

Joint area review

Norfolk Children's Services Authority Area

Review of services for children and young people

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

1. The most recent Annual Performance Assessment (APA) for Norfolk judged the council's children's services as adequate, and its capacity to improve as adequate.
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 on reducing teenage conception
 - the impact of the partners' 14-19 strategy in improving outcomes for young people.

Context

4. Norfolk is a large, predominantly rural county. It is sparsely populated with three main urban centres, Norwich, Great Yarmouth and King's Lynn, and 21 market towns. It is the fifth largest shire county in England, covering over 5,370 square kilometres. There are 150 parishes that have fewer than 250 residents and the rural nature of the county is reflected in the large number of small schools. Big distances and limited transport make access to services and jobs a significant issue in rural areas. There are approximately 110,000 children and young people in 441 maintained schools; 4.3% of these children are from Black and minority ethnic groups. There are areas of affluence in the county but some neighbourhoods suffer from significant deprivation. Of children under the age of 16, 19% live in income-deprived households. Norfolk is a two-tier authority, with seven district councils and 541 parish councils.

5. Pre-16 education is provided by:
 - 375 private or voluntary early years settings
 - 36 children's centres
 - three nursery schools
 - 369 primary schools
 - 52 secondary schools
 - 12 special schools
 - five pupil referral units (PRUs).

6. Post-16 education and training is provided by:
- six further education/tertiary colleges and sixth form colleges
 - 27 school sixth forms (with some working together as consortia making 23)
 - 22 work-based training providers
 - a wide range of training providers delivering apprenticeships and Entry to Employment.
7. Adult and community learning, including family learning, is provided by Norfolk County Council adult education service in partnership with the voluntary and community sector and the Personal and Community Development Learning Partnership.
8. Primary care is provided by NHS Norfolk (Norfolk PCT) and Great Yarmouth and Waveney PCT. Acute hospital services are provided by Norfolk and Norwich University Hospitals NHS Foundation Trust, James Paget University Hospitals NHS Foundation Trust and the Queen Elizabeth Hospital Kings Lynn NHS Trust. Mental health services are provided by Norfolk and Waveney Mental Health NHS Foundation Trust.
9. Children's social care services are provided through 500 foster carers, including short-break carers for children with disabilities, five children residential care homes, a number of independent sector children's homes, five family centres and 24 field social work teams, including assessment, family intervention, looked after children, leaving care and children with disabilities. There are 284 children subject to a child protection plan and 847 young people are in the care of the local authority at the time of this review.
10. There are no young offender institutions in the area for under 18s. Norwich Prison has a unit for 18 to 21 year olds. Services for children and young people who are at risk of offending or who have offended are provided through Norfolk Youth Offending Team.
11. Norfolk Children and Young People's Partnership Trust (CYPT) brings together a wide range of statutory and voluntary agencies across Norfolk and is supported by five Area Children and Young People's Partnerships.

Main Findings

12. The main findings of this joint area review are as follows:
- The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding, is good. Safeguarding has a high priority across agencies and there is a good understanding of the contribution all agencies can make to protecting children. Arrangements for referring and assessing children and young people are effective. There are some difficulties in accessing preventative services in parts of the county.

- The contribution of local services to improving outcomes for looked after children is good. Children and young people live in safe and stable placements and are involved effectively in matters that affect their lives. Educational attainment of 7, 11 and 14 year olds is improving rapidly and is at least in line with the averages for England and similar authorities. Attendance is also good. At age 16, results up to 2007 remain too low. Care leavers are well supported and there is good participation in education and training at age 19. The number of children and young people receiving an annual health assessment is below the average of similar authorities. Arrangements to provide health advice and promote good health are insufficient.
- Local services for children and young people with learning difficulties and/or disabilities are adequate. The Norfolk CYPT is engaged in an ambitious programme of change for specialist provision in Norfolk but several aspects of performance require improvement and progress has been slow. Insufficient numbers of young people aged 14 have a transition plan in place and there is no dedicated advocacy service for this group of vulnerable young people. There is good practice in, for example, the effective partnerships with voluntary and community sector providers and the good safeguarding guidance for schools to raise awareness of bullying because of learning or physical disabilities. Provision in colleges and special schools is good.
- The contribution of local services to reducing the rate of teenage conception is adequate. There is a strong strategic framework and action plan in place, but implementation is at an early stage and the teenage conception rate is not reducing sufficiently.
- The impact of partnership working to improve provision and outcomes for 14 to 19 year olds is good. The local authority and its partners have adopted a wide range of strategies to improve access, raise aspirations and offer courses to meet the differing needs of young people. Effective action has been taken to reduce the numbers of young people who are not in education, employment or training. Achievement is improving and is particularly good in colleges. Despite a range of targeted improvement actions, there is still too much underachievement in some secondary schools.
- Service management is good. The local authority has strong ambitions, prioritises well and, through close collaboration and commissioning with partner agencies, is extending its capacity for delivery. Monitoring and review mechanisms are becoming effective but the CYPT is not always making best use of data and action to correct underperformance is not always sufficiently prompt. The engagement and participation of children and young people is good. There is adequate capacity for further improvement. Significant improvement has taken place in several areas and it is good where the CYPT focuses on underperformance but sustained improvement across all areas is not yet secure.

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	2

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.

The local authority should:

- ensure that all young people with learning difficulties and/or disabilities have an appropriate transition plan at age 14.

For action over the next six months

The local partnership should:

- support schools to improve the performance of pupils with learning difficulties and/or disabilities from an early stage, reduce the need for formal statements and issue these within the required timescale
- ensure that looked after children receive an annual health assessment and improve arrangements for health promotion and advice
- improve the educational achievement of all looked after young people at age 16
- ensure that all data across the partnership are robust, produced in a timely manner and managed well to monitor performance effectively, particularly police data to reduce offending rates and data to reduce the teenage conception rate

- ensure that all partners improve further the access to preventative and support services, particularly for families in isolated rural areas.

For action in the longer term

The local authority should:

- continue to raise standards at ages 16 and 19 and improve the lowest performing schools.

Equality and diversity

13. Commitment to promoting equality and diversity is strong and this is clearly reflected in strategic planning. The local authority and partners ensure that, in practice, good account is taken of the differing needs of local communities. Targeted work in urban areas seeks to improve the educational achievement and welfare of newly arrived communities. Specific projects are in place to reduce the impact of rural isolation. The Talent project for the 2012 Olympic Games has been set up to support all young people who have specific ability or aspirations. Some learning programmes designed for young people from Gypsy and Traveller and public awareness activities, such as the permanent exhibition at Gressenhall Farm and Workhouse near Dereham, make a clear statement about the positive contribution of these groups to rural life in Norfolk.

14. Partnership work with the youth offending team (YOT) ensures that young people from Black and minority ethnic communities are not over-represented in the number of young people known to this service. Projects with the Congolese community, as part of the Home Office Gateway Protection Programme for refugees, have had a positive impact on language skills, confidence and access to school for 5 to 16 year olds. The Step Up and Let's Meet events are successful in engaging children and young people from established and newly arrived minority communities, with good opportunities for them to share their ideas with councillors and officers. Bullying and racist incidents are taken seriously with clear guidance for schools and other relevant organisations. Norfolk voluntary organisations and main community groups facilitate access to services for local people for whom English is not the first language. Despite these high levels of commitment and activities, partners acknowledge that there are still challenges to ensure that the welfare of all children and young people is maximised. Ensuring high outcomes and equity of access for all across this large county remains a high priority.

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>Good interagency working, at both strategic level and operational level.</p> <p>Effective planning and reviewing arrangements for children who are the subject of child protection plans.</p> <p>Good arrangements for referring and assessing children.</p> <p>Learning from audits and serious case reviews contributes to improvement in practice.</p>	<p>Inequitable access to preventative services in some areas of the county.</p> <p>Children and young people not sufficiently involved in the evaluation of the work of the Local Safeguarding Children's Board (LSCB) and in safeguarding processes.</p>

16. The combination of improved prevention, early intervention and the implementation of the wider safeguarding agenda is having a positive impact on the safety of children and young people in Norfolk. Recruitment practices are robust. Safer staffing, including the management of allegations against staff and staff support and supervision, are particular strengths. Work to address wider safeguarding issues, such as domestic violence and neglect, is progressing well.

17. Safeguarding has a high priority across agencies and all agencies have a good understanding of the contribution they can make to protecting children. Children and their families are informed about key risks to their safety and young people are discouraged from smoking, drinking alcohol and anti-social behaviour. The number of schools participating in the Healthy Schools programme is high and progress towards the national target set for the proportion of schools to achieve full status by December 2009 is satisfactory. The local authority and its partners are on course to meet the national target to reduce the number of children and young people killed or seriously injured on the road. The Don't be a Loser campaign, which focussed on 17 to 25 year olds, has reduced accidents by 35% over a 12 month period.

18. A good range of activities prevent anti-social behaviour and campaigns such as the Be Bright Don't Fight initiative, encourage positive behaviour. Youth Offending Teams have successfully implemented interventions plans for young people at risk of offending. The Discovery Centre in Kings Lynn offers a wide range of good activities and signposts challenging young people to take on

positive youth work opportunities. Constructive interventions challenge young people who offend to accept responsibility for their offending behaviour and its consequences. There is an effective protocol between the YOT and Child and Adolescent Mental Health Services (CAMHS)¹ which enables Tier3 services to be accessed promptly. The great majority of young people who joined a project to reduce re-offending in 2006 did not go on to re-offend.

19. Most children and young people feel safe in Norfolk. The majority of schools have an anti-bullying charter and the council's work on cyber bullying has been highlighted as good practice by the Department for Children, Schools and Families. Children speak very confidently about their role as peer mentors and play-leaders in schools. Racist incidents reported by schools are recorded and officers recognise that they need to use data even more rigorously to identify local issues and deal with specific categories of bullying.

20. Good partnership arrangements are in place to support families and children who have been the subject of domestic abuse. A high percentage of children are subject to a child protection plan because of domestic violence. The local authority and the police have improved further the risk assessment and referral process for those incidents that include children. This now ensures timely assessment and effective response by children's services. A protocol is in place to report children who go missing from school and from public care and there are robust arrangements for tracking children who move across neighbouring borders. Good information is provided in a range of languages to help the public recognise and report concerns.

21. The arrangements for referring and assessing children are good, although some families experience difficulties in accessing the full range of preventative services. There is a high level of commitment from social care staff and excellent supervision and support provided to them. Referrals are dealt with promptly and referrers are informed of the local authority's intended actions. Assessments are good and focus on the family as a whole whilst ensuring that the child's needs are paramount. Performance on the timeliness of initial assessments remains good at 70%, which is above the national average. The completion of core assessments within timescales has improved to 75% based on recent data provided by the local authorities. The case files examined during this joint area review demonstrated effective management oversight and quality assurance. The arrangements for out-of-hours social care are good and have been improved by the new electronic database. Managers undertake regular audits of practice, feed the lessons learned into training and revise procedures to improve performance. A major project supporting electronic social care records, integrated children's services and client database has been implemented from November 2007. Relevant training and support plans are in place to enable all staff to increase

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 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.

their expertise, although some still lack confidence in the use and understanding of the system.

22. The LSCB has a highly respected independent chair and appropriate senior representation from voluntary and statutory agencies. The board is supported effectively by a range of locally based sub-groups, such as a workgroup focusing on safer staffing and one for children with learning difficulties and/or disabilities, reflecting the wider safeguarding agenda and relevant local priorities. The LSCB has updated its child protection procedures and delivered training to a significant number of partners and community organisations. The management of allegations against professionals is good. Most serious case reviews have been completed satisfactorily and the implementation of the recommendations is robust, leading to improved practice. The LSCB is developing measures to evaluate the effectiveness of its work. It recognises that it needs to do more to involve children and young people in safeguarding processes and to hear from them of their experiences. The supervision of dangerous offenders is good through strong Multi-Agency Public Protection Arrangements (MAPPA), with regular attendance at MAPPA meetings and good exchange of information. There are very good links to the multi-agency arrangements for managing domestic abuse.

23. Better partnership working and a change of emphasis towards earlier intervention has had a positive impact. Good progress has been made in the use of the Common Assessment Framework (CAF) with 2,168 staff across all agencies having been trained. The number of CAF assessments is rising and the age at which a CAF is undertaken is reducing. Family group conferencing has been introduced and, together with a greater emphasis on prevention, these initiatives have reduced the need for statutory intervention. As a result, the local authority has achieved a reduction in the number of children who are the subject of a child protection plan, an area for development that was identified in the 2007 APA.

24. The number of children and young people who have a child protection plan has reduced and is now below that of statistical neighbours and the national average. The number subject to a child protection plan for a second time has decreased, but remains slightly higher than that in similar authorities. These data indicate that preventative services are beginning to have a positive impact and that child protection processes are being managed appropriately. All children who are the subject of child protection plans are allocated to a qualified social worker. Reviews of child protection cases remain at 100% which represents very good performance.

25. Following a critical inspection of the arrangements for children who are privately fostered, action has been taken to raise public and professional awareness of the requirement to notify the local authority of private fostering placements and to improve monitoring processes and recording systems. There have been eight notifications of private fostering since the latest inspection in December 2007. Young parents and their babies are managed safely within the obstetric service. The LSCB has recently reviewed the pre-birth protocol and safeguarding links within health are well established to facilitate timely referral of

concerns and allocation to a social worker. Teenagers who fail to attend ante-natal appointments are followed up in a timely way and very young pregnant girls are referred to the police and child protection staff.

26. Young people, including those who care for an adult or siblings, have good access to support from youth teams and the voluntary sector. Parents value the support and advice they receive from children's centres and describe provision and the quality of services enthusiastically. There is a growing acceptance that in addition to preventative services, some families need long-term support to ensure their children are adequately cared for. The local authority has taken appropriate steps to address this need by investing £7.9 million in service level agreements with the voluntary sector. Due to the fact that re-referral rates in some areas are high, additional support has been provided to the Children's Centres in Thetford, Earlham and Thorpe.

27. Improvements in mental health services enable children and young people to access mental health treatment at an earlier stage and throughout their adolescence. CAMHS are flexible and accessible and provide advice to school staff and other professionals so that they can give direct early support to the child. Protocols are in place and progress towards the implementation of comprehensive CAMHS is satisfactory, with services now extended to young people aged 19.

Looked after children and young people



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

Major strengths	Important weaknesses
<p>Effective CAMHS support.</p> <p>Good placement stability with sustained reduction in the numbers of children and young people in residential placements.</p> <p>Looked after children and young people participate effectively in matters that concern them.</p> <p>Good participation in education, employment or training by care leavers at age 19.</p>	<p>Arrangements to promote good health promotion and advice.</p> <p>Low educational attainment at age 16.</p>

Effective support for care leavers including availability of a wide range of housing facilities.	
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29. The local authority has recognised the need to increase its range of preventative services in order to reduce the number of looked after children. Expenditure on services for children in need has increased and the local authority is actively working with its partners to support families in the community so as to prevent the need for children and young people to be admitted to care. The legacy of previous practice, resulting in a large cohort of young people aged 14-16 who are likely to remain in care for some years, child poverty and large sibling groups are all contributory factors to the numbers remaining high.

30. The local authority has recently invested a higher proportion of its budget in early intervention and has commissioned a number of specialist services, such as family support teams, SureStart family centres and family group conferencing. Single Area panels, which have been in place since 2007, work with partner agencies effectively across the five areas of the county to challenge decisions regarding admissions into care and placements and to propose alternatives. However, these initiatives are taking time to have a major impact. The local authority's detailed analysis of its looked after children population illustrates that it is in the best interest of its current group of children and young people to remain in care. There has been a continuing increase in the number of children and young people who are fostered but the number of those adopted has decreased slightly. Support for carers is good. The voluntary sector makes a positive contribution to assessing the needs of families and providing relevant advice and practical help.

31. For children and young people who do need to be looked after, services and most outcomes are good. A Looked After Children Efficiency project and a corporate parenting strategy have provided a clear framework for the local authority and its partners. Regulatory inspections of children's homes and of the fostering and adoption services have judged all services to be at least good, with some outstanding. All children and young people in care are allocated to a named and qualified social worker. In practice, many tasks are delegated to unqualified members of staff but they receive close supervision. Staff and foster carers are well supported and supervised, receive annual appraisals and access to a good number of relevant training opportunities.

32. The number of health assessments for looked after children and young people is below the average of similar authorities. Health needs are reviewed by a variety of methods and take the wish of the young person into consideration. However, children over the age of five do not necessarily receive a face-to-face assessment. This cannot ensure that children and young people have effective access to health promotion and advice, or that their health care needs are identified promptly. The need to improve health promotion for looked after children is acknowledged in the corporate parenting strategy.

33. A flexible approach has been adopted to enable looked after children and their carers to access CAMHS. Family Solutions Teams, in each of the five areas, successfully supports foster care placements and provide good advice to children's homes and fieldwork staff. The percentage of children who are placed with family and friends is relatively low at 6.9%, but recent figures provided by the local authority indicate that this figure has increased.

34. Effective care planning and reviewing ensures that services are provided to meet the needs of children and young people in care. Experienced independent reviewing officers chair statutory reviews well and contribute effectively to policy development. There has been a significant improvement in the timeliness of reviews to 88% being completed on time, which compares to a national average of 85% and a statistical neighbour rate of 91%. An increasing number of young people are now chairing their own reviews.

35. Placement stability is good. In addition, the numbers of children and young people in residential placements has continued to reduce over the last few years so that, at 14.1%, it is now below the national average. There is a comprehensive range of services to support adolescents in the move from out-of-county children's homes and foster placements to placements near to their place of origin, thus producing better outcomes and reducing costs. An independent visitors' scheme, commissioned from a national voluntary organisation, provides clear information to young people. The scheme has been effectively evaluated and has demonstrated its contribution to improved outcomes for the looked after children who use the service.

36. Children's homes have demonstrated strong partnership arrangements with the local police, with a link officer assigned to each home as part of the safer neighbourhoods scheme. Restorative justice arrangements have been established and recent figures indicate that the percentage of looked after children who have been convicted or have become subject to a final warning or a caution has reduced, but it remains slightly above comparable authorities.

37. Looked after children and young people are provided with many opportunities to participate and engage in activities that raise their self-esteem. At 86%, the number contributing to their statutory reviews is similar to that of the council's statistical neighbours and the national average. Young people are well represented on the Corporate Parenting Strategy Board, Corporate Parenting Operations group and on scrutiny panels. They have attended meetings with the council's senior management team to discuss specific issues of concern to them, and their participation is having a positive impact on services. For example, the Corporate Parenting Strategy Group reviewed the CAMHS strategy following The Kids in Care Together (KICT) Group's response. There are good mechanisms to enable young people to respond to national consultations, and the Enlighten peer research project is an illustration of an innovative way of engaging young people in a significant piece of research about their experience of being in care.

38. Looked after children receive good support to enable them to attend, achieve and enjoy education. A virtual school, one of several national pilots, has been established to monitor and raise performance of all looked after children

and young people. It disseminates information on the needs of children in care and provides good challenge, advice and training. It also provides additional services, such as a literacy catch-up programme for young people at times of transition. Over the last three years attendance has improved and is now better than the averages for England and statistical neighbours. More looked after young people have taken the national tests at age 11 and GCSE examinations or equivalent. In primary schools, their results and achievements are good; the 2007 English results, at 50% Level 4 and above, were above the national and statistical neighbour averages for the looked after children population of 45% and 43% respectively. Results in mathematics remain below average. At age 14, results are improving in all three core subjects and, in 2007, they were above the national and statistical neighbour averages. More young people than in previous years take at least one GCSE or equivalent and results have improved year-on-year. In 2007, at 69.4%, they were higher than the England average of 63.7%. Despite these improvements, performance at five or more passes at grades A* to G at 41.9% and A* to C at 8.1%, is lower than that of statistical neighbours and the national average. At age 19, participation in education, employment or training of care leavers is good. All have a personal adviser, transition arrangements are effective and there is good financial support to help those who enter higher education.

39. The corporate strategy on looked after children has effectively engaged the CYPT in undertaking responsibility for children who are looked after and for care leavers. For example, Connexions provides a project aimed at providing work experience opportunities for this group as well as modern apprenticeships. There is a wide range of housing options for care leavers, 95.7% of whom are living in suitable accommodation compared to a statistical neighbour figure of 86.2% and a national average of 87.3%. Pathway plans for those about to leave care are comprehensive.

40. The local authority has effectively engaged partner agencies as well as elected members in the corporate parenting role and has established effective inter-agency governance arrangements.

Children and young people with learning difficulties and/or disabilities

Inadequate	<input type="checkbox"/>	Adequate	<input checked="" type="checkbox"/>	Good	<input type="checkbox"/>	Outstanding	<input type="checkbox"/>
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41. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is adequate.**

Major strengths	Important weaknesses
<p>Effective integrated working between health services and the local authority.</p> <p>Good safeguarding guidance and staff training.</p> <p>The good quality of education in special schools.</p> <p>Employment, education and training opportunities post-16.</p> <p>The arrangements for respite and palliative care.</p>	<p>Implementation of the special educational needs strategy with insufficient impact on practice and outcomes in schools.</p> <p>The rising number of statements of special educational need and the time taken to issue them.</p> <p>Insufficient numbers of young people aged 14 have a transition plan in place.</p> <p>The lack of a dedicated advocacy service for this group of vulnerable young people.</p>

42. The Norfolk CYPT is engaged in an ambitious programme of change for specialist provision in Norfolk. The process of change and the development of strategies are taking a long time delaying evidence of impact on provision and improvement to key indicators. There are, however, a number of strengths which include strong partnerships, early diagnosis of medical needs, good safeguarding practices and effective respite and palliative care.

43. Norfolk embarked on a major review of provision for those with learning difficulties and/or disabilities over three years ago and developed a good plan to meet identified need more effectively. The local authority has consulted extensively on this which has meant that, together with the magnitude of what is proposed, the plan has been slow to come to fruition, with implementation scheduled for September 2009. This lengthy timescale is causing concern to some stakeholders, particularly schools, and some development work, such as facilities and agreements to cater for pupils with challenging behaviour, has been delayed. Some young people, particularly those with difficult behaviour patterns, are not receiving their full entitlement to 25 hours of full-time education. The number of new statements of special educational need has risen, against a reducing trend nationally, and the timeliness of new statements is poor, with only just over 60% in 2006/07 issued within the statutory timescale compared with the national figure of over 90%. This delays targeted support for children and young people. The local authority is aware of this and is working with its health partners to improve the position.

44. Health provision for children and young people with learning difficulties and/or disabilities is adequate, with some good practice for example in children's centres and in some excellent specific support packages for young people with severe and complex needs which link home care and nursing needs very effectively. The strategic partnership with health is sound and there is good joint working between health service agencies and the local authority, such as the

clear joint commissioning priorities for CAMHS and the development of speech and language therapy. Children's centres have developed effective multi-disciplinary provision involving health, social care and education practitioners. This enables support and provision to be effectively coordinated and well signposted. Children with disabilities are identified at a very early age, for example a small number of profoundly deaf babies were identified when one or two days old and support services were able to engage sensitively at that early stage. Despite these strengths, there are issues of access to some services. For example, headteachers report limited support available for pupils, particularly those in special schools, for music, art or play therapies and for physiotherapy, speech and language therapy and occupational therapy. Partners are aware of the improvement required and, following concerns about access to the children's speech and language therapy service, joint investment in additional staffing has significantly improved access times.

45. Safeguarding arrangements for children and young people with learning difficulties and/or disabilities are good with effective sharing of information between agencies. The LSCB has a specific panel which focuses effectively on the needs of these children, and there is specific guidance and training for those working with them, particularly those who require intimate care. There are some excellent examples of good safeguarding practice in primary schools when children are included fully to learn alongside their peers. Whole-school commitment to the integration of students with high-level needs is also evident in secondary education, for example schools in the east of the county show strong commitment and effective practice in including students who have emotional and behavioural needs. A number of recent initiatives are showing positive early impact for children and young people. These include the use of the CAF, the work of the Single Area Panels and the recently revised transition protocols. Carers are offered a good assessment of their own needs. A parent partnership service, operated largely through a network of volunteers, is well regarded by users.

46. The work done to help children and young people with learning difficulties and/or disabilities to enjoy and achieve is adequate. In secondary schools and special schools pupils with learning difficulties and/or disabilities make generally good progress. The effective support offered by the Sensory Impairment Team is well regarded by parents and schools. In primary schools, data indicate that pupils registered at School Action make less progress than expected between the ages of 7 and 11. The inspections of primary schools and the local authority's own analysis confirm that the underachievement of pupils who have particular learning difficulties and/or disabilities require further improvement. Statements of special educational need are of good quality. There is some good practice and close collaboration between relevant partners and agencies when children transfer between special schools and mainstream schools.

47. Norfolk has a well-developed extended schools programme and children and young people with learning difficulties and/or disabilities access many leisure and cultural activities through that programme, as well as specialist youth club and play provision commissioned from the voluntary sector. Access can be problematic, although the local authority has provided lease cars to a small

number of carers and actively promotes the Travel Independence Training Across Norfolk (TITAN) programme.

48. The work done with children and young people with learning difficulties and/or disabilities to enable them to make a positive contribution is good. Agencies support their social and personal progress and engage them well in decisions affecting their own care and on more general issues. They were, for example, extensively consulted over the new strategy for those with learning difficulties and/or disabilities. The provision of advocacy support is not, however, well signposted as there is no dedicated advocacy service for this group. There are effective projects to ensure that young people who care for an adult or siblings with a disability access support and have their views heard.

49. Transition planning processes for young people with learning difficulties and/or disabilities are generally good and they receive effective support from Connexions personal advisers covering the full range of issues, including housing and benefits advice. However, not all young people known to social care staff have a transition plan at age 14 as required. There is good use of direct payments and the local authority has commissioned good support from Independent Living Norfolk to support parents and carers in managing this. The arrangements for palliative care and support and respite care are good through provision that is run by the local authority, commissioned from the voluntary sector, and actioned through a network of respite foster carers. Parents spoken to during this review commented positively on the commitment and help they receive from key professionals. However, they said that they would like to see more provision, particularly for day time childcare where there are some gaps in geographical availability and in the number of carers with specialist expertise.

50. Support to help children and young people with learning difficulties and/or disabilities to achieve economic well-being is good. Providers of education and training for young people aged over 16 promote inclusion and there is a broad range of vocational learning opportunities in mainstream and alternative settings. There are effective projects run with national and local work-based learning providers, as well as colleges, to help young people gain relevant skills and move into employment. Personal and welfare support for young people is good. For example, Project Search, starting in September 2008, is aiming to help more young people into employment and the Improving Choices project enables more young people with learning difficulties and/or disabilities to study in their own locality. The Centres for Excellence for learners with learning difficulties and/or disabilities, which are established in four of the further education colleges, and partnership projects to engage employers offer further good pathways. Young people who are looked after and have a disability receive good support to access education or training. Case files scrutinised for this review show effective consideration given to developing their practical and interviewing skills, their understanding of employees' rights and responsibilities as well as promoting their confidence and emotional stability.

Other issues identified for further investigation

The contribution of local services to reducing teenage conception

51. The contribution of local services to reducing teenage conception is adequate.

Major strengths	Important weaknesses
<p>Good engagement with the wider stakeholder group.</p> <p>The well-coordinated Teenage Pregnancy Action Plan.</p> <p>The wide range of targeted prevention and health promotion initiatives, including support for young parents.</p>	<p>Underdeveloped local data management systems.</p> <p>Insufficient engagement of young people to evaluate services and improve their quality and impact.</p> <p>The low number of young teenage mothers who are engaged in education, employment or training.</p>

52. Historically, the teenage conception rate in Norfolk has been low compared with the national average. However, from 2002 to 2006 the under-18 conception rate rose steadily and, in 2006, it rose significantly above the rate of similar counties. The 2007 APA reported that the rate had started to fall but it still exceeds Norfolk's 2008 target significantly. The CYPT has acknowledged this position and set targets of a 25% reduction by 2010. The current trend indicates that Norfolk is unlikely to achieve the 2010 national target of a 50% reduction on the 1998 baseline or its local target of a 25% reduction. The partnership is aware of the specific localities where teenage conception rates are high and has a good knowledge of groups of teenagers most at risk of becoming pregnant.

53. The Teenage Pregnancy Strategic Board has broad representation from the full range of partners. It is taking a strong lead in delivering the teenage conception strategy. Partners show determination to tackle teenage conception and have established good links with a wide group of stakeholders to inform the work programme. There is some good work at a local level where agencies work collaboratively to deliver the strategy. Targets for reducing teenage conceptions are identified clearly on area plans. Progress against the strategic objectives is monitored effectively by the Teenage Pregnancy Strategic Partnership Board to ensure that local area plans are in line with the overall strategy.

54. Despite these helpful structures, local data management systems designed to increase the impact of the work on teenage conception are not well developed or integrated. Data management has recently been reviewed to ensure more accurate and timely information, potentially based on postcode. However, not all partners' data are easily accessible, for example data from hospital services and Connexions. Pregnant young women and teenage parents who may have learning difficulties and/or disabilities are not systematically identified.

55. Prevention and early intervention initiatives to reduce teenage conception are in place but have yet to have an impact. These initiatives are rightly targeted at known vulnerable groups and localities with the highest rates of teenage conception. These include sex and relationship education (SRE) in schools, training for all staff who work with children and young people and multi-agency programmes to improve self-esteem and educational achievement. Easily accessible, confidential sexual health services and free emergency hormonal contraception are well promoted and widely available. Targeted access to sexual health services for hard-to-reach groups of young people are facilitated via extended schools and voluntary sector providers. There is appropriate post-conception support for teenage women, including improved access to emergency hormonal contraception, termination of pregnancy, maternity services and the effective identification of mothers and babies at risk. Potential barriers to accessing some termination of pregnancy services have been identified and are being addressed.

56. All partners recognise the role of families, parents and carers in contributing to reducing teenage conception and good support and information is provided. For example, parents have access to a Speakeasy course to help them to discuss safe sex and relationships with their children and there are sessions to raise awareness of the negative impact of drugs and alcohol abuse on teenagers' behaviour and personal development. Young people have good access to contraceptive, sexual health and drug and alcohol information, accessible from general practitioner surgeries and a range of appropriate local venues. Youth workers are trained appropriately, including in health screening and conducting pregnancy tests. The C-card condom distribution scheme has been well used by young people.

57. Teenage parents receive good support with accessible information and responsive services, including services in children's centres and advice on housing. Designated Connexions personal advisers, in areas with a high rate of teenage conception, coordinate help for young mothers and provide good one-to-one support and guidance. The percentage of young mothers aged 16-19 in education, employment or training has increased from 14.8% in 2005 to 27.2% in 2007. However, this remains lower than the average rates for similar counties (29.7%) and England (30.3%).

58. SRE is planned well and helpful professional advice supports school staff in this work through the SRE Partnership. Consistency in the quality of provision for SRE across Norfolk schools is promoted through the dissemination of nationally recognised good SRE materials, access to staff training and through the Healthy Schools programmes currently involving 398 schools. However, the impact of this preventative work on teenage conception, in some parts of the county, remains limited. Work has begun to address the needs of young people with learning difficulties and/or disabilities, particularly behavioural issues, through the newly established PRU network. Colleges in the east of the county are supported effectively by voluntary sector partners to deliver SRE to targeted groups.

59. Young people have been engaged in some initiatives to develop the teenage conception strategy, particularly those led by multi-agency partnerships and the voluntary sector. For example, young people participated in the development of educational resources for drug and alcohol misuse and their views contributed to the development of the Kittywitches sexual health drop-in service in Great Yarmouth. The Children's and Young People's Engagement Group is a key forum for young people's involvement in the review and design of services; however, their contribution is not sufficiently demonstrated in the Teenage Pregnancy Action Plan and their participation to evaluate and improve the quality and impact of services is underdeveloped.

The impact of the partners' 14-19 strategy in improving outcomes for young people

60. **The impact of the partners' 14-19 strategy in improving outcomes for young people is good.**

Major strengths	Important weaknesses
<p>Good engagement of all key partners in the 14–19 strategy.</p> <p>Effective mechanisms to encourage young people's participation in decision making.</p> <p>Effective actions taken to reduce the number of young people who are not involved in education, employment or training.</p> <p>The quality of education and training in colleges.</p>	<p>Underachievement at GCSE in a number of schools and in some sixth forms.</p> <p>Below average achievement at Level 3.</p> <p>The gaps in provision and difficult access to learning and training opportunities in some areas of the county.</p>

61. Norfolk has a clear 14-19 strategy which all key partners consider to be relevant and useful. Most of the weaknesses identified by Ofsted in the 2005 West Norfolk 14-19 inspection have been successfully addressed and the identified strengths sustained. Whilst the full impact of the good partnerships on standards is not yet demonstrated and gaps in provision remain in some areas there are clear signs of improvement.

62. Partnership working is effective. The 14-19 strategy has acted as a catalyst for a number of collaborative projects across the county. The 14-19 Strategy Group has an appropriate membership, including representatives from schools, colleges, the local Learning and Skills Council and independent work-based learning providers. An indication of the maturity of the partnerships is the readiness with which partners share data. This has resulted in a wider range of learning opportunities for young people, with a high level of take-up. Young people speak positively about their experiences on these programmes. The level of planned take-up of diplomas is good.

63. Young people are consulted effectively and their views taken into account. For example, Connexions now opens on Saturday mornings at the recommendation of the Youth Council. Young people have had a significant impact on the design of the online 14-19 prospectus. Members of the Youth Council say that they enjoy being on the council and that they feel they have an impact on decisions made by partners.

64. The increased flexibility and young apprenticeship programmes for 14-16 year olds are very good, as judged by Ofsted inspections, and young people on these programmes achieve well. The provision is well targeted to meet the needs of young people who are at risk of not being involved in education, employment or training, and to raise aspirations. Data show that 88% of young people on one of the increased flexibility programmes are intending to continue in education or training after 16. However, in some areas, there is still insufficient provision to meet needs and the statutory 25 hours of full-time education is not met.

65. The CYPT has taken energetic actions to reduce the number of young people who are not in education, employment or training. These have been effective, with the recent not in education, employment or training figure reducing from 8% to 6.1% which is below the national average. Overall, there has been a 30% increase in the number of young people entering further education since 2003/04. The good take-up of educational maintenance allowance, significantly better than the national average or that of statistical neighbours, benefits young people from less affluent communities. The overall participation of care leavers in education, employment or training at age 19 is good. They have effective transition plans and receive good support from personal advisers. However, teenage mothers are not sufficiently engaged in education or training and the number of 14-16 years olds known to the YOT and involved in education, employment or training has declined from above to below average.

66. The local authority has revised its school improvement strategy to raise standards further at GCSE, improve attendance and avoid exclusions. Partners are determined to make the most of the National Challenge initiative and improve the lowest performing secondary schools in the county. Improvement activities are targeted rightly at all underperforming schools. Some of these actions are already showing success, for example the number of permanent exclusions has reduced from 82 to 47 in the year to March 2008. Similarly there have been improvements in attendance in those schools prioritised because of concerns over high levels of persistent absence. Secondary headteachers have agreed protocols to support individual students with high levels of absenteeism and manage their move to another school to seek the best possible programme of studies.

67. The quality of provision of education and training for young people over the age of 16 is mostly good. Colleges are judged to be good or outstanding by Ofsted. Work-based learning providers are mostly judged to be good.

68. Educational achievements overall are in line with national averages. The overall percentage of young people achieving five or more GCSEs at grades A* to C including mathematics and English has improved by 3% over the past three years and matched the national figure in 2007. However, the gap between schools is very wide with three secondary schools achieving over 70% and seven less than 30%. Achievement rates in colleges are above the national average. Success rates for National Vocational Qualifications (NVQ) and apprenticeships are good and better than national averages. The A-level points achieved by students studying in school sixth forms has risen more rapidly than nationally over the past two years, although it remains below the national and statistical neighbour averages.

69. Young people who are looked after and continue their education post-16 achieve well. Transition arrangements are effective and there is good financial support to help those who enter higher education. Young people who have learning difficulties and/or disabilities make good progress at college.

Service management



Capacity to improve



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

Major strengths	Important weaknesses
<p>Good ambition which engages a wide range of partners.</p> <p>Partnership working across the Children's Trust based on a clear commitment to improve outcomes for children and young people.</p> <p>A clear focus on equality and diversity issues.</p> <p>Effective leadership by senior managers and councillors.</p>	<p>Deficiencies in the use and availability of data from police and health partners to support effective performance management.</p> <p>Some key areas of underperformance, such as the teenage conception rate and timeliness of issuing of statements of special educational need, have not been addressed sufficiently promptly.</p>

71. The 2007 APA identified as areas for development the evaluation of progress made towards meeting outcomes set out in the Children and Young People's Plan (CYPP) and improving the effectiveness of performance monitoring and management. The findings from this joint area review are that the new strategic leadership of the local authority, the good progress in financial management and improvements in joint commissioning have raised the management of children's services to good. The local authority and its partners have good ambitions to improve the quality of life of all children and young people in Norfolk. This strategic vision is articulated in the CYPP and the Area Partnership Plans and is supported by the strong partnerships the council has developed with a wide range of agencies, including the community and voluntary sector. Ambitions are challenging and include a commitment that reflects the size and geography of the county to ensure equality of access to services for all.

72. The CYPP is based on a good analysis of need and its creation and review have involved an increasing level of engagement with parents, carers and children and young people, including the use of the Step Up programme to develop a long-term engagement with young people from Black and minority ethnic communities. There are plans to improve the robustness of needs analysis through the Joint Strategic Needs Analysis to provide further information about gaps in service provision, especially at local community level. Partners are actively promoting equalities, for example through the implementation of race equality schemes and equality impact assessments.

73. Prioritisation by the local authority and its partners is good. The CYPT has clear shared priorities for improving outcomes that include attention to a range of equality and diversity issues. Resources have been targeted at agreed priorities to ensure maximum impact. For example, an investment of £200,000 in additional school improvement advisers has started to reduce the number of primary schools placed in an Ofsted or local authority category of concern.

74. Planning for delivery is good. The CYPP sets out clearly focused activities across the five outcome areas of Every Child Matters and identifies the contribution of partners to delivery. Strategies are linked to the council's medium-term financial strategy within a planning and delivery framework which is robust and increasingly addresses value for money. Priority is given to the development and delivery of a range of preventative services which address needs before problems become intractable, such as parenting support and family group conferences. Early evidence suggests that the recent investment of £7 million, targeted on front line prevention services and the rollout of CAF, has already reduced the numbers of referrals of children in need and those subject to a child protection plan. Equality and diversity issues have been addressed effectively, with impact evident in educational outcomes for some children and young people, for example those involved in the Gateway Protection project and the work of the Traveller education service's Early Years Outreach Practice.

75. The capacity of local partnerships to deliver services is good. There is good leadership and management at officer and councillor level. The lead councillor for children is well informed and takes a strong lead on the corporate parenting role. The Director of Children's Services has clear vision, provides strong leadership

and has a detailed understanding of developments throughout the service. She is well supported by a team of able senior officers. Partners have established a CYPT with effective governance arrangements that includes substantial involvement from the voluntary and community sector through the Voluntary Sector Forum-Norfolk.

76. The CYPT has recently created a commissioning executive, which uses aligned budgets to commission services jointly, such as the new CAMHS which offer improved services to 15 and 16 year olds and enhanced 24-hour access. Through the recent launch of a joint commissioning framework and toolkit, the CYPT intends to extend these arrangements to the community and voluntary sector, where its commitment to full cost recovery will help to enhance the capacity and sustainability of the sector.

77. The CYPT has a good focus on delivering value for money. The local authority has developed strategies to improve value for money in areas of higher expenditure, such as costs for looked after children, which are high by national comparisons. As part of the Looked After Children Efficiency project, the County Placement Consultation and Review Group delivered approximately £4 million in net cash savings through cost avoidance in 2007/08 by reducing high-cost residential placements of looked after children. However, the balance between cost and quality of some provision still remains variable, for example, the rate of secondary school absence remains the highest in the comparator group, despite an above average spend on pupil welfare services.

78. Progress is being made in workforce planning and development. Strategies are focused on hard-to-recruit groups, such as children's social workers, where specific pressures remain. The local authority has developed flexible systems for dealing with some of the shortfall in these areas, such as internal development programmes and e-recruitment, but the underlying problem of geography remains. Local capacity to deliver integrated services has been enhanced by the creation of the five area management teams, where the local authority and health team boundaries are aligned. Joint training and development is progressing well across partners through the CYPT's strategy to develop the children and young people's workforce.

79. Reflecting the particular challenges of access represented by a large, predominantly rural county, the CYPT has organised much of its service delivery around local schools and school clusters. The five area management teams' boundaries are aligned with health partners' to boost local capacity and the work of 36 children's centres, with another 13 in development, provide fully integrated services delivered by multi-agency teams to children and their families. However, not all schools are yet convinced or supportive of the effectiveness of new systems. Despite recent investment, the revised school improvement strategies are yet to have sufficient impact. The number of primaries schools causing concerns, despite a reduction, still remains too high. Countywide achievement at Key Stage 2 and educational outcomes at age 16 in a number of secondary schools are of concern.

80. Most vulnerable children and young people and their parents and carers are involved in identifying their needs, and in planning and reviewing the services they receive. Looked after children and care leavers, who have been trained as peer researchers, produced a report in 2007 on the services they receive entitled *Open your eyes to new possibilities*. This has influenced changes made to the corporate parenting strategy and to multi-agency action planning. The CAF has been implemented across all areas of the county and contributes to good information sharing and coordination of action. Preliminary results indicate that use of the CAF is reducing inappropriate referrals into statutory systems.

81. Performance management within the CYPT is adequate. There is a robust performance monitoring framework for the CYPT, with a hierarchy of reports that provide partners with a shared picture of service delivery and outcomes. Accountability is clear across the partnership. There has been effective use of performance management as shown by the work of the local authority and the LSCB in improving safeguarding outcomes. Scrutiny is making some contribution to improvement but there is scope for further development. Examples of improvements made are shown in the provision for education for children with medical needs and the improved commissioning and value for money of services for looked after children. The CYPT has also made increasing use of innovative improvement planning tools such as Turning the Curve to deliver action-based solutions in areas of poor performance. Although this focus is beginning to deliver some key improvements across the CYPT, performance in other areas such as the number of children looked after remains poor. In addition, weaknesses in the collection and sharing of data have held back the CYPT's ability to address underperformance in areas such as reducing the rate of teenage conception or the number of young people, including looked after young people, who offend for the first time or re-offend.

82. The CYPT has used performance information effectively to identify gaps in some areas of provision, commissioning new or enhanced services where development needs are identified. The Health Overview and Scrutiny function identified concerns about access to the children's speech and language therapy service, the local authority and PCT have jointly invested in additional staffing. This has resulted in significantly improved access times for children with statements of special educational need.

83. Capacity of the CYPT to improve further is adequate. Although there has been recent evidence that services are delivering improved outcomes for most children and young people, sustained improvement in performance across all areas is not yet secure. The leadership and direction of the CYPT is beginning to deliver some improvements in targeted priorities. Workforce planning and development is helping to make best use of existing capacity and plans for an integrated workforce are being implemented, with multi-agency working an increasing feature of service delivery.

84. Financial management of the local authority is good and is well integrated with strategic and service planning. Information about value for money is beginning to be used in the joint commissioning of new services.

Annex A

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

Summary

Norfolk County Council delivers services for children and young people at an adequate level. A period of considerable change over the past year has been managed effectively to improve children's services and develop integrated working arrangements within the council and with a range of partners which are committed to improving the lives of children and young people. It has made satisfactory progress in building upon some of the improvements identified in the 2006 Annual Performance Assessment but it has not managed to maintain improvements in some Every Child Matters outcomes, particularly in enjoying and achieving. Enabling children and young people to make a positive contribution, being healthy and ensuring their safety are strengths of the service. Contributions to enjoying and achieving and achieving economic well-being are judged to be adequate. Although joint working in children's services is improving, the council's own evaluation of its CYPP acknowledges that some outcomes are not as good as they could be. A number of strategies have been initiated but they are relatively new and require more time to fully impact on improving outcomes for children and young people.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3160&providerCategoryID=0&fileName=\\APA\apa_2007_926.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. The 2007 APA found that a considerable period of change in Norfolk had been managed effectively and that outcomes overall for children and young people were adequate. Since then CYPT has continued to strengthen the new partnerships, particularly with underachieving schools, and progress has been steady. Issues identified in the APA are being addressed well and overall educational outcomes are improving. Health outcomes are good. Children appear safe and arrangements to monitor the safety of the most vulnerable are good. Children and young people have many opportunities to voice their views.

2. Service management in Norfolk is good. Performance management across the children and young people's partnership is adequate. The impact of strategies in some areas is yet to be demonstrated fully. The council and its partners acknowledge that educational progress in some schools is not sufficiently rapid but initiatives, such as the revised school improvement strategy, demonstrate strong collective action to raise standards. Improved partnership working with the two PCTs and with the voluntary and community sector groups that work with children and young people is underpinned by a high ambition and clear vision for the future. It is supported by strong strategic leadership and operational teams committed to a multi-agency preventative approach. There is good engagement with children, young people, families and carers to inform priorities.

3. The combined work of all local services in securing the health of children and young people is good. Consistent and early access to mental health services for children and young people across the county is improving. Historically, the teenage conception rate in Norfolk has been low compared with the national average. However, from 2002 to 2006 the under-18 conception rate rose steadily and, in 2006, it rose significantly above the rate of similar counties. The partnership is aware of the specific localities where teenage conception rates are high and has a good knowledge of groups of teenagers most at risk of becoming pregnant. Initiatives and plans have been too recently refreshed to deliver any improved outcomes yet. Ofsted inspections judged that settings enable children and young people to be healthy. The local authority and schools encourage children to lead healthy lifestyles by, for example, providing sport and exercise programmes, encouraging children to walk to school and promoting their emotional well-being. The number of looked after children and young people receiving an annual health assessment is below the average of similar authorities and arrangements to provide health advice and promote good health are insufficient.

4. Children and young people appear safe and arrangements to ensure this are good. Children and young people in Norfolk say that they feel safe and receive good quality information about keeping safe. Clear policies, advice and guidance are provided to schools on bullying and incidents are monitored.

Guidance is in place to promote safety on the roads, in the home and at school. A hard-hitting campaign to reduce road deaths of young people has been very effective countywide and in West Norfolk hot spot areas. Good action is taken in response to domestic violence. Good progress has been made on ensuring that an increasing number of looked after children and young people are placed nearer to their homes and within Norfolk. Safeguarding arrangements for children with learning difficulties and/or disabilities are good.

5. The 2007 APA identified concerns over educational achievement at ages 11 and, in some secondary schools, at age 16. Issues of attendance and exclusions were also raised as concerns in some primary and special schools. At that time, 23 schools were causing concerns. Challenge to targeted schools has been effective. Good progress is being made on reducing the number of schools in a category of concern, reduced to 11 at the time of this review. Despite these positive developments, the impact of all local services in helping children and young people to achieve well remains adequate because of underachievement by age 16 in some schools. Some vulnerable young people, such as teenage parents and looked after children, do not achieve well enough. Youth work supports vulnerable groups of young people well and is effectively targeted. Many children and young people have good access to activities, including a wide range of opportunities for sport, music and the arts. Travel plans are in place to improve access further in isolated communities.

6. The impact of all local services in helping children and young people to contribute to society is good. Children and young people are regularly consulted and contribute to the making of decisions. The Norfolk CYPT enables young people from diverse communities to share their views and be consulted on how services are delivered. The great majority of those referred to Youth Inclusion Support Panels do not go on to re-offend. There is good participation of looked after children and young people in their reviews with some young people chairing their own reviews.

7. The CYPT has placed high priority on raising aspirations and has widened the range of provision to increase young people's chances as they reach adulthood. Overall, the contribution of all local services in helping children and young people achieve economic well-being is good. Provision and quality in colleges is good. The 14-19 strategy has enabled improvements to be made in several areas. However, most outcomes remain average, some schools' sixth forms require further improvement and overall Level 3 outcomes at age 19 are below average. Access for young people is difficult in some parts of the county. Partners are fully aware of transport issues and a county-wide strategy to address this is in place. Unemployment rates are falling and the proportion of young people in education, employment or training is in line with the national figure. Opportunities to promote the economic well-being of vulnerable groups are good overall. For example, a good number of looked after young people continue with their education and training after the age of 16 and young people who have learning difficulties and/or disabilities do well on relevant courses.

8. There has been recent evidence to suggest that services are improving outcomes for most children and young people, but sustained improvement in performance across all areas of the partnership is not yet secure. This joint area review judges that the capacity of the CYPT to improve is adequate. Outcomes for children and young people are broadly average. The impact of some actions will take time to become evident, although difficult tasks, such as the reorganisation of schools and delivery of front line services, have been managed well. Strategic leadership is strong, new management structures, such as the five area-based teams and Single Area Panels, are becoming more embedded. The current partnership arrangements, including those with the PCTs, are secure, although delivery of services through joint commissioning and aligned budgets is still at an early stage.

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 Norfolk 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).