



Joint area review

Medway Children's Services Authority Area

**Better
education
and care**

Review of services for children and young people

Adult Learning Inspectorate
Audit Commission
Commission for Social Care Inspection (CSCI)
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Court Administration
HM Inspectorate of Prisons
HM Inspectorate of Probation
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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 ten 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), Her Majesty's Inspectorate of Probation (HMIP) 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 to an inspection by Ofsted of the local authority's youth service. The findings of the joint area review 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 the Medway 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 children's social care service. 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 seven-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
- a review of a small sample of case files for children and young people receiving support from a number of local agencies
- the findings of the contemporaneous inspection of the youth service
- planning documents
- information from the inspection of local settings and services, such as schools and day care provision
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.

6. The second stage involved inspection fieldwork. This included studies of how far local services had improved outcomes for the small sample of children and young people whose case files had been read earlier, and a study of provision in two neighbourhoods in Medway. 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. This included discussions with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users, and community representatives.

Context

7. The unitary authority of Medway is located in the south-east of England, 30 miles east of London. Whilst it includes some rural areas, most residents live in the highly populated area around the River Medway estuary which includes the historic towns of Strood, Rochester, Chatham, Gillingham and Rainham. Medway is part of the Thames Gateway growth area and the council and its partners are currently engaged in a major programme of regeneration of brownfield sites throughout the area.

8. The current population is 250,000 but is projected to grow over the next 20 years to 300,000. A significant proportion of the population is aged 0-19 (27.4% compared to 24.6% for the south east and 24.8% in England and Wales). Black and minority ethnic communities make up 5.4% of Medway's population. However, the figures are somewhat higher within the school age population (9% for primary and 8% for secondary). Over 30 languages are spoken in the area. Medway is not an area of high deprivation overall. However, there is very considerable variation at ward level and Medway includes some of the most deprived and most affluent areas in the country. Three hundred and forty nine children and young people are looked after by the Council at present, and 157 are on the child protection register. There are 109 state schools.

9. There is a local strategic partnership which includes all the major public service providers in the area, as well as representatives of the community, voluntary and private sectors. The partnership has a number of specialist sub groups and this includes one for services to children and young people. The council has recently reorganised and the new Children's Services Directorate began operating in January 2006. This change was accompanied by the establishment at political level of a portfolio holder for children's services.

10. Primary care for children in Medway is provided by the Medway Teaching Primary Care Trust. Medway National Health Service (NHS) Trust is the main provider of acute health services. Child and adolescent mental health services (CAMHS) are provided by the Kent and Medway NHS and Social Care Trust which was formed on 1 April 2006 following the dissolution of West Kent NHS Social Care Trust and East Kent NHS and Social Care Partnership Trust. The trusts providing health services for the children of Medway, with the exception

of the Ambulance Service, are within the area of responsibility of the Kent and Medway Health Authority (which will become part of the South East Coast Health Authority from July 2006).

11. The local authority and Kent and Medway Learning and Skills Council work closely together with the college, training providers and schools in addressing the 14-19 strategy. Post-16 education and training is provided by one further education college, 17 school sixth forms and 14 main work-based training providers plus a specialist higher education arts provider with some further education provision. Entry to Employment (E2E) provision is managed by the National Association for the Care and Rehabilitation of Offenders (NACRO). Adult and community learning, including family learning, is provided by Medway council. A strategic partnership, including work-based providers, guides the development of 14-19 provision. There is one young offender institution in the area.

Summary Report

Outcomes for children and young people

12. Outcomes for children and young people in Medway are adequate overall, but better in the areas of health and education and training than elsewhere. Most physical health indicators are in line with the average in similar areas and young people achieve comparatively well by the time they reach statutory school leaving age. The proportion of young people aged 16-19 who are in education, employment or training is well above the national average. On the evidence gathered, most children and young people appear to be safe. However, significant numbers of those at the greatest risk of abuse and neglect do not get the protection they should.

13. There are proportionately fewer children looked after by the local authority than in similar areas and a higher proportion in foster care. The great majority of those in foster care are placed within the local area and placements are more stable than the average elsewhere. Most children and young people have a good range of opportunities to contribute their views on service provision, both current and planned.

The impact of local services

Being healthy

14. **The work of all local services in securing the health of children and young people is good.** There is a good range of support for parents and services work well together to target advice and guidance to the most vulnerable. A key feature of current provision is the co-location of a range of health, education and social care services, which improves accessibility for users and the take-up of services. Agencies work well together to promote healthy lifestyles to children and young people, and promotional activities have

benefited from the involvement of young people in the planning process. The health visitor service is good. Children and young people have good access to support if they feel troubled. Most providers accept that they can and should make a contribution to providing young people with emotional support. However, when more specialist child and adolescent mental health provision is needed, access is only satisfactory: this is despite recent developments which have had a major impact on waiting times. Whilst some young people receive very good support, health needs are not given a high priority within care planning for looked after children. Assessment services for children who may have learning difficulties and/or disabilities (LDD) are accessible and well coordinated. Clinical provision for children and young people with LDD is good, but transition planning from paediatric care to adult medical services is a weakness.

Staying safe

15. The work of all local services in keeping children and young people safe is inadequate. Arrangements within the local authority's social care service to respond to referrals are confused, overly complex and poorly planned. Standards of social work practice and case recording are poor and management supervision is weak. Risk is frequently poorly assessed, decisions are delayed, communication with referrers is poor, and intervention is inadequate. Managers fail to ensure that all cases are allocated promptly to suitably qualified staff. They also fail to ensure, workloads are managed properly, and timely and decisive action is taken. Basic systems are not in place to accurately record and monitor the status of cases and the action taken. Administrative and information technology support for social care teams and managers is inadequate. The contribution of other services to safeguarding work is better, but the collective effort is poorly coordinated. Policy and procedures are incomplete and outdated. The Area Child Protection Committee (ACPC) failed to ensure that weaknesses were identified and appropriate remedial action taken. The response to serious case reviews in particular has been inadequate. A key issue yet to be properly tackled is the threshold for the involvement of the local authority's social care service, about which there is confusion both within and between agencies. There is no comprehensive strategy for preventative services. Decisions are too often taken in haste and with inadequate consideration of all the relevant factors and options. Corporate parenting arrangements have failed to identify and address weaknesses in provision for looked after children.

Enjoying and achieving

16. The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good. Early years provision is very good and is the result of effective strategic planning, partnership working, and professional support for providers over a long period of time. Monitoring, challenge and support for schools are good. The local authority knows its schools well and is effective both in identifying

development priorities and providing appropriate support. Schools have a good understanding of and commitment to the delivery of the Every Child Matters agenda. Effective use is made of a range of measures to ensure good school attendance. Excellent progress has been made in reducing the levels of permanent exclusions in both primary and secondary schools. Provision for those educated otherwise than at school is satisfactory overall, but currently has a serious weakness in the failure to provide full-time provision for all those who could benefit from it. Provision for recreation and voluntary learning is adequate overall but the good provision in schools contrasts starkly with that elsewhere. In some local communities there is very little indeed for young people to do. The provision of drop-in facilities is the biggest single deficiency. Educational support for looked after children is satisfactory. Educational provision for children and young people with LDD is good overall and particularly strong in the early years. However, strategy for special educational needs (SEN) provision overall lacks coherence and there are particular gaps in provision for those with complex needs and very challenging behaviour. Some looked after children and those with LDD have significantly less access to leisure and recreational provision than other children and young people.

Making a positive contribution

17. The work of local services in helping children and young people to contribute to society is adequate. Measures taken to seek young people's views and to involve them in service planning and review are good, although only adequate for looked after children and those with LDD. However, these groups have better opportunities to contribute to discussions about the provision made for them as individuals and are well supported in making major transitions in their lives. Children and young people receive good support in developing socially and emotionally. If they have particular personal difficulties, suitable support is usually available, although ready access can be a problem. Many young people are involved in voluntary activities of some kind. The great majority are well supported when they move between the major stages of education and into adult life. The lack of recreational facilities is unhelpful in terms of discouraging anti-social behaviour. However, agencies work well together in identifying high-risk localities and groups and developing targeted responses. Much remains to be done to ensure that the work of the youth offending team is of a consistently high quality. This includes improving performance monitoring, liaison with the local authority's social care services, and work with young people who are at risk themselves or may pose a risk of harm to others. However, there have been recent improvements in the way the team functions and early signs of this being reflected in improved outcomes.

Achieving economic well-being

18. The work of all local services in helping children and young people achieve economic well-being is good. Young people are well supported in preparing for working life. Advice and guidance on post-16 employment, education and training opportunities are good. Young people are

also well supported in developing self-confidence, financial literacy, team working skills, and enterprise. Education and training provision for 14-19 year olds is well planned and of good quality. Strategic aims are clear and based on a thorough needs analysis. The 14-19 strategy is a good example of effective inter-agency working. Adequate measures overall are taken to support families with low incomes but there is no clear overall strategy for this. Community regeneration initiatives take good account of the needs of children and young people. Adequate steps overall are taken to ensure that young people have decent housing, although many families are living in accommodation which is unsuitable for their current needs. Housing provision is better for the relatively small numbers of young people with the very highest needs. Support for young people leaving care is good and inter-agency working has improved in such respects. Both post-16 education and training provision for young people with LDD and planning for their transition to adulthood are also good.

Service management

19. **The management of services for children and young people is adequate.** Reasonable steps overall are taken to analyse local needs. Shared ambitions are clearly stated. There is some effective partnership working but it is often unclear how different activities are intended to come together to deliver strategic priorities. Preventative services have a number of individual strengths but the strategic planning of such services is weak and services are too often addressing needs on a crisis basis. Action planning is of variable quality. The necessary skills do exist locally and significant improvements have been delivered in a number of services. However, there is insufficient learning from successful initiatives or sharing of expertise. Senior officers provide some very good leadership but too much reliance is currently being placed on too few people with the necessary skills and experience. Clear policies, procedures and protocols, which might serve to guide others and ensure at least the delivery of necessary minimum standards, are also lacking in some key service areas. At present, elected members need further help to fully to understand the new children's services agenda and how they can play an effective part in its delivery. Joint working between public services is developing positively and relationships are good. The translation of this into effective, well-coordinated service provision for users is, however, very variable. Performance management is inadequate. Too much reliance is placed on performance indicators and too little is done by all concerned to gain additional insights. The monitoring of progress in development activity is also patchy.

20. Services have an adequate capacity to improve overall. This is because there are considerable strengths, particularly in senior officer leadership, which compensate for the weaknesses.

Grades

Grades awarded (4: excellent/outstanding; 3: good; 2: adequate; 1: inadequate):

	Local services overall	Council services	Health services
Being healthy	3		
Staying safe	1		
Enjoying and achieving	3		
Making a positive contribution	2		
Achieving economic well-being	3		
Service management	2		
Capacity to improve	2	2	
Children's services		2	
The education service		3	
The social care services for children		1	
The health service for children			3

Recommendations

For immediate action

In order to improve the delivery of social care services to children and young people generally the local authority should:

- establish a clear and effective system for referrals to its social care service which is well understood by all concerned
- ensure that the threshold for intervention by its social care service is clearly defined, well understood, and consistently applied
- ensure that the cases of all children and young people at risk of abuse and neglect are allocated promptly to suitably qualified social care staff

- ensure that there is effective management monitoring within its social care service
- ensure that accurate and reliable data informs performance management within its social care service
- ensure that performance management findings are systematically collated and used to inform improvements in social work practice, policies and procedures, and the use of resources.

In order to improve the safeguarding of children and young people more specifically:

- local providers should respond promptly, and in full, to the findings and recommendations of serious case reviews
- the Local Children's Safeguarding Board (LCSB) should ensure the effective implementation of the associated action plans.

In order to improve provision for pupils who need to be educated otherwise than at school:

- the local authority should ensure that all those who can benefit from full-time educational provision receive it.

For action over the next six months

In order to improve the delivery of social care services to children and young people generally:

- local providers should develop a clear multi-agency strategy to ensure early identification of and intervention in developing family problems, with the specific aim of preventing the need for children and young people to be looked after and/or placed on the child protection register
- the local authority should ensure that teams and managers within the social care service are supported by effective administrative and information technology support.

In order to improve the safeguarding of children and young people more specifically:

- local providers should establish a clear and agreed understanding of the roles and responsibilities of each service involved.

In order to improve provision for young people who offend, the local authority should ensure that:

- there is effective performance management within the youth offending team
- there is effective liaison between the youth offending team and its social care service for children and young people
- effective support is provided to children and young people who are at risk themselves or may pose a risk of harm to others.

In order to improve outcomes for looked after children:

- local providers should ensure that there is coordinated action to assess and provide for their health needs
- the local authority should develop a coherent strategy encompassing both the monitoring of educational progress and the provision of targeted support
- the local authority should improve the training for those taking a lead role in fulfilling the corporate parenting function
- the local authority should ensure that monitoring undertaken in its role as corporate parent includes some detailed study of the individual experiences of children and young people, including seeking their views
- the local authority should strengthen its structures and processes for consulting with looked after children as a group.

For action in the longer term

In order to improve leisure and recreation provision for children and young people:

- the local authority should take steps to expand out of school provision, particularly drop-in provision for all age groups and organised activities for older teenagers
- the local authority should ensure that looked after children and those with LDD have no worse access to provision than other children and young people.

In order to help families with low incomes achieve economic well-being:

- local providers should develop and implement a clear overall strategy which draws together the various kinds of support provided.

In order to improve and secure the capacity to improve:

- the local authority should build leadership and management expertise at elected member, senior officer, and middle manager level
- local providers should ensure there are clear policies, procedures and protocols in all key service areas which can guide delivery and ensure at least the delivery of necessary minimum standards.

Main Report

Outcomes for children and young people

21. **Children and young people in Medway are generally healthy.**

Most physical health indicators are in line with the average in similar areas and nationally. However, infant mortality has risen in recent years, contrary to the national trend. The proportion of expectant mothers who smoke is significantly above average, although more people are stopping smoking now than hitherto. There has been a marked improvement in the proportion of mothers initiating breast feeding. Immunisation rates for children by their second birthday are above average. Teenage conception rates in 2001-03 were close to the national and benchmark averages.

22. **On the evidence gathered, most children and young people appear to be safe. However, significant numbers of those at the greatest risk of abuse and neglect do not get the protection they should.** Proportionately fewer referrals of children in need are accepted than in similar authorities. Of these only 25% lead to an initial assessment compared to over 50% in similar authorities. Relatively few children are dealt with through formal child protection processes. Comparatively low numbers of core assessments are completed and there are proportionately fewer children on the child protection register than in similar authorities. This and other evidence collected within the review indicate that child protection processes are not operating effectively and that some of the most vulnerable children and young people are not getting the protection they need. There are proportionately fewer children looked after by the local authority than in similar areas and a higher proportion is in foster care. The great majority of those in foster care are placed within the local area and placements are more stable than the average elsewhere. A similar proportion of children are adopted from care as elsewhere, although the length of time children spend waiting for an adoption placement is lower than nationally.

23. Similar to the picture nationally, the great majority of young people feels at least quite safe and happy at school. However, the proportion which does not feel very safe in the local area is over a fifth: this is higher than the position nationally. The numbers of children admitted to hospital due to injuries is

similar to the national average. The number of children killed or seriously injured in road traffic accidents is falling significantly faster than elsewhere.

24. Young people achieve comparatively well by the time they reach statutory school leaving age. When they start school, children's attainment is below average, particularly in communication skills. By age 16, however, this gap has disappeared and they achieve well by comparison with similar areas. In primary schools, pupils' attainment overall has improved at a faster rate than nationally in recent years. This is not the case in secondary schools, although current performance is still rather better overall than that in similar areas. Attendance by pupils at both primary and secondary schools is a little better than in comparable areas and there have been particular recent gains in secondary schools. There has been a major recent reduction in permanent exclusions from school, to well below the national average. Looked after children's educational achievement is well below the national average but similar to that of looked after children elsewhere. Their attendance rates, however, are comparatively good.

25. Children and young people have a good range of opportunities to contribute their views on service provision, both current and planned. These views are listened to and have some influence in the decisions taken. Many young people are involved in voluntary activities, particularly fundraising for charity. Some make a particularly valuable contribution to the community by providing support and guidance to their peers through well-run mentoring schemes. The number of young people becoming young offenders for the first time decreased significantly in the most recent three month period, although there have been major fluctuations in this figure in recent years. The figures for re-offending and the proportion of young offenders participating in education, training and employment are both broadly in line with those for similar areas but these too have fluctuated significantly and there is no pattern of sustained improvement.

26. Children and young people are able to achieve economic well-being and are prepared well for working life. The proportion of young people aged 16-19 who are in education, employment or training is significantly above the national average. Overall, the achievement of young people in school sixth forms is above that in similar areas, although this masks very considerable variation between schools. Outcomes are generally positive for those young people who attend full-time courses in the college and other work-based learning provision. The progression rate from the E2E programme is good. However, a significant proportion of young people move from education to employment at 17 years old and progression to higher education, whilst improving rapidly, is still significantly below the national average. The proportion of care leavers in education, employment or training at age 19 is higher than average. There is insufficient family housing provision generally and a shortage of supported accommodation for the most vulnerable care leavers.

The impact of local services

Being healthy

27. The work of all local services in securing the health of children and young people is good.

28. There is a good range of support for parents to keep their children healthy. Services work well together to target advice and guidance to younger and more vulnerable parents-to-be. Sure Start, Children's Fund, and voluntary and community services are all major providers of such support. A key feature of much of this provision is the co-location of a range of health, education and social care services. This improves both accessibility for users and take-up. A particularly positive development has been the *one stop shop* for women under the age of 19 where health checks, advice and guidance, and peer support are all available. The ambitious programme to establish children's centres throughout the area will increase the amount of such provision significantly. The Health Visiting Service is seeking Baby Friendly accreditation in recognition of its work to promote breastfeeding. All health visitors have been trained in the use of the Edinburgh postnatal depression scale.

29. Services also work well together to promote healthy lifestyles to children and young people. A major lifestyle survey has been conducted and used to generally good effect in setting priorities. There is an appropriate focus overall on major problems, on vulnerable groups, and on reducing health inequalities. This having been said, alcohol abuse is not currently a priority, despite it being identified by many young people and front line staff as a major problem locally. There is a strong Healthy Schools programme in which the great majority of schools participate. Childhood obesity is a key priority and additional funding has recently been secured for targeted work with primary school age children. Health promotion activities generally have benefited from the involvement of young people in the planning process. This has helped them to be age appropriate and to reflect young people's particular concerns and priorities. There is some clear evidence of a positive impact. One weakness in the otherwise good analytical work concerns the particular health needs of local black and minority ethnic groups, about which not enough is known. The good partnership working between the health service and the local authority extends to their joint funding of the Director of Public Health post.

30. Universal health screening is delivered within a common framework and a higher proportion than average of under-fives has contact with a health visitor. Assessment services for children who may have LDD are accessible and well coordinated within the multidisciplinary Child Development Centre. Hospital provision for children and young people is age appropriate and 'child friendly'. The Rivermead Hospital School provides good support for young people with complex emotional and medical needs. There are no waiting lists for speech and language therapy or physiotherapy, and recent recruitment problems in occupational therapy have now been resolved.

31. Children and young people have good access to support if they feel troubled. Medway is a national hub for Place2Be, a charity that gives children in primary schools a place where they can express their feelings through talking, creative work and play. Early intervention counselling is provided in Excellence Cluster schools which have all had Pupils' Attitudes to Self and School training. It is a strength of provision more generally in the area that the Every Child Matters agenda is well understood. Most providers accept that, even though it may not be their primary purpose, they can and should make a contribution to providing young people with emotional support when they need it. They understand that, to be most effective, provision needs to respond to young people's needs in both a timely and holistic way.

32. However, when problems need more intensive and specialist help, access is only satisfactory. There has for some time been a long waiting list for the (tier 3) CAMHS services provided at Canada House. This was exacerbated by the lack, until recently, of a tier 2 service to meet some of the less pressing needs. The new Child and Adolescent Support Team (CAST) began operating in May 2005. This is a multi-agency service, jointly funded by the Primary Care trust (PCT) and local authority. The extra capacity involved has had a major impact on waiting times for the more specialist services at Canada House. Good collaborative working is also ensuring that referrals to Canada House are being appropriately redirected. An assessment of the mental health needs of children and young people in Medway has only very recently been completed and it is not yet clear that the current extent and configuration of provision is exactly what is required. Nonetheless, considerable progress has been made and the CAMHS Strategy Partnership Group is beginning to take an active commissioning role in shaping service provision overall. This includes specialist mental health services for children and young people with complex needs, which also need improvement.

33. The proportion of looked after children receiving an annual health assessment and dental check is comparatively high, although there is something of a downward trend. Where early immunisations have not taken place this has been followed up. Looked after children and care leavers also have priority access to specialist mental health services. However, although some young people receive very good support, health needs are not treated as a high priority within care planning for looked after children as whole.

34. Clinical provision for children and young people with LDD is good. Integrated care pathways and multidisciplinary working are well developed for children with multiple and severe needs. However, transition planning from paediatric care to adult medical services is a weakness. Speech and language therapy for children and young people with multiple and severe needs is funded by the PCT and local authority from a pooled budget. The Kent Goldilocks Family Association, part of the Child Development Centre team, works effectively to ensure that, as well as the healthcare services required by the child with multiple and severe needs, the whole family is provided with care and support.

Staying safe

35. **The work of all local services in keeping children and young people safe is inadequate.**

36. Arrangements within the local authority's social care service to receive and respond to referrals are overly complex, confusing and poorly planned. Allied to this, and although there are a few individual exceptions, standards of social work practice and case recording are poor and management supervision is weak. As a result, risk is frequently poorly assessed, decisions are delayed, communication with referrers is poor, and intervention is inadequate. Managers also fail to manage workloads properly and cases remain unallocated without proper consideration of the risks involved. They similarly fail to ensure that timely and decisive action is taken and cases too often 'drift'. Basic systems are not in place to record accurately and monitor the status of cases and the action taken. Review arrangements and the chairing of child protection meetings are being moved to an independent quality assurance section within the local authority. This is a positive development.

37. Difficulties in recruiting and retaining social workers have been a long standing problem for the local authority. However, a perception of poor management of workloads and support for staff is at least as significant a factor in this as salary levels and the local cost of living. Inadequate administrative support and excessive, crisis driven, and poorly planned changes to organisational structures and working practices over a number of years are other important factors. Action taken to tackle the problems in the social care service has been inadequate and, on one occasion, counterproductive, with respect to the payment of salary supplements to social workers with large caseloads.

38. The contribution of other services to safeguarding work is better, but the collective effort is poorly coordinated. Policy and procedures take little account of the local context and are incomplete and outdated. The ACPC, recently replaced by the LCSB, has failed to ensure that the roles and responsibilities of each of the participating agencies are agreed and clearly understood by all concerned. It has similarly failed fully to identify the weaknesses in current practice, to agree appropriate remedial action, and to drive forward the improvement agenda. The response to the findings of serious case reviews in particular has been inadequate. Some of the key weaknesses in existing policy and practice have been identified in such reviews. However, lessons have not been well enough learnt and effective remedial action has not been taken.

39. A key issue yet to be properly defined is the threshold for the involvement of the local authority's social care service. There is confusion about this, both within and between agencies, resulting in inconsistency in practice, gaps in provision, and greater risk to children's welfare. There is a lack of awareness of the implications of domestic violence within families for children and young people's welfare and the response of the agencies involved is poorly

coordinated. Too little attention is also given to safeguarding issues for children and young people with LDD, despite their being a known high-risk group. Progress in establishing both a common assessment framework and clear protocols for the exchange of information between agencies has been comparatively slow.

40. The local authority had recognised some of the weaknesses in its social care services for children prior to the joint area review, albeit not the full range and depth of those weaknesses. It has engaged consultants to enhance its capacity to improve both service planning and delivery. This has had some positive effect, but progress has been slow.

41. Training on safeguarding issues for staff outside of the local authority's social care service is a comparative strength. A well-structured programme of initial and regular, 'refresher' training is provided. This is of good quality and often provided on a multi-agency basis, which helps the development of mutual understanding. The voluntary sector has access to this training but only if there are spare places after statutory sector demand has been satisfied. This is unsatisfactory. Other strengths are the vetting of adults working with young people, the response to allegations and complaints against staff, and the multi-agency public protection arrangements.

42. Most public services recognise the role they can play in providing broadly based support to children and parents to help avoid family breakdown and associated difficulties. It is a strength of the area that the Every Child Matters agenda is well understood and enthusiastically supported by these services. Good work is done, for example by early years providers, health service staff and schools. However, what is lacking is a comprehensive strategy for preventative services in which expectations are shared and agreed and in which support, including additional resources where necessary, is provided to help each service to play its proper part. One consequence is that best use is not made of existing resources and some problems escalate to the point where they require intensive and more expensive intervention.

43. When problems reach crisis level, targeted services able to respond rapidly and effectively are lacking. This contributes to decisions being taken in haste and with inadequate consideration of all the relevant factors and options. More important however, are the basic weaknesses in the local authority's social care service: poor professional practices and inadequate management supervision. The local authority fails in particular to comply with statutory regulations regarding children and young people regularly provided with respite care to safeguard their welfare. When children become looked after, reviews of progress and plans lack rigour and cases too often 'drift'. Even the records of discussion take far too long to produce. Corporate parenting arrangements have failed to identify the weaknesses in the system. Ultimately, not enough effort has been made to know in detail what life is really like for the great majority of the area's vulnerable children.

44. A significant number of looked after children do not have an allocated social worker. Current information systems lack the capacity readily to identify these children, let alone provide the basis for establishing priorities for the specialist social care team. The transfer of cases to this team is poorly managed and this frequently undermines hitherto good work with the young person. There are sufficient foster placements to meet need and the support for carers is good. Whilst the stability of placements is good, poor care planning frequently leads to unnecessary uncertainty for both child and carers. There is good local foster care provision for disabled children who need it. There is also a good range of support services for disabled children and their families and the local authority's social care service works well with the health service in such respects. However, despite the local authority recently establishing a new specialist residential respite care unit, capacity in this respect is insufficient. The local authority does not meet in full its statutory responsibilities to monitor and review provision for children and young people receiving respite care.

45. Most children and young people feel reasonably safe in the community and at school. However, this varies considerably between local areas and the great majority feel they have to modify their travel arrangements and other activities to some extent to avoid known risks. Bullying and harassment remains a problem for a significant number of young people, even though the response by schools to incidents is often good. Leaflets and other guidance on the issue are helpful and have benefited from input from children and young people themselves. The local authority monitors reports of racist incidents in schools but has failed to convince black and minority ethnic communities that it intervenes with significant effect. Education for young people and parents on identifying and responding to safety risks is good. This, together with traffic calming and similar measures, has been successful in reducing deaths and serious injuries.

Enjoying and achieving

46. The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.

47. Early years provision is very good. This is the result of effective strategic planning and good partnership working over a long period of time, together with effective professional support and challenge for providers. Provision has been significantly improved in recent years in terms of both range and quality. This includes the opening of children's centres which offer families ready access to a range of specialist services working in a well-coordinated way. There are ambitious plans for the development of a comprehensive network of such provision across the area. Parents themselves get good advice and support from early years providers and this reflects such provision more generally. Home-school liaison workers, for example, provide regular and effective guidance for parents, particularly if their children are experiencing difficulties.

48. Monitoring, challenge and support for schools are good. The local authority knows its schools well and is effective in working with them to identify development priorities. Good encouragement and support is given to school self-evaluation. There is early identification of schools giving cause for concern and intervention is usually effective. This is reflected in the results of school inspection in recent years. No schools in Medway currently require special measures and the number with a notice to improve has gone down. This having been said, evaluation of the effectiveness of individual school improvement advisers is an area for improvement.

49. Schools have a good understanding of and commitment to the delivery of the Every Child Matters agenda. This is reflected in particular in the broad range of activities which they run, both within and outside the normal school day, the quality of support given to pupils' personal and social development, and the care taken to try to ensure that their emotional needs are met. This understanding and commitment is a credit both to the schools themselves and to the leadership of senior local authority officers. It provides a strong platform for the further development of services and fully justifies the local authority's decision to locate much of the planned new provision in schools.

50. Effective use is made of a range of measures to ensure good school attendance. This includes a comparatively high level of prosecutions of parents. Excellent progress has been made in reducing the levels of permanent exclusions in both primary and secondary schools. Effective use of 'managed moves' between schools for those at risk of exclusion, the provision of improved behaviour support to primary schools, and the development of in-school units, have all made a major contribution here. Support to schools for managing pupil behaviour more generally is appropriately targeted at current need and reasonably well regarded.

51. Provision for those educated otherwise than at school is satisfactory overall, but currently has a serious weakness which the local authority has recognised. Some young people who could benefit from full-time provision are not getting it because services lack sufficient capacity. In this respect the local authority is failing to meet a statutory duty. As well as the young people concerned not receiving their entitlement to education, their welfare is being put at significantly increased risk. There are also adverse effects for local communities, since some of the young people concerned are involved in serious anti social behaviour. Almost a half of the young people of statutory school age with whom the youth offending team works is not receiving full-time education.

52. The quality of provision within the local authority's pupil referral units (PRU) is adequate overall but pupils have only restricted access to the national curriculum and the record of reintegrating pupils into school is poor. One unit, Silverbank Park, was not designed for and is ill-equipped to meet the needs of pupils with the most challenging behaviour. A significant minority of pupils at both PRUs has a statement of special educational need. Provision at Rivermead Hospital School is, however, good. Pupils' educational needs are met and this,

allied to strong personal and emotional support, leads to their making good progress. Monitoring of and support for those children and young people whose parents choose to educate them at home is also good.

53. Provision for recreation and voluntary learning is adequate overall. A good range of extra curricular activities is provided by schools but this contrasts starkly with provision elsewhere. Provision of services for children and young people out of school is inadequate overall with particular deficiencies in activities for older teenagers and the provision of drop in facilities generally. In some local communities, including some with high levels of social deprivation, there is very little indeed for young people to do. The local authority's youth service is inadequate overall. However, its provision has some good features, such as outdoor and adventurous activities and the personal and emotional support provided to some young people at difficult points in their lives. The local authority also has a very effective Sports Development Team, although specific provision for girls is relatively limited. Provision for those whose interests lie more in music and the arts is also limited. The provision of parks and safe outdoor play areas varies greatly from area to area and standards of cleaning and repair are poor, restricting use even further.

54. Educational support for looked after children is satisfactory. All schools have a designated teacher for this group and the local authority makes sure schools are aware of all the looked after children on their roll, whether or not it has the care responsibility itself. This is helpful. Reasonable steps are taken by the local authority to identify those young people who have particular educational problems and to provide additional support. However there is no clear strategy guiding the development of educational provision for looked after children as a whole and poor use is made of the data collected on their educational progress. The access of some looked after children to appropriate leisure and recreational activities is very limited.

55. Educational provision for children and young people with LDD is good overall and particularly strong in the early years. However, the strategy for SEN provision overall lacks coherence and the development of provision is largely piecemeal. There are particular gaps in provision for those with complex needs and very challenging behaviour. Nonetheless there have been some positive developments. The use of the Medway Inclusive Schools Quality Mark has had a positive impact in improving provision in many schools and there has been a steady decline in the local authority's use of statements of SEN as the means of providing additional resources. Where statements are produced they are of acceptable quality and completed within acceptable timescales. Reviews thereafter take place when they should. Support for schools from the education psychology service is good but there is no SEN specialist within the local authority's school improvement service. There is some specialist leisure and recreation provision for children and young people with LDD but provision overall is unsatisfactory, particularly for those with challenging behaviour.

Making a positive contribution

56. The work of local services in helping children and young people to contribute to society is adequate, but with some good features.

57. Measures taken to seek young people's views and to involve them in service planning and review are good. The great majority of schools have school councils and these send representatives to the local youth parliament. The parliament also includes delegates from a wide range of other statutory and voluntary sector provision. It has a well-structured programme of activities and is proactive in bringing issues forward as well as responding to invitations to comment. Participants are enthusiastic and gain significantly in terms of both learning and personal development. Representatives from the parliament are members of a wide range of local authority and strategic partnership decision making groups. A number of service improvements show that providers listen to young people's views and are influenced by them.

58. Children and young people receive good support generally in developing socially and emotionally. Early years providers, schools and the youth service all make a valuable contribution. Targeted support for children, young people and parents having difficulties in developing and sustaining positive relationships is also good. Peer mentoring and mediation schemes operate effectively in a significant number of schools and are very well supported by the Medway Mediation Service. The peer mentors/mediators make a significant contribution to the community through their participation and most gain significantly themselves from the learning and personal development opportunities involved. On a more general level, many young people are involved in voluntary activities of some kind, such as fundraising for charity.

59. Support for young people in managing major changes and challenges in their lives is good overall. In particular the great majority of young people are well supported when they move between the major stages of education and into adult life. For those with particular individual needs, however, access to the help they need can be too dependent on individual workers and their knowledge of what is available. Support can be obtained from a range of sources but relatively few are aware of all that exists. For young carers, the problem is less the availability of help, since there is a specialist support service, but that their needs are not always identified. Support services for adults who are parents do not routinely establish whether there is another adult willing and able to take on the primary carer role. On occasion, uncertainties are left unresolved as to whether 'adult' or 'children's' services should be providing support, either because each assumes wrongly that the other will help or, worse, because there is a dispute over responsibility. As a consequence children and young people are left unsupported.

60. Lack of recreational facilities, and in particular drop-in provision, is a major factor in children and young people congregating in public areas like shopping centres. This is unhelpful in terms of minimising anti-social behaviour. Against

this backdrop, however, agencies work well together in identifying high risk localities and groups and developing targeted responses. A range of diversionary activities are offered, as well as educational and awareness raising programmes. Both the local authority and police have significantly increased the resources deployed to such work recently and youth inclusion and support panels have been established in three areas. A major police training programme is also under way, aimed at improving currently poor working relationships with some groups of young people, particularly those from black and minority ethnic communities. All of these developments are welcome. However, evaluation of the impact of preventive work is a continuing weakness.

61. Measures to prevent offending and to reduce re-offending by children and young people are adequate. The youth offending team has not made significant progress in the two years since it was last inspected. Overall much remains to be done to ensure that its work is of a consistently high quality. This includes, in particular, improving performance management generally and liaising more effectively with the local authority's social care services concerning young people who are at risk themselves or may pose a risk of harm to others. However, the disappointing progress since the last inspection had much to do with staffing difficulties, which have finally been resolved, and to changes in management personnel and practices which are now beginning to bed in. There have been significant recent improvements in the way the team functions and early signs of this being reflected in improved outcomes. Measures have recently been taken, or are in the process of being implemented, to make better provision for housing needs, to help parents have a more positive influence, and to improve educational and health support. Young offenders with acute mental health needs are now well served, although those with non-acute needs significantly less so. Adequate support and encouragement is given to young offenders to engage in education, employment and training post-16.

62. Most looked after children and their parents are involved in planning and reviewing the provision made for them. Good support is provided by social workers for their participation in discussions and review meetings are well managed in such respects. There is also an independent advocacy service but this has only very recently been established. Opportunities for looked after children as a group to express their views on services are more limited. Too much reliance is placed on the Medway Challengers group to provide their 'voice'. Only a small minority participate and all are aged 13+. The group contributes to a twice yearly newsletter but otherwise has no established lines of communication with the wider body. There are few events bringing that wider body together and no dedicated phone line for the expression of views. This is particularly regrettable as the local authority does not seek to collate the views expressed during case reviews to identify any recurring themes. On a more general level, personal support for looked after children is available from an independent visitor service. However, this is underused. Support for managing major transitions, such as leaving care, is generally good.

63. The Fundamental Review of services for children and young people with disabilities included a well-planned and supported consultation event. However, invitations to participate did not extend to young people across the full range of LDD. Consultations with children and young people more generally have not given sufficient attention to securing a contribution from those with LDD. Participation by representatives of those with LDD in the youth parliament is relatively recent. Children and young people have opportunities to participate in the planning and review of provision made for them as individuals and most do so, at least at key transition points such as primary to secondary transfer. Support for transitions between schools and into adult life is good.

Achieving economic well-being

64. The work of all local services in helping children and young people achieve economic well-being is good.

65. Young people are well supported in preparing for working life. The Connexions Service offers good advice, guidance, and personal support and is continuing to improve. The resources it now deploys in direct contact with young people are much greater than hitherto. Very good and accessible written information is also provided to young people on educational and training opportunities. There is an effective system to identify young people who may need further advice and support. Targets for reducing the number of young people not in education, employment and training post-16 (NEET) have been met for several consecutive years. There has also been a significant reduction in the number whose current activity is not known. However, partners recognise that both the NEET and not known figures have started to rise in recent months and are addressing these issues.

66. Young people are similarly well supported, both by schools and Connexions, in developing self-confidence, financial literacy, team working skills, and enterprise. Medway Education Business Partnership offers a highly effective service offering all key stage 4 pupils quality controlled work-experience. It also provides good support to schools in arranging partnerships with private sector organisations, some of which include the offer of mentoring support for young people. Appropriately, a key focus for the immediate future is raising the expectations of both young people and parents. Too many 17 year olds still drop out of full-time education and progression to higher education is comparatively low.

67. Education and training provision for 14-19 year olds is well planned and of good quality. Strategic aims are clear and based on a thorough needs analysis, including local labour market information. The strategy is a good example of effective inter-agency working. This has improved significantly in recent years and includes the management of the five consortia. A key remaining priority is rightly to continue to improve progression routes into Level 1 and 2 courses.

68. Performance monitoring is good and takes place both within the strategic forum and the individual consortia. It is regular and rigorous and provides a constructive combination of peer pressure and support. The majority of the consortia have made good progress. However, there is still too much variation in performance between secondary schools. The performance of young people at A-level has improved rapidly and is now well above the national average. The majority of students make progress in line with, or better than, that predicted by their GCSE results. The rate of young people staying on in education has increased to above the national average. The standard of work-based learning provision in the area as a whole has improved and is now generally good. The college's apprenticeship programme is currently unsatisfactory but demonstrating signs of significant improvement. Progression to higher education is comparatively low at present but increasing rapidly. The establishment of the new university provision at the Medway campus is a major step forward, and will be complemented well by the imminent co-location of Mid-Kent College.

69. Adequate measures overall are taken to support families with low incomes. The availability of good quality childcare is a strength, and includes free provision at the further education college. The council's benefit unit offers an excellent service and Connexions Service access points provide good information and advice on employment and training opportunities. The take up of the education maintenance allowance is high. Family learning provision is adequate. Schools have effective systems to ensure that cost is not a barrier to children and young people's full participation in activities. There is some subsidised access to leisure provision for those from low income families. However, these measures are not drawn together in a clear overall strategy. The high cost of public transport is a continuing problem for many.

70. Community regeneration initiatives take good account of the needs of children and young people and there is an appropriate focus on the most deprived wards. Vocational education and training opportunities are provided through local consortia to match current and future job opportunities. There is good involvement of young people in the development and delivery of regeneration projects.

71. Adequate steps overall are taken to ensure that young people have decent housing. However, the local authority is not meeting its current targets for the provision of affordable housing within new developments and waiting lists are long and rising. Many families are living in accommodation which is unsuitable for their current needs. However, provision is generally better for the relatively small numbers with the very highest needs. Whilst there is still insufficient accommodation for vulnerable young people, in particular to meet emergency needs, a good range of initiatives has improved access to suitable accommodation for those at highest risk. Inter agency working is good in this respect, with the Connexions Service making an especially positive contribution. There is particularly good provision for teenage mothers. The length of stay for

families in bed-and-breakfast accommodation has significantly reduced although the length of hostel stays has increased slightly.

72. Support for young people leaving care is good and inter-agency working has improved in such respects. The proportion of care leavers in employment, education and training at 19 is high. However there is a shortage of supported accommodation for the most vulnerable.

73. More specialist childcare provision for those with LDD is needed to support working parents. Post-16 education and training provision for young people with LDD is good. Progression rates are high and improving. A good range of opportunities is already available and this will be enhanced by the new 14-19 facilities at Mid-Kent College. Effective and well-coordinated action is taken by a range of agencies to support the transition of young people with LDD into adulthood. Transition planning has improved and is now good.

Service management

74. The management of services for children and young people is adequate.

75. The shared ambitions of the local authority and its partners are clearly stated in key planning documents. Reasonable steps overall are taken to analyse local needs, including good consultation with young people themselves. However, coverage of the health needs of children and young people from black and minority ethnic communities is a weakness. Arrangements for information sharing between partners do not enable best use to be made of what is learnt. Partly as a consequence, social care services in particular too often have to address needs on a crisis basis rather than activity being part of a well-thought through strategy. The extent to which this happens varies very considerably between service areas. However, 'reaction rather than planning' characterises too many. Strategy to improve preventative services is a weakness generally. It is too often unclear how different service priorities and development activities are intended to come together to deliver priorities in such respects.

76. Where needs have been successfully identified at the planning stage, shared priorities for service development are clearly linked to them. They are also clearly stated, albeit in quite general terms. However, little attention is given to equality and diversity issues. Action plans to deliver strategic priorities are of variable quality. The development and delivery of strategy in the fields of early years and 14-19 education and training provision are examples of good practice. They demonstrate that the necessary knowledge and skills do exist locally. However, not enough is done to ensure that activity in other service areas is brought up to the same standard. There is insufficient learning from each others' experience and sharing of expertise. Too many individual service plans currently lack clarity in terms of priorities for action, coverage of resource requirements and how they will be met, and outcomes based targets and action

milestones. The local authority is intending soon to require service plans to follow a common template which includes such content. However, this is still at development stage.

77. The capacity of the council and its partners to deliver better outcomes for children and young people is adequate. The commitment of elected members and senior officers to delivering service improvements is not in doubt. Delivery and the skills to ensure it are the key issue. The Chief Executive and Director of Children's Services provide very good leadership and the latter is well supported by some of her senior staff. However, too much reliance is currently being placed on too few people with the necessary skills and experience. Some use has been made of consultancy services to supplement capacity, particularly in social care, but the impact has been disappointing. The clear policies, procedures and protocols which might serve to guide others and ensure at least the delivery of necessary minimum standards are also lacking in some key service areas. At present elected members need further assistance to help them fully to understand the new children's services agenda and how they can play an effective part in its delivery.

78. Joint working between public services is developing positively and relationships are good. The translation of this into effective, well-coordinated service provision for users is, however, very variable. Formal joint commissioning and budget pooling is relatively underdeveloped but effective where it exists. Plans to establish a children's trust are at an early stage. Collaboration with the voluntary and private sectors is less well developed, albeit with some areas of very good practice. Local authority spending in most areas of provision for children and young people ranges from average to comparatively low. The value for money provided needs to be assessed in this context. In some service areas it is good. However, the range is considerable. It is certainly the case that the local authority has effective procurement practices. It is also adept at attracting external funding for development projects. However, much of this funding is time-limited, which means continuing concern about the sustainability of the work. This in turn restricts delivery and the ability to roll out successful initiatives for wider application.

79. There is some good corporate support for staff recruitment and retention with some innovative schemes to deal with ongoing shortages. Some joint workforce planning takes place with health partners but this does not extend to police or voluntary sector partners. A manager development programme is in place within the local authority but this has yet to produce significant improvements in performance in the children's services area.

80. Performance management is inadequate. Too much reliance is placed on performance indicators which provide only a very limited insight into service quality in many areas. Too little is done, at elected member, senior officer and middle manager level, to gain additional insights. This is particularly so in terms of assessing both the quality of life of those with the highest levels of need and the contribution of public services to meeting those needs. Poor management

information systems do not help but are ultimately no excuse. The monitoring and evaluation of strategic plans and development projects is also patchy. The absence of clear target outcomes and action milestones in some plans is unhelpful in such respects.

81. Services have an adequate capacity to improve overall. This is because there are considerable strengths, particularly in senior officer leadership, which compensate for the weaknesses.

Annex: The children and young people's section of the corporate assessment report

1. The overall performance of council services for children and young people is adequate, with both strong features and significant weaknesses. Provision for early years education and day care and for education and training for 14-19 year olds are examples of significant strengths. Both are already good and continuing to improve. They demonstrate that the knowledge and skills needed for effective strategic planning and service delivery do exist within the local authority. Most weaknesses are in children's social care, and the most worrying aspect of this concerns measures to protect children and young people from abuse and neglect.

2. Arrangements within the social care service to respond to referrals are confused, overly complex and poorly planned. Standards of social work practice and case recording are poor and management supervision is weak. Risk is frequently poorly assessed, decisions are delayed, communication with referrers is poor, and intervention is inadequate. Managers fail to manage workloads properly or to ensure that timely and decisive action is taken. Basic systems are not in place to accurately record and monitor progress. Decisions are too often taken in haste and with inadequate consideration of all the relevant factors and options. Policy and procedures are incomplete and outdated. The response to serious case reviews has been inadequate. A key issue yet to be properly addressed is the threshold for the involvement of the local authority's social care service. Corporate parenting arrangements have failed to identify and address weaknesses in provision for looked after children.

3. A good contribution is made to improving health outcomes for children and young people and they are well supported in developing socially and emotionally. Effective steps are taken to seek young people's views and to involve them in service planning and review. Monitoring, challenge and support for schools are good. The local authority has a good understanding of standards in its schools and is effective both in identifying development priorities and providing appropriate support. Excellent progress has been made in reducing the levels of permanent exclusions. Provision for those educated otherwise than at school has a serious weakness in the failure to provide full-time provision for all those who could benefit. Provision for recreation and voluntary learning is adequate overall but the good provision in schools contrasts starkly with that elsewhere. In some local communities there is very little indeed for young people to do. The lack of recreational facilities does not help work to minimise anti-social behaviour. However, agencies work well together to identify high risk localities and groups and develop targeted responses. Much remains to be done to ensure that the work of the youth offending team is of a consistently high quality. However, there have been significant recent improvements.

4. There are sufficient strengths overall to judge the capacity to improve as adequate. Senior officers provide some very good leadership, although too much reliance is currently being placed on too few people. Clear policies, procedures and protocols which might serve to guide others and ensure at least the delivery of necessary minimum standards are also lacking in some key service areas. Working relationships with partner agencies at the strategic level are good. Reasonable steps overall are taken to analyse local needs. Key ambitions are clearly stated. However, some services too often address needs on a crisis basis rather than as part of a well-thought through strategy. It is too often unclear how different activities, both of local authority services and those of partner agencies, are intended to come together to deliver strategic priorities. Planning to deliver priorities is of variable quality and there is insufficient sharing of expertise. Performance management is inadequate. Too much reliance is placed on performance indicators. Too little is done to gain additional insights into outcomes for children and young people and to monitor the delivery of action plans. Elected members need further help fully to understand how they can play an effective part in delivering the new objectives for children's services.