



**Better
education
and care**

Joint area review

London Borough of Harrow
Children's Services Authority Area

Review of services for children and young people

Adult Learning Inspectorate
Audit Commission
Commission for Social Care Inspection
Healthcare Commission
HM Crown Prosecution Service Inspectorate
HM Inspectorate of Constabulary
HM Inspectorate of Court Administration
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Introduction

1. This joint area review was conducted using the arrangements under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of eight inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (HCC), 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 Harrow 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. A judgement is also made on the contribution of the local health 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 six-week period during November and December 2006. 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 emerging 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 Youth Offending Team (YOT) inspection conducted in October 2006
 - 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 in South Harrow. It also included gathering evidence on 10 key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. This included discussions with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users and community representatives. A review of case files for children and young people receiving support from a number of local agencies was also included. The joint area review was enhanced to incorporate the findings from the youth service inspection fieldwork. The HMI probation inspector who led the earlier YOT inspection joined the joint area review inspectors during the second week of fieldwork to gather and share evidence. CSCI conducted a regulatory inspection of the council's foster care service during the first week of fieldwork and provided evidence on the contribution of services to improving the outcomes for looked after children.

Context

7. Harrow is a borough in outer north-west London. It borders Hertfordshire to the north and other London boroughs: Hillingdon to the west, Ealing to the south, Brent to the south-east and Barnet to the east. Harrow, made up of 18 districts, presents a picture of wide variety: of diversity and change, affluence and deprivation. Although some areas around Marlborough and Wealdstone are in England's most deprived, a larger number, mainly towards Pinner and Hatch End, are in the country's least deprived, and Harrow is still considered affluent in comparison to other similar areas of London. Its location on, and near, the greenbelt and ease of access to central London makes Harrow a desirable place to live, both for families and affluent singles as well.

8. Harrow has a population of about 219,000, which is projected to rise to 220,000 by 2021. Although once perceived as a white elderly borough, Harrow is now very ethnically diverse and younger. Black and minority ethnic communities now make up well over 50% of the borough's population. The Asian community, consisting of Indian, Pakistani, Bangladeshi and other Asians make up 30% of the population. There are a growing number of settlers from the African continent, especially from Somalia. There are also comparatively high numbers of Irish residents in the borough. Harrow has the highest density of Hindus in the United Kingdom. A large Jewish community is based in Stanmore and Hatch End, though some people are now moving out and being replaced by Hindus. In October 2006, the Office of National Statistics named Harrow as the most religiously diverse region in the United Kingdom, with a 62% chance that two random people would be from different religions.

9. There are 53,300 0–19 year olds (25.2% of the population) living in Harrow and 26,400 households have dependent children. The child population is expected to remain fairly steady over the next 10 years. There are 4,400 lone

parent households with dependent children and 20.6% of children live in households that are dependent on workless benefits, primarily concentrated in the wards of Roxbourne, Wealdstone, Greenhill and Marlborough. In January 2005, 17.4% of school pupils were entitled to free school meals. The overall distribution of children in need varies significantly over Harrow, with ward rates as low as eight children per 1,000 in Headstone North to a high of 38 children per 1,000 in Marlborough. The indices of child deprivation are generally lower than the London averages. There has been a significant and continuing change in the ethnic profile of the pupil population in Harrow. Based on the data from the January 2006 Pupil Level Annual School Census, the current ethnic profile of the child population aged 3–18 is 27% White British, 20% Indian, 13% Asian Other, 8% Black African, 7% White Other, 5% Black Caribbean, 4% Pakistani, 3% Black other and 13% other groups.

10. The borough has 54 primary schools, 10 high schools and four special schools, as well as two large tertiary colleges and a sixth form college. The state school system differs from other London boroughs, with entry to secondary school starting at the age of 12+ as opposed to 11+, following on from middle schools receiving children at eight years of age. Harrow is divided into seven clusters of first, middle and high schools, each with a cluster coordinator. Services provided are determined by consultation with parents and carers and the local community. There are three children's centres in Harrow, with an expansion to a total of nine planned for the end of 2008. There are a range of independent schools in the borough.

11. The Harrow Strategic Partnership and the Children and Young People's Strategic Partnership (CYPSP) are the arrangements through which the council integrates its services for children and young people with those of key partners to improve services and outcomes. The CYPSP has five sub-groups covering the Every Child Matters outcomes to monitor and evaluate progress. The council is organised around three Directorates: People First (including children's services), Urban Living and Business Development. People First, and in particular children's services, has been configured to deliver the requirements of the Children Act 2004 and the Every Child Matters agenda. This has been done at a time of significant organisational uncertainty in the council. The recent election of a new administration has led to a reconsideration of some strategies and priorities, a necessary focus on financial savings to balance the budget and build reserves, a rolling programme of large-scale service reviews and a sharp focus on the impact of the financial pressures within the health economy. Notwithstanding this challenging environment, relations at a senior level between the council and the local health service and police service are good. Where partnerships were once fragile, problematical and underdeveloped, they are now increasingly evident at a strategic and operational level. The Director of Children's Services has been in post since 2003 but has only recently taken responsibility for education services. Two Assistant Directors manage the education and social care services to children and young people. There are 163 looked after children in Harrow, of which 82 (50%) live outside the area, with

40 (25%) living more than 20 miles away. There are 148 children who are on the child protection register.

12. London West Learning and Skills Council (LSC) works closely with the local authority, colleges, training providers and schools in addressing the 14–19 strategy. For a long time, the secondary schools of Harrow did not offer integrated sixth form education, with all school leavers having to join the large tertiary colleges, such as Harrow College, Stanmore College or St Dominic's College. However, as of the 2005/06 session, select Harrow secondary schools are now introducing sixth forms in the hope of retaining more of the pupils and of providing them with an alternative to the large tertiary colleges. As such, post-16 education and training is provided by two tertiary colleges, one sixth form college, six schools with sixth form teaching on-site, two secondary schools with some post-16 provision, the skills centre and four local work-based training providers. Entry to Employment provision is managed by Harrow College, which provides 41 places. Adult and community learning, including family learning, is provided by Stanmore and Harrow colleges and is delivered through a range of learning centres.

13. There are no secure children's homes or young offender institutions in the area.

Summary Report

Outcomes for children and young people

14. **Outcomes for children and young people in Harrow are good overall.** Children and young people are generally safe, mostly in good health, achieve very well, make a good and positive contribution to society, and enjoy good economic well-being.

The impact of local services

15. The impact of local services overall in improving outcomes for children and young people is adequate. The council's education service makes a good contribution and the council's social care service makes an adequate contribution, as does the health service for children. The impact of local services in improving outcomes for children and young people with learning difficulties and/or disabilities is underdeveloped in certain key areas.

Being healthy

16. **The impact of all local services overall in securing the health of children and young people is adequate with some good features.** The Primary Care Trust (PCT) has embarked on a programme to review its commissioning of a range of child health services. Sexual health services and Child and Adolescent Mental Health Services (CAMHS) have been re-commissioned and are beginning to show improvements. School nursing and

community midwifery services are now subject to review. The Healthy School programme effectively promotes healthy lifestyles and is on track to achieve the national healthy schools target by the end of 2006. CAMHS are adequate but will not be providing a comprehensive service by the end of 2006, primarily because of fragmentation and gaps in service for children with learning disabilities. There is good support from CAMHS to agencies which serve some specific groups of children and young people, for example, services to looked after children, the Youth Offending Team (YOT) and substance misuse services, but joint work with schools is too variable.

17. The health needs of looked after children are effectively met and the performance on completed health checks is good. The health needs of children with learning difficulties and/or disabilities are adequately met. However, families of children with learning difficulties and/or disabilities are not routinely consulted about services and do not always receive coordinated assessments and services centred on the family.

Staying safe

18. **The impact of all local services in keeping children and young people safe is adequate.** The Local Safeguarding Children Board (LSCB) is well established and has set appropriate priorities to improve services. However, measurable action plans to ensure delivery, and the understanding of these priorities by front-line staff, are underdeveloped. There is a good range of advice, information and initiatives to enable parents and carers to keep children safe. Arrangements to provide children and young people with a safe environment are generally adequate. Road safety initiatives and work to reduce bullying, anti-social behaviour and domestic violence are beginning to make an impact.

19. Children and young people at risk of significant harm are promptly identified, assessed and protected. Multi-agency work with the police is well established, with good Multi-Agency Public Protection Arrangements (MAPPA) expanded to consider vulnerable young people. All children on the child protection register and looked after children are allocated a qualified social worker. There is adequate multi-agency training in child protection. Appropriate policies and practices are in place for the vetting of staff, but vetting of contractors and volunteers is insufficiently monitored.

20. There have been improvements in the delivery of social care services, but these are mostly in the early stages of implementation. The threshold for social care intervention is sometimes perceived to be high and practitioners in partner agencies are not always aware of the criteria for access to services. The quality of social care case recording and filing is variable and is being improved through audit, although this has yet to be systematically used. The looked after children services are being reviewed and restructured. Historically, there have been high numbers of looked after children placed out of borough and in residential provision but these have fallen recently. Multi-agency support to

safeguard children with learning difficulties and/or disabilities is adequate. However, there is insufficient provision and high eligibility criteria for social care support.

Enjoying and achieving

21. **The impact of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** The council and its partners give a high priority to ensuring that children and young people enjoy good leisure provision and continue to achieve high educational standards. Parents and carers have effective support, particularly in the more disadvantaged neighbourhoods. The council provides good guidance on admissions. The strategy for childcare and early years is good. Plans for developing children's centres and extended schools are progressing well. Standards overall are good, above national averages and in line with those found in similar areas. The majority of children and young people make good progress throughout their time in Harrow schools. The under-achievement of boys compared with girls and of particular groups within the Black and minority ethnic communities are being targeted effectively, although it is too early to demonstrate success. The relationships with schools and partners are strong and, through the Achievement and Inclusion Group, school improvement is a particular strength. Attendance is excellent, although authorised absences in primary schools are too high. While reducing, permanent exclusions from schools remain high, particularly of primary pupils with special educational needs. New and effective strategies are improving the attendance and attainment of looked after children. Good partnerships provide a range of recreational opportunities for children and young people, particularly in sport, music and the arts, although some young people feel these are not sufficiently well promoted. Services for children and young people with learning difficulties and/or disabilities provided through the special schools are good overall. The Special Educational Needs (SEN) strategy has been recently revised and is being implemented but it is too early to evaluate its impact.

Making a positive contribution

22. **The impact of all local services in helping children and young people to contribute to society is good.** There are good opportunities for children and young people to develop socially and emotionally, through the school curriculum and through a wide range of activities provided by the council and voluntary groups. Mentoring is benefiting many young people at risk of under-achievement or exclusion. The youth service has provided some effective summer activities but has not used these to identify more vulnerable young people who would benefit from continued participation. Children and young people are generally well supported in managing changes and responding to challenges in their lives. There is effective help for transition between school phases, for choosing options at 13+ and for post 16 provision. Vulnerable young people, such as unaccompanied asylum seekers and teenage mothers, are receiving good practical and personal help. A targeted project gives good

attention to the needs of some young carers, although the numbers currently involved are much lower than the number of young carers in the locality. There are some volunteering programmes that enable young people to make a positive contribution, and these opportunities are being extended. The partnership has made the participation and involvement of young people a priority. There are good opportunities for young people to make their views known on the design and quality of services, and work is in hand to increase participation. However, there is insufficient attention given to the views of younger children. Looked after children participate well in their reviews, but opportunities for children and young people with learning difficulties and/or disabilities are less well developed. A wide range of actions are effective in reducing anti-social behaviour. There is much good work to prevent offending, but the impact of the YOT's overall contribution to enabling young people to make a positive contribution is too variable.

Achieving economic well-being

23. The impact of all local services in helping children and young people achieve economic well-being is good. There is good and effective sharing of information about childcare provision, training and employment opportunities through the three children's centres, which provide good support to parents and carers to enable them to re-engage in training and/or work. An extensive work experience scheme is very well organised and coordinated. Harrow council and the LSC have established a good, clear and coherent strategy for developing 14–19 education and training opportunities. A collegiate model has been established, which effectively involves the headteachers of all the secondary schools, including the special schools, and the college principals in developing the content and delivery of the 14–19 curriculum. However, voluntary organisations and private training providers are not yet fully involved in the developments. A good skills centre has been developed to deliver new opportunities for vocational training. Retention and pass rates are generally good, but poor for work based learning. The Connexions service works well with the council and with most of the schools in providing objective advice and guidance. There are good regeneration developments and these are targeted very effectively on the three areas of greatest deprivation in Harrow. Young people leaving care receive good support to assist them in achieving economic well-being. Children who are looked after are adequately supported. Young people with special educational needs are well supported and achieve at or above their expected level. They benefit from good opportunities to gain work experience. Direct payments are not sufficiently promoted by the council.

Service management

24. The management of services for children and young people is adequate. The capacity of local services and of the council's services to improve is adequate. The partnership has adequate levels of ambition for children and young people in Harrow, which are reflected in the redrafted community strategy, the Local Area Agreement and the Children and Young

People's Plan (CYPP). They are less clearly reflected in the council's corporate plan. The CYPSP and LSCB are well established, with good commitment from senior representatives of key agencies such as the police, the PCT and the voluntary sector. There is a clear structure of sub-groups responsible for overseeing the delivery of the five Every Child Matters outcomes.

25. Prioritisation is adequate and based on consultation and a partial needs analysis, but the key priorities for the partnership and the resources required for their delivery are not defined sufficiently clearly in plans. Whilst children and young people with learning difficulties and/or disabilities are identified as a priority in the CYPSP, service improvement planning is piece-meal and has insufficient strategic focus across the partnership. The current capacity of the partnership to deliver its priorities is adequate. There is some good multi-agency work developing on the ground, but the establishment of more formal frameworks to support this, such as a Children's Trust and joint commissioning, has been held up by the serious financial difficulties of the council and the health economy. Despite some effective planning to improve recruitment and retention in children's social care, there is no overarching workforce strategy for children's services as a whole. Value for money is adequate. Performance in schools and 14–19 education is high for average levels of expenditure. Performance in children's social care is improving but it is comparatively weak. Some services for children with special educational needs and for looked after children are high-cost.

26. Performance management is good, based on an effective framework and information technology system provided by the council. Accountability is clear and monitoring is regular, though the systems for the CYPSP are only recently established. The self-assessment demonstrates that the partnership generally knows its strengths and areas for improvement. However, targets and baselines have not yet been established for all actions in the CYPP.

Grades

Grades awarded:

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

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

Recommendations

For immediate action

- The LSCB should ensure that all partner agencies, including the voluntary sector, have safe procedures and practices for vetting staff, volunteers and contractors for persons having contact with children and young people.

- The council should consult all partner agencies in a review of the threshold criteria for social care assessments and service provision.
- The council should ensure direct payments are promoted in compliance with the statutory requirement.

For action over the next six months

- The CYPSP should develop links between school counselling arrangements and specialist CAMHS to ensure quality assurance, proper supervision and a more integrated service.
- The council should systematically implement its audit of social care case files to ensure good quality of practice and recording and to inform its performance monitoring processes.
- The CYPSP should develop a strategy for encouraging younger children, including younger looked after children, as well as children and young people with learning difficulties and/or disabilities, to participate and give their views.
- The CYPSP should adopt a whole-system strategic approach to improving services for children, including the following points:
 - the council should review the eligibility criteria for social care support to families of children and young people with learning difficulties and/or disabilities and increase the range and coverage of provision.
 - the council should reduce further the number of permanent school exclusions, especially of primary school pupils with special educational needs.
 - the CYPSP should establish a forum for regular consultation with families of children and young people with learning difficulties and/or disabilities.
- The 14–19 collegiate should engage voluntary organisations and private training providers in the development of the 14–19 strategy and curriculum.
- The CYPSP should accelerate the process of developing a formal structure for partnership working, including joint commissioning and joint workforce planning.
- The CYPSP should identify the priorities in the CYPP which are the most important for the partnership and the resources required for delivery.

For action in the longer term

- The LSCB should develop specific and measurable action plans to enable its priorities, as detailed in the CYPP, to be implemented. These priorities and actions should be widely communicated to LSCB front-line staff and the wider community to ensure commitment and understanding at all levels.

Main Report

Outcomes for children and young people

27. **Outcomes for children and young people in Harrow are good.**

28. **Children and young people in Harrow mostly enjoy good health.** Many of the national indicators for children and young people's health show good outcomes. Rates of smoking among pregnant mothers are very low and falling. Rates of initiation of breastfeeding are high and rising, but there is a substantial drop-off in mothers continuing to breastfeed exclusively at six weeks. Immunisation rates of children at the age of two are significantly higher than benchmark and national averages, but levels of immunisation for MMR first dose are significantly lower than average at age five. Rates of teenage pregnancy in Harrow are substantially below national averages; a slight but steady rise in this rate over the last five years is high in percentage terms because of the low overall numbers in Harrow. As such, achieving the national target to reduce teenage pregnancies by half from the 1998 baseline by 2010 will be a challenge. Unvalidated data for 2005/06 indicate a reversal in the higher than average rates of decayed, missing and filled teeth recorded for five year olds in the 2003/04 data. Harrow has a higher than average rate of low birth weight babies. This is one reason for the local priority given to smoking cessation. Infant mortality rates are also slightly higher than comparator areas. Harrow is currently not providing a comprehensive CAMHS, primarily because of gaps in service for children with learning disabilities. However, progress has been made in managing waiting lists and all referrals are seen within 13 weeks. There is good CAMHS support to services used by some groups of young people at high risk of having a mental disorder, for example, those known to the YOT, looked after children and substance misusers. The percentage of looked after children whose health checks were completed on time has risen sharply since 2004/05 and now stands above the national average.

29. **Children and young people are generally safe.** Good information on safety issues has contributed to a below average incidence of deaths and serious injuries to children and young people. Work to reduce domestic violence, bullying and anti-social behaviour is beginning to have a positive impact. Children and young people at risk of significant harm are safeguarded. There are low numbers of looked after children, but too many are placed in residential care and placed out of borough. The stability of placements for looked after children has been poor but is improving. There are low numbers of

children on the child protection register and high levels of re-registration, although this is reducing. All children on the child protection register and looked after children are allocated a qualified social worker. There are low levels of referrals for children in need and low levels of referrals resulting in initial assessment, although this is improving. Initial and core assessments are too often not within timescales, although this is improving. Children are beginning to benefit from more consistent social work as a result of effective workforce development in referral assessment, and children in need services. However, these improvements are not evident in the looked after children's services. Children and young people with learning difficulties and/or disabilities are safeguarded adequately.

30. **Children and young people achieve very well.** Education standards are high. They are above national averages and in line with those of similar authorities at all key stages, and continue to improve. Children at Foundation Stage make good progress. The overall effectiveness of most schools is good. A high proportion of children and young people surveyed for this review rightly say they are doing very well or quite well at school. Many take part in an extensive range of recreational and out of school learning activities. Attendance at school is excellent; it is well above national averages and was the best amongst London boroughs in 2005/06. Authorised absences are higher than those for similar authorities and national averages, but truancy rates are low. Permanent exclusions remain high despite significant reductions in recent years. Although the number of fixed-term exclusions has risen in line with national trends, overall the position in Harrow is much better than nationally and in similar authorities.

31. Attainment in 2006 was above national averages and in line with other similar areas despite significant movement of pupils into and out of the borough's schools. However, boys perform less well than girls, although the gap is closing. The attainment of pupils from Black and minority ethnic communities is good overall and better than for these groups nationally, although below the average for the borough. Pupils for whom English is an additional language perform well. However, the attainment and progress of many Black African and Black Caribbean pupils and the small numbers of children from traveller families is less than that for pupils from other minority ethnic groups in the borough.

32. Looked after children do not make sufficient progress throughout their time in school. At age 16, the performance of the small numbers of these pupils deteriorated from the previous year. While their attainment was better than looked after children nationally, it was well below their peers in the borough. Although school absence for looked after children within and outside Harrow have reduced, they remain well above levels for similar authorities and form a priority area for improvement. The low proportion of looked after children who are permanently excluded from school has remained static in the last three years. The progress of children and young people with statements of special educational needs at all key stages is good. At age 16, pupils make at least the progress expected of them. The attainment and progress of children and young

people with special educational needs who do not have a statement is in line with those of similar groups nationally. Children and young people achieve well through sports, music and arts activities. Within the youth service, young people's achievements are poor overall.

33. Children and young people have good opportunities to make decisions and take personal responsibility and many make a good contribution to their communities. Young people are developing good personal qualities, such as confidence and self-esteem, through joining in activities provided by schools, voluntary groups and the youth service. Mentoring opportunities, provided for a range of purposes, are helping to improve motivation, learning skills and behaviour amongst children and young people at risk of under-achievement or social exclusion. An example includes peer mentoring, through which pupils effectively work with their peers to improve poor behaviour. Many young people are taking advantage of opportunities to give their views on the design or quality of services provided for them, and are benefiting from this experience. An example is the contribution made by young people to the re-development of three parks. The active Youth Council is enabling young people to communicate with local politicians and participate in the UK Youth Parliament. The participants are developing good meeting, debating and speaking skills. The numbers and representative range of the young people involved is small. Many young people also contribute well to the community through volunteering activities, through which they develop skills and social responsibility. Unaccompanied asylum-seeking young people develop skills in independent living and enter further education, where they learn English and progress to accredited vocational courses. A high proportion of looked after children contribute to their reviews and many take opportunities to give their views on services. Some children and young people with learning difficulties and/or disabilities do participate in giving their views on services, but they are less well integrated into these opportunities.

34. Successful activities to reduce anti-social behaviour have encouraged young people to develop skills, for example in cricket and football, and some have successfully achieved coaching awards. Similarly, activities to prevent offending or re-offending behaviour have had beneficial outcomes for those young people who have responded positively. Recently, 10 young people who had offended took part in a successful arts project leading to good outcomes for eight. Restorative justice projects have enabled young people to make a positive contribution. However, first-time offending rates have risen, as have rates of re-offending. More young people who have offended are now progressing into education, particularly those aged under 16. The overall rate for this is in line with the average for other similar authorities and nationally.

35. Children and young people are able to achieve economic well-being and are prepared well for working life. Participation in education and training by young people post-16 is good, and the participation rate, at 81%, exceeds the West London average of 78%. The proportion of young

people who are not in education, training or employment (NEET) is low, and Harrow exceeds its target and maintains the lowest figures in West London and the second lowest amongst similar London boroughs. Progression rates to education, training or employment are high. There are greater numbers of young people entering full-time education, with an increase from 78% in 2004/05 to 81%, which exceeds the West London average. The proportion of young people progressing to vocational training at 16 is higher, at 44%, than in surrounding boroughs. In 2005/06, 44% of 16 year olds were opting for vocational pathways at Levels 1, 2, and 3, which is significantly higher than in any other borough in the London West LSC area. However, work-based learning provision is small, too few young people participate and success rates have been low in the past but are improving. Achievement rates for 16–18 year olds in further education colleges, sixth form colleges and specialist colleges are in line with national rates at Levels 2 and 3. For Level 1 programmes, apart from GNVQ where Harrow is above the national rate by 4%, achievements are poor. Those children who are looked after are well supported and there is a high percentage of care leavers living in suitable accommodation. Young people with learning difficulties and/or disabilities are well supported and benefit from good opportunities to gain work experience.

The impact of local services

Being healthy

36. Overall, health services for children in Harrow are adequate.

Children's centres provide a good range of integrated services to help parents keep their children healthy. The three centres provide models of good inter-agency collaboration, but their coverage is partial and so accessibility of services within the borough is currently uneven. Health visitors in particular are linked well to the children's centre programme. Following restructuring to meet National Standards Framework requirements, the health visiting service is in a good position to provide early health promotion for those families more likely to experience poorer outcomes. For example, there are dedicated health visitors working with homeless families and with asylum seekers.

37. The PCT has embarked on an ambitious and necessary programme of work reviewing a number of child health services. CAMHS and sexual health services have been re-tendered and the new contracting arrangements are beginning to deliver some signs of improvement. Currently under review are school nursing, community midwifery and paediatrician sessions in the community. Many traditional community services are provided from Northwick Park Hospital, for historical reasons, and this has not promoted timely engagement of the whole of the health economy in the development of multi-agency, coordinated, family-centred services as set out in Every Child Matters and the Children's NSF. Over the last four years the North West London Health Trust has, for very good reasons, had to prioritise improvements in maternity services at Northwick Park Hospital which have recently come out of special measures.

38. The school nursing service is not adequately staffed to play its full part in the health promotion agenda. The community midwifery service is also under considerable pressure and does not have the staff to make optimum impact on ante-natal and post-natal care. Access to sexual health services has improved following the re-tendering exercise, which was helpfully influenced by the views of young people. There is a clear joint commitment to reduce teenage pregnancies in the CYPP. While overall numbers of teenage pregnancies are low, there has been a slight upward trend. Unvalidated data for 2005/06 indicates that the deterioration in oral health at age five has been reversed. The oral health strategy provides a good basis to ensure the reduction in dental decay is consolidated. However, it is not sufficiently linked to the health visiting strategy.

39. Harrow is on course to reach the target of half its schools achieving Healthy Schools status by the end of 2006. There is good awareness of healthy eating and the importance of physical exercise, with many examples of good practice to help children access healthy food and physical activities. Measures have been implemented to improve the delivery of the personal, health and social education curriculum, including support of the Student Advisory Group which provides feedback to staff about which subjects are most important to students and how they can best be delivered. There are some very good examples of targeted health promotion initiatives directed at whole families in disadvantaged communities. These initiatives are based on strong partnerships with health professionals, for example, the smoking cessation service, Clinic in a Box, child injury prevention and the pre-school Healthy School programme.

40. A good range of multi-agency measures has been put in place to reduce environmental risk and prevent injuries among families living in areas with higher rates of childhood accidents. This has been achieved through the good analysis and use of data relating to the use of Accident and Emergency services.

41. There is a well-established specialist CAMHS team with good representation of the range of mental health disciplines. The team provides valued training placements for some CAMHS professionals. CAMHS provision is adequate but does not yet provide a comprehensive, accessible service for all children. Children and young people with learning disabilities receive fragmented services and are at risk of falling between current providers. Urgent work is underway to tackle this shortfall. There is no up to date strategy or detailed needs assessment in relation to the mental health of children and young people with learning disabilities. The mental health needs of children with autistic spectrum disorders have not been fully provided for. Since April 2006, Central and North West London Mental Health Trust has been responsible for CAMHS provision, with a new specification and close monitoring of the service level agreement. Referrers still report difficulties in accessing the service. The vacant primary mental health worker posts weaken the impact of these services. However, the planned recruitment to these vacancies will help strengthen the presence of CAMHS amongst other children's services. Schools,

often on an individual basis, have developed their own arrangements to provide counselling support, which for the most part are not sufficiently linked to the specialist CAMHS Team. The CAMHS Team provides good support to services for some populations of young people, in particular, young offenders, asylum seekers, substance misusers and looked after children. CAMHS support to the Rapid Intervention Team, to the Acute Trust on self-harm and attempted suicide, and to parenting classes has been good.

42. The health needs of looked after children are effectively addressed. The recent appointment of dedicated staff has had a marked impact on the number of health checks completed on time. The percentage completed on time has risen from 56% in 2004/05 to 84% in 2005/06. There is good follow-up of health assessments to ensure identified needs are met for both children looked after and those who have left care.

43. Services for children and young people with learning difficulties and/or disabilities are adequate. There is a good service for paediatric therapies, with a substantial and necessary council commitment of resources to speech and language therapy. This enables the needs of children in most schools to be addressed. A number of other developments now underway should lead to improved outcomes for children with learning difficulties and/or disabilities, for example, more paediatrician sessions in the community, inclusion of disabled children in the children's centres, the provision of Early Bird and Early Bird Plus training, and the allocation of key workers for most families with disabled children under three years old. Families do not routinely receive coordinated assessments and services centred on the family. The health aspects of assessment are coordinated at the hospital and some of the education and social care aspects are coordinated at the new Health and Social Care Centre. The coordination across all sectors is underdeveloped. The lack of an established consultative mechanism for families with disabled children holds back the development of family-centred services on a multi-agency basis. School nursing provision to special schools educating children with complex health needs is inadequate, but this being addressed. A protocol to ease the transition from children's to adult health care is in preparation. Some of these young people experience a reduction in levels of service as they reach adulthood.

Staying safe

44. **The impact of all local services in keeping children and young people safe is adequate.** The LSCB is well established and has made good progress in gaining commitment and collaboration from all strategic partner agencies, including the voluntary sector. It has set clear and ambitious safeguarding priorities, which are integrated within the CYPP. Specific and measurable action plans to deliver these priorities and to ensure understanding and commitment to them from front-line staff are underdeveloped. A good range of advice, information and activities is provided to children, young people and their carers on the subject of risks and keeping safe. Arrangements to

provide most children with a safe environment are adequate. A good range of road safety initiatives have effectively contributed to low accident rates for children. There are appropriate policies to combat bullying, discrimination and domestic violence, and multi-agency initiatives and support to victims are beginning to make an impact. Young people's concerns of lack of safety on public transport and parks have been effectively addressed. Agencies work collaboratively to provide a wide range of preventative services; in particular, there are good networks with voluntary organisations. An overarching prevention strategy is not fully developed into a range of effective multi-agency services.

45. The London Child Protection Procedures have been incorporated within local procedures. There are low numbers of children on the child protection register and high rates of deregistration and re-registration. Concerns about the effectiveness of safeguarding for vulnerable children have been recently addressed by the LSCB, and effective measures introduced to improve decision making and post-deregistration support. Appropriate policies and practices are in place for vetting staff, but vetting of contractors and volunteers is not routinely monitored. Rechecking of staff has only recently been addressed. The management of a serious case review was adequate, although the implementation of recommendations was delayed by the need to consult further.

46. Partnership working is good at operational and strategic levels, with some good multi-agency protocols in place, for example, on children missing, children missing from education and children missing care. Multi-agency work with the police on these issues is well established, with good MAPPA that have been expanded to consider vulnerable young people. Community-based and school-based police are making positive contributions to ensuring safer environments. There is much good multi-agency working from the three children's centres, with good communication between the centres and the Referral and Assessment Team about children who may be at risk of harm. Arrangements to minimise the incidence of child abuse and neglect, and to prevent children and young people having to be looked after are adequate. The Common Assessment Framework is in the early stages of development, with strong commitment and involvement from all partner agencies. The Lead Professional scheme is being piloted to support children in need and their families, for example, following deregistration from the child protection register. There is adequate multi-agency training in child protection, with attendance from a wide range of partner agencies. This is enhanced by in-house training within individual agencies, often provided by local practitioners. For example, multi-agency staff are providing child protection training directly within general practitioner clinics. All children on the child protection register are allocated a qualified social worker. Reviews are held within timescales, are well attended, and independently chaired to ensure plans are carried through. However, issues of a lack of regular notification and recording of core groups have been identified by the LSCB and are being addressed.

47. Children and young people at risk of significant harm are promptly referred, identified, assessed and protected. Stability within social care management has enabled significant changes to be effected, many of which are in early stages but have good potential, for example, the reconfiguration of referral and assessment services which have been integrated with the education welfare service. Social care files have recently been fully computerised, but there is too much variation in implementation from practitioners. Files seen during the inspection had been recently audited and a range of issues identified and rectified, for example, lack of chronologies, summaries and incomplete assessments. A recently updated audit tool has been introduced but has not been applied to all files. Although providing a good opportunity for case monitoring at all levels, it has not been systematically used for quality assurance and to improve practice. Threshold criteria for access to social care services have been developed. However, most partner agency practitioners were not aware of them and continue to perceive the threshold for social care intervention as high. There are low levels of referral for children in need, and low levels of these resulting in initial assessment, although this is being addressed and is increasing.

48. There has been a significant reduction in the use of locum staff within social care referral and assessment services and children in need services, as a result of a workforce development strategy. However, this has not yet had an impact on looked after children services, which remain over-dependent on agency staff, adversely affecting the continuity and consistency of support provided. The looked after children services are being reviewed and restructured to address issues around the quality of services, communication and support. There are insufficient foster and adoptive placements to meet local needs and not all foster carers and residential staff are adequately trained or supported to meet the needs of looked after children. There is insufficient placement choice and, historically, this had an adverse effect on placement stability although there has been recent improvement. All looked after children are allocated a qualified social worker, and reviews are regularly held, well attended and are chaired by independent reviewing officers who monitor compliance with the care plans. There is a high level of participation in reviews by looked after children. Educational and health support to looked after children is good, with good communication with social care partners.

49. Multi-agency support to safeguard children with learning difficulties and/or disabilities is adequate. Staff are appropriately trained, supervised and supported. Residential care placements comply with national standards. Transitional support between children's and adult social care services is adequate. There is insufficient provision for short-term breaks and eligibility for social care support is high. Children and young people with learning difficulties and/or disabilities receiving short-term breaks are not currently treated as looked after, although this is due to come into effect in January 2007. The Children with Disabilities Team in social care undertakes child protection inquiries and provides post-inquiry/registration support, providing good specialist experience.

Enjoying and achieving

50. **The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** Parents and carers benefit from a range of good quality information, advice and support overall. Private and voluntary sector providers support parents and carers and families well, helping to identify barriers to learning and mediating between schools and parents. A range of good family learning programmes, such as Chatter Matters and Parents as First Teachers, successfully develop the confidence of parents to support their children's learning. The Canon Connect project successfully supports families at risk of social exclusion. There is good access to translation services and to literature in community languages. Variations exist, however, in the quality of provision to parents/carers in different parts of the borough and to families of older young people. The quality of early years provision is good and supports children's development and well-being effectively. Good progress is being made towards achieving early learning goals and effective strategies are in place to tackle areas of weakness, such as in communication, language and literacy. The levels of collaboration between services are effective, with information sharing protocols established in the three children's centres. Providers are well supported and take advantage of the training provided. Good progress is being made in the integration of early years, childcare and education provision. The development of children's centres has focused on the areas of greatest need and included good consultation with parents and providers.

51. The leadership and management of the Achievement and Inclusion group, responsible for the School Improvement strategy, are outstanding, with very comprehensive structures for monitoring progress and attainment. Only one school has been placed in an Ofsted category of concern in the last three years. The activity to support its successful removal from special measures is a model of good practice. The Achievement and Inclusion group provides highly effective challenges through the well coordinated use of school link advisers. School self-evaluation programmes are well supported and based around sound frameworks, for example, What is Good Teaching? This framework is valued greatly by headteachers across all phases of education and has led to the shared development of other frameworks in a similar style, such as those for student effectiveness, special educational needs and school leadership. Data analysis is excellent and used efficiently and sensitively to enable the progress of vulnerable groups to be monitored effectively and intervention to be targeted efficiently.

52. Although the cluster groups of schools have existed for many years, they are adapting well to the wider agenda of extended school and children's centre provision. They are increasingly successful in helping schools and other agencies to share expertise and provide better coordinated support to children and young people in their local neighbourhoods. The commitment by partners to inclusion, however, is undermined by a shortage of, and untimely access to, appropriate resources, such as speech and language therapists, in some

schools. Schools in some clusters are beginning to pool funding to resource particular needs, such as access to counselling for families. The delivery of some cross-borough services and provision within the cluster arrangements, such as special educational needs, is still to be developed.

53. Education standards overall are good. A positive trend has been maintained at a time of significant change in the profile of the pupil population. Children and young people benefit well, both in terms of the standards they achieve and the progress they make, as a result of attending schools in Harrow. Improvement trends at all key stages are good and weaker areas, such as language and literacy at the Foundation Stage and in boys' writing, are tackled effectively. Children and young people from Black African and Black Caribbean families do not progress as well as those from other Black and minority ethnic communities. Good partnership work is improving the progress and attainment of children from traveller families. The attainment and progress of looked after children is variable, although the attainment of some care leavers has been outstanding. The attainment and attendance of the small number of looked after children is a key priority in the CYPP, and new and effective arrangements to monitor and support them are in place.

54. Attendance is excellent. Schools and the council have robust and effective systems in place to monitor absence. Good partnership work, for example, has helped to improve the school attendance of looked after children placed within and outside the borough and for children from traveller families. Truancy rates are very low. Authorised absences are high, particularly in primary schools, and are affected by the children who visit relatives abroad and the religious observance of the many faiths in the borough. There is a good range of targeted support, including a Rapid Intervention Team and managed moves between schools, and this is reducing the number of permanent exclusions. However, the overall number remains high. Too many of these exclusions are of primary age pupils with special educational needs. The Harrow tuition service provides a good quality experience for young people and is successful in supporting reintegration of young children. The majority of permanently excluded young people receive the full-time education to which they are entitled and good systems exist to meet individual needs sensitively.

55. School admissions arrangements are effective. The Equal Preference scheme has reduced the numbers of appeals and improved parental satisfaction. Children and young people educated at home are well monitored. Alternative education provision provided in conjunction with partners is well developed and of a high standard. Well-attended monthly multi-agency meetings ensure that children missing from school are quickly identified and followed up. For example, children who do not take up a school place are monitored and good arrangements are in place to ensure that children who move abroad are placed in appropriate education provision.

56. A good range of well used recreational provision is available through the council, the voluntary sector and other settings, including appropriate and age-related activities for young people with learning difficulties and/or disabilities. There is an extensive range of music, performing arts and cultural events, and good access to parks and playgrounds. However, the council is aware that those young people who do not use facilities require more information and support. Some older young people report that the cost and difficulties of reaching venues are barriers to participation. Evening access to play areas is limited. The youth service provides too few planned informal learning opportunities.

57. The strategy for inclusion reflects the national agenda well and schools and other stakeholders fully support the principles. However, the effectiveness of the newly developed SEN strategy and the role for special schools has not yet been evaluated. Pupils are prepared well for transfer to mainstream schools or other provision and monitoring of their continued progress is satisfactory. Parents value the parent partnership service. The progress of pupils with learning difficulties and/or disabilities in special schools is good. The quality of support for children and young people with special educational needs who do not have a statement is satisfactory and outcomes are in line with those of similar groups nationally.

Making a positive contribution

58. **The impact of all local services in helping children and young people to contribute to society is good.** There are good opportunities for children and young people to develop socially and emotionally. School curricula have been developed to include social and emotional aspects. Other effective opportunities are provided through the Positive Activities for Young People (PAYP) scheme, for those at risk of social exclusion; the youth service; the Standing Advisory Committee for Religious Education, which provides multi-faith resources for schools; and a range of other programmes and clubs, many provided by voluntary groups. The Youth Inclusion and Support Panel (YISP) provides good personal attention to 'at risk' young people, with resultant improvement in their motivation, attendance and study skills. The Rapid Intervention Team benefits children and young people at risk of exclusion. Mentoring services by a range of providers effectively support many children and young people. Successful examples of peer mentoring operate in a number of high schools. A strategy is being developed to coordinate mentoring programmes in the area. Although much youth work, such as summer activities, has effectively engaged young people, it has not been used to identify those who could benefit from continued participation.

59. Children and young people are generally well supported in managing changes and responding to challenges in their lives. There are effective arrangements to support children's transition between school phases and at option choice points. A targeted project provides good attention to the needs of some young carers, although the numbers currently involved are much lower

than the number of young carers in the locality. Support for young carers is identified by the partnership as an area for further development. Children who are unaccompanied asylum seekers are well supported, and there is dedicated mental health support for those who need it. Good practical and social help is provided for teenage mothers through targeted groups, underpinned by the effective links between agencies. Opportunities for young people to contribute to the community through volunteering are being extended through a new community strategy. Existing good examples of voluntary work include the programme in St Dominic's Sixth Form College and the Trans Age project.

60. The partnership has made the participation and involvement of young people a priority and this is strongly publicised. There are good opportunities for young people to make their views known. An enthusiastic Participation Team is developing the coordination and embedding of these practices. There are a number of active consultative forums for young people, such as the Harrow Youth Council, Student Advisory Group and UK Youth Parliament, as well as school councils in all schools, conferences and various consultative initiatives focused on particular services. Good progress has been made in ensuring young people have an impact on decision making. For example, the Student Advisory Group has advised the authority on bullying policies, and young people recently quizzed politicians and senior officers in a successful local Question Time. The young people involved in these activities clearly benefit from their participation. However, apart from school councils and the Healthy Schools Advisory Group, there is little attention to hearing the voices of younger children.

61. A wide range of effective actions are in place to reduce anti-social behaviour. There are currently a small number of Anti-Social Behaviour Contracts in place. Activities include PAYP, after-school clubs and play schemes for children aged up to 13, and a project with Watford Football Club, as well as some work by the youth service which is limited in scope. Targeted activities for children and young people at risk of anti-social behaviour include the developing work of the YISP. The Safer Neighbourhood project has raised the visibility of the police at ward level and created a good bond between the police, schools and the community. This work has tackled some localised anti-social behaviour. The YOT is not contributing sufficiently to the ways in which partners work together to use Anti-Social Behaviour Orders and Contracts.

62. There is good work to prevent offending but its impact is variable. Harrow has a low youth crime rate. However, first-time offending rates have risen, and re-offending rates have risen progressively since 2003/04, although they are below national average. The Safer Harrow Management Group effectively promotes activities to prevent offending, undertaken jointly between partners including the police and schools. An example is the Junior Citizenship Programme. Young people who are at risk of offending or re-offending are supported through activities such as a successful mentoring service, innovative restorative justice work in schools, an arts project which has promoted achievement, and substance misuse education and treatment. Other action to

reduce these rates includes new work with parents. YOT work with victims is improving. The proportion of young people who have offended who progress into education, employment or training is broadly in line with the average, and there has been an improvement in the last few months. The YOT management board has identified progress into education, employment or training as a priority target for improvement in 2006/07. There is a lack of suitable post-16 opportunities for young people at risk of offending or re-offending. The assessment of young people with learning difficulties and/or disabilities by the YOT is recognised as an area for development.

63. There are good arrangements for looked after children to make a positive contribution. Efforts to develop their participation have been strong and effective. Some care leavers are members of the Youth Council and one attends the Fostering Panel. A high proportion of looked after children, 92%, contributed to their reviews in 2004/05. A new independent advocacy service for looked after children from a local provider has recently started, following evaluation which showed that take-up of the previous service was low. Looked after children were involved effectively in the choice of new service provider. At present, there are no plans to develop ways of obtaining the views of younger looked after children on the service they receive. Final warnings, reprimands and convictions of looked after children have decreased in the last year, in line with the rate in similar authorities and below the average for England. Corporate parenting is adequate and is being strengthened.

64. There is insufficient focus on enabling children and young people with learning difficulties and/or disabilities to make their views known and influence decision making. They are not specifically mentioned in the participation strategy, although some disabled young people have participated in recent events. Advocacy is provided for children with learning difficulties and/or disabilities by local authority staff where needed, but there is no independent advocacy service for these young people. There are some extra-curricular and out of school opportunities for children and young people with learning difficulties and/or disabilities, although there has been no evaluation to check whether this provision is meeting needs. Examples include the Duke of Edinburgh award, a small integrated youth club and summer school activities. Some provision by a voluntary provider has been reduced because funding has ended. Connexions personal advisers attend reviews from Year 9 onwards. In 2005/06, 100% of transition reviews for young people with learning difficulties and/or disabilities took place on time, which is a very good performance in this area.

Achieving economic well-being

65. **The impact of all local services in helping children and young people achieve economic well-being is good.** Families are supported well to help them achieve economic well-being. There is a good and wide range of childcare provision, with effective plans to develop it further. Parents and carers are well informed of the range of childcare and other facilities available.

Children's centres are the focus for good multi-professional support and are accessible to all children, young people and their families. The centre facilities reflect local need, including providing information about learning opportunities for parents, children and young people to enable them to access employment. Good support is provided for local community groups.

66. There are good work experience opportunities for all young people in Years 10 and 11. Although the council works well with the local LSC and Connexions to ensure that young people have appropriate advice and guidance at all key transition points, nevertheless information, advice and guidance is patchy. A minority of schools do not have adequately qualified staff or do not devote sufficient time to the service, thus some learners do not always get the help and advice they need.

67. The development of the 14–19 curriculum is supported by a good and well thought out strategy. Harrow has developed a collegiate, a strong borough-wide partnership of schools, colleges, the council and Connexions, working effectively together to provide for the learning needs of all Harrow students aged 14–19. However, voluntary organisations and private training providers are insufficiently involved in these developments. There is a clear focus on meeting the needs of the most disadvantaged learners, such as those still working at Entry level or Level 1 and those at risk of becoming not in education, employment or training. The two special schools in Harrow are members of the collegiate partnership. The impact of the collegiate and its benefits to learners is already evident in the development of new post-16 provision in schools and a relatively new and good skills centre, which delivers programmes in construction. Work-based learning provision is small and success rates have been low in the past but are improving. Advanced plans are in place to improve work-based learning options through the skills centre.

68. Neighbourhood renewal strategies are good and appropriately focused on the areas of Harrow with the highest deprivation. The impact of these strategies is evident in the built environment. The Wealdstone Centre is a good multiple facility, which houses the library, Healthy Living Centre, youth services, health visiting services and other PCT services. The centre is also a base for a range of community groups and there is a café run by students with learning difficulties and/or disabilities who are working towards an award in hospitality and catering. Other good examples include a new children's home on Honey Pot Lane, a new health and social care centre at Alexander Avenue and the skills centre.

69. Housing for young people and families is adequate. A priority action for Harrow is to work with partner organisations to provide affordable housing and to ensure that the accommodation needs of vulnerable young people are met. There are ongoing problems with larger properties, which are needed for the increase in larger families. The council aims to increase the build of larger properties to meet the needs of these families. Few children and families are in temporary accommodation, including hostels and bed and breakfast

establishments. Good supported accommodation is available for pregnant teenagers. The voluntary, community and faith sectors play a significant role in providing accommodation, for example, Harrow Churches Housing Association provides places for homeless 16 and 17 year olds.

70. Services to enable looked after young people to achieve economic well-being are good and they are having an impact on outcomes. The percentage in employment, education and training at 19 is significantly above the national average. Care leavers are well supported by the Care Leaving Team. There is effective target setting and tracking in place to ensure that young people leaving care achieve at the expected level or above and that they move onto further education and training at an appropriate level. A high percentage of care leavers are living in suitable accommodation.

71. Young people with learning difficulties and/or disabilities who are aged over 16 have good access to work experience opportunities and many have attended college courses for one day a week. Transition arrangements for the majority of young people with learning difficulties and/or disabilities are good.

72. However, arrangements are not meeting the needs of a minority of young people with learning difficulties and/or disabilities. The funding for those young people who wish to progress to college is much lower than if they stay in school after the age of 16. The LSC is working with the local authority, the college and the health services to resolve the issues and deliver a package which meets the needs of the young people. There is insufficient promotion of Direct Payments as a means of empowering young people with learning difficulties and/or disabilities to create and manage their own plans and packages of support.

Service management

73. **The management of services for children and young people in Harrow is adequate. The capacity to improve of local services and the capacity to improve of the council's services are both adequate.** The council and its partners have adequate levels of ambition for children and young people in Harrow. Their ambitions are reflected in the draft Community Strategy, LAA and the CYPP. However, wider services for children and young people are a less clear priority in the council's corporate plan where the focus is on empowerment of young people.

74. The community plan states that in 2020 Harrow will be a place where children and young people are healthy and safe, fulfil their potential and help other people. However, this ambition is realistic rather than challenging and does not recognise the special nature of Harrow and its population sufficiently. The plans are recent and not all the ambitions have been translated into a set of clear priorities and targets. The CYPSP and LSCB are well established, with good commitment from senior representatives of the partner agencies, including the voluntary sector. The strength of partnership working is reflected in the multi-agency nature of many of the actions in the CYPP. The partnership

and its sub-groups and consultative groups provide a clear governance structure for delivery of its ambitions.

75. Prioritisation is adequate. The strategic priorities in the community plan are clear to councillors, officers and main partners. Some strategies, such as the Joint Commissioning Strategy, are recent and still in draft so do not have associated action plans which reflect strategic priorities. The CYPP sets out an overly complex set of multi-agency actions to deliver improvement for children and young people that are not translated into clear targets. The plan does not identify the critical priorities, nor does it give detail of the resources required for implementation. Consequently, partners cannot ensure delivery of key priorities in their current difficult financial situation.

76. The partnership's priorities are based on consultation with a wide range of groups, including young people and community organisations, and it is clear that young people's views have had some influence, for example, the focus on reducing bullying and fear of crime. There is also considerable demographic and population information available through vitality profiles from schools and from children's social care, but at the time of producing the CYPP this had not been combined with health information to produce a comprehensive needs assessment. Such an assessment is being undertaken for the refresh of the plan in 2007. Early intervention and prevention is given priority through the development of co-located multi-agency services. The priorities address some areas of disadvantage, including young people excluded from school, those who are not in education, employment or training, young carers and unaccompanied asylum seekers. Whilst children and young people with learning difficulties and/or disabilities are identified as a priority in the CYPSP, service improvement planning is piece-meal and has insufficient strategic focus across the CYPSP.

77. The council has too many complex plans. Four layers of plans, from the Community Strategy to group level plans, reflect the strategic priorities including cross-agency priorities. These are focused on achievement of national performance indicators or the stretched targets in the Local Area Agreement. However, at a lower level, service and team plans do not reflect these priorities sufficiently.

78. The current capacity of the partnership to deliver its priorities is adequate. There are some good examples of capacity being enhanced through partnership working, for example with the police and the voluntary and community sector, as well as through multi-agency service delivery, such as the Missing from School Panel. Representatives of the voluntary sector are effectively engaged in developing strategy through the CYPSP and LSCB. Recently implemented information technology systems have improved joint working, for example electronic record-keeping in social care and a new financial system, which have enhanced the financial and performance information available to the partnership. Tracking of pupils and sharing of information across agencies is generally good, for example, data on transition from early years to primary school and on children out of school.

79. The financial climate in both the council and health economy has impeded additional investment and joint work with the PCT and Acute Trust. The council's financial capacity is weak – it has to deliver £19m of savings in 2006/07 – and its reserves are too low. The PCT has to make savings of over £13m in the current year. Both have credible recovery plans and are on track to meet their targets, but planned development of pooled budgets has not taken place and work on a joint commissioning strategy has been delayed. Progress on development of Children's Trust arrangements by the CYPSP has been slow.

80. Leadership of children's services by officers in the council and its partners is strong, but the knowledge of some newly appointed executive councillors is limited and not strategic. Staff are generally very committed and their induction and training is good. The Social Care Workforce Strategy has led to a reduction in social worker vacancies, but pressures remain in some teams. However, there is no overarching workforce strategy for the children's services workforce as a whole and some services, such as speech and language therapy and school nurses, are overstretched.

81. Value for money is adequate, with comparatively low costs overall and good performance in schools and 14–19 education. Performance in children's social care is improving but remains relatively poor in some areas and services for pupils with special educational needs and for looked after children are high-cost. The council commissioned an external agency to analyse its comparative costs and performance, and has used this to sharpen its focus on value for money. The partnership's need to find savings means that there is a high level of awareness of spending patterns, but it is having an adverse impact on delivery of more integrated children's services. Although value for money is a focus of the council's medium term financial planning process, cost information is not routinely included in plans and performance indicators.

82. Performance management is good. There is a good corporate performance management framework which is underpinned by an information technology system to hold targets and performance data. This is based in the council and used for partnership performance management. Clear performance monitoring information is provided through balanced scorecards and traffic-light reports focused on key performance indicators. The CYPSP sub-groups are accountable for the monitoring and challenge of performance information against the five children's services outcomes, though these arrangements are recent and untested. The partnership has a generally accurate knowledge of its strengths and areas for improvement. Within the council there is clear accountability of portfolio holders and managers, and quarterly performance monitoring reports go to Cabinet and scrutiny. However, challenge from councillors is not sufficiently strong or consistent. Improvement boards of officers and councillors have been effective in driving continuous improvement across services, for example, in children's social care where performance against the national performance indicators has been raised out of the category of concern.

83. Targets and milestones to reach the high level performance indicator-based outcomes are not specified in all plans. This means that some front-line staff are not clear about how they contribute to the priority outcomes. The involvement of children and young people in assessing the performance of services is limited.

84. The capacity to improve of local services and of the council's services is adequate. Both depend crucially on resolving the budget situation in the council and health economy and on the establishment of a formal structure for integrated working across partners. Progress on making the planned budget savings is good, but the lack of a workforce strategy means there is no systematic, partnership-wide approach to making further workforce reductions. The self-assessment demonstrates that the partnership generally knows its strengths and areas for improvement. Leadership and commitment of senior managers of the council and its partners is effective, though the PCT lead does not have decision-making responsibilities. Strategic decision making by councillors is not yet well developed. The council and its partners have made targeted improvements in response to external inspection, for example in children's services, and have re-tendered weaker services such as CAMHS. The relationship between schools and the council is good and they have the capacity to take a wider role in the community.

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

1. Social, educational, health and economic outcomes for children and young people in Harrow are good overall as the majority are above national averages. The contribution of council services to improving outcomes is adequate: the education service is good and the contribution of the council social care service is adequate. The impact of services in improving outcomes for children and young people with learning difficulties and/or disabilities is underdeveloped in certain key aspects. The capacity of the council to improve the management and quality of services is adequate, but the budget situation in the council and health economy and the establishment of a formal structure for integrated working across partners remain significant challenges.

2. The management of the council services for children and young people is adequate at a time of significant organisational change and uncertainty in the council. The recent election of a new administration has led to a reconsideration of some strategies and priorities, a necessary focus on financial savings to balance the budget and build reserves, a rolling programme of large-scale service reviews and a sharp focus on the impact of the financial pressures within the health economy. Notwithstanding this challenging environment, relations at a senior level between the council and the local health service and police service are good. Where partnerships were once fragile, problematical and underdeveloped, they are now increasingly evident at a strategic and operational level. The impact of this improvement is beginning to be seen in greater joint working and co-location of staff. The council has led the production of the CYPP on behalf of the CYPSP and, though comprehensive, the plan does not make sufficiently clear which of the many cross-agency actions is a key priority. The impact of the council's serious financial position on its services to children in need, at risk and looked after is being risk managed effectively so as to retain a focus on the statutory and regulatory duties being discharged at least adequately. However, given the history of fragile partnerships in Harrow, the council has made only limited progress in leading partners towards more formal frameworks and processes to support greater partnership working as a way of developing capacity. Value for money is adequate and performance management is good, based on an effective framework and information technology system.

3. The contribution of council services, in partnership with the commissioners and providers of the health services, to improve the health of children and young people in Harrow is adequate, with some good features. Health outcomes are mostly good. This is reflected in good results for many of the national health indicators, such as low and falling rates of smoking among pregnant mothers and the high percentage of looked after children with timely health checks. Where outcomes are less good the council is working closely and effectively with the PCT to review the commissioning arrangements and, as a result, some key services are beginning to show improvements. CAMHS are

now adequate and sexual health services have improved. Whilst there are a number of good community health services, the school nursing and community midwifery service are underdeveloped and now subject to review. The PCT, together with the council, has prioritised appropriately areas for development for this year and next year.

4. The work of the council in keeping children and young people safe is adequate. Outcomes are adequate. The incidence of deaths and serious injuries is below the national average as are the numbers of looked after children. However, too many children are placed in residential care and outside of Harrow and too many looked after children continue to experience an unacceptable number of changes of placement, although this is improving. The council's leadership of the LSCB is effective and this has laid a foundation for effective multi-agency working, particularly with the local police. Children and young people at risk of significant harm are safeguarded adequately, but social care services to children looked after, whilst under review and improving, remain variable. There is a good range of advice, information and initiatives to enable parents and carers to keep children safe, and support to safeguard children and young people with learning difficulties and/or disabilities is adequate overall, but there is insufficient social care provision.

5. The contribution of council services to helping children and young people enjoy their education and recreation and achieve well is good, with some outstanding features. Children and young people achieve very well. Attainment in 2006 was above national averages and in line with other similar areas. Attendance at school is well above national averages and was the best among London boroughs in 2005/06. Permanent exclusions from school remain high, although they are reducing. The progress of children and young people with statements of special educational needs at all key stages is in line with expectations. However, looked after children do not make sufficient progress in school. Children and young people achieve well through sports, music and arts activities. However, within the youth service, young people's achievements are poor overall. The council and its partners give a high priority to ensuring children and young people enjoy and achieve. This is evident in the effective support and good services provided to parents, carers and schools, particularly those in the more disadvantaged neighbourhoods. School improvement and the council's overall relationships with schools are a particular strength. The strategy for childcare and early years is good and the development of children's centres and Extended Schools is progressing well. The range of recreational opportunities for children and young people, including those with special needs, is good, although some young people feel these are not sufficiently well promoted.

6. The contribution of the council services to helping children and young people make a positive contribution to society is good. Empowering the youth of Harrow is a clear corporate priority. Services and outcomes are good, with young people developing good personal qualities, such as confidence and self-esteem. There is a wide range of activities provided by the council and

voluntary groups. The impact of the youth service is, however, limited. Mentoring opportunities and activities to combat anti-social behaviour, prevent offending and re-offending are helping improve motivation, learning skills and behaviour amongst children and young people at risk of under-achievement or social exclusion. Through such initiatives, young people have developed new skills in activities such as cricket and football. However, the first-time offending rates and rates of re-offending have risen, although youth crime in Harrow is low. The contribution of the YOT is too variable. Many young people take advantage of opportunities to give their views on the design and quality of specific services and are benefiting from this experience. This includes looked after children and young people, but similar opportunities for children and young people with learning difficulties and/or disabilities are less developed. Vulnerable children and young people receive good practical and personal help but the services to those with learning difficulties and/or disabilities are less developed.

7. The council's contribution to helping children and young people achieve economic well-being is good. Outcomes are good, with high rates of participation and progression in education and training by young people post-16 years old. Retention and pass rates are generally good, but less so for work-based learning. The council works effectively with the local LSC and there is a clear and cohesive strategy for the development of education and training for those young people aged 14–19 years. The council works well with the Connexions services and most schools in providing objective advice and guidance. Help and support to families to achieve economic well-being is good, as is the support to young people leaving care and children and young people with learning difficulties and/or disabilities. Regeneration initiatives are focused on the three areas of greatest deprivation and are having a positive impact on opportunities for young people to achieve economic well-being and on the built environment.