



# Joint area review

Newcastle upon Tyne

Children's Services Authority Area

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## Review of services for children and young people

Adult Learning Inspectorate  
Audit Commission  
Commission for Social Care Inspection  
Healthcare Commission  
HM Crown Prosecution Service Inspectorate  
HM Inspectorate of Constabulary  
HM Inspectorate of Court Administration  
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# Introduction

1. This joint area review was conducted using the arrangements required under section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of eight inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), the Adult Learning Inspectorate (ALI) 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 is linked to the corporate assessment of the local council by the Audit Commission and its findings will be 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 the Newcastle area and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.

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

5. The review took place in two stages consisting in total of three weeks over a six-week period. The first stage reviewed all existing evidence including:

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

6. The second stage comprised 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 two neighbourhoods in Newcastle: Benwell and Grainger Park

and Walker. It also included gathering evidence on 10 key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. Inspectors undertook visits to all three social services duty teams, met groups of children and young people, parents and carers and staff from a range of council, health, community and voluntary services. They also held discussions with elected members of the local authority, their equivalents in other public agencies, officers from these agencies, service users, and community representatives. A review of case files for children and young people receiving support from a number of local agencies was also included.

## Context

7. Newcastle City Council is a local authority serving 276,000 people, 63,800 of whom are young people aged 0–19 years old. Its residents come from diverse backgrounds with affluent suburban and semi-rural areas to the north and west and areas of significant deprivation in the east, inner north and inner west of the city. Minority ethnic communities make up 6.9% of the population. This proportion is higher among young people, with minority ethnic groups making up around 10% of the school population.

8. In the decade between 1991 and 2001, the population of Newcastle decreased by 5.6%. However, since 2001 population figures have stabilised and there has been a growth in population of 3.8% over 2001 figures, due mainly to recent international migrants.

9. Of the city's population, 30% live in areas that are within the 10% most deprived areas in the country, including areas that fall in the 1% most deprived. In affluent areas of Newcastle there is a severe housing shortage and high house prices. This contrasts with low demand for properties, high levels of long-term unemployment and low levels of educational attainment in the east and inner west areas. Unemployment in Newcastle is high; in 2004, 7.6% of the working age population were unemployed, compared to the average of 4.9% for England and Wales. Life expectancy figures are below the national average and a total of 22% of the population of Newcastle live with long term illness, above the national average of 18%.

10. The Newcastle Children and Young People Strategic Partnership (CYPSP) brings together 14 key partner agencies including the voluntary sector and representatives from schools (including the independent sector). The Executive Director of Children's Services chairs and provides leadership to the CYPSP executive and wider partnership group as well as the Local Safeguarding Children Board and Youth Offending Team (YOT) Partnership Board. The CYPSP approved the Newcastle Plan for Children and Young People (NPCYP) in April 2006, and all agencies contributed to the consultation on, and formulation of, this plan.

11. The priorities for children and young people for 2006–09 are to:

- reduce the high rate of teenage pregnancies
- reduce obesity in children under 11 years of age
- raise levels of educational achievement across all key stages
- develop a comprehensive early intervention strategy to support parents, carers and families
- reduce the number of children looked after in Newcastle.

12. In order to secure the levels of service delivery integration and area management that will achieve the delivery of the NCYPP, the Children's Services Transforming Outcomes Programme has been introduced. It reports to the CYPSP, setting out the steps that will be taken to integrate area, theme and specialist networks of services to improve outcomes for children and young people.

13. The Tyne and Wear Learning and Skills Council (LSC) has a designated local team that works in partnership with the local authority, Newcastle College and a consortium of training providers and schools in addressing the 14–19 Strategy. Post-16 education and training is provided by one further education college, 11 sixth forms and three special schools. UXL, an established consortium, includes the 12 work-based learning providers with significant numbers of young people and other work-based learning providers in the city. Entry to Employment provision is managed by a local consortium. Adult and community learning, including family learning, is provided by the local authority, Newcastle College and voluntary providers.

14. Primary care for children in Newcastle is provided by Newcastle Primary Care Trust. Northumberland, Tyne and Wear NHS Trust was formed after the merger of Newcastle, North Tyneside and Northumberland Mental Health NHS Trust, Northgate and Prudhoe NHS Trust and South of Tyne and Wearside Mental Health NHS Trust in April 2006. The North East Ambulance Service NHS Trust was formed after the merger with Tees East and North Yorkshire Ambulance Service NHS Trust. The Newcastle upon Tyne Hospitals NHS Foundation Trust is the main provider of acute health services and children's hospital services, including accident and emergency. It also provides services to Gateshead, North Tyneside and South Tyneside as well as to surrounding county districts. Children's mental health services are provided by the Northumberland, Tyne and Wear NHS Trust, which also provides services to many other surrounding areas. The trusts providing health services for the children of Newcastle fall within the NHS North East Strategic Health Authority.

15. Newcastle has seven nursery, eight first and 64 primary schools. There are 11 secondary schools all with sixth forms, three middle deemed secondary schools, five special schools and one pupil referral unit, as well as eight independent schools and one further education college, Newcastle College. There are 310 children on the child protection register and 460 looked after by the local authority; 1,120 children and young people come from asylum seeking families, of whom 287 are below school age.

## Summary report

### Outcomes for children and young people

16. **Outcomes for children and young people in Newcastle are adequate. Children and young people appear safe.** Overall, outcomes across the city are below those in similar local authorities and nationally; there is increasing evidence of improvement, although some of this is recent and dependent on where children and families live or go to school. Most health indicators are in line with the average for similar areas and nationally; however, the numbers of mothers smoking, the rate of teenage pregnancy and childhood obesity rates remain high. Children and young people report that they feel safe in school and in their immediate neighbourhood, though some are concerned about racism and bullying. Those at risk of significant abuse or neglect receive the protection they should. There are proportionately more looked after children than in similar areas and a higher proportion is placed in foster care. The stability of placements is secure.

17. Educational attainment, achievement and attendance are satisfactory overall with significant recent improvement in attainment and progress at age 11 and at 5+ A\* to C grades at GCSE. Pupils with learning difficulties and/or disabilities who receive additional support do well when compared to similar pupils nationally. Looked after children fail to reach higher levels at GCSE. Although the number of children and young people temporarily excluded from school has fallen, the number of young people permanently excluded rose in 2006. Relatively few of these young people then return to mainstream education. Children and young people over the age of 16 achieve well on the whole, although there is considerable variation in performance between institutions. Those in work-based learning provision achieve satisfactorily. The number of young people aged 16 and over in education, employment or training has increased sharply, though too many 17 year olds fail to complete their courses. The number of young people who are engaged in education is low, as is their educational achievement.

18. Many children and young people develop self-confidence through being members of school councils and youth groups. Initiatives on the ground to support children and young people who are victims of bullying or antisocial behaviour are making some impact. There has been a reduction in the number of first time offenders and there is a lower number of offenders from minority ethnic groups than nationally; however, the numbers of young people re-offending rose again in 2005/06 after a fall in the three previous years.

### The impact of local services

19. **The impact of local services in improving outcomes for children and young people is adequate.** The city of Newcastle faces the very considerable challenge of historically low outcomes for children and young

people, linked to profound deprivation in some parts of the city. The shared ambition for children and young people is prominent in the Community Strategy and the emerging local area agreement, and is articulated well in the NCYPP. Council officers, elected members, partners and stakeholders are clear what needs to be done and the partnership, led by the council, is transforming services for children and young people. Specific multi-agency strategies are being targeted at problem areas such as teenage pregnancy, and most major strategies, plans and protocols are under review. Cross-agency work on safeguarding has been strengthened through the Local Safeguarding Children Board (LSCB) and the implementation of a coordinated and strategic approach to early intervention and prevention through the alignment of preventive services at locality level has begun. The quality of early years and childcare provision is good and educational attainment has started to improve; across most services there is evidence of good practice and successful initiatives on the ground. Many developments are still at an early stage and have not yet had time to demonstrate improved outcomes for the most vulnerable groups. Partnerships between agencies have improved and work is underway to map and plan provision efficiently at local level; this includes the review of the high number of out-of-authority placements for looked after children, children and young people with learning difficulties and/or disabilities and those who pose significant challenges for current service provision.

## Being healthy

**20. The impact of all local services in securing the health of children and young people is adequate.** Agencies work well together to provide parents and carers with good accessible advice and support to keep their children healthy. Most parents and carers regard health services highly, despite some concern over the timeliness of the response of therapy services. New strategies and initiatives across services are beginning to make a difference to the high numbers of expectant mothers smoking, the low numbers of mothers initiating breastfeeding and the high teenage conception rate; healthy lifestyles are promoted. Children and young people with mental health needs have very good access to a full range of assessment and treatment services, and adequate provision is also in place for looked after children and for children with learning difficulties and/or disabilities. For the latter, health services are particularly good for those children with severe and profound learning difficulties and/or disabilities.

## Staying safe

**21. The impact of all local services in keeping children and young people safe is adequate.** Most children report feeling safe in their school and in their immediate neighbourhood. Children in need of protection receive a prompt and well-managed response from social care services, which collaborate effectively with partner agencies. The LSCB is well established, well supported by partners, and offers a strong lead. The wider safeguarding agenda is now owned by all agencies, which recognise there is scope for further progress



including the urgent need to agree a common threshold for referrals to social services. All agencies have made good progress in responding to the recommendations of two recent serious case reviews and their action plans are monitored rigorously by the LSCB. This joint commitment is underpinned by agreements and systems to share information. Police now refer to social services all incidents of domestic violence where there are children in the family; plans to screen these before referral are at a very early stage. Agencies undertake the appropriate safety checks before staff are appointed and child protection training is well attended. The quality of casework and recording in social care is variable, although more rigorous quality assurance arrangements have been introduced recently and these are beginning to have a positive impact. A range of family support services is available and well used; a draft strategy for preventive services is under consultation. Strategies to reduce the need for children to be looked after are sound but are too new to have impacted on the rising numbers, many of whom are in care outside the borough. There are insufficient foster carers, including those able to offer placements to children from different minority ethnic groups. Agencies collaborate over individual cases to support children with moderate learning difficulties and/or disabilities, but there are no comprehensive arrangements to plan or coordinate service delivery. Children with severe and profound disabilities are well supported through multi-agency identification, tracking and agreed tripartite funding arrangements.

## **Enjoying and achieving**

**22. The impact of all local services in helping children and young people to enjoy their education and recreation and to achieve well is adequate.** Parents have access to a good range of information, guidance and support to help their children enjoy and achieve at school. Support is targeted well in areas of deprivation through, for example, children's centres. The quality of early years and childcare provision is good. Outcomes from Ofsted inspections indicate that many schools are judged to be providing a good quality of education. However, the number of schools causing concern following inspection is above that nationally and in similar local authorities and rose during the autumn term of 2006. The local authority's monitoring, challenge and support for schools are adequate. Recent changes have strengthened the strategy, but they have not yet had a positive impact on reducing the number of primary and secondary schools in a category of concern following inspection. Standards of attainment and the progress made by children and young people vary across key stages and across some groups; they are satisfactory overall. However, there has been good improvement in the attainment of young people at the age of 11 and a substantial increase in the number of 16 year olds attaining five higher grade GCSEs. However, the proportion of young people who achieve five good GCSEs including English and mathematics is low compared to national figures and similar authorities.

23. The majority of pupils say they enjoy school and their attendance is satisfactory. Good work has taken place to improve the attendance of pupils who do not attend school frequently enough and to reduce the numbers of young people temporarily excluded from school. The percentage of pupils permanently excluded from secondary schools rose in 2006 and, despite strenuous efforts, one in six of them is not receiving the education to which they are entitled once excluded, which is poor. There is effective multi-agency support and generally good quality provision for children looked after by the council, young people with learning difficulties and/or disabilities, those educated in hospital, teenage mothers and children for whom English is an additional language. Children and young people take part in an appropriate range of activities out of school including after school clubs, holiday clubs and study support, including provision from the voluntary sector.

### **Making a positive contribution**

24. **The impact of all local services in helping children and young people to contribute to society is adequate.** Children and young people are generally supported well in developing emotionally and socially. The wide range of services provided by the council and its partners are effective in helping them develop secure relationships with their families and their peers. The council and its partners place a high priority on consultation with, and responding to, the views of children and young people when designing services for them. Many young people are able to contribute to decision making locally through well-embedded projects and initiatives. Arrangements for involving young people in local democratic processes and links with elected members are evolving. More work needs to be done to ensure that looked after children and those with learning difficulties and/or disabilities are enabled to contribute to the review and development of services. The council and voluntary groups provide a good range of services that are effective in supporting vulnerable young people in managing change and responding to challenges in their lives. Particularly good arrangements are in place to support children from asylum-seeking and refugee families. Voluntary sector agencies provide good advice on sexual health and drugs awareness and there are good services to help homeless young people. Most young people are provided with good support as they move between the major stages in education.

25. Although support for young carers has improved recently, there is no provision for them to socialise together in groups away from their caring responsibilities. Agencies are beginning to work together to adopt consistent approaches to managing and reducing levels of antisocial behaviour in schools and in the community. However, the Youth Offending Team does not have sufficient capacity to provide for the diverse needs of young people in Newcastle who have offended, and too few of them are in full-time education, training or employment.

## Achieving economic well-being

**26. The impact of all local services in helping children and young people achieve economic well-being is adequate.** Most young people are increasingly supported to achieve economic well-being. Childcare is good, accessible for most parents and carers, and its availability is improving. Parents have very good opportunities to develop skills for work and to help their children learn. However, there are still a high proportion of workless homes. Looked after children and those with learning difficulties and/or disabilities are usually well supported. The 14–19 Strategy is clear and supports increasingly effective collaboration between providers. However, action on some of the recommendations of the 14–19 area inspection has been slow, notably on the integration of plans across institutions and agencies for 16–19 year olds. A recently developed Regeneration Strategy focuses on the needs of families, and the council actively involves young people in planning specific projects. Some well supported strategies to improve housing are beginning to have an impact but there is still a shortage of suitable housing for families. Advice and guidance is effective for most young people and support for young people leaving care is good. Specialist provision for learners with disabilities, and planning for their transition to adulthood are good, but there is insufficient vocational provision for those over 18 and few participate in work-based learning.

## Service management

**27. The management of services for children and young people is adequate. The capacity to improve further is good.** Ambition for children and young people in Newcastle is good, and partners work well together, strategically, across children's services. The NCYPP is based on a good analysis of need and was shaped and influenced by consultation and engagement with children and young people, parents and carers. Prioritisation is adequate overall; priorities can be tracked through the plan, across the five Every Child Matters outcomes. However, the precise actions to be taken and targets to be achieved to deliver these priorities are less clear, and resources are not identified in strategic plans, strategies, team or service plans. Action has been taken to address recommendations made in external inspections and independent reviews relating to children's services. Capacity is currently adequate, and the Executive Director of Children's Services provides good effective leadership. Elected members within children's services have only very recently increased their focus on their role as corporate parents. Value for money is adequate overall and there is a good track record of budget management across both social services and education. Performance management is adequate; a comprehensive high level framework is in place, which includes some reporting across partners. Outcome improvement plans facilitate joint working across partners, although they are still developing; it is unclear how performance management is being used to drive improvement at an operational level. The involvement of children and young people in monitoring the performance of services is at an early stage.

28. The capacity of the council and the local area to improve further is good. This is demonstrated by: strong professional leadership and shared determination across the partnership to address underachievement; significant and sometimes rapid improvements in outcomes and services; prompt and focused actions to address weaknesses, resulting in improvement for children and young people; and an ambitious and well-constructed programme for change to deliver these improvements.

## Grades

**Grades awarded:**

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

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

## Recommendations

### For immediate action

The council and its partners should:

- agree and implement appropriate and consistent thresholds for referral to social care
- ensure that pupils permanently excluded from school are placed speedily in other schools or alternative provision.

### For action over the next six months

The council and its partners should:

- develop and implement a strategic and coordinated approach to services for children with learning difficulties and/or disabilities, taking account of young people's views
- evaluate the impact of the strategies to reduce obesity levels in children and young people, reduce teenage conception rates and reduce levels of smoking among expectant mothers
- improve the vocational options for young people over the age of 18 with learning difficulties and/or disabilities
- establish procedures to monitor and evaluate the impact of strategies to reduce antisocial behaviour and offending
- develop links between priorities for improvement and the available resources to deliver the improvement
- implement fully the recommendations of the 14–19 area inspection through the harmonisation and integration of the plans for 11–19 year olds.

The council should:

- strengthen the corporate parenting arrangements through increasing the involvement of looked after children and young people in the decisions about, and evaluation of, services for them
- increase the number of foster care placements for children from ethnic minorities

- work with adult social services to meet the needs of young carers and their families so that their children and young people can lead lives that are as normal as possible
- ensure that the progress of all groups of pupils, including those with learning difficulties and/or disabilities, is reported appropriately, to celebrate achievement and enable an evaluation of value for money.

## Main report

### Outcomes for children and young people

**29. Outcomes for children and young people in Newcastle are adequate. Children and young people appear safe.** Overall, outcomes across the borough are below those in similar local authorities and nationally but there is increasing evidence of improvement, though some of this is recent and dependent on where families live or children go to school. Most health indicators are in line with the average for similar areas and nationally; however, the numbers of mothers smoking, the rate of teenage pregnancy, and childhood obesity rates remain high. Children and young people report that they feel safe in school and in their immediate neighbourhood, though some are concerned about racism and bullying. Those at risk of significant abuse or neglect receive the protection they should. There are proportionately more looked after children than in similar areas and a higher proportion are placed in foster care. The stability of placements is secure.

30. Educational attainment, achievement and attendance at school are satisfactory overall, with significant recent improvement in attainment and progress at age 11 and at five or more A\* to C grades at GCSE. Pupils with learning difficulties and/or disabilities who receive additional support do well when compared to similar pupils nationally. Looked after children fail to reach higher levels at GCSE. Although the number of children and young people excluded temporarily from school has fallen, the number of young people permanently excluded rose in 2006. Relatively few of these young people then return to mainstream education. Children and young people over the age of 16 achieve well on the whole, although there is considerable variation in performance between institutions. Those in work-based learning provision achieve satisfactorily. The number of young people aged 16 and over in education, employment or training has increased sharply, though too many 17 year olds fail to complete their courses. The number of young people who have offended who are engaged in education is low, as is their educational achievement.

31. Many children and young people develop self-confidence through being members of school councils and youth groups. Initiatives on the ground to support children and young people who are victims of bullying or antisocial behaviour are making some impact. There has been a reduction in the number of first-time offenders and there is a lower number of offenders from minority

ethnic groups than nationally; however, the numbers of young people re-offending rose again in 2005/06 after a fall in the previous three years.

**32. Children and young people are generally healthy.** Almost all children and young people who responded to the joint area review survey described their health positively. Many health indicators are in line with the average for similar areas and nationally: infant and childhood mortality are in line with national averages; immunisation rates for measles, mumps and rubella are better than national averages; and access to non-specialist and specialist mental health services for children and young people is good. However, outcomes are poor in some significant areas. There are more expectant mothers smoking than the national average, although the number is beginning to decrease, and the proportion of mothers breastfeeding is lower than nationally but is beginning to improve. The oral health of children aged 14 years old is worse than the national average, although oral health for those under five years old is above the national average. One in three children within Newcastle is either overweight or obese, which is worse than the national average. Chlamydia rates are worse than the national average, as is the teenage conception rate, although the latter is beginning to improve.

**33. Children and young people appear safe.** Children in the survey carried out for the joint area review, and others involved in the neighbourhood study, reported feeling generally safe in schools and in their local area. The number of referrals to social care has risen significantly, due largely to a change in police reporting of domestic violence incidents. Initial assessments completed within timescales are in line with comparator local authorities and are improving, while core assessments completed within timescales are well below comparator authorities. There are 310 children on the child protection register, a higher rate than in similar authorities; de-registrations are also higher but the rate of children being re-registered is lower. All children on the register have a qualified social worker, and child protection reviews are held on time. There were no unallocated cases at the time of the joint area review. The number of looked after children is higher than in comparator authorities and is continuing to rise. A very high number are placed outside the council boundary, but placement stability is very good. The number of children placed for adoption, and those placed within 12 months of the decision, are both better than in similar authorities. Transition plans are in place for 90% of children with statements of special educational need who are over 14 years old, and an increasing number of families now access direct payments to purchase services for children with learning difficulties and/or disabilities.

**34. Children and young people achieve adequately.** Pupils' attainment and achievement are satisfactory overall. Attainment of 11 year old pupils has improved significantly faster than nationally as a result of targeted intervention programmes in some schools and is now generally in line with similar authorities and just below national averages. The proportion of 16 year olds attaining five A\* to C grade GCSEs has risen faster than the national rate of improvement and is now better than similar authorities and close to the

national average, as is the average point score per pupil. At age seven the more able children achieve in line with national expectations and above those in similar authorities; however, the overall percentage of pupils achieving the expected levels is below that found nationally and in similar authorities. At age 14, the proportion of pupils aged 14 attaining Levels 5 and 6 and above in English in particular is lower than comparators. The percentage of pupils attaining five A\* to C grade GCSEs, including English and mathematics, is lower than national averages and in similar authorities, as is the percentage achieving five GCSEs grade A\* to G.

35. The achievement of children who are looked after by the council is adequate, with the exception of the number achieving five higher grade GCSEs, which is poor. Pupils with learning difficulties and/or disabilities who are provided with additional support achieve at least in line with expectations and often better. However, some groups do not always do as well as expected given their starting points and when compared to similar pupils in similar schools; these include pupils entitled to free school meals, lower attaining pupils, Bangladeshi pupils, children and young people with learning difficulties and boys' in relation to their progress in English. The number of primary and secondary schools placed in a category of concern following inspection has risen and is now higher than that found nationally and in similar authorities. Attendance of pupils is similar to national averages, although authorised absences are higher. The number of fixed term exclusions has recently reduced. However, the number of permanent exclusions was above the national average in 2005 and rose slightly in 2006. The proportion returning to mainstream school after permanent exclusion is low.

**36. Children and young people have an adequate range of opportunities to make decisions and take personal responsibility and many make a contribution to their communities.** Many children and young people develop self-confidence through being members of school councils and youth groups. These organisations commit to involving young people in consultation which results in change. They learn to express their views and influence and change decisions about services provided for them at local level and a large number of them contributed to the development of the NCYPP. Buddy and mentoring schemes in schools are effective in helping young people learn how best to support one another. Partnership projects designed to tackle antisocial behaviour help young people to appreciate the impact of their actions on other members of the community. A number of effective strategies are in place to help young people control their anger, to be more tolerant and to attend school regularly. Children and young people with learning difficulties and/or disabilities are often encouraged to participate in decisions that affect them and to take part in out of school activities. Children and young people in the care of the local authority are not provided with sufficient support from elected members to be able to develop the skills to enable them to influence decisions that impact upon their lives. Young carers are not provided with enough opportunity to socialise with young people of their own age. There has been a reduction in the number of first-time offenders and a lower number of



young people who offend are from minority ethnic groups than nationally; however the numbers of young people re-offending rose in 2005/06 after a drop in the previous three years.

**37. Children and young people are able to achieve economic well-being and are prepared adequately for working life.** Young people benefit from a varied curriculum from the age of 14 provided by an established partnership between schools, the college and work-based learning providers. They develop good employability skills through a wide range of enterprise activities. Overall, the achievement of young people in school sixth forms is just above that in similar authorities, although this masks very considerable variation between schools. Outcomes are good for young people attending full-time courses at the further education college, and work-based learning provision, including Entry to Employment, is satisfactory. Numbers progressing to higher education have risen by 13% since 2004. The proportion of young people aged 16 and over who are not in education, employment or training has reduced sharply and is now at a satisfactory level. However, too many young people drop out of education and training at the age of 17. Access to accommodation for vulnerable young people is good but many young people and their families live in sub-standard housing. The number of young people who offend who are engaged in education is below national comparators.

## **The impact of local services**

### **Being healthy**

**38. The work of all local services in securing the health of children and young people is adequate.** Health inequalities in Newcastle are especially challenging and there is an appropriate focus on some very significant health issues to reduce these inequalities. Newcastle has looked outside its area for good practice on major issues such as teenage conception and obesity and successfully incorporated effective initiatives into its strategies and plans. Good progress is being made against the National Service Framework for Children and Young People and Maternity Services.

**39.** A good range of multi-agency support services is available and accessible to most parents and carers. Services provide family learning around healthy diets and emotional needs. Services, including those in the voluntary sector, work well together with health trainers and the Community Food Initiative to provide affordable healthy food for those who live in more disadvantaged areas. Sure Start and children's centres provide families with easy access to midwives and health visitors and offer good and well attended support sessions, including baby massage and free swimming sessions for babies. Sure Start programmes are highly regarded by parents. Well-considered strategies and initiatives are beginning to increase the number of new mothers initiating breastfeeding and to reduce the number of expectant mothers who smoke. Comprehensive plans are also in place to address the poor oral health of some children and young people in Newcastle.

40. Services work closely together to promote healthy lifestyles. Universal health screening is delivered within a common framework and a higher proportion than average of children aged under five has contact with a health visitor. A proactive immunisation programme is in place, with immunisation rates for measles, mumps and rubella that are better than averages in both similar areas and nationally. Both health visiting and school nursing services are in great demand and are well regarded by parents and carers. Services are proactive in discouraging children and young people from smoking and substance misuse, and good arrangements are in place for those requiring treatment. A comprehensive strategy, supported by plans and targeted initiatives to improve sexual health, ensures that young people have a good understanding of sexual health issues; this is reflected in a small drop in the teenage conception rate, which has fallen below the baseline for the first time since 1998. 'Health for You', a school drop-in service, provides support and advice for young people on pregnancy testing and contraception and, from early 2007, will provide chlamydia testing. Access to impartial and confidential advice and guidance is in place and children and young people make use of these services.

41. Newcastle has the second highest proportion of overweight or obese children and young people in England, with one in three children either overweight or obese. The city has set a reliable baseline from which to move forward, with plans, structures and initiatives in place. For example, good promotion of healthy lifestyles is being delivered through schools, multi-agency targeted projects and the voluntary sector. A successful Healthy Schools Programme operates across the city, with a high level of uptake and achievement; 78% of schools have achieved healthy schools status against a national average of 46%. The Kids Café at the Thomas Gaughan Community Centre is a very good initiative that children enjoy; it is aimed at promoting healthy eating. Promotion of sport, recreation and exercise outside of school is also good.

42. Access to acute hospital services for children and young people is very good and waiting times are low. Accident and emergency (A&E) provision for children is good, with a 24-hour service led by A&E children's nurse practitioners during the day and early evening. Great demand is placed on this service, but waiting times are improving and the numbers of children being admitted to a paediatric ward unnecessarily are reducing.

43. Children and young people have access to a good range of support if they have problems. Access to both non-specialist and specialist mental health services is good, with very good access to services for young people who offend. Good arrangements are available for children and young people who self-harm and attend A&E, including a specific liaison service whereby Child and Adolescent Mental Health Service (CAMHS) workers are based in A&E providing support to children and staff. The impact on hospital admissions for substance misuse, related mental health disorders and behavioural disorders is positive

and better than the average for similar areas and nationally. Children and young people are offered support for attention deficit hyperactivity disorder, and plans to improve the coordination of these services are being developed. Almost all children and young people are cared for on an appropriate ward and a procedure is in place to manage the small number of exceptions. Working within locality teams is further improving both multi-agency working and links between children's and adults services; as a result, transition between these services works well. This is further enhanced by the CAMHS and adult services being based in the same Trust. A good example of managing both a condition and transition issues is the early-onset psychosis team that cares for and treats children and adults from 13 years to 35 years of age.

44. While the proportion of looked after children receiving annual health assessments and dental checks is comparatively high, staff acknowledge that ensuring the consistency of health checks is a challenge but they are working with foster carers to overcome this. The looked after children's team works closely with health visitors and school health advisers who carry out the health checks. Children's homes have a good focus on promoting healthy lifestyles and the 'Honey Event' provides an opportunity each year for all looked after children and their carers to comment on health services. A designated doctor and nurse support looked after children; the designated nurse pays particular attention to children and young people placed out of the area. Providing a more effective health service for children who are looked after is hampered through a lack of information provided on new children entering the system. Looked after children have good and improving access to mental health services through a dedicated looked after children CAMHS team.

45. Clinical provision for children and young people with learning difficulties and/or disabilities is good, especially for those children with severe and profound learning needs. Special schools, both primary and secondary, have very good access to health services with staff based on site; for example within one primary school, there is an excellent sensory integration room, which was the first in the region. Both parents and children contribute to transition plans, which are very comprehensive and include health needs. A transition social worker is in place to ensure that plans are coordinated. Although there is some concern from parents regarding the responsiveness of therapy services, and these services are in great demand, in the main they are well regarded. Progress is being made to ensure there is access to a full CAMHS for children with learning difficulties and/or disabilities and excellent support is provided by Hadrian School to parents of children with severe and profound learning difficulties. A parents' support group is highly valued and provides an opportunity to share concerns and worries and to gather advice from other parents and professionals.

## Staying safe

46. **The overall contribution of services to keeping children and young people safe is adequate.** Most children report feeling safe in their schools and in their immediate neighbourhood, although some express concern about racism and bullying. Children in need of protection receive a prompt and well-managed response from social care services, who collaborate well with other agencies. Systems to respond to referrals are robust, well-organised and subject to close management oversight.

47. The LSCB is well established and offers a strong lead, with a positive commitment from all partner organisations. All agencies now accept that they have a responsibility for safeguarding and have begun to put systems in place; they have responded robustly to the recommendations of two recent serious case reviews, and their action plans are regularly and rigorously monitored both internally and through the LSCB. Health services have effectively addressed complex issues across the range of Trusts; examples include improvements to internal communication, the introduction of line management supervision, well-attended training sessions to disseminate learning and good practice, a focus on safeguarding when reviewing significant events within mental health services, and extensive audits to ensure awareness and compliance in relation to child protection. Other agencies, including social services, have demonstrated similar commitment to improving services to ensure children are safeguarded. Agencies now understand their roles and responsibilities, and staff across the wider partnership are increasingly taking ownership of the safeguarding agenda by improving their understanding of their individual roles and responsibilities and acting on these, although all agencies acknowledge that further progress is required. All partner organisations undertake the appropriate staff checks before appointments are made. The LSCB provides an extensive range of multi-agency and focused child protection and safeguarding training courses, which are well attended by all the partners.

48. In cases where there are less significant concerns, there is no formal agreed understanding between services about when it is appropriate to refer children to social services. At times this causes uncertainty. Partners are aware of this deficiency and are beginning to address it, although a more comprehensive solution will be available with the implementation of the common assessment framework linked to an electronic information-sharing system. All incidents of domestic violence where there are children in the family are now automatically referred by the police to social services. While this is a good development, it has placed significant additional pressure on front line social services who had, in turn, been informing health services; health services are now only notified of any specific concerns to enable them to manage the volume more effectively. The police have recognised the additional demands placed on social care duty teams, and plans are in place to introduce initial screening in early 2007 before referrals are made.

49. The quality of casework and recording across social care is variable. There are examples of excellent multi-agency collaboration and clear, well-organised records, but this is not a consistent picture. More rigorous scrutiny has been introduced to improve the consistency of case planning and assessment; team managers routinely monitor progress and quality, and good auditing systems by senior managers are now in place. All child protection cases, and almost all looked after children and children in need cases, are allocated to qualified social workers, with a small number allocated to unqualified social care assessment officers whose work is overseen by a team manager with a quality assurance role. This very recent improvement in allocating all cases is the result of a successful recruitment campaign. The council has established an effective Safeguarding Standards Unit, which has reinforced standards and quality assurance arrangements. A range of training courses is well attended by social care staff. The restructuring of social work teams is currently under consultation in order to enhance the focus on looked after young people and children in need cases, and to improve the quality of service they receive, while continuing to ensure the council provides an effective initial response to referrals.

50. Family support services are well used but the quantity and the type of service vary across different areas of the city. There is no strategic approach to the planning or coordination of preventive services but the council and its partners have begun to address this effectively through wide consultation on a draft strategy. Good systems exist to make decisions about entry to care and to monitor placements; there are sound proposals to reduce the number of children who need to become looked after by the council, but these are too recent to have had an impact on the high and rising numbers of children in, or entering, the social care system. Significant additional funding has been agreed, but not yet implemented, to enhance the fostering service and to improve the recruitment and retention of foster carers. There are insufficient carers to look after children from ethnic minority groups; a successful drive to recruit appropriate carers led to an increase, but the number is now declining along with the overall number of foster carers. Despite this, the majority of looked after children are in stable placements and there is evidence that the quality of care is good. Care leavers receive good support. The council has contracted an independent advocacy service for looked after children, including those with disabilities on short respite breaks, but take-up of the service is limited.

51. There is no multi-agency strategy to address the needs of children with learning difficulties and/or disabilities, or comprehensive arrangements to coordinate the delivery of services. However, good multi-agency monitoring and planning, and tripartite funding arrangements between social services, education, and health, ensure that children with severe and profound learning difficulties and/or disabilities and those with significant behavioural difficulties are cared for appropriately. A Children with Disabilities Team located in social services offers good services to those who meet a high eligibility threshold. Children below the threshold, often with significant learning difficulties, are supported by area teams working with other agencies, who are able to access advice from specialist staff. Despite the best efforts of staff involved, this

arrangement is no more than adequate in the absence of more strategic and coordinated multi-agency arrangements.

## Enjoying and achieving

52. **The overall contribution of services to helping children and young people enjoy and achieve is adequate.** A range of good information and guidance is provided in a variety of languages to parents and carers through the local authority's website, brochures and council publications that go to each home. Children's centres, the children's information service and the voluntary sector provide good support to parents, and high quality family learning programmes help parents and carers support their children's education. However, not all parents who need support know where to find it.

53. The quality of early years and childcare provision is good, leading to inspection outcomes that are often better than those found in other similar local authorities. For example, four times as many childminding settings have been graded outstanding in Newcastle than nationally. Early years and childcare staff provide effective intervention, monitoring and support to improve the quality of settings, especially where weaknesses are identified through inspections or local visits. There is appropriate early intervention to support children in need of additional help. Training, advice and guidance, including advice and support for young children with learning difficulties and/or disabilities, that are provided to practitioners are good. Children's transitions to school are well managed. An increasingly integrated strategy for under-fives, under the banner of the Children's Centre Strategy and multi-agency locality working, is building on the good work already in place.

54. Inspection evidence indicates that the quality of education in Newcastle schools is at least satisfactory and often good and most young people who responded to the pre-inspection survey feel that they are doing well at school and feel happy there. School improvement strategies to challenge and support schools to improve have been revised and enable the local authority to know its schools well. Headteachers value highly the partnership and the challenge and support provided, including support for self-evaluation and the detailed school performance data. Categorisation of schools causing concern is now based on a thorough understanding of schools through detailed analysis of a wide range of performance data. The recent changes in the schools causing concern strategy together with, for example, the effective partnership between the local authority, school improvement partners and secondary schools, have ensured a sharper focus on what is working well and what needs to improve. However, these processes have not yet had time to have an impact on reducing the higher than average number of schools causing concern following Ofsted inspection, or address variations in the performance of different groups of pupils across key stages. There is evidence that targeted action is effective, for example the improvements in performance at Key Stage 2 in some schools undertaking the Intensive Support Programme, and improvements in the number of pupils achieving five higher grade GCSEs at Key Stage 4. The local

authority recognises the need to improve further the attainment and achievement of seven and 14 year olds, and some outcomes for 16 year olds, and has set appropriate targets and actions for future improvement.

55. Pupils' attendance at school is satisfactory overall. Effective work is taking place to reduce absence in targeted areas, families and schools. A range of strategies has been developed, including enforcement and prosecution where necessary and high profile celebration events for good attendees. The work of the education welfare service is effective and highly regarded by schools and some of the more challenging pupils who work closely with them. Good work has taken place to reduce the number of pupils temporarily excluded, and as a result, numbers are falling, particularly in primary schools. The behaviour improvement programme and the use of initiatives such as Social and Emotional Aspects of Learning are making a positive difference to pupils' behaviour in primary schools.

56. The education of teenage mothers, children and young people who are educated at home, and those with medical needs is monitored well. Recently introduced draft procedures for recording and tracking children and young people missing from education are satisfactory. The pupil referral unit provides good support for permanently excluded pupils and pupils at risk of exclusion. In addition, significant work is undertaken to meet the educational needs of pupils at risk of exclusion and permanently excluded pupils through the use of activities provided by the voluntary sector, for example within St Martin's Centre and Positive Futures and the use of work placements as part of the flexible curriculum. However, one in six of these pupils do not access full-time education; access to educational provision for permanently excluded pupils is, therefore, unsatisfactory overall. Despite strenuous efforts by schools and the local authority, too many excluded pupils are out of school for long periods and do not have access to their full educational entitlement. The proportion returning to mainstream school is low.

57. Most schools offer an appropriate range of inclusive activities before and after school. Children's centres and the voluntary sector enhance provision through activities such as the Kids' Kabin, Geordie Boyz and activities at Newcastle United Football Club study support centre. However, there is not enough of this provision to meet demand for the over-12s in some areas. The local authority is currently conducting an audit of provision through its consultation on the provision of extended schools. Lack of transport sometimes hinders the opportunity for children with learning difficulties and/or disabilities to take part in activities.

58. Children looked after by the council are now well supported educationally. Their attendance and achievement are generally improving, with the exception of the number achieving five higher grade GCSEs. They and their carers are involved in setting and reviewing targets in personal education plans and individual education plans for those with special educational needs, and reviews are well planned and timely. Foster carers value the training provided to help

them support their children educationally. Training for designated teachers in schools is of high quality and is well attended. Many children and their foster carers benefit from free admission to many recreational activities through the 'Max card'.

59. Pupils with learning difficulties and/or disabilities are well supported through special schools and additional resource centres in mainstream schools. Of the six special schools inspected by Ofsted in the last two years, none has been placed in a category of concern; the majority are judged to be good and one has been judged outstanding. Recently developed protocols, which enable schools to access supplementary funding to support pupils with additional needs without the need for a statement of special educational need, have been well received by schools. Statements of special educational need meet the needs of children and young people and are initiated within the timescales. Despite a good and shared ambition for inclusion, more children and young people with learning difficulties and/or disabilities are currently educated out of borough than is the case nationally. The local authority challenges schools effectively about how they use the additional targeted resources to raise the achievement of individual pupils with learning difficulties and/or disabilities; the achievement of these pupils is often better than expected. However, this does not extend to an overall evaluation of the progress of children and young people with learning difficulties and/or disabilities in terms of value for money.

### **Making a positive contribution**

60. **The work of all local services in helping children and young people to contribute to society is adequate.** Children and young people are generally supported well in developing emotionally and socially. Early years settings, schools, the local authority youth service and the voluntary youth sector all make a valuable contribution. Children's centres offer a good range of provision to help parents develop positive relationships with their children. In one setting, parents spoke positively about the facilities and support provided in helping them to learn how to play with very young children. Many schools have mentoring and buddy schemes which help children to make friends and develop self-confidence; in one primary school, children described how their peers voted for them to become a buddy and then they provided support for new members of their class. There are examples of effective targeted support from the education welfare service and Connexions personal advisers for those young people at risk of exclusion from schools, which helps them to re-engage in their education.

61. Support for children and young people in managing change and responding to challenges in their lives is good. There are many examples of effective arrangements to support children's transition between different phases of education; for example an out-of-school club in one children's centre provides a good opportunity for children transferring to primary and secondary schools to maintain friendship groups and develop new skills. Clusters of primary and secondary schools have well-planned arrangements to ensure that



children moving to secondary schools have the opportunity to visit their new school and to have experience of the secondary curriculum. The local authority has developed an anti-bullying accreditation scheme, 'Accreditation for Action', to ensure that schools work with children and their families to create a community where bullying is not tolerated; they are supported by local authority consultants to achieve the required standard.

62. Partnerships between the council, the voluntary sector and other agencies are effective in meeting the needs of some of the most vulnerable children and young people in Newcastle; for example, the West End Women and Girls Club and the Patchwork Project help young people develop personal skills and self-esteem. The West End Youth Enquiry Service provides valuable advice and support on health issues. Good support for teenage mothers is provided by Barnado's and the Bridges School, and the Royal Victoria Infirmary offers advice for young fathers. In the west of the city, where there is a growing population of children from refugee and asylum-seeking families, and from Black and minority ethnic communities joining schools through the year, effective multi-agency arrangements support these young people well in helping them to deal with issues in their lives relating to being in a new country. Provision in schools helps children and families to develop language skills and to understand the community in which they are living. However, some young people are not aware of the many services available to help them. Recent work by Barnado's is helping to increase the support available for young carers. An experienced worker provides one-to-one support for those in greatest need, and support in schools is developing. However, there are insufficient opportunities for young carers to socialise in groups and to have some respite from their caring responsibilities for a short period of time.

63. There is a strong commitment across the local authority and its partners to involve children and young people in the decisions that affect them. Many contributed to the development of the NCYPP by helping to define the key priorities. The Children and Young People's Participation Strategy is central to the work of the children's services and there are many examples of involvement of and consultation with children and young people which has resulted in changes to services provided for them. These include young people working with staff at Newcastle City Library to find ways of improving the services offered in the new city centre facility, and their involvement in improving facilities in their communities such as the design of Elswick Park. A code of conduct developed by young people who are members of Youth Voice is used to ensure that services provided for them meet their needs, and young people from Inline were involved in making the decision to move the management of housing services to Your Homes Newcastle. Volunteers from Inline spoke very positively about the opportunities and support they had received from the organisation.

64. The involvement of children and young people in strategic decision making and local democratic processes is in the early stages of development. Locally, many children and young people's voices are heard through school councils and

the youth clubs which they attend. Young people from school councils spoke positively about their involvement in decisions about how to improve their school environment, and some had also contributed to staff appointments and fundraising activities. Young carers were involved in the appointment of their support worker and children in care are trained to sit on recruitment panels for social work posts.

65. Most children and young people looked after by the council are able to contribute to their individual reviews and they receive good advice on health services. However, they do not yet have a formal route to voice their views on strategic issues as arrangements to ensure that council members fulfil their corporate parenting role are underdeveloped and not sufficiently prioritised. An independent advocacy service is available but take-up was low last year. Children and young people with learning difficulties and/or disabilities are able to express their views through school councils; however, some parents feel that the views of their children are not taken into account sufficiently in the planning of services.

66. Partnership working across the council, police, schools and other agencies supports the developing coordination of projects to reduce antisocial behaviour; this builds on individual examples of successful practice at local level. All secondary schools are using a protocol known as a positive approach to managing drug and substance misuse incidents which was developed jointly with the police; three secondary schools are also working with the police to pilot an anti-social behaviour programme. Both of these initiatives are linked to the work of the Safe Newcastle Partnership. The role of community beat officers in liaising closely with local schools, providing advice sessions and planning for young people at risk of exclusion from school is being developed. Examples of successful projects include a conflict resolution programme for young people at Westgate Community College and the junior warden programme for children in Year 6 at Canning Street Primary, which helps them to understand the impact of antisocial behaviour on their community.

67. Measures to prevent offending and reduce re-offending are adequate. Successful youth inclusion projects run in the east and the west of the city. The numbers of children and young people coming into contact with the police and the courts for the first time are reducing. Support from CAMHS for young people who have offended is good. Although resources for the YOT have been increased, there is currently insufficient capacity within the YOT to meet the diverse needs of young people who offend in Newcastle. The numbers of young people who have offended taking part in full-time education, training and employment are low. Rates of re-offending are not reducing sufficiently.

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

68. **The work of all local services in helping children and young people achieve economic well-being is adequate.** Strategies to promote family economic well-being are good. Childcare provision is good and readily

available, although uptake is low in some areas. Family learning is very good. Well-integrated services provide a very wide range of flexible learning programmes to develop parenting and employability skills for the many adults in Newcastle with low educational attainment. Achievement on adult literacy and numeracy training courses is over 95%. The innovative 'Pots of gold' scheme develops young parents' financial awareness and is now being offered to care leavers. However, 30% of children live in workless households.

69. Newcastle has made good progress in improving achievement and raising aspirations for young people aged 14–19. An energetic and creative Education Business Partnership provides a wide and inclusive variety of projects to develop enterprise, aspiration and employability. The voluntary sector is particularly active in developing young people's confidence and reducing disengagement. However, short-term funding limits the sustainability of some of this work. All young people aged 14–16 have access to work-related activity but there is limited choice for some. Personal support for young people in schools and colleges is good. Effective interventions by Connexions provide advice and assistance for young people. Post-16 results have risen. Overall, the achievement of young people in school sixth forms is above that in similar local authorities, although this masks considerable variation between schools. Results at the local further education college are good at level 1 and NVQ level 3. Work-based learning provision, including Entry to Employment, is satisfactory. Progression to further learning or employment is improving, with an increase of 13% in those moving onto higher education since 2004. The percentage of those not in education, employment or training and of unknown status has fallen consistently over three years and is adequate. Connexions and Job Centre Plus collaborate effectively to target workless households and to encourage re-engagement in economic activity. However, too few young people participate in education and training, or get jobs with training; while too many young people drop out at age 17, and participation amongst young people who have offended is very low.

70. Collaboration between educational providers is improving. The 14–19 Strategy provides a coherent approach to planning the 16–19 curriculum within a well defined planning structure, although targets for the different strands of 16–19 provision are coordinated only at strategic level. The development of specialist diplomas has generated focused partnership activity, with good exchange of expertise between work-based learning providers and schools. The college provides clear progression routes to higher education through its two centres of vocational excellence, its expanding range of level 4 courses and its close relationships with the two local universities. Strategies and schemes are increasing participation by providing age appropriate vocational experiences that are relevant and realistic. For instance the 'Retail Gold' scheme is a highly regarded partnership between schools, the EBP and the company that runs the local shopping centres. It provides extended work experience in reputable stores to encourage high achieving young people to take up careers in retail. However, partners have been slow to implement some recommendations from the 14–19 inspection and some stakeholders are not sufficiently involved. The

LSC has little representation in consultations with schools and communication with the voluntary sector is insufficiently inclusive; commissioning of their services is piecemeal and there are no consistent arrangements to measure the quality of provision for 14–16 year olds.

71. The recently developed Regeneration Strategy focuses on the needs of families in Newcastle and involves children in creative school-based projects focusing on their environment and heritage. One such initiative, linked to the school curriculum, develops their understanding and presents actual planning options that allow children to contribute their ideas and concerns to influence development; for example, in one workshop, young children produced colourful and well thought out designs for a new estate. Long term strategies to strengthen cohesion and competitiveness include good use of the Train to Gain programme to develop adult skills.

72. There is a shortage of family-sized houses and affordable homes in Newcastle; 93% of council property does not meet the decent homes standard. While strategies to improve housing include detailed plans that take account of community needs, including 18,000 new homes and sustainable refurbishment of others, local people express concern about what will happen to them and their children when their area is redeveloped. Partnerships are used well to meet the housing needs of vulnerable young people and reduce their risk of homelessness. Nearly all care leavers live in suitable accommodation but some are unhappy about the choices presented to them and feel unsafe in the accommodation offered.

73. Looked after children and those with learning difficulties and/or disabilities are supported well whilst they are in education, although achievement of looked after young people aged 16 is low overall and relatively few continue in education after the age of 16. Transitions are adequately managed and pathway plans include plans for accommodation. Care leavers speak very highly of the dedication and respect shown by the Leaving Care Team; they feel that they are listened to and that they have good advocacy in gaining access to other services. However, they report that they sometimes have difficulty obtaining benefits and that they do not feel sufficiently supported to raise their aspirations.

74. Provision for young people with learning difficulties and/or disabilities is good post-16 and well designed programmes in schools develop independence and employability skills. Connexions provide a very good service within the special schools. Some young people experience difficulties in finding suitable courses or placements at age 16 because of funding issues and there are insufficient vocational options available to those over the age of 18.

### Service management

75. **The management of services for children and young people is adequate. Capacity to improve further is good.** Ambition for children and young people in Newcastle is good. Council staff, elected members and

partners are clear that all children and young people in Newcastle should be healthy, better protected, prepared to learn, and have the highest standard of opportunity. This is a real challenge for Newcastle given the profound levels of deprivation in some parts of the city and the relatively low outcomes for children and young people's well-being.

76. The ambition for children and young people is prominent in the Community Strategy, the emerging local area agreement and is well articulated in the NCYPP. The preparation of this plan was shaped and influenced by thorough consultation and engagement with children and young people, parents and carers. Good analysis of need at neighbourhood level identifies vulnerable groups and provides information which has been used to target service provision and address diversity issues.

77. Good information sharing across partners is facilitated by the children and young people's strategic partnership coordinator. This partnership is providing good strategic direction although the commitment of all partners to regular meetings is not consistent, particularly so for the LSC.

78. Prioritisation is adequate. The strengths are that the council and its partners are clear about their priorities, and the NCYPP rightly highlights the immediate key priorities and, additionally, priorities established by children and young people. All of these can be tracked through the plan, although the precise actions to be taken and targets to be achieved to deliver these priorities are less clear. The plan is underpinned by a good emerging framework to focus on improving outcomes, which assists multi-agency working and joint planning across partners. Good progress has been made in addressing recommendations in external inspections and independent reviews relating to children's services.

79. Children's services budgets have been prioritised in both annual budget allocations and specific funding for identified projects. However, financial information is not presented within the Children and Young People's Plan, outcome improvement plans or team or service plans. This means it is difficult for the council to assess whether the specific improvements in outcomes can be achieved within the resources available. Furthermore, the previous two local education authority inspections judged value for money in special education needs to be unsatisfactory. Some specific initiatives have improved elements of this provision, for example tracking the progress of individual pupils receiving additional resources, but not all. The number of children with learning difficulties and/or disabilities and children and young people looked after by the council who are placed in out of area provision at high cost continues to increase.

80. A separate diversity impact assessment process is undertaken by individual services across the city council. Diversity and equality issues feature within the NCYPP but they are not integrated into all outcome improvement plans, service or team plans.

81. Strategies are in place to coordinate delivery of the priorities, including a focus on preventive services; many of these strategies are new. A good structured approach is in place to lead and monitor the integration of children's services in Newcastle involving the voluntary sector and other partners. This approach breaks down the tasks to be undertaken into transformational change programme themes and allocates lead responsibility. One of the themes is children's trust arrangements, which are progressing well. Individual themes are supported by a good project management plan, and resources have been allocated to establish a dedicated team of staff to manage and administer this process.

82. Capacity is currently adequate, with good capacity to improve further. Good effective leadership is provided by the Executive Director of Children's Services. This is demonstrated through her raising the profile of children's services within the council and across partners, leading the Children and Young People's Strategic Partnership and the transformational change programme board. This board has successfully brought together staff on a project basis to work towards integrated children's services and there is evidence of a high level of enthusiasm and commitment across these teams. Elected members within children's services have only very recently begun to focus on their role as corporate parents; this is late.

83. Partners working together strategically is well established across children's services in Newcastle. This is partly as a result of the Newcastle pathfinder children's trust pilot formed in 2004, which focused on areas of high complex need. There are also many examples of front line staff working together effectively in multi-agency teams. Good training has been implemented for council staff and partners on child protection.

84. A workforce strategy is in place, and work is underway to audit skills and identify gaps in the current workforce. Recent recruitment activity to cover high sickness levels and vacancies has ensured that sufficient social work staff are available to meet the current caseload requirements. This funding however is only temporary until April 2007, pending an overall review of social work team staffing levels.

85. Value for money is adequate overall, as are the arrangements in place to ensure value for money. Cost comparisons show that children's social care costs are very high. Work by the council has identified part of the reason is due to Sure Start and children's centre grants. Further work is being undertaken to investigate this with comparator authorities. Education strategic management costs appear very high, although this is due to commitments towards early retirement costs entered into prior to April 1999. Financial capacity is limited by this commitment. Benchmarking of costs has been presented as part of a strategic focus on value for money. However, the use of financial information in service planning is underdeveloped. An adequate value for money strategy has been produced for children's services to help focus council staff on the principles of value of money and start to embed it into service delivery. This

strategy is very recent and does not link explicitly to the council's corporate value for money strategy, which intends working towards moving services out of top quartile costs and lower quartile performance.

86. There is a good track record of budget management across both social services and education. Efficiency savings are on schedule to be delivered within both services during this financial year. Some pooling of budgets is in place between health, social services and education to jointly fund and support complex need placements. School balances have reduced overall in Newcastle in recent years and aggregate balances are now within acceptable limits. Joint commissioning is recognised as an area for development and a project specification is in place to take this work forward. There is a lack of clarity of roles, responsibilities and definitions relating to commissioning.

87. Capacity is enhanced by using external research from local universities and independent consultants. Although there are examples of learning from pilot projects, the full potential of learning is not always achieved as clear base lines, anticipated improvements and impact are not always defined in advance.

88. Performance management is adequate. A comprehensive high level framework is in place, which includes some reporting across partners. Corporate oversight of education and social services performance is secured through quarterly performance indicator monitoring, presented to the council's executive and to members. The introduction of outcome improvement plans is a good approach to focus on outcomes and facilitate joint working across education, social care, health and other partners. These are at an early stage of development, and it is still unclear how performance management is used to drive improvement at an operational level. Team plans and service plans are not consistently mapped to the 116 outcome improvement plans or to the NCYPP. Staff appraisals are also not used consistently. Best value reviews are used to drill down into areas of poor performance and there is an honest and transparent appraisal of comparative performance. Scrutiny is becoming more effective by concentrating on specific areas of concern across children's services. The involvement of children and young people in monitoring the performance of services is still at an early stage.

89. The self-assessment prepared for this joint area review demonstrated a secure understanding of relative strengths and weaknesses. It was, in part, based on the existing performance management framework in place within Newcastle, demonstrating the emerging focus on performance and data at a strategic level.

90. The capacity of the council and the local area to improve further is good, demonstrated by: strong leadership by the Executive Director of Children's Services and shared determination across the partnership to address underachievement; significant and sometimes rapid improvements in outcomes and services; prompt and focused actions to address weaknesses, resulting in

improvement for children and young people; and an ambitious and well constructed programme for change to deliver these improvements.