's computerised case recording system. Although the numbers of looked after children who offend are small, there has been an increase in the number entering the youth justice system over the past four years. In recognition of this upward trend, the YOS has provided restorative justice training for staff in children's homes in order that minor infringements and disputes could be resolved at the lowest possible levels. However, the council has no clear strategy to develop initiatives to reduce the number of looked after children entering the youth justice system.

## Children and young people with learning difficulties and/or disabilities

Inadequate

Adequate

Good

Outstanding

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

Major strengths	Important weaknesses
<p>Good integrated support for younger children with complex needs.</p> <p>Good multi-agency front-line working.</p> <p>Good and effective transition planning.</p> <p>Good positive consultation with children and young people.</p>	<p>Lack of an overarching strategy for children and young people with learning difficulties and/or disabilities.</p> <p>Availability of suitable leisure facilities.</p> <p>Insufficient carers' assessments.</p> <p>Monitoring arrangements to assess the progress of pupils who have severe needs.</p>

45. Some good work at operational level is helping to improve outcomes for children and young people with learning difficulties and/or disabilities. The APA of services in November 2007 commended the council for its timely work providing statements for children. The number of statements completed on time has significantly improved from a poor 17% in 2006 to the current excellent rate of 98%. Social care services for children with a disability are well received by families and children and young people are safe. Younger children with complex needs are served well with the recent move to delivering integrated services locally. The council makes consistently good efforts to ensure the views of children and young people are sought and acted upon. Outcomes for children and young people with learning difficulties and/or disabilities are prioritised within the CYPP. However, an overarching strategy for improving outcomes for children and young people with learning difficulties and/or disabilities is not yet fully developed, coordinated or monitored.

46. Good specialist early years provision supports young children and their parents well. Health needs are well served by effective operational partnerships working across agencies. Recent restructuring across primary care teams to deliver health services locally, including speech therapy and physiotherapy, ensures good access and timely intervention particularly for younger children with complex needs. However, parents of older children reported that waiting lists for appointments with medical specialists are long and access to specialist medical help can be delayed. An exception to this is CAMHS, which is effectively integrated and provides an effective and timely intervention. The teenage pregnancy team works closely with schools and delivers a good sexual health promotion programme to engage children with learning difficulties and/or disabilities.

47. Good statutory intervention ensures children and young people are safe with good staff training on safeguarding in place. Families accessing social work support report that they find the service very helpful. However the threshold criteria for access to the Children with Disability Service are high and are reliant on a medical diagnosis which excludes children and young people with



behaviour disorders and high functioning autism. Those who are not eligible to receive support through this route have access to the children and families social work teams. Training in implementation of the CAF has been undertaken and clear procedures are in place but, as yet, few CAF assessments have been undertaken for children and young people with learning difficulties and/or disabilities. A range of respite care facilities including specialist foster carers, respite health service provision and a six bedded unit are effectively run and provide a high quality service. Voluntary support is available and valued by families although parents report that they are not fully aware of the range of specialist childcare provision available.

48. Assessments for carers are not consistently undertaken and some carers feel their own needs remain unmet. Only 13 carers' assessments were completed during the last year. Parents report they find the form inaccessible and it is unclear what outcomes there were for families and the impact on children. The 'Carers Together' voluntary organisation does provide useful advice and advocacy for carers, which is received well by parents.

49. Special educational needs coordinators (SENCOs) deliver an effective service to schools where children are integrated into mainstream provision. They receive good quality training and support from the local council to fulfil their roles. There is an extensive programme of continuing professional development for SENCOs, teachers and learning support assistants including specialist training in autistic spectrum disorders. Participants' evaluations indicate that training is of good quality and helps improve practice. However, schools report that more strategic direction from the council is needed to support them in providing for the changing nature of children's needs and increasing number of children with autistic spectrum disorder. No children with statements are permanently excluded from mainstream schools and fixed-term exclusions have reduced from 17 in 2006/07 to nine in 2007/08.

50. The educational progress of children and young people with learning difficulties and/or disabilities is adequate overall. The council has increased the proportion of funding which goes directly into schools and this has enabled schools to provide early intervention and reduced the number of statements. School inspection reports judge progress in most primary schools to be good or better, and progress in secondary schools as mainly adequate. Provision in the two largest special schools is good but the smallest, catering for 49 pupils with emotional and behavioural difficulties, was placed in special measures in March 2007. Monitoring reports for this school indicate that support from education services has been good. Individual pupils' progress is monitored well by schools and education services for those working within national curriculum levels. Local analysis shows the gap in performance between those with and without learning difficulties and/or disabilities is not consistently being narrowed at the end of Key Stage 2 or 4, other than for those with less complex needs. During Key Stage 3 (ages 12–14), pupils other than those with statements generally make more rapid progress. The school improvement service is making good use of this data to challenge and support schools to improve. However, the service

is unable to analyse the progress or effectiveness of support for pupils with more severe needs as the use of small step measures such as 'p-scales' are not systematically used by schools or collated and recorded centrally.

51. The youth service runs a good range of inclusive activities, including a successful Duke of Edinburgh Award programme. It supports young people with learning difficulties and/or disabilities well in open access provision such as that at the Fusion Youth Club as well as at targeted provision at the Grenfell Club. Good cultural and sporting opportunities are available within schools. Young people say they would like more activities, particularly those they can access independently and outside of schools and the youth service. The borough lacks appropriate leisure facilities and poor transport links make access difficult for some families. The borough has recently provided information to parents via a website, however this has not yet been widely publicised and parents interviewed were unaware of this.

52. For older young people and those with less complex needs, education and training opportunities are adequately provided by three local colleges and further education provision in the special schools. Analysis of outcomes for students indicates they generally make the same or better progress than those without learning difficulties and/or disabilities. The range of courses is satisfactory with a greater emphasis on vocational training. Good work is taking place through the 14–19 strategy to expand the range of provision. Supported work-based learning placements and vocational pathways are in place but there is a need to increase capacity to offer further employment opportunities.

53. Transition planning for children and young people with learning difficulties and/or disabilities is good with education, social care and health services well engaged with planning. Health plans are developed and regularly reviewed for each young person with effective support from school nurses and specialist nursing provision. Transition across all phases of education including for those aged 14 and over is good. Person-centred planning for young people with more complex needs is being used well in the special schools with positive impact on outcomes for some individuals. Transition plans are reviewed in a timely way and effectively involve young people.

54. Young people with learning difficulties and/or disabilities have access to good advice and guidance from the Connexions service and good arrangements are in place for those young people returning to the borough. Direct payments are being used effectively to support young adults although the number of young people aged 16-19 accessing direct payments in their own right fell in 2007/08.

55. Children and young people are enabled to make a positive contribution. For example the 'Make a Difference Group' are consulted on many aspects of the service and consider their views have been listened to and there is evidence that the council has taken action as result.

## Other issues identified for further investigation

### The impact of the partnership on improving health outcomes for children and young people with reference to misuse of substances and sexual health services

56. The impact of the partnership on improving health outcomes for children and young people with reference to misuse of substances and sexual health services is good.

Major strengths	Important weaknesses
<p>Good sexual health promotion and prevention initiatives.</p> <p>Well-targeted resources for teenage pregnancy services focused in areas of highest need and risk.</p> <p>The development of a dedicated substance misuse intervention service for children and young people.</p> <p>Good provision of substance misuse awareness and prevention support to schools.</p> <p>Good sexual health service support for children and young people who are looked after and those with learning difficulties and/or disabilities.</p>	<p>Inequity in access to and provision of sexual health services in the east of the local area.</p> <p>A lack of effective strategic and operational relationships between the local acute trust and substance misuse services.</p>

57. Partnership working to promote sexual health and prevent substance misuse by children and young people is strong in many aspects. The Young People's Substance Misuse Partnership Board has strong representation from prevention, health promotion, treatment, local council, youth services, youth offending services and primary care. There are a number of examples where partners have worked effectively together to release resources for initiatives targeted at vulnerable young people. A good example of this in action in relation to sexual health is the 'Teens and Toddlers' programme, in which young people identified as high risk 'mentor' a toddler for 20 weeks. This multi-agency programme is run with staff from across youth inclusion, primary care health promotion and local authority services. Partnership initiatives involving the police and youth service have had a positive impact on reducing substance misuse.

58. Partnership between the substance misuse services and the local acute health care provider is weak. There are poor links with the local acute trust for referral of children and young people directly into the Cleveland and Redcar

Education Rehabilitation and Treatment (CREST) service. It is unclear how the acute trust feed into strategic decisions and enable the service to learn from acute admissions caused by substance misuse among children and young people.

59. The teenage conception rate for females aged 15–17 in Redcar and Cleveland is higher than the national figure at 48.5 per 1,000 compared to 40.7 per 1,000 nationally. It has, however, declined at a faster rate than the national average, with teenage conceptions down 17.1% from the baseline figure in 1998. In some wards across the borough, numbers of teenage conceptions are significantly higher than others. The Teenage Pregnancy Support Team (TPST) are aware of this through using analysis of their referral figures, and as a result they target resources into areas and schools well.

60. There are some good examples of prevention work in the area of sexual health. The C-Card contraception scheme has been a particular success in promoting the use of contraception: 2,755 children and young people have accessed contraception through C-Card in 2007–08. The TPST provide emergency contraception services free of charge to children and young people through a number of routes. These are via direct service provision into schools, through weekly local clinics, via a mobile unit on a site close to several local schools and also in partnership with three pharmacies. Provision in the east of the borough is not in line with that in other areas. Although there are points from which contraception and support can be obtained, there is no pharmacy signed up to provide emergency contraception and at present no TPST weekly clinic service. There are several secondary schools with no direct provision from the TPST service and, although those indicated as highest priority are covered, there remains an area of inequity in coverage. The service, through partners, has secured funding for, and is ready to appoint to, a new nursing post that will be used to address some of these gaps in provision.

61. The most recent data from the national chlamydia screening programme shows that the local PCT is reaching 3.4% of the 15–24 year old population. This is slightly above the national average of 3% but below the national government target for the programme. Strong health promotion programmes aimed at reducing the number of sexually transmitted infections and teenage pregnancies are developed and delivered in schools by the TPST and its partners from the local PCT. The road show delivered in schools targeting this area, known as 'it's your life, you decide', has delivered to more than 5,000 local children and young people in 2007/08. Feedback from the children and young people attending this and other education and promotion initiatives is overwhelmingly positive in relation to the outcomes of their learning and their engagement with the events. This positive feedback message is reflected in the correspondingly positive response from local educational leaders when asked about the quality, accessibility and responsiveness of the sexual health and teenage pregnancy support they receive.

62. The Healthy Schools programme is highly developed with 100% of local schools participating and 63% having achieved Healthy Schools status. Each school has a linked school nurse. The Healthy Schools programme is locally run by staff from the health promotion unit, who link in strategically and operationally with staff from teenage pregnancy, sexual health and substance misuse services. The school nursing service works closely with the sexual health services in particular, and work is currently underway to develop a service level agreement for all school nurses to be able to deliver emergency contraception.

63. Significant progress has been made in the area of substance misuse services since the review of services undertaken by the council scrutiny panel in 2006. Recommendations that the council and its partners implement a young person specific substance misuse service, and that the numbers of young people in treatment for substance misuse be increased by 50%, have both been implemented and achieved. There is now a young person specific service known as CREST, commissioned by the multi-agency partnership, which is running at 168% of its target for the number of children and young people in treatment. This intervention service has assessed 87% of those referred into the service within five working days in the 2007–08 period in line with the target set out in the service level agreement with the young people's substance misuse partnership board.

64. There is good prevention work locally through the Drug Education Team (DET), focused on the development of capacity within the teaching workforce to deliver substance misuse education and awareness to children and young people. The DET has worked with 100% of schools in Redcar and Cleveland to develop a drug strategy in each school as recommended by the scrutiny panel review of 2006. The DET has also provided support and training to over 121 teachers in the delivery of a number of targeted substance misuse promotion and prevention programmes. Feedback from children and young people and senior staff involved in the education system is positive and the support and assistance received from substance misuse services for schools in general was praised. The use of such feedback to set the priorities of promotional activity is good. An example of this is the feedback from children and young people that alcohol is a particular problem being acted upon and a new promotion campaign known locally as 'drinkweiser' being developed, targeted at Year 5 (9–10 years old) and Year 7 (11–12 years old) pupils.

## Service management

Inadequate



Adequate

 X

Good



Outstanding



## Capacity to improve



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

Major strengths	Important weaknesses
<p>Good ambition linked to regeneration.</p> <p>Effective leadership.</p> <p>Involvement of children and young people.</p> <p>Involvement of voluntary and community sector.</p> <p>Good needs analysis.</p> <p>Good partnership working at operational level.</p> <p>Committed and stable workforce.</p> <p>Improving outcomes for children and young people.</p>	<p>Inconsistencies in the priorities set.</p> <p>Inadequate action planning.</p> <p>Limited financial information and financial planning.</p> <p>Workforce strategy and joint commissioning at an early stage.</p>

66. The management of services for children and young people is adequate overall. The ambition for children and young people in Redcar and Cleveland is good. Councillors, officers and partners are passionate about continuing to improve the outcomes for children and young people. The Children and Young People's Trust has recently reiterated its vision, which amply addresses the Every Child Matters outcomes, and includes improving opportunities to learn, tackling child poverty and raising aspirations. This aligns well with the overall ambition and needs analysis of the council and its partners to focus on regeneration. The benefits of making schools a focal point for community regeneration are well understood and exploited with local investment delivered through Private Finance Initiative schemes. The emerging council-wide approach to planning for Building Schools for the Future is further supporting this ambition.

67. Effective leadership is provided by senior officers and the lead member for children's services and education. All are clear about what needs to be done to continue to improve outcomes in the borough. Good practical engagement and consultation with children and young people, partners and other stakeholders inform good needs analysis. This is underpinned by high quality area profiles

data, which is being used to target vulnerable groups. Children and young people are increasingly involved in reviewing service delivery and they were fully involved in the recent appointment of the Director of Adult and Children's Services. Options are rightly being considered to involve children and young people routinely at a more strategic level in addition to their involvement on specific projects.

68. Prioritisation is adequate. Priorities were set under the five Every Child Matters outcomes within the original CYPP. These were reviewed and refreshed during early 2007 in consultation with partners, children and young people, parents, carers and other stakeholders, including representatives from the voluntary and community sector. There are clear links with the council's corporate plan and the local area agreement. However, the corporate plan 2007 includes a number of priorities for children and young people that are not explicitly covered within the CYPP. This illustrates previous planning inconsistencies in the priorities set by the council and its partners at an operational level and those set at a strategic level. The Children's Trust Board, which now has senior representatives from all partners, including health, have plans in place to address this through the 2008 CYPP.

69. The existing CYPP does not include any supporting action plan detailing the activity necessary to achieve key priorities. There are some good specific examples of multi-agency, operational action plans in the areas of special investigation undertaken as part of this joint area review, but this is not a consistent finding across all key priority areas. Equality impact assessments are in place for a number of recently produced strategies, including the race equality plan for children's services.

70. There is a good focus on preventative services, such as family support and targeted integrated prevention of anti-social behaviour, and the majority of operational staff understand how their work contributes to the key priorities. However, this is not always set out clearly in service plans nor are the contributions of staff always well coordinated.

71. Capacity is adequate. The council has a relatively stable and committed workforce who work well in a range of multi-agency teams to deliver improved outcomes for children and young people. A workforce strategy for children's services has very recently been agreed by the Children's Trust Board. This is very much work in progress, containing mainly council data, although it is supported by the workforce priorities for the current year. It also includes some useful and interesting data on the private, voluntary and independent workforce. A well thought out integrated multi-agency training programme is underway for staff across the partnership, although 75% of the targeted workforce has still to complete the training.

72. The Children's Trust Board has set an overarching priority that it was agreed that children and young people and families should only have to tell their story once. A multi-agency information sharing protocol is in place and

good operational partnership practice support its implementation. However, an essential component is full implementation of the CAF and aspects of this have been delayed as a result of information technology difficulties and constraints.

73. Council resources are allocated to priorities through the annual budget setting process and at a global level within the medium-term financial plan. The council has a good track record of delivering an overall balanced budget for children's services. However, as most strategies and plans within children's services are not fully costed, it is difficult to assess whether sufficient capacity is available to deliver the ambitions. Financial planning across the partnership is underdeveloped. Limited resources information is presented in the CYPP. The Children's Trust Board has yet to formulate a strategic approach to joint commissioning, although there are some examples of jointly funded activity, for example the placement of children with complex learning difficulties and/or disabilities.

74. Value for money is adequate overall. There is a good focus on value for money on some specific projects and as part of one-off service reviews. However, it is not integral to current service delivery planning. Benchmarking and unit cost information are not used routinely to drive improvements in services.

75. Partnership working is mature and embedded at an operational level across children's services with many examples of effective multi-agency working. A particular strength is the involvement of the voluntary and community sector. Until recently partnership working at a strategic level has been less well developed. In part, this is due to inconsistency in representation resulting from reorganisations and recruitment to key posts. As a consequence, key decision-making on issues such as joint commissioning and workforce strategy has been slow.

76. Performance management is adequate. Performance is reported to the directorate management team monthly and to the executive management team, cabinet and scrutiny on a quarterly basis. Performance data is also reported to the children's trust board and executive. The information is not always summarised, which means it is hard to relate the large number of performance indicators to the key priorities. It is therefore difficult to have an overview of progress and for senior officers and members to challenge performance effectively. Despite these difficulties outcomes are improving in most areas.

77. Scrutiny and some well-focused best value reviews have been used effectively to improve performance. For example, significant progress has been made in improving substance misuse services following a review in 2006. Plans are in place to strengthen the challenge to overall performance against the key priorities, improve service planning and appraisal systems. The intention is to improve self-evaluation, which has at times been too positive.



78. The capacity of children's services to improve further is good. Effective leadership by senior officers and the lead member for children's services and education is in place to focus on and coordinate key priorities and bring about the necessary improvements in strategic planning and performance management. Stakeholders have great confidence in the new leadership and are fully committed to joint working. The determination to address underachievement is shared across the partnership. There is a good track record of improvement based on a firm foundation of good operational staff working effectively across agencies. The good capacity at operational level has been recognised in several external inspections; the fostering and adoption services have been judged to be outstanding and excellent respectively. Education, health and safeguarding outcomes are improving for the majority of children and young people, although not all challenging targets have been met. Prompt and focused actions to tackle weaknesses have resulted in improved provision and outcomes for vulnerable children and young people. For example, significant improvement is evident in services addressing young people's sexual health, substance misuse issues and mental health. Council leaders are clear about what needs to improve further and what needs to be done to secure continued improvement.

## Annex A

### **MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN REDCAR AND CLEVELAND**

#### **Summary**

Redcar and Cleveland Borough Council's contribution to improving outcomes for children and young people is good. Outcomes are generally better than those achieved in similar areas and continue to improve. The council's services are making an increasingly discernible difference, especially for the most vulnerable children and young people. There is a clear focus on narrowing the gap between the outcomes for these children and those for most children, while continuing to improve provision and outcomes for all. The views of children and young people are sought and used to influence decisions. The council's commitment to further improvement is set out clearly in its plans and reflected in the ambitions and determination of its elected members and officers.

The full annual performance assessment can be found at:

[http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3108&providerCategoryID=0&fileName=\\APA\\apa\\_2007\\_807.pdf](http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3108&providerCategoryID=0&fileName=\\APA\\apa_2007_807.pdf)

## Annex B: Summary of the enhanced youth inspection report

### Main findings

1. Youth work in Redcar and Cleveland is good. The local authority sufficiently secures its provision. Young people achieve well; they make good gains in their personal and social development and acquire useful skills and knowledge. Youth work practice is consistently good across a variety of settings. The well considered curriculum framework is used effectively in planning youth work that is responsive to the needs of young people and localities. Participation by young people with learning difficulties and/or disabilities and those of Black and minority ethnic heritage is relatively high. However, there is no strategy to involve those who are looked after although they have been identified by the council as a priority group. Staff are enthusiastic and skilful but deployment is not always sufficiently flexible. Full-time workers have appropriate qualifications and new recruits are supported to gain professional awards. Accommodation and specialist resources are good overall. Leadership and management are strong. Good partnership working enhances provision for young people. The development of a broader offer of education leisure time activities as part of integrated youth support services has been slow. Thorough and rigorous quality assurance procedures are used effectively and improve quality. Young people's involvement in planning and evaluating the service is good and they influence provision. However, the structure of youth forums to enable their systematic involvement in shaping council services is not yet fully established.

### Key aspect inspection grades

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

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

### Strengths

- Young people achieve well.

- Youth work practice is consistently good.
- The well considered curriculum is used effectively in planning youth work that is responsive to the needs of young people and localities.
- Comprehensive and rigorous quality assurance procedures are used effectively to improve the quality of the service.
- The views and contributions of young people are influential in shaping provision.

### **Areas for development**

- The deployment of staff is not always sufficiently flexible.
- There is no strategy for involving young people who are looked after in youth work activities.

## Annex C

### CORPORATE ASSESSMENT ACHIEVEMENT – CHILDREN AND YOUNG PEOPLE

1. Most outcomes for children and young people in Redcar and Cleveland are improving and many are better than those achieved in similar areas. Health outcomes have significantly improved in prioritised areas such as sexual health and substance misuse. The majority of children are provided with a safe environment and safeguarding outcomes are mainly good. There is a strong track record of improvement in education and the number of young people not in education, employment or training is declining although the rate remains above the national average. The gap between outcomes for the most vulnerable and those for most children is narrowing.

2. Service management in Redcar and Cleveland is adequate. Effective leadership is provided by senior officers and the lead member for children's services, and there are strengths in operational workforce capacity and partnership working. However, until recently partnership working at a strategic level has been less well developed and key decision-making on issues such as joint commissioning and workforce strategy has been slow. This is due, in part, to inconsistency in representation resulting from reorganisations and recruitment to key posts. The ambitions of the council are based on good engagement with children and young people and key stakeholders and are good. There are some good examples of multi-agency operational action plans and an effective focus on preventative services. However, there are some planning inconsistencies in the priorities at an operational level and those set at a strategic level. Performance management is developing, although it is not yet sufficiently aligned to the key priorities. Value for money is adequate overall.

3. The combined work of all local services in securing the health of children and young people is good. Active and healthy lifestyles are promoted through initiatives such as free access to swimming, sports coaching, healthy eating schemes and the Healthy Schools programme. There are good examples of targeted services for vulnerable young people including sexual health, substance misuse, CAMHS and specific support for young people involved with the YOT. The teenage conception rate, although higher than the national figure, has declined at a faster rate and chlamydia screening is slightly above the national average. The number of young people in treatment for substance misuse has increased significantly with the development of a dedicated treatment facility. The dedicated service for looked after children provides good support with immediate access and support for foster carers and residential workers. The health needs of children with learning difficulties and/or disabilities are well served through effective partnership working in localities.

4. Children and young people appear safe and arrangements to ensure this are good. Children say they generally feel safe but some indicated that they feel more could be done to disperse troublemakers in their communities. Effective

road safety measures have resulted in a reduction in the number of children killed or seriously injured on the roads. Schools have sound systems in place to ensure the safety of young people and information and advice to parents on risks to safety is good. The council works effectively with its partners to provide early intervention and support to vulnerable families; action taken to tackle domestic violence is effective. Threshold criteria for making safeguarding referrals are consistently applied and the Access Team provide a good service and valued advice. The social care service has reviewed quality assurance systems to bring about improvement in the quality of assessments. However, inconsistencies remain in the quality of assessments and reviews.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. Provision and outcomes for children in the Foundation Stage are good and most pupils continue to make good progress through primary school. Secondary school performance has improved since 2004, particularly at Key Stage 3, but the percentage of pupils achieving five or more A\* to C grades at GCSE is below that of statistical neighbours. The council makes effective use of high quality data provided through their statistics team and support to schools and pupil groups is well targeted to need. Attendance is in line with similar councils and there are below average exclusions. The clear focus on vulnerable children and young people is continuing to improve provision for them. Looked after children achieve well in gaining at least one GCSE pass. Young people with learning difficulties and/or disabilities generally make at least satisfactory progress and those with statements of special educational need make more rapid progress. Provision for young people accessing education other than at schools (EOTAS) is good and effectively personalised to meet individual needs.

6. The impact of all local services in helping children and young people to contribute to society is good. Young people are effectively involved in planning and evaluating specific projects and provision within the youth service, schools and the care system. Options are rightly being considered to involve them routinely at a more strategic level. Support is given to encourage children and young people with learning difficulties and/or disabilities and children from different ethnic groups to take part. Looked after children have access to an independent advocacy service and participation in reviews is high, at 97.3%. Preventative strategies to reduce anti-social behaviour are reducing serious anti-social behaviour and the number of first-time entrants to the youth justice system, although numbers remain higher than in similar areas.

7. The impact of all local services in helping children and young people achieve economic well-being is good. Partners, including schools, colleges and the Learning and Skills Council, collaborate well in implementing the 14–19 strategy. Strategies to reduce the high number of young people not in education, employment or training are leading to a declining trend but the rate remains above the national average. The youth service makes a good contribution, helping young people make gains in their personal and social development and acquire useful skills for life and employment. Support for care

leavers is excellent. The number living in suitable accommodation and those accessing education, employment and training is at a level higher than statistical neighbours and the England average. Additional support for families with children with learning difficulties and/or disabilities has been provided through neighbourhood renewal funding, helping families to access benefits available to them.

8. The capacity of council services to improve is good. Organisational change and recent recruitment to key posts has slowed decision-making on some key strategies but there is a good track record of improvement based on a firm foundation of good operational staff working effectively across agencies. Stakeholders and partners are committed and enthusiastic. Effective leadership by senior officers and the lead member for children's services and education is now in place to focus on and coordinate key priorities. Plans are in place to strengthen performance management.

## 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 Redcar and Cleveland 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 focusing 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).