

Joint area review

Suffolk 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
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Introduction

1. The most recent annual performance assessment for Suffolk 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 contribution of all services to the outcomes for children and young people using mental health services
 - the impact of the authority's actions to raise standards at Key Stage 2.

Context

4. Suffolk is the eighth largest English county, covering 3,800 square kilometres. There are three main urban areas in Ipswich, Lowestoft and Bury St Edmunds. Much of the county consists of rural areas, and there are pockets of high unemployment because of the decline in agriculture and the fishing industry. The overall population is around 690,000, of whom around 165,700 are aged under 19. Of this latter group, 8.35% are from Black and minority ethnic heritage, with those categorised as 'Other White' forming the largest group. There has been a significant increase in the number of Gypsy/Roma children. Since September 2006, 620 new pupils have received support for English as an additional language, with Polish, Portuguese and Bangladeshi children forming the largest groups.
5. Unemployment rates in Suffolk are lower than those found nationally. Unemployment for young people aged under 20 is 3%.
6. Pre-16 education comprises:
 - 1,178 private or voluntary early years settings
 - 12 children's centres and three Sure Start programmes
 - one nursery school
 - 254 primary schools (of which 142 are infant or first schools)
 - 78 secondary schools (of which 40 are middle, deemed secondary schools and 18 are upper schools)
 - nine special schools

- 13 pupil referral units.
7. Post-16 education is provided by:
- 30 sixth forms
 - four colleges
 - 23 work-based training providers, including 10 national providers.
8. Entry to Employment provision is managed by the local Learning and Skills Council controlling around 520 places.
9. Adult and community learning, including family learning is provided by the Adult and Community Services Directorate.
10. Primary care is provided by Suffolk Primary Care Trust and the Great Yarmouth and Waveney Primary Care Trust, which covers the Waveney district of Suffolk and Great Yarmouth in Norfolk.
11. Acute hospital services are mainly provided by the Ipswich Hospital NHS Trust, the James Paget Healthcare NHS Trust, and West Suffolk Hospitals NHS Trust.
12. Mental health services are mainly provided by Suffolk Child and Adolescent Mental Health Services (Mental Health Partnership) with some services provided in neighbouring authorities.
13. Children's social care services are provided through:
- 307 foster carers
 - five children's residential care homes
 - eight family centres
 - 25 field social work teams.
14. There is one young offender institution in the area.

Main findings

15. The main findings of this joint area review are as follows:
- there are good arrangements for safeguarding children and young people, with strong commitment and effective leadership from the Local Safeguarding Children Board. Agencies share information well and there are robust arrangements when recruiting staff
 - services for looked after children are good, and well-focused support is improving educational outcomes. The council fulfils its corporate parenting responsibilities well

- there has been an effective emphasis on inclusion which is enabling more children and young people with learning difficulties and/or disabilities to be educated in their local area. There are insufficient education and work-based opportunities for this group after the age of 16
- there has been good action to improve attainment at Key Stage 2, with evidence of improvements beginning to be seen
- provision for children and young people requiring mental health services is adequate. A comprehensive CAMHS strategy is in place and access to services has improved. However, transition arrangements to adult services for specific groups are not well developed
- service management is good. The Children's Trust provides good strategic leadership and there is good partnership working which demonstrates outstanding ambition and good prioritisation. The partnership uses performance management data well to drive forward improvements, and is successful in managing budgetary constraints. The capacity to improve further is good.

Grades

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

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

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found to successfully disseminate the findings of this report to children and young people in the area.

For action over the next six months

The local partnership should:

- ensure that services address the mental health needs of all vulnerable groups
- develop, and implement over a longer period, a strategy to support the involvement of children, young people and families in the design, planning and evaluation of all services, including health
- improve the co-ordination of work to address domestic violence.

For action in the longer term

The local partnership should:

- improve the availability of work-related training and subsequent employment opportunities for young people with learning difficulties and/or disabilities.

Equality and diversity

16. There is good strategic commitment to and awareness of equality and diversity issues across the partnership, with some significant strengths. Information about services is available in a wide range of community languages. There has been a good response to the increasing diversity in the local population to help young people from Eastern Europe settle into education and achieve well. Educational outcomes for those from Black and minority ethnic groups are improving, and young people with a statement of special educational need achieve well at Key Stage 4. The council has been proactive in promoting understanding about the lives of Travellers. In a partnership with the police, young people up to the age of 14 have lessons which address issues of diversity, including race and homophobia. There is particularly good practice in addressing racism: all schools report racist incidents, and the numbers of these is reducing. The partnership is aware that there is further work to do, particularly in ensuring good access to CAMHS for some vulnerable groups and in extending the work of the youth service in responding to diversity.

Safeguarding

Inadequate



Adequate



Good

Outstanding



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

All agencies have a good awareness of their role in helping parents keep their children safe and ensuring that concerns about significant harm are referred for appropriate action. Most children report feeling very safe and 80% of those involved in the council's Viewpoint survey confirmed this. Access to advocacy for all children is well promoted and used; recent service improvements include the appointment of two additional Children's Rights Officers and more effective use of independent advocates. In a recent local survey, young people all knew where to seek help if needed.

18. The council has already reached the Department of Transport's target for reduction in road deaths for 2010 and is now concentrating on work with 16-18 year olds who are considered to be most vulnerable on the roads. Good collaborative arrangements are in place to achieve this goal, including with the Fire Service. A reduction in the number of children who are victims of crime has been achieved through multi-agency initiatives involving the police, Primary Care Trust and schools. Anti-bullying strategies are in place, have a high profile and children and young people report them to be effective. The authority demonstrates good practice in countering racism, with all schools reporting racist incidents, and the numbers of these declining. A missing children protocol is in place as well as cross-border protocols for vulnerable children. A range of safety information is provided, including Child Exploitation and On-line Protection training for school liaison officers to teach children to use the internet safely.

19. Good work is undertaken by agencies to reduce the incidence of child abuse and neglect. The refocusing of services from the formal child protection procedures into family support is well conceived but the work is at an early stage without tangible reduction in numbers on the child protection register. The council's most recent performance data shows the number of re-registrations has fallen from 14% to 12.3%. This is below the average of 16.2% for similar authorities and is very good.

20. Health workers and social care staff in area teams have observed the benefits of working in a more inclusive way with families using the family support model. There was some evidence in files of slow decision-making with families in the past. A variety of good strategies have been put in place through family centres and voluntary agencies to strengthen support. These include parenting classes, individual guidance on boundary setting and direct work with parents in their own homes. Family support plans are well monitored. The investment in family support, including implementation of the Common Assessment Framework, is designed to provide more effective early intervention to prevent breakdowns, while ensuring that child safety is not compromised. Early indications are that this work is developing effectively. Domestic violence is a priority area for the council following the increase in the number of reported incidents to the police. There is some evidence of multi-agency provision through domestic violence units and support for survivors of domestic

abuse. However, work is not consistently well co-ordinated: the reporting of individual incidents is not always prioritised and communication between partners is inconsistent.

21. The current policy and procedure for the referral, assessment and support of children in Suffolk is good. The duty system within social care is very effective, with screening and signposting provided by the Customer First call centre. Good assessment processes work well to identify children in need, with good inclusion of workers from different disciplines. Thresholds are well understood, and where clear evidence exists that a child's safety is compromised, child protection arrangements are put in place. All children on the child protection register have an allocated social worker and their reviews are held on time. The quality of assessments is generally good and recent case files demonstrate improvements have been made. Good work on safeguarding identified with faith and community groups in their own settings is resulting in improved and continuous relationships with schools and other agencies.

22. The Local Safeguarding Children Board has been well established with an independent chair and appropriate membership including members from the voluntary sector. The Board demonstrates strong commitment and effective leadership; it has been pivotal in ensuring a good safeguarding culture across the council and its partners. Policies and procedures on various aspects of safeguarding have been produced, multi-agency training has been extensively delivered and priorities for work identified which are time-related and realistic and which are aligned with the Children and Young People's Plan. Good monitoring of safeguarding issues is undertaken and funding arrangements have been negotiated and kept under review. Well structured subgroups of the Board include one on health to focus on implications of safeguarding and health across the county. The number of serious case reviews has been low and these are dealt with competently, with evidence of good learning from previous experience by agencies. Multi-agency public protection arrangements are well established with regular meetings, good attendance and good exchange of information.

23. Agencies work well together to provide services to children at risk of harm. Areas in which the Common Assessment Framework is operational report effective working and beneficial outcomes as a result of good liaison; in particular health professionals express satisfaction with progress. Training in Common Assessment Framework implementation has been provided on a multidisciplinary basis with 1,503 people at all levels being trained to date. There are plans for refresher training as appropriate. There are good prospects for full implementation within the required timescales by March 2008.

24. Arrangements for governance, operational and strategic management are well embedded. Criminal Records Bureau checks are well managed across agencies, and employment practices are robust to ensure safe recruitment for staff working with children. Disciplinary procedures are robust and appropriate action is taken where there are allegations against staff. Outcomes are well

monitored and information provided to the Local Safeguarding Children Board as requested. Performance reviews are used effectively as a way of dealing proactively with any identified poor practice by staff. Managers make good use of comprehensive management information to improve practice, particularly in the use of file audits. They are supportive and provide staff with good training and supervision. Staff value the opportunities for further training provided by the council.

Major strengths	Important weaknesses
<p>The pivotal role of the Local Safeguarding Children Board in providing a good safeguarding culture.</p> <p>Good commitment and joint working between partner agencies.</p> <p>The good use of performance data to improve standards of work.</p> <p>The effective checks made to ensure safe recruitment of staff.</p> <p>The very effective duty system.</p>	<p>The inconsistent coordination of work to address domestic violence.</p>

Looked after children and young people



25. **The contribution of local services to improving outcomes for looked after children and young people is good.** Children and young people who are looked after receive good care from well trained and supported carers and practitioners in Suffolk. Effective, integrated services deliver well coordinated, multi-agency support creating good outcomes. The quality of care plans for individuals is good. All are allocated to qualified and experienced social workers and there is good staff training to strengthen both analytic and practice skills. There is a higher than average number of young people subject to court orders living with their parents. The authority is aware of the need to review the continuation of these orders. Systematic use of family group conferencing engages young people and their extended families in reviewing service and care plans. Managers offer effective support for decision making. Good progress has been made in recruiting foster carers from Black and minority ethnic communities, an area for improvement identified in the 2006 Annual Performance Assessment.

26. Suffolk is spending less on looked after children and less per child overall than similar councils. However, it is investing significantly in preventative services and is spending a considerably higher proportion on this than similar councils. This investment has yet to have the intended effect of reducing the number of looked after children to levels found in similar authorities.

27. The low number of children with three or more placements during the year is very good, and significantly below similar authorities. There is an improving trend for long-term stability and, despite a slight dip in 2005/06, Suffolk remains at the national average. Care plans are monitored well, with effective systems for tracking children placed out of the county. Latest figures from the council show that over 90% of young people participate in their periodic reviews.

28. Excellent attention is paid to the health needs of looked after young people. Designated nurses and a paediatrician liaise well with other health care practitioners and 96.9% had an annual health check in 2005-6, rising from 60.3% in 2002-3. The composite health check indicator is well above the average for similar areas illustrating that practitioners are skilled in engaging reluctant young people. Foster carers and residential staff have good access to specialist nursing advice. Looked after young people have helped develop the sexual health education guidelines, already used in residential homes. CAMHS provide systematic support to multi-professional care teams; young people have personal access to therapeutic services but local services recognise that more would benefit from this service.

29. Looked after children have good support to attend and enjoy school. The Looked After Children Education Support Service (LACESS) has improved the focus on, and co-ordination of, educational support for looked after young people in its first 18 months. School attendance is monitored daily and prompt intervention reduced the proportion absent for 25 days or more in 2005/06 to 11.7%, exceeding the target of 12%. The number and percentage of looked after children permanently excluded has dropped from nine (6%) in 2004/05 to three (3%) in 2005/06, of which two were looked after pupils placed by other councils in Suffolk schools.

30. There have been fluctuations in the attainment of looked after children, reflecting the small numbers involved at any one stage. Forty eight per cent of those aged 11 achieved Level 4 in mathematics (up 18% from 2005) and 32% in English (down 16% from 2005), but both results exceeded DfES targets. GCSE results were lower than 2005 because a higher proportion of the young people (nearly 40%) had a statement of special educational needs. Nevertheless, the 2006 DfES target of 10% passes at A* to C was exceeded; 56% of Suffolk's looked after children gained five or more GCSE passes at A* to G in 2006. The Education Other than at School Service provides qualified staff, who work mainly with young people looked after and excluded pupils. There are good opportunities to participate in leisure and cultural activities and for additional tuition.

31. The number of looked after young people who receive final warnings, reprimands and criminal convictions is around the average for similar councils. Joint working by police and residential care staff has reduced the numbers reported as missing from care on three or more occasions. This has resulted in a saving of over 50% in the involvement of police resources due to staff training, for example in restorative justice solutions.

32. Services for care leavers are provided by the council in partnership with two independent providers. The number of looked after young people engaged in education, employment and training is very good in comparison with similar councils, and five young people gained university places in 2006. There is a reasonable range of housing provision, and support for vulnerable young people leaving care is satisfactory. The council is reviewing its range of leaving-care services and already implementing new arrangements to ensure a more targeted, coordinated and consistent service.

33. Councillors take their corporate parenting responsibilities seriously; elected members and senior officers are well informed about looked after children and there is a robust Scrutiny process. Children and care leavers are involved in service monitoring and development and participate in staff appointments at all levels.

Major strengths	Important weaknesses
<p>The numbers of looked after children in education, employment and training.</p> <p>The actions taken to address identified areas for improvement.</p> <p>Inter-agency working to ensure good quality care plans.</p> <p>100% allocation of qualified social workers to looked after children.</p> <p>Looked after children and care leavers live in safe placements and are well supported.</p> <p>The effectiveness of support for the physical and emotional health of young people who are looked after.</p>	<p>The lack of integration of the leaving care service.</p> <p>The high number of young people subject to court orders who live with their parents.</p>

Children and young people with learning difficulties and/or disabilities

Inadequate Adequate Good Outstanding

34. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good.** The local authority and its partners are working well to meet the needs of children and young people with learning difficulties and/or disabilities and improve outcomes for them. Good progress has been made in dealing with areas for development identified in the 2003 Ofsted area-wide inspection, particularly around provision for young people to continue with education within the county, including through alternatives to school. There has also been effective action to deal with areas for improvement identified in the Children and Young People's Plan.

35. All statements of special educational need are now completed within the 18-week target, making the council one of the highest performing authorities. Analysis by the council shows the number of appeals concerning statements of special educational need fell from 62 in the academic year 2005/06 to 14 by June 2007, with many being withdrawn, as a result of better communication with parents and carers. The increased availability of in-county provision for some groups has also influenced these improvements.

36. Multi-agency working is good and improving well. This is having a particular impact on the lives of younger children with learning difficulties and/or disabilities. For example, waiting times for occupational therapy are down from 18 months to 12 weeks. In another example, the development of the multi-agency children's centres has prompted one GP practice to begin referring to them cases of post-natal depression. The three Portage services make good use of health referrals for early identification of additional needs. A multi-agency panel appoints the most appropriate lead professional to work with the referred child and his or her parents or carers in developing the programme of support. Early intervention, often initiated by health professionals, is particularly effective, and leads to good support for children with disabilities who attend mainstream education. Staff in pupil referral units are developing a better understanding of challenging behaviour and better access to mental health services through the work of a seconded primary mental health worker.

37. Safeguarding arrangements for those with disabilities are good and based on the good partnership working. Parents and carers are closely involved in decisions about services for young children. There are now 160 parents and 20 young people aged between 16 and 18 in receipt of direct payments. The take-

up of direct payments for services has doubled annually and has been well promoted with good sources of information available.

38. Quality assurance, including of services commissioned from partner agencies, is strong and long established. It includes well-used, innovative methods for gathering young people's views to influence decisions. The council has re-negotiated or cancelled contracts where a service has been judged inadequate. Young people have a clear role in decisions taken by the county Transition Steering Group. In response to a survey of parents and carers, community after-school facilities are being improved. One school cluster combined part of its extended schools budget to fund a successful summer school which targeted young people with challenging behaviour that helped reduce crime and anti-social behaviour during the period.

39. The proportion of children with learning difficulties and/or disabilities educated in mainstream schools is good at 72%. This greater inclusion is promoted particularly well through good outreach support from a wide range of multi-agency partners, often operating from special schools and pupil referral units. This specialist support is developing the skills and expertise of staff such as support assistants. For example, the work of a special school and its satellite centres is leading to better understanding of autistic spectrum disorders, and earlier assessment. Targeted training of staff is helping to overcome a shortage of speech and language therapists, and enabling children with particular health needs who attend mainstream school to miss less time through ill health. Fewer children and young people go out of the county to be educated, and more are benefiting from innovative programmes including through dual registration in special and mainstream schools.

40. The work of the pupil referral units is making a significant contribution to improving the life chances of young people with behavioural, emotional and social difficulties. Almost all pupils from key stages 1 to 3 who attend them are able to return to local schools. One Key Stage 4 pupil referral unit has developed a very advanced virtual learning environment that is enabling its pupils to work at home and access a wider curriculum than the unit is able to offer on its own. Pupils are working on national extension college courses and GCSE Spanish with another local authority several hundred miles away. This unit has a very strong relationship with the mental health services supporting its pupils, and organises a very successful annual public performance to celebrate their musical and social achievements. More widely, children and young people with disabilities have good access to recreation and leisure programmes including the Playing for Success programme for children with physical disabilities.

41. Most children make at least satisfactory progress in school, with some good areas. Overall achievement at Key Stage 2 is improving for pupils at School Action Plus, and particularly in English for those with a statement of special educational need. The numbers of students with a statement who gained five or more A*-C grade GCSEs is higher than that found nationally and

has almost doubled. There are examples of outstanding progress, such as the young person who helped to develop the website for his special school, who is now attending a further education college for two days a week in preparation for a full-time course in September. Despite some improvements in the post-16 curriculum, young people do not have enough opportunities to progress into work-related education and eventually move into employment, particularly those young people with moderate or specific learning difficulties. The take-up of work-based learning by young people with learning difficulties and/or disabilities has improved but is slightly below the national average, although their success rates are slightly better than in similar areas.

42. There have been some good improvements in ensuring successful transitions between school phases. An example is seen in the good increase in the numbers of young people in Year 9 in school who had transition plans. Better information sharing between schools, colleges and other providers is improving transition arrangements. Post-16 participation rates improved by 3.7% between 2005/06 and 2006/07 to 79.5%, which is above the national average. An increasing number of the county's 38 secondary or upper schools are now offering entry level and Level 1 courses in their sixth forms, as part of an improved cluster curriculum offer. Assessments for young people with a statement of special educational need who move to adult services are now completed for 99% of them, improved from less than 50% last year. As noted later in this report, transition arrangements from adolescent to adult mental health services are unsatisfactory for some young people, partly because of different thresholds. This affects their confidence to seek work-related training.

Major strengths	Important weaknesses
<p>Strong partnership and multi-agency working.</p> <p>Good action to improve areas for development identified in previous inspections and the Children and Young People's Plan.</p> <p>Good use of outreach services to enable children and young people to be included in mainstream education.</p> <p>The increased capacity of learning support staff to meet children's needs where there are staff shortages in other services.</p> <p>The opportunities for children and young people to influence decision making, particularly at times of transition.</p>	<p>Underdeveloped post-16 opportunities for young people with moderate learning difficulties and/or disabilities.</p>

Other issues identified for further investigation

Children's achievement at Key Stage 2

43. **The impact of the authority's actions on raising standards at Key Stage 2 is adequate. It is improving and there is good capacity to improve further.** The 2006 annual performance assessment reported that outcomes at the end of Key Stage 2 were too low, particularly in middle schools and in mathematics. This was a similar position to that reported in the previous year's annual performance assessment and contrasts with the above national average levels of performance achieved by Suffolk pupils at all other key stages. In addition, progress for children from Key Stage 1 to Key Stage 2 was below that expected, based on pupils' prior attainment and lower than that for similar areas.

44. During 2005/06, outcomes at Key Stage 2 showed a more marked level of improvement overall and are now around the national average for English at Level 4 and slightly below in mathematics and science. The number of pupils achieving Level 5 also improved, particularly in English, which had an increase of 5.1%. The percentage of pupils with a statement of special educational need achieving Level 4 at Key Stage 2 also improved in 2005/6 but only significantly so in English. The progress made by Black and minority ethnic pupils is generally in line with expectations nationally, although the progress made by Black Caribbean children is significantly lower than expected compared to similar pupils in similar schools nationally. Despite the overall pattern of improvement, Key Stage 2 performance is still below that of similar areas and pupils continue to make insufficient progress from Key Stage 1 to 2.

45. The local authority has given a clear priority to improving standards and attainment at Key Stage 2 as part of its overall strategy for improving educational outcomes and economic well-being for children and young people. Comprehensive analysis has led the authority to conclude that a major factor influencing the underperformance at Key Stage 2 relates to the operation of a three tier schooling system in some parts of the county and, in particular, the potential difficulties experienced by pupils in transferring from first to middle school halfway through the key stage. Data indicate that pupils within the two tier system generally have relatively higher levels of attainment at age 11 compared to those attending schools in the three tier system. The recently approved school organisation strategy intends to introduce a phased two tier schooling model for the whole of the county aimed at producing a more coherent and integrated set of educational experiences for children and young people aged 0 to 19. Alongside this long-term strategy, the authority recognises the need to maintain a strong and sustained focus on raising standards overall at Key Stage 2; this is reflected strongly in the Children and Young People's Plan priority action plan.

46. A number of increasingly effective measures are being taken to help individual schools address underperformance at Key Stage 2. These include: direct intervention with the weakest performing schools; training and development in support of the use of the Primary National Strategy and the facilitation of partnership working between schools to enable better collaboration and the sharing of good practice. The majority of schools receiving targeted support from the authority in 2005/06 made significant progress in their pupil attainment at Level 4 relative to the previous year. For example, the eight schools engaged in the Intensifying Support Programme achieved a 9% increase in mathematics and a 6% increase in English at Level 4. At Level 5, these schools also achieved a 12% increase in English. The extent to which schools are working in partnership to tackle key issues is also improving. Across all of these activities, the authority is placing a significant emphasis on meeting the needs of vulnerable children, particularly those who are looked after, are from Black and minority ethnic backgrounds or who have learning difficulties and/or disabilities. For example, the Letterbox Club, a multi-agency project to support the learning needs of looked after children aged seven to 11 by providing them with parcels of educational materials, has helped the majority to make significant gains in English and mathematics as measured by standardised tests. In 2005/6, the number of schools not reaching the DfES 'floor targets' in mathematics declined from 29 to 24 and in English and mathematics from 10 to eight.

47. Schools are developing a strong and effective emphasis on social and emotional development to support children's capacity to enjoy and achieve. Good use is being made of the Social and Emotional Aspects of Learning programme to establish nurturing groups, improve pupil behaviour and emotional wellbeing and engender positive attitudes to learning. Ofsted inspection reports of primary schools identify examples of outstanding support for pupils who face social and emotional challenges. In 2005/06, 84% of schools inspected were judged to be good or better in terms of personal development and well-being. Learning Network Partnerships are used well to disseminate this good practice.

48. There is effective intervention by the authority's advisors to support the performance of schools. During the current year the school improvement service has undergone substantial re-organisation in order to provide a more inclusive approach to school improvement. Carefully targeted use is made of specialist consultants to work alongside school staff on national and local initiatives. The work of the service is very well regarded by schools with Key Stage 2 pupils. There are clear criteria for intervening in schools causing concern and effective action has been taken to strengthen the authority's ability to identify schools that are in danger of falling into a category following an Ofsted inspection. The number of schools with primary aged pupils placed in special measures or with a notice to improve is low compared to similar authorities and national averages. Ofsted monitoring visits for the six schools currently in categories indicate that progress made in addressing weaknesses is

satisfactory or better. Ofsted judges the support provided by the authority in assisting these schools to be good.

49. There is good use and availability of data to analyse and set targets for school performance. An annual performance handbook contains comprehensive data sets to enable comparative educational standards and attainment to be scrutinised in detail. Schools are provided with useful data on performance at individual pupil level, including the progress made between key stages, and are encouraged to set challenging targets for improvement. Ofsted inspections of primary and middle schools indicate that schools are beginning to make better use of data to monitor individual pupil performance and set targets for improvement.

Major strengths	Important weaknesses
<p>The priority given to improving Key Stage 2 standards and attainment within the authority's strategies for children and young people.</p> <p>Effective and well-targeted strategies for improvement.</p> <p>The strong and effective emphasis on social and personal development in enabling children to enjoy and achieve.</p> <p>Good use and availability of data for monitoring and target setting.</p>	<p>Attainment and progress at Key Stage 2.</p>

Child and Adolescent Mental Health Services (CAMHS)

50. **The contribution of all services to the outcomes for children and young people using mental health services is adequate.** The emotional well-being of children and young people, and effectively addressing their mental health needs, are established priorities within the Suffolk Children and Young People's Plan. These are underpinned by action plans to support improvement in early intervention, access to services and the development of emotional health and resilience. Twenty four hour access to CAMHS advice and support is available via hospital Accident and Emergency departments. A protocol is in place to support the consistent transition of young people from CAMHS to adult mental health services. Access to CAMHS has improved and waiting times have been significantly reduced. Effective early intervention work via a range of initiatives is well developed.

51. A comprehensive CAMHS strategy is in place, and corresponding protocols for all four tiers of service¹ clearly identify local priorities and areas for development, including that for a comprehensive range of care pathways. There is evidence of significant achievement against many of the desired outcomes. However, not all actions are supported by action plans with clear time scales.

52. Good leadership and multi-agency partnership working, involving statutory, voluntary and independent partners, is evident within all tiers of CAMHS. Where the Common Assessment Framework has been implemented, staff report significantly improved inter-agency communication. A school counselling service, developed in response to an identified need for sixth form students and provided in partnership with a voluntary organisation, has been extended to include lower school children based on its positive impact. In partnership with an independent provider a Tier 4 intensive shared care service has been developed to provide support for families and children with complex and challenging behaviours and thus reduce the need for out of county placements.

53. Waiting times for Tier 3 and 4 CAMHS have improved, albeit with some local variation. The most significant improvement is in the east of Suffolk where waiting times have reduced from 16-20 weeks in 2005-06 to less than four weeks during 2006-07. Overall waiting times have improved and are meeting the local 13-week target, both for generic CAMHS and services for young people who have Attention Deficit Disorder with Hyperactivity.

54. The range of ways that families, children and young people access CAMHS has been developed to reflect the diverse needs of local populations, including the needs of those who live in areas of significant deprivation. There are early intervention programmes and initiatives in place, which clearly demonstrate positive impact, some universal and some developed in discrete areas. Primary mental health workers are available across the county providing early intervention services, facilitating access to other CAMHS and providing professionals with training and advice. The implementation of the Social and Emotional Aspects of Learning programme is progressing well, with 50% of primary schools participating. Around three quarters of schools are participating in the National Healthy Schools Programme; however only 17% of schools have achieved accreditation, which is below target. The Ipswich Family Support Service provides flexible, needs-led support for children and young people with emerging emotional and behavioural difficulties, in partnership with a voluntary trust. An evaluation of the service shows this is effective in reducing school exclusions and preventing mental health problems by early intervention.

¹ CAMHS delivers services to a national 4-tier framework. Most children and young people experiencing mental health problems will be seen at tier 1. This level of service is provided by practitioners who are not mental health specialists such as GPs, health visitors, school nurses, and teachers. At tier 2, practitioners tend to be CAMHS specialists such as primary care workers, psychologists and counsellors. At tier 3 practitioners are specialised workers such as community health workers child psychologists or psychiatry out patient services for more severe and complex and persistent disorders. Tier 4 services are provided for young people with the most serious problems through for example highly specialised out-patient and in-patient units.

Community Parenting, developed in some areas, proactively provides support, and is improving family relationships, thus promoting the emotional well-being of children.

55. There are established examples of evidence-based redesign of specialist services to meet local needs, including the development of new Tier 4 intensive shared care provision and the proposed transformation of an existing rehabilitation service to provide assessment, treatment and crisis intervention in the community. There is further redesign in progress for Attention Deficit Disorder with Hyperactivity and early intervention in psychosis services.

56. Although CAMHS provision is adequate overall, there is significant variation in the staff skill-mix and in service models across Suffolk, and there is evidence of actions to address this. Priority vulnerable groups have been identified, some services have been redesigned, and a health needs assessment and a service scoping exercise is in progress to determine whether available service provision is consistently effective. Robust pathways are in place, but have not been developed to meet the needs of all vulnerable groups, including young offenders, substance misusers and those with learning difficulties and/or disabilities.

57. The proactive management of transition by CAMHS to adult mental health services is supported by an agreed protocol that guides good practice and ensures that the age of transition is equitable across the county. Service provision appropriately meet the needs of looked after children and children with learning difficulties and/or disabilities. The Connect service supports looked after children with their transition to adult services via two models operating across the county. Within CAMHS there is a robust protocol and associated toolkit to support the transition of children with learning difficulties and/or disabilities to adult services. However, where the individual needs of this group, those with eating disorders and those who misuse substances do not align with referral criteria for adult services, or no corresponding service exists, transition arrangements are less successful.

58. Although systems to enable children, young people and families to participate in the design, planning and evaluation of services are evident in relation to wider children's services, this is an acknowledged CAMHS priority for development. The involvement of children and young people in evaluating CAMHS is not universally in place.

Major strengths	Important weaknesses
<p>A comprehensive CAMHS strategy with corresponding protocols for all four tiers of provision.</p> <p>Improved access to CAMHS with significantly reduced waiting times</p> <p>Good leadership and multi-agency partnership working at all levels.</p> <p>Multi-agency services that are easily accessible and offer a range of support and training to partner agencies.</p> <p>The positive impact of early intervention programmes on health and well-being.</p>	<p>The lack of robust pathways to meet the needs of some vulnerable groups.</p> <p>Service transition arrangements for specific groups where individual needs do not meet the referral criteria for adult services or no corresponding service exists.</p> <p>Insufficient systems to enable children, young people and families and influence the design, planning and evaluation of services.</p> <p>Incomplete scoping to determine the impact of the variation in staff skill-mix and service models on meeting local needs.</p>

Service Management



Capacity to improve



59. **The management of services for children and young people is good. Capacity to improve further is good.** Strong partnership working and a joint commitment to improve outcomes for all children and young people underpin services in Suffolk. Partnership working has been strengthened by the establishment of the Children's Trust. Targeting the most disadvantaged reflects an inclusive approach supported by good leadership and management. A strong focus on managing performance has resulted in good services being consolidated and some weaker services being improved.

60. The annual performance assessment of 2006 judged service management and the capacity to improve as good. It identified areas for improvement, like the youth service, which have been successfully addressed. Other areas for

improvement, such as CAMHS and performance at Key Stage 2, have received investment but because of the scale of the challenge it is too early to see strong impact.

61. Ambitions for children and young people in Suffolk are excellent. The intention to improve outcomes is explicit in the community strategy and the council's corporate plan. The Children's Trust clearly sets out its vision and objectives in the Children and Young People's Plan. This was based on an extensive analysis of need involving consultation with 1,700 children and young people, including disadvantaged groups, and 2,000 adults including parents, carers and staff. Strong leadership champions the ambitions well, for example the difficult decision to reorganise middle schools. Staff show a very good understanding and strong commitment to the ambitions and vision.

62. The recent review of the Children and Young People's Plan amends some of the 19 priorities in the plan, emphasising actively improving outcomes. Children and young people were informed with leaflets and posters outlining the plan, and an imaginative DVD encourages organisations to review their contributions to improving outcomes. Involving young people in the review led to changes in approaches to healthy eating and the delivery of sex education in further education colleges. The Children and Young People's Plan takes good account of children and young people at risk of disadvantage, for example five additional foster carers from Black and minority ethnic communities were recruited last year and the specialist placement needs of asylum-seeking children have been addressed.

63. Prioritisation by partners is good. The Children and Young People's Plan has comprehensive priority action plans for each of the five outcomes. Actions outline lead roles and responsibilities and set targets and timescales for completion. These are carried through into partners' service plans which mostly make direct links to the Children and Young People's Plan. However, some gaps in setting success criteria and milestones hamper measuring success. For example, the aim to increase library use by families and young children is not quantified. Community cluster steering groups determine local priorities, supported by area action teams who implement those priorities. The action teams are well represented by the statutory and voluntary sectors, schools, young people and parents.

64. The Children and Young People's Plan addresses financial issues recognising the restrictions facing partners. For example, the council plans to make substantial savings overall over the next three years through improved efficiencies, more common services, joint commissioning and restructuring. Health partners are repaying large historic overspends. The Children and Young People's Plan spells out shifts from expensive, high intervention services to preventative services. Over £280,000 was moved last year from buying and residential CAMHS packages to help children and young people to remain at home and in their own schools supported by local respite arrangements. Joint

commissioning, although currently limited, is well managed with plans in place for extension.

65. Services are well integrated. The transfer of Connexions Suffolk into the council has been completed with its full integration with the youth service. At a local level, council staff from education and social care are well managed and in one service structure, and increasingly integrated with staff from other agencies. The police service has reorganised neighbourhood policing and school nursing has been reorganised, both to align with the 18 local clusters to support closer working. As a result, services are better coordinated with, for example, health visitors and social workers visiting families together.

66. Services take account of a wide range of equality and diversity issues. Black and minority ethnic children are supported by the Minority Ethnic and Traveller Achievement Team. Resulting improvements include a narrowing of the gap generally for Black pupils at ages 11, 14 and 16. The council has introduced a Travellers' homes pack in schools aimed at increasing understanding about Travellers' lives. However, CAMHS does not meet the needs of all vulnerable groups, and while children and young people are involved in policy development and staff appointments in some agencies, they have yet to influence the design and evaluation of health services.

67. Children, young people, parents and carers are involved in identifying their own needs and in shaping services for themselves in care and case planning. The Common Assessment Framework is being rolled out across the partnership and is on target for full implementation by March 2008.

68. The overall capacity of the local partnership's services is good. There is a well-established Children's Trust which takes responsibility for joint decision-making for children's services and is the accountable body for the children and young people's block of the Local Area Agreement. The council demonstrates the importance of children's services with the portfolio holder chairing the Trust board while the Director for Children and Young People chairs the senior officer executive group. All statutory agencies are represented on the Children's Trust board, with two voluntary sector representatives and the independent chair of the Local Safeguarding Children Board ensuring a good fit between the two bodies. Following the Primary Care Trust reorganisation, both new Primary Care Trusts have committed to the partnership and the Children and Young People's Plan, with confirmation of joint appointments of the Director of Public Health and a health director in the children's directorate. Districts are well represented and committed, taking the lead on housing and leisure issues. Differences are resolved through discussion, for example the shortfall from the health service's decision not to meet agency placement inflation costs was picked up by the council for one year and then the two agencies agreed a joint inflation formula for subsequent years. The Trust reports to the Suffolk Strategic Partnership and has direct links with the six local strategic partnerships, which in turn are providing capacity to meet Local Area Agreement targets.

69. Political and managerial leadership is clearly visible. Following the London bombings, some parents of Black and minority ethnic children kept them away from school out of fear of possible reprisals, and the council wrote to all parents to allay fears and express support for all children and young people. Good leadership and management extend through children's services and are highly valued by a largely stable workforce. The responsibilities of corporate parenting are well understood and acted upon by Cabinet and scrutiny members and some other, though not all, councillors.

70. Recruitment, retention and training strategies are good. Council staff access and are appreciative of high levels of good quality training. The council is building capacity through good recruitment and retention approaches and succession planning. *Making Headway* is a development programme for potential headteachers to bridge the gap created by 30% of headteachers and senior school staff retiring in the next three years. Joint teacher training programmes with Norfolk offer 220 training places each year with over 50% of graduates joining Suffolk schools. Ten members of staff are seconded to social worker training courses each year. Workforce planning has not previously been coordinated within the partnership, although work has recently begun to address this.

71. Good partnership working enhances capacity. The council has seconded two staff to Young Suffolk, the umbrella agency for volunteer groups working with children and young people, to develop the children and families forum, a network of voluntary organisations.

72. Value for money is good. The council's annual financial settlement is below the national average. However, resources are used effectively and outcomes for children and young people are largely good, including for the most vulnerable groups. Savings have already been made. Schools contribute by investing £200,000 from their own budgets to support additional mental health services in schools, and have agreed a claw-back scheme from schools with high reserves which has recovered £90,000 in the first year. Imaginative packages for four children with additional needs are being provided locally through partnership working, saving over £400,000 per year compared with external placements.

73. Performance management across the partnership is good overall. The area is developing a culture of performance management that is generally focused on outcomes and is already well embedded in some places. Within the council's children's services, performance is well managed at all levels. This focus has led to significant improvements, reducing permanent school exclusions from 103 in February 2004 to 39 in February 2007. Targeting vulnerable groups has also reduced permanent exclusions in looked after children from nine to three and fixed-term exclusions for Black and minority ethnic pupils from 20 to seven.

74. The partnership is beginning to actively manage performance leading to improvements, for example in reducing the number of teenage pregnancies. Performance responsibilities are clearly defined. Excellent systems ensure that the partnership and agencies receive timely and effective reports. A well used performance handbook collates data effectively and contains commentary which is both self-aware and self-critical.

75. The partnership uses feedback well to improve services. Black young people and parents asked for more black history to be presented in schools. Materials about the local experience of immigrant communities were developed and are used in schools.

Major strengths	Important weaknesses
<p>Partnership working across the Trust based on shared ambitions and a strong and clear commitment to improve outcomes for children and young people.</p> <p>Strong leadership provided by senior managers and councillors.</p> <p>Diversity and equality issues addressed well in plans and operationally.</p> <p>Good recruitment, retention and training strategies.</p> <p>Performance management well embedded in some agencies supported by the excellent performance handbook produced by the council.</p>	<p>Gaps in targets and milestones in some service plans.</p> <p>Lack of involvement of children and young people in planning, delivering and reviewing services in some agencies, such as health.</p>

Annex A

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

Summary

Areas for judgement	Grade awarded
The contribution of <i>the local authority's children's services</i> in maintaining and improving outcomes for children and young people.	3
<i>The council's overall capacity to improve its services for children and young people</i>	3

Suffolk County Council continues to provide a good service for children and young people. This is in spite of making significant changes in the last year, which have included establishing a new service for young people by amalgamating education, social care, Connexions and the youth service. A new Director of Children and Young People has been in post since May 2005. All senior managers have recently taken up their posts.

As with many local authorities, Suffolk has had to manage significant budget issues both within the council and externally from Primary Care Trusts.

Suffolk has demonstrated that it has excellent strategies and policy documents, for example; the Suffolk Children and Young People's Plan, the policy for teenage pregnancy reduction and the Local Area Agreement. There are services which have good strategies but which are not yet providing good quality outcomes for young people; these include the reduction of teenage pregnancies, CAMHS, the youth offending team, the substance abuse reduction service and the youth service. Suffolk has demonstrated that it is well aware of the need to improve these areas and has put in place the management, staffing and resources to do so. There are good prospects that these will improve outcomes for young people over the next year. The authority has made good progress with tackling most of the areas of concern identified last year with the exception of CAMHS and improving attainment at Key Stage 2.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=90475&providerCategoryID=0&fileName=\\APA\apa_2006_935.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT- CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Suffolk are good. The actions taken to ensure their health and well-being are good, although there is more work to do to ensure equity of services for CAMHS across the area. The arrangements for safeguarding are good, with a very strong partnership seen in the working of the Local Safeguarding Children Board. There is good support which enables children and young people to enjoy and achieve. The attainment and progress of the majority of pupils is at least satisfactory and often good. Test results for pupils at 11 years of age show early signs of improvement. Children and young people who are looked after or who have learning difficulties and/or disabilities receive good services which result in positive outcomes.

2. Service management in Suffolk is good. The Director for Children and Young People provides strong and committed leadership which is echoed across management tiers and by the work of members. There is good consultation, particularly with children and young people, and their influence is seen in making key appointments in the council. Value for money is good. Funding is below that found nationally but is used effectively and outcomes are largely good for all groups. The work of the Children's Trust has strengthened the good partnership working. However, the youth service has been under funded for a long time and, despite good recent improvements, this continues to affect the quality of resources available.

3. The combined work of all local services in securing the health of children and young people is good. Children receive good and effective support to help them stay healthy. There is low infant mortality. The provision of child health surveillance is excellent and is significantly higher than that found nationally or in similar authorities. Incidence of first contact with the health visiting service is good. The proportion of children under the age of five having a first contact with a health visitor has considerably improved. Teenage conception rates are lower than those found nationally, although reducing them further remains an area of focus. There are low levels of dental problems. The authority had used alternative areas of focus to promote health and well-being but has now increased its focus on encouraging schools to use the National Healthy School Standard and numbers taking part have increased significantly. The numbers of pupils accessing at least two hours of sport a week has increased. CAMHS provide some good and improving access although there are still inequalities in the availability of services. The target for looked after children receiving an annual health check was exceeded in 2006. There is particularly good support for children who have life-limiting medical conditions. The authority has doubled its targets for the engagement of schools and training of professionals in relation to substance misuse and targets for the Youth Offending Service show improvements.

4. Children and young people appear safe and arrangements to ensure this are good. The Local Safeguarding Children Board works well and there is very good inter-agency working. Multi-agency public protection arrangements are good. There are also very good safe recruitment practices at all levels. There is strong support for families and children to prevent and reduce the effects of bullying and harassment, with particularly good practice in addressing racism. The council has met its target for addressing road traffic accidents well ahead of the set date. The council is working with the police to ensure more comprehensive provision to counter domestic violence. There are effective systems to track children missing from education or care. All children subject to child protection arrangements have a qualified social worker. An increase in the number of referrals received has led to slower completion rates for initial and core assessments and an increase in child protection registrations. However, the numbers of re-referrals has fallen. The Common Assessment Framework is in place in a number of areas across the county and is being rolled out in accordance with the planned time scales.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. The standards that pupils attain, apart from at 11 years of age, are good when compared with national averages and similar councils. The council has taken strong action to improve attainment at Key Stage 2 and early improvements are evident. It has recently taken the decision to move to a two tier system of education, following extensive research and consultation. The outcomes for children in the early years of education are good. The attainment of looked after children and those with learning difficulties and/or disabilities are at least satisfactory. The expansion in resourced provision means that an increasing number of pupils are able to have their special educational needs met within their local area. As a result of concerted work, the number of permanent exclusions has declined and there is evidence of greater support for pupils at risk of exclusion in the council's 18 school clusters. The support for schools in a formal category of concern has been effective and has resulted in a number coming out of these categories. There are good opportunities for children and young people to take part in leisure activities.

6. There is a well-established strategy for 14-19 education and training. Results post-16 are improving but the local area is taking action to improve them further. There is good support for looked after children to go on to further and higher education, and improved opportunities for those with learning difficulties and/or disabilities to take appropriate accredited courses. However, there are insufficient opportunities for them to progress into work-based training and employment.

7. The impact of all local services in helping children and young people to contribute to society is good. The council makes good use of surveys to seek the views of children and young people and these have informed the work of the Children and Young People's Plan. A particular strength is the involvement of children and young people in making important appointments in some

services. Their influence is clearly seen, for example in the choice of leader of the Local Safeguarding Children Board. However, this good practice needs to be extended to the Youth Offending Service and to Child and Adolescent Mental Health Services. The numbers reached by the youth service have improved significantly.

8. The capacity of council services to improve is good. The council understands its strengths and weaknesses very well and uses good performance management data to inform this. It has taken robust action to address areas of weakness and there is strong leadership. There is a strong, and appreciated, partnership with a range of agencies, and the council's leadership is well regarded. Strategic planning for children and young people is good and reflects the outstanding ambition and good prioritisation. Performance management is good, and there is good management of resources and commitment to projects despite some budgetary challenges in the council and for health partners. The council has put in place good strategies to address staff shortages, and workforce development has now been given a greater focus across the partnership.

Annex C

SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.
2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and these findings plus aspects of the most recent Annual Performance Assessment are represented in the relevant part of the corporate assessment report.
3. This review describes the outcomes achieved by children and young people growing up in Suffolk 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).