

Joint area review

Kent Children's Services Authority Area

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
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Introduction

1. The most recent Annual Performance Assessment (APA) for Kent judged the council's children's services as good and its capacity to improve as outstanding.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
 - the impact of the partners' strategy on reducing variability across the county in participation and attainment by the age of 19
 - the impact of the partners' strategy in reducing the teenage pregnancy rate in targeted areas.

Context

4. Kent is a shire county located in the south east of England. Parts of Kent share the affluence of the south east region but other parts are amongst the most deprived in England.
5. With a population of 1,382,900, Kent is the largest county council in England, with a 10 year population growth rate significantly in excess of regional and national averages. In 2006, just under 25% of Kent's population (344,900 people) was aged 0–19 years and Kent has one of the largest birth rates per 1,000 women in the country. The 0–19 population in county districts ranges from 23.4% in Shepway to 26.2% in Tonbridge and Malling and Tunbridge Wells.
6. Kent's population is largely of White ethnic origin. In 2005, 5.3% of Kent's population was estimated to be of Black and minority ethnic (BME) origin. This compares with 7% for the south east England average and 10.9% for the England average. Of Kent's minority ethnic population, 25% are aged 0–15 years. The majority of BME residents are located in the districts of Gravesham, Dartford and Canterbury. People of Indian origin represent the largest BME group (1.2% of the total population) in Kent.
7. The Children's Social Services (CSS) Division is one of the largest in England and consists of 1,521 staff and 75 staff teams. CSS comprises 12 district social work teams, five disabled children's service teams integrated with

key health provision, five unaccompanied asylum teams, a county-wide family group conferencing service, fostering service and an adoption service. In addition, there is an out-of-hours service and a county duty screening service.

8. There are 904 children on the child protection register, 1,183 children who are looked after by the council and 235 unaccompanied asylum-seeking children (UASC). Kent has 680 foster carers and two specialist fostering schemes: treatment foster care for teenagers and therapeutic foster care for primary age children. There are 45 children currently placed in children's homes, and 61 children, including 14 UASC, are currently in independent fostering agency placements. Care leavers receive services from the 16+ leaving care service, which is a partnership between Kent County Council and the Rainer Foundation, a national charitable organisation. Between April 2007 and 30 November 2007, 78 looked after children have been adopted or secured permanence via special guardianship.

9. Pre-16 education in Kent is provided to approximately 250,000 children in the following settings:

- one local authority-maintained nursery and a further 715 early education settings (that is, childminders, playgroups, full day care and nursery units in independent schools)
- 20 designated children's centres increasing to 72 by March 2008
- 453 primary schools
- 104 secondary schools (including three middle schools and 33 grammar schools)
- 24 special schools, 61 special units within mainstream provision and 12 pupil referral units.

10. Post-16 education and training is provided by:

- 85 mainstream schools with sixth forms educating approximately 18,000 pupils post-16 (approximately 60% of pupils attending Year 11 in a Kent maintained school stay on to a school sixth form)
- seven colleges within Kent and a number of other colleges in the area, for example in Medway.

11. Kent has 60 schools offering vocational programmes to more than 4,000 students studying Entry Levels 1 and 2. There are 100 young apprentices and nine delivery partnerships.

12. Educational and recreational leisure time activities, including youth work, are provided by the council's Communities Directorate, district authorities and a range of partners. A range of other support services to schools is provided by the local authority and Connexions.

13. The Kent adult education service is the largest provider of part-time adult and community learning in Kent. Part of the Communities Directorate, the service works in partnership with other directorates (including Children, Families and Education), the seven further education colleges that form the Kent Association for Further Education Colleges, and voluntary/community sector organisations to provide learning for adults, businesses and families to meet their needs for skills, personal development and enjoyment. The Communities Directorate is also responsible for the Youth Offending Service and the Kent Drugs and Alcohol Team

14. Primary care is provided by the Eastern and Coastal Kent Primary Care Trust and West Kent Primary Care Trust (PCT). Acute hospital services are provided by Dartford and Gravesham NHS Trust, East Kent Hospitals NHS Trust, Maidstone and Tunbridge Wells NHS Trust and Medway NHS Trust. Specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Kent and Medway NHS and Social Care Partnership Trust and East Kent Hospitals Trust.

15. A large number of statutory and voluntary sector partners are engaged in the work of the Kent Children's Trust Board and the Kent Safeguarding Children's Board

Main findings

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

- Multi-agency child protection work is good, with well managed and in some instances innovative services. The development of a range of early intervention and preventative services in each district has significantly reduced the number of children being referred for social care assessment. This has allowed social care services to focus their work appropriately on identifying and working with those most at risk of harm. CAMHS, though strengthening, still have areas to be developed.
- The council as the corporate parent for looked after children has introduced "the Pledge" as part of their demonstrable commitment to maximising the life chances of all looked after children living in the county. Effective action has resulted in the majority of looked after children living successfully in stable and excellent quality family placements, although too few benefit from annual health assessments. Educational attainment at GCSE by looked after children has significantly improved and the gap with their peers has narrowed. Specialist services for UASC are culturally sensitive and effective.
- Strategic direction for services to support children and young people with learning difficulties and/or disabilities is good, and there is strong commitment from providers to a major change programme

which is being implemented effectively. Multi-agency working in assessing needs and planning and reviewing provision is good, with a clear and effective focus on early identification and intervention. There is a proactive and helpful approach to providing information, support and guidance for parents about educational provision, but less so for other services.

- Services to reduce teenage conception rates and improve the sexual health of children and young people are adequate overall. Provision of sexual health education and services has improved and there is good support to young parents. However, poor information technology makes it difficult for partners to collect robust, up-to-date information with which to assess the impact of provision and target resources.
- Partners have successfully focused attention on underachieving and vulnerable groups and have narrowed the participation and attainment gaps at ages 16 and 19. Clear strategic objectives, strong local planning structures and good, local and flexible implementation plans are in place as part of a strong overall 14–19 strategy.
- Service management is outstanding overall, with strong leadership across the partnership, clear political direction and a transformational agenda that is well understood across the partnership and drives the work of an enthusiastic and skilled multi-disciplinary workforce. The capacity to improve is also outstanding. A clear vision is supported by appropriate priorities for the future and there has been an impressive track record of effectively dealing with problems whilst maintaining good or better value for money. There is clear evidence of being able to deliver a range of well-managed and quality assured service improvements.

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	4
Capacity to improve	4

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
- that all eligible young people should have a Pathway Plan that is regularly reviewed.

Health partners should:

- improve IT infrastructure and data collection to enable continuous assessment of performance and early recognition of variations in teenage conception rates and sexual health data so that services can be more effectively targeted
- avoid young people in need of in-patient mental health services being admitted to adult psychiatric wards.

For action over the next six months

Health partners should:

- commence work to ensure that there is sufficient and accessible specialist CAMHS provision for children and young people with learning difficulties and/or disabilities.

Equality and diversity

17. The partnership has a strong and developing commitment to equality and diversity, although by its own admission it has more to achieve. It has prioritised and has been successful in narrowing the gap between the majority of Kent's children and those vulnerable to poor educational outcomes. Initiatives in relation to bullying and domestic violence have resulted in improved intervention and support for those children and families who are affected, and there is heightened awareness across the partnership of the impact of these issues on children and their families. Children are saying that as a result of the publicity associated with these initiatives they no longer feel so isolated, and increasing numbers of victims of domestic violence are now receiving direct intervention. Steps have been taken to consult with hard-to-reach groups, such as Roma communities, Gypsy families and minority ethnic groups, although this consultation has not always led to those groups being able to identify the outcomes achieved as a result of their input. However, culturally sensitive and targeted services have led to positive outcomes, for example those delivered by the specialist teams for UASC, the Travellers'

education service, and mental health services targeted at children and young people from BME communities. The complexity of delivering services in rural communities is understood and there is good evidence of improved capacity to deliver key services locally and accessibly under the strategic guidance of local children and young person partnership arrangements.

Safeguarding

Inadequate Adequate Good Outstanding

18. 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>Kent Safeguarding Children's Board ensures inter-agency responsibilities and accountabilities are clearly understood and actions monitored.</p> <p>Excellent new child protection procedures underpin consistency of practice in all agencies and professional groups across Kent.</p> <p>The well-established arrangements across the partnership to identify children at risk of significant harm.</p> <p>The range and effectiveness of early intervention and preventative services.</p> <p>Effective engagement and actions taken by schools to safeguard children and young people and to help them develop socially and emotionally.</p> <p>Good joint action taken in response to domestic violence, bullying and in promoting community safety.</p> <p>Secure arrangements in place for the safe recruitment and vetting of staff in Children, Families and Education (CFE).</p>	<p>The admission of young people who need in-patient mental health treatment to adult wards.</p>

The quality assurance arrangements in respect of cases in which children are included on the child protection register.	
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19. The systems and actions to safeguard and protect children and young people in Kent are effective. Social care practice observed during the review was at least good, and in some instances excellent. The policies and procedures to underpin the safeguarding of children are first rate and given high priority across the partnership. The monitoring and operational arrangements of the Kent Safeguarding Children's Board are robust and comprehensive.

20. The arrangements for agencies to collaborate in safeguarding children are good overall, in some areas excellent, and consistent with government requirements. The Kent Safeguarding Children's Board has ensured that robust actions are in place to safeguard children and young people in Kent through effective leadership and sound governance arrangements. The three local child protection committees in Kent ensure that effective action is taken at a local level. Inter-agency responsibilities and accountabilities are clearly identified and understood and new and high quality child protection procedures are being consistently applied across Kent. Good guidance is provided to schools to evaluate the effectiveness of their safeguarding arrangements. Serious case reviews have been thoroughly undertaken to a high standard, with appropriate dissemination of findings and actions. The impact of these action plans is kept under review. Criminal Records Bureau and other vetting checks in CFE are consistently carried out and where necessary updated in accordance with guidance. Senior managers have agreed to harmonise procedures across the directorate to ensure the continuation of best practice in this area. Clear procedures and systems are in place for managing allegations against staff, including the roles and responsibilities of the local authority designated officers. There is an effective joint agency approach to the management of violent and sex offenders (MAPPAs). Plans to generate extra capacity to meet extra demand caused by increased numbers of offenders are agreed.

21. At the heart of the partnership's approach to children and young people is the belief that best outcomes for children are secured by early intervention and preventative services deployed when difficulties are first becoming apparent. As a consequence, each district has developed a range of services that can be made available by partners to assist families without the requirement for formal referral to social care services. This has been a significant factor in successfully managing cases within the community. Children's centres and extended school provision is central to this work and family group conferencing is well established and effectively focused on preventing family breakdown. Extensive preparations for the launch of the Common Assessment Framework and lead professional role in April 2008 are underway and include multi-agency briefings, training for trainers and appointment of a dedicated project coordinator.

22. Children and young people considered to be at significant risk of harm are effectively identified and good, coordinated, multi-agency support is provided to this group. Private fostering arrangements are increasingly identified and there are good procedures in place for monitoring and support. There are robust systems in place for managing referrals and assessments in social care duty teams, which are consistently applied. Referral rates of children in need are significantly below those of comparators and re-referrals are comparatively low. Assessments were mainly good quality and carried out on time. Performance on the timeliness of initial and core assessments has improved and is comparatively high. The number of children who became the subject of a child protection plan, or were placed on the child protection register, increased in 2006/07, although this has now reduced to a level broadly in line with the national average. All child protection reviews carried out since April 2007 have been conducted on time. The percentage of children re-registered on the child protection register increased in 2006/07, partly as a result of managing more children in their communities rather than using 'in care' solutions. This figure has reduced from 19.7% to 17.5% in 2008, a figure slightly above comparators although the gap is closing in line with projections. Overall there is good performance on de-registrations, which shows that children are not being kept on the child protection register for unnecessarily extended periods of time, and there is no evidence to indicate that children are being de-registered inappropriately or prematurely. All children and young people on the child protection register are allocated to qualified social workers who are well trained and supported to understand and meet their needs. Quality assurance arrangements are very strong, with cases regularly and very effectively monitored through good supervision and the rigorous, independent chairing of child protection conferences.

23. Children and young people in Kent say they feel safe and receive good quality information about keeping safe. Schools in the county pay careful attention to safeguarding matters. In keeping with the Kent drive to ensure that services reach vulnerable groups, sex and relationship education and substance misuse provision is effectively targeting those at most risk, including young offenders and looked after children. The proportion of young people in drug treatment is high, demonstrating that services are being effectively targeted and reaching this particularly vulnerable group.

24. Services work well together to provide children and young people with a safe environment. All schools have been judged by Ofsted as satisfactory or better in ensuring that children and young people stay safe. Clear policies, advice and guidance are provided on bullying, with evidence of good, targeted action taken by schools and the local authority. The Kent Safe Schools initiative promotes effectively peer support for the victims of bullying, and restorative justice programmes are being introduced in targeted schools. A new e-safety policy has been developed for schools to promote awareness and good practice surrounding the use of the internet. Regulatory inspection of the council's children's homes show at least satisfactory actions in respect of their safeguarding practice, and the fostering service was judged to be good in

safeguarding matters. Effective action is being taken in response to domestic violence, supported by an agreed joint protocol which is afforded high priority by the police and partners.

25. Children and young people are supported well in developing socially and emotionally. The Social and Emotional Aspects of Learning programme has been implemented by 25% of primary schools, leading to improved outcomes for children. Targeted intervention in three localities with significant deprivation, through the Leuven Project, has significantly increased the well-being and involvement of young children in schools. Young carers are supported well to enable them to lead as normal a life as possible, for example in West Kent through a wide range of centre-based activities. In addition, the youth service provides a wide range of effective programmes and projects.

26. Recent inspection findings and Foundation Stage information show that the quality of early years provision has significantly improved, albeit from a comparatively low base, through effective monitoring, challenge and support. Increased collaboration with schools at cluster level has had a significant impact on reducing the rate of exclusion through a developing and effective range of provision. There are effective systems of support in place for children absent from school for medical reasons. Good procedures are in place for children to be suitably educated at home, including those children and young people with statements of educational need. Clear protocols and tracking processes are in place for missing children and children missing education.

27. The CAMHS strategy (2007) has led to improved service provision overall and a further review of specialist services has resulted in additional funding. Most targets are being met or exceeded, with the exception of staffing in West Kent and the percentage of new non-specific cases seen within four weeks. The introduction of a single point of access is having a significant, and in some areas dramatic and positive, effect on waiting times. Preventative work at Tier 1 through early intervention services and improved access to Tier 2 services, such as those provided by a range of providers including the voluntary sector, is having a positive impact. This has reduced the number of referrals to Tier 3, thus relieving pressure and increasing the impact of specialist services. Access to Tier 4 services is through multiple providers and some young people are still admitted to adult wards following clinical assessment, which is poor practice and contrary to guidance. Progress towards comprehensive CAMHS is evident, although the pace in Kent is slower than comparators. A joint commissioning strategy and action plan is rightly based on core priorities and local needs assessment. Good performance monitoring arrangements have been developed to ensure delivery against objectives and to inform service development.

28. Good action is taken to identify and reduce anti-social behaviour in Kent. A high proportion of young people aged 13–19 is reached by the youth service, which actively participates in effective crime reduction panels in the districts. Diversionary schemes are targeting areas at risk of anti-social behaviour through junior youth inclusion projects. Collaboration between the youth

service, police and Charlton Athletic Football Club is providing effective diversionary activity for young people. There is a good range of services for those who are at risk of offending and those who have offended. The level of first-time entrants into the criminal justice system is reducing and better than national comparators. The number of over 16s known to the youth offending service who are not in education, employment or training is comparatively and historically high, particularly for those released from custody, and is a priority area for improvement. At this stage it is too early to judge the full impact of the action being taken, although early evidence shows a decrease.

Looked after children and young people



29. **The contribution of local services to improving the outcomes for children who are looked after is good.**

Major strengths	Important weaknesses
<p>The council has been highly effective in reducing the number of looked after children.</p> <p>The council's fostering service is highly effective. Excellent care is provided by well-managed and skilled foster carers.</p> <p>There is high quality of training and support available to foster carers.</p> <p>The quality and effectiveness of specialist treatment and therapeutic foster carers is good.</p> <p>The quality of educational planning for looked after children is excellent.</p> <p>The specialist service for unaccompanied asylum-seeking children and young people is very good.</p> <p>The high numbers of care leavers in education, employment or training.</p>	<p>Low numbers of looked after children receiving annual health checks.</p> <p>Too few young people have Pathway Plans and those that exist are reviewed too infrequently.</p>

30. Consistent with the Kent drive to provide effective early intervention and prevention of family breakdown is the priority to reduce the numbers of children needing to be looked after. There is a strong desire to enable as many children and young people as possible to live within their families (including extended family and friends) or be adopted. As a consequence of good and concerted work, the number of looked after children over the last three years has decreased to 40 per 10,000 of the child population compared with 42.7 for similar authorities and 54.3 in England. A number of services has been developed across the partnership, including the use of family group conferences, to ensure that solutions are found for children within the community as far as possible. Where that has not been feasible, alternative permanent plans have been enacted wherever it has been possible to do so.

31. The council's acceptance of corporate responsibility for looked after children is demonstrated by its pledge, which has been made to both Kent's looked after children and those placed in the county by other authorities a year earlier than was required by government. The pledge reflects the views of young people, who were fully involved in its development. It takes the form of a set of promises made to looked after children and includes, for example, access to leisure resources and free travel. Looked after children and young people are directly involved in monitoring the impact of the pledge and early results show some good outcomes, for example in relation to the numbers of looked after children and young people living within a 20-mile radius of home and the percentage of looked after children and young people with a Personal Education Plan that is meeting their educational needs.

32. Most children feel safe and are comfortable in their placements. The council is highly successful in placing children in stable family placements when they are unable to return to their families, resulting in significantly fewer looked after children in residential placements (8.1% of the looked after children population compared to 13.7% for similar authorities). Those who need extra help because of their particularly complex needs benefit from specialised or 'therapeutic' foster care. This successfully prepares them for permanent family placements which the council correctly considers contributes to better social, health and educational outcomes for looked after children.

33. Foster carers feel respected and valued by the council. They take advantage of excellent training opportunities and the support provided by their supervising social workers is highly effective. Communication with looked after children's social workers is mostly good, with social work visits carried out to plan and reviews being undertaken on time and always chaired by a member of the effective independent reviewing service.

34. Many children in need of permanent families are placed with extended family or friends through the development of kinship care and the use of guardianship orders. The council is also highly effective in achieving adoption. The percentage of looked after children adopted last year was 11.8% compared with 8.5% for similar authorities.

35. The specialist provision made for unaccompanied asylum seekers is very good. Care is taken to understand and meet their particular needs, whilst support is directed towards helping them adjust to life in the UK and deal with the anxiety associated with the asylum application process. The service works closely with colleges to ensure that a suitable programme of education or training is in place as soon as possible.

36. The number of completed annual health checks for looked after children is very low at 54% (compared with over 80% for similar authorities and the England average) and a range of priority actions has been implemented to address this issue. Recent evidence confirms significantly improved performance in this area.

37. Although the rate of teenage pregnancies in some areas of Kent is relatively high, the incidence of teenage pregnancies within the looked after population is low as a result of effective preventative work. The council offers a range of support to young parents and a good number have been able to return to education.

38. CAMHS are improving and adequate overall, with some good examples of effective joint working across the county. However, work is continuing to standardise provision. Phased investment in six mental health nurses to work with looked after children is contributing to these improvements in the areas served by the three posts that are currently filled.

39. Kent Council's high aspirations for improved educational outcomes for looked after children are reflected in the priority given to this area in the Children and Young People's Plan (CYPP) and the Local Area Agreement. Very good Personal Education Plans set out how the individual's learning needs are to be met and they are implemented by effective learning mentors and other dedicated staff. The work of the staff from the Kent Advisory Service, the attendance and behaviour service, education welfare officers and nominated governors in supporting, and where necessary challenging, children, young people and their schools and colleges has also been very effective. This work has been central to laying the foundations for the improving trend of attainment at GCSE, specifically the numbers gaining five or more A*–G grades, and in Key Stage 1 and 3 results. In 2007, the percentage of young people leaving care aged 16 and over with at least one GCSE or equivalent was broadly in line with national averages and above local comparators. The proportion of young people who sat one or more GCSE increased in 2007 and is in line with local comparators, although still below the national average. The percentage of young people achieving five or more A*–G grades at GCSE has increased by 16% over a two year period to 48%. The percentage achieving five or more GCSE higher grades is broadly in line with the national average and above local comparators at 9.2%. However, despite an improving trend, the gap between the performance of looked after children and their peers in all key stages is still too great, as it is nationally. There has been a marked reduction in the exclusion rates for looked after children, from 2.7% to 1%. The percentage of

looked after children missing 25 or more days of education, which had been rising, has shown a significant decrease in 2007, from 21.9% to 15.6% as a result of effective targeting.

40. A partnership between the council and the Rainer Foundation provides 16+ services for looked after children and care leavers preparing for independence, complemented by Connexions staff and the secondment of youth workers. Not all care leavers feel well supported by this service, although the work of youth workers is particularly valued. Despite being small cohorts, too few 'eligible' or 'relevant' young people have Pathway Plans, and plans are not reviewed in a timely way. A significant proportion of those needing plans were UASC who were difficult to track because of their frequent changes of address as they moved in fear of deportation. The number of care leavers aged 19 engaged in education, employment or training reflects strong performance, and Kent are in the same performance band as national and local comparators. A number achieve places at university. However, although 79.4% of care leavers are said to be in suitable accommodation, this is a lower percentage than in other authorities and there is evidence that many are dissatisfied with their accommodation.

41. Significant improvement in the numbers of looked after children contributing their views to their statutory review is reflected in an increase from 66% in 2005/06 to 85% in 2006/07. Other opportunities for making a contribution include forums for care leavers facilitated by the Upfront advocacy service and the council's Viewpoint online service. Corporate parenting is adequate and is developing. There are some very positive initiatives, such as the pledge, in which children and young people play a central part. In addition, a significant number of events have been arranged for looked after children and care leavers to meet with senior managers and council members. However, these arrangements are not on a regular, systematic basis and although young people feel positive about the opportunities, they do not easily identify their contribution to improved outcomes as there is no formal feedback process where impact is easily identifiable.

Children and young people with learning difficulties and/or disabilities



42. **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>Clear strategic direction with strong support from providers and effective implementation of a major change programme for school-based special educational needs (SEN) provision.</p> <p>Very good monitoring, challenge and support for improving the quality of provision in both schools and early years education and day care settings.</p> <p>Good multi-agency working in assessing needs and planning and reviewing provision, both at individual child and local area level, with a clear and effective focus on early identification and intervention.</p> <p>A proactive and helpful approach to providing information, support and guidance for parents about SEN assessment and provision, including a very good parent partnership service.</p> <p>Good measures to involve children and young people themselves in planning and reviewing provision.</p> <p>Good arrangements to ensure that additional funding to meet SEN is both accurately targeted and sufficient.</p> <p>Effective and supportive management of transitions at each of the key points in the provision of education and training.</p>	<p>Limited specialist CAMHS provision for children and young people with learning difficulties and/or disabilities.</p> <p>A lack for some families of a lead worker/professional to support them in securing a coherent package of support spanning more than one service.</p> <p>The time taken to secure housing adaptations to meet the needs of families with children with learning difficulties and/or disabilities and limited publicity for their entitlements in such respects.</p>

43. There is strong commitment from all concerned to the new structures and procedures to enhance joint working at the local level between schools, health professionals and other specialist services. These are well designed, having been built on solid foundations of existing good practice and working relationships. Flexible team working is improving collective cost-effectiveness and helping to reduce the demand for more specialist services. Agencies work particularly well together to ensure that there is early identification and assessment of children's health and education needs. This is backed up, in turn,

by the provision of well-coordinated and effective multi-agency support, with a clear focus on early intervention to prevent difficulties worsening.

44. Recent major reviews of provision in special schools and mainstream school units were well managed and included extensive consultation. Good advantage is being taken of the opportunity provided by the Building Schools for the Future initiative to plan and deliver new ways of working in settings which are fit for purpose. Given the extensive scale of the exercise, this is particularly commendable. There is notable confidence on the part of schools that remaining unresolved issues of detail will be worked out successfully. They have been willing, accordingly, to press ahead with the key aspects of development without delay. There are well-designed arrangements to ensure that resources to meet SEN are sufficient overall and accurately targeted.

45. Monitoring, challenge and support for both schools and early years providers to improve the quality of their provision is very good. This includes challenge based upon internal benchmarking, good written advice and training, effective use of data, and a sharp focus on provision for those with learning difficulties and/or disabilities during monitoring visits by school improvement partners and other advisory staff. These visits include monitoring of progress at individual pupil level. Educational provision to meet the needs of those with learning difficulties and/or disabilities has been comparatively good in mainstream secondary schools for some time. It is now on a clear upward trend in both special and mainstream primary schools and is providing good value for money. Good steps have been taken to ensure that child protection training includes a specific focus on the needs of children and young people with learning difficulties and/or disabilities. Provision for those being educated at home is regularly and rigorously reviewed.

46. Effective steps are taken to consult parents and young people, both individually and collectively, on the provision made. Statutory assessment and review processes are conducted in a timely way, with good information, guidance and support for parents and carers and a proactive approach to offering support. The parent partnership service, in particular, is very good. It offers a responsive service to parents on a broad range of individual problems and also provides very good support to staff on consulting parents and building effective relationships.

47. Relationships with parents are less well managed overall, and less consistently effective at an individual level, when it comes to social care support. In saying this it must be acknowledged that most parents do have at least one source of guidance and support in which they have confidence. This is most often from a member of staff in a children's centre, a school, or a local multi-agency support team. In one sense this is evidence of provision with developing strengths. It demonstrates a recognition that different people respond best to different individuals and in different settings. It is also evidence that the necessary skills and commitment are to be found in many parts of the system.

48. However, at present, too many parents and carers only locate the support they need after they have been in contact with the system for some time and there is too much onus on those in need finding their own way to the support, rather than the support finding them. Some feel sharply the lack of a worker to act as the focal point in their dealings with the rest of the system, someone who takes a holistic view of their family's needs and acts as their advocate and support in securing the various services required. Accessing services thus feels to some parents like a "battle". At worst, and this includes some of the most needy, they do not get all the support they need.

49. Health service staff play a major, often leading, role within many of the multi-agency teams supporting children and young people with learning difficulties and/or disabilities and their families. This is particularly, but not exclusively so where health needs are a significant element of the presenting problems. Individually, there are aspects of health services which are good, such as the provision of specialist equipment for use at home. In others, for example speech and language therapy, there has been some improvement to adequate levels overall, albeit from a low and uneven base, and more has been agreed for the coming year. However, specialist CAMHS provision for children and young people with learning difficulties and/or disabilities remains patchy and limited, resulting in some high thresholds for accessing services, for example those for managing challenging behaviour.

50. Respite care and short-break provision is well designed in terms of its range, albeit less so its quantity, to meet different needs and parental wishes, and there has been a major increase in the numbers of parents receiving direct payments. A substantial initiative to improve residential respite provision is currently being implemented, with a range of complementary services to be offered from resource centre hubs. Representative parents have been fully involved in the design of the new provision. Current performance in terms of writing formal plans to manage the transition to adult social care services is comparatively poor, but this does not reflect the quality of such planning, which is good and improving.

51. The development of 14–19 education and training provision is taking appropriate account of the needs of young people with learning difficulties and/or disabilities. This includes the development of the new diploma qualifications and provision more generally within the county's new vocational centres. There have also been a number of improvements in post-16 provision in recent years as part of the restructuring of special school and unit provision. Transition from one type of educational provision to another is well planned and supported throughout, including moves into post-school provision. Advice and guidance from the Connexions service is good, particularly for the most vulnerable. Pastoral support systems in local further education colleges meet the needs of most young people, and there is currently some good collaboration between special schools and colleges to improve provision for young people with autistic spectrum disorders and challenging behaviours. The need to use residential specialist college provision is broadly the same as in other similar

areas. Effective steps are being taken to help employers better understand the needs of young people with learning difficulties and/or disabilities and there is some good vocational provision for young adults with learning difficulties. Participation in education, employment or training by students from special schools improved significantly between 2004 and 2006.

52. Leisure and recreation provision for children and young people with learning difficulties and/or disabilities is adequate overall, although somewhat patchy at a local level. Publicity for available provision has improved. Travel and cost remain barriers to access for some, although there are some welcome signs of increased flexibility in school transport arrangements to enable young people to participate in after-school provision. School transport arrangements overall are satisfactory, with some recent improvements. Appropriate action is taken to monitor the quality of provision and to follow up any parental concerns. Adaptations to housing to meet the needs of those with learning difficulties and/or disabilities have historically taken a long time to secure and some parents are unaware of their entitlements in such respects. However, recent engagement with district councils and particularly with housing providers is showing some early positive impact in reducing timescales.

Other issues identified for further investigation

The impact of the partners' strategy on reducing variability across the county in participation and attainment by the age of 19

53. **The impact of the partners' strategy on reducing variability across the county in participation and attainment by the age of 19 is good.**

Major strengths	Important weaknesses
<p>Clear strategic objectives, strong local planning structures for 14–19 education and training provision, and good quality local implementation plans.</p> <p>Substantial increases in participation rates in vocational education, with the 2010/11 target already exceeded.</p> <p>A good range of alternative educational provision for school-age young people excluded from school or at risk of becoming disengaged with learning.</p>	<p>The poor quality of accommodation and resources in alternative education centres.</p>

<p>Reductions in the proportion of young people not in education, employment or training to below statistical neighbour and national averages.</p> <p>An established track record of improving educational attainment at the end of Key Stage 4 to levels above statistical neighbour and national averages, reducing school exclusions and improving school attendance.</p> <p>A good record of narrowing the participation and attainment gaps at ages 16 and 19.</p>	
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54. Strategic aims for 14–19 education and training provision are clearly set out in a well-structured plan which has the strong commitment of all key providers. Detailed planning at the local level is devolved to nine local partnership forums. Schools, further education colleges and other education and training providers for the 14–19 age group meet in these forums to assess local need, plan provision and review progress. These forums work very well. They are characterised by a strong shared commitment, both to the principles of collaborative working and to equality of entitlement for young people. Each forum produces an implementation plan which reflects local circumstances and sets out how provision will meet both local and county-level priorities. These plans give a clear account of what is to be done, who will do it and by when and how success will be monitored and evaluated.

55. The 23 local 'clusters', originally constituted to consider school improvement issues, provide a further valuable forum for the discussion of related issues. The clusters are now the key local commissioners of a range of education, health and social care services, with a particular focus on the needs of disadvantaged and/or underachieving groups. It is here that much of the early identification of need takes place and preventative services are commissioned. Areas of the clusters' work of direct relevance are difficulties with behaviour and school attendance and disaffection with education more generally. The clusters are having a major impact on improving services in the county. They have the strong commitment of participating providers, can call upon a wide range of support services, and are able to deliver comprehensive and well-coordinated packages of support. The county is much better placed than hitherto to tackle in a comprehensive, effective and well-targeted way the problems which can lead to poor participation and attainment at 19.

56. Attendance in secondary schools is improving and now broadly in line with national averages. Targeted support in 22 schools with high levels of persistent absenteeism has resulted in improvements in 19. Whilst permanent exclusions

were above national and local comparators in 2006, initiatives such as managed moves for pupils at risk have resulted in a reduction by 19% in one year. A wide range of alternative curriculum opportunities have been commissioned for young people who have been excluded from school or who show signs in other ways of being at risk of becoming disengaged from learning. A particular strength of this provision is high quality, well-integrated support from professionals such as health staff, social workers, youth workers and Connexions personal advisors. Monitoring, challenge and support from the local authority for improving the quality of provision is good. In some cases, however, the quality of accommodation is poor.

57. The impact of improved, and now excellent, collaborative working between education and training providers can be seen in the expansion of the Kent 14–16 vocational education programme, with facilities being shared on school, college and other sites. Over 4,000 14–16 year old students are participating in the 2007/08 academic year, which was the original target for 2010/11. That target has now been increased to 7,000. Well-resourced learning environments have been developed which are successful in meeting the needs and aspirations of the great majority of learners. These developments are being particularly successful in meeting the needs of many learners with hitherto low aspirations. A more flexible curriculum offer and a wider range of approaches to teaching and learning mean that provision is better matched to the interests and ambitions of those at risk of disengagement.

58. Educational attainment at age 16 is continuing to improve and schools serving the most deprived communities are improving faster than the rest. The attainment gap is hence narrowing. Monitoring, challenge and support for schools from the local authority is very good, with excellent use of data to evaluate performance and set improvement targets. There is a particular focus on individuals and groups identified as being at risk of underachieving. The proportion of young people gaining five or more A*–C grade GCSEs or equivalents at 16 is good (62.34%) and above the average in similar authorities (58.32%) and nationally (58.23%). There are no significant differences in such respects between the performance of the different minority ethnic groups and the overall county average.

59. A high priority has been given to improving careers education and the provision of information, advice and guidance (IAG) to young people in schools. IAG 'health' checks are currently being undertaken for schools by the Connexions service and there has been a major increase in the number of secondary schools achieving the careers' libraries standard. There is now a good quality, web-based, county-wide prospectus for 14–19 education and training opportunities. Collaboration between Connexions and the youth service has made a major contribution to these developments and to the provision of high quality, targeted support for vulnerable young people.

60. Overall, staying on rates in schools post-16 improved by 3% between 2006 and 2007 to 60.1%, and there was improvement in seven of the nine local partnership forum districts. In Wilmington Enterprise College, for example, there was a five-fold increase. Participation and attainment rates and the pace of change are, at this stage of development, different from area to area. Local needs vary considerably, particularly in terms of social deprivation, and provider institutions are at different stages of their own development. Priority is rightly being given, where necessary, to establishing sound foundations as a precursor to major innovation. Nonetheless, the extent and pace of improvement overall is impressive. Improvements in staying on rates have generally been higher in schools whose pupils have a greater tendency to low attainment.

61. Overall participation rates in education and training at post-16 are now good, having risen year-on-year from 2004 to 2007. The variation in such respects between the highest and lowest areas within the county is low, noticeably so given very different levels of deprivation.

62. The proportion of young people not in education, employment or training has fallen and the 2006/07 figure for 16–18 year olds was appreciably below both the national average and the average for similar areas (6.4% against the national average of 7.7% and statistical neighbour average of 6.8%). It is on track to exceed the county's Local Area Agreement target for 2007/08 and the more challenging 'stretch' target. Whilst in some local partnership forum districts the proportion of young people who are not in education, employment or training remains comparatively high, rates overall are already below the national target for 2010. Work targeted at reducing rates in these more challenging areas includes a wide range of well-conceived initiatives, with a particular focus on at risk groups. New, purpose-built provision, for example in vocational learning centres, has helped to transform the range and quality of courses on offer. A good example of the success of local collaborative activity in improving participation and attainment is that centred on The Community College Whitstable. Year 10 and Year 11 students from three schools are offered a variety of vocational options and qualifications at Levels 1 and 2 in a purpose-built vocational learning centre, with clear pathways into further education or work-based learning post-16. The entire first year's cohort of students had positive destinations on completion of their courses.

The impact of the partners' strategy in reducing the teenage pregnancy rate in targeted areas

63. **The impact of the partners' strategy in reducing the teenage pregnancy rate in targeted areas is adequate overall.**

Major strengths	Important weaknesses
<p>An overall reduction in teenage pregnancy rates.</p> <p>Good support to young parents to return to education and training and to meet the needs of their child.</p> <p>Well-planned sexual health education provision available in a variety of settings, including all secondary schools.</p> <p>Sexual health services appropriately targeted at vulnerable groups.</p> <p>Good partnership working, including with the private and voluntary sector.</p>	<p>Continued high rates of teenage conception in some areas, with significant variability across the county.</p> <p>Data collection in relation to teenage conception is not sufficiently developed to enable effective monitoring and evaluation.</p> <p>IT infrastructure in the Genito Urinary Medicine outreach settings is underdeveloped.</p>

64. The impact of the partners' strategy in reducing the teenage pregnancy rate shows year-on-year progress in the county-wide headline figure, although this masks some significant local variation. The current (2006) strategy and action plan is in accordance with national guidance and has correctly focused upon a county-wide approach, with local targeting in more challenging areas, using established and proven methods. This is consistent with the corporate approach which is to raise aspirations for all young people by enabling them to understand and become confident and secure in relationships with increased knowledge about how to avoid risk-taking sexual behaviours.

65. The 2007 APA reflected progress in reducing the teenage pregnancy rate and encouraged continued focus on increasing the rate of reduction as an area for development. Kent teenage conception rates remain below the national average but higher than the average for the south-east region. The 2006 revised strategy, together with the 2006–09 action plan, has been designed to roll out successful interventions to impact upon these variations and to accelerate further the overall rate of reduction in conceptions so that Kent meets the national target of a 50% reduction in teenage conceptions by 2010 (based upon the 1998 baseline figure). There is some evidence from local data that the implementation of the strategy had an impact on the 2006 overall rate in Kent, with a reduction from 37.7 to 34.6 conceptions per 1,000 young women aged 15–17. Achievement of the 2010 target is more realistic as a result, but remains challenging and will require year-on-year reductions equal to or exceeding the 2006 figure. Whilst there is strong commitment to meeting this target, performance management arrangements do not currently enable comparisons of district performance. The focus on teenage conception, improved arrangements for counselling, and easier and more timely access to

consultants has contributed to an increased termination rate between 1998 and 2005, from 40.3% to 46.9%, which is in line with the national average.

66. There is a wide range of established initiatives to promote healthy lifestyles as integral parts of a holistic, preventative approach to the sexual health and well-being of young people. The views of young people have informed improvements in personal, social and health education (PSHE) and sex and relationships education (SRE) in both primary and secondary schools. The revised PSHE strategy was launched for consultation in January 2008 and will be implemented in all secondary schools and considered as part of the Healthy Schools accreditation programme. Teachers and school governors have been targeted to raise confidence in SRE, and all secondary schools will have one teacher accredited to provide sex education and sexual health services, including Chlamydia testing and contraceptive services. An investment in school nurses has also contributed to improved provision of SRE and has given access to specialist advice and services. Foster carers, youth workers and other professionals working with young people in alternative settings have also been trained to enable them to work with vulnerable groups. The use of 'cyber babies' (a realistic doll designed to be as demanding as a baby) with pupils has had a positive impact on young people's understanding of single parenthood.

67. Access to sexual health services for young people is good, with 45 clinics in varied settings, including schools and alternative curriculum centres, and contraceptive services provided by pharmacists. Young people were very positive about these services, particularly their ease of access and their 'young-person friendly' approach. They recognised the services as being central to young people's growing awareness of sexual health matters and in their appropriately increased confidence in forming and maintaining healthy relationships. Vulnerable groups, such as asylum seekers and looked after children, are targeted through specialist workers, such as an Albanian worker, and designated nurses. Additional information is available through the 4Youngpeople website, pocket-sized cards and a CD, *The Edge*, which provides a range of information including sexual health information.

68. The provision of Genito Urinary Medicine (GUM) services has been improved through the provision of drop-in clinics in all 10 GUM centres. This has resulted in an increased number of people being offered an appointment within 48 hours, with East Kent being on target to reach 100% by March 2008, followed later by West Kent which started from a much lower base. Chlamydia screening is well advertised to young people and accessed through multiple settings, including colleges and sexual health clinics. A pilot project in Dover and Folkestone, where rates were high, is to be spread across Kent to increase uptake of screening. There is some evidence that screening rates are increasing, but the format of local data does not enable comparison with 2006/07 figures. The absence of IT facilities in many sexual health outreach clinics means that staff rely on paper-based systems which presents a threat to the integrity of data.

69. Young parents are supported to achieve a healthy lifestyle and to maximise their economic well-being. Strategies to support young parents to return to education are producing good results. The Young Able Parents (YAPs) service has supported 23 young parents to return to further education and the teenage pregnancy service at Canterbury High School has seen an increase in GCSE attainment from 1.14 in 2005 to 4.37 in 2007. Early intervention from a reintegration coordinator at Canterbury High School includes discussion of a young person's options following conception and early planning to return to school. Childcare is provided through on-site nurseries or Care2Learn and there is assistance with transport costs. In addition, county-wide initiatives such as 'Looking Good, Feeling Good' and Teens2Dads aim to raise aspirations of young parents, including young fathers and young people without children.

70. Young parents are supported to keep their children healthy and promote their development through the YAPs service and a number of parenting courses exist. These receive positive feedback from participants, although some parents noted that courses for young fathers were not as developed or as widely available as those for young mothers.

Service management



Capacity to improve



71. **Both the management of services for children and young people and the capacity to improve further are outstanding.**

Major strengths	Important weaknesses
<p>Outstanding leadership at senior level.</p> <p>Good consultation with both service users and providers.</p> <p>Very good strategic partnership working to assess need, agree ambitions, set priorities and plan service delivery.</p>	

<p>Clearly stated, challenging but realistic ambitions, with a strong focus on tackling disadvantage and improving outcomes for all children and young people.</p> <p>Strong commitment from all key providers to the agreed ambitions and to new ways of working to deliver them.</p> <p>Good staff recruitment, retention and development to ensure the necessary capacity to deliver priorities.</p> <p>Close monitoring of both service activities and outcomes for children and young people and decisive and effective intervention to remedy identified weaknesses.</p> <p>A strong track record of improvement in key priority areas.</p>	
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72. When the current management team came together in Kent's CFE Directorate, they did so against an historical backdrop of having overcome, or being engaged in the process of overcoming, some significant attitudinal, organisational and strategic obstacles. For example, the year 2000 inspection of Kent Local Education Authority (LEA) described hostility towards the LEA felt by some headteachers. These obstacles to collaborative and partnership working were prioritised and addressed as a first stage of engaging key services in the transformative agenda that is evidently making very good progress currently, and provide exemplars of the leadership and management qualities that have been evident since. New structures and working practices have been established by partner agencies and are delivering sharper and better assessments of need and well-coordinated services for children and young people, for example through children's centres. The basic understanding which underpins these changes is, rightly, that needs, particularly for the most disadvantaged in society, are multi-faceted and that services must address them holistically from a moral base and in a well-coordinated way to have the best chance of success.

73. A fundamentally new approach has been agreed by the Kent strategic partnership, leading to improved identification of needs, priorities and service delivery strategies at local level. This very strong corporate drive is raising the ambitions of all children and young people and, where necessary, challenging the cultural inhibitors that restrain them. There is extensive evidence already to show that the necessary commitment and skills are present to complete the task by implementing the transformation agenda in a planned and phased way.

For example, local and national evidence shows significant correlation between non-working and unskilled families and teenage pregnancy. An integrated approach including family learning, childcare and the Jobcentre is being used to good effect to address the family issues alongside more familiar approaches to helping young people avoid risk-taking sexual behaviours.

74. The way in which the ambitions of the local strategic partnership for children and young people have been identified and communicated is outstanding. Extensive use of data and survey findings informed ambitions, and extensive and very well-received consultation with service users and professionals in clusters enabled them to be understood and used effectively in service development and delivery, for example the introduction of free leisure passes for looked after children in Swale and Maidstone. The CYPP captures well both the partnership's ambitions and its agreed strategies to deliver them. There is clear alignment with the Vision for Kent, the Local Area Agreement and the local authority's 2010 Plan.

75. The very high quality leadership of the partnership is evident in the strong consensus across the local strategic partnership on key principles and development priorities. Extensive consultation with service users and providers has harnessed their engagement with, and support for, the partnership's ambitious agenda. The voluntary sector and the districts are well represented on the Children's Partnership Board. However, the voluntary sector's strategic capacity is not yet developed fully, although at a local operational level it is making a valuable contribution to partnership working. Each of the district-level local strategic partnerships has a CFE director as a member. By having this high level representation, CFE has established good local links, including those with local councils. This is an important step as the local councils, like some opposition councillors, have had periodically tense relationships with the county council (although not specifically in relation to Children's Services), which has historically been perceived to be overbearing and unresponsive to local needs and pressures. Existing very good practice in terms of multi-agency working has been used as the bedrock of development. Services have set themselves challenging but deliverable targets for improvement.

76. The way in which providers translate the partnership's ambitions into more specific priorities for service development is outstanding. Resources have been shifted to priority areas and the early development of Children's Trust arrangements in the county reflected a strong commitment to developing effective, multi-agency preventative services. Twenty-three local partnerships ('clusters') have been developed as key commissioning agents for services within their area and four have Pathfinder status nationally. The clusters are being equipped with useful local data analyses to aid their needs assessment, target setting and performance monitoring. The clusters have demonstrated their effectiveness by commissioning key local services, such as sexual health clinics, as contributions to the delivery of the CYPP in advance of the introduction of the Local Commissioning Framework. They set many of the key

local priorities, particularly for individual children and young people and families, and deploy the resources of partner agencies to deliver them.

77. A strategic commissioning framework has been agreed by partners to commission more specialist functions on a county-wide basis. The strategic commissioning of health services for children and young people, whilst remaining a PCT responsibility, has helpfully been relocated within the local authority's CFE Directorate. Partner agencies have a clear grasp of what remains to be done to dovetail commissioning at the different levels. Financial management and control is good, with timely and appropriate corrective action being taken to deal with any projected overspends. Providers are very effective in securing additional grant funding and there is an effective approach to risk management. The development of key tools to support collaborative working, like the Common Assessment Framework and the Integrated Children's System, is on schedule to meet national targets.

78. The capacity of the council and its partners to deliver better outcomes for children and young people is good. Leadership at senior officer level, including within the local authority, is outstanding. This, combined with the council's determination to succeed at achieving best possible outcomes for all children and young people and their close involvement in service planning and review, has contributed to a steady pace of improvement, particularly for those most vulnerable. There is a good record of developing in-house skills, for example through staff training and the sharing of good practice, but also a readiness to buy in additional specialist support where necessary. Progress in developing a formal, overarching workforce plan, assessing medium- to long-term needs and setting out how the partners will meet them, has inevitably been slower. Although there is no evidence to suggest that joint plans have been disrupted by workforce development or deployment issues, there is a risk to sustainability unless appropriate structures and agreed processes to manage such situations are in place. CAMHS are currently capacity building by increasing their human resource base to government-recommended levels, but no major services are currently being undermined by staff recruitment and retention problems, and effective action has been taken to secure key staff such as social workers and teachers.

79. A key aspect of capacity building in recent years has been the development of multi-agency working at cluster level. There is clear evidence that this, and the greater local responsibility and flexibility it entails, has had an energising effect. Better capacity has been delivered from existing resources. This has had a much greater impact than the relatively modest additional funding deployed, welcome though this has been. Allied to improved coordination of service planning and delivery, the outcome has been significantly better value for money. This is now good. Spending on most services for children and young people is at or below the English counties' average and most services are delivering comparatively good outcomes. There is an increasingly rigorous approach to identifying minority group needs and customising services to meet them.

80. Performance management is good and there is an effective performance-driven culture. There are well-established performance management systems and processes, linked to increased numbers of business and delivery plans, in education, social care and, importantly, in the Kent Safeguarding Children's Board. These are increasingly being rolled out across the partnership. Elected members and service managers know the strengths and weaknesses of services very well as a result and there is a rigorous approach to monitoring and challenging performance. Very good use is made of the full range of national performance indicators and these have been substantially supplemented by locally designed measures, including surveys of user views which have been used to inform changes to services, for example to the transitions policy. Complaints are also used as an effective measure of user satisfaction and approval has been given to adopt a uniform system for complaints management across the partnership. Underperformance is responded to promptly, decisively and effectively. Precise action milestones and outcome measures are lacking in some delivery plans, but implementation is nonetheless closely and effectively quality assured. This is demonstrated by the delivery on schedule of all the main recent development programmes, such as the special schools review and the provision of new children's centres across the county. Performance management at the strategic level is mirrored by well-established case management systems within services such as social care, health and education. The new cluster arrangements are adding a major new level of monitoring and evaluation, both of service activities and outcomes. Scrutiny challenge to council services by councillors is underdeveloped, although improving via the introduction of an IT system to support governance arrangements and enable comprehensive scrutiny of performance to take place outside of cabinet.

81. The 2007 APA exercise judged the capacity to improve the local authority's services for children and young people to be outstanding and recognised evidence of success in overcoming complex and sometimes longstanding problems. In the months since then, the quality of service management, if anything, has strengthened, as has the effectiveness of partnership working. Excellent needs assessment is properly linked to clear, challenging and well-communicated ambitions that have been, in turn, translated into service priorities that are closely monitored to ensure that they are delivering good outcomes for children and young people. Each of these service management elements provides further evidence of the ability to deliver significant service improvements. On this basis, the joint area review's conclusion is that services for children and young people across the partnership have an outstanding capacity to improve.

Annex A

MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN KENT

Summary

The services for children and young people delivered by Kent County Council are good and improving. The weaknesses identified in last year's APA have been addressed by well thought out actions which have led to improvement in a number of key indicators. The integration of children's services is making a significant contribution to improving the health and well-being of children and young people. The council makes a good contribution towards improving outcomes for children and young people in enjoying and achieving, being healthy, staying safe and making a positive contribution. The CYPP is well constructed and a thorough review of the plan demonstrates that the council has a clear and accurate view of its own strengths and weaknesses. The council has outstanding capacity to improve its services further.

The full APA can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3147&providerCategoryID=0&fileName=\\APA\\apa_2007_886.pdf

Annex B: Summary of the Enhanced Youth Inspection Report

Main findings

1. Kent County Council secures effectively the provision of youth work. The quality of youth work is good with some outstanding features. New arrangements for integrated youth support and development services build on the strengths of the well established youth service. Firm foundations have been established which are improving collaboration between key youth agencies, although detailed delivery plans are at a very early stage. Young people are served well by an excellent range of high quality activities to support their personal and social development. The youth service reaches a relatively high and increasing proportion of 13 to 19 year olds and engages successfully some of the county's most vulnerable groups. Many young people make an excellent contribution to civic life and democratic decision-making, although their involvement in day-to-day planning and evaluation of youth work is not as well developed. Youth workers demonstrate good leadership and curriculum management. However, accreditation is not always used to best effect. The youth service is well led and value driven; morale is high and team work is strong. The quality of area and unit plans is variable with a lack of detail in some targets and timescales. Quality assurance arrangements do not always focus sufficiently on the impact of the work and ensuring improvement where weaknesses are identified. The youth service has been instrumental in the development of many innovative and successful partnerships. Per head of the youth population, the council's expenditure on youth work is relatively low. The service, however, attracts substantial levels of external funding, with partners often confident to commission particular pieces of specialist work. Good use is made of resources, providing a very good return on the modest initial investment made by the council.

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	4
3	Leadership and management	3

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

Strengths

- Many young people make good progress and achieve well.
- Youth workers provide effective leadership.
- Young people enjoy an outstanding range of educational and enjoyable activities including specialist provision for vulnerable groups.
- Good use is made of high quality accommodation and specialist resources.
- The service makes an outstanding contribution to partnership work.
- The service is characterised by good leadership, strong values and effective team work.

Areas for development

- Involve young people systematically in planning and evaluating youth work.
- Develop further the skills and understanding of youth workers to use accreditation appropriately and effectively.
- Ensure quality assurance processes focus on outcomes and lead to consistent improvements in youth work practice.

Annex C

CORPORATE ASSESSMENT ACHIEVEMENT – CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Kent are generally good and there is outstanding potential to improve.
2. Children and young people are safe, and enjoy and achieve in education. Looked after children have closed the gap with their peers at GCSE. Unaccompanied asylum-seeking children receive a particularly good service which matches identified educational needs to placement location. Children and young people are, in general, helped well to make a positive contribution and effective strategies are in place to enable them to do so. The youth service plays a very significant role and many young people make an excellent contribution to civic life and local politics as a result. The council contributes well to improving the ability of children and young people to achieve economic well-being.
3. Services for children and young people in Kent are currently undergoing a transformation, giving priority to preventative services. The Kent Children's Trust (County Board) and four local Pathfinder Trusts have agreed new structures and working practices to deliver better assessments of need and more coordinated service delivery. The Kent CYPP identifies clear targets and includes a realistic assessment and identification of the resources required. The ambitions and priorities of the council are based on extensive research, analysis and consultation. Weaknesses are prioritised and strategies put in place to bring about improvement.
4. The council and its partners have successfully focused on underachieving and vulnerable groups and have narrowed the participation and attainment gaps at ages 16 and 19. Participation in education and training post-16 is now good, having risen every year from 2004 to 2007. The variation between the highest and lowest areas within the county is low, noticeably so given very different levels of deprivation. There have been improvements at both Level 2 and Level 3 as a result of clear strategic objectives, strong local planning structures and good, local and flexible implementation plans as part of the 14–19 strategy.
5. The council and its partners have very good and wide-ranging safeguarding arrangements in place. Preventative work is effective and fewer children are being referred to social care services. Those who are referred receive good services following good, timely assessments in the large majority of cases. Children on the child protection register are case-managed well, with council services operating very effectively in a planned way with partners. Quality assurance arrangements are strong and ensure that good outcomes are achieved wherever possible.

6. Looked after children are a priority for the council and there has been significant reduction in the need for care services through good preventative interventions and effective work in placing children who cannot return home with extended family and friends or adoptive families. Excellent foster carers, including specially trained carers, receive good support and offer increasingly stable placements.

7. Children with learning difficulties and/or disabilities are being well safeguarded, benefiting from good quality early years education, day care services and schooling. Children with learning difficulties and/or disabilities are increasingly involved in planning and reviewing services and transition planning is good. Children and young people are helped well to make the necessary changes at key stages in their lives. However, some parents described difficulties in obtaining information about, and access to, specialist provision.

8. The council works closely with partners to improve health, particularly through the promotion of healthy lifestyles. Teenage conception is lower than elsewhere in the country but local variation, together with a relatively modest rate of reduction, ensures that this remains a priority. There has been some progress, but the 2010 target of a 50% reduction in conceptions against a 1998 base figure remains challenging, not helped by insufficient IT capacity to monitor progress. The approach of the council and its partners to wider sex and relationships education and sexual health provision shows early evidence of encouraging outcomes. Young people are very positive about services available to them.

9. The capacity of the council to improve is outstanding. The quality of service management and leadership is very strong, and the effectiveness of partnership working is very good. There is political support and strong evidence of the ability to deliver significant service improvements.

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 Kent 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 focusing on children with learning difficulties and/or disabilities, children who are looked after, children at risk or requiring safeguarding, and two 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).