



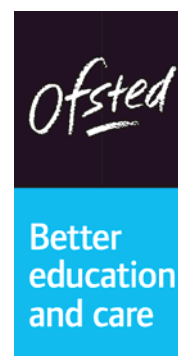
Joint area review

London Borough of Havering
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
HM Inspectorate of Probation
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Contents

| | |
|--|-----------|
| Introduction | 2 |
| Context | 3 |
| Summary Report | 4 |
| Grades | 10 |
| Recommendations | 11 |
| Main Report | 12 |
| Outcomes for children and young people | 12 |
| The impact of local services | 14 |
| Being healthy | 14 |
| Staying safe | 17 |
| Enjoying and achieving | 19 |
| Making a positive contribution | 21 |
| Achieving economic well-being | 23 |
| Service management | 25 |
| Annex: The children and young people's section of the corporate assessment report | 28 |

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 seven inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), the Adult Learning Inspectorate (ALI) and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the inspection of children's services*.

2. The review 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 Havering 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 four-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
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.

6. The second stage involved inspection fieldwork. This included studies of how far local services 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 one neighbourhood of the Gooshays ward on Harold Hill. It also included gathering evidence on eight 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. Havering is the most north-eastern of the London boroughs, located where the capital borders the green belt of Essex. Situated north of the Thames, it has a three mile river frontage, and although geographically it is the third largest out of 33 London boroughs, it has only the 14th largest population. Nearly 2,000 acres are parkland. Its principal centres are located in Romford, Hornchurch, Upminster and Rainham. Havering has excellent transport links into London and out into Essex via road, rail and the London Underground.

8. Havering's current population stands at around 225,000 with 14% of the population aged under 16 years. The population is predominantly white. The proportion of residents from black and minority ethnic (BME) groups is small at just under 5%, although increasing. The total school population has remained stable at just over 37,000 but the birth rate has been in decline and has resulted in a significant reduction in the demand for primary school places.

9. On the Indices of Deprivation 2000, Havering ranks at 214 out of 354. Whilst this is quite a prosperous borough overall, there are areas of deprivation. Heaton and Gooshays wards show quite a high level of deprivation when compared with other wards across the country. Unemployment in Havering, at 2.6%, is lower than in the greater London area but is not uniform across the borough. There are pockets where youth unemployment is significantly above the national average.

10. London East Learning and Skills Council is partnered with the local authority, colleges, training providers and schools in addressing the 14- 19 strategy. Post-16 education and training is provided by a college of further and higher education, one sixth form college and five sixth forms. Entry to Employment (E2E) provision is delivered by one provider within the borough, although many young people travel to providers in neighbouring boroughs. Adult and community learning, including some family learning, is provided by the local authority.

11. Primary health care for children in Havering is provided by the Havering Primary Care Trust. Barking, Havering and Redbridge Hospital NHS Trust is the main provider of acute health services. Children's mental health services are provided by the North East London Mental Health NHS Trust which also provides services to Barking and Redbridge. The trusts providing health services

for the children of Havering, with the exception of the ambulance service, fall within the NHS London Strategic Health Authority.

12. There are no young offender institutions in the area.

13. Services for children and young people are delivered by the London Borough of Havering Council children's services department, which incorporates early years, children's social care, education, youth offending, and youth services. The Children and Young People's Strategic Partnership (CYPSP) was re-launched in April 2005, and is chaired by the Head of Children's Services. The council currently has corporate parenting responsibility for 194 looked after children.

14. There are a total of 89 schools in Havering, comprising 65 primary, 18 secondary, three special schools and three Pupil Referral Units. Of the 65 maintained primary schools, 15 are infant schools (age 3 or 4 to 7), 15 junior schools (age 7 to 11) and 35 primary schools (age 3 or 4 to 11). The 18 maintained secondary schools, comprise 13 schools for 11 to 16 year olds and five for 11 to 18 year olds. Eight secondary schools have specialist status covering business, technology, language, sports and performing arts and 16 have specialist status covering mathematics, science and visual arts.

15. In June 2006, the council and Havering Primary Care Trust agreed to establish a children's trust with a joint commissioning function for all children's services from April 2007.

Summary Report

Outcomes for children and young people

16. **Outcomes for children and young people in Havering are good.** Children and young people are mostly healthy, appear to be safe, achieve very well, make a good contribution to society and most are well prepared for achieving economic well-being as adults. Health indicators are in line with national figures. The numbers of looked after children and those on the child protection register are reducing. Educational standards are better than the national average and in the majority of schools are good or better. However, a small number of children and young people who are excluded do not have sufficient tuition time. Most children and young people are well supported to develop socially and emotionally and have good opportunities to contribute to their schools and communities. The proportion of young people in education, training and employment is higher than the national average and attainment in post-16 provision is satisfactory. However, the proportion of young people entering employment without training is higher than the national average. Outcomes for children looked after by the council are generally satisfactory. Children and young people with learning difficulties and/or disabilities are supported effectively and achieve well in mainstream and specialist provision.

The impact of local services

17. **The impact of local services in improving outcomes for children and young people is good.** Services are contributing well to sustained improvement in outcomes for the majority of young people, including those in the most vulnerable groups. The contribution of services to promoting educational achievement is excellent. Safeguarding arrangements are good, as is provision for improving health outcomes, making a positive contribution and promoting economic well-being for children and young people. There are many examples of excellent practice; of particular note is the work of the youth offending service in reducing rates of re-offending. The combined work to develop earlier intervention and preventative services is impressive and is contributing to reductions in numbers of child protection registrations and looked after children.

18. However, there are some gaps in provision for some vulnerable groups. In particular, services for young carers are inadequate. Provision for looked after children is satisfactory, although arrangements for health surveillance and participation lack sufficient rigour. Whilst provision for children and young people with learning difficulties and/or disabilities is good overall, high thresholds limit access for some children and young people to respite services.

19. Service management is good. There is a strong record of improvement, and performance is being sustained at a good level that compares well with national comparators. Service developments reflect national priorities and although these are improving access and are making a positive impact on outcomes, there is limited evidence of innovative models of service developed in consultation with children and young people. Leadership is strong and effective. The vision is ambitious and priorities are clear. However, these are not all supported with comprehensive and resourced multi-agency implementation plans. Joint commissioning is at an early stage of development. The proposed children's trust has a strong foundation to build on, in terms of partnership working and performance, but is at an embryonic stage.

20. The capacity of the council to improve children's services further is good. The Director of Children's Services and Lead Member provide strong leadership, and an effective scrutiny function is in place. There is a strong culture of performance management and achieving value for money, together with good professional values and standards. Difficult decisions are taken by elected members and officers when necessary and clear and challenging ambitions have been focused on the needs of children and young people. However, children and young people are insufficiently involved in the design and delivery of services. Partnership working is good but is yet to be translated into robust joint commissioning and delivery of integrated services. The capacity of the children's trust to deliver this is yet to be tested.

Being healthy

21. **The impact of all local services in securing the health of children and young people is good.** Health services for children and young people are managed effectively, include a wide range of innovative practice, and are valued by most children and young people, parents and carers. Partnership working across agencies is well established in most areas. A comprehensive audit and data collection system has resulted in clear understanding of health needs and informed priorities in the Children and Young People's Plan (CYPP). Most services are making a positive impact on outcomes for children and young people. Positive trends are evident in child and adolescent mental health services (CAMHS), as well as the rates of breastfeeding, perinatal mortality, teenage pregnancy, dental health and most immunisations. Funding pressures within the Primary Care Trust are limiting capacity in some key areas, including midwifery services. This is acknowledged and plans are in place to develop the use of maternity support workers. There is an urgent need to provide a designated doctor and nurse to oversee the health care of looked after children and young people. This aspect of service for looked after children is inadequate.

22. Good programmes of parental education and support are provided in partnership with SureStart and in community settings. This multi-agency approach increasingly focuses on early intervention. Participation in the Healthy Schools programme is high. Promotion of healthy lifestyles is well embedded in most services, although the full contribution of the Drugs and Alcohol Action Team (DAAT) has yet to be realised in combating alcohol misuse and under-age drinking by young people. CAMHS are good overall with effective use of community services reducing admissions to hospital. Services for children with learning difficulties and/or disabilities are good and plans are in place for the development of a fully integrated service.

Staying safe

23. **The impact of all local services in keeping children and young people safe is good.** Safeguarding arrangements are a high priority and are improving the safety of children and young people. Levels of crime, injuries and accidents to children and young people are reducing. Good information, advice and guidance are provided about keeping children and young people safe. Effective action is taken to ensure compliance with health and safety requirements in schools and childcare settings. Processes to identify and manage risks posed by adults are robust. However, the perception of young people regarding their own safety is mixed. Some are concerned about being bullied and about safety in their communities at night. Provision to combat bullying is under developed with insufficient reporting and monitoring arrangements to target support and intervention.

24. Good multi-agency preventative projects are appropriately targeted and are reducing referrals of children in need and registrations on the child protection register. Thresholds for services are clear and understood across

agencies. Improvements in the quality of front line services, from a previously low base, have been sustained. The quality of assessment is good overall. The council has implemented an effective audit tool to identify shortfall in practice. This is effective in identifying and addressing delays and inconsistency in recording. Child protection investigations and care management are good. Joint working is good and supported by up-to-date multi-agency policies, procedures and training. All looked after children and those on the child protection register have a qualified social worker. However, involvement of children and young people in child protection case conferences is underdeveloped.

25. Whilst processes for tracking missing children are in place they are not yet effective in the early identification of children who move into the borough or those who are out of school provision. Excellent progress has been made in reducing the number of looked after children. Admissions to care are tightly controlled and dependence on out-of-borough residential placements has been reduced. Stability of placements is satisfactory although choice of placements is limited. Planning to achieve security for looked after children and young people in long-term or permanent placements is good. Foster carers feel supported and well informed. Good and innovative support is provided to children and young people with learning difficulties and/or disabilities in special schools. However, thresholds for social care family support services are high and some families wait too long for respite care

Enjoying and achieving

26. **The impact of all local services in helping children and young people to enjoy their education and recreation and to achieve well is outstanding.** Education is a high priority across the borough and schools play a pivotal role in supporting children and young people in their communities. Information and support for most parents on education issues is very good. Attainment on entry to infant reception classes is just below average. However, by the age of five and through to 16, children and young people are helped to achieve standards consistently well above national levels and above similar authorities. The value added by schools is therefore very high. The principle of early identification of young children with learning difficulties and/or disabilities is well established and prompt referrals enable support to be put in place at an early stage.

27. The local authority has an excellent knowledge of its schools and pupils. Very robust systems are in place to monitor, challenge and support schools and there is a strong focus on improving school management capability. Sound progress is being made in reorganising schools so that surplus places can be reduced and the quality of school buildings improved. Permanent exclusions are low but, for a few older pupils, there is lengthy delay in arranging out-of-school provision. Well targeted preventative work and close collaboration between schools have enabled fixed-term exclusions to return to the low levels of two years ago. There is a wide range of leisure and recreation provision for young

people and take up is very good. Looked after children achieve above national levels. Their school attendance is closely monitored and support for individual children is ensuring they make good progress. The council is committed to a policy of inclusion and children with learning difficulties and/or disabilities are well provided for, whether in mainstream or special schools.

Making a positive contribution

28. **The impact of all local services in helping children and young people to contribute to society is good.** The work of the youth support service, acting as champions for this area, along with the work of schools and a number of children's voluntary organisations, is very good and benefits many children and young people. Consultation in schools is consistently good, with good school councils in place across all schools. The behaviour support service is effective, and many children and young people benefit from good training and the provision of peer mediation, mentoring and befriending. Opportunities for children and young people to volunteer and contribute to their communities are adequate. There is excellent provision to tackle youth offending, and a wide range of good activities that are reducing anti-social behaviour. For children and young people with learning difficulties and/or disabilities, there is good support at transition points with examples of a high standard of support for individual children. The corporate parenting function is in place and beginning to impact positively on the lives of looked after children.

29. Whilst there are many examples of good consultative opportunities, a coherent borough-wide participation strategy is yet to be translated into day-to-day practice. The voices of children and young people are not embedded sufficiently in service development and evaluation and the impact of their contribution is not always fed back to them. However, good plans are in place to develop a young people's participation board as part of the new children's trust. The council acknowledges that work to identify and support young carers is inadequate, being at a formative stage and lacking a financial commitment beyond December 2006. Although most looked after children contribute to their own reviews, processes to promote their participation are under-developed and the management of complaints is insufficiently independent.

Achieving economic well-being

30. **The impact of all local services in helping children and young people achieve economic well-being is good.** Children and young people and their families are assisted to achieve economic well-being through a good range of childcare opportunities, effective help with job applications and good information about benefits. The costs of many activities in schools and in the community are waived for the most vulnerable families. Young people are well prepared for working life through a good range of work experience opportunities and vocational courses. Vocational programmes targeting disaffected young people are particularly good. The range of post-16 programmes is good, although there are limited opportunities for

apprenticeships in the borough. The most recent ALI inspection judged the only E2E provision within the borough to be outstanding. The number of young people not in employment, education or training is better than the national average and improving. Similarly, numbers of young offenders who are engaged in education, employment or training is better than the national average. However, there is a culture within the borough of young people seeking employment and not continuing with education or training. A level results are good and the proportion of young people with a Level 2 qualification at 16 is high. However, the number achieving this level between the ages of 16 and 19 is low.

31. The 14–19 strategy group has effectively brought stakeholders together and supported the development of many very good initiatives. However, the strategy has been less effective in driving a co-ordinated approach and in ensuring consistent access to 14-19 provision across the borough. The council's approach to regeneration is beginning to have a beneficial impact on the life of local residents, with well advanced plans targeted on the most deprived areas in the borough. The council recognises that some families currently do not live in appropriate housing, and plans to meet the Decent Housing Standard by 2012. The use of temporary accommodation is kept to a minimum. Young people leaving care receive a good service. Arrangements for planning, providing accommodation and supporting young people in education, training and employment are robust. Young people with learning difficulties and/or disabilities have appropriate multi-agency transition plans and good relationships between schools and colleges ensure a smooth transition between these phases.

Service management

32. **The management of services for children and young people is good.** The ambition of the council and its partners for children and young people is good. Ambitions are challenging, based on very effective partnership working, and a coherent, needs-based vision is set out in the CYPP and the community strategy. The community leadership provided by the council is a strength, as is partnership working at both strategic and operational levels. Prioritisation is good, with clear and robust priorities and financial resources aligned. However, some plans lack clear targets and have not had resources identified to support their implementation. There is regular monitoring of the achievement and outcomes of identified priorities, both within the council and with partners.

33. Capacity is good and senior management provide strong and effective leadership. There is a strong efficiency culture within children's services, and clear commitment for ensuring good value for money. There is an effective workforce strategy; vacancies across children's services are low. There is very effective partnership working with the health sector, with many examples of good multi agency services. However, progress on joint commissioning is slow and commissioning, in general, is under-developed and yet to make a

significant impact on the pattern of service delivery. The council acknowledge the need to develop joint commissioning and a strategy is in place to take this forward within the children's trust. Children and young people are insufficiently involved in the design and delivery of services. Where they are involved, feedback mechanisms to ensure their continuing engagement are not always in place. Performance management arrangements are good overall. There is a clear and consistent approach to performance management, both through good use of data and information and through challenge meetings and effective supervision. Performance management is increasing its focus on front line services but is yet to make sufficient impact in identifying practice shortfall at an early stage.

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 | 3 | | |
| Service management | 3 | | |
| Capacity to improve | 3 | 3 | |
| Children's services | | 3 | |
| The education service | | 4 | |
| The social care services for children | | 3 | |
| The health service for children | | | 3 |

Recommendations

For immediate action

- The Primary Care Trust should appoint a designated nurse and doctor for looked after children.
- The council and its partners should ensure that young carers are identified and effectively supported.

For action over the next six months

The council and its partners should:

- improve information, guidance and support to address alcohol abuse and under age drinking by children and young people
- develop a borough-wide strategy and improve provision to combat bullying of children and young people within the community
- improve information and access to family support services, including respite care services, for children and young people with learning difficulties and/or disabilities
- improve information processes to identify, at an early stage, and track children and young people who move into the borough and those who are out of mainstream education
- improve the participation of children and young people, in the planning, design and evaluation of services and decision making processes; and in particular, improve the participation of looked after children and children and young people in child protection conferences
- strengthen the 14-19 strategy to ensure that all young people have consistent access to a wider range of education, employment and training options and provision.

For action in the longer term

The council and its partners should:

- challenge the culture of young people entering employment without training and increase the attainment of level 2 qualifications between the ages of 16–19.

Main Report

Outcomes for children and young people

34. **Outcomes for children and young people in the London Borough of Havering are generally good and are outstanding for education and achievement.** Children and young people are mostly healthy, appear to be safe, achieve very well, make a good contribution to society and most are well prepared for achieving economic well-being as adults.

35. **Most children and young people are healthy.** The majority of outcomes are good and most children and young people consider that they are healthy. Rates of perinatal and infant mortality and childhood illness are lower than the national average. Most children have a good start, with low rates of mothers smoking during pregnancy and increasing breast-feeding initiation. The incidence of low birth weight rates is increasing, but remains in line with the national average. Children and young people, and their families, are supported well in developing healthier lifestyles. Teenage pregnancies are reducing and are lower than the national average. The incidence of Chlamydia for young people has also reduced and is now in line with the national average. Admissions to hospital of children and young people due to substance misuse are significantly lower than the national average. However, alcohol misuse and under age drinking among young people is recognised by the council as a key factor contributing to anti-social behaviour.

36. Access to most primary care and dental health services is good, with high uptake of immunisations, although there is low uptake of first dose measles, mumps and rubella vaccinations. Most children and young people, and their families, have good access to child-friendly hospital facilities. Access to assessment and treatment from CAMHS is timely, and children and young people increasingly receive good treatment, support and guidance in local community settings. However, for those requiring admission to hospital, young people aged 16 or above are sometimes placed, inappropriately, on adult wards. Looked after children have their health needs regularly reviewed but do not have access to the specialist care of a designated nurse or doctor or timely treatment from CAMHS. Health care for most children and young people with learning difficulties and/or disabilities is good.

37. **Children and young people appear to be safe.** With low levels of crime, Havering is generally a safe borough for children and young people to live. Children and young people, and their families, have access to an increasing range of earlier intervention and preventative services. This is making a difference, with fewer children subject to child protection investigations or family breakdown. Numbers of children on the child protection register and those who are looked after are reducing and are better than average. All children on the child protection register and those who are looked after are allocated to a qualified worker and experience fewer changes of workers.

38. Outcomes for looked after children are good and improving, with satisfactory placement stability and more children achieving permanency through adoption and long-term placements. Children and young people with learning difficulties and/or disabilities and their families are able to access a good range of resources, particularly within special schools. However access to information, family support and respite services is less consistent for children and young people with moderate levels of learning difficulties and/or disabilities.

39. **Children and young people achieve very well.** Most enjoy school and the standards they achieve are excellent. Attainment on entry to infant reception classes is just below average. However, between the ages of five and 16, children and young people achieve standards consistently well above national levels and above similar authorities. Provisional examination results for 2006 show further improvement, with significantly higher results in primary schools receiving targeted management support, and the borough's best results ever at GCSE. Most children and young people from ethnic minority communities and vulnerable groups, including looked after children and children with learning difficulties and/or disabilities achieve at higher levels than those nationally. However, low aspiration is an issue among white boys in areas such as Harold Hill; and across Havering, a low proportion of young people achieve A* and A GCSE grades.

40. Attendance is in line with national levels and similar authorities, although authorised absence is higher than the national average. Permanent exclusion levels are low and fixed-term exclusions have reduced during the past year to the low levels of two years ago. A small number of young people in out-of-school provision are not receiving the statutory amount of study time. There are also delays in placing a few young people excluded from school, and this does impede their progress and development. Young people participate extensively in school activities and levels of involvement in local community activities are in line with those nationally.

41. **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.** Most children and young people are well supported to develop socially and emotionally. Many are encouraged to help each other through effective peer mentoring schemes. Most are supported well when starting school and when transferring from one school to another. They have access to some very good participation opportunities including the central Youth Council, the Youth Opportunities Fund group and Youth Action groups. School councils enable children and young people to contribute in all schools. Good youth support service events provide opportunities for many to contribute to their own communities. Children and young people benefit from these opportunities and the incidence of youth offending and anti-social behaviour is reducing. However, whilst there are many initiatives, consultation and involvement of children and young people is sporadic. The voices of children and young people are not embedded sufficiently in service

developments and they are not always made aware of the impact of their contribution. A significant proportion of young people seen during the review, told inspectors that they do not feel listened to. For example, they felt that insufficient attention had been given, by the council, to their suggestions on improving safety within their communities. Support for young carers is under developed. Most looked after children and young people contribute to their own reviews but there is no ongoing borough-wide forum where they can all contribute. However, children and young people with learning difficulties and/or disabilities have good access to consultation opportunities and are consulted regularly at key decision making points in their lives.

42. Children and young people are increasingly able to achieve economic well-being and are prepared well for working life. All young people take part in work experience. Many have the opportunity to take work programmes with a vocational emphasis, although some schools restrict these opportunities for pupils with lower abilities or challenging behaviours. Those taking A and AS level general certificate of education achieve points scores which are above the national average, and the proportion of 16 year olds with a Level 2 qualification is high. However, a low number achieve a Level 2 qualification between 16 and 19. Young people have a good range of choices of education at 16, although there are insufficient opportunities for apprenticeships. The proportion of young people in employment, education or training is high. A high proportion is in employment, although for many this is without accredited training. Particularly good work is undertaken with young offenders and young people who are seeking asylum. Care leavers speak very positively about the help and support that they receive from the care leaving team and most are in education or training. Housing for this vulnerable group is mostly satisfactory. Young people with learning difficulties and/or disabilities have the opportunity to work in a range of sheltered employment schemes which are effective in enabling them to gain experience and understanding of the work environment. Good links between special schools and colleges make the move from school to post 16 education and training easier for these young people.

The impact of local services

Being healthy

43. The work of all local services in securing the health of children and young people is good. Children and young people, parents and carers make good use of a wide range of health information, advice and support delivered via effective, community based multi-disciplinary services. Health professionals play a key role in the provision of good support services such as SureStart. Maternity services are satisfactory, although capacity issues have reduced community provision to support safe maternity deliveries. Plans are in place to address this through the development of the non-clinical post of maternity support workers. Good initiatives to promote breast-feeding contribute to rates being in line with the current national targets.

44. Effective collection of data, at an early stage, has led to a good understanding of health needs in the area and informs planning and provision of services. As part of the obesity strategy, school nurses and public health workers have begun to collect baseline data at an earlier age in order to track children's weight more effectively. Identification of, and work with, vulnerable groups of parents such as travellers, homeless families and those in refuges, have been targeted effectively through some good outreach services.

45. Healthy lifestyles are promoted well across the borough. There is good access to leisure facilities to support physical activity. Joint working with schools is a strength. Engagement of schools in the national Healthy Schools programme is high, with good levels of accreditation. Smoking cessation programmes have been strengthened and the related training has recently been cascaded in extended schools to improve delivery of the programme. The work of the Teenage Pregnancy Partnership Board has impacted positively in reducing the incidence of both sexually transmitted diseases in young people and teenage pregnancies to a level which is below the national average. An innovative joint project with the youth support service aims to increase health promotion to children and young people who are harder to reach. The project has begun to deliver training on health promotion to staff working with young people in the community. However, this is yet to make an impact. Whilst provision of support and guidance to deter smoking and substance misuse is adequate and improving, provision to combat alcohol misuse is less effective. The council has identified under age drinking and alcohol misuse by young people as a key factor contributing to anti-social behaviour. It has taken some firm action to control the sale of alcohol to children and young people, but services to raise awareness and support young people are limited. In particular, the potential contribution of the DAAT service is not fully recognised.

46. Good arrangements to support the physical health of children and young people are contributing to improving health outcomes. Infant health surveillance and immunisation programmes are generally good. Access to NHS dentistry services is good. Dental health provision and promotion in programmes such as SureStart have also contributed positively. Children and young people now have below the national average number of decayed, missing and filled teeth. Access to local hospital services is good. Additional and new facilities are planned through the new hospital that is due to open at the end of the year. Community nursing provision is good for children with learning difficulties and/or disabilities. There is good communication between the hospital and primary care professionals to support the continuity of care. The speech and language therapy service is adequate and improving. Improvements in the provision of training and better access to screening tools in early years and schools settings have increased the number of children and young people being assessed and receiving early intervention. However, access to specialist equipment for therapy staff working in the community is limited and hinders the development of treatment within local settings.

47. Planning and delivery of CAMHS is improving. There are clear principles, objectives and targeting of services underpinning provision, although an over-arching strategy is not yet in place. Provision of some services for children with learning difficulties and/or disabilities is underdeveloped. Recent promotional activities have raised awareness of the service in partner agencies across the borough. Understanding of the thresholds and referral system to CAMHS is good. Assessment times for non-specialist, community-based services are in line with national averages and improving. Counselling services, provided in the community and schools, through CAMHS in partnership with the voluntary sector, have improved support for vulnerable children and young people. Good links and effective joint working exist between CAMHS and key services, including children's services and the youth offending team. Provision of specialist services (Tier 3) is very good, with the multi-disciplinary child and family consultation service providing specialist out-patient assessment and treatment services. This has contributed to the achievement of national targets for assessment at this level. Effective use of Tier 3 services and day case placements has reduced occupancy of hospital inpatient services. Transition to adult services is good with effective collaboration of all services involved.

48. Provision for the health needs of looked after children and young people is inadequate. Whilst statutory health reviews are completed within timescales, processes for monitoring the quality of assessments and personal health plans or health outcomes are insufficient. There is no designated nurse or doctor for looked after children despite this being national guidance and a recommendation from a recent serious case review. Access to health promotion, medical and dental services is well signposted for looked after children and young people and their carers. Pregnant care leavers are well supported, with appropriate help and advice from services such as the teenage pregnancy support worker. Access to CAMHS for looked after children and young people has been strengthened through effective fast tracking arrangements, although some foster carers continue to report difficulties in receiving timely mental health therapeutic services.

49. Services work together well to support children and young people with learning difficulties and/or disabilities and, in particular, those with complex needs. However, provision of specialist wheelchairs is poor and results in inappropriately long waiting times. This is acknowledged and plans are in place to develop a fast track service. Multi-agency professionals' meetings are effective in identifying and addressing individual children's needs, such as the 'Team Around the Child' model at Ravensbourne special school. Early years support is good and is provided in partnership with the voluntary sector. Good inter-agency relationships facilitate the transition to adult health services although planning delays cause anxiety for some young people and their families.

Staying safe

50. **The work of all local services in keeping children and young people safe is good.** Increasing priority is placed on safeguarding children and young people. Levels of crime and anti-social behaviour are low and reducing. Reductions in serious injuries and child deaths on roads are linked to effective road safety awareness initiatives. A good range of information and guidance about keeping children and young people safe is well promoted. There is an effective multi-agency partnership to combat domestic violence; resources are well targeted, prosecution rates are high, and increased co-operation between police and children's services is improving responsiveness to victims. Reporting of hate crime is low. However, there are contradictory indicators about how safe children feel. Some young people describe feeling safer, whilst others feel unsafe in their local communities, particularly at night. A significant number of children surveyed in 2005 described being bullied, though reports of bullying in schools are low.

51. Almost all childcare settings and schools meet health and safety national standards, and effective procedures and monitoring are in place to safeguard children during off site activities. However, the borough's Emergency Plan does not specifically address the needs of children and young people. Compliance with requirements to make checks to the Criminal Record Bureau (CRB) for staff working with children and young people is satisfactory. Processes to monitor adults in the community who pose risks to the safety of children, and to deal with allegations against staff, working with children, are robust. A good policy to identify and monitor private foster carers has recently been developed and published.

52. Good multi-agency preventative projects, in targeted areas, are beginning to impact positively in reducing referrals of children in need and child protection registrations. Improvements in the quality of front line social work practice, identified in the 2004 CSCI inspection, have been sustained. A good case-file audit system is effective in identifying and addressing delays and shortfall in recording practice and procedural compliance. The quality of assessments is improving, most recent assessments are good and some are excellent. However, inspectors found inaccurate recording of commencement and completion dates of assessments. The council acknowledged this and took prompt corrective action. This has rendered the council's performance data on the national indicator for timescales for assessment to be inaccurate. Despite this, evidence showed generally timely allocation and completion of assessments. There were no cases waiting allocation to a social worker or transfer between teams. Child protection investigations were thorough. The quality of multi-agency care planning is good, with evidence that interventions are helping to deliver real and sustained change for most families.

53. The Local Safeguarding Children Board has been established effectively. Monitoring of action plans and learning from serious case reviews have been sustained, and up-to-date child protection policies and procedures are in place.

There is a comprehensive training programme that is accessible to staff across all agencies. A multi-agency monitoring process is being developed to monitor the impact of training. Joint working is supported by good relationships at strategic and operational levels across all key agencies. Implementation of the Common Assessment Framework and the Integrated Children's System (ICS) is supported by the learning from a good pilot project and by comprehensive plans for roll out across the borough. However, the national target date for implementing ICS is a challenge for the council. There is a shared understanding of thresholds for child protection supported by good arrangements for staff to consult child protection lead officers in all key agencies. All children on the CPR have an allocated qualified social worker. However, their involvement in child protection case conferences is underdeveloped. The recent successful recruitment and retention strategy has led to fewer changes of worker for children and their families.

54. Processes for tracking missing children are in place and work well for children and young people who are looked after or on the CPR. These are underpinned by good information sharing between agencies. However, processes to support early identification of vulnerable children moving into the borough, or those who are not in school, are less well developed.

55. Excellent progress has been made in reducing the number of looked after children and young people. The multi-agency preventative strategy has effectively targeted those at risk of family breakdown. The placement panel tightly monitors all new admissions and informs the further development of early intervention projects. Residence and special guardianship orders are effectively promoted to kinship carers as an alternative to care. Care planning for looked after children and care leavers is good overall and improving. Permanency planning is good, and all care leavers have a timely pathway plan. Frequency and quality of visits to looked after children, including those in out-of-borough placements, is good. The family placement service is achieving its recruitment targets and has reduced the need for out-of-borough residential placements. However, choice of local placement remains limited and there is an ongoing need for out-of-borough family placements. Children from BME communities are all in culturally appropriate placements. Foster carers feel well supported and informed. Most carers have timely reviews and appropriate access to training. Stability of placements is satisfactory and improving. The adoption consortium provides placements for most children in a timely manner. Whilst the numbers of children and young people who are adopted is in line with similar councils, the timescales for adoption are shorter.

56. Special schools, working in partnership with the Children with Disabilities Team, offer early interventions and support to children with learning difficulties and/or disabilities and their families. Significant investment in services has resulted in increased social care provision but, for some, waiting times for respite services are unacceptably long and thresholds for referral to the Children with Disabilities Team remain high. Whilst families of children who meet the threshold criteria are able to access good information and services,

those with children who do not meet the thresholds have difficulty in accessing information and support. Transition to adult services is well managed.

Enjoying and achieving

57. The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is outstanding. Attainment on entry to infant reception classes is just below average. However, by the age of five and through to the age of 16, young people are helped to achieve standards consistently well above national levels and above similar authorities. Children and young people from BME communities, looked after children and children with learning difficulties and/or disabilities, also achieve above national levels.

58. Information and support for most parents on education issues is very good. The children's information service provides an excellent range of information to parents and carers on the range of early years, childcare and support options available and the service is well used. Parent support groups provide good advice on schooling issues, including arrangements for enrolling children and transfer between sectors.

59. Early years provision is very good, with early years centres supporting children, parents and other providers very effectively. The principle of early identification of young children with learning difficulties and/or disabilities is well established, and prompt referrals enable support to be put in place at an early stage. Good monitoring of provision by the local authority and multi-agency involvement in training help settings to evaluate their own practice and thereby improve outcomes for children. In Harold Hill, SureStart has been an excellent catalyst for developing integrated provision.

60. Very good systems are in place to monitor, challenge and support schools, and headteachers are very positive about the way these are managed. Support has a strong focus on developing school management capability and is appropriately differentiated to meet differing school needs. Most schools are judged by inspection to be good or better. Progress in the two schools and one pupil referral unit that fall into the Ofsted category of concern is monitored closely. A few primary schools are not yet reaching minimum targets and a fairly low proportion of young people achieve the highest GCSE grades. Sound progress is being made in reorganising schools so that surplus places can be reduced, the fabric of schools improved and opportunities for wrap-around child support services maximised.

61. Within the excellence cluster, home-school family support workers contribute to the reduction of barriers to learning for individual pupils, including improving attendance. Gifted and talented young people have excellent opportunities to develop new skills such as leadership and teambuilding. Wide use of learning mentors is very evident in developing young people's self-esteem and social skills.

62. The primary pupil referral unit provides excellent support for children aged 7-11, helping to prevent exclusion and preparing those attending for reintegration into mainstream schooling. The Key Stage 3 pupil referral unit also has a good focus on building young people's self-esteem and outcomes are good. Arrangements in the Key Stage 4 pupil referral unit have recently been revised to broaden the curriculum, but it is too early to judge the impact of the changes. There are delays in placing a few pupils, and some on alternative programmes are not receiving the minimum tuition time. Well targeted preventative work and close collaboration between schools have enabled fixed-term exclusions to return to the low levels of two years ago. The tuition service provides very good support for individual young people, including those in hospital. Arrangements for monitoring home tuition and support for travellers are adequate.

63. There is a wide range of leisure and recreation provision for young people. The council runs a good range of activities, including arts and library events, and take up is good. A Football in the Community Scheme has led to the establishment of primary and secondary clubs including one for excluded pupils. Enrolment in cadet programmes is good. The Central Park Leisure Centre provides excellent opportunities for primary pupils to learn to swim and for teenagers to engage in a range of activity days. Very good holiday activity programmes, meeting the needs of children with learning difficulties and/or disabilities, are provided by the Family Information Group.

64. Looked after children achieve above national levels. Attainment and school attendance are closely monitored by the Corporate Parenting Panel and support for individual children is ensuring they make good progress. Their achievements are celebrated through a good corporate process. All looked after children have personal education plans. The council has recently taken steps to raise the quality of the plans and to ensure that appropriate resources are deployed to support the education needs of individual children and young people. The fostering team is already funding extra tuition for some children. Schools receive timely information and prompt notification to support good attendance and participation in statutory reviews and planning meetings. Looked after children are encouraged to be involved in leisure and recreational activities.

65. The council is committed to a policy of inclusion and children with learning difficulties and/or disabilities are well provided for, both in mainstream and special schools. Very good support is provided for young people with hearing and visual impairment, so that inclusion of these children is particularly effective. The parents in partnership service is well organised, with good processes for resolving disputes and a very positive response from parents. However, inconsistent advice previously given by health and social care services and the resulting delays in supporting young people, have left some parents feeling that outcomes for their children may have been compromised. Harold Hill Leisure Centre provides excellent facilities for young people with disabilities, helping them to develop their mental, physical and social skills. A wide range of youth groups across the borough provide good support for young people with

learning difficulties and/or disabilities to develop greater autonomy and take on responsibility.

Making a positive contribution

66. The work of all local services in helping children and young people to contribute to society is good. Most children and young people are supported well to develop socially and emotionally and to take on responsibilities. All early years settings provide good support and information for parents choosing childcare, nursery and primary school placements. The behaviour support service provides good training in peer mediation, mentoring and befriending. Some good initiatives to address bullying include anti-bullying policies in all schools and the recently commissioned RUOK project, which is beginning to provide good and effective support for children in four schools, and also offers a drop-in service for all young people in the borough. All schools have anti-bullying policies. However, reporting and monitoring arrangements to target support and intervention consistently are underdeveloped. The identification, and support, for young carers is inadequate. The council acknowledges that this work is at a formative stage, and lacks financial commitment beyond December 2006.

67. The development of borough-wide consultation and participation is at an early stage. However, the council has well developed plans for a children and young people's participation board to be part of the new children's trust arrangements. Children and young people, including those who are hard to reach, influenced the development of the Every Child Matters priorities through a good survey, commissioned from the National Children's Bureau. However, whilst there are many consultative activities, these are insufficiently coordinated and result in sporadic consultation and involvement of children and young people in the planning and evaluation of services. The voices of children and young people are not embedded sufficiently in service developments and the impact of their involvement is not always demonstrable or reported back to them.

68. There are, however, some very good participation activities for children and young people, including the central Youth Council, youth action groups and schools councils, which impact positively on the lives of those children and young people involved. An excellent example was observed in Harold Hill where children had been consulted on the priorities of the CYPP and on the allocation of budgets. However, the impact of these in shaping services is not well evidenced. Members of the central Youth Council raised concerns that the council's administrative requirements delayed the development of the work of the Youth Council.

69. The work of schools and the youth support service in enabling children and young people to make a contribution is strong. The youth support service acts effectively as a champion for participation of children and young people. A good series of youth support service events is improving participation and

includes the training of youth inspectors and a young people friendly award. Children and young people positively benefit from these opportunities. Youth action groups are enabling more young people from hard-to-reach groups to be involved. School councils are in place in all schools and provide good opportunities for children and young people to contribute to the development of their schools.

70. A wide range of activities is contributing to a reduction in anti-social behaviour. These are co-ordinated effectively through multi-agency work in identified 'hot spots' and good detached youth work engaging with vulnerable young people. School-based education programmes to combat anti-social behaviour are making a positive impact and have been independently evaluated as good. The 'red/yellow card' scheme is a local initiative and is an example of good practice. However, young people remain concerned about safety in their own communities and report that their suggestions, such as retaining a police presence in local communities after 18:00 hours, have not been sufficiently listened to.

71. Provision to tackle youth offending is excellent and is having a positive impact in reducing offending rates and, in particular, re-offending rates. Multi-agency partnership work to support young people and to reduce crime is particularly effective in Romford town centre. Good, positive feedback was given by children and young people about the benefits and quality of the support given to them by the youth offending service. The work of the Youth Inclusion and Support Project is effective in engaging with young people who are at risk of offending and is highly valued by these young people.

72. Most looked after children are supported well and contribute to the reviews of their own care plans. However, opportunities for contributing to planning and evaluating services are limited. Although there are some good time limited focus groups and recent newsletters, there is no ongoing forum where looked after children and young people can all participate. The Corporate Parenting Group has recently been strengthened with a view to extending its work and including looked after children and young people. The effectiveness of the group in raising awareness across council is demonstrated through improved provision of housing support and accommodation options for young people leaving care. The Children's Rights team provides a limited service. A lack of agreed service objectives and insufficient resources result, in the main, in a service that is reactive and whose potential in promoting the collective voice of looked after children and young people is not maximised. The service has raised issues on behalf of individuals, some of whom reported that they did not feel listened to. Looked after children and young people have access to independent visitors where this has been identified as a specific need. The council is reviewing arrangements for the children's complaints procedure and acknowledges that current arrangements do not allow sufficient independence.

73. There is a good range of consultation opportunities for children and young people with learning difficulties and/or disabilities. Support offered to individual children and young people is of a high standard. Schools involve pupils with special educational needs in individual target setting and in their annual reviews. Transition arrangements for children moving between schools are managed well with parents and carers routinely invited to open evenings and to meet with the parent partnership service.

Achieving economic well-being

74. **The work of all local services in helping children and young people achieve economic well-being is good.** Parents and families receive good support to maximise their economic well-being. A good range of childcare is publicised well. Parents receive detailed information about the range of benefits which are available to them. Job Centre Plus staff work very effectively along side SureStart staff to assist parents with job applications and advise on employment issues. Young people get clear information about sources of finance to support their education and training. Schools do not charge more vulnerable families for activities related to the school curriculum and leisure centres are subsidised for children whose parents are claiming benefit.

75. Services are effective in preparing most young people for working life. Work experience is available for all young people and almost all schools offer some vocational courses. However, in some schools these programmes are restricted to pupils with lower ability or more challenging behaviours. There is a good range of initiatives to raise aspirations and successfully re-engage disaffected or vulnerable young people in education or training, including young people seeking asylum. However, not all schemes meet the minimum required amount of tuition time. Good work is done in partnership between Connexions, the youth service and the youth offending service to maintain a good proportion of young offenders in education, employment or training. The range of post-16 education is good, although there are insufficient opportunities for apprenticeships and there is no current strategy to address this. Whilst the information given to young people about their choices is impartial, not all options are fully explained or promoted. Young people with learning difficulties and/or disabilities can experience work through good sheltered employment opportunities.

76. Engagement of young people in education, employment or training is good, with the number of young people who are not engaged better than the national average and improving. The council and its partners recognise that there is a culture within the borough of some young people seeking employment and not continuing with education or training, but have no clear strategy to address this.

77. The quality of education and training between the ages of 14 and 19 is good overall. The Aimhigher project has increased the number of young people starting university. The percentage of young people who have a Level 2

qualification at the age of 16 is significantly above the national average. However, the acquisition of Level 2 qualifications between the ages of 16 and 19 is low. The most recent ALI inspection judged the only E2E provision within the borough to be outstanding.

78. The council has an appropriate 14-19 strategy with an associated operational plan, although some of the identified actions are insufficiently precise and have no clear targets. The 14-19 strategy group is chaired effectively by the council's school improvement officer and includes all relevant stakeholders. It has acted as an effective catalyst for some very successful partnership working and many very good initiatives. For example, colleges motivate Year 9, 10 and 11 pupils at schools through programmes with guaranteed places on college courses. However, the 14-19 strategy has not been effective in targeting and co-ordinating developments to achieve consistent and coherent provision across the borough. This has led to some inconsistency in access to provision for young people and some duplication of programmes for disaffected young people.

79. The council's regeneration strategy is starting to benefit families and young people. Local residents contribute to the development of the council's community strategy. Projects are planned to target the most needy areas. For example, the council has ambitious plans to improve the Mardyke Estate. The council requires 35% of all new housing developments, including that in the Thames Gateway project, to be affordable. It recognises that whilst this is higher than in comparable areas, it is insufficient to meet local need.

80. The council recognises that currently not all families in the borough are living in housing of an acceptable standard and is progressing plans to meet the Decent Homes Standard by 2012. The use of bed and breakfast and hostel accommodation is kept to a minimum and the average lengths of stay in these are below the national average. An agreed protocol between the housing department and children's services has improved access to appropriate housing and support for vulnerable children and their families. Housing for young people who are asylum seekers is less satisfactory in that a number are housed outside of the borough. The council has started to review arrangements for these young people but this has yet to make an impact.

81. Care leavers receive a good service from the council, foster carers and partner agencies. Almost all young people leaving care have an agreed and clear pathway plan which is updated regularly. The care leaving team is effective and well respected and valued by most young people leaving care. Most care leavers are in education or training. Suitable housing and good preparation for independent living is made available for most care leavers.

82. Young people with learning difficulties and/or disabilities receive very good help to determine their options when they leave school. Almost all have good multi-agency transition plans outlining their individual needs and aspirations. The advice that they, and their parents, receive from schools and Connexions is

impartial and helpful. However, young people do not always have all options fully explained to them. Provision for young people with profound and multiple learning difficulties and/or disabilities at the age of 16 is very good. Links between the colleges and the special schools are very good in preparing young people for college. Colleges have good specialist provision and the transition from school to college is well managed. In addition there are sheltered employment opportunities for young people with learning difficulties and/or disabilities which are effective in enabling them to experience and understand working life.

Service management

83. The management of services for children and young people is good. The capacity to improve further is good. Ambition for children and young people is good. There are clearly articulated and challenging ambitions for the children and young people in the area, with schools and children's centres pivotal to the development of holistic service provision and earlier intervention. A coherent vision, set out in the CYPP, reflects the community strategy. Ambitions are shared and co-ordinated effectively across partner agencies, through the CYPSP. The leader of the council and the Lead Member for Children's Services are effective drivers and articulators of ambition. Building on strong partnership working and clearer and coterminous management arrangements, following the reorganisation of Primary Care Trusts in the area in 2006, a children's trust is in place with a primary function of joint commissioning of children's services across the borough.

84. Ambitions reflect local needs. The CYPP is developed, based on wide consultation with partner agencies and children and young people, and monitored by a broad stakeholder group representing staff from children's agencies. Effective information collection takes place across agencies to identify needs and monitor changes in demographics. This has led to improved targeting of services to areas of highest need and is particularly demonstrated by the positive impact of earlier intervention and preventative services on reducing numbers of looked after children and child protection registrations.

85. Prioritisation to improve outcomes for children and young people is good overall. Children's services are a priority for the council and expenditure on children's social care has consistently and considerably exceeded the spending assessment. There is effective prioritisation within the children's services budget, with educational attainment and safeguarding appropriately prioritised. The CYPP sets out clear priorities with aligned financial resources. It is regularly monitored, with clear responsibility for action allocated across agencies on the delivery of individual CYPP priorities. The planning, review and monitoring of its component implementation plans is less effective with some plans not being fully costed or having clear and measurable targets. Whilst children and young people have influenced the priorities of the CYPP, they have been insufficiently involved in its development and in the planning and design of services.

86. Capacity across children and young people's services is good. Leadership at the senior level is very effective. The new Director of Children's Services has quickly established strong leadership of the directorate and the CYPSP. Leadership and management are increasingly effective and consistent at operational levels. Transparent and effective management accountability are supported by good member input, a visible and accessible senior management team and clarity across partners on roles in decision making at strategic and operational levels. The council's relationship with schools and head teachers is a strength. Schools are appropriately consulted and involved in service planning and development. The Audit Commission's school survey found that schools were overwhelmingly positive about services and support available to schools and to children and young people.

87. There is a strong focus on value for money, demonstrated by good educational attainment and achievement and low unit costs relative to the London average. Effective bench marking of unit costs against comparable councils is regularly undertaken. Financial reporting and monitoring are effective. Financial monitoring information is timely and understood by budget holders. Overspending is appropriately identified and there is some evidence of effective and sustainable corrective action being taken. For example, significant savings in the out-of-borough children's placement budget have been made as a result of an in-depth analysis of costs and placement patterns. This has reduced expenditure on external residential placements and improved outcomes for some looked after children and young people.

88. The council's workforce strategy is effective. Vacancies across children's social services and teaching posts are at a low level. Most staff feel well supported and have good access to training and professional development. There is a clear process for setting personal targets and monitoring staff performance and effective supervision of staff. Some innovative solutions are reducing the impact of shortages of key worker groups, such as in the speech and language therapy service. Whilst temporary and agency staff are used to cover vacancies particularly in social care, the Council has been particularly effective in the translation of agency staff into permanent posts. However, there are shortages of staff and budget pressures within the local health economy, particular midwives and specialist nurses. The impact of this lower capacity on service provision is yet to be addressed.

89. Partnership working is very effective; there are many examples of multi agency services being provided, particularly early years services, CAMHS and the youth offending service. Health input within school settings is extensive across the borough and the co-location of services is increasing. For instance, units providing family support services for children and young people with learning difficulties and/or disabilities have been located alongside primary schools.

90. The commissioning function is under developed and has yet to make an impact the pattern of service provision. Contracting arrangements have been strengthened recently, but service level agreements with all service providers are not yet in place. However, purchasing and contract monitoring systems are very robust, particularly in relation to children's placements. Participation of children and young people in the evaluation of commissioned services is under developed. Although there has been effective use of aligned budgets, such as for children with special educational needs, and some jointly funded posts, there are no Section 35 pooled budget arrangements developed with the health sector. A 'blue print for commissioning' which is a precursor to a joint commissioning framework has been drawn up, with the proposal for a joint commissioning unit to be in place under children's trust arrangements in spring 2007.

91. Performance management is good, overall. Councillors are appropriately involved in performance monitoring and the scrutiny function has contributed to some improvements, including the re-organisation of services for children with special educational needs. There is a clear and consistent approach to performance management cascading through the department via the use of performance information and one-to-one sessions. The procedure for discussing service performance between the Director of Children's Services and the Lead Member is particularly effective. Challenge meetings are held at all management levels throughout the department and increase understanding of changes in demand or cost. The quality of front line practice is monitored regularly and the case file audit procedure is having a positive impact on procedural compliance. However, the front line systems failed to identify inaccuracies in the recording of assessment time scales, a key performance indicator for children's social care services.

92. The joint area review broadly concurred with the council's self-assessment but differed in that it found that some key processes and services were new, insufficiently resourced and not well embedded. In particular, arrangements for joint commissioning and the participation of children and young people in the planning, design and evaluation of services are underdeveloped.

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

1. The council is performing well in the provision of services for children and young people. Outcomes for children and young people are good. Leadership is good and there is strong political commitment to continuing improvement of children's services. Ambition is strong and there is good partnership working through the Children and Young People's Strategic Partnership, (CYPSP) and the developing children's trust. The quality of children's social care services is improving whilst excellent performance in education services has been sustained. The council currently provides good value for money in its delivery of children's services and is targeting funding appropriately to priorities. Capacity for further improvement to outcomes for children and young people is good.

2. The management of the children's services authority is good. The Director of Children's Services provides strong leadership across the directorate and the CYPSP. Priorities within the Children and Young People's Plan are informed by a robust analysis of needs and are supported with aligned financial resources, effective monitoring processes and clear allocation of responsibility across agencies. However, not all its component implementation plans are fully costed and some lack precise and measurable targets. Participation of children and young people in the planning, design and evaluation of services is under developed. Overall performance management is good, with a clear framework for monitoring, reporting and challenging performance.

3. Health outcomes for most children and the council's partnership working with health services are good. The reorganisation of Primary Care Trusts in the area in 2005, has led to clearer and coterminous management arrangements that have eased the development of the children's trust. Joint funding arrangements and shared priorities are in place but joint commissioning is at an early stage of development. Schools, early years providers and social workers collaborate well with health professionals to promote healthy life-styles. The council contributes well to effective multi agency strategies, for example on teenage pregnancy and child and adolescent mental health services. However, services to promote the health of looked after children lack coordination as there is no designated doctor or nurse.

4. Children and young people appear safe. Vulnerable children are protected effectively and, overall, outcomes for most children, including looked after children and those with learning difficulties and/or disabilities, are good. However, children and young people have mixed perceptions about their safety and arrangements to combat bullying are inconsistent across the borough. The council contributes significantly to an increasing range of earlier intervention and preventative services. This is helping to reduce numbers of children in need, including looked after children and young people and those in need of protection. The quality of front line assessment services is good and improving. Care provision for looked after children is good. Increased investment in

services for children and young people with learning difficulties and/or disabilities has improved access to service, although provision of respite care is insufficient.

5. Children and young people achieve very well. The council contributes to a very effective strategy for child care and early years education. The majority of schools are good or better. Standards of attainment are above the national average and those in similar councils. The council provides excellent support for school improvement. Provision for pupils who are excluded and those who are in hospital is excellent. However, there are some delays in placing a few pupils and a few on alternative programmes do not receive the minimum tuition time. The majority of young people with learning difficulties and/or disabilities achieve well and looked after children's attainment is above the national average. Good leisure and recreation services are well used, although the cost of leisure facilities are perceived as high by some children and young people.

6. The council's work to ensure children and young people are helped to make a positive contribution is good. The work of the youth support service and schools is very effective through school councils and some very good youth action groups. Many young people benefit from good training and a wide range of mentoring and befriending schemes. The council's contribution to reducing anti-social behaviour is good, and that for reducing offending by young people is excellent. However, identification of and support for young carers is under developed. Although there are many initiatives for participation, a borough-wide strategy is not yet in place. The voices of children and young people, including those who are looked after, are not embedded sufficiently in service developments and feedback to young people is inconsistent. However, the council has good plans to include a young people's participation board within the new children's trust.

7. The council is working well with partners to support young people in achieving economic well-being. Good preparation and support is provided for young people entering education, training or employment. Transition arrangements for young people with learning difficulties and/or disabilities are good. The number of young people who are not in education, employment or training is better than the national average. The proportion in employment is high although this is often without accredited training. Strategic planning for 14-19 provision between the council and its partners is satisfactory. Adequate action is taken to ensure that care leavers have access to suitable housing, but the provision of affordable housing in the borough is insufficient.