

# Joint area review

**Bury Children's Services Authority Area**

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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  
Ofsted

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## Introduction

1. The most recent annual performance assessment (APA) for Bury 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 the following for 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 to improve the quality of early years provision
  - the impact of the partners' strategy in improving the provision of comprehensive child and adolescent mental health services (CAMHS).

## Context

4. Bury is the fourth smallest metropolitan borough nationally with a population of around 183,500. It is one of only two districts in the Greater Manchester conurbation that has shown a population increase. Some 6.1% of the population are from ethnic minorities. The Pakistani community within Bury has doubled in size since 1991 and the area has the seventh largest Jewish community in the country and the largest in the North West. There are approximately 47,600 children and young people aged 0–19 years in the area, with over 11,000 aged under five and over 36,000 aged 5–19 and in full-time education. Over 27,000 households have dependent children and over 5,000 have lone parents. Unemployment rates are comparatively lower than Greater Manchester, the North West as a whole and nationally.
5. The Bury Children and Young People's Strategic Partnership, which has been operational for several years, has developed shadow Children's Trust arrangements for the governance, funding and commissioning of children's services. The Trust becomes fully operational in April 2008. Three children's centres have been established and a further 8 have been designated in the borough which include extended school services. This will ensure that all children aged under five will have full access to appropriate provision by 2010. The Bury safeguarding children's board (BSCB) became fully operational in April 2006 and is independently chaired.

6. Healthcare is commissioned by Bury Primary Care Trust (PCT), whose boundary is coterminous with the council. The Greater Manchester PCT's Making it Better review of services is leading to the reconfiguration of health services in the area. Currently, Fairfield General Hospital in Bury provides a full range of maternity services and paediatrics. Once the reconfiguration has been completed, the nearest overnight paediatric services and obstetrician-led units will be at hospitals in North Manchester or Bolton. Day surgery and outpatients will continue to be provided at Fairfield and a much wider range of community services will be in place. A child development centre is also available on the Fairfield site. The Pennine Care Trust, also covering Rochdale, Oldham, Stockport, Tameside and Glossop, provides CAMHS. Inpatient mental health services are commissioned by Bury from neighbouring health providers and, where necessary, from private sector providers.

7. The council maintains 63 primary schools, 14 high schools, one nursery school, three special schools and one pupil referral unit which is provided across several sites in the borough. There are over 400 private or voluntary early years providers including pre-school groups, crèches, out-of-school and holiday schemes. Post-16 education and training is provided through two further education colleges. Additional sixth form provision is within the private sector. In addition, there are five work-based training providers. Entry to Employment provision is managed by the Bury Learning and Skills Council. The Bury learning partnership, which includes Connexions, provides learning opportunities for young people aged 14–19 years. Adult and community learning, including family learning, is provided through the borough council's adult and community learning service.

8. Children's social care services are provided through a number of teams including advice and assessment, safeguarding, children with disabilities, looked after children and family placement. Leaving care services are commissioned through National Children's Homes. The council cares for 290 children and young people through 122 fostering places, 73 friends and family placements and through 11 commissioned residential placements. Services to children and young people who have offended or are at risk of offending are provided through the Bury Youth Offending Team (YOT). The borough is a pilot site for the safe case transfer of unaccompanied asylum seekers, of which there are currently 11.

## Main findings

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

- Safeguarding in Bury is adequate. The council and its partners give suitable priority to safeguarding matters. Performance management at team level is not consistent enough and access to preventative services is too variable. Joint funding arrangements for the BSCB are not agreed.

- Outcomes for looked after children are adequate. The number of looked after children remains higher than average. Corporate parenting, scrutiny arrangements and the provision of advocates/independent visitors are underdeveloped.
- The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is adequate. The lack of capacity in some key areas is reducing the overall effectiveness and range of services.
- The joint strategy to improve the quality of early years provision is adequate. Good monitoring and support is beginning to improve the quality of provision and raise children's achievements in the Foundation Stage. Progress with some major strategies has been too slow due to a lack of strategic coordination and alignment of services.
- The joint strategy to improve the provision of CAMHS is adequate. Access to specialist services has improved for children and young people under-14 years but is limited for children and young people between 14 and 19 years. The CAMHS joint commissioning arrangements together with a refreshed CAMHS strategy are helping to make adequate progress towards a comprehensive CAMHS.
- The management of services for children and young people are adequate and capacity to improve further is also adequate. Partnership working is well established but the lack of capacity in some areas has slowed the rate of progress.

## Grades

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

	<b>Local services overall</b>
<b>Safeguarding</b>	<b>2</b>
<b>Looked after children</b>	<b>2</b>
<b>Learning difficulties and/or disabilities</b>	<b>2</b>
<b>Service management</b>	<b>2</b>
<b>Capacity to improve</b>	<b>2</b>

## 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
- introduce training and support to ensure that council members fulfil their corporate parenting responsibilities and have good management information on all the key outcomes for looked after children
- identify the resources needed to achieve the key priorities contained in the Children and Young People's Plan (CYPP).

### For action over the next six months

- Strengthen the capacity of independent reviewing officers to improve the timeliness of reviews, quality of planning and the consistent use of clear case chronologies.
- Identify how the needs of individual children and young people with learning difficulties and/or disabilities will be used to inform strategic planning and develop monitoring arrangements for this work.
- Develop an integrated strategy for early years covering health, child care and education, and rationalise and align monitoring and support functions within the extended children's services and the school improvement and advisory services.
- Review the number of draft strategies within CAMHS and agree their final status for consistent implementation by all partners.

### For action in the longer term

- Develop processes for the engagement and participation of vulnerable children in all aspects of strategy development and service delivery.

## Equality and diversity

10. The council is at Level 3 of the Race Equality Standard and with partners has a stated commitment to equality and diversity. Partners have responded to specific issues, notably the needs of different minority groups and the promotion of good community relationships within the borough. Progress on completing impact assessments of the effect of policies on race equality is

satisfactory and this is being increasingly linked to local needs assessments and developments. Good work is being undertaken in schools in respect of equality and diversity. A good example is the annual preparation for the Holocaust memorial in Bury which engages all communities and faiths. The programme is significantly developed with the support of children and young people.

11. Participation rates for children and young people from minority groups in education, employment or training reflect those nationally. Adequate action is being taken to establish a diverse workforce and to increase employment opportunities for people from minority groups. Successful projects targeted at specific groups include the bridging project for unaccompanied asylum seekers. Travellers are provided with dedicated support and advice and good progress is being made to promote the inclusion of this group in schools and wider community activities. The location of a Traveller site within an industrial area is unsuitable. This is being examined in the context of a wider review of Traveller sites in Greater Manchester but outcomes from this review are not due until 2010.

## Safeguarding



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

Major strengths	Important weaknesses
<p>Good inter-agency partnerships, with clear thresholds for matching levels of need with services, understood by agencies.</p> <p>Good compliance with timescales and statutory processes in most areas, led by the safeguarding unit.</p> <p>Robust focus on prevention of domestic abuse with good work between police and social care.</p> <p>Effective independent chair for BSCB.</p>	<p>The range, definition and access arrangements for family support services are insufficiently well defined.</p> <p>Links to YOT and safeguarding of young offenders has been weak and only recently been strengthened.</p> <p>Quality assurance and performance management systems are not fully developed.</p> <p>The quality of recording and use of chronologies is inconsistent.</p> <p>The BSCB does not have an agreed joint budget.</p>



13. The 2006–07 APA identified strengths in systems to safeguard children but also raised the need to improve referral, assessment, recording and monitoring processes. The area has clearly made progress against some of these issues but others are still in development. Overall safeguarding in Bury is adequate. Performance on most national indicators is good and systems for referral and incoming work for the most vulnerable children work well. However, both management information and quality assurance systems are under-developed at team level and there is insufficient challenge within social care and across agencies. The BSCB is dependent on information derived from social care services and this does not currently provide enough performance data of sufficiently high quality to enable to board to fulfil its function. This is reducing the effectiveness of interventions for some children.

14. There is a strong commitment across the agencies to promoting healthy lifestyles for children and young people. Tackling obesity is a clear health promotion priority; children and young people receive sex and relationships education in schools and there is good attendance of teachers and school nurses for training in this area. A wide range of venues for access to advice and interventions in sexual health has facilitated good take-up by young people. Reduction of teenage pregnancy is a priority and rates have fallen by 8% on 2006 figures. Targeted work has achieved a further 4% decrease in some parts of the borough. There is effective work between the 'Early break' voluntary sector service and statutory services to reduce the involvement of parents and young people in substance misuse. 'Streetwise' offers valued advice to young people on a range of issues. Access to CAMHS at tiers 1 and 2 is adequate and being improved via pathfinder projects, for example Improving Access to Psychological Therapies (IAPTS), with good engagement of children and young people in decision making. Young offenders have good access to CAMHS and other health services through a community nurse and substance misuse worker in the YOT.

15. The extent to which children and young people in Bury feel safe is adequate. A well-presented safe parenting handbook has been produced for all parents of children in Years 3 and 6 covering a wide range of risks and advice. Following a serious case review concerning bullying, schools have increased the pace of anti-bullying work. Anti-social behaviour is reducing through good work between the YOT, the police and housing services. However, some young people supported by the YOT have not been effectively assessed for risk. Youth diversion activities are offered in Bury West, although the youth service is not sufficiently integrated into multi-agency initiatives to promote safer communities. Hate crime is taken seriously by police; every incident investigated has a dedicated officer to oversee the process. Domestic abuse is given a high profile with recent comprehensive practice guidance. Good working arrangements between social care and police are enabling children living with domestic abuse to be identified at an early stage. The Tellus survey indicated that children and young people feel safe in the borough.

16. Threshold criteria for referral to the Advice and Assessment Team have been agreed across all agencies working with children and endorsed by the BSCB. While this has enabled consistency to be achieved, the approach is sometimes too rigid in responding to the needs of individual children who may need services at a slightly lower level. Referral levels for domestic abuse are, however, more flexible to enable preventative action to be taken. The Common Assessment Framework (CAF) used to assess need is being rolled out and has been well received. At the time of the review 37 CAFs had been completed. However, children with learning difficulties and/or disabilities are not yet fully included. The arrangements for undertaking CAFs are sound and the practice guidance is good. The CAF process links well with improving arrangements for children in need, where a dedicated reviewing officer has been appointed. Voluntary sector providers work closely with children's services to provide a range of services to vulnerable children. The council provides a range of services aimed at different levels or prevention including family group conferences. However, the way these are linked in the context of integrated provision to support families at various stages is insufficiently well defined. The Emergency Duty Team provides a good, well-managed and responsive service.

17. Private fostering is included in the *Safe parenting* handbook for the first time, aimed at raising safeguarding awareness amongst private carers. At present only five children have been identified as privately fostered in Bury, and another publicity drive is planned through the BSCB. Criminal records checks to ensure all staff are safe to work with children and young people are seen as a priority for the BSCB but the probation service only undertakes checks when appointments. Although all relevant staff in the PCT have CRB checks on appointment, these are not yet subject to 3 yearly reviews. Similarly, at the time of the review, there was not a consistent process in place to review police checks for councillors who had direct contact with children. This has now been rectified. There is a satisfactory system for investigating complaints made against the council and evidence that actions have been taken where appropriate. Multi-agency public protection arrangements are now adequate but there have been some problems in setting up the arrangements. Some concerns have been expressed that representation might be too low in some instances and there is still no housing representation and continuing problems with CAMHS and PCT attendance. Multi-agency risk assessment conference arrangements have worked well with some good outcomes for children reported.

18. Updated safeguarding procedures, shared with neighbouring authorities, were launched by the BSCB in November 2007. These are clear and comprehensive, with useful practice guidance. The BSCB was formed in April 2006 and is well led by an independent chairperson. Strategic capacity is being built through membership at a senior level, but the pace of change has been impeded by insufficient resources to the Board. Funding has been uncertain and mainly short term. Training programmes make the most of limited funding but do not sufficiently cover the wide range of knowledge and skills needed as the area develops more preventative service approaches. Top level national

performance indicators are provided to the Board but more detailed analysis of safeguarding in Bury linked to agreed strategies has not yet been undertaken. There are designated teachers in all schools supporting safeguarding work, and although this has been slow to develop there are some very dedicated and proactive designated headteachers who are providing strong leadership. A development post has been created by the council. The PCT and Acute NHS trust have designated posts in place and a system for training, supervision and support. Lessons from recent serious case reviews have been well disseminated and there is evidence of actions being taken in the key areas of neglect and bullying.

19. Good systems are in place for referrals to the advice and assessment team in children's social care. Advice is valued by other agencies. Social care has enthusiastic and committed staff, well supported by their managers. Good practice is shared across teams. Recent recruitment has been successful and there are few vacancies. The safeguarding unit works hard to ensure that all conferences are held within timescales, and that parents are enabled to participate. The system is quality assured within the unit. Compliance with most child protection timescales are good, with 100% of initial conferences held on time and 76% of core assessments within timescales. During 2006–07, initial assessments in 85.3% of cases were within timescales, in line with comparators. All children on the child protection register have an allocated and qualified social worker. Most core groups to produce implement and monitor care plans are held within timescales and children on the child protection register are visited regularly. However, the quality of work is variable, with some staff not experienced enough or sufficiently well trained to implement plans effectively, and there is some planning drift. The participation and engagement of children and young people in their plans is also too limited. Quality assurance has not been sufficiently developed to consistently examine practice. A new senior post has been created to develop consistent systems for quality assurance and this is beginning to have an impact. Agencies work well together at service delivery level, but there is insufficient mutual challenge within the system in respect of practice and outcomes. Progress in developing the electronic social care record system to ensure its local usefulness has been slow and there is no facility for creating clear chronologies or producing aggregated management information.

## Looked after children and young people

Inadequate Adequate Good Outstanding 

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

Major strengths	Important weaknesses
<p>Looked after children experience stable placements and good help and support from committed carers.</p> <p>Health care is well focused, with good access to CAMHS and other specialist support through dedicated health staff.</p> <p>Good progress in reducing the rates of offending and re-offending for looked after children.</p> <p>Good progress in promoting educational achievement and attainment.</p>	<p>The number of looked after children and young people is comparatively high and the impact of preventative programmes is yet to be fully realised.</p> <p>Case reviewing arrangements do not provide sufficient challenge or quality control and need to raise ambition.</p> <p>The provision of independent visitors to eligible children and young people is insufficient.</p> <p>The participation of looked after children in planning is not sufficiently representative.</p>

21. Priorities for improving outcomes for looked after children in Bury are fully contained within the CYPP. The high number of looked after children was noted as an area for improvement in the 2006–07 APA. The council has taken management action to address this, but the number of looked after children, excluding unaccompanied asylum seeking children, has remained broadly similar over the last three years. In March 2005, there were 295 looked after children and in March 2007 there were 291, with minor fluctuations. The Family Advisory and Support Team and the Family Intervention Team have been formed to support families and prevent admissions to the looked after system. The impact of this work in reducing the number of looked after children in the system has yet to be fully realised. The council has had discussions with both the Local Family Court and the Child and Family Court Advisory Service regarding employing alternative action to lower the numbers of care orders being made. The council anticipates that the increased use of special guardianship and the discharge of care orders for those children appropriately placed at home will lower the numbers looked after. Preventative programmes are not yet having the desired impact on reducing the number of children who become looked after.

22. Once looked after, processes to promote the safety and well-being of children and young people are good. The stability of placements is very good and very few children experience more than three moves in one year. High numbers of children are placed in family settings, be it with friends and family or general foster carers. Foster carers are well supported and remunerated. The health needs of looked after children are well supported. There is a good focus on dental and oral health. The council's performance on ensuring annual health checks is adequate with 84% completed, matching the national average. A designated doctor and nurse are identified for looked after children. The designated nurse holds a dedicated post for looked after children and is based

within the Looked After Children's Team and uses innovative approaches to engage young people. CAMHS are prioritised for looked after children. A consultant clinical psychologist and mental health outreach worker for looked after children team facilitate quick access to both consultation and treatment with no waiting list. Offending and re-offending behaviour of looked after children are lower than comparators.

23. Children and young people who are looked after receive adequate support to help them enjoy and achieve at school. Their progress is closely monitored on an individual basis and effective action is taken to support those who are underachieving. Monitoring information is used to inform the allocation of additional support from the Looked After Children Teaching Team and to help schools plan, support and monitor progress. School Improvement Partners routinely monitor the impact of school-based support. Most looked after children make satisfactory or better progress based on previous levels of attainment.

24. Standards achieved by looked after children in tests and examinations at the end of Key Stage 2 and Key Stage 4 are subject to year-on-year fluctuation. This is partly due to very small cohorts and the varying proportion of children with learning difficulties and/or disabilities. The local authority has identified that the gap between the achievements of looked after children and all Bury pupils at Key Stage 2 is too wide and this is a priority for improvement. In contrast, overall performance at GCSE has improved and the percentage of looked after children achieving five or more A\*–C grades at GCSE is good and above the national average and that of statistical neighbours in 2006 and 2007. The percentage of care leavers in employment, education or training is also good and consistently above the national average and that of statistical neighbours. Targeted support to tackle the high rates of absenteeism in 2006 has brought about improved attendance in 2007. The absence rate is above that of statistical neighbours but below the national average.

25. Opportunities for young people who are looked after to take part in sporting and leisure activities are adversely affected by cost. Free leisure passes to allow access to council swimming and gym facilities have been discussed by the council in the past but a coherent strategy is not yet in place. The involvement and inclusion of looked after young people is inadequate. The last consultation event held by the council to which all looked after young people were invited took place over 12 months ago. A small group of looked after young people (VOICE) are consulted on issues but the group is not representative enough of all looked after children and young people. Children and young people who are looked after are not sufficiently consulted on service developments and the impact of consultation on service delivery is not readily discernable. There is an advocacy service for looked after young people commissioned from a national voluntary organisation; the service provided is adequate but due to limited resources is often over-stretched. The number of independent visitors available for deployment is too low given the numbers of looked after children. Case tracking during this review highlighted that there are

some looked after children and young people who are eligible but have not been offered this important service.

26. Statutory reviews of looked after children are carried out by a reviewing team who also undertake child protection reviews. This service was enhanced in 2005–06 but remains overstretched and its work is of varying quality. The role of Reviewing Officers in quality control is not sufficiently well developed. Whilst performance on completing reviews in a timely way has improved, this comes from a low base of 68% in 2005–06 to current performance of 86% in the last quarter of 2007–08. This team has experienced recent changes of personnel due to the backfilling of two members of the team to cover other duties in the department. The availability of management information to check on statutory visits to looked after children is limited and arrangements for the routine auditing of case files to assure quality of practice are underdeveloped.

27. The council has been slow to fully develop the roles and responsibilities of councillors as corporate parents, although there is recent committee activity to strengthen these functions and ensure that councillors receive the support and training they need. Procedures to ensure that elected councillors having contact with looked after children are appropriately vetted have only recently been approved. This is an area where the council is now taking decisive action to strengthen the arrangements. Council progress in offering apprenticeships and job opportunities to care leavers has been relatively slow, although a small scheme has recently been approved.

## Children and young people with learning difficulties and/or disabilities



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

Major strengths	Important weaknesses
<p>Good support for visually and hearing impaired children and young people.</p> <p>A wide range of effective and appropriate support and services is provided by the Re:D centre.</p>	<p>Assessments of complex needs do not always involve all the key partners and the implementation of plans is too frequently delayed.</p> <p>There are insufficient short break opportunities with long waiting lists for some types of service.</p>

<p>The percentage of pupils with statements of special educational needs who are maintained in mainstream schools is higher than the national average, thus promoting inclusion.</p> <p>Good post-16 support is provided by Bury College and Holy Cross sixth form college.</p>	<p>CAF is still in the early stages of development and use for children with disabilities.</p> <p>Policies for transition into adult planning are insufficiently developed.</p>
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29. Specialist services and support to children and young people with learning difficulties and/or disabilities and their families are good. However, insufficient strategic oversight, formalised and consistent cross-agency planning and also the lack of capacity in some areas are preventing some children and young people having their needs fully met in a timely, appropriate and equitable way.

30. Support for the health needs of children and young people with learning difficulties and/or disabilities is adequate. Where children have complex needs, the coordination of health services for assessment is good and CAMHS is supporting earlier identification, particularly in special schools. With less complex cases, assessment does not regularly involve all partners and there are often considerable delays before appropriate provision is in place. In special schools, the allocation of discrete health services is not always managed collaboratively with headteachers. This makes it difficult to coordinate and meet the needs of individual children. Sometimes, lack of replacements for health professionals leaves these vulnerable children without essential services. Also, where specialist equipment is required, families often face difficulties making sure that what is provided meets the needs of the young person. There were comments on the long time children and young people had to wait for initial assessments, allocated equipment with wrong or no attachments and delays in repairs or replacements. However, once provided, support is generally effective and particularly so for visually impaired and hearing impaired children and young people.

31. Support to ensure the safety of children and young people with learning difficulties and/or disabilities is adequate. Bury's Children in Need process provides good oversight of the needs of children and young people with learning difficulties and/or disabilities and monitors and coordinates provision well. However, some children's needs do not meet the criteria for support so they do not gain access to the good provision from the specialist Children's Disability Team. The use of CAF for children with learning difficulties and/or disabilities is in the early stages of development. Training on the use of CAF for this group of children and young people is now underway. The lead professional role is also underdeveloped.

32. Insufficient short break opportunities exist for children and young people with learning difficulties and/or disabilities with the result that there are long waiting lists and discontinuity of access. The short break opportunities that do exist however, for example at the Re:D centre, are excellent. Its wide range of effective support includes social opportunities and trips for young people and their siblings in and around their locality.

33. Most aspects of special needs provision are good but there are also some important weaknesses. Very good support in schools means that the progress of children and young people with learning difficulties and/or disabilities is better than the progress of similar children nationally in most key stages, and the attainment gap has narrowed for most of these children to a greater extent than nationally. Bury maintains a higher than national percentage of pupils with statements in mainstream schools and is cited as an example of good practice. Of the three special schools inspected under section 5, two were judged outstanding and the third good. Portage provides a good service. Those who use the parent partnership service receive good support, and very good transition procedures help these vulnerable children to move smoothly from early years through the primary years and into secondary education.

34. Families are well supported by family support workers who link effectively with provision in schools and the children's disability team. They are also encouraged to make their own decisions about the support they require. However, despite the provision of a voucher scheme and an increase in the take-up of direct payments, families cannot always access the support they need because of lack of continuity, insufficient appropriate carers and high demand at peak times in the day. Capacity therefore remains an issue.

35. Too many children and young people cannot have their needs met within the borough. There is insufficient support for children and young people with behavioural, social and emotional difficulties and currently 42 out of the 97 young people are educated outside the borough (although most are within a 20 mile radius). Headteachers also report the lack of early intervention and provision for those that do not meet the criteria for specialist provision. This has resulted in some children with challenging behaviour being excluded. Currently there is no 'managed moves' protocol in place and the level of fixed-term exclusions of children and young people with statements from mainstream primary and secondary schools, although reducing, remains too high.

36. There are clear aspirations to adopt an holistic cross-service approach to meeting the specific needs of as many children and young people with learning difficulties and/or disabilities as possible. However, suitability and adequacy of accommodation in the special schools is an issue; the percentage of pupils with statements of special educational need (SEN), although reducing slowly, has remained above the national level for the last five years and the draft strategy has not yet been shared and discussed fully with all partners. Neither is there a clear overview of how essential support will be provided or services funded and coordinated differently.



37. The support for children and young people with learning difficulties and/or disabilities so they can make a positive contribution is adequate. They attend reviews and are encouraged to contribute their views to influence their own provision. Picture prompts are used constructively by those who find communication difficult and every effort is made to ensure that their views are heard and responded to. Increasing access to social and leisure activities following requests by children and young people and parents/carers is being developed. Conversely, children and young people with learning difficulties and/or disabilities are not sufficiently involved in strategic planning.

38. There has been helpful liaison with children and families and cooperation with the youth service to establish interim arrangements during the renovation of respite care facilities. However, communication about available support and how to access it is not always clear to all parents and schools. The support for children and young people with learning difficulties and/or disabilities to achieve economic well-being is good. Transition planning and support between schools and college is good and is enhanced by very good induction. Connexions contributes to this well. Transition into adult services has been identified as an area for development as access to support, for example from social workers, and available provision is currently not meeting the needs of all, particularly those on the autistic spectrum.

39. Post-16 provision and support for young people with learning difficulties and/or disabilities in Holy Cross Sixth Form College and Bury College are excellent. Effective programmes for preparing these students for independent living and employment are provided in the borough with good access to a wide range of academic and vocational courses. Bury College facilitates good access to work experience, and realistic and relevant employment opportunities are offered, for example in the excellent training restaurant. The café (Stepping Stones) run by Hurdles, an independent provider, is another good facility that provides for independence and employment. However, even though the percentage of young people in education, employment or training is improving, it is not as high as it is nationally and there remain insufficient employment opportunities for these young people with long waiting lists for placements provided by the Bury Employment Support Team (BEST).

## **Other issues identified for further investigation**

### **The impact of the partners' strategy to improve the quality of early years provision**

40. **The impact of the partners' strategy to improve the quality of early years provision is adequate.**

Major strengths	Important weaknesses
<p>Good continuing professional development and training for early years practitioners.</p> <p>Good monitoring and support to early years settings, which is beginning to improve the quality of provision and raise children's achievement.</p> <p>Good progress on implementing the play strategy.</p> <p>Good support for young children with complex needs.</p>	<p>Lack of a borough-wide integrated strategy for early years covering health, childcare and education.</p> <p>Insufficient aligning of key services across children's extended services and school improvement advisory services.</p>

41. The quality of early years provision was selected as an additional investigation following concerns raised in the APA in November 2007 about the effectiveness of partnerships with parents, the quality of leadership and management in nursery education and the quality of teaching and standards achieved in early years settings. Concerns about safety were raised at registration visits to childminders, full day-care providers, crèches and multiple day-care providers. Bury's CYPP identifies the development of an integrated strategy for under-five year olds and improving the achievement of children in the Foundation Stage as key priorities.

42. This investigation found that there are some good pieces of work at operational level which are beginning to raise achievement and improve the quality of provision for children in early years settings. Concerns regarding safety at the point of registration for day-care providers have been effectively addressed by partners. Providers have received thorough training on safety and safeguarding; good reporting arrangements are now established and child protection arrangements are known and understood by practitioners. However, the strategic coordination and alignment of services for early years is not yet fully established. Some initiatives and major strategies are at very early stages of development and have not had sufficient time to impact on outcomes for children and their parents/carers.

43. Bury has yet to develop a fully integrated borough-wide strategy for early years provision covering health, childcare and education. A review of the service is being undertaken and has accurately identified the need to better align the activities of the children's extended services and the school improvement advisory services. A number of separate strategies have recently been developed, for example the Children in Need Strategy, the Family Support Strategy, the Parenting Strategy and the Children Centre Workforce Strategy. These provide sound foundations for the development of services but are too recent to identify the impact on improving outcomes for children. The exception

is the Play Strategy where good progress is being made in implementation resulting in improved play environments and good quality provision.

44. The availability of day-care places for 0 to four year olds as a whole compares well with the England average and there are sufficient early years and education places to meet the demand for three and four year olds. A comprehensive audit of available childcare provision was commissioned in 2006 confirming the availability of sufficient places and identifying where there are gaps in local provision. It identified inequalities in the spread of provision with some areas where there is a higher proportion of lone parents having lower levels of childcare. The audit is being used to plan provision but the Child Care Sufficiency Strategy was incomplete at the time of this review and lacking in detail with regard to trends and locality of provision. Parents have identified barriers to accessing provision, including opening hours not meeting needs and a lack of knowledge of the options available and affordability. This has been identified within the CYPP with targets for improvement.

45. Progress on providing preventative services in the context of early years provision is adequate. Prevention is identified in the CYPP as a cross-cutting theme. Some good progress has been made on extended school provision and the three children's centres which are operational offer good integrated support to children, their parents and carers. There is also good use by health services, family support services, job centre plus, and access to childcare and the children's information and guidance service. However, children's centres are not yet in place across the borough. The eight children's centres in phase 2 of implementation have just been designated in January 2008. Coordinators have been appointed, but remaining staffing is yet to be agreed. It will be a further two years before all 11 children's centres are fully operational and able to offer local early years preventative services.

46. Good support is afforded to young children and their families with the most complex needs. Sensitive integrated supported is provided in the maintained and private, voluntary and independent (PVI) sector, with an integrated approach to additional health services for example speech therapy, portage and physiotherapy. Good arrangements are in place to support young children with learning difficulties and/or disabilities in the transition from pre-school to primary education. A flexible child-centred approach is taken to meet individual needs through multi-placements in mainstream and specialist provision.

47. The local authority has made satisfactory progress towards implementing the Early Years Foundation Stage (EYFS). A training group has been established and familiarisation training for providers, headteachers and childcare managers has taken place. Providers report that they feel well informed and enthusiastic about delivery of the EYFS. Further training in meeting the requirements of EYFS, including Level 3 qualification accreditation, is on track to be delivered to all practitioners by the end of the summer term 2008. An implementation plan has been drafted but some of the actions are pending the review of services

currently being conducted and the creation of new posts. At present, the plan lacks clarity about the roles and responsibilities of key personnel within children's extended services and the school improvement advisory services.

48. Consultation and work with parents is adequately undertaken by the area. Parents comment that where local services are delivered good dialogue exists with staff. A parenting strategy has recently been developed with some consultation from parents and consultation with wider authority services. A key component of the strategy is to offer parenting programmes. Where these have been undertaken, for example through children's centres, family centres, health centres and the YOT, parents speak highly of the impact they have had. However there is not yet full access to these programmes across the borough.

49. Good continuing professional development (CPD) and training opportunities are available to early years staff. A full calendar of events is circulated widely to maintained, private and voluntary settings and courses are well attended. The range of CPD courses is good, including developing the curriculum, health and safety, first aid, language and maths, child protection and safeguarding, equal opportunities, fire safety, IT, transition, and the early years Foundation Stage. Training evaluations indicate that the training is of good quality and helps improve early years practice.

50. The quality of monitoring and support to settings from advisers, consultants, advisory teachers and expert practitioners is good and is having a positive impact on raising standards. Operational staff are knowledgeable, committed and are working hard to align their work across sectors in some key areas of work. Effective monitoring procedures have been developed in both PVI settings and the maintained sector based on sound analysis of data, the outcomes of inspection and intelligence gained through adviser and consultant visits. Foundation Stage Profile moderation procedures are rigorous and robust. Where support has been provided, there is demonstrable impact. This is particularly evident through the Communication, Language and Literacy Development project where participating schools have increased by 10.1% the number of children achieving 78 points and above and at least 6 points in communication, language and literacy and personal, social and emotional development scales. Good focused language support with children of Pakistani heritage has resulted in improving outcomes for this group.

51. Resources are currently limited and this impacts on the reach of support, which is of necessity highly prioritised. Partners have recognised this and are making progress towards aligning services and rationalising support as a key priority. A number of new posts have been created to enhance capacity and coordinate work across sectors, including early years advisory teachers and a parenting strategy coordinator.

52. The focus for training and support has been on placing more emphasis on the direct teaching of communication, language and literacy skills in the Foundation Stage and in Year 1. Practitioners and officers report that this

approach is having a positive impact on raising standards. Declining standards at the end of the Foundation Stage and at Key Stage 1 have been arrested. The 2007 Foundation Stage Profile outcomes show an improving picture on all scales and a reduction in the gap between the median and lowest achieving 20% of children. The improvement target set for 2008 has been achieved, although the equalities target for 2007 was missed by 1.1%. Key Stage 1 results have improved, although achievement in writing assessments is still below the national average.

## **The impact of the partners' strategy in improving the provision of a comprehensive CAMHS**

**53. The impact of the partner's strategy in improving the provision of a comprehensive child and adolescent mental health service is adequate.**

<b>Major strengths</b>	<b>Important weaknesses</b>
<p>Good partnership working across health, the council and voluntary sector in the promotion of CAMHS.</p> <p>Focused partnership working and examples of effective engagement of young people through the IAPS pathfinder project.</p> <p>Improving access and early intervention through a targeted mental health in schools programme.</p> <p>Increasingly effective CAMHS Strategy group.</p>	<p>Too many strategies are still in draft form including the CAMHS action plan.</p> <p>Inpatient provision for 16-17 year olds still to be actioned.</p> <p>No service user representation on the CAHMS strategy group.</p> <p>Lack of borough-wide joint commissioning strategy.</p>

54. The APA for 2007 highlighted the need to provide a CAMHS inpatient facility for 16-17 year olds with mental health related problems. This action is still to be implemented. Reconfiguration of children's health services will mean a unit for adolescents is to open in 2009 in Oldham, providing access for local young people. An interim refurbished unit will open in April 2008 at Fairfield Hospital to provide age-appropriate facilities until the final transfer of services. Numbers of admissions are currently low at approximately five to eight per year. Support is provided to acute wards from the in-reach CAMHS team but capacity is limited. Good work is being undertaken to promote early interventions and to expedite either discharge or transfer to the specialist adolescent units in Prestwich.

55. Adequate progress is being made in achieving a comprehensive CAMHS but the full impact of the strategy development has yet to be realised. Improved sustainable partnership working across the borough is increasing

access to earlier and targeted interventions for children and young people with mental health problems. There are good examples of effective practice, and staff commitment to improving outcomes for children and young people with mental health needs is strong.

56. The CAMHS strategy group, comprising a wide range of key representatives from all the agencies in Bury, is increasingly effective. The group, which reports to the current shadow Children's Trust and to the Children and Maternity Services Local Implementation Team, has brought together a wide range of expertise to improve the health and well-being of children and young people with mental health problems and provides a focused pathway for collaboration. Although there are examples of service user involvement this is still at a relatively early stage and yet to show real impact. Service user involvement is in the early stages of development, although this was highlighted as an area for action within the first CAMHS self-assessment in 2005–06. The 2007–08 self-assessment indicates that this is still to be fully addressed.

57. The overarching CAMHS strategy for 2007 to 2010 is based on a comprehensive health needs assessment. The key areas for development are ensuring that early interventions are targeted and more accessible and ensuring the sustained development of services at tier 3 and tier 4. There are a number of service delivery strategies in place within CAMHS that have recently been developed, with some still in draft. These strategies, when fully implemented, seek to secure shared pathways and a more integrated service to support and treat children and young people, using a variety of interventions and in more appropriate settings.

58. The collaboration of the voluntary sector in CAMHS is good and facilitating early access to support and treatments. Services such as Streetwise 2000 have a proven track record in engaging young people and offer a range of activities to promote health and life skills, whilst providing access to treatment and interventions from CAMHS. Early Break, a young people's drug and alcohol service, is also successful in the engagement of children and young people with substance misuse problems. The CAMHS YOT health visitor operates within this work to put in place care plans that are reducing more serious mental health needs. Working collaboratively with partnership members of the strategy group and following two consultation events for young people, a detailed handbook designed by young people using the services is available; this aims at increasing awareness of a wide range of issues which adversely affect young people's health and well-being. It gives good guidance to the range of support that is available to help deal with these problems.

59. Adequate inter-agency working with schools is facilitating earlier forms of intervention for children and young people with emotional and behavioural needs and school nurses are working well to support a wide range of health education and promotion. Multi-agency drop-in sessions within secondary schools are usually well attended and enable immediate help or signposting to

other appropriate agencies. Stronger partnership working between the council and the PCT is now leading to better integrated multi-agency training and support. All referrals into CAMHS are now directed via a duty rota team that ensures services are delivered at the appropriate level and reduces escalation into higher tiers of service. Although this is a recent development, the system has received positive feedback from service users and CAMHS clinicians, commissioners and referring agencies.

60. Two successful pathfinder project bids have been made. The IAPT project is the only one in the country and will further develop collaborative work between the PCT and partner agencies to improve access to psychological support services at tier 1. The service provides an holistic health approach, an access point for young people to self-refer and a single point of entry for referrals from health, education and social care professionals. The Targeted Mental Health in Schools project will focus work within three pilot secondary schools and associated primary schools and the pupil referral unit. The sites have been chosen as they are within areas of recognised deprivation and have demonstrated commitment towards the social and emotional aspects of learning and the national Healthy Schools agendas. A special practitioner in mental health will work between the two projects to ensure alignment of the projects as they develop.

61. Services within CAMHS for children and young people with learning difficulties and/or disabilities are adequate. The PCT has a programme of capital investment, which will see the refurbishment of Cambeck Close, providing short breaks and respite care. There have been positive moves to integrate children and young people with learning difficulties and/or disabilities with the local community. A fun day took place last year at the local leisure centre attended by all children and young people using Cambeck. This provided an opportunity for participation in a range of activities supported by youth workers. There is a strategy to improve access to tier 3 and 4 services for children with learning difficulties and/or disabilities with sound ideas for developments within the service, particularly in tackling issues of sexual development and sleep.

62. Agencies and professionals have indicated a strong commitment to increased partnership working to meet the mental health needs of vulnerable children and young people and to ensure that resources and services are suitably aligned. There are positive signs of impact as the joint strategy begins to have an effect and services are commissioned within the strategy.

## Service management

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



63. **The management of services for children and young people is adequate. Capacity to improve further is adequate.**

Major strengths	Important weaknesses
<p>Children and young people are an important element of Bury's long-term ambitions included in the community strategy, the Local Area Agreement (LAA), the Bury plan and the CYPP.</p> <p>The shadow Children's Trust is operating well with good evidence of effective partnership working and cooperation.</p> <p>Financial control is strong.</p> <p>The partnership workforce has experienced and well-trained staff who are committed to Bury and the development journey on which the partnership is embarking.</p> <p>There is a well-established corporate performance monitoring system which extends to the Children's Trust.</p>	<p>The needs of vulnerable children are not addressed clearly enough in the revised community strategy.</p> <p>The corporate parenting role of councillors is not fully developed.</p> <p>The slow pace of development in some key areas such as joint workforce planning, children's centres, BSCB, and joint commissioning has reduced the capacity of services for vulnerable children and young people.</p> <p>The oversight of social care files and the availability and use of management information is too inconsistent.</p>

64. The ambitions established by the council and its partners for the children and young people of Bury are good. Children and young people are a key element of Bury's long-term ambitions as articulated in the Community Strategy, the LAA, the Bury Plan and the CYPP. Partnership working is strong, with committed involvement of partners, including health, police, and voluntary sectors in the shadow Children's Trust and a sense of engagement in a common enterprise. The ambitions for children and young people are jointly developed with partners, based on good shared intelligence, and are mostly challenging.

65. The CYPP has recently been refreshed; taking account of the findings of a recent joint strategic community needs assessment and the views of children and young people. The plan now has a strengthened focus on preventative work with families, and on narrowing the gaps – particularly for looked after children and those with learning difficulties and/or disabilities – reflecting the



national agenda and local need. However, unlike the LAA and the CYPP, the revised sustainable community strategy does not address clearly enough the partnership's ambitions for these more vulnerable young people.

66. The council and its partners use consultation and data adequately to develop and focus their ambitions. The 2007 joint strategic community needs assessment provides a wealth of data on the health and well-being of the people of Bury and the partners have further plans to develop an integrated data observatory which will combine data from across the partnership. This gives the partnership a good basis for focusing on diversity issues. The CYPP targets inequalities in provision identified through the needs analysis such as the lack of childcare provision in some areas. The participation of children and young people is developing, based on the national Hear by Right standards. Groups of vulnerable young people were convened to look at specific outcomes as part of the refresh of the CYPP. The well-established Youth Cabinet is represented on the Children's Trust board and the council's Local Area Partnerships are beginning to engage with local groups of young people. There are some good examples of the involvement of children and young people, for example, with the review of CAMHS and in producing a children's version of the CYPP, but their impact is not always clear and engagement of children with learning difficulties and/or disabilities with strategic issues is less good.

67. Prioritisation is adequate. Children and young people are a clear priority for the council through the CYPP and the LAA and the priorities address local needs and equalities issues such as the achievement of Pakistani pupils and looked after children. The priorities in plans are well linked and are reflected in partners' own plans and there is a clear understanding of partners' responsibilities for delivering the priorities. The council and its partners in the Local Strategic Partnership (known as 'Team Bury') jointly review progress and priorities at an annual strategic planning event. However, the priorities in the CYPP are not explicitly linked to the task-based actions in the children's services service plan. For example, the equality, diversity and inclusion actions do not link clearly to the 'narrowing the gap' priority of the CYPP. This means that some council staff may not be clear about how they contribute to the CYPP priorities.

68. The high priority given to services for children and young people is reflected in the allocation of additional resources to support the establishment of the children's services department. Considerable amounts of Council Priority Investment Reserve resources have been directed to priority areas in children's services such as the reconfiguring of care packages. There has also been some shifting of funding within the service towards priority areas such as the decommissioning of units for children with moderate learning difficulties and the reallocation of this funding to support units for children with autistic-spectrum disorders. Schools have been given additional funding through the formula for SEN support and to support looked after children. However, no information is provided in the CYPP on the resources available to support the

priorities in the plan so partners do not yet fully understand how their resources are contributing to these priorities.

69. Clear key priorities, outcomes and targets are identified under the CYPP themes and the five outcomes but not all the action plans detail resource requirements, action milestones and measurable outcomes. While most targets in the health area are ambitious, other targets are not sufficiently stretching, for example those for reviews of looked after children. Some key strategies required to deliver the partnership's ambitions, particularly in enhancing preventative services and addressing the needs of vulnerable children and young people, have been very recently developed and have not yet had an impact. These include the looked after children strategy, the early years strategy and the children with learning difficulties and/or disabilities inclusion strategy.

70. The overall capacity of the council and its partners is inadequate. Despite strong partnerships and established shadow Children's Trust arrangements, gaps in senior management capacity have slowed progress in developing key strategies and arrangements for joint working. The effect on frontline services is apparent in terms of some overstretched staff, posts unfilled and uncertainty about roles and responsibilities.

71. The children's services senior management team has been restructured to enhance partnership and preventative work and appointments have now been made to all posts. This follows a period of over two years without a full complement of permanent senior managers in post when key service developments to support integrated working were too slow. These include the development of the BSCB which is still behind the pace elsewhere. Other developments such as children's centres, use of the CAF and the lead professional role are also not far enough advanced.

72. Leadership by councillors is underdeveloped, and in particular their role in corporate parenting is not well enough understood. Urgent action has been taken to address this deficiency and arrangements for assessing the suitability of councillors to have direct access to children through Criminal Records Bureau checks are now in place. Nevertheless, the full potential of this role in raising ambition and monitoring outcomes is yet to be fully realised.

73. Decision-making is transparent through a shadow Children's Trust, led by a Children's Trust Board and supported by a range of sub-partnerships. These build well on the work of the Children and Young People's Strategic Partnership with the addition of three new sub-groups to enhance delivery of the change for children agenda and preventative work. Partnerships with the health sector, the police service, the Learning and Skills Council, the voluntary and community sector and the college are well established and effective in enhancing capacity.

74. Value for money is adequate. Bury has relatively low levels of funding compared with the national average and this has reduced capacity in some areas and adversely affected the pace of change. There is effective financial

control and processes are in place to control budget spending including a good Star Chamber process which successfully delivers efficiency savings. The children's services department has effectively tackled a substantial overspend on looked after children's agency placements. There is a good financial strategy linked to the council's medium-term financial strategy but the evidence from the investigations for the joint area review suggests that, despite this, the changes in children's services are under-resourced. There is a further risk from the pay equalisation process, including increased pay costs for schools. While educational outcomes are generally good and improving, performance in relation to some vulnerable groups is not improving fast enough, for example safeguarding, corporate parenting, developing accessible preventative services across Bury and reducing the number of looked after children.

75. Joint commissioning is underdeveloped. The joint commissioning framework was drawn up based on good practice elsewhere but partners from the health service, the Learning and Skills Council and the voluntary sector have only just signed up to it and mapping of current funding arrangements is just beginning. A number of key posts, including the Assistant Director for Prevention and Partnerships and the Director of Public Health, are jointly funded by the council and the PCT and there are examples of some pooling of resources, for example CAMHS. There is some joint funding for the development of the Children's Trust but partners have not yet identified funding for the BSCB.

76. Workforce development in children's services is too slow, particularly progress on bringing systems and staff together as joint teams, despite being identified as one of the high-risk areas for the partnership. Staff are hard-working and committed and there are few areas of shortages. However, they are overstretched in some areas, such as the children's reviewing team. A number of key posts, for example early years advisory teachers and the workforce development manager, have not yet been filled. Sometimes joint work on the ground is impeded by lack of clarity over responsibilities and resourcing, for example in early years and support for children with learning difficulties and/or disabilities. In some cases this means that the best use is not made of scarce resources. A formal workforce strategy for the wider children's workforce is not yet in place, although a high level workforce development framework has been produced.

77. Performance management is adequate. There are well-established corporate performance monitoring systems which partners access directly to update their performance data. The Children's Trust and its sub-groups carry out regular partnership performance monitoring focusing on a selection of performance indicators. There is an effective linked service assessment and Best Value Review process in the council, which has led to improvements in youth services. There are also good council systems to develop understanding of performance management such as a well used shared learning website and performance management workshops. Despite these systems, performance management practice in children's services is inconsistent. For example, the

quality of management overview of social care cases is uneven and YOT risk assessments do not consistently identify young people at risk of harm.

78. Scrutiny is not effectively contributing to improving performance since the children and young people's scrutiny commission has not yet developed a clear role in this area. There are some examples of the involvement of children and young people in performance management at service level but there are weaker formal links with other service users such as parents and vulnerable young people.

79. Comparison, benchmarking and external evaluation is used well, particularly in education, but the social care case management system is not providing useful management information and some information on vulnerable children has not been consistently shared between the YOT and children's social care.

80. Capacity to improve is adequate. The council and its partners have clear joint ambitions for children and young people based on a shared analysis of need but their ambitions for vulnerable young people are not sufficiently challenging. There is effective joint planning in partnership and strong financial management as well as a willingness to invest scarce funds in children's services. However, gaps in senior management leadership and slow development of joint workforce planning and commissioning mean that the resources of the partnership are insufficient to develop preventative services while maintaining support for vulnerable children. As a result, lack of capacity and unfilled posts in children's services have slowed progress in some key areas including development of the safeguarding board, children's centres and a range of integrated strategies to underpin the partnership's ambitions.

81. Performance management systems are in place and there is a good track record of improvement in some areas, for example GCSE and post-16 results; however, there are other areas where performance has not improved enough, for example numbers of looked after children and statutory reviews of their arrangements. Scrutiny is not challenging performance sufficiently in these areas.

## Annex A

### **MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN BURY**

#### **Summary**

Bury Council consistently delivers services for children and young people that produce good outcomes overall. Their role in helping children and young people make a positive contribution is outstanding. The council has responded constructively to areas for improvement highlighted in the 2006 APA. Services and departments successfully work together and have ambitious plans for the future. Slower than expected progress in certain aspects of health and education have resulted in the council making good rather than, as in 2005–06, outstanding contributions to health and enjoying and achieving. Consequently the combined judgment for the overall effectiveness of children's services has reduced to good. The council has good capacity to improve.

The full annual performance assessment can be found at:

[http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3081&providerCategoryID=0&fileName=\\APA\\apa\\_2007\\_351.pdf](http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3081&providerCategoryID=0&fileName=\\APA\\apa_2007_351.pdf)

## Annex B

### CHILDREN AND YOUNG PEOPLE'S SECTION OF THE CORPORATE ASSESSMENT REPORT

1. Outcomes for most children and young people in Bury are good. For the more vulnerable groups, including looked after children and children with learning difficulties and/or disabilities and some minority groups, outcomes are adequate. Health care and attainment levels for most children and young people are good and most feel safe and able to make a positive contribution and enjoy economic well-being.
2. Service management is adequate. The council and its partners acknowledge that outcomes for vulnerable groups of children and young people are not consistently good enough and that the rate of progress and improvement in some key areas has been too slow. Partnership working is good but, due to a lack of management capacity, many joint strategies to deliver the change for children agenda are at a relatively early stage of implementation. Staff are well trained, committed and enjoy working in Bury. Joint workforce development and commissioning arrangements are at an early stage. Performance management is strong at corporate and partnership levels but systems for quality assurance at practice levels are less effective. The council and its partners currently provide adequate value for money for services for children and young people.
3. The combined work of all local services in securing the health of children and young people is good overall. There are good examples of targeted health services including sexual health, CAMHS, looked after children and children and young people involved with the YOT. The immunisation programme for children within Bury is effective and the PCT has consistently achieved above the national rates for immunisations. Chlamydia screening has led to an increase in the number of young people who have accessed this service. Adequate progress is being made to achieve the 48-hour access to treatment targets. There has been good improvement in the provision of dental care from a low base and Bury now has the third highest rate nationally at 85.2% for the percentage of children and young people accessing dental treatments.
4. Children and young people appear safe and this is reflected through the TellUS survey. The safeguarding children board is well led by an independent chairperson. Joint resources for the board have not been fully agreed. Effective action is being taken in response to domestic violence, and recruitment and vetting processes for staff working with children are robust. Clear joint policies and procedures are in place for the protection of vulnerable children. Criteria for access to services are clearly defined and understood but thresholds remain high. Preventative services are not yet fully developed and this reduces options for some groups of children and young people. The number of looked after children remains high. Care planning is adequate overall but quality is variable, with drift in some cases. The number of children killed or seriously injured in

road accidents is above the baseline average. The pace of anti-bullying work in schools has been slow but this is now being actively addressed. Anti-social behaviour is reducing through good work between the YOT and police. Some young people in the YOT have not been effectively assessed for risk and communication between the YOT and social care has been inadequate. Active steps have been taken by the council to resolve this.

5. The impact of all local services in helping children and young people to enjoy and achieve is good. Most children and young people make good academic progress and in many respects performance is above national levels. Achievement for the more vulnerable groups is less strong but there the gap is reducing, including for black and minority ethnic pupils across all key stages and for looked after children. Overall performance at GCSE has improved and the percentage of looked after children achieving five or more A\*–C grades at GCSE was above the national average and that of statistical neighbours in 2006 and 2007. The percentage of pupils with statements of special educational need in mainstream schools is higher than the national average. However, a significant proportion of children with learning difficulties and/or disabilities are educated out of the immediate area because there is insufficient specialist support for children with behavioural, social and emotional difficulties. Headteachers report a lack of early intervention and provision for those that do not meet the criteria for specialist provision, leading to some children with challenging behaviour being excluded.

6. The impact of all local services in helping children and young people to contribute to society is adequate. Opportunities for children and young people to have a voice have been extended, with good examples of participation and consultation arrangements including on the shadow Children's Trust. The engagement of the most vulnerable groups is less well developed. Children and young people have had some influence on service delivery but have yet to have demonstrable impact on strategies and priorities. Participation in case reviews for looked after children is not sufficiently developed. Good work is being undertaken to support young carers but accommodation for this group restricts disabled access. Levels of offending in the borough are lower than neighbouring areas.

7. The impact of all local services in helping children and young people to achieve economic well-being is good. The overall percentage of 16 to 18 year olds not in employment, education or training is above average at 8% compared to 7.7% nationally. Vulnerable young people such as looked after children and young people, teenage mothers and those with learning difficulties and/or disabilities, are well targeted and supported. The National Vocational Qualification success rate for work-based learners with learning difficulties and/or disabilities is good and there has been a high increase in the numbers of young people completing their apprenticeships. Pathway plans for looked after children and young people are not consistently in place. There is a range of activities available to support the social development of care leavers and a high percentage of care leavers live in suitable accommodation. As a result the

number of care leavers who are in employment, education and training is comparatively good.

8. The capacity of council services to improve is adequate. Performance in the recent past has been assessed as good but the track record of improvement in services has been relatively slow and the quality of services for some vulnerable groups is variable. There is effective joint planning in partnership and strong financial management as well as a willingness to invest scarce funds in children's services. However, gaps in senior management leadership and slow development of joint workforce planning and commissioning mean that the resources of the partnership are insufficient to develop preventative services while maintaining support for vulnerable children. Many plans and strategies are in draft form and progress on implementation has been delayed in some instances. Senior management has been strengthened but structures are still in development and many new initiatives are yet to demonstrate sustained improvement of outcomes for vulnerable children and young people. Scrutiny and corporate parenting functions are being strengthened but it is too early to judge the impact.



## 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 Bury 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).