



Joint area review

Wakefield Children's Services Authority Area

Review of services for children and young people

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

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of eight inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), the Adult Learning Inspectorate (ALI) and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the inspection of children's services*.
2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and its findings are represented in the relevant part of the corporate assessment report. In addition, inspections of the youth service and the youth offending service contributed to the findings of the review.
3. This review describes the outcomes achieved by children and young people growing up in the Wakefield area and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.
4. The review evaluates the collective contribution made to each outcome for children and young people by relevant services in the area. It also judges the contributions made by the council's services overall and, specifically, its education and children's social care services. Particular attention is given to joint action by local services on behalf of those groups of children and young people who are vulnerable to poor outcomes. Two such groups are covered in detail: children and young people who are looked after by the council; and children and young people with learning difficulties and/or disabilities.
5. The review took place in two stages consisting in total of three weeks over a six-week period. The first stage reviewed all existing evidence including:
 - self-assessment undertaken by local public service providers
 - a survey of children and young people
 - performance data
 - the findings of the contemporaneous inspection of the youth service
 - planning documents
 - information from the inspection of local settings, such as schools and day care provision
 - briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.
6. The second stage comprised inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, and a study

of provision in one neighbourhood in Wakefield East. It also included gathering evidence on eight key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. Evidence was gathered via discussions with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users and community representatives. A review of case files for children and young people receiving support from a number of local agencies was also included.

Context

7. Wakefield is a metropolitan district council of 339 square kilometres and has a population of 319,800, of which 19.6% are under 16. The large majority of the population is white British (96.7%), which is significantly higher than the national figure of 87%. There is, however, a significant Pakistani community in Wakefield East.

8. The district is ranked as the 54th most deprived local authority, 11th in terms of employment, and 29th in terms of income. The percentage of children living in low income households was 23% in 2001 compared with the national average of 18%. The percentage of secondary school pupils eligible for free school meals decreased slightly in 2004 and remains below the national figure. The authority has recently transferred all its housing stock to Wakefield District Housing, a registered social landlord.

9. The district contains a mix of urban and rural communities and there have been significant economic and social changes over the last 25 years due to the reduction in mining and manufacturing. There are regeneration schemes in three areas: Wakefield City, the Five Towns area in the north east, and the south east of the district.

10. The authority maintains three nursery schools, 124 primary schools, 18 secondary schools (five with sixth forms), six special schools and two pupil referral units. There are 368 looked after children. Within the council's boundaries there is a 26-bed unit for young women under the age of 18 at New Hall Young Offenders Institution.

11. The council's services for children and young people are managed through the recently established family services directorate. There is a district partnership that has set out a community strategy. There is a lead member for children's services and work is underway towards forming a children's trust. The council established a governance board in December 2005 and this operates as the children's trust board and includes representatives from the primary care trusts (PCTs) and the police force. There is a Children and Young People's Strategic Partnership (CYPSP) that was established more than four years ago to lead multi-agency strategy development. This partnership has led to the development of the Children and Young People's Plan (CYPP), which has been

recently produced following widespread consultation. The council is taking a measured approach towards the development of integrated services.

12. There are two PCTs, Eastern Wakefield PCT and Wakefield West PCT. An Integrated Commissioning Unit commissions Child and Adolescent Mental Health Services (CAMHS). Eastern Wakefield PCT is the lead commissioner and is now the specialist provider. A national reorganisation of PCTs in July 2006 will lead to there being one PCT covering Wakefield. Mid Yorkshire Hospitals NHS Trust is the main provider of acute health services for children. West Yorkshire Metropolitan Ambulance NHS Trust serves the whole of the local authority and several other areas. The West Yorkshire Strategic Health Authority is responsible for all the Wakefield trusts and others in West Yorkshire.

13. The Learning and Skills Council (LSC) for West Yorkshire and Connexions West Yorkshire are partners with the local authority, colleges, training providers, and schools in addressing the 14–19 strategy. Post-16 education and training is provided by one further education (FE) college, one sixth form college, five schools with sixth forms, 20 work-based training providers and one school for pupils with severe or profound and multiple learning difficulties. There is also an independent specialist college for young people aged 16–25 who have learning difficulties and/or disabilities. Entry to Employment (E2E) provision is managed by Wakefield college together with five subcontracting providers controlling 137 places. Adult and Community Learning including Family Learning is provided by Wakefield Adult and Community Education Services.

Summary report

Outcomes for children and young people

14. **Outcomes for children and young people in Wakefield are adequate.** In general, children and young people are reasonably healthy, in spite of the industrial legacy. Poor health indicators, including those for dental health, are being addressed by partnership working, for example the Healthy Schools Programme, and there is some evidence of improving health outcomes. Some aspects of specialist CAMHS are inadequate and children and young people can experience difficulties accessing the service. Children appear safe and appropriate action is taken to protect them when necessary. However, there are some delays in providing support to those children whose needs are not immediately pressing, and some children live in communities where they feel concerned about their own safety. Educational standards are in line with national averages and most schools are good or better. The council is now able to educate more children and young people with learning difficulties and/or disabilities within the district than previously and overall outcomes are satisfactory. Many young people participate in national youth elections, but opportunities to influence local developments are more limited. The rates of first-time offending and re-offending have been declining and are now low. Participation in post-16 education is low but increasing, although insufficient

provision is available for some vulnerable young people. Success rates at most levels in colleges are good. Pass rates in school sixth forms are satisfactory.

The impact of local services

Being healthy

15. The combined work of all local services in securing the health of children and young people in Wakefield is adequate.

16. Young people and their families generally receive adequate health support from a variety of local programmes. Healthy lifestyles are promoted well through the multi-agency Healthy Schools initiative, and there is an adequate range of sports facilities. There is evidence of good social and relationships education both in schools and from the youth service. Imaginative multi-agency strategies are in place to try and reduce teenage pregnancies and improve breastfeeding rates. Modernisation of the service provided by health visitors has resulted in more targeted support for those areas and groups most in need. Oral health is poor but enhanced community dentistry provides a service for vulnerable groups.

17. Progress on a comprehensive CAMHS has been delayed and the council acknowledges that it will be a major challenge for this to be established by the end of 2006, although there have been some recent improvements. For some young people there are long, but improving, waiting lists for CAMHS treatment and there is inadequate out of hours access to the service. While there is evidence of good inter-agency support from CAMHS at lower levels of need, commissioning of specialist provision for in-patients' needs to be finalised. Some young people, especially those who self-harm, can be admitted to inappropriate Pinderfields Hospital wards at weekends as a result of difficulties in accessing a CAMHS specialist out of hours.

Staying safe

18. The work of all local services in keeping children and young people safe is adequate.

19. Children and young people who are most at risk are well safeguarded. Good outcomes are achieved for looked after children. However, work is not always well co-ordinated to provide timely access to support services for children and families at lower thresholds of need, including those experiencing domestic violence, and to address the needs of children and families from black and minority ethnic communities. The council has developed a preventative strategy, which aims to ensure that children and young people fulfil their potential. The proportion of children referred to social services is high but a lower proportion of initial assessments are completed for these children compared with similar areas. Expenditure on family support services per child in Wakefield is below the national average, although spending has increased.

Thresholds for access to social care services are high and are not well understood by other agencies.

20. Local partners, under the leadership of the council's education services, are piloting the Child Well Being model, a formal arrangement for all agencies to work closely together, in order to rationalise and improve referrals, assessment and provision. Services do not yet deploy resources consistently to meet agreed priorities.

21. The police force has undergone a period of under-staffing and instability regarding its commitment to child protection, although there have been recent appointments of committed and dedicated officers who have improved the quality of service. The Local Safeguarding Children Board (LSCB) is generally well attended but there is no formal representation from the local voluntary and community sector.

22. The number of children looked after has substantially reduced and most live with either relatives or foster families in the local area. Concerns about aspects of residential care have been the subject of an independent review, and the council acknowledges some inadequacies in meeting the needs of looked after children.

Enjoying and achieving

23. The overall contribution of services to helping children and young people enjoy their education and recreation and to achieve well is good.

24. Parents and carers receive good support from the council and its partners to help children enjoy and achieve well at school, particularly in areas of greatest need. Some partners feel that the council has not effectively communicated with early years providers about the strategy to develop children's centres. Schools and early years settings are well supported and there are no schools requiring special measures. The national strategies to improve literacy and numeracy are implemented effectively to improve standards, and achievement is generally in line with national averages across all key stages. The rate of improvement at Key Stage 4 is greater than that found nationally. Support for the education of children who are looked after is very good as shown by the improvement in their attendance at school. The majority of children and young people with learning difficulties and/or disabilities are educated in mainstream schools and the number of statements of special educational need is reducing. Attendance has improved as a result of better co-ordinated support for improving behaviour and is now just above the national average. The provision for pupils excluded from school is satisfactory and there is an effective system for ensuring that they are placed in a setting appropriate to their needs. The council is unable to determine how well pupils who have learning difficulties and/or disabilities are achieving when compared with national and regional data.

Making a positive contribution

25. The overall contribution of services in helping children and young people to contribute to society is good.

26. The council and its partners work well to promote young people's social and emotional well-being. Much of their effort is effectively targeted at those who are most vulnerable. The council has taken a range of actions to address racist behaviour but more remains to be done in some schools. Young people, including those with disabilities and those leaving care, are supported well at times of major change in their lives. Young parents and children in traveller communities are well supported by agencies working together. The council has been successful in using innovative approaches to consult young people and support them to participate in UK Youth Parliament elections. Young people are not, however, sufficiently consulted about local provision. The views of looked after children are sought and acted on well. However, young people with disabilities are not sufficiently involved in the design or evaluation of mainstream services. Where anti-social behaviour is a problem the youth offending team (YOT) has developed effective preventative programmes closely linked to mainstream activities. The number of children and young people who offend for the first time and the re-offending rate have been declining.

Achieving economic well-being

27. The overall contribution of services to helping children and young people achieve economic well-being is adequate.

28. Wakefield has a broad range of regeneration activities that engage young people and promote learning and attainment. Good progress has been made in broadening the learning opportunities at Key Stage 4 but a high proportion of young people remain outside education, employment and training at the age of 16, particularly young people who offend. Effective partnership working has taken place to support the 14–19 strategy and this is beginning to have a positive impact on participation rates. However, numbers following the apprenticeship route at 16 are particularly low as is the rate of progression on E2E. There are good plans to address the areas where performance is too low. There is a good range of AS and A2 subjects available at local colleges and schools and increasing vocational options. Success rates in colleges are good and improving at most levels. Children and young people in special schools make good progress.

29. The number of care leavers entering education, employment and training is good. The further education college has very effective provision for young people with learning difficulties and/or disabilities. However, across the district there is insufficient provision available for this group of young people at 16 and, particularly at 19. Looked after children and young people receive good advocacy and support. Young people and care leavers have insufficient access to supported independent living and to social housing.

Service management

30. The management of services for children and young people is adequate.

31. The council and its partners have good ambition and a clear vision of what they want to achieve for children and young people. Strategic leadership of children's services is developing well. The director of children's services and the lead member for children's services are clear about their respective roles and responsibilities and formal governance arrangements are undergoing development. Good, wide-ranging consultation in producing the draft CYPP included extensive consultation with children and young people and a comprehensive group of stakeholders. Prioritisation is adequate overall. There is a clear commitment by the partnership to providing preventative services and high-quality support for children and young people. There has been investment in family centre provision. This strategy has had a positive impact in reducing the number of looked after children. The capacity of council services to improve is good.

32. Performance management is adequate. The council has a comprehensive and consistent corporate approach to performance management and education and social services are fully compliant with this. It is not clear what performance management information is used to drive and evaluate performance of the CYPSP. Capacity is adequate overall. Most teams within education and children's social services have stable staff and management in place, although there are some acknowledged recruitment difficulties, for example in fostering and adoption staff. The voluntary and community sector are underdeveloped as service providers. Resources have been aligned to assist joint working across partners. Overall value for money is adequate when the outcomes for children and young people are compared with the levels of funding available to the council. Processes for managing and improving value for money are currently adequate and developing. However, service improvement plans and team plans are not sufficiently focused on improving value for money. Strengths and weaknesses identified within the self-assessment were found to be generally accurate, although the grading was generous.

Grades

Grades awarded:

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

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

Recommendations

For immediate action

In order to improve the CAMHS provision the CAMHS partnership should:

- finalise the commissioning of appropriate inpatient provision for 16 and 17 year olds and specialist provision at the highest level of need (Tier 4)
- improve provision for out of hours access for specialist CAMHS
- ensure that all partners agree to a protocol that clarifies which conditions presented by young people attending the local accident

and emergency department are appropriate for referral to Social Care Direct.

The council should:

- implement its draft placement strategy as a matter of urgency and continue to ensure that close and consistent service management is provided to placement services for looked after children.

For action over the next six months

In order to improve safeguarding of children and young people the LSCB should:

- ensure representation is secured from the voluntary and community sector in Wakefield
- ensure that information-sharing protocols are in place and understood by all agencies providing care or coming into contact with children in need or at risk

The council should:

- take action to increase the access of young people to supported independent living schemes and social housing
- improve communication to ensure that future developments about children's centres are clear to all early providers
- take action to ensure that the progress of all children and young people with learning difficulties can be monitored at council level
- work closely with schools to reduce the extent of racist behaviour that causes concern to children and young people
- along with its partners, develop its participation strategy to ensure that regular and systematic opportunities are available for young people in the planning and management of local services
- thoroughly review the opportunities available for young people with learning difficulties and/or disabilities to express their views on mainstream services and to identify how well their needs are being met
- along with its partners, develop appropriate post-16 programmes of training and support for vulnerable young people and those with learning difficulties and/or disabilities.

For action in the longer term

- The council and its partners should take action to improve participation and achievement on apprenticeship and E2E programmes.

Main report

Outcomes for children and young people

33. **In general, children and young people are reasonably healthy in spite of the industrial legacy.** Poor health indicators are being addressed by partnership working, for example through the Healthy Schools Programme, and through the Teenage Pregnancy Management Board. The number of children who have dental health problems is higher than the national figure. A significantly higher number of expectant mothers smoke and the percentage of babies with the lowest birth weight is steadily rising. The proportion of mothers who breastfeed remains low against the national average. The rate of teenage conceptions is high but shows some signs of falling. Immunisation rates are low across the district. Admissions to hospital for children under 16 with lower respiratory infection are above average and rising. However, the number of children and young people under 18 who are admitted suffering from asthma and gastro enteritis is reducing. Some aspects of the CAMHS service are inadequate and children and young people experience difficulties accessing the service.

34. **On the evidence gathered, children and young people appear safe.** The majority of those responding to the recently conducted survey of children's views said that they feel safe, although a substantial proportion highlighted concerns about racially motivated bullying. The proportion of children on the Child Protection Register is in line with the national average and those found in similar areas. The numbers of children registered because of neglect is, however, markedly higher. Rates of referrals of children in need are also higher than the national average or similar areas. Appropriate action is taken to protect children who meet the threshold. However, fewer children in need who are referred have an initial or core assessment of their needs because the threshold is high. The incidence of domestic violence is high and some children live in communities where they feel concerned about their safety.

35. **Children and young people are well prepared for school and achieve well.** The majority of children and young people attend school regularly, enjoy their education and achieve well. There are sufficient early education and childcare places to meet the needs of the community and these have increased at a faster rate than that found nationally. The educational standards achieved at school are in line with the national average and have been improving more rapidly than nationally. Attendance at school has improved and is now just above the national figure, while the level of permanent exclusions has fallen by 10% overall. Many children who are looked after by the council have gaps in their schooling and their attainment remains below the national average, although above that found in similar authorities. However, they receive good support as shown by improved attendance and a reduction in exclusions. There is a good range of provision for pupils with

special educational needs but the council is not able to demonstrate how well these pupils do when compared with other areas and settings.

36. Children and young people have a good range of opportunities to make decisions and take personal responsibility; many make a good contribution to their communities. Children and young people develop well socially and emotionally. A high number have concerns about bullying or racism. Most have good opportunities to contribute to decision-making on issues that concern them through school councils. Very high numbers participated in elections to the UK Youth Parliament. Young people also provide very thorough evaluations of specific youth services and these are acted upon. The chance for them to influence other local provision is, however, limited. Looked after children contribute well to their reviews and also have good opportunities to offer their views on services they receive. The number of young people offending for the first time has been declining. The YOT, young people's service and other agencies offer those at risk of offending a good range of activities and encouragement to help them develop. The rate of re-offending has also been declining, but only a low proportion of these young people are in full-time education, employment or training.

37. Most young people are able to achieve economic well-being and are generally prepared well for working life. Participation in post-16 education, employment and training is low but increasing. Too many young people drop-out of learning at 17. The number of care leavers entering education, employment and training is good and above the national average. The provision for young people with learning difficulties and/or disabilities is good and they receive good support and achieve well in the special school and in the FE college. However, participation for this group post-16 is low and there is insufficient provision available across the district for young people at 16 and, particularly, at 19.

38. Success rates at most levels in the FE college and sixth form college are good and improving; most are at or above the national averages. Pass rates at AS and A2 are low but improving. The value added scores in schools with sixth forms show considerable variation. The participation of care leavers post 16 is satisfactory and in line with national averages. Apprenticeship success rates are low; progression rates for the E2E programme are improving but are still too low. Achievement for 14–16 collaborative provision is satisfactory. The progress made by learners in school sixth forms and colleges is satisfactory overall.

The impact of local services

Being healthy

39. The combined work of all local services in securing the health of children and young people in Wakefield is adequate.

40. Parents are adequately supported by a range of provision to develop healthy lifestyles. For example, there are accredited and evaluated parenting

programmes that help families to be informed about healthy choices. The well established Parents as Peer Educators (PAPE) programme trains parents to support and train other parents on a range of issues, including sex and relationships education.

41. There is adequate support for young women and teenage parents, and vulnerable groups receive particular attention. There are dedicated midwives for both the traveller community and those who misuse substances. Teenage parents have access to supported housing available through voluntary organisations. A wide range of agencies are working together to support smoking cessation in pregnancy. A multi-agency breastfeeding strategy is addressing low breastfeeding rates by focusing on disadvantaged groups and has a programme of breastfeeding peer support. This strategy uses some imaginative approaches within the local community, such as the infant feeding road show and encouraging local shops and cafes to be breastfeeding-friendly. However, many of the initiatives designed to offer support have not been formally evaluated, which makes it difficult to demonstrate impact.

42. There is a strong partnership between the council, schools and health partners via the Healthy Schools Strategy group to improve the health of school-age children. The school meals service reports improvement in children's behaviour as a result of the introduction of healthier food options. A well-used website linked to this service helps young people to learn about healthy eating in a fun way. There is a multi-agency Childhood Obesity Strategy to address rising obesity rates, and a recent project for overweight and obese children that aims to improve self esteem and change lifestyles.

43. There is evidence of good sex and relationships education, both in and out of schools, including the work of the youth service and the YOT, which young people themselves have helped to shape. There is also evidence of good work with looked after children. The national Teenage Pregnancy Unit has identified sex and relationships education in the council's schools as an area of good practice. There is a targeted multi-agency Teenage Pregnancy Strategy action plan – developing support to schools and areas with higher teenage pregnancy rates – which is addressing an increase in the rate in 2003 that went against the downward trend. There is easily accessible contraceptive advice and services from the Options clinics and Connexions, and work with the youth service. There is also a new website, and relevant sexual health promotional materials are freely available.

44. The rate of admission to hospital for young people under 18 is improving, although there is variation between the two PCTs. Currently there is no protocol for sifting the information on attendees at the accident and emergency department of Pinderfields Hospital in the Mid Yorkshire Hospitals NHS Trust. Details of all attendances at the department are routinely relayed to both school nurses and family doctors but not automatically to health visitors. As a result, it is not possible to effectively follow up the needs of vulnerable children and young people in the community. There is a separate paediatric area in the

accident and emergency department, but nursing shortages prevent it being used.

45. Both PCTs have undertaken modernisation reviews of services from health visitors to target resources into specific areas and for particular groups with the highest level of need. Therapists providing services for disabled children have responded well to long waiting lists by working more collaboratively with colleagues from social care and education. Speech therapists, for example, are working effectively with Sure Start staff to improve language through play. There are strategies in place to address immunisation rates, which are below the national average at the age of five. The PCT is involved in a national newborn hearing screening pilot, which has led to earlier detection of hearing impairment.

46. While some parents complain of a lack of NHS dentists, the community dentistry service has responded to high rates of dental decay by employing a clinical director who works with the consultant in public health dentistry. The service provides emergency clinics as well as specific services for vulnerable children and young people, including young offenders, travellers and those with learning difficulties and/or disabilities. The service also promotes oral health through the Healthy Schools initiative.

47. Eastern Wakefield PCT has recently taken over the management of CAMHS. There is an integrated commissioning unit, and an agreement for some pooled funding has recently been signed. There have been some improvements to staffing, including the recruitment of social workers and link workers. There remain vacancies for a psychologist and a psychiatrist to complement existing staff. CAMHS provides support to the community nursing team, which in turn provides support to children and young people with learning difficulties and/or disabilities. They also work closely to support those with autism, and have a protocol with the YOT in respect of assessment and treatment for young offenders. The CAMHS grant also funds a psychiatric nurse in a school.

48. Specialist CAMHS is unsatisfactory in some respects. There is limited provision out of hours and what is available is further restricted by a lack of clarity about the referral process for young people. Difficulties are experienced when making direct referrals and although waiting lists for CAMHS improving, they are too long. Arrangements are not yet in place for specialist inpatient provision for 16 and 17 year olds and those for specialist provision at the highest level of need (Tier 4) are being finalised. The local council states that it will be a major challenge for there to be a comprehensive CAMHS by the end of 2006, although there have been some recent improvements.

49. There are designated nurses, a paediatrician and specialist dental services for looked after children. CAMHS makes provision for this group of young people to have priority access to the service but is not always successful in achieving this aim. It is not clear how the requirements for therapeutic services for adoptive families will be met.

50. Both PCTs and the council disabilities teams are working together to improve services, including those provided by CAMHS. There is evidence of partnership working through the Jigsaw palliative care team and in multi-agency planning for transition. Some disabled children are disadvantaged by the lack of available therapy services at home and in school.

Staying safe

51. The work of all local services in keeping children and young people safe is adequate.

52. Children and young people who are most at risk are safeguarded well. Good outcomes are achieved for looked after children. However, work is not always well co-ordinated to provide timely access to support services for children and families at lower thresholds of need, including those experiencing domestic violence, and to address the needs of children and families from black and minority ethnic communities.

53. The number of children on the Child Protection Register is consistent with those nationally and in similar areas and is stable. Procedures for removing children from the register are good and relatively few are re-registered within 12 months.

54. The council has developed a preventative strategy, which aims to ensure that children and young people fulfil their potential. The proportion of children referred to social services is high but a lower proportion of initial assessments are completed for these children compared with similar areas. Expenditure on family support services per child in Wakefield is below the national average, although spending has increased. The majority of children in the sample of case studies read for this review had been the subject of several contacts or referrals. This indicates that social care services are mainly working with children at high levels of need who require protection. Thresholds for access to social care services are not well understood by other agencies.

55. Neglect, domestic violence and racially motivated bullying are problems for a significant proportion of children. Information about services for children and families from black or minority ethnic backgrounds is not easily accessible.

56. Local partners, under the leadership of the council's education services, are piloting the Child Well Being model, a formal arrangement for all agencies to work closely together, in order to rationalise and improve referrals, assessment and provision. This is aimed at clarifying agencies' roles and improving the management and co-ordination of services for individual children and young people. There was an earlier, unsuccessful attempt at introducing the model to the area. At present, unclear co-ordination and information-sharing hamper good inter-agency work and clarity for families. Agencies tend to work in the way they are used to rather than according to an agreed system.

57. Services do not yet deploy resources consistently to meet agreed priorities. The police force has undergone a period of under-staffing and instability regarding its commitment to child protection, although there have been recent appointments of committed and dedicated officers who have improved the quality of service. The local partnership arrangements in relation to domestic violence have been overhauled and plans are well advanced to establish a dedicated service that would provide a sharper focus on the investigation and prosecution of perpetrators and enhance support for families. Social care services have worked closely with New Hall Prison to develop child protection procedures.

58. Schools have comprehensive procedures for protecting children and improving behaviour and a large majority of pupils feel very or quite safe at school. However, over 40% of those children surveyed would welcome more effective action to address bullying or rude behaviour.

59. The district benefits from having a considerable range of organisations working with children and young people. The LSCB organises a range of training, although this is not fully taken up by local agencies. The LSCB is generally well attended but there is no formal representation from the local voluntary and community sector. The governor of New Hall Prison is a member.

60. Important aspects of assessment are not always routinely recorded on the child's file and, in many of the cases read for this review, there was no clear structure of analysis to show the needs of children, the strength of families, the quality of parenting and the level of support and intervention. Plans are occasionally hampered by an absence of progress on important work such as the risk assessment of an adult. However, all looked after children have care plans which are reviewed within appropriate timescales by independent reviewing officers and are allocated to a suitably qualified social worker.

61. Social care case files read for this review are well ordered, accurate and up-to-date. The involvement of different agencies is not always clearly indicated. The system for auditing files is robust, although there are examples where the analysis of practice and decision-making are not clear enough. Supervision and decision-making recorded on the file is cursory and inadequate in some cases. An analysis of a file audit by the council in 2005 corresponded with the overall judgements made by the joint area review team in this respect.

62. Children who are looked after by foster carers consider themselves safe and well cared for. Overall, outcomes for looked after children are good. Children with disabilities as well as children subject to formal child protection procedures do not have good access to advocacy services.

63. Services for looked after children have experienced some managerial instability. Although the council has re-commissioned a new children's home and a placement strategy is being developed, there are significant issues to be addressed to ensure the service is able to meet the varied placement needs of looked after children and provide consistently safe care. Concerns about

aspects of residential care have been the subject of an independent review, and the council acknowledges some inadequacies in meeting the needs of looked after children.

64. Most looked after children live within the area either with relatives or with foster families. The council has substantially reduced the number of looked after children. The family placement service is reliant on a core group of older carers. The council's draft placement strategy acknowledges that services are not adequate to meet the needs of young people and that plans are urgently needed to address the recruitment of more foster carers.

65. The council has adequate procedures for tracking children who are excluded from school and ensuring that they receive education. It works efficiently with other agencies to identify and provide for missing children and young runaways, but finds it difficult to monitor the uptake of its services by the children of homeless families because of their mobility. Monitoring is hampered on occasion by insufficiently clear and robust information being shared between key staff. An example is where refuge workers fail to let other professionals know that children have moved to another address.

Enjoying and achieving

66. The overall contribution of services to helping children and young people to enjoy their education and achieve well is good.

67. Parents and carers are well supported in helping their children to enjoy school and achieve well. The council and its partners provide a range of courses that meet the needs of the community and provide opportunities for parents to acquire new skills. For example, parents in Eastmoor spoke highly of the course on promoting positive behaviour and felt that this help had made a real difference to them and their families. Elsewhere, there is support for fathers and their children while opportunities are also provided for parents to contribute as trained volunteers.

68. Early years provision is good and children in nurseries make good progress. Childcare places have increased in areas where there is most need and at a faster rate than that found nationally. In recognition of this, the council has increased capacity in key areas such as monitoring and support for childminders. Local networks also provide peer support and the council provides good quality training, especially on the early identification of needs. There is a strategy to develop children's centres but some partners feel that the council has not effectively consulted with them on this. As a result, some parents and providers feel uncertain about the future of this provision.

69. There is a good range of clear, accessible information on school admissions and over 90% of parents and carers get their first choice of school. There are enough places in secondary schools but there is no strategic approach to reducing places in primary schools in line with need.

70. The school improvement service is very good and the partnership with schools is valued highly by head teachers. Effective support and challenge is provided to schools in proportion to need and there are no schools judged to require special measures. Very good use is made of performance data and this helps schools to target underachieving groups. The council provides very effective support for both school self-evaluation and for the implementation of the national strategies to raise attainment. All work with schools is well co-ordinated with all aspects of the school improvement service liaising closely and providing a clear focus on raising standards.

71. There is effective multi-agency support to improve pupils' school attendance and this is now just above the national average. More effective co-ordination of support for behaviour, plus better links with the exclusions team, has contributed to a decrease in the number of permanent exclusions. The council has taken effective action to ensure that children do not go missing from the school system, and improved access to health records has led to a more secure record of children not registered at a school.

72. Provision for pupils excluded from school is now better co-ordinated and meets statutory requirements. An admission panel places pupils into appropriate education and it also ensures that those returning from schools outside the district are reintegrated into local provision. The progress of pupils who are educated at home is carefully monitored and the hospital school provides good quality education for those with physical and mental health needs.

73. Support for the education of looked after children is very good and the council fulfils its duty as corporate parent very well. A multi-disciplinary team (REACH) has been effective in improving their attendance at school and in reducing the number of exclusions. It liaises well with schools, carers and residential settings to ensure that looked after children receive help with homework and preparation for examinations. In addition, after-school clubs provide good leisure opportunities. Although only 75% of looked after children have personal education plans, learning packages are designed to meet individual needs and progress is monitored through effective use of data. Many of these children and young people have gaps in their schooling and attainment remains below the national average. There is an awards scheme that celebrates all achievement.

74. The council has provided strong leadership on inclusion. Through a process of school review, good inclusive practice is identified and recommendations for improvements made. For example, in one school, the choice of options at Key Stage 4 was increased to better reflect the needs of all the pupils. The number of children and young people who have statements is reducing and the majority of children and young people with learning difficulties and/or disabilities are educated in mainstream schools. Good progress has also been made on reducing the numbers who have to be educated out of the district. However, there is no integrated approach to the initial assessment of

children and young people with learning difficulties and/or disabilities and no key worker to co-ordinate services. Some parents find that many professionals are involved with their child and that communication can therefore be difficult. At school level the progress of pupils with learning difficulties is monitored effectively but the council is not yet able to compare their achievement with national and regional data.

75. The youth service offers a good range of opportunities for young people to enjoy and achieve outside school hours. In particular there is effective, targeted work with those in years 10 and 11 who are disengaged from education. Most children and young people value the leisure activity on offer in their local area and enjoy opportunities for sport and music. However, some parents feel there is not enough for older primary age children to do and that they are not involved in local improvement schemes. For example, one park in Eastmoor has been refurbished but young people in the area had not been involved in the planning. Through a short breaks scheme, families of children with learning difficulties receive respite care and they are supported in accessing and enjoying the leisure opportunities available.

Making a positive contribution

76. The overall contribution of services in helping children and young people to contribute to society is good.

77. Local partners work well to promote the social and emotional well-being of children and young people. Support is well targeted at those who are most vulnerable. The contribution of Sure Start is highly valued by parents. A voluntary sector body leads an imaginative preventative family support programme working effectively with a range of other agencies. The council has recently established a multi-agency anti-bullying group. There is a pilot programme of peer mediation in primary schools. To address problems with racist incidents a youth development worker now works in one school, primary schools with pupils of different ethnic backgrounds have been twinned and a touring theatre group challenges young people's attitudes. However, racist bullying and the use of racist language persist in some schools.

78. Children and young people receive good support in managing change and dealing with challenges in their lives. Connexions personal advisers provide very good support for young people with learning difficulties and/or disabilities through the review and transition process. Attendance at annual reviews by the appropriate range of professional staff has been inconsistent and is now being carefully monitored. Looked after children are involved well in their statutory reviews. Agencies work well together to provide wide ranging support for children in traveller communities. Young Families Plus, a project run by Barnardo's, offers a holistic programme of support for young parents and their children. Priority is given to young parents who are most vulnerable because of their personal circumstances. The needs of young people leaving care are carefully assessed and they are well provided for through links between the

council and a national voluntary body. Services include priority for college interviews, guaranteed interviews for council jobs, and free access to leisure facilities.

79. The council and its partners have adopted many innovative and successful initiatives at a district level in consulting young people and enabling them to present their views. These include excellent support for the participation of young people in the UK Youth Parliament. In the most recent elections voting was possible by internet, text and ballot box and over 8000 young people voted. Young people have developed a high quality website through the young people's service. Very thorough inspection reports have been produced by young people on specific youth services. The council has also undertaken a number of consultation events on issues such as health, relationships with the police, leisure facilities and housing. The recent consultation on a draft CYPP has been imaginative and very extensive. It has included the views of around 6500 young people. The council responded well to the key messages from the consultation in re-drafting the plan.

80. Young people are not sufficiently consulted about local provision. Too much emphasis has been placed on the responsibility of specific council officers to consult young people locally, which has often left some young people without a voice. For example, in one area visited by inspectors, a football space had been re-surfaced by the council following intervention by a church community youth worker. However, without adequate consultation, the council removed all seating, and installed fencing that is too low. Most schools have some form of school council. However their importance and effectiveness vary considerably across the district.

81. A district-wide watchdog group on young people's issues has had limited success in achieving improvements. The number of young people involved has declined and is now very small. An attempt by Wakefield District Partnership to use this group as a standing reference group of young people providing advice and opinions on council services has not been effective. The council and its partners have recently begun to develop a comprehensive approach for the consultation and engagement of young people. It contains a clear framework and set of principles but is at a very early stage of implementation.

82. There is a comprehensive advocacy service for looked after children that includes effective support for making complaints. It also regularly supports looked after children to voice their views and concerns to elected members. Looked after children have been involved well in developing a child-friendly version of their sexual health policy. A group has been established to gather the views of children with disabilities, particularly on leisure opportunities available. It has been valuable in generating some additional activities. However, there is no consistent or rigorous approach in place to identify and act upon the views of young people with disabilities in the design or use of mainstream services.

83. The number of first-time offenders in the youth justice system has been declining. The YOT has worked closely with the youth service and other agencies to engage young people who are likely to participate in anti-social behaviour. Good links are made with mainstream community resources. The Youth Inclusion and Support team introduces children under 13 to a variety of recreational activities including water sports. The youth service offers good quality activities including those targeted at areas where conflict or tensions have been identified. Its presence in some locations is limited to two evenings per week and this does not always meet the needs of young people. A very good multi-racial project in Wakefield East offers exceptional opportunities for personal development, a sporting school of excellence and confidential advice and guidance.

84. The rate of re-offending has been declining and is now below that of similar authorities. Young people who have offended are involved well in assessing their need for support. The YOT has developed a number of innovative ways to help children and young people to develop their potential, involving partnerships with a number of agencies, including local rugby and football clubs. There are also good links with education and training providers to assist children and young people to develop their basic skills. However, the proportion of supervised juveniles in full-time education, training or employment is well below national levels and lower than in similar authorities.

Achieving economic well-being

85. The overall contribution of services to helping children and young people achieve economic well-being is adequate.

86. Wakefield has a broad range of regeneration activities that engage young people and promote learning and attainment. Most projects link effectively to business development, job creation and training opportunities. Some of the projects have, however, been slow to get off the ground. A good range of community initiatives has enabled many young people to improve their levels of achievement.

87. Appropriate information, advice and guidance are provided to young people and families, who receive good support through multi-agency groups. Community-based family learning, including literacy and numeracy, is effective and enables them to improve their economic well-being by developing transferable skills. Increasing and affordable childcare provision is available. The number of youth centres is increasing and this is enabling more young people to become involved in leisure and outdoor activities. Poor public transport in the south east of the district prevents some families and young people accessing learning and employment opportunities.

88. Good progress has been made in broadening the learning opportunities at Key Stage 4. There is an increasing range of vocational options, including some effective projects targeted at disaffected young people. Participation in post-16 education, employment and training is low but increasing, and the numbers

where the destination is uncertain are reducing. However, there is a high drop-out rate at 17. Most young people benefit from work experience at Key Stage 4, though take-up is low at post-16 except in the special school. All schools meet basic requirements for the work-related learning curriculum and there is adequate development of financial literacy. Appropriate impartial advice, guidance and support is provided to most young people, though some are unaware of the full range of post-16 learning opportunities and the variety of progression routes to higher education. The high turnover of Connexions personal advisors impacts on the quality of support provided in some areas.

89. Partners have established a challenging, aspirational and learner-focused 14–19 strategy and there is effective partnership working at all levels to support it. There are good plans to address the areas where performance is too low. Good progress has been made within the three learning communities and there is growing collaborative provision. Many learners benefit from being able to follow courses in more than one institution. However, authority-wide quality assurance arrangements for collaborative 14–16 provision are insufficiently developed. Provision for vulnerable young people at post-16 is insufficient and the local LSC is undertaking a review of this provision. Satisfactory progress has been made in the development of the area-wide prospectus and on-line common admissions procedure. Appropriate linkages have been made between the LSC strategic area review, annual plan and the 14–19 strategy but there is limited strategic planning of post-16 provision. There is a good range of AS and A2 subjects and increasing vocational options across all learning communities. However, some schools with sixth forms have low class sizes in some A level subjects. Although take-up of advanced apprenticeships is adequate, there is particularly low and decreasing participation in apprenticeships at the age of 16. Opportunities for post-16 work-based learning in the south east of the district are limited. The progress made by learners in school sixth forms and colleges is satisfactory overall and the district achievement of level 2 by 19 is adequate. At the FE college, participation rates of 16–18 year olds on level 3 courses and of those aged 19+ on courses at all levels are declining. All schools in the district have achieved specialist status and there is developing collaboration between schools and with the post-16 centres of vocational excellence.

90. All looked after children and young people have appropriate pathway plans that are reviewed frequently. Good advocacy and support is provided by the leaving care service and the REACH team. The number of care leavers entering education, employment and training is good and improving; their achievements are in line with national averages and the local area. The council has developed a looked after children employability group and a policy on positive approaches to the employment of care leavers. As a result, an increasing number have been offered work experience. Appropriate financial support is available, including leaving care grants to set up home.

91. All young people with learning difficulties and/or disabilities have transition plans and there is adequate multi-agency involvement in transition planning. Children and young people in special schools make good progress and most have good access to supportive work experience. Although the FE college has very effective provision for young people with learning difficulties and/or disabilities, across the district there is insufficient provision available for young people at 16 and, particularly, 19. A low proportion of young people with learning difficulties and/or disabilities have been able to access work-based learning opportunities. The LSC has recently initiated a review of this post-16 provision.

92. The council's housing and homelessness strategies do not sufficiently address the needs of young people. Young people and care leavers have insufficient access to suitable arrangements for supported independent living. The availability of social housing is inadequate to meet the needs of those who require it. There is a high average length of stay in hostel accommodation for young people and families with dependent children. However, the crisis arrangements for dealing with young people who present themselves as homeless are adequate and the use of bed and breakfast accommodation has declined.

Service management

93. The management of services for children and young people is adequate.

94. The council and its partners have good ambition and a clear vision of what they want to achieve for children and young people. This is well articulated within the draft CYPP, focusing on ensuring that they feel and, indeed, are safe, well supported and fulfilled. Good links are made with the community strategy and the council's corporate performance plan, providing the opportunity for the council and its partners to direct resources at services for children and young people.

95. Strategic leadership of children's services is developing well, with strong leadership from the recently appointed director. However, devolved leadership is not fully established. The director of children's services and the lead member for children's services are clear about their respective roles and responsibilities, and formal governance arrangements are undergoing development. The stated intention for the area is to have fully integrated children's services within 18 months, and alignment of senior management responsibilities across education and social services is taking place. The capacity of council services to improve is good.

96. Good, wide-ranging consultation in producing the draft CYPP included extensive consultation with children and young people and a comprehensive group of stakeholders. Partners recognise this as a step change from previous standards of engagement with children and young people.

97. Prioritisation is adequate overall. Specific detailed audit of need, supplemented by existing needs analysis from previous plans, provides the basis for the priorities detailed within the CYPP. Effective consultation with partners and children and young people has shaped the focus of these priorities over the last year, including modifying the way priorities are described. The CYPSP hosts a twice yearly conference. This provides a good opportunity to engage with practitioners from all partner agencies

98. The draft CYPP lacks financial information, including any analysis of the costs associated with delivering the priorities. This means it is unclear whether the priorities can actually be achieved within the resources available. There is no medium-term financial plan specifically for education or social services, although the council's overarching medium-term financial plan includes these budgets. This lack of information means that it is unclear how resources will be targeted to achieve the intended outcomes for children and young people. Supporting plans defining how specific work streams and targets will be delivered within the CYPP have yet to be developed and signposted.

99. There is a clear commitment by the partnership to providing preventative services and high-quality support for children and young people. There has been investment in family centre provision. This strategy can be linked to an overall reduction in the number of looked after children. However, the partnership for CAMHS is not yet providing adequate support.

100. Performance management is adequate. The council has a comprehensive and consistent corporate approach to performance management and education and social services are fully compliant with this. Service improvement plans are produced at head of service level within both services and these are underpinned by team plans. All of the staff interviewed as part of this review had had recent appraisals. Performance and budget information is scrutinised corporately on a quarterly basis through the challenging budget clinics process. In addition, social services hold monthly departmental budget clinics. Service improvement plans are revised each year to incorporate a greater focus on emerging priorities. This year there is a focus on diversity and equalities.

101. The CYPSP has met on a regular basis for the last four years; this brings together relevant public sector partners and the voluntary sector. This partnership has commissioned reviews of children's services and produced a strategic plan for the period 2003/06. It is not clear what performance management information is used to drive and evaluate performance of the CYPSP. There is also limited internal evaluation of projects undertaken and therefore potential learning from previous experience is not always captured.

102. Capacity is adequate overall. Most teams within education and children's social services have stable staff and management in place, although there are some acknowledged recruitment difficulties, for example fostering and adoption staff. Effective action has been taken to improve recruitment. Management development programmes, which include assessment centres, are used to

improve senior and middle management. The voluntary and community sectors (VCS) are underdeveloped as service providers. Some resources are targeted at capacity building in the VCS, although this is at an early stage.

103. Resources have been aligned to assist joint working across partners. For example, the substances misuse grant and the CAMHS grant are both deployed through the partnership's integrated commissioning framework. The integrated commissioning unit is starting to have an impact by identifying savings and efficiencies that can be made collectively across partnerships. This work is led by a joint commissioning manager. Formal pooled budgets are not yet in place due to difficulties experienced by health organisations in identifying resources committed to children and young people. This is a barrier to the integration of services.

104. Overall value for money is adequate when the outcomes for children and young people are compared with the levels of funding available to the council. Budgets are set at the level of the formula spending share for both education and children's social services, and overall costs are below the statistical neighbour average and the metropolitan average. Processes for managing and improving value for money are currently adequate and developing. However, service improvement plans and team plans are not sufficiently focused on improving value for money.

105. Some use is made of comparative cost information to challenge existing service provision but this is not consistent across services. The cost of children's residential care is particularly high within Wakefield and has been for a number of years. A very recent review has concluded that this high-cost service does not provide value for money. Wakefield delegates less special educational needs funding to schools than its statistical neighbour average or the metropolitan average. Special educational needs' central support costs are higher than comparators, and support provided to pupils with and without statements is not accounted for separately. This means comparisons with national benchmarking data are inaccurate.

106. Pressures on social services budgets during 2005/06 of £9 million have been identified and the council has assessed the likely impact of this on 2006/07 budgets. Some of the budget pressures are attributable to children's services, but the majority relate to adult services. Additional funding of £4 million has been allocated in 2006/07. A proportion of the savings identified to balance the budget relies on reducing staff sickness levels, reducing overtime and keeping posts vacant.

107. School balances increased significantly overall in 2004/05 but primary and secondary school sector totals remain below national comparators. Special school balances are too high. Responsible officers have considerable knowledge of individual schools' balances and how schools are performing financially. However, this information is not fully documented or shared across the school

improvement service. This prevents routine challenge of both deficits and high surplus balances. There are too many primary schools with deficit balances.

108. Strengths and weaknesses identified within the self assessment were found to be generally accurate although the grading was generous.

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

1. The overall performance of council services for children and young people is adequate. The costs of services overall within education and children's social care are below the metropolitan and statistical neighbour average and services provide adequate value for money. The educational standards achieved at school are in line with the national average and have been improving more rapidly than nationally. Children and young people who are most at risk are well safeguarded and the council performs its role as corporate parent very well. However, some children report concerns about bullying and, in particular, racially motivated bullying. The council's young people's service is good.

2. A director of children's services was appointed in December 2005 and she has now taken on the leadership of the recently established Families Directorate, which contains services for children and young people and the social care aspects of adult services. She is providing strong leadership for these developments. However, devolved leadership is not yet established. The director of children's services and the lead member for children's services are clear about their respective roles and responsibilities and formal governance arrangements are undergoing development. Following extensive consultation, the council has produced a clearly focused CYPP and has begun work on the detailed action plan that will underpin this. The stated intention of the area is to have fully integrated children's services within 18 months and alignment of senior management responsibilities across education and social services is taking place. The capacity of council services to improve is good.

3. Management of the council's services for children is adequate. The council has good ambition and a clear vision of what it wants to achieve. Prioritisation is adequate overall. There has been effective consultation to develop the priorities of the CYPP. However, the lack of financial information for this means it is unclear whether the priorities can actually be delivered within the resources available. The council has taken steps to address the deficit in its social care budget. There are sufficient secondary school places, but the council does not have a strategic approach to reducing places in primary schools in line with local need. The council's partners are represented on its major planning groups but links to the voluntary and community sector are underdeveloped.

4. There are some good examples of the council's collaboration with its partners to promote the health of children and young people, but work at a strategic level has been held back by the restructuring of the local PCTs. Early years provision is good, but the council needs to engage partners more thoroughly in developing it further. There are a number of helpful initiatives that address the high teenage conception rates and also provide support for teenage parents. There is a good range of sports and leisure facilities.

5. From the evidence gathered during the joint area review, children and young people appear safe. Arrangements made by the council to ensure this are adequate overall. The proportion of children and young people on the Child Protection Register has fallen and is in line with similar areas. Most young people who are looked after live with local families. However, there are high thresholds for accepting referrals. Children and young people do not have a key worker and this means many families have to deal with a large number of professionals from different agencies.

6. The integrated services provided in Sure Start areas offer a wide range of well targeted initiatives that are having a positive impact. The council makes a good contribution to the strategy for childcare and early years education, although the contribution by Sure Start needs greater acknowledgement. The majority of children in Wakefield enjoy school and achieve well. The council has been particularly successful in making use of both its school improvement service and national strategies to raise attainment.

7. Effective work by the youth service and by schools helps young people to make good progress in their personal and social development. The council consults most children and young people very well and there are some excellent examples of their involvement. There are fewer opportunities for children and young people with learning difficulties and/or disabilities to have their views heard and acted upon.

8. The council is working hard to increase its supply of housing for young people but this is insufficient despite some helpful individual initiatives. The council's work on regeneration is providing benefits for young people but some projects are at an early stage. There are still too many young people who are not in education, training or employment and too many who do not complete programmes of study post 16. There is insufficient provision available across the district for young people with learning difficulties and/or disabilities post 16.