

Joint area review

Halton Children's Services Authority Area

Review of services for children and young people

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

Introduction	2
Context	2
Main findings	3
Grades	5
Recommendations	5
Areas for investigation through fieldwork during the joint area review	
1. Safeguarding	6
2. Looked after children and young people	10
3. Children and young people with learning difficulties and/or disabilities	13
4. Additional investigations	17
5. Service management	23
6. Capacity to improve	23
Annex A: The APA letter	28
Annex B: Children and young people's section of the corporate assessment report	29
Annex C: Summary of joint area review and annual performance assessment arrangements	32

Introduction

1. The most recent annual performance assessment (APA) for Halton judged the council's children's services as good and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk, or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
 - the impact of the partners' strategy on improving infant mortality, breastfeeding and obesity rates
 - the impact of integrated youth support provision on young people's involvement in planning and delivery of local services, their engagement in youth work and in addressing the level of young people not in education, employment or training.

Context

4. Halton is a small unitary authority, located between Cheshire and Merseyside and includes two main towns, Runcorn and Widnes, on either side of the Mersey estuary. The borough covers an area of 31 square miles with 28% of the area designated as green belt and has the smallest population of any area in the north-west region. Halton's identity has been shaped by chemical and manufacturing industry and recent investment is improving the environment and air quality. Newer industries are based on science and information technology, for example the Daresbury Enterprise Park, and regeneration activity is developing Widnes town centre and housing stock in parts of Runcorn.

5. Halton is ranked the 30th most deprived borough in England (Index of Multiple Deprivation 2007), with 49% of the population living in the most deprived wards in the country. The overall population is 118,000. The proportion of the population from Black and minority ethnic groups is very low. Latest estimates (2007), which include recent East European migrant workers, place this at 3%. Twenty-seven percent, or approximately 31,700, of the population are aged 19 and under, with 494 (2.8%) of these from a Black and minority ethnic group.

6. The integration and strategic development of children's services is overseen by the Children and Young People's Alliance Board, which moved to Children's Trust status in April 2008 and includes 18 representatives from the voluntary and community sector.

7. Pre-16 education is provided through 130 childminders, 11 maintained nursery classes and four nursery schools. All children have access to an early years education place. Schooling is provided through 51 primary schools, eight high schools, four special schools and two pupil referral units. There are 12 designated children's centres, of which nine are fully operational, and 64% of schools deliver extended services. The Building Schools for the Future Programme will include the development of an all-through Trust school and a shared faith school. One existing school will become an academy.

8. Post-16 learning is available through Riverside College and two of the high schools. The Learning and Skills Council has secured six projects across the borough which provides Entry to Employment training from a total of 13 work-based learning providers. Adult and community learning is provided by Riverside College, with family learning delivered through children's centres.

9. There are 152 looked after children and young people who are predominantly cared for by 86 registered foster carers and two children's homes. There is a range of short break provision for children with learning difficulties and/or disabilities, including a residential unit. Child protection plans are in place for 62 children and young people.

10. Primary care for the borough is provided by the Halton and St Helens Primary Care Trust (PCT). Acute health services are provided through the North Cheshire Hospitals NHS Trust (Halton General Hospital and Warrington General Hospital), St Helens and Knowsley Hospital NHS Trust (Whiston Hospital) and the West Cheshire NHS Trust (Countess of Chester Hospital). Child and Adolescent Mental Health Services (CAMHS) are provided by the Five Boroughs Partnership NHS Trust.

11. The Youth Offending Service is provided in a partnership arrangement with Warrington. There is no young offender institution in Halton.

Main findings

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

- Safeguarding is outstanding. The quality of early intervention is excellent and there is a wide range of responsive and locally-based services for children and families. Sustained high performance, including child protection, is underpinned by very strong joint working, robust policies and procedures. The safeguarding board provides very effective leadership.

- Local services for looked after children are good. Multi-agency strategic planning is good. Care planning and review are effective, including well-targeted health and educational support. Children live in safe, stable placements and receive good care. Care leavers are well supported but there are low numbers in education, employment or training or in permanent accommodation.
- The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good. The council and its partners have made rapid progress over the last three years in developing a well-planned strategy for inclusion. The partnership gives a very strong strategic lead for driving improvement, which is supported by a wide range of agencies. Provision for children with complex needs, especially young children, is good and very well coordinated but support for those with lower level needs is not always as easily accessible.
- The impact of the partners' strategy on infant mortality, breastfeeding and obesity outcomes is adequate. Effective strategic action has been taken by the PCT, the council and partners to increase resources and prioritise improvement. Staff at all levels are well motivated to make improvements. An appropriate range of inter-agency activities has recently been put in place resulting in some early signs of improvement.
- The impact of the evolving integrated youth support structure on young people's engagement is good. There have been sustained improvements in provision over time. The local authority and its partners are very responsive to young people's views and opinions. The integrated youth structure is enabling more effective joint work and planning but some key management decisions necessary to embed the strategy have yet to be made.
- Service management is good, with outstanding capacity to drive further improvement. Highly effective leadership provides clear direction, and good systems, processes and plans are in place to support front-line delivery by committed and capable staff. Achievement is being embedded and built upon and ambitions for further development are challenging. The partnership is self-aware about areas for improvement and can show a track record of successfully responding to underperformance. More integrated, medium-term financial planning across the partnership is an area for development.

Grades

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

	Local services overall
Safeguarding	4
Looked after children	3
Learning difficulties and/or disabilities	3
Service management	3
Capacity to improve	4

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area
- increase numbers of care leavers engaged in education, employment or training.

For action over the next six months

The local partnership should:

- ensure that the quality and consistency of annual review reports for children with learning difficulties and/or disabilities improves and schools are challenged where practice is not good enough
- ensure that transition plans are prepared for all young people with learning difficulties and/or disabilities who should have one and that these are of good quality and reviewed annually to monitor progress against the actions agreed
- agree, communicate and implement the detail of integrated youth support and development arrangements
- develop a medium-term financial strategy that encompasses the contribution of all relevant partners.

The PCT, the council and partners should:

- improve the evaluation of health outcomes by introducing local sub-targets and improving the coordination, monitoring and analysis of performance.

Equality and diversity

13. The council and its partners demonstrate a strong commitment to equality and diversity which is well articulated in the Children and Young People's Plan (CYPP). There is a clear priority to improve outcomes and remove barriers to achievement. Equality target groups are clearly identified and data is used effectively to monitor their performance. However, the recently introduced equality strategy does not fully identify clear actions for improvement and some equality and some diversity impact assessments lack rigour. The council has made appropriate progress to improve their Local Government Equality Standards grade. The target to achieve Level 3, had been missed in 2007 and was achieved in 2008.

14. Consultation has effectively shaped services and has led to improvements. The council has made a positive response to the needs of community groups, for example quickly providing language support for the children of new arrivals. Effective work with the Traveller communities has engaged more children in school. The Free 2 Be Me project enables young people with learning difficulties and/or disabilities to understand their rights and actively participate in day-to-day activities. The provision of inter-generational services through the co-location of community centres and children's centres helps to promote community cohesion.

15. Work with schools in the most deprived areas has raised attainment at Key Stage 2 in all subjects and Key Stage 3 in mathematics and science. Outstanding progress has been made in improving outcomes at Key Stage 4. However, the attainment of White working class boys remains a challenge. Youth service projects on anti-racism, and attitudes to gay and lesbian young people have had a positive impact and the Positive Futures project is effective in re-engaging socially excluded young people in positive activities.

Safeguarding



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

Major strengths	Important weaknesses
<p>Safeguarding provided within a framework of strong scrutiny and quality assurance in which high performance has been sustained.</p> <p>Very robust partnership working effectively underpinned by up-to-date policies, procedures and guidance.</p> <p>Excellent progress to implement the Common Assessment Framework (CAF), which is having a good impact.</p> <p>The very strong leadership provided by the safeguarding board on all safeguarding matters, with clear accountabilities.</p> <p>Services have been refocused to provide a wide range of family support and prevention whilst maintaining a clear focus on children who are most at risk.</p>	

17. Safeguarding in Halton is seen as 'everyone's business'. The 2007 APA judged safeguarding arrangements to be outstanding, a position maintained from 2006. Sustained progress has continued to ensure a well-balanced range of services with increasing access by children and families in need. Nine children's centres are fully operational across the borough and are linked well to local schools and other community resources. They provide high quality multi-agency preventative support, such as the recent Easter school holiday programme in Runcorn which provided positive activities for 607 children and parents.

18. Excellent progress has been made to develop the use of the CAF. To date, over 400 CAFs have been completed and another 602 are in progress. Training for all partners on its use has been of very good quality and over 700 practitioners are now trained as assessors. There is a good distribution of lead professional roles across all the partners. Families are now receiving high-quality services at an early stage and referrals to specialist services for neglect have reduced by 16% in 2007–08. Specialist services are now very sharply focused on the needs of the most vulnerable children, including the 25 young people aged over 16 who are subject to "child in need" plans.

19. Action to reduce bullying is very well coordinated. Children, young people and their carers have been consulted very well in developing the strategy. The anti-bullying coordination group offers excellent leadership and provides comprehensive guidance and training for professionals. As a result of this action, links between schools and the police are improved and peer mentoring is developing well. Complaints about bullying are also reducing.

20. Policies and procedures for safeguarding are clear, up-to-date and fully reflect government guidance. Routes for referral both in respect of children in need and children at risk of harm are robust and fully understood by all agencies. A contact centre is operating well to process incoming work and this is suitably connected to clear duty arrangements. Levels of provision are well defined and supported by good quality information on the levels of intervention and arrangements for access at different stages.

21. Duty arrangements are strong, well resourced and effectively managed. Processes for tracking incoming work, gathering and sharing information and agreeing actions are very good. Initial and core assessments are completed to a high standard and are very timely. Re-referral rates at 11.9% are significantly lower than those of similar authorities (22.3%), demonstrating the effectiveness of initial assessments and the quality of services provided. Management oversight of work is effective. All case records seen during this review were of a good standard and many were excellent. A recent review by the Department of Children, Schools and Families evaluated Halton's use of the Integrated Children's System and judged it to be good. Case chronologies are used well to evaluate the impact of services over time and the trends and patterns in relation to ongoing risk. The emergency duty team, also covering St Helens, is well managed, has experienced staff and is fully integrated with contact and day duty arrangements.

22. Processes for assessing and planning for children at risk are robust with good performance in holding case conferences, reviewing protection plans and in the production of records of meetings. Very good progress has been made in the engagement of parents and carers in planning and suitable attention has been paid to the involvement and participation of children and young people. Independent Reviewing Officers provide a very efficient service and play an important quality assurance role in respect of protection planning. There is effective tracking of adults who may pose a serious risk to children through robust Multi-Agency Public Protection Arrangements.

23. The Halton Safeguarding Children Board (HSCB) offers strong leadership and is well attended with very good representation at all levels. Accountabilities are very clear with good lines of communication, through representatives, to all partner organisations. The chairperson, Chief Executive, Director of Children's Services and lead member meet regularly to agree safeguarding business and priorities and ensure appropriate accountability. The board provides a comprehensive training programme for all partners including the voluntary sector. The quality and range of this training has been consistently praised by

local agencies. Business planning is well advanced and the board is well resourced to deliver its priorities and maintain impetus. The HSCB provides guidance to all sectors through a good range of printed material. Good work is being done to raise awareness about private fostering and the need for registration.

24. The number of serious case reviews has been low and arrangements for conducting them have been good. Reports have been produced to a high standard. There is good evidence of learning from reviews and swift translation into day-to-day practice. The child death sub-group now monitors all child deaths in the area. The work of this group is outstanding and the chairperson is assisting the development of other similar groups in the region.

25. The HSCB is forward looking and focused on improvement. It recognised the high proportion of children and young people on the child protection register due to neglect and developed a clear strategy to address these needs. The strategy is seen as being a positive driver to the delivery of improved services and has been reflected in the commissioning of new targeted services from three voluntary sector agencies to reduce the incidence of neglect. This project, along with other activity, is having considerable impact and there are good examples where parenting has been significantly improved. Similar, targeted work has been undertaken through Arch Initiatives, a voluntary organisation based in Widnes, aimed at children, young people and their families who misuse drugs and alcohol. This project is also able to demonstrate good impact.

26. Effective leadership in the council and PCT to promote healthy lifestyles is suitably integrated and prioritised. The provision of services to promote the emotional well-being of children and young people is very good. Specialist CAMHS workers offer advice to schools and other settings and, combined with a range of other services, are suitably identifying children and young people at early stages to assess needs and provide relevant services. Progress on the delivery of a comprehensive CAMHS is good.

27. The council and partners give high priority to safe recruitment practice and there is compliance with minimum legal standards. However, a recent internal audit highlighted the need to strengthen whistle-blowing arrangements and to ensure that school governors are fully aware of their responsibilities in respect of the consistent application of vetting procedures. Immediate action is being taken and the safer employment group has already commenced work to strengthen these areas. Voluntary sector providers confirm that there is appropriate and rigorous attention to safeguarding in the monitoring of contracts. The HSCB provides good guidance on safe recruitment to all partners.

28. Arrangements to monitor the whereabouts of children and young people are good. They are underpinned by up-to-date policies, procedures and effective joint working between the HSCB, council, schools and the police.

Police and children's social care services collaborate well to monitor children and young people deemed to be at particular risk, with good information exchange between the agencies. Further joint work is being undertaken to strengthen the arrangements for monitoring looked after children who may go missing.

29. Levels of domestic violence in the area have been historically high. Joint work to respond to domestic violence is very good and this has led to an increase in detection rates with 97 high priority cases, involving 150 children, discussed at Multi-Agency Risk Assessment Conferences in the last year. Police and social care notification systems work well leading to good assessment and planning. Women's Aid is a well organised and valued service which also provides excellent outreach support to enable victims of domestic violence to remain living in their homes with their children.

30. A comprehensive strategy to tackle anti-social behaviour has been developed, based on effective diversion, education and building community relations. The council and its partners take a holistic view of anti-social behaviour and tackle it at several levels. A good example is a diversionary activity named 'On the Streets' where the Fire Service, youth service and Connexions work together in areas where arson had been increasing. Effective action is in place to reduce re-offending; in the 12 months from April 2005 this was 27.2%, which is better than the national average of 35.5%.

Looked after children and young people



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

Major strengths	Important weaknesses
<p>Strong multi-agency commitment through the Children in Care mini-trust.</p> <p>Excellent work by the Intensive Support Team to reduce the need for children to be looked after and to prevent placement breakdown.</p> <p>Effective multi-agency care planning, review and service provision, including health.</p>	<p>High numbers of care leavers not in education, employment or training.</p> <p>Insufficient permanent accommodation for all care leavers.</p>

<p>Very good quality assurance of care planning.</p> <p>Good quality care from committed and well-supported local carers.</p> <p>Targeted educational support and monitoring leading to improving outcomes.</p>	
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32. Partner agencies have a strong shared commitment to improve outcomes for looked after children. This was described in the 2007 APA letter as 'impressive'. The Children in Care Partnership Board oversees a comprehensive and well-focused three-year strategy which is having a positive impact on placement stability, health and educational outcomes.

33. Well-focused preventative resources for children on the edge of care result in consistently low numbers of looked after children. In 2006–07 there were 57 per 10,000 of the under-18 population looked after compared to 69.1 in similar areas. The Intensive Support Team works very effectively to support families and to avoid placements ending prematurely. In 2007–08 the team worked with 288 children and only two of these became looked after.

34. Agencies, including the voluntary sector, work effectively to provide a good range of universal and targeted support. Care planning is robust and generally well recorded for all children and care leavers including those with plans for permanence. All looked after children and care leavers are appropriately allocated to a qualified social worker and receive regular visits. Co-location of social care, health and education staff brings clear benefits, for example earlier and improved access to CAMHS provision. The conference and reviewing unit provides very effective monitoring and quality assurance and contributes well to practice developments. Almost all participate in their reviews and the independent advocacy service is viewed favourably by those young people who use it. Appropriate attention is paid to reducing offending and this is now in line with similar areas.

35. Health services for looked after children are good. An audit of health needs has been effectively undertaken. In 2007–08, 95% received a health assessment, which is better than the national average of 84%. Almost all are up-to-date with their immunisations. Earlier difficulties over access to dental services have been overcome and most children now benefit from the fast-track service. Foster carers receive good support and training in relation to health matters. Recent action has been taken to improve access to health support for care leavers. On becoming looked after, all children have their emotional and mental health needs appropriately assessed and they are well supported by CAMHS who offer highly valued consultation to staff and carers.

36. Most looked after children live in stable placements. In-year placement stability is very good at 9% and is in line with similar areas. Numbers living in long-term placements are, at 78.3%, higher than in similar authorities (66.6%). The two children's homes and the fostering service have been judged to be good in regulatory inspections. There is a very committed and well-trained pool of local carers who report that they are well supported, including through the peer support provided by the Halton Fostering Family. Good use is made of friends and family carers, who are offered the same levels of support and training as mainstream carers.

37. The 16% of children living in purchased placements are almost all placed within 20 miles and their placements are carefully planned, managed and effectively monitored. A sound targeted strategy to increase the number of local foster carers has already recruited five additional carers. However, it is not yet clear that this will be sufficient to reduce the use of purchased placements for some children. Considerable improvements have been made to the adoption service, which was judged as good in a very recent monitoring visit. There is very good performance in relation to adoption: 12 children were adopted in 2006–07 and 12 more are currently placed. Some children in stable permanent placements are likely to benefit from special guardianship arrangements; however the current scheme of allowances makes these arrangements unattractive to carers.

38. The education of looked after children is well prioritised in the CYPP. There are low numbers becoming looked after and a large majority of these already have significant attainment issues and 31% compared to 27.7% nationally have a statement of special educational need or receive additional help at school. The Educational Support Service offers a good range of additional support and undertakes rigorous monitoring of progress. Schools prioritise needs well and most looked after children seen during this review enjoy school. One commented, 'I can't wait for the new term to start'.

39. Outcomes at Key Stages 1 and 2 are improving. In 2006, about half the children assessed reached the required level in English, whilst in 2007 all those assessed achieved this level. Although there are fluctuations in attainment due to the very small numbers involved, performance at GCSE in 2007 is good. All those who took examinations obtained at least five A*–G grades, which is significantly better than the national average of 63.7% for looked after children and is in line with all children locally and nationally.¹ Attendance is well monitored. The council's latest data shows that this has improved from 89% to 93% over the last two years. No young people are permanently excluded from school and in the last two years fixed-term exclusions have reduced from 18 to nine. Looked after children are increasingly engaged in positive activities, for example an increasing number undertake voluntary work through the Duke of Edinburgh scheme and all are offered the opportunity to participate in youth work.

¹ Performance in relation to five A*–C grades is not reported due to the very small numbers involved.

40. Corporate parenting is taken seriously and the council's Chief Executive takes a personal interest in the progress of looked after children. A committed lead member ensures that all elected members are well informed. They meet children through the recently developed children in care council and in regular visits to children's homes. However, the policy to give care leavers priority for jobs with the council is yet to be successfully implemented. There are very good examples of involving children and young people in service development and staff appointments. Recent improvements have been made to arrangements for completion of Personal Education Plans as a result of feedback from young people.

41. The council has firmly prioritised actions to improve outcomes for care leavers as nearly half of older care leavers are not in education, employment or training. For those over 16 and who have recently benefited from support at school, it is a more positive picture. A recently developed programme provides supported work placements and a new project, Inspire to Success, aims to raise aspirations and there are now two care leavers in higher education. There is also determined action to increase the range of permanent accommodation. Additional resources have been allocated and the Director of Children's Services has become personally involved in resolving issues. However, initiatives are yet to show sufficient impact and 44% of care leavers remain in temporary accommodation. Pathway planning is of a good standard and young people benefit from high levels of committed multi-agency support, including the voluntary sector. Hope Inclusion Time Success provides a much valued support programme and, in partnership with the Young Men's Christian Association (YMCA), operates an emergency bed scheme.

Children and young people with learning difficulties and/or disabilities



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

Major strengths	Important weaknesses
<p>Very strong strategic lead on developing inclusive provision.</p> <p>Strong commitment of staff across all agencies to remove barriers to achievement.</p>	<p>Inconsistency in the quality and recording of annual reviews with insufficient challenge to schools where practice is not good enough.</p>

<p>Very good multi-agency support for children with complex needs.</p> <p>Good range and quality of short-breaks care.</p> <p>Good and improving outcomes in attainment and reduction in days lost to exclusion.</p> <p>No appeals taken to the Special Educational Needs and Disability Tribunal in the last two years.</p> <p>Genuine and well-founded consultation with children and young people.</p>	<p>Inconsistency in the quality, recording and review of transition plans.</p>
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43. The council and its partners have given a strong strategic lead and have made rapid progress over the last three years in developing a well-planned strategy for inclusion. There is evident commitment by staff across all agencies to improve outcomes by putting the child at the centre of planning and removing barriers to their achievement. The strategy is clearly focused on building the capacity of mainstream services to meet a wider range of needs. The recent introduction of enhanced funding is beginning to provide earlier support and intervention for children with significant needs.

44. Good multi-agency working through the 'Team Around the Child' is ensuring that the needs of young children with complex needs are being swiftly identified. Parents report that they receive very good support from early years services to help plan for entry to mainstream settings. Children are very well integrated into inclusive settings with a wide range of support tailored to their individual needs. Their move from early years settings to school is well planned. However, some parents of children with less complex needs do not feel as well supported.

45. Special schools are playing an increasingly significant role in providing high-quality support, advice and training for mainstream settings and schools. This is resulting in more flexibility between placements and more children being supported in mainstream schools without the need for a statement of special educational need. Despite this, some parents feel that not all schools are as welcoming to children with learning difficulties and/or disabilities as they should be.

46. The Children with Disabilities mini-trust is having a positive impact on removing barriers to inclusion through creative use of joint commissioning, shared funding and expertise. Very good advice and training on meeting complex medical and health needs is provided by an specialist inclusion nurse, school nurses, Chestnut Lodge School and the Inclusive Learning Division. Children receive the special equipment they need, but arrangements for the

purchase, maintenance and insurance of this equipment are not well coordinated.

47. The PCT has rightly recognised that therapy services needed to be reshaped to support inclusive provision. Speech and language therapists, working closely with schools and settings, now provide a more equitable service to 0–19 year olds. At the time of the inspection a similar review of physiotherapy and occupational therapy services was underway. Access to Tiers 1 and 2 CAMHS has been improved through primary mental health workers within the PCT, close working with the Behaviour Improvement Team and training for mainstream schools in the social and emotional aspects of the learning programme. There are good links between the Key Stage 3 Pupil Referral Unit and CAMHS. The council and its partners are working to improve the range of provision for children and young people with Autistic Spectrum Disorders. To accelerate progress they have initiated a review and are working closely with the National Autistic Society to help ensure this is robust

48. Outcomes for children and young people with learning difficulties and/or disabilities are generally good and are improving. The local authority presents strong challenge to schools on the quality of provision and outcomes, through school improvement discussions. School inspection reports indicate that these children and young people make good progress in school. Local analysis of achievement shows that at each key stage there are fewer pupils achieving at levels below those measured by national curriculum tests or assessment. Using these data, the local authority has made a good start in analysing the progress of particular groups of pupils. However, the monitoring of small step progress of pupils working below national curriculum levels is not yet effectively used by all schools.

49. There are low numbers of permanent exclusions from mainstream schools and fixed-term exclusions have reduced well from 49 in 2004/05 to 17 in 2006/07. The number of new statements issued has declined year-on-year from 103 in 2004 to 12 in 2007. All staff work hard to maintain good communications and relationships with parents. As a result, no cases have gone to the Special Educational Needs and Disability Tribunal in the last two years, which is a significant achievement in a period of considerable change.

50. Schools are provided with very clear guidance on applications to the Statutory Assessment Monitoring Panel. Timescales for issuing statements have improved dramatically from 56% in 2003–04 to 100% in 2005–06 and they are generally of good quality. However, the quality of annual review reports is inconsistent. Insufficient focus is given to reporting educational progress and the views of parents and young people are not well recorded. The local authority is not monitoring annual reviews sufficiently nor is it challenging schools where practice is not good enough.

51. A good range of short break provision is available from statutory and voluntary agencies. This includes overnight, daytime and activity-based breaks and support in the home. The residential short break provision at Inglefield was judged as outstanding in a recent Ofsted inspection and parents regard the care provided by Clare House Hospice as 'fantastic'.

52. There is good practice in safeguarding these children and young people. All staff in residential settings receive additional training in ensuring the safety of children with disabilities. This is available to staff from other services and agencies, but take-up to date has been relatively low. Reviews of children receiving residential short break care are carried out regularly by an Independent Reviewing Officer and they can raise concerns in monthly meetings with a Children's Rights Officer. Good practice in the planning and provision of short break care has resulted in Halton being identified as a pathfinder for the national project on extending short break opportunities.

53. A wide range of sports and leisure activities are offered by special schools which are open to local communities after school, at weekends and holidays. These are well publicised but in many cases are not taken up other than by pupils from the school. The Youth Service runs a good range of inclusive activities, including a successful Duke of Edinburgh Award programme. The voluntary and community sector provide some support to enable young people with learning difficulties and/or disabilities to access mainstream leisure activities. However, young people say they would like more activities which reflect their interests and are in line with what other teenagers do.

54. Transition planning for those aged 14 and over is inconsistent. Person-centred planning for young people with more complex needs is beginning to have a positive impact on outcomes for some individuals, for example in supporting the transfer from out-of-borough placements and in enabling young people with medical needs to attend college. Planning for those with less complex needs is not sufficiently robust and does not ensure all their needs for adult life have been identified. These plans are not clearly recorded or reviewed annually to ensure agreed actions are taking place.

55. Analysis of outcomes for students by the local college indicates they generally make the same or better progress than those without learning difficulties and/or disabilities. However, the perception amongst some young people, parents and schools remains that the range of courses is still limited and not always sufficiently differentiated. Some good work is taking place through the 14–19 strategy to expand the range of provision. Supported work-based learning placements and vocational pathways are being developed through providers commissioned and monitored by the local authority. 'Kid's First' provides good support for pupils returning from out-of-borough placements and Taste for Work helps to re-engage young people not in education, employment or training.

56. Consultation and engagement of children and young people with learning difficulties and/or disabilities in school councils and local decision-making is genuine and well founded. They are supported well in making their views known and Halton Speak Out provides a valuable advocacy service.

Other issues identified for further investigation

The impact of the partners' strategy on improving infant mortality, breastfeeding and obesity rates

57. The impact of the partners' strategy on improving infant mortality, breastfeeding and obesity rates is adequate.

Major strengths	Important weaknesses
<p>High level of strategic commitment and leadership across all partners.</p> <p>Focused and motivated staff well placed to drive forward improvements.</p> <p>A good range of imaginative, multi-agency activities that are clearly focused and targeted.</p> <p>The views of children, young people and their families are used effectively to shape provision.</p>	<p>Breastfeeding and obesity outcomes that are worse than in similar areas.</p> <p>An insufficiently developed and coordinated system to monitor and evaluate outcomes.</p>

58. Health outcomes in relation to infant mortality, breastfeeding and obesity are worse in Halton than in similar areas. The PCT, council and the partnership have recognised these areas as strategic priorities in the CYPP and this investigation considers the impact of actions taken to tackle these challenges.

59. Services, including those for young parents, are beginning to have a positive impact on the delivery of outcomes in two of the three areas of investigation. There is evidence of creative local initiatives that are focused on making a tangible difference with regard to infant mortality and breastfeeding. Some initiatives, however, are very recent and have not yet had an impact on outcomes particularly in relation to obesity.

60. The effective partnership between the PCT and the Children and Young People Directorate (CYPD) has resulted in a much sharper focus to tackle these longstanding and challenging health inequalities. The recent integration of health services for 'well' and 'vulnerable' children is evidence of this high level of strategic commitment and drive across all partners. There is good multi-agency working by focused and well-motivated staff who are well placed to drive forward improvements. Agencies work closely with children, young people

and parents to identify their needs and to include their views in developing new provision. Parents seen during this review clearly value the support and information they receive.

61. Outcomes for infant mortality are adequate. There are 6.2 children per 1,000 live births who die before their first birthday in Halton compared to 5.1 nationally. Very good action has been taken by the child death sub-group which investigates the cause of death for each infant. The sub-group produces robust action plans and recommendations which are well monitored. This information is appropriately shared with the HSCB and front line staff. This approach has a high profile in the region and the PCT is assisting other areas in establishing similar groups. Additionally, there are good links to national research being undertaken by the Confidential Enquiry into Maternal and Child Health.

62. Appropriate health promotion activities are being taken to tackle the factors that contribute to death in infancy. Well-targeted multi-agency strategies are showing early signs of reducing the numbers of conceptions for young women aged under 18, particularly in 'hot-spot' areas. A dedicated midwife for teenagers works well with other agencies to offer individual and group support to young parents to keep their children healthy and safe. In the last year, 70 young people have been effectively engaged with this provision. Antenatal services have been improved and services are delivered from well-regarded children's centres. The borough-wide 'Early Bird' project has been in place since 2006 and provides more timely appointments, and group and individual support, including smoking cessation and breastfeeding, shortly after a pregnancy is confirmed. Feedback from the 178 mothers attending indicates that almost half had a better understanding of healthy eating and one-third had stopped smoking following these sessions.

63. Accident prevention in the home is promoted well through the Home Equipment at Low Price scheme and infant and child safety training has contributed to a reduction in the numbers of children presenting at accident and emergency departments.

64. The proportion of mothers initiating breastfeeding in Halton at 37.1% in 2006–07 is well below the national average (69%). A range of imaginative actions are being taken to tackle deep-seated cultural and generational issues and local analysis of data indicates that in the first six months of 2007–08 rates increased to 41.7%.

65. A very innovative and holistic campaign, involving all family members, to improve awareness of breastfeeding has been launched and is in place. The 'Get Closer' campaign has been marketed widely throughout Widnes. The plan suitably challenges local businesses to demonstrate that they provide an appropriate environment and welcoming culture to all mothers wishing to breastfeed in order to receive an award. Although the initiative is still in its early stages, work with a local breastfeeding group has empowered mothers to challenge businesses about their negative stance towards breastfeeding.

66. Action to enable young mothers to breastfeed is well integrated within provision for teenage parents. In one group of 12 young mothers, four began to breastfeed as a result of this support. The experience of local parents is beginning to be used effectively, and during 2007, 12 parents with an interest in breastfeeding were trained to become 'buddies'. They provide advice and support to new mothers. The consistent attention given to breastfeeding from motivated and knowledgeable staff and parents also enables the early identification of any emerging concerns about the health of young babies.

67. Halton has higher rates of obesity, especially at age five, than regionally. In relation to children aged two to 10 years, rates increased from 17.3% in 2005–06 to 17.86% in 2006–07, compared to the regional average of 14.43%. A sound range of initiatives to tackle obesity are in place and these are appropriately focused on children of all ages. However, these have not yet led to the desired change in outcomes, which remain inadequate. In response to this the PCT and its partners have taken action to commission additional weight management services.

68. The decision to pilot the early years standard in some nurseries, even though this scheme has not been adopted nationally is sound and is well linked to the Healthy Schools programme. The 'Ready, Steady, Eat' weaning training programme effectively helps young parents understand the impact of healthy lifestyles on reducing obesity. Positive action is taken to strengthen local communities' understanding about healthy eating. For example, dieticians work closely with children's centres to offer support and advice to young people and their parents, and to offer multi-disciplinary training to health visitors, midwives, schools and others.

69. Healthy lifestyles for school children are well promoted. All schools are involved in the Healthy Schools Standards; 88% have already achieved this, which is better than the national target of 50%. Schools are directing their energy into the particular issues that most affect them, such as the numbers of children who have school meals or promoting the healthy school lunch box scheme.

70. Action is also appropriately targeted to providing an accessible range of community support tailored to the needs of children and young people who are overweight. Three sports development officers have been appointed and there are 150 sports clubs catering for all ages. Halton has exceeded by 4% the 2006 national target of 75% for the number of children taking part in more than two hours of sports per week.

71. Effective examination of local issues and inter-agency planning has strengthened and shaped the vision for the future. There is also an increased focus on evaluation. Front line staff are developing tools to evaluate the impact of recent actions, for example the family assessment tool used by health visitors in conjunction with the CAF, to identify vulnerability. Although improvements are being made, coordinated data systems to collect and analyse

relevant health information across the partnership are not yet in place. Agencies do not therefore have sufficient access to robust information to inform planning, and monitor progress and the effectiveness of current initiatives.

The impact of integrated youth support provision on young people's involvement in planning and delivery of local services, their engagement in youth work and in addressing the level of young people not in education, training or employment

72. **The impact of integrated youth support provision on young people's involvement in planning and delivery of local services, their engagement in youth work and in addressing the level of young people not in education, training or employment is good.**

Major strengths	Important weaknesses
<p>Good and improving engagement by young people in youth support services.</p> <p>Commitment and action among partners to integrate key aspects of youth support and development.</p> <p>Continued improvement in the performance of the youth service.</p> <p>Very responsive approaches to young people's involvement in relevant decision making.</p> <p>Good early identification and intensive support for young people at risk of not progressing into education, employment or training.</p>	<p>Some important strategic and operational planning issues yet to be resolved.</p> <p>A small but significant proportion of young people fail to sustain their involvement in education, employment or training.</p>

73. Halton Borough Council is currently introducing an integrated youth support strategy in line with government expectations. This investigation considers the impact of that strategy on young people's involvement in the planning and delivery of local services and of their engagement in youth work and post-16 opportunities. The investigation follows weaknesses in youth work highlighted by Ofsted previously and, more recently, the APA which identified a higher than average proportion of young people not engaged in education, employment or learning post-16.

74. Integrated youth support provision is enabling more effective youth engagement in those aspects investigated and its impact is good. The local authority, Greater Merseyside Connexions Partnership and their partners have a

good strategic grasp of what needs to be done to further increase young people's engagement in youth support and development activity. Front line workers, officers and elected members have been responsive to young people's needs and aspirations.

75. The approach taken has built on the strengths of the core services of Connexions and youth work to develop an integrated structure. Health professionals are scheduled to be co-located within the core services shortly and other youth-related agencies, including the voluntary and community sector, are positioned to link more effectively within the overall strategy. Integration is overseen by a unified Youth Matters group, which sits within the 14-19 partnership. The model for integration enjoys good support and consent among partner organisations and, although slower than envisaged in its introduction, is working well and having a positive impact. There is good and improving inter-agency understanding about respective functions and gaps in provision. Issues such as teenage pregnancy, post-16 support, volunteering and 'youth voice' are being considered collectively. Preventative, longer-term considerations feature highly in joint planning. For example, work in schools has improved engagement, attainment and progression. Referral systems and multi-agency tracking of young people deemed at risk have been strengthened. The youth service element of the integrated structure is sensitively managed and focuses well on informal learning. It displays the necessary flexibility to work well with partners.

76. The partnership has taken a measured approach to planning the integrated youth support strategy. However, there are some key and increasingly pressing issues yet to be resolved which will have a bearing on the effectiveness and longer-term security of integrated services. These include determining a single management structure, ensuring that all partners, particularly post-16 providers and extended and secondary schools, are able to contribute fully to strategic planning, devising appropriate local targets and benchmarks, and workforce development. Integration proposals do not include a longer-term accommodation strategy.

77. Operationally, youth workers and Connexions staff work together in a supportive manner with information about individual young people helpfully shared. Young people speak well of the support provided by such practitioners. There are however weaknesses in some practice which have the potential to impinge upon the effectiveness of integration if not tackled. For example, workers and managers do not always apply sufficient critical analysis to managing young people's learning or to staff deployment. In the latter case there has, thus far, been insufficient detailed work on reviewing job tasks and identifying and modelling best practice in order that the skills and experiences of both personal advisors and youth workers operating in a broader range of settings can be more effectively utilised.

78. User participation and voice is good with some aspects outstanding. Services, projects and units seek users' views as a matter of course. Some systems are informal and increasingly inherent in the way staff work. Workers are confident in their approaches to young people's participation, receptive to their views and able to draw on different techniques to engage them. Other systems are more formal and these also work well. Young people with learning difficulties and/or disabilities are able to express their views to decision makers. Participation structures extend for example to area youth forums, children in care council and the Youth Bank. The nature of the Youth Bank is such that it is quickly collecting the views and opinions of young people as they express them through Youth Opportunity Fund bids. Young people are effectively engaged in the 'Involve' project which has enabled them to have a say in how Connexions is run. The council and its partners support various celebratory events which attract a large and diverse collection of youth groups. Young people learn much from their involvement in these various opportunities. Many gain knowledge about democratic structures and their part in them. They have raised expectations and a more optimistic outlook on what can be achieved in life.

79. Creative approaches are taken to engage looked after young people and those with a learning difficulty and/or disability in youth work opportunities. A cornerstone to this work has been the integration of these young people with their peers in day-to-day open access projects. Well conceived work with young gay and lesbian people has generated for them a good sense of community and affiliation to the youth services. Such work has also had a good impact on young people's attitudes towards minority groups more generally. Workers also promote anti-racist approaches. Borough-wide work to expand and publicise a range of sporting, cultural and diversionary activities is ongoing but existing users argue that opening times of youth centres and projects could be improved.

80. The integration strategy, underpinned by 14-19 policy developments, has also acted as a catalyst in tackling the local areas longstanding concern for those young people not in education, employment or training. Individually and collectively partners have taken systematic action to improve opportunities for often the most vulnerable 16-19 year olds. Connexions have developed effective tracking systems which have helped bring about a good reduction in the proportion of those whose situation is unknown. Pupils who are at risk of not progressing at 16 are now identified in Year 9 in school and are provided with intensive support. Many take individualised programmes on the Key Stage 4 re-engagement initiative. The post-16 gateway plus programme is being developed to ensure that transition is completed successfully for these young people.

81. Whilst obvious preventative measures have been taken pre-16 and the proportion of 16 year olds moving into education, employment or training is improving, some stubborn issues remain. Post-16 provision is failing to engage some learners, including care leavers, and too many 17 and 18 year olds are still dropping out of learning. Some young people report a poor initial

experience at the outset of a course and the evidence suggests that such experiences negatively shape their attitudes and motivation. Attracting them back proves difficult and a minority of providers are insufficiently addressing such weaknesses. The strategy remains sound however and the 14-19 group is taking account of these longer-term issues within its planning.

82. There are significant and well-considered responses to the needs of young people post-16. Partners recognise the critical need to counter previous examples of where young people simply move from course to course to a position where such activities are tailored to young people's interest and are flexible in their approach. For example, the Youth Service, Connexions, YMCA and other commissioned partners have developed a range of projects which engage hard-to-reach young people. Most courses combine personal development and basic skills together with vocational training. The Activity Agreement pilot ensures that there is immediate and regular contact with young people at 16 not otherwise engaged in learning or employment and the learning opportunities provided by the YMCA form part of a young person's accommodation agreement. There is an increase in the number of teenage mothers in education, employment or training as a result of good one-to-one support and subsidised public transport and child care.

Service management

Inadequate Adequate Good Outstanding

Capacity to improve

Inadequate Adequate Good Outstanding

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

Major strengths	Important weaknesses
<p>Clear ambition underpinned by challenging targets.</p> <p>Highly effective management and leadership.</p> <p>The high degree of cooperation between partners and stakeholders.</p>	<p>Underdeveloped medium-term financial plan across the partnership.</p>

<p>Strong involvement of the voluntary and community sector.</p> <p>Track record of achievement being sustained.</p> <p>Very strong engagement with children and young people.</p> <p>Effective integrated working through children's centres.</p> <p>Performance management of commissioned activity.</p>	
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84. The contribution service management makes to delivering the ambition of the partnership is outstanding. The Alliance Board has significantly developed commitment to cooperative and collaborative partnership working and has thoroughly embedded a common agenda for children's services. The corporate understanding of children's services is excellent, as is the level of support and challenge, led by the Chief Executive and senior members. Objectives and targets are shared, challenging, and are aimed at reducing inequality whilst maintaining good services for those young people who do well. These shared objectives, contained in the CYPP, are well integrated with other strategic plans, including the Community Strategy, the new local area agreement and business plans. Strong inclusion of children and young people and other stakeholders has meant that there is a wide understanding of the ambition of the Alliance Board.

85. Objectives are based on strong self-evaluation and intelligent use of data to identify needs, with very good involvement of the voluntary, community and faith sectors. For example, the voluntary and community sector take a leading role within the CAF and use their intelligence to identify gaps in provision. Local dioceses are fully engaged in Building Schools for the Future to ensure the school estate meets the needs of parents and young people from the Roman Catholic and Anglican faiths. External review has highlighted the strong inclusive nature of consultation on plans for Building Schools for the Future overall. The 2007 review of the CYPP was rigorous and is clear on impact and what is working well. This enables the partnership to share learning on good practice. Strong commitment to equality and diversity is supported by good leadership from the Alliance Board and senior managers. There is a very determined attitude that none of Halton's young people deserve 'second best', with evidence that this belief is grounded in action.

86. Prioritisation is good. Priorities flow logically from the objectives identified in the review of the CYPP and include both national and local issues. Needs of vulnerable children are covered well and integrated throughout the plan. Involvement of children and young people in the review was strong. Priorities also reflect the diversity and equality issues within the borough. There is a good approach to target setting which in the main is challenging, for example schools

are using benchmarks that aim to match the top 25% of performance nationally.

87. Service review and redesign is freeing up resources to direct to priorities. The review of inclusion resulted in reduced spend on out-of-borough placements with the savings reinvested in schools. Redesign of the school effectiveness service is already showing impact in improved attendance, reduced exclusion and significant improvement at GCSE and at Key Stage 2. The Alliance Board has been successful in securing increased investment to improve performance, for example in youth services.

88. There has been very good progress in developing preventative services and targeted intervention is successfully and appropriately preventing children and young people becoming looked after. Integration is working well across the partnership, particularly in the 'mini-trusts', the nine fully operational children's centres and the children and young people area networks. Priority has also been given to improvements in the adoption service, which is now assessed as good having been previously judged as poor in 2006. Following the inspection of social services in 2002–03, improvements in children's social care have been prioritised and this has led to sustained performance at outstanding levels for the last two years, as reported in the APA.

89. Medium-term financial planning across the partnership is underdeveloped. Budgets have been pooled in some areas, for example the learning difficulty and/or disability mini-trust, but otherwise most budgets are still held by individual agencies. Much of this is tied up in existing establishment posts. The council has identified core budgets and grants supporting each of the five outcome areas, but this excludes health and some Learning and Skills Council funding. Work on further alignment is planned; with health care for well and vulnerable children the next stage, followed by family support services. The council has a good track record of delivering a balanced budget for children's services. However, at this stage most partnership budgets are only for one year, which means ambition in the longer term is not securely supported.

90. Capacity is good. The leadership team for the CYPSP is highly effective, committed and passionate about improvement for all children and young people in Halton. They demonstrate good analytical and planning skills, but are also adept at managing the relationships within partnership working. Risks are managed well. Partnerships with schools and the voluntary, community and faith sectors are vastly improved and are very good. Further integration with the health leadership team has been achieved. Together, the leadership team, Alliance Board, Chief Executive and lead members show outstanding capacity to drive forward further improvements.

91. Good progress has been made on workforce integration, with co-location in many settings. The number of assessments being completed using the CAF is excellent. A coordinated approach is in place to progress integrated workforce development, both within Halton and across other Merseyside councils. Some

aspects of this are well advanced, including joint training of the children's workforce, for example child protection and common induction. Planning for future workforce needs is at an early stage, with lack of data an area for improvement.

92. Joint commissioning is well established in Halton and is led by a strategic commissioning group which reports to the Alliance Board. Innovative use has been made of joint commissioning, including a shared emergency duty arrangement with St Helens. A new child-focused model is being piloted and an enhanced framework has been recently published after a year of consultation. To date, approximately £3.5 million of work has been commissioned using the new approach, including all preventative services and those funded through the new Working Neighbourhoods Fund.

93. Value for money is good and improving. Service review is leading to better outcomes at the same or reduced cost, for example in inclusion, transport, adoption and school effectiveness. Schools are appropriately challenged on surpluses being held, and these have been reducing, including £100,000 in the last year. Surplus school places are being tackled through reorganisation and the 'fund to place' initiative. Where costs are comparatively high, such as strategic management costs, the reasons are well understood and not the result of unintended expenditure.

94. Performance management is good. There are some very good systems in place for recording, monitoring and reporting performance. These systems are well supported by competent staff who understand the important contribution of performance management to successful outcomes. The majority of performance is managed well, and benchmarking is used to good effect. Very good arrangements are in place to manage the performance of commissioned services, with a strong focus on outcomes and achievement in priority areas. Tough decisions have been taken in decommissioning services that did not deliver the desired outcomes. The results of performance review clearly link into revisions to objectives and targets for the CYPP. However, there are a minority of areas where outcomes have not improved significantly in a timely way, for example young people not in education, employment and training. Issues with community health data collection have been identified and systems are being developed to rectify this.

95. Children and young people are very effectively engaged in service and case review where appropriate, and this is being extended through implementation of the 'Hear by Rights' standards.

96. Overall, there is effective scrutiny of the performance of children's services, with some good work undertaken by the Policy and Performance Boards (PPB). The Leader of the council, the Chief Executive and the lead cabinet member all demonstrate understanding and rigour in their challenge to performance of the directorate. The Alliance Board is appropriately strengthening its governance and scrutiny role after a period of working as an

enabling and executive board. Performance information is generally used well to support decision-making, which is transparent. However, members of some boards (Alliance, PPB and Cabinet) express a desire for more intelligence and less data. Accountability in a few areas is not clear for example for taking corrective action where performance is adrift of target or for dispute resolution within the Children's Trust arrangements.

97. The approach to learning from experience and sharing this across the partnership is sound. The leadership team takes a measured and thoughtful approach to understanding what is working well and applies this knowledge to future developments.

98. The capacity to improve further is outstanding. Significant improvements in outcomes for children and young people have already been made, including some since the 2007 APA. These are set against a challenging background of deprivation and deep-rooted cultural attitudes. Inclusion, safeguarding provision for all children including the most vulnerable, the quality of the adoption service, attainment, attendance and exclusions, together with youth service provision, have all sustained improvements. Actions to reduce teenage pregnancy are also effective. The local authority and the Learning and Skills Council recognise that the numbers of young people in education, employment or training have not improved quickly enough, and remain an area for improvement. New leadership and governance arrangements, a new 14–19 strategy and increased investment show that this area is being appropriately prioritised. The leadership team has outstanding capacity to drive improvement further and has the respect of all partners, stakeholders and staff. This is evidenced through a more timely intervention in underperforming services, and considerably improved relationships with partners including schools and the voluntary and community sector. In turn, the sector is highly effective in contributing to capacity both in strategic planning and delivery. Financial management is good, with a track record of delivering a balanced budget. Support from other partners and the rest of the council is exemplary.

Annex A

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

Summary

Halton Borough Council delivers good services for children and young people. It is responsive to external advice and scrutiny, has a clear focus on outcomes for children and young people and is striving to improve services year on year. In all but one respect, a good or better contribution is made by services towards improving outcomes. Together, children's services are making a number of significant contributions to improving the achievement and well-being of children and young people within an area that faces significant social and economic challenges. The council successfully ensures that services and departments work well together and have ambitious plans for the future. The council has correctly identified that its contribution to young people's economic well-being is adequate and has initiated robust action to tackle this issue.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3140&providerCategoryID=0&fileName=\\APA\\apa_2007_876.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Halton are good overall. Arrangements to ensure that children in need of safeguarding are identified and supported are outstanding. Outcomes for looked after children and those with learning difficulties and/or disabilities are good. Children and young people are generally healthy and determined action is being taken to tackle longstanding health inequalities. Educational outcomes are good and there has been good or better recent progress at Key Stages 2 and 4 so that outcomes are now generally in line with the national average. The council's engagement of children and young people in local decision-making is outstanding. Outcomes for young people to achieve economic well-being are adequate.
2. Service management in Halton is good. Ambition is outstanding. The agenda for children is strongly embedded and owned by all stakeholders. Children and young people are very well engaged in service development. Political and officer leadership is impressive and highly committed and management at all levels is very effective. There is a good level of integration with health. Priorities are underpinned by good needs analysis, targets are challenging. Service review is used well to provide value for money and to redirect efficiencies to priorities. However, medium-term financial planning across the partnership is underdeveloped. Joint commissioning is well established and increasingly child-centred. Performance is managed well and effectively supports transparent decision-making. The voluntary and community sector contribute effectively to strategic planning and delivery.
3. The combined work of all local services in securing the health of children and young people is good. Multi-agency working is strong. Since the 2007 APA, good progress has been made to improve waiting times for CAMHS. Healthy lifestyles are being promoted very well by children's centres and schools and 62% of schools have already achieved the Healthy Schools Standard. There is a well-developed schools sports strategy and 79% have achieved the recommended hours of sport per week. Targeted multi-agency work in relation to teenage pregnancy is having an impact and the council's analysis of the nine year rolling average shows that the under-18 conception rate is now 5.4% below the 1998 baseline. Looked after children benefit from good quality health and dental care, and very good numbers receive annual health assessments. Children with learning difficulties and/or disabilities are supported well by a range of healthcare professionals working closely with early years settings, schools and other agencies. There is strong strategic commitment and a range of imaginative activity in place to improve outcomes in relation to breastfeeding and obesity, which are worse than in similar areas.

4. Children and young people appear safe and arrangements to ensure this are outstanding. Safeguarding in Halton is seen as everyone's responsibility. There has been excellent progress to extend access to services and re-balance provision. Children, including those on the edge of care and those experiencing domestic violence, benefit from a wide range of high-quality and effective multi-agency preventative support. Action to implement the CAF is excellent and is having a good impact. Policies and systems to safeguard children are very good and routes for referral are robust. Assessments and reports are completed to a high standard with high-quality and timely work overseen by competent managers. Multi-agency planning for children at risk and who are looked after is strong and their cases are very well reviewed. Looked after children live in safe, stable placements where they receive good quality care. The HSCB offers excellent leadership, comprehensive training and guidance and has developed an effective strategy to tackle the numbers of children experiencing neglect.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. A steady year-on-year improvement in Key Stage 2 results has brought attainment in line with similar areas and the national average. Key Stage 3 English and mathematics results are in line with similar areas but remain below the national average, whereas science results are below both. Progress at Key Stage 4 has been outstanding and the percentage achieving five A*–C grades at GCSE is now higher than found in similar authorities and is in line with the national picture. Attainment for looked after children has improved; in 2007, all those entered for examinations achieved five A*–G grades at GCSE. Attendance, including that of looked after children, has also improved. Fewer children and young people are now excluded from school, either permanently or for fixed periods. The gap in achievement between children with learning difficulties and/or disabilities and children of similar age is narrowing and more are being successfully educated in mainstream schools. The youth service provides some good quality opportunities for young people to engage in informal learning.

6. The impact of all local services in helping children and young people to contribute to society is outstanding. The participation of children and young people is firmly embedded and contributes well to raising their expectations. Young people, including the most vulnerable, are becoming increasingly well informed and engaged in the local democratic process through a number of good mechanisms such as area youth forums and the highly effective Youth Bank. Those looked after and with learning difficulties and/or disabilities, contribute routinely to their reviews and their views on service developments are regularly sought and acted upon. The 2007 APA identified the need to improve support given to birth parents. Considerable improvements have been made and the adoption service was judged as good in a recent monitoring visit. Excellent multi-agency initiatives assist in diverting young people from anti-social behaviour and help them engage well with mainstream services. The council's performance on youth offending is good overall. First time offending is reducing, although still higher than in similar areas. Re-offending is reducing well and is lower than in similar areas and nationally.

7. The impact of all local services in helping children and young people achieve economic well-being is adequate. Good progress is being made in developing integrated youth provision and the quality of young people's engagement with the youth service is good. The council and partners have significantly reduced numbers of young people whose destinations on leaving school were unknown. More strongly coordinated and focused action is in place since the 2007 APA to reduce numbers of young people, including care leavers, not in education, employment or training. However, this has not yet had an impact and numbers remain high. Progress in improving Level 2 achievement by 19 in 2005–06 exceeded the national rate of improvement and the partnership's own target. Good steps are being taken to improve the range of options for young people with learning difficulties and/or disabilities.

8. The capacity of council services to improve is outstanding. Set against a challenging background of deprivation there is a substantial track record of making and sustaining improvements in many priority areas. Strategic planning is strong and integration is well advanced. The current leadership team has excellent capacity to drive improvement further and support from partners and the rest of the council is exemplary.

Annex C

SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

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