

Joint area review

East Riding of Yorkshire Children's Services Authority Area

Review of services for children and young people

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

1. The most recent Annual Performance Assessment (APA) for East Riding of Yorkshire 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 quality of the partners' strategy for addressing high levels of teenage pregnancy.

Context

4. East Riding is the largest unitary council by area, covering 930 square miles, 90% of which is classified as agricultural land. The total population is 330,900, spread across four main towns (Bridlington, Beverley, Goole and Driffield) and a number of market towns, villages and hamlets. The population is growing, with a higher than average birth rate and a growing elderly population. The minority ethnic population is 2.5% of the total, with a recent increase in the number of migrant workers from eastern European countries. Young people aged 0–19 make up just over 23% of the population, of which 3.2% are from Black and minority ethnic groups.
5. Much of the East Riding is sparsely populated and there are some areas of significant social deprivation – both rural and urban. Levels of affluence and deprivation vary across the area, with pockets of significant deprivation in Bridlington, Goole, Beverley and Withernsea.
6. There are 14 designated children's centres, with a further six in development for the final phase. There are 67 day nurseries, 64 pre-schools, 63 out-of-school clubs and 299 childminders.
7. The council maintains four nursery schools, 10 infant schools, nine junior schools, 109 primary schools, 18 secondary schools, three special schools and two pupil referral units.
8. Post-16 education and training is accessed in East Riding, Hull, North Lincolnshire, North Yorkshire and York. Sixth form provision is delivered in 17 of the council's 18 secondary schools and further education provision at seven colleges,

including East Riding College, Bishop Burton College and Hull College at Goole. There are 13 work-based training providers. Entry to Employment provision is commissioned by the Learning and Skills Council from a number of providers, providing 3,263 places.

9. Adult, community and family learning is provided through the council's adult education service, extended services in schools, children's centres, colleges and the voluntary and community sector.

10. Primary care is provided by the East Riding of Yorkshire Primary Care Trust (PCT). Acute hospital services are provided by Hull and East Yorkshire Hospitals NHS Trust, North Lincolnshire and Goole Hospitals NHS Foundation Trust, York Hospitals NHS Foundation Trust and Scarborough and North East Yorkshire Healthcare Trust. Child and Adolescent Mental Health Services (CAMHS) are provided by the Humber Mental Health Teaching NHS Trust.

11. At the end of March 2008, there were 254 children in care, compared to 300 in April 2007. Children's services have 120 in-house foster carers and additionally use 55 independent agency foster carers. There are two council children's homes, seven locality-based childcare and six family support teams. There are specialist teams for children with disabilities, pathway planning and out-of-hours cover.

12. There are no young offender institutions in the area. Services to children and young people who are at risk of offending or who have offended are provided through the East Riding of Yorkshire Youth Offending Team.

Main Findings

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

- The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding, is good. The Common Assessment Framework (CAF) is being implemented well, with some good outcomes for children. There are good arrangements to support children and families threatened by domestic violence. However, social care case records are of inconsistent quality and some core assessments provide insufficient analysis and narrative about children's needs beyond immediate risk. Bullying is an issue for some children and young people and anti-bullying strategies lack coordination.
- The contribution of local services to improving outcomes for looked after children and young people is good. A good range of targeted preventative services and interventions are contributing towards decreasing the number of children becoming looked after. School attendance is good and educational attainment is better than in similar councils or nationally; however, the gap in attainment between children who are looked after and other children remains wide. There are good outcomes for young people in entering further education or employment.

- Local services make a good contribution to improving outcomes for children and young people with learning difficulties and/or disabilities. A high proportion are educated in mainstream settings and are increasingly able to access a wide range of leisure and cultural activities; however schools find it difficult to respond flexibly to emerging needs. A good proportion of students on college programmes go on to further study or training on mainstream programmes. Not all reviews for children with learning difficulties and/or disabilities are attended by the appropriate professionals with the relevant information about the child.
- The quality of the partners' strategy for addressing teenage pregnancy is adequate, with good capacity to improve. While overall rates are low apart from in a small number of localities, the rate of decrease has been lower than that found nationally. Dedicated practitioners are delivering a range of initiatives for young people, particularly in areas of most need, and there has been renewed prioritisation and commitment via a revised teenage pregnancy strategy. However, there is a lack of robust data and systematic evaluation to inform planning, target delivery and measure the impact of preventative and support work. Some young people have negative experiences of sex and relationships education (SRE) in secondary schools, including the confidentiality of information and advice.
- Service management and capacity to improve are good. There is a mature Children's Trust based on cooperation between partners. A strong senior management team is providing good leadership. There is good capacity to deliver services, with established integrated working at locality level and local commissioning. Although previous workforce vacancies have been addressed, the workforce development strategy lacks clarity. Value for money is good and there is effective performance management.

Grades

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

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

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
- ensure that all reviews for children with learning difficulties and/or disabilities are attended by the relevant professionals who are well informed about the child.

For action over the next six months

The local partnership should:

- improve the quality of recording in social care case files and the quality of initial and core assessments
- work with schools to identify and implement ways to meet the changing patterns of need for children and young people with learning difficulties and/or disabilities, particularly autism
- support schools to improve young people's experience of SRE and the confidentiality of information and advice about sexual health
- implement the teenage pregnancy strategy at operational level and evaluate its impact
- review and revise the workforce development strategy to clarify the key issues requiring action.

Equality and diversity

14. The council and its partners have evident commitment to equality and diversity. A priority is to narrow the gap between the majority of children and young people in East Riding, and those who are vulnerable to poor outcomes. Initiatives to tackle discrimination and domestic violence have resulted in improved intervention and support. Children and young people are very involved in addressing these issues, for example through the Youth Assembly. There is effective consultation with hard-to-reach groups, such as Traveller or migrant families and their children, and culturally sensitive and flexible services have been developed to meet their needs.

15. The challenge of providing accessible services to isolated rural communities is being met innovatively, for example, through locality management and delivery teams, mobile services or local community access points which provide information and advice. In October 2006, the council achieved Level 3 of the Equalities

Standard for Local Government and has set a target to achieve Level 4 by April 2009. Service plans include equality action assessments and plans, although the Children's Trust Board does not explicitly monitor equality and diversity in its work. In a large dispersed area with relatively small minority populations, children and young people still experience instances of insensitivity to minorities and their needs. There is an ongoing programme of training for staff at all levels including, recently, interactive Challenge training.

Safeguarding



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

Major strengths	Important weaknesses
<p>Clear strategic commitment to safeguarding children and good working arrangements between agencies.</p> <p>The CAF is well supported and becoming well established among partners, with some good outcomes for children. Evaluation is informing continued development.</p> <p>There are good arrangements to provide support and protection to children and families threatened by domestic violence.</p> <p>Good joint working between children's centres and primary schools, including use of the Social and Emotional Aspects of Learning (SEAL) programme.</p> <p>Good examples of targeted safeguarding work such as school transport or domestic violence.</p>	<p>Bullying is an issue for some children and young people and anti-bullying strategies lack coordination and evidence of impact.</p> <p>While a high proportion of initial and core assessments are completed within required timescales, some assessments seen provide insufficient analysis and narrative about children's needs beyond immediate risk.</p>

17. Most children who responded to the Tellus2 survey reported that they feel safe in school and their local community. The numbers of deaths or injuries caused by road traffic accidents has reduced by 25%, although this is lower than the

national average. Children and young people appear safe. Parents have access to good quality information, including a safe parenting handbook that provides guidance on keeping children safe. The Family Information Service Hub (FISH) provides good information about services, including holiday and leisure services, as well as support for carers and information about benefit entitlement. There is a good parenting strategy, which includes a range of services to support parents at all levels of need. Over 70% of schools are enrolled in the Healthy Schools programme and the council are on track to achieve 85% by December 2008. There are two school sport partnerships in Bridlington and South Hunsley, achieving the public service agreement target of 85% of young people aged 5–16 participating in two hours of high quality PE and school sport per week. All faith and minority ethnic community groups in the county have been identified and good practice is evident in work with Gypsy and Traveller families.

18. The CAF is becoming well established following an initial pilot in 2005 and has been extended to all areas. There is a HUB team which provides ongoing support and guidance to professionals working with CAF, and there is an information pack for use with young people and parents. There are good numbers of assessments being completed and, at locality level, practitioners and managers use CAF well to identify needs at an early stage and intervene effectively, resulting in good outcomes for children and young people. For example, CAF has been used effectively to support Acceptable Behaviour Contracts and to provide earlier or additional support for children where required, for example a childminder secured additional services for two pre-school children.

19. The SEAL programme is implemented in well over half of primary schools and is being piloted in two secondary schools. In schools where the programme is established there is good evidence of significantly improved relationships between pupils and reductions in pupil to pupil incidents. There are good examples of the programme providing an effective framework for joint work between staff in children's centres and schools.

20. There is a prompt and effective response to a range of family and parenting support needs which has resulted in increasingly appropriate referrals and reduced waiting times for higher tier services such as children's social care and CAMHS. Good initiatives such as Early Intervention Behaviour Clinics and the Positive Parenting Programme have been piloted and following evaluation are now being implemented across the county. These are well supported through the Children at the Centre of the Hub (CATCH) Teams and CAMHS arrangements. Other support includes the YOU project at Bridlington Sports College and the extension of the Youth Inclusion Programme throughout the county. These are also incorporated into the youth crime prevention strategy. The Virtual Integrated Management Teams (VIMTs) are improving the coordination and commissioning of local area services. Fewer children, as a result, have child protection plans or are referred to higher tier services. For example, numbers of children with child protection plans reduced in Goole, Howden and Snaith from 225 in 2004/2005 to 156 in 2005/2006.

21. Young people want to see greater impact on incidents of bullying. Currently anti-bullying strategies lack overall coordination, although plans are well developed to appoint a coordinator to ensure that anti-bullying work is more effective, especially in schools. There is a good anti-bullying strategy group that brings together relevant partners such as Healthy Schools, SEAL and youth services, as well as school transport planners. Effective work has been done through the Bus Wise programme to train bus staff and reduce incidents on school transport. The Youth Assembly is engaged with the development of anti-bullying strategies and a sub-group has produced information packs and undertaken reviews of school policies. There are plans to produce a DVD to support existing material for use in schools and other settings. The Viewpoint online system for consulting looked after children also includes questions about bullying.

22. The Local Safeguarding Children Board (LSCB) is well established and led effectively by an independent chair. Clear arrangements for overseeing child deaths and serious injury are in place. There are clear priorities expressed through the LSCB business plan which include the development of a Hidden Harm strategy and this work is being led by a dedicated project officer. Clear procedures and working protocols underpin good joint agency working. Referral pathways are well understood and duty and assessment social work teams work effectively with the police in responding to safety concerns about children. A Sexual Abuse Referral Centre will open in the summer of 2008 providing dedicated and specialist support and assessment facilities. A high percentage of children referred to social services receive an initial assessment (almost twice as many as in similar councils or nationally), with very low rates for re-referrals. A good and increasing number of core assessments are being undertaken and completed within timescales. Good progress has been made in reducing the delay in convening initial child protection conferences, which was an area for development identified in the 2007 APA. All children who are subject to a plan of protection are allocated to qualified and appropriately trained social workers. The quality of some assessments is variable in securing a good enough social history and providing sufficient analysis of need beyond immediate safety concerns. The duration of child protection plans is longer than in other areas and the reasons for this are not sufficiently understood by all relevant agencies.

23. The LSCB has produced guidance and training on safe recruitment, and satisfactory systems for safe recruitment are in place. The learning from a major enquiry and serious case reviews are integrated into efforts to improve service arrangements and professional training and development. There are well-established Multi-Agency Public Protection Arrangements and Multi-Agency Risk Assessment Arrangements. Both are coordinated through separate panels, covering the county, which meet regularly and are attended by relevant agencies which share and use information well. There is good use by the police of their powers to seek Sexual Offenders Prevention Orders when this is necessary to manage adults who present a risk. The Youth Offending Team has been involved in joint work to tackle anti-social behaviour and is represented in the Anti-social Behaviour Group and the LSCB.

24. Arrangements for incidents of domestic violence are well coordinated and supported by all agencies, including specialist police officers. This includes access to individual refuge accommodation, use of fast track case processing with the local courts and good individual work with children and young people. The PCT has introduced a system for safe routine enquiries to check for undisclosed or undetected domestic violence and trained health visitors provide support, including nurse prescriptions, to help with emergency care arrangements for families escaping violence. The routine enquiry system is being extended for use with young people in the minor injury clinics to help detect bullying. The clinics have implemented an innovative camera scheme that records evidence of injuries that can assist formal follow-up action. There are good, coordinated arrangements for identifying and following up concerns about missing children.

Looked after children and young people

Inadequate ☐ Adequate ☐ Good ☒ Outstanding ☐

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

Major strengths	Important weaknesses
<p>Good health outcomes, including good access to CAMHS and significantly improved access to dental services.</p> <p>Good range of targeted preventative services and interventions, which have contributed towards a significant reduction in the numbers of looked after children.</p> <p>Excellent participation service, with looked after children's views having an impact on service development.</p> <p>Strong corporate parenting arrangements.</p> <p>Good numbers of care leavers engaging in education, employment or training.</p> <p>Good leaving care service which is highly regarded by care leavers.</p>	<p>Variable quality of case file recording.</p> <p>The educational attainment of young people living in children's homes.</p>

26. Support for children's health is good with a high percentage of looked after children receiving an annual health check, better than statistical neighbours and nationally. Community dental health services prioritise looked after children and there has consequently been significant improvement in the availability of dental services. Access to CAMHS is good, with family support, pathway and children with disabilities teams benefiting from having a primary mental health worker located within the teams. Healthcare coordinators provide good support for looked after children and care leavers. In addition to undertaking health care checks, they provide advice and training to social care staff and foster carers in sexual health, substance misuse and smoking cessation. Children and young people said that they received good support and advice on how to stay healthy, and they particularly appreciate access to discounted leisure services.

27. The council has implemented a successful strategy to reduce numbers of looked after children through effective work by its crisis and family support teams and targeted preventative services. As a result, numbers of looked after children have reduced from 300 to 254 between March 2007 and April 2008. Partnership working between different agencies, including the voluntary sector, is strong resulting in good outcomes for children. Virtual Integrated Management Teams (VIMTs) and multi-agency family support teams have been established within six localities. The VIMTs have ability to commission services to address local priorities and this has had good impact on identifying and addressing local needs in a council which serves rural and dispersed populations. Successful action has been taken to increase the pool of council foster carers. This has reduced the costs associated with use of independent fostering agencies and means that more children's needs are met within local provision.

28. Looked after children live in safe environments and are safeguarded well. Children in a range of placements reported that they felt safe where they were living. All looked after children are allocated qualified social workers and have care plans that are reviewed regularly within timescales. The council's performance in these areas is consistently high and better than statistical neighbours and nationally. The fostering service was judged as providing a good service at the most recent inspection in January 2007 and in recent inspections the council's children's homes were judged satisfactory, as was the welfare provision of its two residential special schools. The quality of social work case file recording is inconsistent. Some case recordings sampled lack detail and clarity, making it difficult to track decision making, although outcomes for children in the cases tracked were not adversely affected. There is a quality audit system in place for case files but the council acknowledges that this is not being systematically used and is taking action to address this.

29. Support for looked after children's educational attainment is good, with the council having effective systems to track children's educational progress and attendance. School Improvement Partners provide effective challenge to schools about looked after children's educational progress and attainment through regular visits which focus on improving outcomes for vulnerable groups. In 2007, 15% attained five or more A*–C grades at GCSE compared to 9.3% in similar areas and

nationally. The proportion (67.5%) of looked after children leaving care with at least one GCSE A*–G is above statistical neighbours (55.4%) and the England average of 55.1%. Although this performance is comparatively good, the gap in attainment levels for looked after children and local children remains wide. Of the 11 children living within the council's children's homes, 10 are placed on alternative learning packages. Although these are full-time individualised programmes, they are not sufficiently ambitious for young people and this reduces the opportunities to gain GCSE or equivalent qualifications. Partnership working between schools, the education welfare service and children's social workers continues to improve levels of attendance which are significantly better than similar councils and nationally. All looked after children have Personal Education Plans in place, which are regularly reviewed; however, the quality is variable and social workers are insufficiently involved in developing these. Young people seen during this review valued the support they receive for education and those in Key Stages 3 and 4 were particularly pleased with their laptops, including internet access for all Key Stage 4 pupils.

30. The participation team has worked effectively with independent reviewing officers to increase support to children to contribute to their reviews and this has resulted in around 90% currently conveying their views in a range of different ways suited to individual preference. Better support and access to Viewpoint, the online consultation programme, which has been modified for the use of looked after children with learning disabilities and/or difficulties and now includes a specific section for completion by care leavers, has also contributed to improved outcomes. Ninety-three percent of reviews were held within designated timescales. Wider engagement and consultation with looked after children is excellent. The looked after children's council, which also includes care leavers, makes a significant contribution towards service development with an established link through to the corporate parenting group (CPG) and the corporate management team. The group meet the director for children, family and adult services on a monthly basis for updates and feedback. This is having a strong impact in relation to young people's priorities, for example, improved allowances and pocket money, or access to funding for redecoration of rooms in children's homes. The looked after children's council is regularly involved in training foster carers and social care professionals, and was involved in the appointment of the current director of children, family and adult services. Members of the council were extensively involved in the 11 Million Takeover day in November 2007 and created a DVD of the messages from the day. Young people report that senior managers and councillors are listening and are taking action on their recommendations and that the work of the looked after children's council is having a significant impact on improvements to the service.

31. Corporate parenting arrangements are good and young people regularly contribute to CPG meetings and meet with the director and senior managers to give and receive feedback from the looked after children's council and corporate parenting group. Elected members of the CPG are well briefed and have a good understanding of corporate parenting issues and the needs of looked after children. They have high aspirations for children and see their role as pivotal in keeping outcomes for looked after children high on the council's agenda. For example, it is

policy to offer employment opportunities through council apprenticeships to all care leavers who want this, and 12 looked after young people and care leavers took up work experience placements within council departments in the last year.

32. The percentage of looked after children who received final warnings or convictions reduced from 2.8 in 2006/07 to 1.9 in 2007/08 and is now lower than in similar areas and nationally. The council is taking action with partners to increase the use of restorative justice, especially within its children's homes, and has produced a joint protocol with the police. This is already having positive impact.

33. The pathway team for care leavers is highly regarded by young people. Young people receive good support to keep healthy and a health coordinator is located within the team. Advice and guidance for sexual health is readily available. Support for budget planning, self-care and self-help skills is strong and promotes independence well. The service has a well-resourced central base which can be accessed by young people, although most young people receive support within their own locality. Pathway planning arrangements are strong and in place for all care leavers. Young people reported that support for education, employment or training is good and a high percentage are engaged in education, employment or training, significantly higher than statistical neighbours and nationally. There are low numbers of care leavers who are parents. High numbers of care leavers also live in suitable accommodation and those in foster care benefit from good support to remain in their placements after the age of 18, with supported lodging arrangements. Care leavers who require a higher level of support are also well provided for.

Children and young people with learning difficulties and/or disabilities

Inadequate



Adequate



Good



Outstanding



34. **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>Good access to CAMHS.</p> <p>Consistently very high proportion of statements of special educational need produced within the required timescales.</p> <p>High proportion of children educated in mainstream settings.</p>	<p>Schools' ability to respond to changing patterns of need, particularly autism.</p> <p>Reviews are not always attended by professionals with the relevant information, leading to difficulties experienced by parents and carers in working through the system.</p>

<p>Initiatives that have improved access for children and young people to the wide range of leisure and cultural activities.</p> <p>Many and varied opportunities for children and young people with learning difficulties and/or disabilities to make their views known.</p> <p>Increase in the use of direct payments.</p> <p>Students' satisfaction with college programmes.</p>	
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35. The council and its partners give high priority to children with learning difficulties and/or disabilities and were early signatories to the Every Disabled Child Matters Charter. Health needs are well met, with good access to CAMHS and young people are routinely seen within two weeks of referral. The secondment of health workers into several of the multi-disciplinary support teams, such as the children's disability team, has ensured that significant improvements in access to CAMHS have been sustained. CAMHS workers on these teams are able to access health records directly, which has helped to speed up referral times for children and young people with complex needs. Good quality training provided by the speech and language therapy service is enabling other professionals to meet the needs of children, but parents and carers experience particular difficulties, such as obtaining speech and language therapy for young people aged 16–18 years.

36. Children and young people with learning difficulties and/or disabilities live in safe environments. Residential placements comply with national minimum standards. Increasing numbers of staff are trained each year in safeguarding children with learning difficulties and/or disabilities and most have rated the training as very good. Almost 1,300 staff and volunteers have been trained. Carers are supported well in safeguarding children. Carers' needs are assessed routinely as part of the process of assessing the needs of young people. Information is shared effectively between carers and services; however parents and carers have experienced occasions when, for example, social workers attending reviews have not always been well informed about the individual child.

37. Children and young people are helped to enjoy and achieve well. Responsive early intervention services, which are increasingly available through children's centres, result in earlier identification of need. For example, a flexible, child-centred approach at the Bridlington Children's Centre results in much easier access to high quality services. As one parent commented, 'This is just what Bridlington needs'. Statements of special educational need are of satisfactory quality, are consistently produced within timescales and are supported by good quality advice from educational psychologists. The capacity of the educational psychology service has increased over the last four years and delegated funding to schools has increased

the capacity of educational psychologists to provide advice. There are clear protocols, consistently applied, for assessment of children's needs and for service provision on completion of statements. Parents expressed concerns, however, that there is not always sufficient professional input into the assessment and consequently their children do not always receive sufficient support.

38. The delegation to schools of funding for those with learning difficulties and/or disabilities has speeded up the provision of support and there has been a 40% reduction in the number of special educational need statements. However, the current funding formula does not reflect educational need and makes it difficult for schools to respond to changing patterns of need, such as increased levels of autistic spectrum disorder.

39. Educational provision generally meets children's needs well. Currently, 72% of children and young people with learning difficulties and/or disabilities are educated in mainstream settings, well above the national average, and this is set to increase to 80% this year. They are well supported by an efficient home-to-school transport service. Children in mainstream settings make satisfactory progress, while those in special schools make good progress. Schools and the school improvement service make good use of high quality data on pupils' attainment, including for pupils with special educational needs, to evaluate performance and set challenging targets. Appropriate challenges have been made to schools where relatively higher proportions of children with special educational needs were being excluded for short periods resulting in a 25% reduction in the last year. The impact of education policies and provision is evaluated through a moderated self-evaluation process with schools which leads to improved provision.

40. There are regular reviews of children's progress; however, reviews are not always attended by the appropriate professionals. Parents are generally satisfied with the education provided in special and primary schools, but some children experience difficulties after transferring to secondary school, including difficulties with physical access and aspects of the curriculum, particularly for pupils with autism.

41. There is an unequivocal commitment to enabling children and young people to access a wide range of cultural and leisure activities. The council and its partners provide extensive summer activities for children and young people, with a 15% increase in provision over the last year. Services have recruited voluntary workers and peripatetic sports coaches to support individual young people to take part in chosen activities. The council has recently put services out to tender, specifically in order to further increase such support. Most settings make reasonable adjustments to provide access, but wheelchair users still experience difficulties in some locations.

42. Children with learning difficulties and/or disabilities receive good support to make a positive contribution. Services routinely provide opportunities for children to express their views, which are used to inform key decisions about individual provision. Children are supported well in making their views known, for example support workers have obtained equipment to enable individual children to express

their views where speech is a problem. Children are able to report concerns about their care and treatment.

43. Most children are prepared well for transfer between phases of education. All Year 9 pupils have a transition review and plan. Children in special schools receive good information, advice and guidance about post-16 opportunities. However, parents of children in mainstream secondary schools find that there is often inadequate understanding of their children's needs, leading to inappropriate suggestions of post-16 provision.

44. There is a strong multi-agency approach to providing services and managing transitions, with very good working between individual professionals and agencies, for example college staff are involved with pupils in special schools from early in Year 10. Transition from paediatric to adult health services is facilitated by children's community nurses who refer young people to several clinics catering for specific needs, although not all specific needs are covered. Parents and carers have concerns that adult services, for example mental health, are not always appropriate for young peoples' levels of maturity.

45. Initiatives to help parents and carers access services, such as the FISH, have yet to have significant impact despite well-planned efforts to ensure access points even in more remote communities. For many parents and carers personal networks remain the most important source of information. For example, a systematic increase in direct payments has significantly improved the quality of life for many children and families but there are still families who only find out about these payments through personal networks.

46. Overall, there is insufficient short-break provision to meet demand and it is of variable quality. For example, while the Barn service, which cares for young people in their own homes, has been consistently judged to be excellent when inspected, some of the residential accommodation available is now outdated. Plans to spend £3 million building new facilities are well advanced and an indication of the council and partners' commitment to this service.

47. Young people are generally well satisfied with their college courses, which promote a strong sense of achievement. Many go on to further study or training and join mainstream programmes. A much higher than average proportion of young people with learning difficulties and/or disabilities is engaged in work-related learning and a project currently underway has increased opportunities for these young people to access supported work environments. The proportion of young people with learning difficulties and/or disabilities who are not in education, employment or training has reduced by 1% over the last year and is now 10.6%, which is below the regional average. Much specialist provision for these young people, including for those with autism, is outside the county and the provision for young people with learning difficulties and/or disabilities in mainstream sixth forms is limited. Some of the out-of-county provision is close to young people's homes but for others it involves significant travel.

Other issues identified for further investigation

The quality of the partners' strategy for addressing teenage pregnancy

48. The quality of the partners' strategy for addressing teenage pregnancy is adequate.

Major strengths	Important weaknesses
<p>Renewed commitment and prioritisation of the teenage pregnancy strategy at senior officer level, with strong multi-agency working.</p> <p>Consultation with and involvement of young people.</p> <p>Well-established and successful initiatives being delivered by practitioners.</p>	<p>In a context of low overall rates of teenage pregnancy, high rates persist in a small number of areas.</p> <p>Low proportion of teenage mothers in education, employment or training.</p> <p>Young people's negative experiences of SRE and access to confidential information and advice in some secondary schools.</p> <p>A lack of robust data and systematic evaluation to inform planning, target service delivery and measure the impact of preventative and support work.</p>

49. The teenage conception rate for young women aged 15–17 in the East Riding is lower than the national average, at 32 per 1,000 compared to 41 per 1,000, and is the lowest in the region. There was a 7% reduction between 1998 and 2004, but the reduction rate has since stalled and is now slower than the national reduction rate. The council has begun to identify those young people who are most at risk, to analyse other related factors, such as alcohol and substance misuse, and to more effectively target its actions at areas of most need within Bridlington, Goole, Holderness, Woodmansey and Withernsea.

50. Priority has been given to improved sexual health screening. Diagnoses of Chlamydia amongst 16 to 19 year olds are slightly above the rate found nationally, whilst, for those aged under 16, diagnoses are increasing and higher than the national rate. Two key improvement priorities identified by the partners to address this are promoting good sexual health and increasing access to a range of appropriate and conveniently located services. Young people now have easier access to advice and screening, for example the Chlamydia Screening Team (CASPER) has recently provided advice and guidance about sexually transmitted diseases in all 18 secondary schools as a direct result of a request to head teachers by the director of children, family and adult services. Chlamydia screening kits and condoms have also been distributed in some secondary schools. A Connexions bus has been used to promote sexual health awareness in rural areas. Chlamydia

screening services are now available in 24 pharmacies. Free emergency hormonal contraception has recently increased and is available through 34 pharmacies.

51. There are low numbers of school-age mothers/mothers-to-be. Most are well supported by the education welfare service and educated in mainstream schools, with a small number provided with alternative provision in colleges or with other learning providers. The most recent council data indicates that, in the current year, a modest proportion of this group attended mainstream schools (69%) or an alternative learning programme (6%). The proportion of teenage mothers aged 16 to 19 in education, employment or training fell from 74% in March 2007 to 24% in March 2008 and is well below the national average. The council has set a target to increase the proportion of teenage mothers in education, employment or training to 60%.

52. Reorganisation of strategic leadership in the PCT and council has contributed to an acknowledged lack of strategic direction to address levels of teenage pregnancy and young people's sexual health in recent years. Performance management, including monitoring and evaluation to inform planning, has not been fully developed. This has been recognised and addressed by the council and partners and a full review of the strategy commenced in autumn 2007 and was informed by consultation events, such as a sexual health conference in February 2007 in Goole, and a 'positive choices' event held in Snaith attended by some 200 parents.

53. Reducing teenage pregnancy and improving young people's sexual health and well-being are now high priorities for the council, PCT and partners, with monthly reporting to the Every Child Matters Board. A 'strategic lead' for the teenage pregnancy partnership has been appointed and is working alongside the teenage pregnancy coordinator. As a result of this appointment, work is progressing to reconfigure systems, service delivery and implement performance management strategies. The recently restructured East Riding Teenage Pregnancy Partnership Board (ERTPPB) has a strategic commissioning role. A recently established operational group will oversee service delivery. A data task group is currently gathering information to provide a clearer picture of local trends and to identify further needs in terms of data collection and analysis.

54. A draft East Riding teenage pregnancy and sexual health strategy 2008–2011 was proposed recently at the ERTPPB and is currently out for wider consultation. This is being supported by a review of the workforce and resource implications and further mapping of gaps and unmet need. There is a strong focus on consulting and involving young people in the development of services.

55. Partnership working is now evidently stronger, with clearer direction. The draft strategy is well considered. However, impact is limited because it has not yet been fully implemented operationally and clear improvement targets and robust monitoring arrangements have yet to be established. Nevertheless there continues to be some excellent operational work delivered by dedicated practitioners and through good partnership working. For example, the Help Understand Sexual Health

project (HUSH) in Withernsea, and the Viking Radio Safe and Sound road show have helped increase awareness.

56. Good levels of basic training for staff have been provided. Over 350 practitioners from a range of agencies have received Level 1 sexual health awareness training. However, not enough school nurses have received specialist training to deliver enhanced sexual health services to schools or support the delivery of SRE in schools. Despite this, and a number of vacancies in school nurse posts, enhanced services are being delivered in 10 of the 18 secondary schools. There are plans to extend enhanced services to a further six schools by the end of the year subject to satisfactory recruitment and training.

57. Prevention and support services are increasingly being targeted at areas of most need and groups of young people most at risk or needing support. The pathways team provides excellent support to the small number of care leavers who are parents. Sexual health outreach services have been developed in Goole, Bridlington and Beverley. Funding has been secured to develop an East Yorkshire Young Parents Progression Programme, targeting 16 to 19 year old parents who are not in education, employment or training in areas of most need. Health visitors, children's centres, family support and parenting programmes provide good quality support to young parents, including fathers, and their babies. As one young parent said: 'the atmosphere and environment [at the children's centre] ... relieves tension and stress, provides fantastic opportunities to learn and grow in confidence and helps young parents back into society'.

58. Youth workers are generally held in high regard by young people. They deliver a good range of creative and effective sexual health and sexual education activities, as well as support for young parents. The Youth Assembly, which is also well supported by youth service workers, does excellent work in identifying and addressing young people's needs through the sexual health and other sub-groups. The young people in the sexual health sub-group have been trained as peer educators, have planned and delivered consultation activities for young people including at the recent Driffield show, and produced a range of information such as the 'Man2Man' booklet and posters to raise awareness of homophobic bullying. Young people in this group report that they feel consulted and included by the council and its partners. However, they did not always feel that their work to raise awareness of sexual health or consult other young people about their needs and the design of services was fully supported in some secondary schools.

59. Some young people expressed concerns about confidentiality in sexual health matters and about the accessibility of sexual health services in schools, including the ability of teachers to deliver SRE. They believe that some schools and governors do not fully understand their roles and responsibilities in respect of promoting good sexual health and adults often fail to place sexual health and sexual activity within a broader context of families and relationships, or risk factors such as drug and alcohol misuse.

Service Management

Inadequate <input type="checkbox"/>	Adequate <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Outstanding <input type="checkbox"/>
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Capacity to improve

Inadequate <input type="checkbox"/>	Adequate <input type="checkbox"/>	Good <input checked="" type="checkbox"/>	Outstanding <input type="checkbox"/>
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60. The management of services for children and young people is good. Capacity to improve further is good.

Major strengths	Important weaknesses
<p>Children and Young People's Plan (CYPP) is founded on good data and consultations with all stakeholders, including children and young people.</p> <p>Children's Trust is a mature partnership based on trust and understanding between partners, secured by Duty to Cooperate Agreement.</p> <p>Good integrated working at locality level, between both practitioners and managers, with local commissioning.</p> <p>Good value for money and management of value for money.</p> <p>Performance management has been used effectively to remedy underperformance.</p>	<p>Workforce strategy lacks clarity about future workforce needs and priorities for action.</p> <p>Scrutiny committee has had limited impact hitherto.</p>

61. The partners' ambition for children and young people is good. There are clear long-term aims for children's services in the Sustainable Community Plan, updated by the Local Strategic Partnership (LSP) in 2008. This contains an ambition for a 'brighter future for children and young people' to be realised by 2016. Partners aspire to a fully integrated, high quality service to children and young people, who will be as safe as possible, with narrowed gaps in attainment and health. It does not, however, set measurable targets for the long-term. These aspirations were widely consulted upon as part of the LSP's Riding Around programme at the time

the plan was first drafted in 2006. These agreed long-term aims inform the choice of medium-term priorities and targets.

62. Prioritisation is good. The CYPP 2006–08 sets out clear priorities for local services, and challenging but realistic numerical targets are held in the performance system used. The priorities are appropriate to the area and include, for example, increased access to dentists and to CAMHS, increased permanent placements for looked after children and targeted support to young people at risk of anti-social behaviour. The plan was based on extensive consultation amongst a wide range of stakeholders: over 300 people attended each of the three events. Children and young people were represented at these events by members of the East Riding Youth Assembly. The council's participation team fed in the views of other young people, including vulnerable groups such as children of migrant workers and people of black and minority ethnic backgrounds. The PCT is emerging from some financial difficulty and this has delayed the setting of joint priorities for health. The county-wide priorities are supplemented by clear and appropriate priorities for each of the six localities.

63. There are many and varied opportunities for all children and young people, including those with learning difficulties and/or disabilities, to express their views. The well-attended Youth Assembly provides an excellent opportunity for children and young people to contribute to service improvement. The voluntary and community sector's views are also taken into account well. While there is clear evidence of changes made as a result of major consultations, some consultees do not feel well listened to. Some Youth Assembly members, some headteachers and some parents of children and young people with learning difficulties and/or disabilities reported to us that they were unsure that their views had been understood: the statement was made that 'They listen, but do not seem to hear'.

64. There is a range of good strategies, most of which have been well implemented. These include the strategy for services for children and young people with learning difficulties and/or disabilities, and the business plan issued by the LSCB. An exception is the teenage pregnancy strategy which is still in draft form and has been only partly implemented hitherto. A good action plan, updated annually, shows how each of the CYPP priorities will be achieved. Services have a good focus on prevention and this has resulted in reduced numbers of children becoming looked after and reduced the need for referrals to specialist CAMHS through better availability of non-specialist services. There are also strategies and action plans in place to meet the needs of particular groups, such as the children of migrant workers, Gypsies and Travellers. There are good arrangements to meet the needs of families affected by domestic violence, including provision of individual accommodation, meeting the challenges posed by the area's widely dispersed communities.

65. The partners have a good capacity to deliver services. The Children's Trust is a mature partnership with a recently streamlined structure where mutual trust is supported by a Duty to Cooperate Agreement. The Strategic Board is chaired by the chief executive of the council with senior representation from all agencies. The

voluntary sector makes an effective contribution to governance of children's services and the LSCB is strengthened by having an independent chair. The council has increased the budget for children's services very substantially in the last three years, funded from savings made elsewhere.

66. Partners have sufficient staff, trained to deliver services. Competent and committed senior management is providing good leadership. With the exception of school nurses there are now no professional groups with significant shortages of staff and the council has taken effective action to fill social work vacancies. Multi-agency working in localities is a particular strength both at managerial level and amongst practitioners. Integrated working has been enhanced by training staff from agencies together, for example on CAF and safeguarding. Plans are in place to enhance the VIMTs with cross-agency line management in all localities by April 2009. However, the current workforce development strategy lacks analysis and clarity about future workforce needs and how these are to be prioritised and addressed. At present, managers in some localities lack skills in extracting management information from the IT systems used; the council is, however, addressing this by enhanced training. Overall, partners have the human resources to deliver good services for children.

67. Services provide good value for money overall and have managed and improved value for money well. For example, without loss of service, savings of £200,000 per year have been made in fostering services and £170,000 on home-to-school transport. Savings are retained for reinvestment within children's services. The council is addressing the relatively high number of primary schools with over 25% surplus places with a rolling programme of reviews, and has removed nearly 1,000 places already. The council is monitoring school balances well and the aggregate deficit and number of schools in deficit has reduced; also unwarranted surpluses have been clawed back. However, the youth service has provided only adequate value for money; a review of this is planned. Good progress is being made to develop joint commissioning; a framework and service-specific strategies are in place and an overarching strategy is to be issued in September 2008. Effective use is made of aligned budgets. The voluntary sector is well used to provide services and there is good management of those contracts. By these means the partners maximise the benefit of the resources available.

68. Performance management is good. It is embedded in the culture of the council and the partnership. There is effective and efficient quarterly monitoring of the performance of all partners at the strategic level. When performance dips below that desired, a 'performance health-check' is undertaken to analyse performance and identify opportunities for improvement, leading to a plan for remedial action. Through these and other mechanisms, there is clear evidence of performance management leading to improvements in, for example, attainment of middle ability girls, timeliness of case conferences and waiting times for specialist CAMHS. The council is addressing limited quality assurance of social care records and some data quality issues. To find opportunities to improve, partners can disaggregate county-wide performance by locality and, for example, by ethnicity. The council has a policy by which all staff should have regular reviews of their performance in which

high-level priorities are translated into personal objectives; a significant minority of staff have not had reviews as planned.

69. The council and its partners make good use of service and value for money reviews to enhance service delivery, but the Overview and Scrutiny Committee (OSC) has had limited impact hitherto. Recent reviews include the use of the two children's homes and the recruitment of foster carers. Both have resulted in significant improvements for both value for money and the quality of service experienced by children and young people. While the OSC has undertaken reviews of a range of aspects of children's services, for example obesity and smoking during pregnancy, it does not regularly review performance data and there is limited evidence of the committee challenging officers or holding the executive to account.

70. Capacity to improve is good. There is a strong management team in place in the council and sound partnership working at both strategic and locality levels. Political leaders show commitment to meeting the needs of children and young people and work well with managers to that end. The council has a strong focus on value for money and continues to seek opportunities to improve this. There is good strategic planning, with plans underway for even more tightly integrated locality working, for more strategic joint commissioning and for integrating the work of Connexions with that of the council's youth services. The partners are willing to learn from external evaluations, such as that commissioned from the University of Hull on the implementation of the CAF. The council's track record of service improvement is good. Driven by effective performance management and starting from a high base, there has been good improvement in school attainment, social care processes, school attendance and the number of youth offences.

Annex A

MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN EAST RIDING OF YORKSHIRE

Summary

East Riding of Yorkshire Council consistently delivers services for children and young people at a good level. Services make a good contribution towards improving outcomes for children and young people despite being a rural area where distance and travel are often an issue. A multi-agency approach has been established between key agencies. Virtual Integrated Management teams and 'Child at the Centre of the Hub' teams have been established and show a good commitment to joint working. There are improving outcomes in most areas of the council's work. In particular outcomes on health, staying safe and the attainment of children and young people are good and continue to be above those nationally and in similar authorities. The council's efforts to involve children and young people in decision making at all levels are outstanding. This is a council where children and young people really do have a voice.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3111&providerCategoryID=0&fileName=\\APA\\apa_2007_811.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in East Riding of Yorkshire are good. There is a clear priority to narrow the gap between the majority of children and young people in East Riding and those who are vulnerable to poor outcomes.
2. Service management in the East Riding of Yorkshire is good. The CYPP is founded on good data and consultations with all stakeholders, including children and young people. The Children's Trust is a mature partnership based on collaboration and understanding between partners, secured by a Duty to Cooperate Agreement. There is good integrated working at locality level, between both practitioners and managers, with local commissioning. Services provide good value for money overall and have managed and improved value for money well. The council has increased the budget for children's services very substantially in the last three years, funded from savings made elsewhere. There is good capacity within the workforce and vacancy levels are low; however, the current workforce development strategy lacks clarity. Performance management is embedded in the culture of the council and the partnership and has been used effectively to remedy underperformance, although there are some weaknesses in performance management at the operational level, with limited quality assurance of social care records and some data quality issues.
3. The combined work of all local services in securing the health of children and young people is good, with many good and some outstanding health outcomes. Almost all schools participate in the Healthy Schools initiative and there is good achievement of Healthy School status. Looked after children and those leaving care receive good support to keep healthy, with a high proportion receiving annual health and dental checks. Children and young people have very good access to CAMHS and waiting times have been significantly reduced. While the rate of teenage conceptions remains lower than the national rate, it remains a challenge for the council to achieve national targets by 2010. This is a high priority for the council and a recently revised strategy to address teenage pregnancy where prevalence is high is being launched although impact is not yet evident.
4. Children and young people appear safe and arrangements to ensure this are good. Children report that they generally feel safe in school and in their community. While there have been initiatives to prevent bullying it remains an issue for some children and young people and anti-bullying strategies lack coordination and evidence of impact. Parents have access to good quality information to help them keep their children safe. Arrangements for incidents of domestic violence are well coordinated and supported by all agencies, including specialist police officers. The CAF is well established and evaluation is leading to continuous development. There has been a successful strategy to reduce numbers of looked after children through targeted preventative services. Child protection work is good overall. All children who are subject to a plan of protection are allocated to qualified and appropriately

trained social workers. Case file records are of variable quality, as is the quality of some assessments.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. There is an improving trend in educational attainment at all key stages that has been maintained and is above national and similar authority averages. Standards are above national averages at all key stages and well above average at Key Stage 4. A high proportion of children with learning difficulties and/or disabilities are educated in mainstream settings where they make satisfactory progress. A higher than average proportion of children looked after by the council attain five or more higher grade GCSEs. Although the attainment of looked after children is comparatively good, the gap between it and the attainment levels for all children locally remains wide. There are good outcomes for young people looked after by the council in entering further education or employment. Children and young people with learning difficulties and/or disabilities are increasingly able to access the wide range of leisure and cultural activities available. The proportion of schools causing concern is low. The amount of unauthorised absence in secondary schools is reducing and primary school attendance is above national averages. The rate of permanent exclusions from schools has declined, although there has been a slight rise in the number of fixed-term exclusions.

6. The impact of all local services in helping children and young people to contribute to society is good. There is very good involvement of children and young people in making decisions about services provided for them, with an excellent and well-attended Youth Assembly and children in care council. Many children and young people feel listened to and that services have changed as a result. However, this is not universal and in some instances young people feel that the council and its partners need to improve aspects of feedback following consultation. Following good action, there has been significant increase in the percentage of looked after children and young people who communicate their views at statutory reviews. Similarly, the percentage of looked after children who required final warnings or reprimands has decreased. Information and advice provided for children and young people and their families by the council is very good. The council has developed culturally sensitive services for traveller families and those moving into the area from Eastern Europe, as well as recreation and leisure activities for those with learning difficulties and/or disabilities, all of which have been well received. There is a free leisure pass scheme for looked after children and young people, carers and their families, which is well used. The council was an early signatory of the Every Disabled Child Matters Charter.

7. The impact of all local services in helping children and young people achieve economic well-being is good. The number of young people who stay in education, employment or training is well above that in similar authorities. Similarly, high numbers of care leavers settle successfully into suitable accommodation provided by the council and other partners. Participation rates at Levels 2 and 3 are the highest in the region and attainment at Level 2, now 71.2%, is improving more quickly than nationally. Achievement at Level 3 has improved. The success rate for

work-based learners is improving faster than nationally. Many students with learning difficulties and/or disabilities on college programmes go on to further study on mainstream programmes. The proportion of young people not engaged in education, employment or training has risen marginally over the last year but numbers are still very small. An increase in the use of direct payments has improved outcomes for children and young people with learning difficulties and/or disabilities and families.

8. The capacity of council services to improve is good. There is a good management team in place and sound partnership working at both strategic and locality levels. The council has a strong focus on value for money and continues to seek opportunities to improve. Strategic planning is good, with plans underway for even more tightly integrated locality working, for more strategic joint commissioning and for the integrated youth offer. The partners are willing to learn from external evaluations, such as that commissioned from the University of Hull on the implementation of the CAF.

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 the East Riding of Yorkshire 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 focussing on children with learning difficulties and/or disabilities, children who are looked after and children at risk or requiring safeguarding and 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).