



**Better
education
and care**

Joint area review

Kingston upon Thames
Children's Services Authority Area

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
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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 nine inspectors from the Adult Learning Inspectorate (ALI), Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), 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 its findings 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 Kingston upon Thames area and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.

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

5. The review took place in two stages consisting in total of three weeks over a 10-week period. The first stage reviewed all existing evidence including:

- a self-assessment undertaken by local public service providers
- a survey of children and young people
- performance data
- the findings of the contemporaneous inspection of the youth service
- planning documents
- information from the inspection of local settings, such as schools and day care provision
- evidence gathered during the earlier Youth Offending Team inspection; and
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.

6. The second stage included inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, and a study

of provision in two main neighbourhoods in Kingston upon Thames. 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. A review of case files for children and young people receiving support from a number of local agencies was also included.

Context

7. Kingston upon Thames is the smallest London borough, with the exception of the City of London. Its population of 151,800 has grown at a faster rate than that for the London region over the past 20 years and a further growth of 7% is anticipated by 2010. Of its population, 15.5% come from black and minority ethnic (BME) backgrounds, although this rises to 21% among members of the population who are under 18 and to 30% in the school aged population. Kingston has the largest Korean population in England.

8. The borough is socio-economically advantaged, with very low unemployment and the eligibility for free school meals is well below average. The population is relatively healthy, well educated and affluent, although within the borough relative poverty and deprivation is both concentrated into small areas and widely dispersed in 'tiny' pockets. In 2005 Kingston ranked as the second least deprived of the London boroughs and is ranked 266 out of 354 nationally.

9. There are approximately 33,097 children and young people under the age of 19 living in the borough. Of these, 51 are on the child protection register, 180 are young carers, 115 are unaccompanied asylum seeking children and care leavers, 107 are registered with the youth offending service. 105 children and young people are looked after by the council. The number of children with learning difficulties and/or disabilities is increasing; as is the complexity and severity of their disability.

10. Kingston upon Thames has 37 primary schools, 10 secondary schools, two of which are selective, three special schools and two pupil referral units. London South Learning and Skills Council (LSC) are partners with the local authority, Kingston College of Further Education, training providers and schools in developing and implementing the 14–19 strategy. Post-16 training and education is provided by one further education college, 10 school sixth forms and five work-based training providers. Entry to Employment (E2E) provision is managed by Royal Borough of Kingston upon Thames Training, controlling 36 places. A significant number of young people attend post-16 provision outside the borough. Equally, a significant number from other boroughs attend provision in Kingston. Adult and community learning, including family learning, is provided by the local authority.

11. Primary care for children in Kingston upon Thames is provided by the Kingston Primary Care Trust (PCT). Kingston Hospital NHS Trust is the main provider of acute health services and also provides other children's hospital services and accident and emergency (A&E) services. Children's mental health services are provided by South West London and St George's NHS Mental Health Trust, which also provides services to four other surrounding London boroughs and specialist services to people throughout the UK. The trusts providing health services for the children of Kingston upon Thames fall within the London-wide Health Authority, NHS London.

12. The council created an integrated learning and children's services directorate in 2005. The Director of Learning and Children's Services took up post in April 2005. A Children and Young People's Trust Board was formally set up in April 2005 and serves as the key governance and decision-making body for children and young people's services. It is chaired by the council's Chief Executive, with a good level of representation of key partners, including voluntary and community services (VCS) and the council's Executive Member for Learning and Children's Services. Reporting to the Trust Board, the Children and Young People's Partnership and its working groups develop key policies.

Summary Report

Outcomes for children and young people

13. **Outcomes for children and young people in Kingston upon Thames are good in all areas and outstanding in most.** Outcomes in Kingston upon Thames are very high and show a sustained trend of improvement and high standards being maintained over the last five years. These outcomes reflect the high quality of the services provided by the council and its partners. The partnership has remained highly focused on improving current high standards whilst implementing an ambitious change agenda for children and young people. Health outcomes are good or excellent, reflecting the generally favourable socio-economic conditions in the borough. The overall incidence of childhood accidents and illness is low. There have been significant improvements in a number of outcomes recently, notably breast-feeding initiation rates and immunisation rates. Teenage conceptions are significantly lower than the national average. Most children report that they feel safe in the community and the rate of road traffic accidents has been effectively reduced. Those most at risk of significant harm are well protected by good inter-agency collaboration and professional practice. The proportion of children and young people on the child protection register is well below the national average and the number of re-registrations has been significantly reduced. Educational standards are very high, being well above national averages and those of similar authorities in all key stages, and continue to improve. In 2005 the progress made by young people between the ages of 11 and 16 was amongst the best in the country. The attainment of pupils from BME communities is good overall, being better than for these groups nationally, although below the

average for the borough. The attainment at age 16 of Korean pupils is low. A high proportion of young people, including those from vulnerable groups, remain in full-time education at age 16. By the age of 19 the proportion of young people achieving a level 2 or a level 3 qualification is high and significantly above the local LSC and national averages. Attendance in schools is excellent. Levels of anti-social behaviour are reducing as a result of effective multi-agency projects. Re-offending rates have significantly reduced and high numbers of young people who offend are benefiting from participation in education, employment or training.

The impact of local services

14. **The overall effectiveness of the council's children's services is outstanding.** All services for children and young people in the partnership are good or excellent and have had a very substantial impact on improving outcomes for almost all children and young people. Education services are outstanding. Very good progress has been made in strengthening the quality of universal services and developing and implementing preventative services to reduce levels of vulnerability. The council has a strong track record of focus on, and resolution of, underperformance. Consequently, performance is well above the national average for most aspects of education and children's social care and continues to improve. The management of services for children and young people is good. Current management of resources and value for money at the council are good. The overall capacity of the council and its partners to build on these achievements further is good.

15. The partnership has good ambitions for children and young people, comprehensively set out in its Children and Young People's Plan (CYPP) and based on a sound needs assessment. Priorities set by the partnership to improve outcomes are well defined, and resources to deliver these during the current year have been identified by all key partners with the exception of Health. Strong leadership of the change agenda is provided by high calibre staff and elected members. The council has very strong relationships with all key partners, who are well involved both in the Children and Young People's Trust Board and the Children and Young People's Partnership and its sub-groups. Children and young people are increasingly engaged in strategic planning. The children and young people's participation strategy is ambitious in terms of its scope and aims and good progress is being made to embed it in practice. Performance management across the partnership is good.

Being healthy

16. **The impact of all local services in securing the health of children and young people is good.** Statutory and voluntary organisations work together well to provide good community-based maternity and family support services. Information is appropriately targeted to meet the needs of more vulnerable children and their families. Schools and the youth service are actively involved in promoting healthy lifestyles and provide good programmes of

personal, social and health education. A high proportion of schools are engaged with the Healthy Schools programme and school meals meet nutritional standards. All schools participate in the School Sports Partnership. There is good and appropriate access to sport and physical activities for children and young people in community settings, including good provision for those with learning difficulties and/or disabilities and for looked after children.

17. Good needs assessment informs current and future service provision to improve child health outcomes and address inequalities. Interpreting services are readily available to support access to services for children and families whose first language is not English. Children have good access to age appropriate health services when they are ill, although in-patient services are not provided in an appropriate setting for adolescents. A new tier 2 Child and Adolescent Mental Health Service (CAMHS), called the Family Advice and Support Service (FASS), is providing good support to front line staff to identify mental health problems and make appropriate referrals. There are good examples of joint working between health visiting and other early intervention services, such as FASS. However, some health visiting practice does not meet national guidelines for the identification and referral of vulnerable children in need of additional support as set out in *Working Together to Safeguard Children 2006*. There is a well-developed framework for promoting child health. Health indicators for looked after children are good, but unaccompanied asylum seeking children do not always have timely access to health advice from the looked after children's health service. The health needs of young children with learning difficulties and/or disabilities are well met through good integrated services. However, health services for school age children with learning difficulties and/or disabilities are less well coordinated and there are long waits for access to some diagnostic and therapy services, particularly for those with social and communication learning difficulties. Robust systems to measure progress enable many services to demonstrate their impact on improving health outcomes, for example, improved breast-feeding and childhood immunisation rates and reduced teenage conceptions in under-16s.

Staying safe

18. **The impact of all local services in keeping children and young people safe is good.** Effective inter-agency work helps children to stay safe in their community through good information and training on issues such as stranger danger and road safety. Children and young people who are most at risk are protected well through good inter-agency collaboration and well managed procedures. Workforce stability has been improved through the implementation of effective recruitment and retention strategies. The council and its partners undertake appropriate staffing checks using the Criminal Records Bureau. Professionals in key agencies generally work well together and share information. However, not all agencies are consistently working in accordance with the *Working Together to Safeguard Children 2006* national guidelines to refer children who are affected by domestic violence appropriately. In addition, there are some aspects of social care practice in the

area of domestic violence that require improvement, and have led to delays in meeting children's safeguarding needs in a few instances.

19. Very good progress has been made in setting up preventative services which provide early support as well as more intensive work to children and their families, and there are good plans to develop these further. Support for looked after children is good overall but more variable for unaccompanied asylum seeking children. Reviews for looked after children and young people are held in a timely way; however, structures are not in place to ensure the Independent Reviewing Officer service is systematically improving the quality of this work. The safeguarding of looked after children is promoted effectively. Good support is provided for children with learning difficulties and/or disabilities and their families, and planned integrated service developments intend to improve this support further. These plans exemplify a good model of consultation with parents and carers in the design of services.

Enjoying and achieving

20. **The impact of all local services in helping children and young people to enjoy their education and recreation and to achieve well is outstanding.** The council and its partners give a high priority to ensuring that children and young people enjoy good leisure provision and continue to achieve high standards. The well-conceived strategy for early years and childcare reflects overall very good quality provision in this area. Education standards overall are excellent, well above national averages and generally better than those found in similar areas. Between the ages of 11 and 16 young people make excellent progress. The strategy and services for school improvement are a particular strength. Strategies to improve the underachievement of boys compared with girls are effectively targeted and beginning to demonstrate success. The very good and strengthening focus on identifying and supporting specific groups of vulnerable pupils has improved their progress and attainment. Looked after children make good progress throughout their schooling. Children and young people with learning difficulties and/or disabilities achieve well and their progress is monitored carefully. Very good relationships between the council, schools and other partners, including the voluntary sector, demonstrate strong commitment and drive to improving existing high standards further. Attendance is very good; with innovative activities to reduce further the low rate of authorised absences and improve the broadly satisfactory attendance of looked after children.

21. Good quality practice in youth work settings contributes strongly to good standards of achievement. Strong partnerships enable children and young people to access a wide range of informal learning and recreational activities outside school and during school holidays. Provision includes an extensive range of sporting, outdoor education, music and cultural events, although these are not sufficiently well promoted.

Making a positive contribution

22. **The impact of all local services in helping children and young people to contribute to society is good.** Children and young people receive good support to develop socially and emotionally, for example, through the Healthy Schools programme and Social and Emotional Aspects of Learning (SEAL) programmes in schools. There are many opportunities for children and young people to become involved constructively in society, both at school and in their local communities. Clear and effective anti-bullying policies are in place as are well-structured projects to increase children and young people's confidence.

23. The council and its partners demonstrate a strong commitment to involving all children and young people in contributing to project and service development through the well-conceived participation strategy. While there are some good individual examples where children and young people have influenced the design of services and evaluated their quality, this is not consistent across the partnership. Looked after children and young people have good opportunities to make a positive contribution and have their views heard. However, the numbers of children and young people who take up these opportunities are small and the advocacy and complaints service is not well understood by potential users.

24. The council has managed effectively the rising number of young people who offend for the first time through good, targeted early intervention. Partners work well together to reduce anti-social behaviour; Safer Neighbourhood Teams, the Youth Service and the Youth Offending Team collaborate closely on creative, preventative and diversionary projects which are having a positive impact. High numbers of young people who offend benefit from participating in education, employment or training and re-offending rates are reducing significantly.

Achieving economic well-being

25. **The impact of all local services in helping children and young people achieve economic well-being is outstanding.** Provision of information about the wide range of high quality childcare provision available is good. Careers advice and guidance provided by schools and the Connexions service is good and is equally good for young people who are looked after and those with learning difficulties and/or disabilities. A very high proportion of young people, including those who are more vulnerable, remain in full-time education at age 16. A clear and appropriate strategy to meet the needs of 14–19 year olds is being systematically implemented. There is very good collaborative working by partners, including the further education college, the local LSC and Connexions, with the council providing a very strong lead. There has been good development of post-16 provision, particularly vocational courses, and increasingly effective partnership working between providers. The great majority of young people live in appropriate accommodation, although

there is a shortage of permanent accommodation for care leavers. Good transition arrangements are in place for young people who are looked after to support their progression at age 16. Young people with learning difficulties and/or disabilities. are supported by well-coordinated services to move towards a more independent adult life.

Service management

26. The management of services for children and young people is good. The partnership has good ambitions for children and young people, comprehensively set out in its CYPP and based on a sound needs assessment. Priorities are well defined and resources to deliver these during the current year have been identified by all key partners with the exception of Health, where a 'mapping exercise' to identify budgets for children's services is underway. The partnership has remained well focused on maintaining or improving current high standards of performance throughout the change agenda. New, innovative, preventative services are developing very well. Take up of services by BME groups is monitored, with effective action taken to address issues of access. The overall capacity of the council and its partners is good. There is strong leadership, high calibre staff and elected members, underpinned by good relationships. Levels of grant funding to the council are low. Current management of resources and value for money at the council are good. There is a good track record of increasing financial capacity through successful bids for additional funding. Budgets for children's services have been integrated at the council. However, Health and council budgets are not yet aligned or pooled. Although there are no planned reductions to services for children and families provided by the PCT, uncertainty continues whilst the PCT financial recovery plan has yet to be formally agreed. A Children and Young People's Trust Board is in place, chaired by the council's Chief Executive, with a good level of representation of key partners, including the Voluntary and Community Sectors and the council's Executive Member for Learning and Children's Services. Reporting to the Trust Board, the Children and Young People's Partnership and its sub-groups are active in developing key policies. Work is advancing on a strategy for joint commissioning. Highly effective strategies for recruitment and retention and integrated workforce planning and development are contributing strongly to organisational capacity. Performance management across the partnership is good and the partnership has overall good understanding of its strengths and weaknesses as reflected in the self-assessment. Performance is well above the national average for most aspects of education and children's social care. The council has a strong track record of focus on, and resolution of, underperformance. Staff are active in seeking learning and sharing opportunities with external bodies and regional partners in order to enhance local knowledge and maximise further improvement.

Grades

Grades awarded:

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

	Local services overall	Council services	Health services
Being healthy	3		
Staying safe	3		
Enjoying and achieving	4		
Making a positive contribution	3		
Achieving economic well-being	4		
Service management	3		
Capacity to improve	3	3	
Children's services		4	
The education service		4	
The social care services for children		3	
The health service for children			3

Recommendations

For action over the next six months

- in relation to domestic violence, secure improvements in social care practice and the consistent implementation of the *Working Together*

to Safeguard Children 2006 national guidelines by some community health staff to ensure that children who are affected by domestic violence are referred in line with these guidelines

- implement a coordinated joint commissioning function as soon as Health budgets for children's services have been identified
- ensure that all services and partners who work with children and young people implement the participation strategy
- establish clear structures to enable feedback from the Independent Reviewing Officer service to systematically improve practice
- review and improve access to all services for children and young people who are unaccompanied asylum seekers; and ensure all looked after children are aware of opportunities to make a positive contribution and understand the advocacy and complaints service.

For action in the longer term

- review the commissioning arrangements to improve access for children and young people with social and communication learning difficulties and/or disabilities to therapy and equipment services.

Main Report

Outcomes for children and young people

27. Outcomes for children and young people in Kingston upon Thames are good in all areas and outstanding in most.

28. Outcomes in Kingston upon Thames are very high and show a sustained trend of improvement and of high standards being maintained over the last five years. These outcomes reflect the high quality of the services provided by the council and its partners. The partnership has remained highly focused on improving current high standards whilst implementing an ambitious change agenda for children and young people. Health outcomes are good or excellent, reflecting the generally favourable socio-economic conditions in the borough. The overall incidence of childhood accidents and illness is low. There have been significant improvements in a number of outcomes, recently notably breast-feeding initiation rates and immunisation rates. Teenage conceptions are significantly lower than the national average. Most children report that they feel safe in the community and the rate of road traffic accidents has been effectively reduced. Those most at risk of significant harm are well protected by good inter-agency collaboration and professional practice. The proportion of children and young people on the child protection register is well below the national

average and the number of re-registrations has been significantly reduced. Educational standards are very high, being well above national averages and those of similar authorities in all key stages, and continue to improve. In 2005 the progress made by young people between the ages of 11 and 16 was amongst the best in the country. The attainment of pupils from BME communities is good overall, being better than for these groups nationally, although below the average for the borough. The attainment at age 16 of Korean pupils is low. A high proportion of young people, including those from vulnerable groups, remain in full-time education at age 16. By the age of 19 the proportion of young people achieving a level 2 or a level 3 qualification is high, significantly above the local LSC and national averages. Attendance in schools is very good. Levels of anti-social behaviour are reducing as a result of effective multi-agency projects. Re-offending rates have significantly reduced and high numbers of young people who offend are benefiting from participation in education, employment or training.

29. Children and young people are healthy and most feel healthy.

Most children and young people are healthy and many health indicators are good or excellent, reflecting the generally favourable socio-economic conditions in Kingston. There has been a notable improvement in several health outcome measures over the last three years. Infant mortality is low and there is a low incidence of physical disease and mental ill-health within the young population. The number of pregnant women who smoke is well below average and breast-feeding initiation rates have improved significantly and are well above the national average. Immunisation by age two is significantly higher than national and comparator averages; mumps, measles and rubella (MMR) is particularly high. Most immunisations by age five are comparable with national and comparator averages and all rates have improved significantly since 2002.

30. The overall incidence of childhood accidents and illness is low. The incidence of measles in under-ones is above the national average, but there have been few cases during the last four years. Dental health is very good, with children of all ages having fewer decayed, missing or filled teeth than the national average. The majority of children attending A&E services are seen within the four hour target time. More children than the national average are seen in A&E with respiratory illnesses, particularly with bronchiolitis.

31. Teenage conceptions in Kingston are significantly lower than the national average. Good results have been achieved in reduction of under-16 conceptions, but the overall rate of reduction for all teenage conceptions has been slower than predicted. Rates of Chlamydia diagnosis are significantly higher than the national average, and for 16 to 19 year olds show a faster rate of increase than the national average.

32. **Children and young people appear to be safe overall.** Performance indicators show very good outcomes for children and young people, with most showing a sustained trend either of improvement or of high standards being maintained. Most children report feeling safe in the community, and the number of road traffic accidents has been effectively reduced.

33. The proportion of children and young people on the child protection register is well below the national average, and all cases are allocated to a qualified social worker. The length of time that children remain on the register has decreased. Only one child has remained on the child protection register for over two years. The number of re-registrations has been significantly reduced, in line with comparable neighbours. In 2006 there has been a marked improvement in the number of core and initial assessments carried out within timescales, and almost all are now completed within 35 days of their commencement. The proportion of children and young people who are looked after is slightly lower than the national average. The number placed outside the borough has been successfully reduced. Outcomes for children in external placements are effectively monitored. The long-term stability of placements in Kingston is below that in similar authorities but few children have more than three placements in a year. Performance on achieving adoption in a timely way is very good, although the proportion of children placed in foster or adoptive placements is lower than similar authorities. Outcomes for looked after children are good and continue to improve.

34. **Children and young people achieve very well.** The quality of childcare and early years provision is very good overall. Education standards are very high, being well above national averages and those of similar authorities at all key stages, and continue to improve. The overall effectiveness of most schools is good and a few are outstanding. A high proportion of children and young people surveyed for this inspection rightly say they are doing very well or quite well at school. Many take part in an extensive range of recreational and out of school learning activities. Attendance at school is excellent and remains well above national averages. Unauthorised absences are below similar authorities and national averages. Truancy rates are amongst the lowest in the country. There have been very few permanent exclusions in recent years. Although the number of fixed-term exclusions has risen in line with national trends, overall the position in Kingston is much better than nationally and in similar authorities.

35. Attainment in 2005 was well above national averages and higher than in other similar areas. The progress made by young people between the ages of 11 and 16 was amongst the best in the country. Unvalidated data for 2006 confirms high standards are being maintained. Although attainment is better than that nationally, and the gap is closing, boys perform less well than girls. The attainment of pupils from BME communities is good overall and better than for these groups nationally, although below the average for the borough. Pupils for whom English is an additional language perform well. The attainment and progress of many Black African and Pakistani pupils is less than pupils from

other minority ethnic groups in the borough. The attainment at age 16 of pupils from the relatively small number of Korean families is especially low.

36. Looked after children make good progress throughout their schooling. At age 16, the small numbers of these pupils perform significantly better than looked after children nationally, although well below their peers in the borough. Although they do not have high levels of absence, their attendance at school is a recognised area for improvement. No looked after children have been permanently excluded from school in the last three years. The progress of children and young people with learning difficulties and/or disabilities in primary schools and in the first stage of secondary school is good. At age 16, pupils make at least the progress expected of them. Within the youth service, young people's achievements are good.

37. **Children and young people have a good range of opportunities to make decisions and take personal responsibility and many make a good contribution to their communities.** Children and young people benefit from a good, varied and interlinked range of provision that supports their social and emotional development well. The youth service provides a range of activities which effectively contribute to the personal development of an above average proportion of the 13 to 19 population. Effective multi-agency transition projects ensure that children and young people are well prepared to cope with significant changes in their lives, for example, on entering secondary school. Activities to support vulnerable young people at key transition points have been successful. For example, the U-Project effectively supported 28 disaffected young people at the end of Key Stage 4 to remain in education, employment or training. A high proportion of looked after children contribute to their reviews. All young people leaving care have pathway plans and most are in education, employment or training.

38. Children and young people respond positively to opportunities to participate in democratic processes. In excess of 4000 young people voted in the United Kingdom Youth Parliament elections in 2005. They increasingly have a voice in shaping services which affect them, through consultations and other forums. In Chessington, for example, young people have contributed to developing sexual health services and reducing anti-social behaviour. Few young people are aware of high quality resources such as the *Youth Unlimited* magazine and Young Livin website designed to encourage their participation. Children and young people with learning difficulties and/or disabilities gain from creative opportunities to contribute their views, for example, through person-centred transition plans. However, the planned forum for this group of young people is still in the early stages of development. Levels of anti-social behaviour are reducing through effective multi-agency projects and diversionary activities. High numbers of young people who offend benefit from participating in education, employment or training and re-offending rates are reducing significantly.

39. Children and young people are able to achieve economic well-being and are prepared very well for working life. A high proportion of young people remain in full-time education at age 16. The proportion not in education, employment or training is very low. A high proportion of vulnerable young people, including those who are looked after, those with learning difficulties and/or disabilities and young offenders, are in education, employment or training. By the age of 19 in 2005, the proportion of young people achieving a level 2 or a level 3 qualification was significantly higher than the local LSC and national averages. Overall achievement rates of General Certificate of Education (GCE) Advanced level qualifications in schools have improved significantly in recent years and are now high at 306 points per candidate. There is, however, some variation in standards between schools. Strategies to improve performance in lower performing sixth forms are in place and standards, retention and the progress of young people are improving. Nevertheless, for the increasing numbers of young people progressing to level 2 courses in school sixth forms, success rates, although rising rapidly, are only satisfactory. Outcomes for more vulnerable learners on E2E courses are good. Success rates at the college and for work-based learning remain satisfactory overall. Improvement strategies are in place for weaker provision and outcomes are improving. The progression rate to higher education is high. No homeless families are placed in bed and breakfast accommodation and all care leavers and young offenders are placed in suitable accommodation. Some accommodation for unaccompanied asylum seekers leaving care is unsuitable and does not fully meet their needs.

The impact of local services

Being healthy

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

41. Parents and carers receive good support to keep their children healthy and user satisfaction with services is positive. Ante-natal and post-natal support delivered through the Surbiton Children's Centre provides good parenting education. There are effective outreach programmes to reach most pregnant women and parents from vulnerable groups. However, a few new mothers do not receive adequate early breast-feeding and post-natal support.

42. Good needs assessment informs current and future service provision to improve child health outcomes and address inequalities. Some children and young people are involved in the design and review of health services, such as young people's sexual health services, but this is not yet well embedded across all provision. Interpreting services are readily available to support access to services for children and families whose first language is not English. Robust systems to measure progress enable many services to demonstrate their impact on improving health outcomes, for example, improved breast-feeding and childhood immunisation rates and reduced teenage conceptions in under-16s.

43. There are good examples of joint working between the health visiting and other early intervention services, such as FASS and through the Surbiton Children's Centre. However, some activity falls short of the best practice set out in the national guidelines *Working Together to Safeguard Children 2006*. For example, there is a lack of alignment between community child health services interpretation of families giving 'cause for concern' and the levels of vulnerability being established across agencies as part of information sharing and assessment developments. Where children are affected by domestic violence, joint assessments are not yet well established and most health visitors and school nurses undertake their own risk assessments. In addition, health visitors and school nurses keep their own register and records of vulnerable families which are not always shared with the family or social services.

44. The excellent school nursing service is innovative and highly efficacious in meeting the needs of children and young people through their effective involvement in the design of provision. It provides community-based services, such as the children's incontinence clinic, and the award winning KUI9 text and email-based young people's sexual health service, in addition to providing good school-based health services.

45. Healthy lifestyles for children and young people are well promoted. The youth service provides a good range of accredited physical activity through an adventure club, established recently in response to feedback from young people, and the school-based Motivations programme which uses health and fitness activities to successfully support young people at risk of exclusion to attend and achieve. A high proportion of schools are engaged with the Healthy Schools programme. School meals meet nutritional standards and there is good promotion of healthy eating linked to a well-coordinated childhood obesity prevention strategy. All schools participate in the School Sports Partnership and there is good and appropriate access to sport and physical activities for children and young people in community settings. This includes good provision for children and young people with learning difficulties and/or disabilities and looked after children, who have free access to swimming pools. The price of admission to leisure centres has been reduced for all children and young people in Kingston.

46. Teenage conceptions in Kingston are significantly lower than the national average, but the overall rate of reduction for all teenage conceptions has been slower than predicted. The overall sexual health strategy is good, although the diagnosis of Chlamydia, a sexually transmitted infection, is rising amongst young people. Sexual health services and the provision of sex and relationship education are very good and well designed to improve the sexual health of young people in Kingston. Services for reducing substance misuse for young people are good and well used by more vulnerable groups. A good needs based strategy is being implemented to reduce young people's rising alcohol misuse and smoking rates. Young people who offend receive very good access to health services, including substance misuse and mental health services.

47. Children have timely access to age appropriate health services when they are ill and there is a well-developed framework for promoting child health. The children's specialist nursing service provides very good support and continuity of care to children with long-term health problems and life-limiting conditions, both at home and at Kingston Hospital. However, in-patient services are not provided in an appropriate setting for adolescents. The use of hospital A&E services for children with respiratory and minor illnesses, especially out of hours, is above average.

48. Children and young people's mental health is well promoted. Good progress has been made towards achieving a comprehensive CAMHS service. FASS, the new tier 2 service, is well designed. Early results demonstrate good outcomes in supporting front line staff to improve provision of earlier support to children and young people and more appropriate referrals to specialist CAMHS support. Some parents of children with learning difficulties and/or disabilities reported difficulties in their children accessing CAMHS.

49. Health indicators for looked after children are good, with most receiving an annual health assessment. Looked after children and their carers have good access to CAMHS, including timely access to specialist services. The ability to meet the needs of some individuals is constrained because the looked after children's nurse post is part-time. There is inadequate access to health advice and support for unaccompanied asylum seeking children.

50. The health needs of disabled children and young people and those with learning difficulties are adequately addressed overall. Good information is available to parents and carers about different services, including those provided by voluntary organisations. Young children and their families receive a good level of integrated support through the multi-agency 'Maple team around the child' service. Services for school age children with learning difficulties and/or disabilities are less well coordinated and there are long waits to access some therapy and equipment services. There is insufficient respite care available for some children, particularly those with autistic spectrum disorder, and the service is being re-commissioned. There is an unacceptably long waiting list for assessment and diagnosis of social communication disorders but a good strategy is now in place to review and address this. Improving the coordination and provision of services for children with learning difficulties and/or disabilities is a priority, but complex partnership considerations have meant that progress in achieving the agreed partnership action plan has been relatively slow.

Staying safe

51. The work of all local services in keeping children and young people safe is good.

52. Effective inter-agency work has taken place to help children stay safe in the community through good information and training on issues such as stranger danger and road safety. A wide range of information is available to

parents and carers about risks in the home and in the community, including health concerns, for example, reducing the risk of sudden infant death syndrome. Anti-bullying measures are in place and working well. The newly established Local Safeguarding Children Board (LSCB) is beginning to address some key priorities such as: increasing the engagement of service users and the wider community in service developments; implementing the preventative strategy and information sharing arrangements so that children are safeguarded at every level of vulnerability. A new domestic violence sub-group is shortly to be established reporting to the LSCB, with the purpose of developing inter-agency protocols.

53. Those most at risk of significant harm are well protected by good inter-agency collaboration and professional practice. Child protection procedures are managed and audited effectively. Staff across all agencies, including the voluntary sector, are able to develop expertise through effective child protection training. This includes training for specialist staff such as the disabled children's team. Comprehensive, up to date inter-agency policies and procedures are in place to safeguard children and young people. However, evidence from case tracking, duty room observation and interviews shows there are some shortcomings in the implementation of procedures relating to domestic violence, a feature of 60% of cases of children on the child protection register. Health visitors are not consistently working in accordance with the *Working Together to Safeguard Children 2006* national guidelines to refer children who are affected by domestic violence appropriately. The response to family support and child protection referrals in the referral and assessment service is effective overall. However, the response to some domestic violence referrals shows a lack of robust risk assessment to determine the course of action to be taken, and lack of evidence of management decision-making in files. This has resulted in delays in identifying and meeting children's safeguarding needs in a few instances. A recent serious case review confirmed the need to implement improvements in this area of practice.

54. Effective strategies to improve recruitment and retention within social care, including a 'grow your own' initiative, the introduction of the practice adviser role, and developing a wider skill mix, have assisted in improving the stability of the workforce and its ability to improve outcomes for children. Systems to ensure safeguarding in recruitment of social care staff are robust, and commissioned services are accredited, which ensures their staff recruitment practice is appropriately monitored. All cases of children on the child protection register are allocated to qualified social workers. The number of children on the child protection register is lower than comparator averages, and children and young people do not remain on the register for unnecessarily long periods. Appropriate monitoring and support is provided for families with children on the child protection register, which continues once they are off the register, and has led to a reduction in the number of repeat referrals. There is good participation in decision-making about child protection issues by children and young people and their parents or carers.

55. Performance monitoring and audit work in child protection are good, and have led directly to improvements in training and practice. Multi-agency public protection arrangements to monitor adults who pose a risk to children in the community are sound, and appropriate protocols for missing children are in place. Both areas of practice are well monitored through the Advancing Services for Kingston Kids (ASKK) service in its role of information hub.

56. Very good progress is being made in implementing preventative work, which ranges from early intervention with families who may need support, to more intensive work to avoid the need for children and young people becoming looked after. Support is provided directly from a range of sources, including voluntary sector provision, the family support service, the Surbiton Children's Centre and FASS, a CAMHS tier 2 service. The range of support is being well coordinated through ASKK and the ASKK+ pilot, and is beginning to show good outcomes. The Surbiton Children's Centre is successful in engaging the wider community, including BME groups, and fathers. There are effective plans to further develop preventative services through a multi-disciplinary team, using the Common Assessment Framework and levels of vulnerability, the lead professional role and information sharing and assessment models. Services are also commissioned from the voluntary sector where appropriate, for example, to meet the needs of Black African children.

57. Looked after children are generally well supported in making good attachments and in achieving good outcomes. However, support services are less accessible for unaccompanied asylum seeking children, and they are not all allocated to a qualified social worker. Reviews for looked after children and young people are held in a timely way and the views of children and young people are heard. However, structures are not in place to ensure the Independent Reviewing Officer service is systematically having a positive impact on the quality assurance of the work, including ensuring that the service's plans for children are progressed in a timely way. There has been recent delay in care planning for some children, and decision-making is insufficiently evident on files. The safeguarding of looked after children is promoted effectively. Foster carers and staff are prepared well and trained appropriately, and further support is to be provided through the FASS service. Effective management overview of placements has contributed to reducing the numbers of looked after children placed outside the borough.

58. Families of children with learning difficulties and/or disabilities are provided with a good range of support, including a flexible family support service and a remodelling of short break provision, to meet changing needs. Current planning arrangements for transition to adult services for young people with complex needs are good, including the piloting of a person-centred planning approach, with plans to improve arrangements further through the integrated services developments. These plans also exemplify a good model of consultation with parents and carers in the design of services.

Enjoying and achieving

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

60. Parents and carers benefit from a wide range of high quality information, advice and support. Private and voluntary sector providers support parents and carers and families very well, helping to identify barriers to learning and mediating between schools and parents. A range of very good family learning programmes successfully develop the confidence of parents to support their children's learning.

61. The quality of early years provision is very good and supports children's development and well-being very effectively. Teams in the local authority identify and address areas for further improvement very well. Providers are very well supported. Very effective collaboration between the childcare and early years teams is resulting in good progress being made in the integration of early years, childcare and education provision. Childcare provision is carefully mapped and the development of children's centres includes very good consultation with parents and providers. However, there is a need to develop further the access to out of school provision for children with learning difficulties and/or disabilities.

62. The school improvement strategy is excellent, with very comprehensive structures for monitoring progress and attainment. No schools have been identified by Ofsted as having serious weaknesses or as being in need of special measures in the last three years. The school improvement service provides highly effective challenges through the very well-coordinated work of school improvement consultants and inspectors, which is valued greatly by headteachers across all phases of education. Schools and officers have a clear, shared understanding of the indicators of vulnerability for children and young people. Data analysis is excellent and used efficiently and sensitively to enable the good progress of vulnerable groups to be monitored effectively and intervention to be targeted efficiently.

63. Although at an early stage of implementation, the new cluster groups are proving very successful in enabling schools and other agencies to share expertise and provide better coordinated support to children and young people in the neighbourhoods they serve. Schools are identifying the broad range of needs of their local areas and agreeing and implementing appropriate ways forward. However, the delivery of cross-borough services and provision, such as special educational needs and alternative education, including access to the pupil referral units through the cluster arrangements, is still at an early stage of development. At Key Stage 4, partners insufficiently promote the wider range of curriculum pathways and opportunities available, including access to vocational education provision, to young people and their families.

64. Education standards overall are excellent. Children and young people benefit significantly, both in terms of the standards they achieve and the progress they make as a result of attending a school in Kingston upon Thames. Improvement trends at all key stages are very good and weaker areas are tackled effectively. The council has identified a specific weakness in boys' writing at Key Stage 1. A priority programme to improve it is showing signs of success. Looked after children are well supported and their progress is effectively monitored. Their attainment and progress is good overall and better than national averages, although below that of their peers.

65. Attendance is very good, with innovative activities to further reduce the low rate of authorised absences. Truancy rates are amongst the lowest in the country. Although the numbers of fixed-term exclusions have risen in line with national trends, overall the position in Kingston is much better than national averages and similar authorities. Looked after children are a priority for admission to school, and none has been permanently excluded in the last three years. A high proportion of fixed-term exclusions are of pupils with learning difficulties and/or disabilities who do not have a statement of special educational needs but who have social, emotional and behavioural needs. The increasing move towards 'internal' exclusions is not well monitored. Two of the six pupils permanently excluded from secondary schools in the last year do not receive the full time education to which they are entitled. The council does however, have very good systems to identify and meet sensitively individual needs and to reduce significantly second and further exclusions. Consequently no pupils have been permanently excluded for a second time in three years.

66. Children and young people educated at home are well monitored and effective action taken where there is inappropriate provision. There is a very good range of high quality alternative education provision provided in conjunction with partners, including the youth service and voluntary organisations. Excellent progress has been made in tracking the whereabouts of all children and young people designated 'missing' and none now fall into this category.

67. A good range of recreational provision is available through the youth service and other settings, including the voluntary sector. In particular, the youth service enables significant numbers of young people to gain accreditation from planned, informal, learning opportunities. There is an extensive range of sporting, outdoor education, music, performing arts and cultural events, and very good access to parks and playgrounds for younger children, although access to play areas in the evening is limited. Provision for sick children through the hospital play service is excellent.

68. A clearly thought through strategy for inclusion reflects the national agenda very well. Schools and other stakeholders fully support the principles. Pupils in special schools and their parents and carers are consulted very well. Pupils are prepared very effectively for transfer to mainstream schools or other provision and monitoring of their continued progress is very good. There are

high levels of satisfaction with the parent partnership service. The progress of pupils with learning difficulties and/or disabilities in special schools is good, as are recreational opportunities provided by the youth service and voluntary sector organisations. However, the inclusion of a small number of pupils with learning difficulties and/or disabilities, particularly in secondary schools, is hindered by a lack of appropriate access to some therapies and resources, such as physiotherapy and wheelchairs.

Making a positive contribution

69. The work of all local services in helping children and young people to contribute to society is good.

70. There is good support for children and young people to develop socially and emotionally. Social and Emotional Aspects of Learning (SEAL) programmes are used effectively in all primary schools and are being piloted in six secondary schools. A number of projects, many funded through the Children's Fund, support their personal development well, for example, by providing them with activities during the summer holidays and after school. There are widespread and well-established mentoring schemes, such as the Big Buddy project for vulnerable children. There are many opportunities for children and young people to become involved constructively in society, both at school and in their local community. The youth service, through its broad curriculum, provides good opportunities for volunteering. Success in the Duke of Edinburgh award and the Millennium Volunteer scheme effectively enhances young people's personal development. Young people value good support from Connexions personal advisors. Families benefit well from projects such as the young mums' group and the effective family liaison work developing within the school cluster groups.

71. A wide range of services ensure that children and young people receive good support during periods of change and challenge. A Children's Fund project and the inter-generational Age Concern project give priority to supporting targeted pupils through the transition from primary to secondary school. School clusters are beginning to work together to provide support to whole families. Young carers value the support they receive from the Kingston young carers' network, youth service and Connexions personal advisors. Voluntary sector organisations, such as MeWe and the Refugee Action Group, provide good support for vulnerable groups.

72. The council and its partners have a strong commitment to young people's involvement in democratic processes. Kingston youth council is regularly consulted about strategic issues. Members are part of the Children and Young People's Partnership, the Connexions shadow board and the police consultative group. The youth council is actively encouraging wider participation and is beginning to engage with school councils and harder to reach groups of children and young people. Although there is currently no strategic infrastructure to bring school councils together or link them to other forums,

there are plans to start this work through school clusters. The Tellus survey undertaken for this inspection found that fewer young people than nationally feel they can have a say in matters that affect them in their schools and local areas. The participation strategy is well conceived and there are some good individual examples where children and young people have influenced the design of services and have been involved in evaluating their quality. For example, young people participated in the design and content of the *You Matter* handbook for teenagers and their parents; they have carried out a peer review of the youth service and have been consulted about the redevelopment of Hook Library. However, the participation strategy is not yet sufficiently implemented across the partnership to ensure that the views of children and young people are consistently taken into account. Children and young people report that school councils are not fully developed as vehicles for consultation and participation. Good quality resources, such as the *Youth Unlimited* magazine and the Young Livin website, designed to actively encourage young people's participation, are not promoted well. Few young people who contributed their views to the inspection were aware of these resources or had made use of them.

73. The safer neighbourhood police teams work effectively with other agencies to reduce anti-social behaviour. In Chessington, innovative multi-agency projects have effectively helped to reduce problems between young people and local residents. The Safer Neighbourhoods for People project (SN4P) enables young people from hard to reach groups to contribute their views of the local community through photographs, and the local COP card scheme encourages children and young people to build friendly relations with the police. Good early intervention strategies are in place. For example, a long established Junior Citizens scheme, the Crime Diversion Project within Chessington Community College and the Positive Activities for Young People programme (PAYP) successfully work to provide diversionary activities and one-to-one support for those young people who are disengaged or at risk of disengagement from their communities.

74. Looked after children and young people are actively involved in their reviews and have good opportunities to make a positive contribution. They are represented on the Kingston youth council and involved in the Recruits Crew, a very good initiative to engage young people in the recruitment of council staff. Nevertheless, the looked after children's forum does not adequately represent the views of the majority of its target audience and the advocacy and complaints service is not well understood by potential users.

75. Children and young people with learning difficulties and/or disabilities receive good support in contributing to their futures, for example, through the new person-centred reviews programme. However, the establishment of a forum for children and young people with learning difficulties and/or disabilities as a vehicle for participation is slow.

Achieving economic well-being

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

77. Very good information is provided by the Children Information Service about the wide range of high quality childcare provision across the borough. There is good support for take up of available benefits, including education maintenance allowances. Availability of advice and support is being extended further through very effective personal contact with parents by school cluster managers. This is further improving the good awareness of existing services and promoting new services in the developing children's centres. Good quality, affordable out of school activities are provided, including the holiday play scheme run by the YMCA at the Mount Primary school. Improving and more widely available family learning is targeting basic and employment skills of vulnerable groups, including lone parents and asylum seekers. Learner numbers have increased and success rates for those taking literacy and numeracy qualifications are high.

78. Careers advice and guidance provided by schools and Connexions is good for almost all young people. A very high proportion remains in full-time education at age 16 and post-16 retention rates are rising. The number of young people not in education, training or employment is very low. Very effective partnership working between the youth service, Connexions and schools contribute significantly to many vulnerable young people remaining in education. The residential U project successfully supports vulnerable Year 11 pupils to gain the skills needed to find employment or continue in learning. Access points at three youth centres have been provided as a result of consultation with young people, which indicated the need to provide information, advice and guidance in accessible venues. A widely circulated comprehensive post-16 options booklet provides details of all available courses. There is an increasingly wide range of vocational courses available for young people of all ability levels in school sixth forms, the college and training providers. E2E programmes are good. Good work experience opportunities are provided for young people aged 14 to 16. This is being extended to 16 to 19 year olds on vocational courses through a well-structured programme run by the schools vocational development service. Advice and support for progression to higher education are good and progression rates are high. Some 14 to 16 year olds are still inappropriately advised to progress to the sixth form in their current school.

79. A clear and appropriate strategy to meet the needs of 14–19 year olds is being systematically implemented, monitored and reviewed, led very well by the council. There is very good collaborative working by partners, including the college, the local LSC and Connexions. There has been good development of post-16 provision, particularly vocational courses, and increasingly effective partnership working between schools, the college and training providers. Some previous collaborative arrangements between school sixth forms were

unsuccessful, however, and some new ones are not yet fully established. A high proportion of young people achieve level 2 and level 3 qualifications by the age of 19. Overall achievement rates of GCE A-level and AS qualifications in schools have improved significantly in recent years and are now high. There is, however, some variation in standards between schools. Strategies to improve performance in lower performing sixth forms are in place and standards, retention and progress are improving. For the increasing numbers of young people progressing to level 2 courses in school sixth forms, success rates, although rising rapidly, are only satisfactory. Some of the other education and training serving young people from Kingston, including courses to encourage the more vulnerable to remain in education, is good. Success rates at the college and for work-based learning are satisfactory. Improvement strategies are in place for weaker provision and outcomes are improving.

80. Community developments are well targeted to meet economic development needs. These include children's centres to provide better integration of children's services, and the new Hook Library, supported by the LSC, to widen community access to information and communication technology (ICT) facilities and guidance services.

81. Almost all young people, including teenage parents and care leavers, are in appropriate accommodation. Young mothers receive good housing and employment information from the teenage pregnancy support worker who is jointly funded through the council and Richmond Housing Trust. Strategies are in place to minimise the risk to the few vulnerable children living in overcrowded and inadequate housing, including provision of before and after school activities and neighbourhood support workers. There is a shortage of affordable homes for families and young people.

82. Good transition arrangements are in place for young people who are looked after to support their progression at age 16. Good pathway plans are in place and the leaving care team is complemented by a dedicated Connexions adviser. A very high proportion of looked after young people are in education, training or employment. Semi-independent housing and flat share schemes provide good transition accommodation arrangements, although there is insufficient availability of permanent housing. Some accommodation for unaccompanied asylum seekers leaving care is unsatisfactory and does not fully meet their needs.

83. Young people with learning difficulties and/or disabilities are very well supported to move towards a more independent adult life through good multi-agency transition planning, work experience programmes and appropriate education and training placements. Partnership working to provide advice and support for young people with learning difficulties and/or disabilities is very good, including integration of a Connexions adviser into the disabilities team. Advice for parents to give a better understanding of transition at age 14 now starts at age 11. Transition support includes pre-course visits to the college with a support worker. A good range of courses meet learners' needs at age 16 to

19 and have clear progression routes. Appropriate learning support is provided in schools and the college. A high proportion of young people with learning difficulties and/or disabilities aged 16 to 19 are in education, employment or training, although the proportion in education has decreased.

Service management

84. The management of services for children and young people is good. The capacity to improve further is good.

85. Ambitions agreed by the council and its partners are good. The CYPP comprehensively sets out the partnership's progressive programme of activity to 2010, aligning it closely with the Every Child Matters outcomes framework. It includes key background information and the terms of reference of the fully instituted children's trust. The plan is based on a detailed needs analysis which continues to be developed and which enables accurate targeting of resources at inequalities. Partners are strongly committed to a shared vision for children and young people and good joint working occurs through the Children's Trust partnership and with schools. The children and young people's participation strategy is clear and ambitious in terms of its scope and aims, and good progress is being made to embed this in practice. There are some good examples of consultation and engagement, including work by the youth service and the inclusion of Kingston youth council on the partnership board. Knowledge about the children's agenda is still patchy among some staff who work with children and families, for example some health visitors, with the effect that an inconsistent approach to some areas of work, such as domestic violence, is evident.

86. The priorities set by the partnership to improve outcomes are good, reflecting the analysis of need well and with clear targets for improvement. The CYPP identifies the costs and investment required to deliver the plan, and the contributions of key partners, with the notable exception of Health, have been set out. A total of £126m revenue funding has been budgeted for within the local authority, the Connexions service and the local LSC to provide services for children and young people in 2006/7. The plan sets out how these funds are to be allocated across universal, targeted and specialist services. The Children's Trust is committed to identifying opportunities to target an increasing proportion of the total resources at early intervention and prevention. There is good alignment of the CYPP with the priorities of some other partners, such as Connexions, and with the council's learning and children's services team improvement plan. Throughout the ambitious change agenda, the partnership has remained highly focused on maintaining and improving current high standards of performance. Services for children have been prioritised consistently over recent years, with school and youth service financing above formula spending share (FSS). In line with priorities, services have been reconfigured and resources re-targeted as needs changed, for example, the National Children's Homes contract for respite care. New, innovative, preventative services such as FASS, designed around service users' preferences

and offering consultation to parents and staff at an early stage, are developing very well. Take up of services by BME groups is monitored, with effective action taken to address issues. For example, research into the low take up of childcare services has improved awareness of needs and contributed to current childcare strategy. The integration of services for disabled children is a priority but complex partnership considerations mean that progress has been relatively slow.

87. The overall capacity of the council and its partners is good. Partnership arrangements are well organised with clear lines of accountability in recently reconfigured partnership structures. Although there is understandable complexity, they enable comprehensive engagement with partners. Strong leadership of the children's agenda, high calibre staff and elected members, underpinned by good relationships contribute to effective problem solving and a very good rate of overall progress. Universal settings are very effectively deployed as hubs, based on school clusters and neighbourhood arrangements, for the delivery of services to vulnerable children. This capitalises on existing resources and ensures that schools are fully engaged as partners. However, it is not clear how easily parents and carers can access the new cluster services independently of schools. The mapping of existing services has not yet fully accounted for existing VCS services. Some provision that is highly valued by users, such as SPLASH and Piglets Playgroup, has an insecure future. There is a lack of clarity for some VCS partners about the rationale for funding decisions and a desire for better recognition of the potential of the VCS to deliver new services.

88. Kingston has not traditionally received high levels of grant funding for national priorities due to overall low levels of deprivation. The council has a good track record of increasing financial capacity through successful bids for additional funding. Recent achievements include lottery funded adventure playgrounds and £9.9m in capital grants from the DfES. Plans to address cost pressures through financial prudence, including savings through decommissioning provision as needs change, build on the council's track record of maximising financial capacity. Schools are commissioning and funding additional services for vulnerable children through existing services, which enables effective coordination with the Children's Trust. School reserves are high, although there has been some reduction through action taken by the council in consultation with the schools' forum and at challenge meetings between individual schools and local authority staff; the use of the claw back mechanism is under active consideration by the School's Forum.

89. Finance teams have a good record of budget control, a sound understanding of service issues and good capacity to contribute effectively to commissioning and service improvement to assure value for money. Current management of resources and value for money at the council are good. The integration of the finance teams and budgets for children's services at the council is enabling greater flexibility in decision-making. In contrast, the NHS has a significant budget deficit and, as a result, its financial contribution to the

CYPP has yet to be determined. Health and council budgets are not yet aligned or pooled. However, there are numerous examples of jointly funded posts and jointly resourced service developments. Although there are no planned reductions to services for children and families provided by the PCT, uncertainty continues whilst the PCT financial recovery plan has yet to be formally agreed.

90. A Children and Young People's Trust Board is in place, chaired by the council's Chief Executive, with a good level of representation of key partners, including the VCS and the council's Executive Member for Learning and Children's Services. Reporting to the Trust Board, the Children and Young People's Partnership and its sub-groups are active in developing key policies. Work is advancing on a strategy for joint commissioning. Highly effective strategies for recruitment and retention and integrated workforce planning and development are contributing strongly to organisational capacity. At the council, sickness absence rates are low and staff morale is high. However, despite low vacancy rates, some staff in social care report heavy workloads. There is unlikely to be sufficient capacity to deliver some planned interventions due to current staff shortages and recruitment difficulties in midwifery, school nursing and health visitor services.

91. Integrated assessment and information systems have been piloted effectively, with plans for future roll-out. A person-centred planning pilot for young people with learning difficulties identifies their needs effectively. Unmet need is being identified well via the ASKK service, and the KU19 service provides an excellent example of confidential assessment, advice and support through the school nursing service. There are some differences between community child health services and the local authority in relation to classifying and responding to vulnerability, with the effect that some activity falls short of best practice.

92. Performance management across the partnership is good. The CYPP performance management digest reports all key performance indicators across the five outcome areas to the Children's Trust annually, with supplementary reports planned for school achievement and by exception. There is good use of ICT and active data quality assurance. A strong culture of performance management underpins children's services at the council. A clear golden thread links the community and other high level plans through to individual performance. There are many good examples of detailed plans with clear targets, for example, the young people's substance misuse plan, but also some examples of plans where this is less strong. Work is underway to align performance frameworks across all partners. There are good examples of the involvement of children and young people, parents and carers in assessing performance but this is not yet comprehensively applied.

93. The council's policy programme contains the top performance measures, which are considered at a quarterly review of senior officers from across the council. The senior leadership team of the learning and children's services directorate and service managers regularly monitor performance and scrutinise

all key data that benchmarks Kingston against statistical neighbours and national averages. Councillors scrutinise the annual report published each spring, undertake a bi-annual scrutiny of key children's services indicators and themed scrutiny throughout the year. The council has recently re-organised its overview and scrutiny arrangements following a constitutional review. Over recent years, overview and scrutiny have contributed significantly to oversight of the children's agenda, including key policy areas, such as special educational needs, in its programme of review.

94. Performance is above average for most aspects of education and children's social care, and the schools rated the council in the top 10 nationally on support to develop self-management including self-evaluation. The council has a strong track record of focus on, and resolution of, underperformance. For example, the underachievement of boys has reduced significantly through a range of targeted action. Staff are active in seeking learning and sharing opportunities with external bodies, such as Demos, and regional partners in order to enhance local knowledge and maximise further improvement.

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

1. The overall effectiveness of the council's children's services is outstanding. All services for children and young people are good or excellent and have had a very substantial impact on improving outcomes for almost all children and young people. Education services are outstanding. Very good progress has been made in strengthening the quality of universal services and developing and implementing preventative services to reduce levels of vulnerability. The capacity to build on these achievements and improve services further is good.

2. The management of services for children and young people is good. Good ambitions for children and young people are comprehensively set out in the Children and Young People's Plan which provides a challenging agenda for improvement based on a sound needs assessment. Strong leadership of the children's agenda, supported by high calibre staff and elected members and underpinned by good relationships, contribute to effective problem solving and a very good rate of progress. A Children and Young People's Trust Board is in place, chaired by the council's Chief Executive, with a good level of representation of key partners. Highly effective strategies for recruitment and retention and integrated workforce planning and development are contributing strongly to organisational capacity. The council has a good track record of increasing financial capacity through successful bids for additional funding. Current management of resources and value for money at the council are good. Performance management across the partnership is good. The council has a strong track record of focus on, and resolution of, underperformance, exemplified by rapid and significant improvement in the youth service and improved standards in the lower performing sixth forms.

3. The general support given to parents and carers to keep their children healthy is good. Children have good access to age appropriate health services when they are ill. However, in-patient services are not provided in an appropriate setting for adolescents, and unaccompanied asylum seeker children (UASC) do not have the same ease of access to health services as other looked after children. A new tier 2 CAMHS is providing good support to front line staff in identifying mental health problems and making appropriate referrals. The integrated support for very young children with learning difficulties and/or disabilities and their families is very good but is less well coordinated for school aged children with learning difficulties and/or disabilities.

4. Children and young people who are most at risk are protected well through good inter-agency collaboration and well-managed procedures. Professionals in key agencies generally work well together and share information. However, not all agencies are consistently working in accordance with the national guidelines *Working Together to Safeguard Children 2006* to refer children who are affected by domestic violence appropriately. In addition, there are some aspects of social care practice in the area of domestic violence that require improvement. Very good progress has been made in setting up

preventative services which provide early support, as well as more intensive work for children and their families. Support for looked after children is good but more variable for UASC. Reviews for looked after children are held in a timely way; however, the Independent Reviewing Officer service is having insufficient impact on improving the quality of this work. Good support is provided for children with learning difficulties and/or disabilities and their families.

5. Standards in schools overall are excellent, well above national averages and generally above those in similar authorities. Services for school improvement are a particular strength. The strengthening focus on identifying and supporting specific groups of vulnerable pupils has improved their progress and attainment. Attendance is very good and innovative activities are being implemented to further reduce the low rate of authorised absences and improve the broadly satisfactory attendance of looked after children. Good quality practice in youth work settings contributes strongly to good standards of achievement.

6. Children and young people, including those looked after, are supported well to contribute to society and in managing changes in their lives. The well-conceived participation strategy reflects the strong commitment across the partnership to involve children and young people in the decisions that affect them but is not yet consistently implemented. Good, targeted collaborative partnership work is effectively reducing anti-social behaviour. The council has effectively managed the rising number of young people who offend for the first time through well-targeted early intervention and re-offending rates are reducing significantly.

7. Opportunities for children and young people to achieve economic well-being and prepare for working life are outstanding. A very high proportion of young people, including those who are more vulnerable, remain in full-time education at age 16. A high proportion of young people achieve level 2 and 3 qualifications by age 19. A clear and appropriate strategy to meet the needs of 14–19 year olds is being systematically implemented. Some new school sixth form partnerships are not yet well established and there is variation in standards of attainment between school sixth forms. Most young people live in appropriate accommodation, although there is a shortage of permanent accommodation for care leavers. Good transition arrangements are in place for looked after children to support their progression at age 16.