

Joint area review

Bradford Children's Services Authority Area

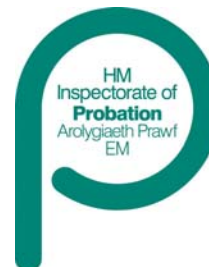
Review of services for children and young people

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

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Introduction

1. The most recent annual performance assessment (APA) for Bradford judged the council's children's services as good and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk, or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
 - the impact of the partners' strategy in improving sexual and reproductive health
 - the impact of the partners' strategy in raising attainment at Foundation Level and in primary schools.

Context

4. Bradford is located in west Yorkshire, in the north of England. The population currently is almost 493,000, of which 23% are aged between 0 and 17 years. Almost 34% of 0 to 17 year olds are from Black and minority ethnic backgrounds, the most significant groups being of Pakistani and Indian heritage. There is an upward trend in the incidence of learning difficulties and/or disabilities and complex health needs amongst children and young people. The district is the 32nd most deprived local authority area in England and 42% of the city's neighbourhoods are amongst the 20% most deprived in the country.
5. There are 75 private and 17 voluntary full day-care early years settings, and 12 maintained either by the local authority, local colleges or the health service. There is one private and 31 voluntary sessional day-care settings and 21 children's centres, with 12 more to be designated by March 2008. There are seven nursery schools, 158 primary schools, 29 secondary schools including two academies, 11 special schools and five pupil referral units.
6. All secondary schools have sixth forms. There are three colleges of further education in Bradford. There are 12 work-based training providers. Education Bradford has been delivering the contract to lead professional development in school improvement since 2001 and is the direct provider in most areas of support to schools.

7. Entry to Employment provision is managed by Careers Bradford under contract from the local Learning and Skills Council, controlling 681 places.
8. Adult and community learning, including family learning, is provided by Bradford College, the Cathedral Centre and Education Bradford.
9. Primary care is provided by Bradford and Airedale Teaching Primary Care Trust (tPCT), which is coterminous with the local authority area. The main providers of children's acute services are Bradford Hospitals NHS Foundation Trust, Airedale NHS Trust and Leeds Teaching Hospitals NHS Trust.
10. Bradford District Care Trust is the main provider of Child and Adolescent Mental Health Services (CAMHS). Additional services are provided by Bradford Teaching Hospitals Trust, Bradford Relate, Keighley Relate, Barnardos and Education Bradford. In addition, services are provided by Leeds Primary Care Trust and North Yorkshire and York Primary Care Trust.
11. Children's social care services are provided through 473 foster carers, 13 children's residential care homes, five family centres, and two social care family support teams and 28 field social work teams.

Main findings

12. The main findings of this joint area review are as follows:
 - There is strong involvement from all required agencies in the Local Safeguarding Children Board (LSCB). There is excellent support for work with children at risk of sexual exploitation, with strong links to arrangements for missing children. The range of domestic abuse support services and multi-agency public protection arrangements is good. There is a good range of family support that includes a rapidly expanding number of children's centres. Social services duty arrangements are well organised and resourced. Serious case reviews do comply fully with current national guidance.
 - The Looked After Children Multi-agency Partnership ensures effective, coordinated work to support looked after children. Well-managed care planning and review systems contribute to a high proportion of stable placements. The work of the looked after children nurses and the leaving care service is good. The proportion of young people leaving care aged 16 or over who have achieved five or more GCSEs grades A*–C is increasing but remains very low. Outcomes for care leavers in education, training or employment post-16 are good. There is a high rate of school absence amongst looked after children. There are insufficient independent visitors for long-term looked after children.

- There is a good focus on early intervention and preventative work in early years settings for children with learning difficulties and/or disabilities. Good quality individual, multi-agency projects and initiatives have positive outcomes for children and young people with learning difficulties and/or disabilities. Support for children by the social care complex health needs and disabilities service is effective. It is difficult for children with learning difficulties and/or disabilities to get access to some therapeutic services. There are insufficient residential and day care options for young people with complex needs aged 19+. Consultation on strategic decisions with children and young people with learning difficulties and/or disabilities and their parents/carers is limited.
- The rate of reduction in teenage pregnancies is faster than that found in similar areas and nationally. Well-established and successful initiatives, such as Speakeasy and in the youth service, are receiving additional investment. There has been good progress in the development of culturally sensitive services. There is an inadequate understanding shared by all partners of agencies' roles and responsibilities for promoting sexual health. There is limited involvement by some schools in addressing sexual health issues. Action plans for promoting sexual health and reducing teenage pregnancy lack measurable outcomes, milestones and timescales. There is insufficient evaluation of the impact of services.
- There is effective support for young children and their parents in maintained and private, voluntary and independent early years settings. There is a good track record in improving attainment at Key Stage 2. Analysis of attainment and progress data for primary schools supports improvement well. Targeted support for Pakistani and Bangladeshi pupils and White boys has resulted in improved attainment by these groups at Key Stage 2. The number of primary schools meeting attainment targets in English, mathematics and science has increased. There is insufficient support for raising attainment at Key Stage 1.
- There is a good track record of improving key outcomes for children and young people, for example improved educational attainment for many pupils at Key Stages 2 and 4, and a large reduction in the number of young people not in education, employment or training. The involvement of children and young people and the voluntary and community sector in the governance, design and delivery of services is good. The performance management of services is supported by an excellent information system. The monitoring of the contract with Education Bradford is good. The needs analysis and consultation underpinning the Children and Young People's Plan (CYPP) is robust. There is, however, a lack of long-term targets and insufficiently clear costing of and prioritisation in the CYPP.

Grades

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

	Local services overall
Safeguarding	3
Looked after children	3
Learning difficulties and/or disabilities	2
Service management	3
Capacity to improve	3

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area
- ensure there is sufficient focus on improving attainment at Key Stage 1.

For action over the next six months

The local partnership should:

- ensure easy access for children and young people with learning difficulties and/or disabilities to the therapeutic services they require
- improve the attendance at school of looked after children
- ensure serious case reviews comply fully with current national guidance
- ensure all partners understand and carry out their responsibilities for improving sexual health.

For action in the longer term

The local partnership should:

- provide sufficient residential and day-care options for young people with complex needs aged 19+.

Equality and diversity

13. The council and its partners are committed to improving outcomes for children and young people, narrowing the gap between outcomes for the most vulnerable groups and their peers. The number of children from minority ethnic backgrounds on the child protection register is lower than other similar areas. The LSCB is investigating this. Individual initiatives, projects and programmes for children and young people with learning difficulties and/or disabilities are of good quality and make a positive contribution to their development. Their attainment is improving and the current gap that exists with their peers is narrowing. There have been no permanent exclusions from schools of pupils with learning difficulties and/or disabilities since 2005 and the use of fixed-term exclusions has decreased.

14. Sexual health services are sensitive to the need to consult with and represent a wide and sometimes polarised range of values and traditions within the multi-cultural context of Bradford. Service managers recognise that there are as yet insufficient services to meet the needs of young Asian men and women. Bangladeshi pupils continue to attain lower standards than their peers at Key Stage 1 in all subjects and at all levels. At Key Stage 2, the gap between the attainment of girls and boys in Bradford has narrowed and is now in line with national averages. Bangladeshi, Pakistani and Black pupils' achievement at Key Stage 2 was below the average for Bradford in all subjects, but the performance of Pakistani pupils improved in all subjects recently and White boys improved in nearly all areas. Children and young people are exceptionally well engaged and there are improvements in their economic well-being, particularly for the most vulnerable. The youth service makes a valuable contribution to community cohesion.

Safeguarding



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

Major strengths	Important weaknesses
<p>Excellent support for work with children at risk of sexual exploitation with strong links to arrangements for missing children.</p> <p>Strong involvement of all required agencies in the LSCB.</p>	<p>Serious case reviews do not comply fully with current national guidance.</p>

<p>Good range of domestic abuse support services and multi-agency public protection arrangements.</p> <p>Good range of family support that includes a rapidly expanding number of children's centres.</p> <p>Well-organised and resourced duty arrangements.</p>	
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16. Most children and young people feel safe in school and their local community. This is the result of good practice, for example in schools, to deal with bullying. The proportion who say they feel safe is slightly more than the national average. Young people feel less safe when using public transport. The 2007 APA judged performance to be good and this continues to be the case. There is some excellent practice. Arrangements to identify missing children and prevent child sexual exploitation are especially strong. The number of children on the child protection register is lower than similar areas despite a recent rise. This reflects a strong inter-agency commitment to supporting families and clear thresholds that focus action on prevention. The arrangements are managed well and effective work is done with families and children at risk, who are all allocated to a qualified and appropriately trained social worker. Child protection plans are of good quality and are completed and reviewed in good time. The numbers of children on the child protection register from minority ethnic backgrounds are lower than other similar areas. The LSCB is investigating this. The overall proportions of initial and core assessments undertaken and completed within required timescales are far higher than other areas, but the arrangements are robust and assessments contain comprehensive information with strong contributions from the various services involved. Processes for safe recruitment of staff are robust as a result of clear guidance provided by the LSCB.

17. Work to enable parents to keep their children safe in the community is good. There is effective co-ordination of services to reduce road traffic injuries and deaths involving children through initiatives such as the free installation of child car seats. The area is currently on track to meet the government target by 2010. The proportion of schools that have achieved the Healthy Schools standard is above the national average and increasing at the fastest rate in the region. Services to tackle alcohol and substance misuse by young people are adequate. There has been a reduction in the number of cases treated of heroin misuse, whilst the numbers of cases of cannabis and alcohol misuse have increased, but are consistent with national trends. The proportion of young people requiring specialist services for substance use is half the regional average and the majority of cases relate to alcohol misuse. There is good access to CAMHS for these young people.

18. There is good access to CAMHS for young offenders. Substance misuse services are used effectively in prevention work. Good work by the Youth Offending Team and the youth service together has established an anti-bullying project which offers a first line of contact telephone link. This offers an advice and signposting service and is an impressive response to a locally identified issue. There are, however, many examples of longstanding difficulties with mainstream education pre-16 for young offenders, such as the use of unofficial exclusions and high levels of part-time timetables. The range of alternative education programmes post-16 for young offenders is impressive and includes innovative accredited opportunities in arts, sports, vocational skills and personal development programmes that are leading to positive outcomes.

19. Responses to domestic violence are good. There is a clear district-wide strategy and effective arrangements for notifications to social care duty teams. Agencies share information well and co-ordinate practical support through specific services available throughout the district.

20. The positive impact of multi-agency support services through children's centres, extended services in schools, and activities offered through voluntary and community organisations ensure fewer children are referred to social care than in similar areas and fewer become looked after. Plans to implement the Common Assessment Framework are on track with three pilots already evaluated.

21. Social care duty arrangements are managed well with appropriate levels of staffing. A written matrix of need describes thresholds of emerging, vulnerable, complex and acute need categories to determine priorities for services. These enable staff to prioritise cases well. Referrals generally receive a prompt response and there is good communication between the daytime service and out-of-hours workers. The youth offending service (YOS), however, has experienced difficulties occasionally when requesting social care involvement. Information is recorded well. There is regular, recorded supervision and audits by managers. Practitioners have good access to effective training and multi-agency procedures are updated routinely.

22. Early years settings and schools provide safe environments for children and young people. Most young people report feeling safe in school and their local community. They confirm that bullying and harassment are dealt with effectively and incidents are relatively few. All schools have anti-bullying and anti-racist policies that are monitored by Education Bradford but it is believed that not all bullying and racist incidents are being reported. The LSCB has appointed an anti-bullying co-ordinator and an area-wide strategy will be agreed in 2008 along with training from the Anti-Bullying Alliance. The recent development of 'behaviour and attendance collaboratives' in secondary schools has led to more flexible approaches to meeting the needs of individuals and reduced the demand for places at pupil referral units (PRU). This has allowed PRU staff to develop a consultancy role in mainstream schools. An innovative project works with young people with extreme anxieties and emotional

difficulties around school and other social environments. It achieves good outcomes, reintegrating Year 10 pupils successfully into mainstream education; all Year 11 pupils involved achieved good GCSE success in 2007.

23. There are excellent arrangements for tracking children missing from care and education which have dramatically reduced the number of missing children or young people. These are well co-ordinated between agencies.

24. Bradford has very well established arrangements for protecting children and young people from child sexual exploitation. The LSCB funds a co-ordinator who works closely with all the agencies involved. Two complex abuse investigations have been effective in protecting vulnerable young people and contributing to improved training and practice. These arrangements are well integrated with other LSCB processes and missing person's protocols.

25. Good, well-established multi-agency public protection arrangements (MAPPA) contribute effectively to safeguarding children from adults who pose a risk. The MAPPA panel is well supported by agencies and ensures good co-ordination of information. The management of allegations against professionals is good. The LSCB promotes excellent engagement with the voluntary and community sector and faith organisations through a dedicated officer who provides advice, information and consultation. This, together with a highly effective programme of road shows throughout the district, is increasing the take-up of training and participation in comprehensive organisational audits.

26. The LSCB has membership from all statutory organisations. It ensures effective links with the voluntary and community organisations and provides effective strategic direction. There are good arrangements for ensuring the lead member and chief executive of the council are kept informed about safeguarding issues and developments across the district. Subgroups are used well to deal with specific issues or areas of work. The board is chaired well by the Director of Children's Services but this limits the independence of the board. Three serious case reviews had lengthy delays, although these were affected significantly by criminal proceedings. The most recent review in 2007 did not comply fully with national guidance.

Looked after children and young people



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

Major strengths	Important weaknesses
<p>Effective partnership working overseen by the Looked After Children Multi-agency Partnership.</p> <p>The work of the looked after children nurses.</p> <p>The leaving care service.</p> <p>Well-managed care planning and review systems contributing to a high proportion of stable placements.</p> <p>Good outcomes for care leavers in education, training or employment.</p>	<p>High rate of school absence.</p> <p>Insufficient independent visitors for long-term looked after children.</p>

28. Services are combining well to meet the health needs of looked after children. Every child has an allocated nurse and there is a dedicated nurse for care leavers, providing good continuity of care. Nurses are effective in arranging dental care and fast tracking services. The proportion of looked after children with up-to-date immunisations is high and the proportion receiving an annual health assessment is very good. The CAMHS gives priority to looked after children, with short waiting times and dedicated staff. It offers regular consultations to children's homes, and foster carers, as required. Carers are very positive about this level of support.

29. Reducing the number of looked after children is a priority in the CYPP and the number is reducing over time, with the rate now slightly below the average for similar councils. A Family Support Panel held each week ensures agencies co-ordinate support effectively. For example, the Adolescent Crisis Response Service (ACReS) is highly successful in helping to prevent young people from becoming looked after through targeted support. Good action has been taken to address a high number of children on care orders placed with parents through successful discharge of care orders, which has also helped reduce the number in care. The number of children adopted or made subject to a special guardianship order is, however, below the average for similar areas. A comparatively high proportion of children are fostered with relatives and friends when adoption might not be appropriate, but limited use is made of special guardianship orders and residence orders.

30. Children looked after by the council live in safe and secure placements that are reviewed appropriately. There is a shortage of foster placements for some looked after children, particularly those with complex needs. The council is taking action to increase placement choice, but there are insufficient resources available to prepare and assess applicants, resulting in some children spending too long in residential care. The fostering service and adoption service are good. Training for residential staff and carers is well organised. A

comprehensive training programme for foster carers is highly regarded by carers. Most residential care placements were rated good in their last inspection. Prompt remedial action has been taken in homes where standards were not met. Elected members join officers on regulatory visits, which ensure good oversight by the council.

31. Care plans are mostly of a good standard and carers are given written information about children and young people that enables them to understand the children's needs. Social workers visit looked after children more frequently than the minimum statutory requirements. Computer records are used by the YOS and looked after children nurses, and updated by residential staff, which ensures good communication.

32. A good and improving proportion of children's reviews are held within appropriate timescales. The number of children participating in their reviews is increasing and is now in line with similar areas. All looked after children have an allocated independent reviewing officer which provides continuity in the care planning process. The 'Seen and Heard' service has helped children to participate in their reviews, for example through their engagement in designing new consultation forms. There is clear, accessible information about how to complain and advocacy is arranged through 'Seen and Heard'. Effective systems are in place to monitor the outcomes of complaints and ensure they are used to improve services. There is, however, a shortage of independent visitors for children looked after on a long-term basis. A high proportion of children live in stable and local placements as a result of concerted action, including building new children's homes in the district. Care leavers have opportunities to make a contribution helping their peers through peer mentoring support, and this approach is productive in providing advice to young people on achieving good outcomes.

33. Agencies ensure that looked after children have education placements that reflect their needs. Designated teachers for looked after children in every school are well supported through close contact with the education officer responsible for looked after children. Most looked after children have clear personal education plans reviewed twice yearly as a minimum.

34. The attainment of looked after children is improving but from a low base. There is a comprehensive range of support provided for looked after children to help them achieve educationally. The proportion of young people leaving care aged 16 or over achieving five or more GCSEs grades A* -C is increasing and in 2006/07 was slightly above the national average for this group. However, it remains very low and well below the average for all pupils both within Bradford and nationally. At Key Stage 4 the rate of improvement for this group is less than the rate for all pupils in Bradford and as a result the gap in attainment has widened. School attendance of looked after children is below that in similar areas, and 16.4% missed 25 or more days compared with 13% in similar areas. Recent action to improve the attendance of these children is yet to have impact.

35. Looked after children participate in a wide range of cultural and leisure activities. Access to leisure facilities is available free or at reduced cost. Young people are very positive about the range of activities on offer.

36. The transition arrangements for young people as they move from the looked after service to the care leaving service are well managed, particularly in preparing them for independent living, to which the Smooth it Out Group makes an excellent contribution. The Leaving Care Service provides a high level of support to young people as they adapt to independent living, supported by health, Connexions and housing services. All care leavers are allocated to a social worker and most have up-to-date pathway plans. Services such as Learning Employment Advice Preparation (LEAP) and Connexions, working in partnership with the Leaving Care Service, have been highly successful in getting young people into education, training or employment (ETE). Over the past two years there has been a significant improvement in the proportion of care leavers staying in ETE and the ratio is now better than the national average. Arrangements for ensuring suitable accommodation for care leavers are good. There are strong links with housing providers and a good range of supported accommodation is on offer, although the percentage of care leavers in suitable accommodation at age 19 is slightly below average.

37. Effective action is being taken to support and guide looked after young people who offend or are at risk of offending. A dedicated YOS worker provides targeted intervention to children in residential homes and as a result the number offending is reducing.

Children and young people with learning difficulties and/or disabilities



38. **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
Effective support for children by the social care Complex Health Needs and Disabilities Service.	Difficulty in accessing some therapeutic services. Insufficient residential and day-care options for young people with complex needs aged 19+.

<p>The quality of individual multi-agency projects and initiatives and their positive impact on outcomes for children and young people with learning difficulties and/or disabilities.</p> <p>The focus on early intervention and preventative work in early years settings.</p>	<p>Limited consultation on strategic decisions with children and young people with learning difficulties and/or disabilities and their parents/carers.</p>
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39. Health provision for children and young people with learning difficulties and/or disabilities is adequate. There are some areas of very good practice, such as the flexible use of school nurses and the quality of care provided through clinics in special schools to improve access to physiotherapy and therapeutic services. There is, however, a lack of capacity in services, which results in high thresholds that restrict access to services, particularly speech and language services, and delays in completing assessments in CAMHS for children and young people with learning difficulties and/or disabilities.

40. There is effective intervention in early years to support children with learning difficulties and/or disabilities. Timely identification of need is facilitated by making the support of an early years special educational needs coordinator available to all maintained and non-maintained early years settings and good joined up working between services in Children's Centres and Children's Centre Plus. Parents/carers of children with behavioural difficulties are helped to understand their child's needs through 'Early Bird' courses and the 'Cygnet' programme. In addition, the Speech and Communications Intervention Project prepares these children for entry to the Foundation Stage of education by bringing parents/carers, specialist and Children's Centre staff together with staff from the receiving school, ensuring an effective and consistent approach to managing behaviour.

41. Children with the most complex needs receive good support, although assessments contain limited recording of investigations and observation which can reduce their usefulness to other professionals. Respite, shared carer and short break provisions are highly valued by users and their families. The family and home support given by the Children's Community Support Team to children and young people with very challenging behaviours and the sensitive, patient-focused palliative care maximise choice for the child and ensure consistency of care. However, there is insufficient provision of social care services for children and young people with less complex needs and their parents/carers. The recent award of government 'Pathfinder' funding for short-break care will enable the council to tackle part of this weakness.

42. Multi-agency teams find it difficult to engage representatives of housing services and associations in meeting the needs of children with learning difficulties and/or disabilities. Parents/carers and voluntary sector organisations express concern about the waiting times for adaptations to homes through the

Disabled Facilities Grants scheme and other programmes. Waiting times remain high at two years, although they reduced by 60 days late in 2007.

43. The educational achievement of children and young people with special educational needs is adequate. Special schools record pupil attainment using the PIVATS methodology and P scale data. These are now being collected to give an overall view of the attainment and progress of these children, but it is too early to assess the outcomes. The timeliness in issuing statements of special educational need is good and improving. There have been no permanent exclusions from schools of pupils with statements of special educational need since 2005 and the use of fixed-term exclusions has decreased.

44. Schools complete a self-evaluation of their provision for pupils with learning difficulties and/or disabilities, which is reviewed with their school improvement officer (SIO). Headteachers commented on the robust challenge offered by their SIO and the consistent focus on pupils with learning difficulties and/or disabilities. The system of financial delegation and the development of 'designated service provision' in mainstream schools have ensured that the educational provision for pupils is inclusive and meets their needs flexibly. This progress is taking place against the backdrop of a major reorganisation of special schools. The date for the reorganisation has moved from September 2007 to September 2009. Inspectors frequently heard of anxieties from teachers and parents about the reorganisation plans.

45. Transition planning for young people progressing to further education and training is good. Schools and colleges in the district offer a broad and appropriate curriculum post-16 and there is effective support from Connexions personal advisers. The number of young people with learning difficulties and/or disabilities who are not in education, employment or training has reduced from 12.2% in 2006 to 11.4% in December 2007, which is lower than the national average. Young people moving from children's to adult social care services receive adequate support, but the range of residential and day-care options for young people with complex needs post-19 is limited. There has been recent work by the 'Adult Services 16 to 30' team to improve the transition experience for individuals by developing continuity of care.

46. Children and young people have access to specialist recreation and leisure facilities and to a more limited mainstream offer. The youth service and the extended schools programmes ensure that their services are fully inclusive. The youth service has an innovative peer education project that has helped young people with learning difficulties and/or disabilities deliver awareness raising sessions for youth groups. The 'Play Partnership' scheme encourages children with disabilities up to the age of 14 to access play provision but access to parks and community facilities is made difficult by children's fear of bullying, communication difficulties and physical barriers.

47. There is no effective strategic framework or systematic approach to promote the participation of children and young people with learning difficulties and/or disabilities. Children and young people's involvement in the assessment of need and reviews of progress is good, but there are insufficient opportunities for children and young people with learning difficulties and/or disabilities and their families to participate in the shaping of services.

Other issues identified for further investigation

The impact of the strategy to improve sexual and reproductive health

48. **The impact of the strategy to improve sexual and reproductive health is adequate.**

Major strengths	Important weaknesses
<p>A rate of reduction in teenage pregnancies that is faster than that found in similar areas and nationally.</p> <p>Well-established and successful initiatives, such as Speakeasy and in the youth service, receiving additional investment.</p> <p>The development of culturally-sensitive services.</p>	<p>Inadequate understanding shared by partners of agencies' roles and responsibilities for promoting sexual health.</p> <p>A lack of action plans, with measurable outcomes, milestones and timescales.</p> <p>Insufficient evaluation, particularly of the impact of services.</p> <p>Limited involvement by some schools in addressing sexual health issues.</p>

49. The teenage conception rate for females aged 15–17 in Bradford is currently higher than the national figure at 51 per 1,000 compared to 41 per 1,000. It has, however, declined at a faster rate than similar areas and the national figure. Recent local data indicates a further reduction in early 2006, but an increase in the under-16 age group. There are fewer terminations in Bradford overall, resulting in a significantly high level of births conceived to under-18s in some wards and very low levels in others. This pattern reflects and perpetuates wider health inequalities, including striking variations in life expectancy notably in the rates of deaths of babies under one year of age.

50. Sexual health is a priority for the Bradford and Airedale tPCT, which is leading on the collection and analysis of local data to better understand key factors, including the expectations and aspirations of young people, particularly girls, and social pressures. The most common sexually transmitted illness nationally is Chlamydia, which can lead to pelvic inflammatory disease, ectopic pregnancy and infertility. Recent local figures indicate that the screening programme is reaching 0.8% of the active population, above the national

average of 0.6%, but well below government targets for the programme. Currently too little is known in the city about the impact of specific services to tackle sexually transmitted illnesses and the level of resources required to achieve significant improvement.

51. Reorganisation within the PCT and local authority has led to widely felt disruption, particularly in multi-agency planning and co-ordination. This has resulted in a lack of clarity about representation and who plays the lead strategic and operational roles. The Teenage Pregnancy Strategy and associated action plans have not been discussed or agreed with all partners to identify who carries the key responsibilities, resulting in insufficiently coordinated action and a lack of clarity shared by all about agencies' roles. The Sexual Health National Support Team made similar points in November 2007 and senior staff have recently been appointed to address the issues.

52. Services promoting sexual health in Bradford have enthusiastic and knowledgeable staff working in a wide range of settings to provide information and promote personal responsibility about sexual safety and health. There are also several well-established and successful initiatives which are receiving additional investment, including services provided by the youth service, the new contact centre which provides access to 12 sexual health clinics, and the Speakeasy programme for carers that increases their confidence and skills to talk to their children about sex and relationships. Emergency hormonal contraception is free to under-20s in 18% of pharmacies. Parents speak positively about the 'TicTac' service (teenage advice and information centres) provided on secondary school campuses. It has trained staff providing information, advice and support on emotional and physical well-being including bullying, relationships, anger management, self-esteem, smoking cessation and sexual health. Sexuality is a highly emotive issue for many parents and some schools and governing bodies have been extremely negative about initiatives aimed at promoting sexual safety and health. Those developing and providing services are sensitive to the need to consult and to represent a wide and sometimes polarised range of values and traditions within the city. The 'A-Pause' programme promotes the delay of sexual activity and gives information to young people to support them in protecting their own safety in this context. Funding has been approved to enable expansion of the programme to cover most of Bradford's secondary schools by 2012, as has additional funding by the PCT to increase capacity in the school nursing service.

53. The Healthy Schools Programme is well developed, with 53% of schools achieving healthy schools status, exceeding the national target of 50%. Each school has a linked school nurse and in a number of schools they develop an annual school health plan in response to a health needs assessment. Personal, social and health education reaches everyone attending school, delivering a range of material in line with age and maturity including diet, fire and road safety for younger pupils and relationships and sexual health for the oldest. Pupils and teachers would welcome more involvement by school nurses to

develop and deliver this programme, but at present their input is limited due to other operational pressures.

54. Maternity services to address the needs of young women still in education are not well developed. The parent education midwife at Bradford Royal Infirmary has only two hours per week allocated to teenage parents. There is no identified lead professional, consultant or specialist midwife with a specific interest in teenage mothers and no provision for consultant or other clinic appointments after school. A choice of education provision in mainstream schools or at the Newlands unit is available and an education inclusion officer, or Connexions personal adviser, develops an individual education plan. Progress with proposals to improve provision at Newlands has been very slow.

The impact of the partners' strategy in raising attainment at foundation level and in primary schools

55. **The impact of the partners' strategy in raising attainment at foundation level and in primary schools is good.**

Major strengths	Important weaknesses
<p>Effective support for young children and their parents in maintained and private, voluntary and independent early years settings.</p> <p>Track record in improving attainment at Key Stage 2.</p> <p>Analysis of attainment and progress data for primary schools, which supports improvement well.</p> <p>Targeted support for Pakistani and Bangladeshi pupils and White boys, resulting in improved attainment by these groups at Key Stage 2.</p> <p>Increased number of primary schools meeting attainment targets in English, mathematics and science.</p> <p>Effective targeting of support to schools resulting in a greater level of improvement than other Bradford primary schools.</p>	<p>Insufficient support for raising attainment at Key Stage 1.</p>

56. There are good features in the support for young children and their families from the early years and childcare service, and effective support and challenge to underperforming primary schools. Support for early years settings

is carried out by the council's Early Years and Childcare Service (EYCS). The two organisations have steadily developed effective joint working, including training in using the Foundation Stage Profile. A closer working relationship between the heads of service of EYCS and Education Bradford has improved strategic planning, which has resulted in the joint Early Years Foundation Stage Outcomes Duty Plan to ensure that interventions are co-ordinated and focused on raising attainment.

57. EYCS supports settings well and provides particularly effective training and development for private, voluntary and independent settings, including those for children with learning difficulties and/or disabilities. Effective links with Education Bradford include advice provided by the education psychology service which ensures appropriate support is made available at an early stage. In addition, the joint development of a toolkit for self-evaluation in the early years Foundation Stage has led to improved quality of provision for children. More recent links for the collection and analysis of data ensure resources are targeted at underachieving groups. There are clear priorities for improvement in the provision for young children and their families through the development of children's centres, but a minority of schools do not feel they can access all available services.

58. The most recent results show improved performance in the Foundation Stage in communication, language and literacy (CLL), particularly for children in the most disadvantaged areas and in mathematical development generally. The trend in results over the last three years has been variable, however, with CLL continuing to be the weakest.

59. In 2007 and for the third consecutive year, assessments at Key Stage 1 fell in reading, writing and mathematics, widening the gap with those achieved by similar areas and nationally. Girls' performance in reading, writing and mathematics improved, but Bangladeshi pupils continued to attain lower standards than other pupils. Targeted action to support schools which have had the greatest number of children in the bottom 20% of the attainment range has been highly effective. Senior managers, however, concede that the emphasis in recent years on raising standards at Key Stage 2 has led to proportionally less attention to attainment at Key Stage 1.

60. Results at Key Stage 2 in 2007 were much more positive. At Level 4 and above results in English improved by 2% to 75%; mathematics improved by 5% to 73% and science improved by 4% to 83%. These results placed Bradford as the fourth most improved local authority in England. Taking the period 2001–07, the improvement in the percentage of pupils gaining the national expectation has been higher than nationally in all core subjects and greatest in mathematics and science. Although results are still below national standards and those of statistical neighbours, the gap has been steadily reducing. The gap between the attainment of girls and boys has narrowed and is now in line with national averages. Bangladeshi, Pakistani and Black pupils' achievement was below the average for Bradford in all subjects, but the

performance of Pakistani pupils improved in all subjects compared to the previous year and White boys improved in all areas except writing. More schools met their targets and the number of schools below floor targets reduced from 43 to 34 in English and from 60 to 38 in mathematics.

61. This improvement in the results at Key Stage 2 reflects the effective drive over recent years to target underperforming schools. Comprehensive analysis of data, shared with headteachers and governors, have assisted schools in identifying underperforming groups of pupils and helped them target tailored programmes of support and challenge. These programmes have made effective use of the National Primary Strategy, including resources for pupils for whom English is an additional language. Last year, 53 schools received targeted support and these made greater improvements at Key Stage 2 than those not receiving support. These schools improved their results by 2% in English and by 9% in mathematics compared to 1% in English and mathematics in other schools during the same period. These schools also made greater improvement at the higher levels in English and mathematics.

62. There is a clear structure for the identification, support and monitoring of schools to identify underperformance. During 2006/07, 21 schools identified as causing concern, including five in an Ofsted category of concern, received a structured programme of support and challenge. In the same year, 17 schools were inspected by Ofsted and 10 were judged satisfactory or better, with two schools judged to require special measures and five given a notice to improve. The percentage judged to be outstanding was greater than nationally and the percentage of Bradford primary schools judged to be good or better for overall effectiveness was in line with the national average. This is a significant improvement on previous levels reflecting an effective regime of support and challenge.

Service management



Capacity to improve



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

Major strengths	Important weaknesses
<p>Improved educational attainment for many pupils at Key Stages 2 and 4.</p> <p>Large reduction in the number of young people not in education, employment or training.</p> <p>Involvement of children and young people and the voluntary and community sector in the governance, design and delivery of services.</p> <p>Monitoring of the contract with Education Bradford.</p> <p>Needs analysis and consultation underpinning the CYPP.</p> <p>Performance management supported by an excellent information system.</p>	<p>Lack of long-term targets.</p> <p>Insufficiently clear costing of and prioritisation in the CYPP.</p>

64. The 2007 APA judged as good both the overall effectiveness of services and capacity to improve. The quality of youth work provision in Bradford is good. The Youth Offending Team has successfully reduced the level of offending.

65. The partners' ambitions for children and young people are good. The new sustainable community strategy makes educational attainment one of three priorities that are designed to transform the future of Bradford District. This is reflected in the Corporate Plan and the CYPP. These plans focus appropriately on raising educational attainment and delivering local, joined-up preventative services. There have been significant improvements in educational attainment at Key Stages 2 and 4. The CYPP is based on a very extensive and robust needs analysis. There was wide consultation with all stakeholders. This embraced children and young people, including those from minority and vulnerable groups, and their carers, using effective methods. These clear aspirations are not, however, currently supported by challenging targets for the long-term. For example, whilst there is a target that by 2010 all schools should be judged by Ofsted to be good or better, other targets only extend to 2008/09, pending the imminent refresh of the Local Area Agreement.

66. There is good involvement of children and young people in the governance of children's services. The Bradford and Keighley Youth Parliament, elected by children and young people throughout the district, has two representatives on the Champions for Children Board (the senior-most body of the Children's Trust), the Children and Young People's Strategic Executive and the Young People and Education Improvement Committee. They make an

effective contribution, challenging officers and councillors' plans, but some groups are not adequately represented.

67. Prioritisation is adequate. Key issues across the district for each of the five Every Child Matters outcomes were distilled from a very wide-ranging needs analysis. These were refined into 32 priorities for the CYPP. The council has allocated resources to its key priorities. For example, it has invested £1.5 million over two years to enhance improvement in identified primary schools and £3 million for preparations for Building Schools for the Future (BSF), in line with the high priority accorded to raising educational attainment. Partners recognise that BSF provides an opportunity to change the ethos of school education, not just the fabric of the buildings. The quality of action plans to deliver the priorities is adequate overall, but varies between services. The youth service plan and the Commissioning for Health Strategy are good, but a few others are out-of-date, making it difficult to monitor progress effectively.

68. The capacity of local services for children and young people is good. There are good children's trust arrangements. Both the Champions for Children Board and the Children and Young People's Strategic Executive are well established, with appropriate contributions from all partners, including Education Bradford and the voluntary and community sector. They are providing good leadership. The Contract Monitoring Board oversees the contract with Education Bradford effectively, aided by a more focused set of objectives agreed with the contractor. Relationships between all partners are good. There are sufficient staff with relevant skills in most services. There have been some difficulties in recruiting speech therapists and specialist CAMHS staff. Whilst the waiting times for CAMHS for young offenders and for looked after children are good, there are delays for those with learning difficulties and/or disabilities. There is a good multi-agency workforce development strategy in place, with an action plan updated annually, and a wide-ranging programme of training. Multi-agency working is well established and arrangements for recording and sharing information about individual children are good. There is a good balance between spending on preventative services and reactive working in social care.

69. The value for money (VFM) delivered by services is adequate. Partners make extensive use of the lower costs offered by the voluntary and community sectors. The youth service delivers good VFM. Expenditure on education services is in line with similar authorities. However, although improving fast at some key stages, outcomes remain below average overall. There has been a significant improvement since 2004 in deficits and surpluses in school reserves, as a result of action by the council and Education Bradford. The VFM of services for looked after children has been improved greatly by the building of five children's homes, providing better care at lower cost. Joint commissioning of CAMHS works well, and arrangements to extend this to other services are being put in place. These measures have improved VFM.

70. Performance management is good. It is particularly well embedded in social care and the youth service. The information system used is an excellent tool for capturing plans, targets, progress and performance data. It is used at all levels by almost all partners and provides a good vehicle for reporting quarterly to the Children's Trust. Performance management has been used effectively to raise the attainment of pupils at Key Stages 2 and 4, where careful analysis of data has led to effective targeted interventions. Resources have also been targeted towards early years, the Foundation Stage and Year 1 of primary schools through, for example, the Making a Big Difference programme, but this has been too recent to yet have an impact on outcomes at Key Stage 1. Similarly, it has led to a rapid reduction over the last three years of the numbers of young people not in education, employment or training. The council has used service reviews, audits of files and complaints data effectively to drive improvement. For example, it has put in place more effective management arrangements for the social care assessment team and better social care for sibling groups.

71. The capacity to improve further is good. There is a strong management team in children's services and the council corporate management team. Both are well supported by councillors. Senior representatives of other partners make good contributions to the work of the Children's Trust. Work on integrating children's social care and education is well underway and on track for completion. Good internal communications have ensured that staff remain well focused on service delivery during the transition. The merger of four PCTs into one, coterminous with the district, has strengthened capacity in the health sector and facilitated partnership working. Strategic planning and the council's budget management are good. The tPCT has substantial reserves available, and has planned significant investments for children and young people. The track record of partners in securing improvement is good overall. Rates of youth offending and numbers of children and young people not in education, employment or training have both improved much faster than nationally. Social care has improved. Health has been improving, though slowly. The council and its partners have responded well to the challenge presented after it was required by the government to contract out education services in 2001. As a result, educational attainment has improved at Key Stage 2 and significantly at Key Stage 4, where the gap with the national average has narrowed.

Annex A

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

Summary

Bradford delivers at least minimum requirements across all areas and is good and better in the majority of areas. It has produced a Children and Young People's Plan of good quality and is making good progress on partnership priorities and some progress on district priorities. The council is engaged in promoting healthy lifestyles and acknowledges it needs to do more to reduce health inequalities. The council is aware that it has to do more for children and young people at risk of underachievement but it is taking effective steps to boost educational performance where it is weakest and in a number of key areas. These are proving successful. Safeguarding performance is good across most aspects, with some improvements needed for those children in council residential provision. Children and young people are exceptionally well engaged and there are improvements in the economic well-being outcome which is impacting well on the most vulnerable. Based on the quality of leadership shown by the council and its track record to date, it has good capacity to improve further.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3094&providerCategoryID=0&fileName=\\APA\\apa_2007_380.pdf

Annex B: Summary of the Enhanced Youth Inspection Report

Main findings

1. Bradford provides a good youth service that has some outstanding features. The authority sufficiently secures youth work provision. The standard of young people's achievements and the quality of youth work practice are good and at times outstanding. The service provides a very good range of activities, services and well targeted work that meets the needs of young people. Participation by young people is good and their involvement in planning, development and quality assurance of youth work is very strong. They are influential at all levels.

2. The excellent curriculum provides a coherent rationale for planning youth work. The service makes a good contribution to the five *Every Child Matters* outcomes and promotes community cohesion very well. The staff profile reflects Bradford's diversity. Almost all full-time, and the majority of part-time staff, are suitably qualified. Appropriate safeguarding procedures are in place. Youth workers make effective use of accommodation and specialist resources. Strategic and operational planning are good. The youth service is well positioned to contribute to integrated youth support services in the five localities. Resources are in the main used effectively but the deployment of staff is not always sufficiently flexible. Quality assurance and performance management are effective. However, the computerised management information system is underdeveloped. Extensive and successful partnership working benefits young people.

Key aspect inspection grades

Key Aspect		Grade
1	Standards of young people's achievement	3
	Quality of youth work practice	3
2	Quality of curriculum and resources	4
3	Leadership and management	3

*Inspectors make judgements based on the following scale
4: excellent / outstanding; 3: good; 2: adequate/satisfactory; 1: inadequate*

Strengths

- The standard of young people's achievements and youth work practice are good and at times outstanding.
- The excellent curriculum and very good range of diverse activities meet the needs of young people and localities.
- Successful partnership working is extensive and young people benefit from enhanced provision.
- Quality assurance and performance management are rigorous and comprehensive and lead to improvements in quality and standards.
- Young people are involved effectively in the planning, development and quality assurance of the service and are influential at all levels.

Areas for development

- The deployment of staff is not sufficiently flexible.
- The computerised management information system is underdeveloped.

Annex C

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. The overall effectiveness of children's services is good. Outcomes for children and young people in Bradford are adequate. There are higher than average rates of low birth weight and infant mortality. Rates of dental decay are the highest in the country. There are 51 conceptions per 1,000 15–17 year olds – a rate similar to comparable areas but above the national average of 41. Injuries to and deaths of children in road traffic accidents have reduced significantly. There are fewer children on the child protection register than the national average and that of similar areas. The number of looked after children is similar to comparable areas, but greater than the national average. Most children and young people say that they feel safe. Educational attainment is improving in almost all key stages and particularly quickly at Key Stages 2 and 4. Almost 51% now achieve five or more high grades at GCSE. Results are similar to comparable areas, but still well below national averages. Attainment is declining, however, at Key Stage 1. The number of first-time entrants to the youth justice system is higher than the average of similar areas and nationally. There has been a 34% reduction for first time entrants to the criminal justice system since 2005. This is significantly better than similar areas, regionally and nationally. The number of 16–18 year olds not in education, employment or training in 2006 was 9.8% and reducing at a rate much greater than that seen nationally. Sixty-one per cent of young people reach Level 2 qualifications by age 19 and 38% reach Level 3. Both of these figures show significant improvement in recent years and are similar to comparable areas but below the national averages.

2. Service management in Bradford is good. Service plans focus appropriately on raising educational attainment and delivering preventative services. The quality of action plans to deliver the priorities is adequate overall. The Children and Young People's Plan is based on a very extensive needs analysis. There is good involvement of children and young people in the governance of children's services. Performance management is good. It is particularly well embedded in social care and the youth service.

3. The combined work of all local services in securing the health of children and young people is adequate. Services are combining well to meet the health needs of looked after children with every child having an allocated nurse. There is a dedicated nurse for care leavers. Nurses are effective in arranging dental care and fast tracking services. The proportion of looked after children with up-to-date immunisations is high and the proportion receiving an annual health assessment is very good. The CAMHS gives priority to looked after children, with short waiting times. Health provision for children and young people with learning difficulties and/or disabilities is adequate. Recent local data indicates a reduction in conceptions amongst 15–17 year olds, but also an increase in the

under-16 age group. There are fewer terminations in Bradford, resulting in a significantly high level of births conceived to under-18s in some wards and very low levels in others. This pattern reflects and perpetuates wider health inequalities in the city.

4. Children and young people appear safe and arrangements to ensure this are good. Most children and young people feel safe at school and in their local community. Arrangements to identify missing children and prevent child sexual exploitation are especially strong. The number of children on the child protection register is lower than similar areas, despite a recent rise. The number of children looked after is reducing each year. There is good communication between carers and professionals working with looked after children.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is adequate. There are good features in the support for young children and their families from the early years and childcare service, and effective support and challenge for underperforming primary schools. These results meant that Bradford was the seventh most improved authority in England. Although results are still below national standards and those of statistical neighbours, the gap has steadily reduced over the last three years. Agencies ensure that looked after children have education placements that reflect their needs. Educational providers are well informed about the particular needs and circumstances of looked after children. Most looked after children have clear personal education plans reviewed twice yearly as a minimum. Their attainment is improving but from a low base. At Key Stage 4 the rate of improvement of this group is less than the rate for all pupils in Bradford and as a result the gap in attainment has widened. Looked after children participate in a wide range of cultural and leisure activities. Access to leisure facilities is available free or at reduced cost. The educational achievement of children and young people with learning difficulties and/or disabilities is adequate. Their attainment is improving and the gap with that of their peers is narrowing. Children and young people have access to specialist recreation and leisure facilities and to a more limited mainstream offer. The youth service and the extended schools programmes ensure that their services are fully inclusive of these children but their access to parks and community facilities is more limited.

6. The impact of all local services in helping children and young people to contribute to society is excellent. Effective action is being taken to support and guide looked after young people who are offending or at risk of offending and as a result the number offending is reducing. Participation opportunities for children and young people with learning difficulties and/or disabilities and their families in the shaping of services are limited.

7. The impact of all local services in helping children and young people achieve economic well-being is good. Over the past two years there has been a significant improvement in the proportion of care leavers staying in ETE and the

ratio is now better than average. The number of young people with learning difficulties and/or disabilities who are not in education, employment or training has reduced to 11.4%.

8. The capacity of council services to improve is good. The track record of partners in securing improvement is good overall. Rates of youth offending and of young people not in education, employment or training have both improved much faster than nationally. Social care has improved. Educational attainment has improved at Key Stage 2 and significantly at Key Stage 4, where the gap with the national average has narrowed.

Annex D

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 Bradford and evaluates the way local services, taken together, contribute to their well-being. Together with the Annual Performance Assessment of Children's Services, joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being. This review explores these issues by focussing on children with learning difficulties and/or disabilities, children who are looked after and children at risk or requiring safeguarding, and 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).