

# Joint area review

**Luton Children's Services Authority Area**

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Review of services for children and young people

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

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## Introduction

1. The most recent Annual Performance Assessment (APA) for Luton Borough Council judged the council's children's services as good, and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
  - at risk or requiring safeguarding are effectively cared for
  - who are in care achieve the best possible outcomes
  - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
  - the impact of the partners' strategy in improving the outcomes for children under 12 months and their mothers with particular reference to low breastfeeding rates and perinatal mortality
  - the impact of the partners' strategy in improving outcomes for young people at ages 14-16.

## Context

4. Luton is a large, densely populated town approximately 30 miles north of London. The number of residents is predicted to grow from 184,000 to 189,000 by 2010 due to the high local birth rate, migration and the projected 9% increase in the number of people aged 75 and over. Some 28% of residents are of Black and minority ethnic origin, with significant Pakistani/Kashmiri, Bangladeshi, Indian and African Caribbean communities. The population has growing numbers of Eastern European migrants and asylum seekers and there are small communities of Albanian, Russian and Turkish speakers. Approximately 44% of children in Luton's schools speak a first language other than English.

5. Luton is a major sub-regional employment centre, with approximately 90,000 jobs. Major employers include the airport and airlines, Luton and Dunstable Hospital, Luton Borough Council, University of Bedfordshire and the motor industry. The service sector provides as many jobs as manufacturing. The town has excellent transport links.

6. There is a successful business park at Capability Green, which has attracted major companies. However, the unemployment rate is 3.1% compared to a regional rate of 1.7%, with higher unemployment in the inner wards of the borough, particularly among some minority ethnic groups. There

are also pockets of unemployment in some peripheral estates. Residents have a comparatively low level of qualifications compared to other parts of the country. Some 23% have the equivalent of Level 3 or higher and 31% have no qualifications. Level 2 achievement by the age 19 is below the national and regional averages.

7. Luton has six maintained nursery schools, all of which are on target to be designated children's centres by April 2008 or sooner, 56 primary schools, including two special schools, and 13 secondary schools, including two new academies and one special school. There are two pupil referral units (PRUs).

8. At the age of 16, young people can continue their education and training at the two Beacon colleges, Luton Sixth Form College or Barnfield Further Education College (which is also the sponsor of the two academies), in the sixth form at Cardinal Newman Catholic Secondary School or with 15 work-based training providers. Some 7% of learners choose to continue their further education at colleges outside Luton, many of them at Dunstable College. All schools are grouped into one of three consortia, under the umbrella of Campus Luton, which also involve the colleges, University of Bedfordshire and work-based learning providers.

9. Entry to Employment (E2E) provision is managed by Bedfordshire and Luton Education Business Partnership. Adult and community learning, including family learning, is provided by Luton Adult and Community Learning.

10. Primary health care is provided by Luton Teaching Primary Care Trust (PCT) whose boundaries are coterminous with the borough council. Luton and Dunstable Hospital NHS Foundation Trust provides acute medical care, covering the whole of Luton and Dunstable. Mental health services are provided by Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust.

11. Children's social care services are provided by 11 field social work teams: one initial assessment team, two family support and child protection teams, one childcare disability team, three children in care teams, one 16-Plus Team, one intensive support team, one family placement team and one adoption team.

12. There are 177 foster carers. The one full-time residential unit for young people over 12 years is to be replaced by two new four-place units in January 2008. There is one residential respite unit for children with disabilities and two family centres.

13. Services to children and young people who are at risk of offending or have offended are provided through the Luton Youth Offending Service. There are no Young Offender Institutions in the area.

## Main findings

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

- There are good arrangements for safeguarding children and young people, with strong commitment and effective leadership from the partnership and the Local Safeguarding Children Board (LSCB). The proportion of core assessments is low and use of specialist assessment is inconsistent. However, early identification of children in need is good and safeguarding outcomes are generally good or better than those achieved by similar authorities.
- Services for children in care are good, with effective health checks and good placement stability. Decisions about admission to care are not scrutinised with sufficient rigour in advance. Well-focused support is improving educational outcomes and no child in care was permanently excluded from school in 2006/07. Whilst attendance overall has declined, participation of care leavers in education, employment or training is very good.
- Services for children with learning difficulties and/or disabilities are good with high levels of parental satisfaction. There is a comprehensive emphasis on inclusion which is enabling more children and young people to be educated in their local area. Waiting times for physiotherapy and occupational therapy are unacceptably long and there is an inconsistent approach to core assessments of the needs of children with complex disabilities. Progress in learning for all groups is generally good and the proportion who are in education; training or employment is well above the national average.
- The impact of the partners' strategy in improving the outcomes for children under 12 months and their mothers is adequate. Breastfeeding rates are very low in comparison with those of similar councils and the number of stillbirths, whilst falling, remains high.
- The impact of the partners' strategy in improving outcomes for young people at ages 14-16 is adequate. Whilst the school improvement service is effective and pupil attainment is improving, outcomes remain below what is expected.
- The partnership provides good strategic leadership and there is good partnership working which has delivered significant change, demonstrating outstanding ambition and good prioritisation. Mechanisms for learning from new developments could be strengthened but the range of achievements demonstrates that the capacity to improve further is good.

## Grades

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

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

## Recommendations

### For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area.

### For action over the next six months

The local partnership should:

- review the process for making decisions about the admission of children into care to ensure that all children in need are appropriately identified as early as possible and, where appropriate, that support is given to prevent children coming into care
- review arrangements for the assessment of children to increase the proportion of core assessments and to ensure appropriate arrangements are in place for specialist assessments
- reduce the length of waiting times for physiotherapy and occupational therapy.

### For action in the longer term

The local partnership should:

- improve the attainment of pupils in national tests and examinations at ages 14 and 16

- identify and publicise the reasons for the high number of low birth weight babies and the increasing proportion of children being born with severe disabilities and implement a concerted preventative strategy.

## Equality and diversity

15. The population of Luton is highly diverse, more than a quarter being of Black and minority ethnic origin. The recent arrival of East European migrants has added to the diversity, with a significant impact on demand for school places. Around a half of children in Luton's schools speak a first language other than English. The Local Area Agreement (LAA) has an overarching theme of community cohesion and the council has achieved Level 3 of the equalities standard. All new policies and strategies are assessed for equality impacts and there are examples of children's services plans being adapted as a result. Workforce strategies take account of the needs of minority communities, including, for example, secondment of staff to Black and minority ethnic voluntary groups, and 40% of family workers in schools from these communities. Culturally sensitive arrangements are in place for health care. The reasons for the high number of stillbirths and the increasing proportion of children being born with severe disabilities in the South Asian community need to be better understood and publicised in order to implement a concerted preventative strategy. Community-based mental health services are highly accessible to Black and minority ethnic children and families. The promotion of diversity and social cohesion is outstanding in the youth service and inclusion is promoted well through targeted work with: young offenders; young people who are excluded or at risk of exclusion from school; gay, lesbian and bisexual young people; those with learning difficulties and/or disabilities; and young parents. However, safeguarding training is not always sufficiently tailored to issues arising in specific local contexts.

## Safeguarding



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



Major strengths	Important weaknesses
<p>Inter-agency safeguarding culture with a well-established LSCB.</p> <p>Implementation and co-ordination of the Common Assessment Framework (CAF) across the whole area through Multi-agency Family Support Panels.</p> <p>Outcomes for children are improving due to effective early intervention by school-based family workers.</p> <p>Comprehensive Child and Adolescent Mental Health Services (CAMHS) are developing well, with particularly strong community-based initiatives which are highly accessible to all sections of the community.</p> <p>Initiatives to combat anti-social behaviour.</p> <p>Involvement of children and young people, who report that they feel listened to and well consulted about decisions.</p> <p>First-time offending by young people is low.</p>	<p>Insufficiently robust assessment of family situations, including the low number of core assessments and inconsistent use of specialist assessment of parents.</p>

17. Most safeguarding outcomes are good or better than those achieved by similar authorities. There is a positive culture of safeguarding and strong inter-agency partnership working makes a significant contribution to this. The LSCB is providing strong leadership, with clear priorities for all local partners to ensure that children are safe in Luton.

18. A range of good initiatives promote healthy lifestyles for children and their families. The midwifery and health visiting services are improving access to child health services through the developing children's centres and they provide good, accessible advice and support to parents. Community food workers give good nutrition advice to South Asian families and a dietician gives healthy eating advice at the children's centres. Rates of childhood immunisation have improved significantly to around the average for similar areas in 2005/06 and local data suggests this has further improved.

19. The Healthy Schools programme has been adopted by half the schools, indicating good progress towards meeting the required national target by December 2008. Personal, Social and Health Education programmes are

effective. Good progress has been made on implementing the Active Travel programme, with 60% of schools achieving this status. The Active Luton Leisure Trust has increased out-of-school sports opportunities and offers leadership opportunities to vulnerable young people which include the Junior School Leadership Award and work with Saracens Rugby Club.

20. Implementation of the teenage pregnancy strategy has resulted in a reduction in teenage conceptions in line with the national average. However, the percentage change from the 1998 baseline remains lower than required. All young people who need a substance abuse service are treated by the young people's service; the number of young people receiving a service has increased. However, young people reported in a local survey that they did not receive enough information about drugs, alcohol and smoking.

21. Children and young people's mental health is being actively promoted through the Social and Emotional Aspects of Learning (SEAL) programme in most primary schools. There is a good community-based CAMHS service which has developed from the On Track programme. This service supports family workers in all primary and special schools and in some high schools to identify and assist families and children with individual support, as well as through parenting groups. Good progress is being made towards comprehensive CAMHS provision with 24-hour access and reductions in waiting times for access to specialist CAMHS.

22. In comparison with children nationally, fewer children and young people who completed the TellUs2 survey reported feeling very or quite safe in the local area. Children, young people and their families are provided with good information about key risks to their safety and how to deal with them. An anti-bullying strategy is being implemented as a council priority, including a scrutiny committee investigation. However, the collection and monitoring of incidents is not yet sufficiently robust; the identification of incidents that have a racial dimension is inconsistent and links between bullying and racism are not tracked. The reduction in the number of children killed or seriously injured in road accidents is much better than the national average.

23. Agencies work well together to safeguard children and to promote a culture of safeguarding. There is an effective system for identifying and responding to children who have attended the local accident and emergency department more than three times in a 12-month period. The number of referrals to children's social care decreased in 2006/07 and was significantly lower than in comparable areas. The rate of re-referrals increased but was still much lower than in comparator authorities.

24. Identification of children in need is good. The council has introduced the CAF across the whole area, together with three multi-agency Family Support Panels. These are enabling earlier and more effective identification of needs and they are improving the coordination and timely delivery of multi-agency work to support families. The percentage of referrals which result in an initial assessment is lower than in comparable areas; the percentage completed on

time is higher. The rate of core assessments completed is very low and has been so consistently over several years, meaning that fewer families than would be expected have a thorough assessment of their needs. The arrangements for use of specialist assessments in families where parents or carers present a risk is not sufficiently robust. Progress is being made to implement the 2007 APA recommendation that there should be an increase in the proportion of referrals which result in a core assessment and clarity about the criteria for such assessments. In particular, the role of unqualified staff in contributing to and completing core assessments is not sufficiently clear.

25. The registration of children on the child protection register reduced in 2006/07 to 25.8 per 10,000, around the national average and lower than in similar areas. All cases on the child protection register are allocated to a qualified social worker and all have been reviewed on time. Records of strategy meetings and enquiries made in child protection cases are now quality assured through the Safeguarding Unit. The percentage of child protection enquiries leading to an initial case conference within 15 days has increased to 42%, which is above the national average for similar areas. The engagement in child protection processes of professionals and family members, including children, is high. However, there appeared to be a few examples of inconsistency in the use of strategy meetings, some of which were convened instead of child protection case conferences, meaning that some relevant agencies and family members were unable to participate appropriately in case planning.

26. The council has been effective in maintaining lower rates of exclusion in both primary and secondary schools than the national average. Almost all pupils permanently excluded from school receive more than 20 hours a week of alternative tuition (96.1%), one of the best rates in the country. There is very effective work with Traveller families; more of their children are attending secondary school, up from six in 1999 to 34 in 2006, and others are receiving home tuition or accessing education through distance learning.

27. The Luton Domestic Violence Forum is working closely with the LSCB and good joint work is being delivered. Information has been provided in various local languages to advise victims about how to seek help. A recovery project for children previously affected by domestic abuse, jointly funded with and provided by the NSPCC, has worked with more than 60 children since April 2007.

28. There has been an 11% reduction in the number of first-time entrants to the criminal justice system. Re-offending rates have reduced and are better than in similar areas and the national average. The police and youth service collaborate successfully to deter anti-social behaviour. For example, a mobile youth centre has been used on estates where anti-social behaviour has been reported and this has resulted in a reduction in difficulties. A police support officer is linked to every high school and this initiative is highly regarded by schools. Schools and the police have a joint protocol, which supports schools using their own sanctions to deal with incidents involving pupils at school and

on the way to school. This is working well and leading to a reduction in arrests by the police. The SEAL programme in primary schools is having a positive impact on the attitudes and behaviour of children in primary schools. Effective individual and group support for young carers is provided by a voluntary organisation, which is currently supporting 80 young people. Children and young people reported in local surveys that they felt listened to and well consulted about decisions affecting their lives. Excellent systems, supported by the youth service, are in place for involving and engaging young people in planning services at a strategic level.

29. An inter-agency protocol for the identification of 'hidden children' who are vulnerable has been developed through the LSCB. Good systems are in place across all agencies for identifying, reporting and assessing private fostering placements. But, despite this, the number of notifications remains low and all agencies continue to promote identification of these children.

30. The council's procedures and systems for tracking missing or lost children, and those educated other than at school are robust and very effective. Excellent communication and information sharing with other agencies and the Immigration Service ensures that every effort is made to identify vulnerable children, particularly those moving in and out of the country through the local airport. Local police and the council's 16-Plus service are working with other police forces on Operation Pentameter to identify children being trafficked into the UK, with safe houses being provided in Luton for these young people.

31. Agencies are collaborating to safeguard children according to the requirements of current government guidance. Good inter-agency child protection procedures and protocols are in place and these are backed by effective child protection training. There are good arrangements for staff supervision in children's social care and within other agencies. The LSCB is well established and has a jointly agreed budget for its planned activities. The LSCB monitors the impact of multi-agency work on a regular basis. Inter-agency safeguarding training is highly valued and an ambitious programme is delivered. There are good links with other local strategic groups, in particular Multi-Agency Public Protection Arrangements and Multi-Agency Risk Assessment Conferencing.

32. Clear arrangements are in place to manage allegations against staff. The council's arrangements for staff vetting, including those for voluntary and community sectors, are adequate.

## Looked after children and young people

Inadequate



Adequate



Good



Outstanding



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

Major strengths	Important weaknesses
Health care assessments and health promotion. Stability of placements. Participation of young people on the Children's Panel.	Decisions about admission to care are not scrutinised with sufficient rigour in advance.

34. Children and young people in care receive good care from well-trained and well-supported carers and practitioners in Luton. Effective, integrated services deliver well-coordinated, multi-agency support that provides good outcomes for children and young people in care. The educational attainment of children in care is satisfactory compared with the national average and comparable areas. Almost all children in care (89%) receive an annual health assessment, better than in comparable authorities and the national average.

35. The proportion of children in care is high compared to both statistical neighbours and the national average. An independent research project to identify the causes and to propose changed practices resulted in an action plan in January 2007. An Intensive Support Team was established in 2005 to provide intensive intervention to families in crisis and to support speedy rehabilitation from care. This has been successful in enabling the children in 87% of families referred to that service to remain at home. However, the Threshold Panel only reviews admissions in retrospect. In consequence, decisions about admission to care are not scrutinised with sufficient rigour in advance.

36. There are robust arrangements and processes in place to keep children and young people safe in placements. The stability of placements of children in care is good and slightly above that of similar authorities and the national average. Two new four-place children's homes are due to open in January 2008, commissioned to a very high standard and in consultation with young people. They replace an older style eight-place unit and reflect a considerable investment by the authority. The percentage of children in care placed in foster care or for adoption is high and has gradually increased over the past four years, with a low percentage placed in residential care. This compares well with both the national average and comparable authorities. Independent Reviewing Officers (IROs) review the needs of children and young people in a timely and appropriate manner, with very high levels of participation by young people. The independence of IROs will be enhanced when they transfer to the management of the quality assurance manager in April 2008.

37. All children in care are allocated to a named social worker and 94% have a qualified social worker, which is an improvement on last year and above that of similar areas. Files read indicated a good level of multi-agency working to

meet the needs of children and young people. Foster carers report a good level of training and support, and sensitive consideration is given to meeting cultural and religious needs within placements.

38. A dedicated paediatrician provides initial health assessments and a dedicated nurse undertakes annual assessments and provides health advice and a health plan for all children in care. A specialist fast-track CAMHS is available where there is the possibility of placement breakdown. The Drug and Alcohol Team offers specialist advice and an outreach service to children's homes and hostels. The medical advisor to the Adoption Panel provides additional support to foster carers and potential adopters regarding health issues. Good consideration is given to the need for a culturally sensitive approach to health assessments, but epidemiological data and trends in respect of diversity issues are not systematically evaluated.

39. The educational attainment of children in care is satisfactory. A newly formed, well-resourced, multi-disciplinary team has recently come under the single management of a senior educational psychologist to improve educational attendance and attainment outcomes which, at the moment, are mixed. The numbers of children involved are very small but the percentage of young people leaving care over the age of 16 achieving at least one GCSE A\*-G grade or GNVQ has increased for the past three years and is considerably higher than that of similar authorities and the national average. The percentage of this group who achieved five or more higher grades was slightly higher than both that of statistical neighbours and the national average in 2005/06. Last year's numbers were too few to be given a percentage figure. No child in care was permanently excluded from school in 2006/07. However, as a group, their attendance has declined over the past four years and performance is now weaker than that of statistical neighbours and the national average. Sixty-two per cent of care leavers are in education, employment or training which is very good compared with levels in similar areas.

40. The council's leadership understands the service and ensures a good corporate focus. The council has designated 2007/08 The Year of the Looked After Child in order to raise awareness of need and of corporate parenting responsibilities. A statement on corporate parenting is currently out for consultation, which is intended to form a basis for a more systematic approach to corporate parenting by elected members and the council. Visits to children's homes are currently undertaken by IROs and elected members are being trained to undertake their corporate parenting responsibilities.

41. Children and young people make a good contribution to decisions which affect their lives and they influence service planning and development. Involvement of children in care in their statutory reviews has improved, with council data suggesting that most participated in the past year and a small but growing number chaired the review. A Children's Panel was established in 2001 as an official sub-committee of the authority. Young people in care have equal rights with members and young people consulted on a variety of relevant topics

and encouraged to express their views and opinions. Children in care have been trained to participate in the recruitment and selection of staff and were involved in the appointment of the Director of Children's Services. A children's rights and advocacy service and an independent visiting service are provided effectively by voluntary organisations with service level agreements.

42. 16-Plus provides an effective leaving care service including partnerships with a number of independent agencies that provide accommodation, life skills training and support. Twelve local authority tenancies are specifically identified for care leavers and on average 30 care leavers hold council tenancies. A dedicated Connexions personal advisor works with care leavers.

43. Performance monitoring by senior managers is good and action is taken when necessary to ensure that children in care achieve their best. Service plans, team plans and individual performance plans are in place and data are regularly monitored by managers. Performance reviews are undertaken on specific issues, but the outcomes are not systematically fed back into the strategic planning cycle.

44. Strategic commissioning based on needs analysis is being developed and the council is exploring the potential benefit of regional commissioning of some services. Four preferred independent fostering agency providers have been commissioned to supply placements with a view to targeting specific needs and reducing costs.

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



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

Major strengths	Important weaknesses
<p>Early identification of need at all ages and good multi-agency support.</p> <p>Inclusion in mainstream education is outstanding.</p> <p>Progress in learning, including consistent monitoring of progress of those with severe disabilities.</p>	<p>Unacceptable waiting times for physiotherapy and occupational therapy.</p>

46. Services work well together across the borough to meet the needs of individual children with learning difficulties and/or disabilities and there is strong commitment to inclusion. All mainstream schools have additional resources, including specialist teachers, to support children with learning difficulties and/or disabilities, who make good progress in learning. Multi-professional termly school liaison meetings in all schools and specialist provisions enable early and effective planning to meet the needs of vulnerable learners. There are identified pathways for transition between schools for children with specific needs, such as hearing and visual disabilities or speech and communication difficulties, which contribute to effective learning.

47. The authority consults extremely well with parents and carers through the Pursuing Perfection initiative and responds well to their concerns. There are high levels of satisfaction with the service. Children and parents welcome recent improvements in services, and the strategic plan for children and young people with special educational needs reflects ambition and clarity about priorities. The council and partners are less good at monitoring the effectiveness of initiatives and using data to inform them about areas of strength and weakness within the provision. Nevertheless, the provision is good and in consequence children and young people do well.

48. There is good early identification of need at all ages, including those with later onset of learning difficulties and/or disabilities. Half of the statements issued by the authority are issued to children under the age of five and almost all statements are issued within 18 weeks, which is in the top quartile nationally. Young children and their parents receive helpful services, both through the child development centre multidisciplinary team and through the Special Educational Needs Support Team. Parents of older children are very satisfied that they are helped to make necessary adaptations to their homes and are given helpful advice. However, core assessments are not routinely made of the social needs of children with complex disabilities. The number of children with complex disabilities is higher than in similar councils and rising. The authority is aware of this trend but yet to develop a concerted preventative strategy.

49. Social support to families is good and there is good linkage between area family support panels and school liaison meetings. All families have a lead professional and those whose children have particularly complex needs have a care coordinator who gives strong support to the family in accessing the many different services that they need. The authority has begun to employ care coordinators with a South Asian background in order to improve further the quality of support given to families from this minority group. From a very early age, children with learning difficulties are able to join Opportunity Groups where they are supported to develop social skills.

50. There is good provision of nurseries, all of which are inclusive, and have additional specialist resource provision in order to enable those with profound learning disabilities and complex physical needs to attend and make progress.



However, as a result of shortfalls in community nurse staffing, some care plans for nursery school admission were not completed in a timely fashion, affecting a very small number of children. Whilst the physiotherapy service has tried hard to reduce waiting times and has introduced a triage system which has meant that initial assessments are prompt, waiting times for physiotherapy for individual children are far too long. Although shorter than those for physiotherapy, the waiting times for occupational therapy are also too long, particularly for very young children, whilst waiting lists for speech and language services are acceptable. Parents and schools agree, however, that the physiotherapy, speech therapy and occupational therapy received by children are very good. Schools place high value on the quality of training that they receive from these professionals.

51. Inclusion in Luton's schools is extremely well developed. The authority has worked hard to ensure that as many learners as possible are able to access and benefit from mainstream educational provision. A higher proportion of children with a formal statement of special educational need are supported in mainstream schools than nationally and in similar areas. The proportion with a statement is lower, in part because services have been developed to ensure that it is not necessary to have a statement to benefit from specialist assistance and some children have made exceptional progress without this. Taken together, this is evidence of an outstanding commitment to high quality provision for these children and young people.

52. There are good arrangements with clear protocols, for assessing individual needs of children. Multi-agency work ensures that children and young people are well supported to access appropriate provision, and as a result they make good progress both academically and in terms of their social and emotional development. In primary, infant and junior schools this is often led by school-based family workers who provide strong links between family, the school and support services. The support for children and young people with behavioural difficulties is very strong. As a result, very few are excluded from mainstream schools and none from special schools. The Avenue Centre PRU provides outstanding support to Key Stage 3 students, both in their schools and as full-time students of the PRU, and works effectively to enable pupils to overcome their difficulties and rejoin mainstream schools. There is a lack of clarity about access to CAMHS on the part of special schools which means that the needs of some young people educated in special schools may not be met.

53. Children and young people with complex needs are able to access adequate amounts of short-break care and around 50 families use direct payments to purchase flexible short breaks. There are some opportunities for daytime activities for this group during school holidays. There are, however, good Saturday morning groups run by the voluntary sector, which are enjoyed by many children. There is good provision for sporting activity out of school, which is undertaken by a large number of children and young people with learning difficulties and/or disabilities. In addition, there are two youth groups offering evening activities. The council is planning to improve the monitoring of

the extent to which young people with learning disabilities and/or disabilities access mainstream youth service provision. The extent to which children and young people are able to communicate their views about the provision is satisfactory, for example through participation in consultations on the SEN and Inclusion Strategy and the annual youth service surveys. They are involved in making decisions about their own lives through their annual reviews and also, for example, through a Disability Forum in one secondary school. One young person with disabilities had participated in the recent appointment process for the Director of Children's Services. Young people are represented on a youth funding body, Young Fundz (which has recently devolved funding to a group for young people with disabilities), and on Luton Youth Together for Everyone (LYTE), the Luton youth cabinet.

54. Transition arrangements are well managed with plans in place for over 90% of young people with learning difficulties and/or disabilities in Year 9. All are in place and reviewed appropriately at the point of moving to adult services. Arrangements for all young people with complex needs aged 14+ are monitored by a multi-agency review group and funding is provided to enable work to take place between old and new settings. There are two specific transitions workers for young people with complex needs and there is effective work to improve transition arrangements in partnership with adult services.

55. A good range of appropriate-level courses is offered by Barnfield College, which was judged to be outstanding by local school headteachers, an assessment confirmed in a recent Ofsted inspection of 14-19 services, and the transition of vulnerable students is managed with great care. The support given by the college to students with learning difficulties and/or disabilities is excellent. Those students who have severe and complex learning and physical needs stay at Woodlands special school, which has recently been extended in order to meet the growing demand for places. There is a dedicated Connexions personal adviser for all students in alternative provision to support transition into education, training and employment. An increasing number of young people from Luton are being supported by the Mayflower Project, which develops personalised training/work-based packages. As a result of these initiatives, the outcomes for young people with learning difficulties and/or disabilities is very good and the percentage who are not in education, training or employment is well below the national average at 8%. The numbers of learners with learning difficulties and/or disabilities in further education increased from 427 in 2004/05 to 652 in 2006/07.

## Other issues identified for further investigation

### The impact of the partners' strategy in improving the outcomes for children under 12 months and their mothers, with particular reference to breastfeeding rates and perinatal mortality

56. The impact of the partners' strategy in improving the outcome for children under 12 months and their mothers, with particular reference to breastfeeding rates and perinatal mortality, is adequate.

Major strengths	Important weaknesses
<p>Partnership working across maternity pathways involving health, education, social care and other partners.</p> <p>Targeted services with a multilingual workforce to support breastfeeding and community engagement and development.</p> <p>Integrated strategies are being implemented in service delivery to increase breastfeeding.</p>	<p>Joint needs assessment not yet completed by the Partnership Board and formal plans do not give sufficient priority to breastfeeding and perinatal mortality.</p> <p>Evaluation of services and formal agreements to support and inform work plans are not used consistently.</p> <p>Breastfeeding rates remain significantly low and perinatal mortality and low birth weights remain high.</p>

57. Breastfeeding rates are very low in comparison with those in similar areas but effective services are in place to support improvements. The number of stillbirths, whilst falling, remains high. The proportion of babies with low birth weight (9.7%) is higher than the national average (7.9%), although consistent with that found in similar areas. Partners are working together to improve outcomes and staff are taking action to understand and reduce perinatal mortality and stillbirths, but a joint needs assessment has not been completed to support the direction of work and formal plans do not give sufficient priority to breastfeeding and perinatal mortality.

58. Access to maternity services overall is satisfactory, although pathways and packages for more vulnerable mothers, particularly those who misuse drugs and alcohol, are inconsistently implemented. Mothers' experiences of maternity services are generally positive, with a named midwife identified in 96% of surveyed cases, compared with the England average of 90.4%, and all mothers are visited at home after the birth. Effective partnership working is evident across the services, although there is a lack of formal arrangements in some areas. There is evidence of partnership learning taking place, with work in progress to ensure causes for concern are used to improve practice. Priorities identified in the 2007 APA letter include developing strategies to address low

birth weights and increase breastfeeding rates. These are noted as areas for improvement in the PCT's health improvement strategy and identified as priorities in 2008/09. Perinatal mortality is also identified as a priority for 2008/09.

59. Breastfeeding rates worsened from 64.8% to 58.8% in the last year, just over 10% lower than the national average, despite a significant amount of work which has been undertaken to address the shortfall. Work to improve recording of breastfeeding initiation and sustainability has demonstrated some improvement in more recent locally produced data, and a breastfeeding development group is tasked with reviewing the monitoring and reporting process of breastfeeding. The weakness in data collection has been due to under-recording, which has been corrected, and local data suggest better compliance in recording the information. The aim of developing a consistent approach to training, delivery and support is visible through the infant feeding advisor and health visiting services. An action plan to focus the delivery of midwifery and health visiting services is on track for completion in 2010, albeit at an early stage of implementation. Services are tailored to support the minority communities, with multilingual infant feeding advisors working in the community to facilitate greater understanding of the importance of breastfeeding and to help understand the complexities of cultural influences in uptake. The impact of these services, whilst anecdotally perceived to be having a positive effect, is yet to be realised in improved outcomes.

60. Infant mortality rates for children under 12 months have improved and were consistent with those in similar areas in 2005 and there is evidence of a slight reduction in perinatal mortalities in 2005 from 12.2 to 10.2 per 1,000 births, but this remains 2% above the national average. There is a review underway to ascertain the most effective interventions to reduce perinatal mortality and low birth weight babies. The influence of community cultures on parenting is recognised, but there has been slow progress towards devising community strategies to improve outcomes. Staff are using models of inclusion, already successfully applied in work with parents of children with disabilities, to engage people from minority communities and to facilitate understanding and learning about parenting. Midwives and translators use mobile phones to ensure speedy and flexible communication. Evolving strategies are underpinned by a recent extensive literature review to ensure interventions are appropriately targeted. During 2007/2008 scoping work for these priorities is being undertaken. The PCT has an action plan for achieving UNICEF Baby Friendly accreditation by 2010.

61. Immunisation rates for children under two years have steadily improved to around the average for similar areas. Local data demonstrate that national bloodspot screening of new babies (for sickle cell and cystic fibrosis) and the TB vaccination programme are reaching 100% and 94% coverage respectively. Clear clinical pathways are in place to support health care professionals in treating babies where necessary. Oral health in children under 12 months is supported by educational sessions in children's centres, health visiting and

infant feeding advisor services. However, the impact of this work is difficult to demonstrate as national indicators are not specific to the 0-12 months age group. Emotional wellbeing and development is further supported through new born and developmental checks and the new born hearing screening programme. The newborn hearing screening programme has achieved national targets and waits for referral to audiology diagnosis from the programme have been eliminated following locum appointments to increase capacity. The 19 children's centres are at varying stages of development. Most provide a wide range of services, including access to healthcare professionals. Care coordinators are now in contact with families and children of 0-3 years with a disability, and the expansion of family support workers to work with children from 0-5 years is planned.

62. The multi-agency teenage pregnancy strategy group has helped reduce the number of teenage conceptions, using educational and preventative approaches, but the rate of reduction is below that of similar areas. Sexual health and educational sessions are provided across the borough, with input from drug and alcohol misuse partners. Smoking cessation interventions are well established, with all health visitors and community midwives appropriately trained. A smoking cessation advisor is in place and all maternity referrals receive a referral form as part of their booking pack. The current year's success rate of quitting smoking is 50% of those referred.

63. Overall, commitment to improving services is apparent through effective partnership working in the areas of breastfeeding and perinatal mortality; some strategies and action plans are in place to support work already underway, but these could be more explicit by identifying clear measurable targets to improve outcomes for mothers and children under 12 months old.

### **The impact of the partners' strategy in improving outcomes for young people at ages 14-16**

64. **The impact of the partners' strategy in improving outcomes for young people at ages 14-16 is adequate.**

<b>Major strengths</b>	<b>Important weaknesses</b>
School improvement service. Partnership arrangements. Commitment to inclusion.	Below average pupil attainment in national tests and examinations at ages 14 and 16.

65. Pupil attainment at age 14-16 is improving but remains below average. The school improvement service has become more effective in the last two years. There is good partnership working and a shared ethos of inclusion. The service for young offenders and the youth service are good and there is adequate access to health services.

66. In 2006/07, pupil attainment in national tests and examinations at ages 14 and 16 was below the national averages. At age 14, the proportion of pupils achieving the expected level in the core subjects of English, mathematics and science was below the national average. The proportion of pupils achieving higher levels in these subjects was also below the national averages. However, gaps between the Luton performance and national figures are closing, with some fluctuations, and most pupils from Black and minority ethnic groups do better in Luton than elsewhere. At GCSE, the proportion of pupils achieving five or more higher grades at GCSE was 55% in 2007, against a national average of 62%. The performance in Luton has been improving over recent years at a significantly faster rate than nationally, largely due to the improved performance of boys. The proportion of girls achieving five or more higher grades was significantly below the national average for girls. The proportion of pupils achieving five or more higher grades varied markedly across schools, from 20% to 77%. Of the 12 mainstream secondary schools in Luton, the expected rates of progress of pupils from ages 14-16, and from ages 11-16, were significantly below expectation in six schools, were in line with expectation in three schools and were above expectation in three schools.

67. The School Improvement Service is contributing effectively to improving outcomes in schools. Inspection outcomes are getting better. The number of schools in Ofsted categories of concern has been reduced and, with the conversion of one school to academy status, there are now no schools in these formal categories. Support for schools from the authority is targeted carefully to meet the needs of each institution. The expertise of school improvement staff is used well to support schools and includes the secondment of staff to senior management positions in underperforming schools. The improvement of the quality of teaching and learning has been a key focus. Over the last three years, pupil attainment in national tests and examinations at ages 14 and 16 has continued to improve. The proportion of pupils achieving five or more higher grades at GCSE, including mathematics and English, has improved at a faster rate than the national averages whilst the proportion of pupils achieving five or more higher grades at GCSE has improved in line with national averages. The proportion of pupils achieving a higher grade in GCSE mathematics has improved at a faster rate than the national averages, whilst the proportion of pupils achieving a higher grade in GCSE English has improved in line with the national averages. The authority has no schools failing to meet minimum government attainment standards.

68. Strong partnership working is improving educational opportunities for pupils aged 14-16. A shared vision for increasing participation, raising standards and broadening the curriculum is promoted under the Campus Luton partnership. Campus Luton supports close co-operation and planning between the authority and other partner organisations, including the local Learning and Skills Council, the Connexions partnership and the University of Bedfordshire. Two high schools have become academies following close cooperation between the authority and Barnfield Further Education College. A range of appropriate strategies to improve outcomes has been developed using the expertise of

partners. More detailed planning and development is undertaken in one of three geographically based consortia to which schools are assigned. Within consortia, pupils are able to attend an appropriate range of vocational courses, which make good use of the expertise available locally in schools, further education colleges and work-based training providers. Gifted and talented pupils benefit from the provision of two suitable AS courses. The expertise of partners is being used to good effect in the development of the new diploma courses.

69. The commitment to inclusion is good. Termly school liaison meetings effectively review the progress of pupils in need of support and appropriately involve professionals from relevant agencies. The attainment of most Black and minority ethnic pupils is improving. The educational provision for students with learning difficulties and/or disabilities is good. The attainment of children in care is well above the national average for that group. The Aim Higher programme has increased significantly the number of pupils from lower socio-economic groups applying for higher education places. The two PRUs work effectively with excluded pupils to further their education and life skills. Vocational courses maintain the interest and motivation of those pupils who might drop out of education and training. The number of young people aged 16-18 who are not in education, employment and training and the number of young people who are classified as 'unknown' has reduced to just above the national average according to the latest Connexions data. The tracking and understanding of this cohort of young people has improved and is informing 14-16 curriculum developments. However, the analysis of data based on the ethnicity of young people is less comprehensive. Close liaison with immigration officials from Luton airport ensures that new young refugees and asylum seekers are offered a school place within 14 days of a request.

70. The work of the Youth Offending Service is positive for the few young people involved in the youth justice system. The service works effectively in the community to prevent young people from offending. The number of new young offenders dropped in 2006/07 and is now below the national average. The assessment of the basic skills needs of young offenders is insufficiently systematic. The Remand Panel reviews all cases regularly and progress has been made to ensure effective support is in place prior to the release of a young person. Re-offending rates have reduced and remain below the national average. The authority is particularly effective in dealing with school age offenders excluded from school through its PRUs.

71. Access to health advice and services, including mental health services, is satisfactory. Approximately half of the secondary schools have the Healthy Schools award, which is broadly in line with the national average. The recently appointed coordinator is beginning to improve the provision in existing award schools and aims to involve all secondary schools. The quality of advice on smoking, alcohol and drugs misuse, provided through Personal and Social Health Education, is good. Its delivery is supported by a wide range of appropriate agencies, including the youth service. However, pupils report that the advice on sex and relationships is insufficiently thorough. The authority is

aware of this deficiency and has appointed new staff. Whilst the overall rate of teenage conceptions has fallen, the under-16 conception rate is around the national average and has remained approximately constant for a number of years.

72. The youth service makes a good contribution to the personal and social development of young people aged 14-16 who use the youth service. The youth service works particularly well with young people aged 14-16 who do not make progress in formal education settings and these young people achieve very high rates of recorded and accredited outcomes. Most youth groups have membership committees that successfully involve young people in developing and influencing provision and services. However, it is too early to judge the impact of the borough-wide and area reference groups in involving young people in decision making about the youth service.

## Service management



## Capacity to improve



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

Major strengths	Important weaknesses
<p>Partnership working based on shared ambitions and a strong and clear commitment to improve outcomes for children and young people with the child at centre of decisions.</p> <p>Focus on outcomes not structures.</p> <p>Children and Young People's Plan (CYPP).</p> <p>The workforce strategy is addressing key issues well.</p> <p>Use of performance management.</p>	<p>Exercise of scrutiny and corporate parenting roles by councillors.</p> <p>Underdeveloped formalised learning system within the performance management framework.</p>



<p>Resources match priorities well.</p> <p>Involvement of children and young people in service design and improvement.</p>	
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74. Partners have a strong, well-defined ambition with the child at its centre. Priorities are clear and resources match these priorities. Current capacity is good, with continued investment in effective ways of working directly with children, their carers and their schools. Performance management continues to improve, with partners contributing to its enhanced effectiveness.

75. The APA of 2007, which covered the council's children's services, judged that the council is self-aware and able to make a critical evaluation of its strengths and of the areas where it can improve further. It identified that the council has a realistic approach to working across boundaries with other agencies which does not rely on structural solutions. The APA recognised the increased capacity achieved in the last year through continued investment in workforce development, family support, better leadership and self-evaluation, and the authority's successful intervention in schools to raise performance.

76. Ambitions for the area's children and young people are good. The CYPP is robust, and provides a clear vision for what the area wants to achieve for its children and young people: to be safe, healthy and successful in Luton. The CYPP and its 2007 review show clearly how the partnership is resourcing its priorities and its achievements. The vision is the result of thorough needs analysis and extensive consultation carried out in October 2005. For example, *Being young in Luton* involved 20,000 young people in Luton aged 13-19 years, using a range of survey techniques, including discussion groups with 'harder to reach' young people, such as young offenders, teenage mums, pregnant teenagers, young people with learning difficulties and/or disabilities and homeless young people. The survey also included telephone interviews with 120 parents. The vision sustains its relevance by continuing engagement with children and young people of all ages and their parents and carers.

77. The council and its partners understand very clearly the needs of the area arising from the rapidly changing population structure. Approximately 28% of the population is of Black and minority ethnic origin with more recent arrivals from Eastern European especially Poland. Community cohesion is a priority for the council and its partners and progress is positive. For example, the LAA has an overarching theme of community cohesion and each councillor holds a responsibility for community cohesion. The council has achieved Level 3 of the equality standard for local government, and it is actively working towards Level 5. The tangible results of this progress show in examples such as: 40% of family workers in schools are from Black and minority ethnic communities; culturally sensitive arrangements are in place for health care; primary school places have been prioritised to accommodate new communities.

78. Prioritisation of the local partnership is good and reflects local need. Success for children and young people is a key theme for the council and its partners. Both the LAA and the community strategy focus on outcomes for children and young people. Partnership priorities are mapped against those of *Every Child Matters*, the LAA, the community strategy, the Children and Young People's Strategic Board (CYPSB), and the LSCB. The CYPSB sets overarching priorities which evolve and change as needed. In spring 2007, the CYPSB assessed the progress made against the priorities of the CYPP and agreed on new areas of focus as measured against concerns of children and young people and against performance indicators. For example, the area achieved national targets for immunisations and vaccinations but agreed to adopt 'light touch' monitoring to ensure boosters were given.

79. The partnership has clear and challenging key priorities for the next three years. It is focusing on raising attainment combined with inclusion; on a planned approach to complex multiple disabilities; and on bullying (a priority which resulted from consultation). A clear hierarchy of plans is in place. Staff know what is expected of them but are less engaged in a systematic planning and performance management process. Plans across the partnership reflect the key areas for improvement. Beneath service plans, action plans provide a good focus on tackling areas for improvement within each service area.

80. Resources are well matched to priorities and resources are shifted to deliver specific priorities. For example, the council moved funds into children's social care by investing in the establishment of an intensive support team in order to reduce the number of out-of-borough placements and the number of children in care. The school improvement and access services work well together to support and challenge schools to improve results and reduce exclusion rates. Commitment to developing preventative services underpins the partnership's strategic approach. Key strategies reflect this commitment, for example provision of children's centres, family workers, multi-agency family support and support for parents and young carers. The council is prepared to take difficult decisions, for example the closure of poorly performing schools and the establishment of academies.

81. Current capacity is good. Partners are clear about their roles and responsibilities. Councillors and senior managers are clearly committed to and effectively involved with the CYPSB, LSCB and partnership management group (PMG). The CYPSB is the designated theme group for the children and young people's block of the LAA. There are two councillors covering the portfolio for children: the new Lead Member for children's services has a relevant professional background and a more experienced councillor holds a specific lead on children's social care. The Director of Children's Services and the two councillors discharge their responsibilities effectively. The proposed mentoring programme is planned to benefit councillors by extending their knowledge and experience. The council is consulting on a strengthened approach to corporate parenting, building on its investment in its Children's Panel for children in care.

82. Partnership working is strong. Preventative strategies, which engage a wide range of agencies, have been in place since 2004. Voluntary organisations are represented at all levels of the partnership in strategic development (at CYPSB, LSCB, PMG), in relation to particular services for example the youth service reference group, and as front-line deliverers of services. Voluntary partners work well with the council and are respected as key providers.

83. Progress towards a Children's Trust arrangement is careful and considered. The area made an early decision to focus on outcomes not structures. An area-based model is in place, and a joint commissioning unit with joint accountability to the council and the PCT was established in January 2007. Partner agencies across the town have grouped, or are coordinating, their service provision into three areas to ensure continuity of contact between service providers and children and young people. Schools align in the same three areas, as do the youth service, educational support services and the Multi-agency Family Support Panels. The board has agreed a commissioning framework and has also agreed arrangements for a review of the model of commissioning including geographical alignment. This work, ending in March 2008, is planned to influence decisions about the future delivery of children's services.

84. A comprehensive and effective multi-agency workforce strategy ensures that the right people are in the right place. After analysis of hard-to-fill posts and key vacancies, a policy of 'grow your own' and different ways of attracting and recruiting staff proved effective. As a result, the area achieved a reduction in social care vacancies in 2007 to 13.2% (16% in 2006). Teacher recruitment is successful, with a vacancy rate of just under 2% compared to 4% in 2006.

85. Performance management of the local partnership and children's services is good. A multi-agency performance management framework is in place, with a management group, key data set and performance portal on the partnership website. Performance review managers ensure effective monitoring; staff and managers use performance information to improve services. However, the systematic use of performance management and learning for the improvement of services is less well developed. Future plans include a fully integrated system. External evaluation, mostly research based, is in place, with good links to the University of Bedfordshire; project evaluation and assessment of outcomes is growing in its effectiveness. Examples of effective scrutiny include the review of looked after children and of bullying. All new policies and strategies are assessed for equality impacts, for example the Luton play strategy. Good and effective needs analysis and continuing consultation informs not only the CYPP but also service design and development.

86. The capacity of the council and its partners to improve further is good. Improvements are evident in key areas, relating, for example, to the introduction of family workers in schools, school improvement and educational attainment. Service and financial planning is good. The planned approach to Children's Trust arrangements is good. Leadership is effective and plans are in

place to strengthen this further by enabling more systematic support and development for councillors, for example through a mentoring programme.

## Annex A

### **MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN LUTON BOROUGH COUNCIL**

#### **Summary**

Luton consistently delivers services for children and young people at a good level, and a good contribution is made by services towards improving outcomes. Together, children's services has played a very significant part in enabling children and young people to make a positive contribution. In terms of the overall judgement the effectiveness of children's services is good.

The full APA can be found at:

[http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=310888&providerCategoryID=0&fileName=\\APA\apa\\_2007\\_821.pdf](http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=310888&providerCategoryID=0&fileName=\\APA\apa_2007_821.pdf)

## Annex B: Summary of the Enhanced Youth Inspection Report

### Main findings

The local authority sufficiently secures the provision of youth work. Young people achieve high standards and there are a few examples of outstanding achievement. The quality of youth work is good, with a strong focus on developing and extending knowledge, skills and attitudes. Young people gain valuable social and political skills through participating in decision making in their own clubs and at a strategic level. The service has secured a good balance between targeted and universal provision. It works successfully with a wide range of vulnerable young people, but there is little in place to promote access for young people who are looked after by the local authority. The service is responsive to the needs of minority groups. It has successfully secured good access and outcomes for these young people through targeted provision and partnership work. However, capacity building with other potential providers in the voluntary sector is limited. The curriculum is confidently implemented and closely aligned with the five *Every Child Matters* outcomes. Accommodation, with the exception of one centre, is generally welcoming and in good condition. Service-wide and area plans are consistent with the priorities of the Borough Council and the Children and Learning Department. Implementation is thoroughly monitored and performance management is good. The quality and performance of the service has increased significantly as a result of a well-conceived range of measures to secure improvement. Recently introduced management information systems enable accurate assessments about cost-effectiveness. Adequate arrangements for health and safety are in place, but a small number of risk assessments are not completely appropriate to the needs of users. The youth service's role in the provision of educational leisure time activities is central to plans for establishing integrated youth support.

### Key aspect inspection grades

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

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

## Strengths

- Young people achieve high standards and develop a good range of knowledge and skills.
- The quality of youth work is good, with a strong focus on learning and achievement.
- The curriculum framework is well understood by all staff and is confidently implemented.
- The promotion of diversity and social cohesion is outstanding.
- Good quality assurance arrangements result in continuous improvement.
- Performance management is good.

## Areas for development

- Promote the access and participation in youth work of young people in local authority care.
- Develop, and implement, policies and procedures for the delivery of drug education.
- Develop arrangements for capacity building with potential providers in the voluntary and community sector.
- Ensure that risk assessments are appropriate to the requirements of specific groups of young people.

## Annex C

### CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Luton are good. The actions taken to ensure their health and well-being are good. Outcomes for newly born babies are improving but the rates of initiation of breastfeeding remain low in comparison with those of similar areas. The arrangements for safeguarding are good and there is a strong inter-agency safeguarding culture. The LSCB is acting purposefully on a clear set of priorities. Agencies work well together to enable children and young people to enjoy and achieve. Attainment levels are improving, although test and examination results at the ages of 14 and 16 remain below the national average. Children and young people who are in care or who have learning difficulties and/or disabilities receive good services which result in positive outcomes.

2. Service management in Luton is good. The CYPP contains realistic plans to improve services. There is a strong awareness of diversity and equality issues, as well as clear ambitions for vulnerable groups of young people. There is a clear focus on raising attainment within an ethos of inclusion. Resources have been effectively shifted to meet priorities. Value for money is good. Effective approaches have been adopted to tackle poorly performing schools. There is a good approach to performance management.

3. The combined work of all local services in securing the health of children and young people is good. The key priorities of the PCT are closely aligned with those of the CYPP. The impact of combined services to improve outcomes for babies is adequate. Infant mortality has been reduced and further investigative work is underway to develop better understanding of the complex issues involved. Progress to improve the rates of initiation of breastfeeding is slow, although data collection has improved. Rates of immunisation have improved and are now consistent with similar areas. For young people under 20, emergency hospital admissions for substance misuse have fallen by almost a half since 2001. Progress towards comprehensive CAMHS is good and an efficient service is provided to young offenders and young people with substance misuse problems. A care coordinator service is offered by health, social care and education professionals for children aged 0-3 with complex and severe needs. The council is in the early stages of developing a multi-agency strategy to include all disabled children as it does not yet include those who are physically disabled.

4. Children and young people appear safe and arrangements to ensure this are good. Most safeguarding outcomes are better than those achieved by similar authorities. Over the last seven years, there has been a large decrease in the number of 0-15 year olds killed or seriously injured in road traffic accidents. The child protection system is run efficiently. All cases on the child protection register are allocated to a qualified social worker and reviewed at



appropriate intervals. Records of strategy discussions and enquiries made in child protection cases are now quality assured by managers. Family support services are strong, including family workers in all primary and special schools and planned for all high schools. Termly school liaison meetings focus on the most vulnerable children. The CAF has been introduced across the area and three multi-agency Family Support Panels coordinate these to ensure consistency. The proportion of initial assessments completed on time has increased to 65% which is better than the average for similar areas. Almost all reviews for children in care take place on time and which is outstanding and 94% of these children had an allocated social worker, which is an improvement on last year and well above the percentage achieved in similar areas. A comparatively low proportion are in residential care. The stability of placements of children in care is good and is in line with that of similar authorities and the national average. The percentage of looked after children in receipt of annual health assessments and dental checks has been consistently above the national average.

5. The contribution of all local services in helping children to enjoy their education and achieve well is good. There is an effective School Improvement Team and a shared commitment to inclusion. Outcomes are improving in some important respects. However, for 14-16 year old pupils, educational attainment remains significantly below the national average. The overall quality of early years provision is good. Attainment at all key stages is at or below national expectations but in some respects the difference between the local authority performance and the national average has been reduced. At Key Stage 1, results overall are broadly average. There was a more significant improvement in results at Key Stage 2 in 2006 than regionally or nationally, particularly in English and writing. In 2006/07, student attainment at Key Stages 3 and 4 was significantly below the national average in a number of key indicators. At Key Stage 3, the attainment in English, mathematics and science at Levels 5+, 6+ and 7+ was below the national averages. Attainment of five GCSE A\*-Cs grades has improved and is in line with statistical neighbours but remains significantly below the national average. There was a significant under-attainment of girls in obtaining five GCSE A\*-C grades compared to the national average for girls' attainment. Although progress at Key Stage 3 is improving, progress overall at secondary level is satisfactory or better in only half of the 12 high schools.

6. Outcomes from school inspections are improving and there are no schools in an Ofsted category of concern. Attendance in both primary and secondary schools is in line with the national average. Unauthorised absence in secondary schools continues to remain low and is below the rate for its statistical neighbours and nationally. The rate of permanently excluded pupils is falling sharply. Nearly all permanently excluded pupils receive at least 20 hours of tuition a week, which is well above the national average.

7. The impact of all local services in helping children and young people to contribute to society is good. Over 3,000 young people were involved in elections for 25 elected members of a youth parliament. The authority has

responded to consultation and concerns expressed by members and young people by making work on bullying a priority and by adopting a more flexible strategy for youth work. There has been an 11% reduction in the number of first-time entrants to the criminal justice system and a fall in the re-offending rates. By the end of this year nearly all children in care had been involved in their statutory reviews. A small but growing number have chaired their own reviews.

8. The impact of all local services in helping children and young people achieve economic well-being is good. Campus Luton provides a good collaborative framework for 14-19 developments such as extending curriculum choices. Performance has improved for 14 to 19 year olds, although results for GCE AS/A-levels remain low when compared to national figures. There is a rising trend of improvement in work-based learning. The further education providers inspected have been judged as having outstanding leadership and management. The figure for young people not engaged in education, employment or training (NEET), or not known, has been reduced and is broadly in line with the national average. The council has identified the need to produce a young people's housing strategy for care leavers and, in particular, to increase the availability of supported lodgings. The proportion of care leavers at age 19 who are living in suitable accommodation is around the average for similar areas.

9. The capacity of council services to improve is good. Improvements are evident in key areas, such as the introduction of family workers in schools, school improvement and educational attainment. Service and financial planning is good and satisfactory progress is being made on sharing budgets and joint commissioning. The planned approach to Children's Trust arrangements is good. There are good relations between the council and its partners and effective leadership.

## Annex D

### SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the inspection of children's services*.
2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and these findings plus aspects of the most recent APA 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 Luton and evaluates the way local services, taken together, contribute to their well-being. Together with the APA of children's services, joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being. This review explores these issues by focussing on children with learning difficulties and/or disabilities, children who are looked after, children at risk or requiring safeguarding and a few additional investigations. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.
4. The review took place in two stages, consisting of an analysis stage (where recorded evidence was scrutinised) and a two-week fieldwork stage (where inspectors met children and young people and those who deliver services for them).