



**Better
education
and care**

Joint area review

Brighton and Hove Children's Services Authority Area

Review of services for children and young people

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

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of ten inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), the Adult Learning Inspectorate (ALI) and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the inspection of children's services*.

2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and its findings are represented in the relevant part of the corporate assessment report.

3. This review describes the outcomes achieved by children and young people growing up in the Brighton and Hove area and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.

4. The review evaluates the collective contribution made to each outcome for children and young people by relevant services in the area. It also judges the contributions made by the council's services overall and, specifically, its education and children's social care services. Particular attention is given to joint action by local services on behalf of those groups of children and young people who are vulnerable to poor outcomes. Two such groups are covered in detail: children and young people who are looked after by the council; and children and young people with learning difficulties and/or disabilities.

5. The review took place in two stages consisting in total of three weeks over a six-week period. The first stage reviewed all existing evidence including:

- self-assessment undertaken by local public service providers
- a survey of children and young people
- performance data
- planning documents
- information from the inspection of local settings, such as schools and day care provision
- evidence gathered during the Youth Offending Team (YOT) inspection
- briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.

6. The second stage involved inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, and a study of provision in one neighbourhood in Moulsecoomb in Brighton. It also included

gathering evidence on five key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. Discussions were held with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users, and community representatives. A review of case files for children and young people receiving support from a number of local agencies was also included.

Context

7. Brighton and Hove City Council is a unitary authority on the south coast of England and one of the country's most famous seaside city resorts. It sits between East and West Sussex and is bordered to the north by the South Downs. Its main communications are provided by two busy major roads, a rail connection and the nearby international airport at Gatwick.

8. Brighton and Hove is generally prosperous although unemployment is above national and regional averages and earnings are below national averages. There are significant pockets of deprivation, principally within the centre and east of the city. The city has five wards that include areas ranked within the 5% most deprived in England.

9. The area has a resident population of approximately 251,000 but is swelled annually by around 8 million tourists and other visitors. Children and young people aged between 0 and 19 represent 21.3% of the population which is lower than the national average of 25%. Of these children and young people, 23% live in social housing and 25% live in households where there is no regular earned income. Overall, people in the city have poorer health than in other parts of South East England. The black and minority ethnic (BME) population accounts for 5.8% of the total, with BME children and young people making up around 8.8% of the city's 0-19 population. It is estimated that around 3,700 children and young people have a learning difficulty and /or disability. The area also has significant lesbian, gay, bisexual and transgender communities that are believed to be among the highest in the country.

10. In 2002, the council's education and children's social care provision was merged under the Children Families and Schools Directorate (CFSD). In 2003, Brighton and Hove was selected as one of the 35 national Children's Trust Pathfinders. In December 2005 it was agreed that children's services provided by the Children and Families Directorate of South Downs NHS Trust would also be joined to the CFSD to become a single organisation. In April 2006, the CFSD was brought together with the children's community health service to form a single organisation, the Brighton and Hove Children and Young People's Trust (CYPT). Agreement has now been reached over the final transfer of health staff and other resources into the CYPT, which will formally occur in October 2006. The city has a Lead Member for children and has established a Local Safeguarding Children Board (LSCB).

11. The CYPT has established four 'hub' children's centres that provide a range of integrated services, and aim to develop two more. Additionally, there are plans for eight 'gateway centres', which will offer advice and signposting to other services. The council currently has a conventional arrangement for the delivery of its children's social care services, although from October 2006 these will be largely integrated into three areas of the city, (East, Central and West), where most children and young peoples services will be co-located. In March 2006, the council had 396 looked after children and young people in full-time placements and 64 accommodated under a series of short-term respite placements. Additionally the council had 199 young people to whom it had care leaving responsibilities and 124 children and young people on the child protection register.

12. Education in the maintained sector is delivered through 56 schools in the primary phase and by nine schools in the secondary phase. There are three independent special schools and five independent secondary schools. The Sussex Learning and Skills Council (LSC) are partners with the local authority, colleges, eight main work-based training providers, and schools in addressing the 14-19 strategy. Post-16 education and training is provided by one FE college, four school sixth forms, two sixth form colleges and eight work-based training providers. Entry to Employment (E2E) provision is managed by NACRO and provides 140 places. Adult and community learning is provided by a range of local providers including City College, Varndean College, the Friends Centre and Portslade Community College. The Local authority delivers community development and outreach work and family learning provision.

13. Currently, primary health care for children in Brighton and Hove is provided by the Brighton and Hove City Teaching Primary Care Trust. Community Healthcare is provided by the South Downs NHS trust. The children's services provided by the South Downs NHS Trust will be finally merged in October 2006 and become part of the CYPT. Brighton and Sussex University Hospital NHS Trust is the main provider of acute health services. Children's hospital services are provided by the Royal Alexandra Children's Hospital (RACH), and accident and emergency services are principally provided by the Royal Sussex County Hospital and RACH. Specialist children's mental health services are provided by the Sussex Partnership NHS Trust. The Trusts providing health services for the children and young people of Brighton and Hove fall within the South East Coast Health Authority.

Summary report

Outcomes for children and young people

14. **Outcomes for children and young people in Brighton and Hove are good overall.** Children and young people are generally healthy. There are a number of indicators that show good or improving health outcomes, including the birth weight of babies and the dental health of younger children. Teenage conception rates, although above average overall, are falling faster than the

national average for girls under 16. Those children and young people most at risk are well protected. However, there are concerns about high numbers of unallocated children in need cases in children's social care and about the responsiveness to these cases. There are also concerns about the high numbers of children looked after, of whom only 64% are allocated to qualified social workers. The majority of children enjoy their education and recreational opportunities and achieve well. Pupil attainment is in line with national averages, although the rate of change is above that of statistical neighbours and sometimes above national averages. The work of all services to ensure that children and young people make a positive contribution is good. Children and young people also have good opportunities to contribute to decision making in schools and the wider delivery of services in the city. Similarly, young people are prepared well for working life. The number of young people staying on in full-time education is significantly higher than the national average and qualification outcomes are near the national average for levels 2 and 3. However, the proportion of young people not in education employment or training is higher than the national average.

The impact of local services

Being healthy

15. **The combined work of local services in securing the health of children and young people is good.** The majority of Brighton and Hove's health-related performance indicators for children and families are better than those for England as a whole. However, the health of children and young people, particularly in areas of deprivation, may be detrimentally affected by high rates of alcohol and substance misuse and domestic violence. Health services and the council work well together in promoting healthy living and in developing accessible front-line services. Children and young people, and their parents and carers, have benefited from the development of children's centres and the very good multi-agency approach within community health, education, childcare and youth services. There is particular emphasis on reducing teenage pregnancies and substance misuse, as well as increasing children's and young people's engagement in physical activity. A new children's hospital will open in spring 2007, greatly improving current facilities and service provision. However, community paediatric nursing is limited, focusing mainly on supporting children requiring oncology or end-of-life services. There is an accessible child and adolescent mental health service (CAMHS) and a strategy to further improve this service. However, access and eligibility to some of this provision is limited, particularly for those with moderate mental health problems.

16. The health care of looked after children has improved with high numbers receiving health assessments, including those placed outside the city. Services for children and young people with learning difficulties and/or disabilities and their families and carers benefit from Brighton and Hove's good multi-agency and multi-disciplinary approaches. However, for children and young people with moderate learning difficulties and/or disabilities, access and eligibility is limited.

Staying safe

17. **The work of all local services in keeping children and young people safe is adequate.** The recently created LSCB is building on the strong partnership and effective multi-agency safeguarding arrangements established by the Area Child Protection Committee (ACPC). The city's Children and Young People's Safety Strategy (CYPSS) is good and there is a comprehensive anti-bullying strategy. Agencies have given priority to responding jointly to the issue of domestic violence and there are some good initiatives in this regard.

18. Referrals that clearly present child protection concerns are handled promptly and effectively and there is a good standard of multi-agency protection work, which is particularly well demonstrated by the work of the Clermont Unit. All cases on the child protection register are allocated to qualified social workers. Planning for looked after children and those on the child protection register is effective, and these children and young people receive good services.

19. However, the assessment, planning and delivery of services to children in need is more variable. There are concerns about the high numbers of children in need known to children's social care services who are unallocated to named social work staff and the potential for risk that this creates. Children's social care services have persistent difficulties in managing the volume and flow of casework and, consequently, there is evidence of delay and unresponsiveness to referrals, delayed completion of initial assessments, delayed delivery of services and delay in the longer term allocation of casework.

20. The joint Ofsted/ SSI Children's Services Inspection in 2004 recommended that the council should, 'review the effects of 'log-jamming' in children's social care services and take the necessary action to alleviate risk.' In response, the council focused on the broader strategy of reorganising into multi-disciplinary area based teams in October 2006. The council's view is that, over time, a substantial reduction in unallocated social care casework can be managed within the multi-disciplinary teams, thus relieving pressure on social care staff. Since 2004 some remedial actions have been taken to reduce 'log-jamming' which have had limited success, but overall they have not reduced the high numbers of unallocated children in need cases. The Trust acknowledges that it still has to determine how much social care capacity it requires to safely manage and deliver the improvements anticipated by the new organisational model.

21. There are very high numbers of looked after children of whom 36% are allocated to unqualified staff. This is a significant concern and is considerably below the performance of national and comparator authorities, although these staff are closely monitored and supervised. This allocation policy has been a pragmatic response to previous difficulties in the recruitment and retention of qualified social workers which has now improved. However, determining how much children's social care capacity is required also underlies this allocation

issue as it does with the allocation of staff to care leavers. A significant number of young people transfer into the care leavers team at age 15. A number of older care leavers are unallocated to a named member of care staff and held on a duty basis. These allocation and practice arrangements are also a significant concern, although it is planned that they will be addressed by the organisational changes in October 2006.

22. The CYPT plans to develop an overarching preventative strategy. Services will be re-configured on a three area model with the aim of integrating staff in a multi-agency response to the specific and distinctive needs of these areas by October 2006. However, analysis of the level of social care capacity required to meet short to medium-term need, and how the new social care duty and assessment teams will work, is still outstanding. It is, therefore, not clear how these new arrangements will deliver the improvements the Trust anticipates in the short to medium-term.

23. The Trust has successfully piloted the Common Assessment Framework (CAF) with some good outcomes, completed some basic training for key staff and will implement this new approach across the city by March 2008. The vision and commitment to CAF and the enthusiasm of staff towards a new way of working with children and families is good, and much emphasis is placed on the positive outcomes and potential efficiencies this will produce. There are, however, unresolved issues of capacity that have yet to be tested before improvement in the overall responsiveness and outcomes of this new approach can be demonstrated.

Enjoying and achieving

24. **The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** Early years providers and services work well together to offer parents and carers a variety of good quality early years provision. Good multi-agency collaboration is evidenced throughout children's early years and school life. Most pupils achieve well at school and attainment is improving, although there is variation across the authority. Schools receive good support from the School Advisory Service and 2005 results at GCSE indicate significant improvement and attainment is generally in line with the national average. However, a number of schools at Key Stage 2 have not reached the government's floor targets for achievement, although un-validated data for 2006 indicates improvement and reduced variation across the authority. Services liaise effectively to monitor and improve attendance, which is marginally below the national average. The council has a range of actions and initiatives in place to manage challenging behaviour, and the number of permanent exclusions is in line with or below the national average. However, the number of fixed-term exclusions is high across both the primary and secondary phases. Children and young people who are looked after or have learning difficulties and/or disabilities receive good support and guidance from services which collaborate effectively. The council works

very effectively with its partners to provide a wide range of out-of-school opportunities for children and young people.

Making a positive contribution

25. **The work of all local services in helping children and young people to contribute to society is good.** Most children and young people have good opportunities that enable them to develop socially and emotionally. Mainstream and targeted services are having a good impact on supporting children and young people to make a positive contribution. The majority of children are supported well to manage change, respond to challenges and cope with difficult periods in their lives. Vulnerable children and young people have access to a range of good support services such as counselling in schools, advocacy services and support for young carers.

26. There is a strong commitment to including children and young people, including some of the youngest children in the city, in decision-making processes. Plans are in place for a Brighton and Hove Youth Council to be established in October 2006. However, the strategies used for feeding back to children and young people the results of consultation with them are not always effective in reaching a wider audience. There is also a lack of understanding about the views of children and young people who offend.

27. Good measures are in place to identify children and young people at risk of anti-social behaviour. The Anti-Social Behaviour Team, working in partnership with agencies including housing and the police, target hot spots and take a range of actions to reduce the risk of anti-social behaviour. A close working relationship between the Partnership Community Safety Team and the YOT enhances the work to divert young people from offending, and the target for first-time entrants into the criminal justice system has been achieved.

28. The YOT provides an adequate range of interventions to address offending behaviour, with some good examples of innovative practice. Specialist health and education staff are promoting young people's access to mainstream services and an increasing proportion of young people who have offended are in education, training or employment. The work to reintegrate children and young people into the community following a custodial sentence is good.

Achieving economic well-being

29. **The work of all local services in helping children and young people achieve economic well-being is good.** The local LSC and the council work closely together in partnership with education and training providers. The council has put in place an appropriate strategic planning structure and partners demonstrate clear and coherent strategic planning through effective collaboration. The learning partnership has formed an effective 14-19 strategic group that is having a positive impact on the education and training provision for children and young people. For example, recent outcomes show an increase in the number of additional courses to extend the

curriculum offer, and some new E2E courses are on stream in the coming academic year. Nevertheless, the quantity and range of educational and vocational courses at level 2 and below is deficient. Linkages between housing, health, social care and the Connexions service are good, and multi-agency working is improving services. The strategic plan recognises current areas of weakness, such as the high numbers of young people not in education, employment or training. In particular, there is a shortage of employment or training opportunities for children and young people with learning difficulties and/or disabilities and also for those young people over 16 who offend. Partners share a clear focus on supporting children and young people and their families. However, there is recognition of the need to develop a comprehensive system to track the progress and educational and work destinations of all 14-19 year olds.

Service management

30. **The management of services for children and young people is good.** The ambition of the council and its partners is excellent. Effective strategic leadership is being provided by the council and partners. The CYPT is working actively to ensure the success of new structures and governance arrangements. Commitment is high and the Trust has produced a high quality Children and Young People's Plan (CYPP) which outlines a clearly stated and challenging vision for children and young people. Clearly focused priorities have been established, tightly structured around the five Every Child Matters outcomes. The Trust has made service reconfiguration its highest priority and plans to introduce a new three area structure from October 2006. The record of the Trust and partners on delivery of improved outcomes is generally good. A good range of individual preventative strategies are in place and the fundamental restructuring into city-wide and area-based integrated services is designed to build on this. However, a single overarching framework has yet to be produced. Similarly the Trust has yet to complete a clear and comprehensive eligibility and access matrix for all its services at all levels of risk and need.

31. The capacity of the council and its partners to deliver better outcomes for children and young people is good overall. The Director of Children's Services, Lead Member and her team and the PCT chair are providing strong leadership and robust arrangements for joint commissioning are in place. However, the impact on improved user outcomes of the CAMHS review is some way off. The Trust has a generally realistic view of the short and long-term implications for the changes required to make its vision a reality. However, the ability of the new area teams to deliver improvements to social care services for children in need, where there are clear questions of capacity, has not yet been addressed and gives cause for concern.

32. Financial management within the CYPT is good. Work on aligning health and council budgets is underway. Services for children and young people represent good value for money. Work to bring critical budgets under control has met with some success, but they still represent areas of high expenditure;

external fostering placements, special educational needs and transport clearly limit the Trusts ability to divert resources to areas of emerging priorities. The Trust is developing its approach to improving value for money; for example, the reviews of transport and work on the commissioning of existing external fostering placements have demonstrated significant improvement in cost effectiveness.

33. Performance management is adequate. Data quality within children's social care is not consistent and is recognised by the council as having weaknesses. New scrutiny arrangements are at an early stage. Some children and young people are actively involved in planning, reviewing and evaluating the services they receive. Good progress is being made in the performance management arrangements for the Trust although they also are at an early and transitional stage.

34. The council's self evaluation reflects considerable ambition and commitment. However, although there is often good and sometimes excellent work going on, this is not consistent and inspectors were unable to agree with the council's grading of its services, particularly in regard to staying safe and social care services for children.

Grades

Grades awarded:

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

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

Recommendations

For immediate action

The council should ensure that:

- new organisational arrangements deliver better outcomes for all children and young people, particularly improved responsiveness to all social care referrals and a significant reduction in the current levels of unallocated casework
- capacity is used effectively to enable the continuous allocation of all looked after children and young people to qualified social workers
- all young people leaving care are supported by a named worker and do not transfer into the leaving care team until they are at least 16 years old
- all partners agree clear and comprehensive access and eligibility thresholds for all services at all levels of risk and need for children and young people.

For action over the next six months

The council and its partners should:

- ensure implementation of a comprehensive commissioning strategy that improves the effectiveness of preventative services in safely reducing the number of children and young people looked after, and extends placement choice for those who need to be looked after
- prioritise and ensure a reduction in the number of young people not in education, employment or training, including young people with learning difficulties and/or disabilities and those who offend
- ensure that joint commissioning and de-commissioning of all services clearly identifies priorities and the review process for initial and continued funding
- ensure the plans to implement a suitable and comprehensive system to track the progress and educational/work destinations of all 14-19 year olds are completed and reviewed.

For action in the longer term

The council and its partners should:

- ensure that community-based paediatric nursing provision is reviewed as part of the commissioning of in patient services in Brighton and Hove and regionally
- ensure that the plans to develop the quantity and range of educational and vocational courses at level 2 and below are implemented and reviewed.

Main report

Outcomes for children and young people

35. **Outcomes for children and young people in Brighton and Hove are good overall.** The CYPT has taken a strategic approach to implementing the Every Child Matters agenda and is making good progress in implementing integrated children's services. However, significant improvements are required in the responsiveness and safeguarding arrangements provided by children's social care.

36. **Children and young people are generally healthy, but those living in areas of high deprivation have less favourable health outcomes.**

There are some good indicators for health at the start of a child's life. The numbers of babies born with a low birth weight and the reduction in numbers of women smoking in pregnancy are in line with national averages, and there are significantly higher than average rates of breast feeding. However, in areas of high deprivation, around half of women smoke during pregnancy, misuse of substances is of concern and infant deaths have risen above the national average. The numbers of babies born by caesarean section is generally higher than average, though more babies are born at home. The incidence of post-natal depression also shows an increase.

37. Immunisation rates, especially MMR, are significantly below national and regional averages and, for some diseases, uptake is declining. This trend is not seen in areas of deprivation, however, where the take up of immunisations is good. Dental health for five year olds is better than the national average, and obesity rates are in line with national averages. The survey of children and young people conducted as part of the joint area review revealed that the majority of children state they are very or quite healthy and that they find life very or quite enjoyable. There is good access to hospital services and good levels of staff that have specialist training for nursing children. It is not clear why the, albeit low, numbers of deaths in children up to age 15 are increasing and are higher than average.

38. Teenage conception and termination rates are above average although the conception rate for girls under 16 years is falling much faster than average. Sexually transmitted disease rates are below the national average, although detection rates are increasing, especially for Chlamydia, as a result of effective preventive and screening programmes that will have a positive impact on outcomes for young people.

39. The incidence of substance and alcohol misuse among children and young people is of concern. In a recent survey, over 35% of 14-15 year olds had taken some form of illegal drug, which was a higher rate than that found in the city's reference group and significantly higher than the rate reported in a similar survey done in 1999. A high proportion of under 18 year olds receive treatment for substance misuse. Access to specialist CAMHS is good. Health assessments

for looked after children have improved to 81%. Demand for services for children and young people with learning difficulties and/or disabilities is high. Seven percent of children and young people are estimated to have a disability, with increasing numbers of complex cases, and 11% of families have two or more children with special needs.

40. **Brighton and Hove is generally a safe place for young people to live.** Those children and young people identified as most at risk are identified promptly, are placed on the child protection register and protected well by inter-agency arrangements. However, there are high levels of referrals to the Duty and Assessment Team (DAT), high thresholds for intervention, and delays in allocating casework. Consequently there is a lack of responsiveness and the potential for risk to some children not currently receiving services. Domestic violence and parental drug misuse pose significant risks to the safety and well being of some children, although there are satisfactory inter-agency arrangements for tackling these problems.

41. The CYPS has identified 13 areas for action to increase the safety of children in the city, which are all being followed up. There has been good progress in reducing the numbers of road casualties and a multi-agency injury prevention working group has been created and is gathering data on accidents to children in the city. There is a jointly-funded safety officer and a multi-agency injury prevention group. In the past five years, more than 1200 children and 100 adults have been trained in protective behaviours. There is a comprehensive anti-bullying strategy in place, and there is evidence that work to prevent bullying has had a positive and significant impact on levels of occurrence in primary and secondary schools.

42. The proportion of looked after children is significantly higher than that found in England overall and in comparator authorities. Looked after children generally receive a good service, and reviews are well conducted, within timescales and with good levels of participation. The number of children looked after in foster placements or placed for adoption is very good, as is the number of children adopted in the past year. However, a lack of placement choice to meet demand is evident for young people aged over 13 years and sibling groups. The council's short-term placement stability performance raises concern about placement choice and planning, although the indicator is affected in part by the level of adoption placements. Long-term placement stability is acceptable and slightly above the national average. There is increasing use of family and friends placements, and these appear to be satisfactorily assessed and monitored. The Family Group Conference Service also appears successful in enabling some children to remain at home.

43. Children with complex learning difficulties and/or disabilities receive good services and have access to a satisfactory level of short breaks. There are plans to improve services to children with moderate learning difficulties and/or disabilities.

44. **Children and young people achieve well.** Children are prepared well for, and enjoy, school. Attendance is marginally below the national averages but is gradually improving and the absence rate overall of children who are looked after is good. The number of exclusions is in line with national averages in primary schools and below in secondary schools. Most pupils achieve well: their attainment at Key Stages 1, 2 and 3 is in line with the national average. However, the rate of change is above statistical neighbours and is sometimes above the national average; performance at GCSE in 2005 was above the national average. The attainment of children and young people who are looked after or have learning difficulties and/or disabilities is tracked closely and they make appropriate progress. The majority of children and young people participate in the varied programme of activities offered in recreational and leisure time.

45. **Children and young people have a good range of opportunities to make decisions and take personal responsibility. Many make a good contribution to their school and communities.** All schools in Brighton and Hove have school councils and a small number of secondary schools have student governors. This gives children and young people good opportunities to contribute to the decision-making processes in school and to a wider children and young person's agenda. However, systems for feeding back on the outcomes of their involvement need to be strengthened. A diverse range of children and young people have contributed well to the development of the Brighton and Hove Youth Council and the election process through the Children and Young Persons Steering Group (CYPSG).

46. Multi-agency working has resulted in a good range of recreational, sports, music and drama activities being available to children and young people. This diverse programme has enabled children and young people with disabilities to access a range of specialist and inclusive recreational activities.

47. The anti-social behaviour team, working in partnership with agencies including housing and the police, target 'hot spots' and take a range of actions to reduce the risk of anti-social behaviour. Emphasis is placed on early interventions, resulting in less than 10% of casework requiring formal enforcement actions through the court. The YOT provides an adequate range of interventions to address offending behaviour, with some good examples of innovative practice. The work to support children and young people's reintegration into the community following custodial sentence is good. Re-offending rates, though above the national average, are falling. The number of looked after children and young people who offend is below the national average for unitary authorities.

48. The Children's Rights and Coalition for Youth Service supports looked after children and young people and those with disabilities to contribute to the development of services; for example, children and young people with disabilities were supported in contributing to the redesign of disability services.

49. **Most children and young people are able to achieve economic well-being and are prepared well for working life.** Children and their parents benefit from a good range of accessible childcare provision, and close working between partners provides early intervention and good support to children and families. Family learning is good. There is generally a good range of support for minimising financial stress on low income families. The education maintenance allowance target has been achieved this year and levels of take-up are satisfactory.

50. Children and young people aged 14 to 19 have access to good quality support and guidance from Connexions and other agencies. Appropriate work experience opportunities are available to all young people at Key Stage 4. Transition planning provided for looked after young people and those with learning difficulties and/or disabilities is good; however, for the latter, partners recognise that the numbers and range of local employment opportunities are limited and require development. Qualification outcomes are near the national average for level 2 and level 3 by the age of 19 and they compare well with statistical neighbours. Attainment levels at GCE/VCE are also close to the national average. However, there is insufficient post-16 provision at level 2 and below and a low number of learners achieve their apprenticeship in work-based learning. The proportion of young people staying on in full-time education at 16 has increased rapidly and is significantly higher than the national average; however the drop-out rate for students during Year 12 is of concern. The proportion of young people not in education, employment or training is higher than the national average and has increased slightly over the last year. The proportion of young people going into higher education is low at 23%. The number of young people who are homeless is reducing and is now below the national average.

The impact of local services

Being healthy

51. **The combined work of all local services in securing the health of children and young people is good.** The combined work of all local services in securing the health of children and young people is good, and partnership working between agencies across the area is also good. The school nursing service, in particular, has been strengthened in order to meet the National Service Framework standard. The elements of the CYPT are in place and most community health services will transfer to it from South Downs Health (NHS) Trust in October 2006. Specialist mental health services are delivered by the newly-formed Sussex Partnership NHS trust. A new children's hospital is due to open in spring 2007 with twice the in-patient capacity of the existing cramped and unsuitable accommodation. These are significant organisational changes to the delivery of health services for children and young people health in Brighton and Hove which come at a time of comprehensive reviews to maternity, CAMHS and disability services.

52. The restructuring of maternity services has enabled midwives to work in both the community and in hospital in a bid to improve continuity of care and to strengthen midwifery skills. The environment for childbirth in hospital is medically orientated rather than being family friendly and is not geared towards mothers who present as low risk. There are a number of specialist midwives in place to target vulnerable groups such as teenage parents. There is a proactive approach to identifying and supporting victims of domestic violence. A range of very good multi-agency services are provided within the four children's centres to support and educate families. Of special note are the Earlylink and Playlink schemes, which are well regarded by parents. Health visitors have been trained in the CAF, ready for its implementation. A specialist health visitor is to be appointed to tackle the low uptake of immunisations.

53. Good multi-agency preventative services are in place to improve the health and well being of children and young people. A good range of education and support takes place within schools, youth services and in good community resources, such as the 'Safe and Sorted' drop-in centre, and, by detached youth workers. Good internet-based information and advice on drugs, alcohol and sexual health is available for young people. Schools have met targets for implementing the Healthy Schools initiative and making improvements to school lunches. There is good access to free sport and exercise both in and out of schools, with a pilot project for 11-13 year olds unable to swim 25 metres. Almost all schools provide access to two or more hours a week of sport, which is leading to a reported improvement in behaviour.

54. Substance and alcohol misuse is a significant problem within Brighton and Hove and a range of educational packages are in place. There is a specialist substance prevention service, 'ru-OK?' for under 19 year olds but sustained outcomes are difficult to demonstrate.

55. The children's community nursing service is provided by Brighton and Sussex University Hospitals NHS Trust but is limited, focusing mainly on supporting children requiring oncology or end-of-life services. There are plans to provide a greater range of services in the new children's hospital, reducing the need for children to travel to London and elsewhere for treatment. However, agreement regarding the funding and utilisation of the new children's hospital has yet to be finalised.

56. The CAMHS service is generally good with open access and 24-hour on call cover for specialist services. Increased funding has been used to establish school counsellors and community mental health workers, addressing gaps at the lower, less specialist end of provision. The CAMHS strategy is to be introduced by April 2007 and has been approved by all partners who are working toward agreement regarding its implementation and funding. Current issues requiring resolution include: children and young people who present concerns but do not meet thresholds of care, and support for health professionals and voluntary sector workers who work with clients requiring

higher levels of intervention. Arrangements for transition to adult mental health services can also be problematic for some young people.

57. Improvements to the care of looked after children have increased the number of health assessments undertaken, both for local placements and those which are out of area, and health needs are identified and followed up in an action plan. There are also good links to other services, such as CAMHS and sexual health for these looked after children and young people. There is good healthcare provision in the YOT, including a mental health nurse and a part-time child and adolescent psychiatrist.

58. There is a good service for the high number of children and young people with disabilities and there are good multi-agency and multi-disciplinary working arrangements. Some children and young people are not able to access services easily, particularly if they have moderate learning difficulties. A specialist school nurse is in post to look after the increasing number of complex cases who need residential placements.

Staying safe

59. **The work of all local services in keeping children and young people safe is adequate.** Children and young people identified as most at risk are protected well by inter-agency safeguarding arrangements. Nonetheless the persistent pressures of high volumes of referrals and arrangements for allocation raise concern about thresholds and potential for risk as well as the responsiveness of services both now and post reorganisation in October 2006.

60. The CYPT and the newly established LSCB are building on the effective multi-agency safeguarding arrangements of the former ACPC. The LSCB is about to develop its objectives and a comprehensive work programme, which should ensure a robust, inter-agency approach to safeguarding children. Community safety work is well developed, and a CYPSS has been produced. There is a comprehensive anti-bullying strategy that shows evidence of significant and positive impact. Tackling domestic violence is a strategic priority jointly for the LSCB and the Crime and Disorder Reduction Partnership, which oversee a number of innovative schemes that have reduced the incidence of domestic violence and provide support to victims, though there is no longer-term funding committed to these initiatives. A wide range of information and support is available that is easily accessible to children, young people and their carers, which reflect safeguarding priorities and the diversity of needs. There are also effective independent advocacy services.

61. The central DAT receives a high and increasing volume of referrals that is considerably above England and comparator group averages. Where clear child protection concerns are identified, referrals receive a prompt, safe and effective inter-agency response. There is, however, evidence of unresponsiveness and drift in dealing with other referrals and thresholds for intervention are high. The percentage of referrals, that lead to initial assessments has dropped significantly in the past year and is well below average. A relatively low

proportion of initial assessments are completed within seven days. There can be significant delay in responding to referrals and a high proportion of duty and assessment cases remain unallocated to named workers. Managers of the duty service continuously hold the responsibility and potential risk for more than 450 cases that are 'pending' awaiting further information, assessment or allocation. This situation is compounded by the slow throughput of cases for allocation to other teams. It is of significant concern that the plan to move shortly, in October 2006, to three area-based, multi-disciplinary teams has not yet been subjected to a rigorous workflow analysis or a clear determination of the numbers of staff required.

62. Though average caseload sizes in district teams are comparatively low, only 64% of looked after children are allocated to a qualified social worker, most of the remainder being held by unqualified staff. A small but significant percentage of looked after children are periodically unallocated and held on a duty basis. The number of looked after children is high and is increasing, although the reasons for this are not clearly understood. The CYPT's position is that it is appropriate to look after the current high numbers of children and young people and does not consider that a significant and staged reduction is possible. However, a previous survey showed that the majority of children who become looked after have been on the child protection register or have previously received services. There is evidence that the range and capacity of services currently available at earlier stages is not sufficient to prevent family breakdown.

63. Some useful services have been developed to reduce the need for children to be looked after, including Family Group Conferences, the Family Resource Team, the Friends and Families Team and the Divert Project. However, the relationship between these various resources is not always fully understood or utilised by staff in front line services. The continuing increase in the number of looked after children points to the capacity of preventative services being insufficient to meet demand.

64. There is evidence, from the case tracking exercise that was undertaken as part of the joint area review, of good quality casework, good care planning and some examples of effective front-line partnership work. Almost all looked after children reviews and child protection reviews are completed on time. However, the quality of casework and services to children in need is more variable. There is often a delay in transferring cases to family support teams from the DAT, exacerbated by the need to undertake further assessments before services can be delivered. The ability of managers to understand the volume of, and progress of, casework and to ensure that children are safeguarded is undermined by poor data quality. In March 2006, more than 900 children in need were thought to be unallocated to a named worker, although it was accepted that this data was unreliable. Work is underway to establish the Integrated Children's System, although implementation is delayed until early 2007 and it will take a further eighteen months until data and information quality are significantly improved.

65. Around 18% of children in need are allocated to a qualified social worker. Unqualified social work staff in family support and other teams are undergoing professional development and are expected to deal with the majority of this work, including complex cases, some of which are pre or post child protection registration. The work of the family support teams is strengthened by the contribution of mental health workers supervised by CAMHS. Levels of supervision and support to staff in social care teams are generally good, although there is no clear formal policy for the delivery and review of family support work, or, as yet, a clear matrix of risk and need for front-line staff in all agencies. A recent case file audit of post-registration pathways for children, commissioned by the LSCB, included a number of recommendations to improve the quality of practice for this group of vulnerable children.

66. Although several aspects of care leaver provision are effective, the current practice of transferring cases to the Leaving Care team at the age of 15 because of casework capacity issues is unsatisfactory. The arrangements for allocation of work in this team are also unsatisfactory as a significant number of care leavers are unallocated to a named worker and supported on a duty basis only.

67. Overall, a good service is provided for children and young people with learning difficulties and/or disabilities, and plans to provide an integrated service later this year will further strengthen it. However, this is a service under pressure and around 37% of those children and young people are not currently allocated to the children's social care disability team. The current provision of short breaks is well used but insufficient to meet demand for overnight care, where the wait for regular placements can be long. Levels of day support are, however, used flexibly to compensate for this. Direct payment provision is good and well used. There is an effective transitions protocol in place, with specialist workers to aid the implementation of plans between children's and adult's provision.

Enjoying and achieving

68. **The work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** A range of early years provision good to excellent quality is available and agencies work very well together. Comprehensive documentation is available for parents to help them understand and recognise good quality provision and the majority of parents/carers enrol their children in nursery education. Early years providers are required to take part in quality assurance schemes. They are well monitored, supported and challenged. All providers promote the Early Learning Goals and children are well prepared to enter statutory schooling.

69. Integrated children's centres facilitate multi-agency work and assist parents/carers to access information and support. Areas of deprivation are targeted and parents value the good support and intervention available to help their children enjoy and achieve at school and in leisure time. Underpinning this support is a variety of good quality adult learning. Advice on aspects such as gaining employment and benefit entitlement is also available.

70. School attainment is improving and the majority of children and young people consider that they are doing quite well. Most pupils achieve well, and the rate of change is above statistical neighbours and sometimes above the national average. There remains, however, variation across the authority and a number of schools at Key Stage 2 have not reached the government's floor targets for attainment. Pupils' attainment at Key Stages 1, 2 and 3 is in line with national averages. Attainment at GCSE showed a marked improvement in 2005 and is above the national average. Good analysis of data has identified inconsistencies between schools and strategies are in place to address them. The progress of different groups of vulnerable children and young people is clearly tracked, and overall, they make good progress. There is very effective support for pupils with English as an additional language and a good range of activities are in place for the more able pupils. School self-evaluation is consistently promoted and schools are very effectively supported to implement the national strategies and take action when necessary.

71. There are sufficient school places across the authority and clear admission arrangements are in place. Schools and services work well together to ensure that children and young people are encouraged to attend school. Primary and secondary attendance is marginally below the national averages, but is gradually improving and appropriate strategies are in place to support further improvement.

72. School inspection reports indicate that pupils behave well. The number of exclusions is in line with national averages in primary schools and below in secondary schools; however the number of fixed-term exclusions is high in both primary and secondary schools. Data is analysed effectively and a range of support is available for difficult behaviour through projects and the Alternative Centre for Education. Full-time support for children and young people out of school is quickly implemented.

73. Comprehensive procedures are in place to monitor the achievement and progress of children and young people educated other than in school, and agencies work well together to support them. Schools and services are successful in re-integrating pupils who have been absent while under medical supervision. Parents who educate their children at home are given a range of useful advice and support.

74. The concept of extended schools, participation in cultural events, and the performing arts and sports are promoted well by the authority and are highly successful. Twenty-five per cent of schools have obtained an Artsmark Award,

which is considerably higher than the national average, and 96% of primary schools use the museum service. Every child is offered the opportunity to learn to play a musical instrument.

75. Recreational and cultural facilities are used very well. A wide, exciting and diverse range of out of school activities is available for children and young people, for example the Hip H'Opera collaboration with Glyndebourne Opera, the 'Playing for Success' cricket and football programmes with local clubs and The Brighton Festival. Partnership groups are an important part of these activities, and agencies work well together to ensure that they meet local needs.

76. Effective and comprehensive multi-agency procedures ensure that children and young people who are looked after are given optimum opportunity to attend school and achieve well. Schools are positive about this support, and the absence rate of looked after children is good. Individual pupil progress is effectively monitored, study support is provided and pupils' attainment is improving so that it is in line with national averages. Participation in leisure activities is effectively promoted through the 'Listen Up' card, which allows all looked after children and their foster families subsidised access to a number of venues and activities. A high percentage of children who are looked after have a statement of special educational needs.

77. Children and young people with learning difficulties and/or disabilities are identified early, and parents receive good multi-agency support and guidance prior to, and during, school life. Transition into school is effectively supported by the PRESENs service, on which parents report very positively. Good quality, independent advice and support are available to them from agencies such as AMAZE. Care is taken to track progress. Effective multi-agency work ensures that this group of children and young people have access to a range of leisure activities that meets their needs.

78. The review of special educational needs provision is underway and, although the number of children and young people in special schools and the ensuing cost remain high, the number is decreasing and schools are progressively inclusive.

Making a positive contribution

79. **The combined work of all local services helping children and young people to contribute to society is good.** There are good opportunities that enable most children and young people to develop socially and emotionally. Mainstream and targeted services are having a good impact on supporting children and young people to make a positive contribution. Good partnership working has resulted in a wide range of activities being available to children and young people; the extended schools programme contributes significantly to this. Brighton and Hove has the lowest core Youth Service budget in the South East Region, but has been successful in attracting a high level of fixed-term funding and is working with the voluntary sector in the

delivery of services. Funding for this diverse programme remains a challenge with short-term funded projects creating some uncertainty within the voluntary sector.

80. The majority of children are supported well to manage change, respond to challenges and cope with difficult periods in their lives. Vulnerable children and young people have access to a range of good support services such as counselling in schools, advocacy services delivered through the Children's Rights Service and Coalition for Youth, although support for young carers is mainly delivered through the Young Carers' Service. As well as being supported by specialist services, vulnerable children and young people are encouraged to access mainstream activities; for example children and young people involved with the YISP programme are encouraged and supported by the project workers to attend local youth service facilities. A good range of effective programmes and support systems are in place to support vulnerable parents and carers in engaging their children in educational programmes and social events. The Early Childhood Project provides a mobile toy library and information about education to the parents of young children. Work undertaken with parents and carers of children and young people who offend or are risk of offending is well regarded by many of those who take part.

81. There is a strong commitment to including children and young people in decision making processes, including the youngest children in the city. There are a number of places where children and young people can contribute to their own communities. For example, the 'Can Do' Project enables children and young people to make decisions about the allocation of grants to community projects. The CYPSPG is preparing for city-wide elections to elect a Brighton and Hove Youth Council, which is seen as the main vehicle by which the CYPT will consult with children and young people in the city. However, the impact that the Youth Council has on supporting children and young people to make a positive contribution is yet to be monitored and evaluated. Insufficient attention has been given to gathering and understanding the views of children and young people who offend. There are currently systems in place for sharing information with children and young people; however, evidence suggests that these systems are not robust enough in reaching the wider audience, with some children and young people reporting that they do not always find it easy to get information.

82. Effective arrangements are in place to identify children and young people at risk of anti-social behaviour. However, children and young people attending focus groups reported that they do not feel safe in their own neighbourhoods or in the city in general. The anti-social behaviour team, working in partnership with agencies including housing and the police, target hot spots and take a range of actions to reduce the risk of anti-social behaviour. However, clear and robust outcome measures of the work to reduce anti-social behaviour amongst children and young people are yet to be developed. Emphasis is placed on early interventions, resulting in less than 10% of casework requiring formal enforcement actions through the court. A close working relationship between

the Partnership Community Safety Team and the YOT enhances the work to divert young people from offending, and the target for reducing first time entrants into the criminal justice system has been achieved.

83. The YOT provides an adequate range of interventions to address offending behaviour, with some good examples of innovative practice. Specialist health and education staff promote young people's access to mainstream services and an increasing proportion of young people who have offended are in education, training or employment. The work to support children and young people's reintegration into the community following a custodial sentence is good. Re-offending rates, though above the national average, are falling.

84. The Children's Rights and Coalition for Youth Service provides a good range of services to support all children and young people, including those who are looked after and those with learning difficulties and/or disabilities. The development of the Young People's Forum has enabled those who are looked after to feed their views into the decision and policy making processes. An example of this is the group's involvement in the recruitment and training of Independent Visitors (independent advocates for some looked after children) giving them the opportunity to develop new skills and significantly contribute to the development of this service. In an initiative to ensure the inclusion of looked after children and young people in mainstream activities, they are issued with a pass that gives them priority access to all activities in the city.

85. The diverse range of social and play opportunities available to children and young people in Brighton and Hove gives those with disabilities choices in accessing a good range of inclusive and specialist recreational opportunities such as after school clubs, music, art and sports activities. Good systems are in place to support these children and young people as they transfer at key stages of their lives. Siblings of children and young people with disabilities are offered support and recreational opportunities through the young carer's service.

Achieving economic well-being

86. **The work of all local services in helping children and young people achieve economic well being is good.** The council has put in place an appropriate strategic planning structure, and partners demonstrate clear and coherent strategic planning with effective collaboration and ownership. Partnership working and trust has greatly improved, and there is a clear understanding and vision of what is required to tackle recognised weaknesses.

87. Parents and carers are well informed about childcare facilities. Children and their parents benefit from a good range of accessible childcare provision. Overall, the quality of childcare is good and there is a sufficient range of providers and places. Good partnership working between both the statutory and voluntary sector provides early intervention and good support to children and families. Family learning is good. Parents and carers are encouraged to apply for relevant unemployment benefits and tax credit entitlement through good joint agency working; for example, all children's centres provide Job Centre Plus

services. There is generally a good range of support from education and training providers to minimise financial stress on low income families and schools operate their own systems to support individual pupils. The education maintenance allowance target has been achieved this year and levels of take-up are satisfactory.

88. Children and young people aged 14 to 19 have access to good quality support and guidance from Connexions advisers and other agencies. Individual institutions market 14 to 19 provision well, and some work has been undertaken to market groups of courses. A comprehensive internet based prospectus is shortly to come online. Work-based providers already have a good electronic prospectus and application system that is linked in to an employer website. Partnerships between education and business are effective and work experience opportunities are available to most young people at Key Stage 4. Opportunities for those young people who offend aged over 16 and those with learning difficulties and/or disabilities are limited. The enterprise agenda is growing stronger in schools and young people are supported well in developing self-confidence, team working skills and enterprise. Good support for teenage mothers has resulted in a rapid increase in numbers of young parents returning to education, employment or training.

89. The proportion of young people who are not in education, employment or training is high and shows a slight increase from last year. However, the Connexions service has increasingly better knowledge of the destination of young people resulting in a significant decrease in those for whom no data is available. There are high levels of unemployment for young people aged 17 and for young offenders and young people with learning difficulties and disabilities. This is a priority for partners and a series of well targeted measures have been put in place. Although there is no comprehensive and effective system to monitor the progress and educational/work destinations of young people from the age of 14 to 19, plans and funding are in place for its development.

90. A very good learning partnership has formed an effective 14 to 19 strategic group. The current 14 to 19 provision has been well analysed and some work has already taken place to improve provision at level 2 and below where significant gaps have been identified. There are good examples of effective collaboration to extend the range of opportunities available both at Key Stage 4 and post-16. These include vocational GCSE and other vocational qualifications. Some progress has been made in joint timetabling and some young people already transfer between the schools and colleges to take up flexible provision. Suitable plans are in place to increase provision appropriately, work in collaboration to produce suitable progression routes, and to market these effectively to children and young people and their parents. The council, through the Partnership Board, has already introduced flexibility in budgeting to assist planning. The council and the LSC have good joint monitoring arrangements and school management teams are monitoring provision effectively.

91. For 2002-2005, attainment at GCE/VCE has been generally in line with the England average and in the second quartile of comparator councils. Value-added indicators show no significant difference with national performance, although they are slightly above. There are, however, significant differences in attainment levels between institutions. Qualification outcomes are near the national average for level 2 and level 3 by the age of 19 and they compare well to statistical neighbours. The proportion of young people staying on in full-time education at 16 has increased rapidly and is significantly higher than the national average; however the drop-out rate for students in year 12 is recognised as a concern by the council. Apprentice success rates in work-based learning are poor, although showing a slight improvement. Achievement rates for National Vocational Qualifications and progression rates from entry to employment programmes are increasing significantly.

92. Good economic and community regeneration projects are appropriately targeted to increase employment and improve the quality of life in the more deprived areas. These effectively link economic opportunities to the development of relevant skills. Good partnership working between Connexions and other agencies increases the benefits of these regeneration projects.

93. There is a chronic shortage of affordable housing and, with nearly a quarter of children and young people living in social housing, the council housing stock is deteriorating, with an increasing number of dwellings failing to meet the decent home standard. However, within this context, there is good work to improve private sector stock and successful strategies in place to decrease the proportion of homeless young people. The number in temporary accommodation has fallen significantly to below the national average. Links between housing, health, social care and Connexions services are much stronger. Partners share a clear focus on children and young families, especially young people with learning difficulties and/or disabilities and care leavers. There has been a 40% decrease in homeless families over the past two years and a reduction of families staying in bed and breakfast to the national average of three weeks and no families are in hostel accommodation.

94. The proportion of looked after young people entering post-16 education, employment and training has increased rapidly and is now at the national average. The proportion of young people who offend entering appropriate employment and training compares favourably to statistical neighbours; however, for those over 16, the proportion is low. The proportion of care leavers in suitable accommodation at 19 has increased rapidly over the last two years and is now above the national average. The authority continues to expand the use of direct payments to support care leavers and disabled young people and their families. The proportion of young people with learning difficulties and/or disabilities who are not in education, training or employment has decreased over the last year; however it is still high at 31%. A significant number of young people at 16 with learning difficulties and/or disabilities move out of the area to take up education and training opportunities; however new facilities at Varndean College are excellent, with the capacity to deliver a wide

range of local provision in future. Overall, facilities in the area have greatly improved and the education, training and employment offer is also improving.

Service management

95. **The management of services for children and young people is good.** The ambition of the council and its partners is excellent. Effective strategic leadership is being provided by the council and partners. Agreement was reached in December 2005 to merge the CFSD of the council, in place since 2002, with the Children and Families Directorate of South Downs (NHS) Trust, to create a single organisation, called the Brighton and Hove CYPT. A Trust board is in place and working actively to ensure the success of new structures and governance arrangements. Commitment is high.

96. The CYPT, together with other partners, has produced a high quality CYPP, which outlines a clearly stated and challenging vision for children and young people. The plan demonstrates good links to the community strategy and the council's corporate plan. It has shared targets for improvement that are based on a thorough approach to needs analysis and wide consultation, and represent a good balance between national and local priorities.

97. Prioritisation is good. Clearly focused priorities have been established, tightly structured around the five Every Child Matters outcomes, with each of the outcome areas assigned to a senior manager. Service configuration is the Trust's highest priority and a project plan is in place to introduce three new area structures from 1 October 2006. From April 2007, an integrated approach to service planning will be introduced using the council's corporate team planning framework. For the current year, the Trust can demonstrate links between the new CYPP and existing strategies, plans and resources to ensure that priorities are met.

98. The record of the Trust and partners on delivery of improved outcomes is good, for example the health work on reducing under 16 year old teenage conception rates, the highly valued work in the performing arts, and the work of the YOT in diverting young people from offending. A range of preventative strategies and services are in place, but the Trust has not yet completed a single, over-arching local preventative strategy, and this leads to a lack of clarity among some partners about their future role.

99. The capacity of the council and its partners to deliver improvement in the outcomes for children and young people is good overall. The Director of Children's Services, Lead Member and her team and the PCT chair are providing strong leadership in the development of Trust arrangements. A new senior management team is established and providing effective management of the changes to which frontline staff are committed.

100. Arrangements for commissioning are developing well. The CYPT has adopted an approach to service remodelling and commissioning based on the principles of best value review. This approach has received some national

recognition and resulted in improved services, for example with under 5's, where small scale changes to individual services and the new approach to children's centres are a result of the review. However, the impact of the CAMHS review is some way off and clear outcome measures to ensure the successful implementation of review have yet to be developed. Outcome measures used to inform commissioning and decommissioning priorities within the health promotion and social care preventative agendas are not always clear. Similarly, the review processes for initial or continued funding of services lack clarity, and the involvement of the community and voluntary sector in some of the new commissioning arrangements is also not yet properly developed.

101. The CYPT has adopted a range of effective actions in order to tackle capacity issues in relation to the retention and recruitment of social workers and teachers. Measures have included the appointment of a children's social work recruitment manager, targeted recruitment campaigns, the improvement of career paths, part-time training through local universities and an early professional development pilot linking new teachers with others who are more experienced.

102. Good quality integrated working of frontline staff is already established in some services, for example with health visitors fully integrated into the management of children's centres. Area structure charts are agreed and consultation with staff is well advanced. The Trust has a generally realistic view of the short and long term implications for the changes required to make its vision a reality. Overall, the change programme is progressing well; however, the Trust is aware that the ability of the new area teams to deliver significant improvements to systems for children in need will be a considerable challenge.

103. Financial management within CFSD is good. Schools surpluses have been reduced and schools are challenged on any surplus balances they hold. Good progress is being made on the introduction of a clawback system and Standards for Financial Management in Schools. Work on aligning health and council budgets, together with developing pooled budget arrangements, is underway and on course to be implemented by the target date of 1 April 2007. An effective approach to risk management is in place and informing the way in which the trust is working.

104. Services for children and young people represent good value for money. Costs are relatively low and the quality of services is often good and sometimes excellent. Work to bring critical budgets under control has met with some success, but they still represent areas of high expenditure; external fostering placements, special educational needs and transport clearly limit the Trust's ability to divert resources to areas of emerging priorities. The CYPT is developing its approach to improving value for money. For example, the reviews of transport and work on the commissioning of existing external fostering placements have demonstrated significant improvement in cost effectiveness.

105. There are some significant capacity issues within children's social care services in relation to the way in which incoming referrals, assessments, service delivery and overall casework capacity is managed. This is compounded by the lack of accurate and reliable data in relation to casework that was referred to.

106. Performance management is adequate. Current arrangements for performance reporting within the CFSD, using the Council's corporate framework, are adequate with examples of managed improvements. Data quality within children's social care is not consistent and is recognised as having weaknesses.

107. Performance management arrangements for the CYPT are at an early and transitional stage, but making good progress. Discussion between CYPT partners on reporting information is well advanced and plans are in place for a first report to go to the board in July 2006. Similarly, scrutiny within CFSD is adequate, but arrangements for the Trust, although at a very early stage, show encouraging signs of development. The new committee only met for the first time in June 2006, but work is already underway to understand the role of scrutiny in relation to the new governance arrangements, develop an annual programme, share skills, and arrange a suitable programme of induction and training. Members of the committee are clear and articulate about their commitment to improving outcomes. Some children and young people are actively involved in planning, reviewing and evaluating the services they receive, but are not routinely involved in the performance management process.

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

1. Brighton and Hove City Council and its partners performance in this area is good overall. The council's use of resources is generally effective and it is developing joint commissioning to allocate resources to areas of highest need and priority. The council's youth offending team is adequate. Most children are healthy and those at most risk are well protected.

2. The CYPT has produced a high quality CYPP and has set out clear and challenging ambitions for children's services. The council has merged its education and social care functions successfully and is about to integrate health provision with effect from October 2006. There is good political support and commitment to improve outcomes for children.

3. Management of the council's services for children and young people is good overall. The council and its partners have a good record of achievement on priority areas. The overall capacity of the council to meet its objectives is good.

4. The council has developed a strong and effective partnership and is jointly promoting focus and the prioritisation of children and young peoples health education and preventative programmes. There is evidence of good multidisciplinary work to assure healthy outcomes for children and young people. There is some evidence that the joint approach of agencies is having positive impact on the reduction of teenage pregnancy. CAMHS are providing a good service and there are further plans for development.

5. Children and young people most at risk from abuse are well protected through good multi agency safeguarding arrangements. However pressures of incoming referrals and the current arrangements to manage casework create cause for concern especially in view of imminent reorganisation of children's social care into a 3 area model. Although work is in hand to implement the Common Assessment Framework an agreed matrix of multi-agency thresholds for risk, need and service access and eligibility are still to be developed. The number of looked after children is high, and a high percentage are not allocated to qualified social workers. Services for looked after children generally work well together. However there is a need to improve placement choice and stability as well as the range of capacity of preventative services to improve diversion from care. For care leavers more needs to be done to improve capacity, the consistent allocation of key workers and the quality of the service.

6. The council contributes well toward a good strategy for childcare and early years education. There are sufficient childcare places and the quality of nursery education is good. The overall quality of education provision is good and there is effective challenge and support for schools as well as effective support for pupil behaviour and attendance. Most children achieve well at school and

attainment is improving though there is some variation across the area. The level of educational attainment of looked after children and young people and those with learning difficulties and/or disabilities is appropriate.

7. There is good support to help children and young people to take personal responsibility and to contribute to their communities. The council and its partners are successfully working together to reduce anti-social behaviour by young people and are beginning to reduce offending. Opportunities for children and young people's involvement in decision making on issues which affect them are developing well.

8. The work of all services to ensure the economic well being of children and young people is good. However, the proportion of young people not in education, employment or training is high. Qualification outcomes for young people are near the national average especially for the attainment of level 2 and 3 outcomes by 19. The proportion of looked after young people entering post 16 training education and employment has increased quickly and is now at the national average. Young people have access to good quality advice and support from Connexions and other agencies. The council is implementing a well researched 14-19 strategy but more progress is required. There is a shortage of suitable affordable accommodation for young people although there is good work to improve private sector housing and reduce youth homelessness. Regeneration initiatives are appropriately targeted to increase employment opportunities and the quality of life in most deprived areas.