

Joint area review

Oxfordshire Children's Services Authority Area

Review of services for children and young people

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

Age group: All

Published: 22 April 2008

Reference no: 931



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Introduction

1. The most recent Annual Performance Assessment for Oxfordshire judged the council's children's services as good, and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk, or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
 - the impact of the partners' 14–19 strategy on improving outcomes for young people
 - the contribution of local services to improving sexual and reproductive health outcomes for children and young people.

Context

4. Oxfordshire is a large shire county with a population of about 632,000 people, of whom half live in settlements with a population of 10,000 or less. About 10% of the population are from communities other than White British and 21% are under the age of 18. About 28% of the population are educated to degree level, which is well above the national average and that of the south-east of England, and 9.4% of the working population has no qualification. There is low unemployment.
5. There are 15 children's centres, with a further 14 being developed, and 350 private or voluntary early years settings. The council maintains 12 nursery schools, 238 primary schools, 33 secondary schools, 12 special schools and one pupil referral unit and inclusion service. Enhanced resource units for special educational needs are located in 22 schools.
4. Post-16 education and training is provided by two further education colleges, one tertiary college and 26 schools with sixth forms. In addition, there are 39 work-based training providers. Entry to Employment (E2E) provision is managed by the Learning and Skills Council and offers 90 places. Adult and community learning, including family learning, is provided through the county council's adult and community learning service.
5. Primary healthcare is provided by Oxfordshire Primary Care Trust (PCT) whose boundary is coterminous with Oxfordshire County Council and serves a population of approximately 600,000. Acute hospital services are provided by

the Oxford Radcliffe Hospitals NHS Trust. The Trust provides general hospital services on three sites to people in Oxfordshire and neighbouring counties, and more specialist services on a regional and national basis. The main children's services are provided at the children's hospital which is part of the John Radcliffe hospital. There is also a children's ward at the Horton Hospital and some specialist day case and outpatients services are provided at the Churchill Hospital. Maternity services are provided at the John Radcliffe and the Horton Hospitals. Some residents in the south of the county access the services provided by the Royal Berkshire Foundation Trust in Reading.

6. The Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust provides a full range of local mental health services for children and adolescents, adults and older adults to people in Oxfordshire and Buckinghamshire, as well as specialist and forensic mental health services to people nationally. The Ridgeway Partnership NHS Trust provides a small specialist service for children with disabilities and their families. The Nuffield Orthopaedic Centre has a dedicated children's area for inpatients, day cases and outpatients. The inpatient service will move to the new children's hospital based at the John Radcliffe in January 2008.

7. Children's social care services are provided through 294 foster carers and two children's residential care homes. There are four family support teams, four duty teams; four looked after children teams, a disability team, an adoption and fostering team and 25 children's centres. There is one young offender institution, Huntercombe YO1, in the area. Services to children and young people who are at risk of offending or have offended are provided through the Oxfordshire Youth Offending Service.

8. The Directorate for Children, Young People and Families and the Children's Trust were established in January 2006. The current Director of Children, Young People and Families took up post in July 2007 following a period of interregnum. A restructuring of the service began in autumn 2007. The jointly appointed Director of Public Health is a full member of the council's management team and accountable to the chief executives of both the county council and the Oxfordshire PCT.

Main Findings

9. The main findings of this joint area review are as follows:

- Overall, safeguarding in Oxfordshire is adequate. The council and its partners give priority to all safeguarding matters with a good emphasis on healthy lifestyles, road safety and provision of safe environments. Action taken to promote children's mental health and to reduce anti-social behaviour is good. The Oxfordshire Safeguarding Children Board (OSCB) is not yet fully operational and joint procedures and monitoring arrangements are in need of further development.

- The council works well to prevent children coming into care and provides safe and secure placements for those who become looked after, including good support for their health and their emotional and social development. The educational achievement of looked after children is satisfactory overall, though unsatisfactory for the most able at age 16.
- The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is adequate. From the earliest age children's needs are promptly identified and systems are developing to provide for them. Multi-disciplinary teams are increasingly giving a good service, though many of these initiatives are at an early stage of development.
- Strategic planning for 14–19 provision across Oxfordshire is inadequate. Progress on the recommendations of the 14–19 area-wide inspection in 2003 has been slow. While outcomes are satisfactory overall with good participation rates post-16, the range of provision and quality of impartial advice 14–19 have not improved sufficiently.
- Progress on the reduction of rates of teenage pregnancy has been slow. However, the Oxfordshire joint commissioning strategy for teenage pregnancy and sexual health, which is based on a thorough assessment of need and built on strong partnerships, has increased access to advice and contraception through a range of new and well-targeted projects and initiatives. Arrangements for access to sexual health screening have improved but are currently insufficiently promoted.
- The management of services for children and young people and the capacity to improve services further are adequate. The council, with its partners, currently provide adequate value for money. The rate of progress and improvement in some key service areas has been too slow. Partnership working is well established and consultation with children and young people is outstanding. However, quality assurance and performance management across the partnership are underdeveloped.

Grades

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

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

Recommendations

For immediate action

The local partnership should:

- ensure that an appropriate way is found to disseminate the findings of this report to children and young people in the area
- introduce training and support to ensure that council members understand their corporate parenting responsibilities and are enabled to deliver on them.

For action over the next six months

The Oxfordshire Safeguarding Children Board should:

- review and update all policies and procedures to ensure these fully support and underpin current joint strategies for safeguarding
- agree membership and accountability arrangements with members' respective agencies; confirm chairmanship arrangements and the arrangements for reporting to the Children and Young People's Partnership Board
- ensure that the new arrangements for sexual health screening are promoted urgently to young people.

The local partnership should:

- implement the planned post-16 development of greater choice and opportunity for young people with complex needs

- establish key milestones to ensure the consistent implementation of the 14–19 strategy
- improve the progress of children with learning difficulties and/or disabilities in primary schools
- improve access to behaviour support, occupational therapy and mental health services for children and young people with learning difficulties and/or disabilities
- increase equity of access to provision and services across the local area
- agree and implement rigorous evaluation and performance management procedures across the partnership to ensure that outcomes are monitored and that the impact of actions are evaluated.

Equality and diversity

10. There is a stated commitment across the council to equality and diversity in Oxfordshire. However, this is not yet translated into a clear strategic plan for the Children, Young People and Families Directorate and partnership or embedded across all areas of the partnership. The council is at Level 3 of the Race Equality Standard. The local authority and its partners have demonstrated the ability to respond to specific issues, notably the needs of different minority groups and access for those living in rural areas. Progress on completing impact assessments of the effect of policies on race equality is satisfactory. Guidance is offered to schools in drawing up their equality plan but not all plans are monitored regularly. While children from minority ethnic groups achieve generally in line with their peers, those of Indian heritage achieve less well. Participation rates for children and young people from minority groups in education, employment or training reflect those nationally. Successful projects targeted at specific groups include the Bridging Project for unaccompanied asylum seekers and the specialist Traveller support service. The workforce across the partnership is representative of the county's population as a whole and recent initiatives to recruit key workers from minority groups have been successful. The recruitment of foster carers from Black and minority ethnic communities continues to be a challenge.

Safeguarding

Inadequate



Adequate

X

Good



Outstanding



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

Major strengths	Important weaknesses
<p>Secure arrangements in place for the safe recruitment and vetting of staff in all agencies.</p> <p>Good joint action taken in response to domestic violence and in promoting public protection.</p> <p>Good attendance in both primary and secondary schools and comparatively low levels of permanent exclusions.</p> <p>Effective prevention programmes which are reducing anti-social behaviour and diverting young people from the criminal justice system.</p> <p>A good preventative child and adolescent mental health service (CAMHS), which has been successful in reducing the need for higher level interventions.</p>	<p>Underdeveloped operational and monitoring arrangements for the OSCB.</p> <p>Insufficiently robust policies and procedures to support current safeguarding developments in the county.</p>

12. Many of the systems and actions to keep children and young people in Oxfordshire safe and protect them from harm are effective. Social care practice observed during the review was at least adequate and often good. However, the policies and procedures to underpin the new ways of working in safeguarding children are not yet published, and the operational and monitoring arrangements of the OSCB are underdeveloped. Work is underway to tackle these issues.

13. Children and young people in Oxfordshire say they feel safe and receive good quality information about keeping safe. Schools in the county pay careful attention to safeguarding matters, including healthy eating and lifestyles, road safety and awareness of the dangers posed by some adults. Children's healthier lifestyles are a priority for the PCT and provision is well targeted at harder to reach groups. Immunisation rates are comparatively good and the proportion of mothers initiating breastfeeding is above the national average. Good systems and guidance are in place to promote safety in the home and at school. Road accidents involving children and young people have reduced by 50% in the last 10 years, albeit from a relatively low base. Staff training in all safeguarding matters is extensive and well regarded.

14. Services work increasingly well together to keep children and young people safe. Access to early intervention and treatment services for substance misuse within 10 working days is above the national average. However, the rate of assessment within five working days for young offenders is below the national average. Clear policies, advice and guidance are provided to schools on bullying but the impact has not been fully evaluated. Some children and young people indicated that they were aware of these policies in school but felt they were still being bullied and that teachers did not always follow the advice provided. Inspections of children's homes and other regulated services judge child safety, physical environment, equipment use and child protection arrangements to be good overall. Good action is taken in response to domestic violence, supported by an agreed joint protocol which is afforded high priority by the police and partners.

15. The provision of CAMHS in Oxfordshire is comprehensive with good access for children and young people including the most vulnerable groups. A preventative CAMHS is highly effective in promoting early intervention and is well regarded by referring agencies and users.

16. There is a strong commitment to prevention and to the development of local services that facilitate early forms of support. Children's centres and extended schools provision are linked well to the use of the common assessment framework (CAF), and team around the child. In the last three months the use of these approaches has doubled and, although still comparatively new, there is already evidence from parents, schools and other professionals that they are making a difference. The recent Ofsted report assessed private fostering arrangements as satisfactory overall but some deficiencies in safeguarding arrangements were also noted. These have been the subject of an action plan with all issues identified being recently resolved. Permanent school exclusions are comparatively low and the local authority, through the work of Meadowbrook College, provides alternative education promptly after exclusion. The college provides an effective, varied and growing range of education and accredited programmes leading to raised expectations and attainment. As a result of this good work, 85% of young people have been reintegrated into schools. Protocols for missing children and children missing education are in place though the joint database for missing children is still relatively new. Overall attendance rates are good and over 70% of schools inspected in 2006/07 were judged to be good in their work to promote regular attendance.

17. Children and young people are supported well in developing socially and emotionally and this aspect, alongside matters of school attendance and behaviour, has good prominence in the children and young people's plan. Children and young people with learning difficulties and/or disabilities are especially well targeted through play projects, 'buddying' schemes, sports, and drama and arts activities. In rural areas bus-based services are being established to provide a range of emotional and social support services. The social, emotional and learning (SEAL) project has been adopted in 80 primary

schools in the county and three secondary schools. Similarly, the SMILE project providing circle time and small group nurturing has been introduced in a number of schools.

18. The number of looked after children cautioned or convicted has reduced significantly as a result of diversionary work undertaken by the Youth Offending Team (YOT), in conjunction with the police and social care services. As an example, the street scene initiative provides good support to enable high risk young people to become responsible citizens. Effective prevention programmes are in place, resulting in a significant reduction in the number of first-time entrants to the youth justice system and in the level of re-offending. However, Black and ethnic minority groups have been under-represented in these schemes and there is an upward trend in the use of custodial sentences by the courts. This is being closely monitored by the YOT. Good safeguarding support and guidance is provided to Huntercombe YOI. Young carers' support services provided by voluntary organisations provide an important preventative service and are good. However, the services are not sufficiently integrated into the family support strategy for the area.

19. The arrangements for agencies to collaborate to safeguard children according to the requirements of government guidance in Oxfordshire are inadequate. The OSCB was established in April 2006 but has experienced several changes in chairing arrangements and has not yet fully clarified the accountabilities of its membership to their respective agencies. In that period the work of the Board has focused on three serious case reviews, which has reduced its capacity to develop joint safeguarding procedures and related monitoring arrangements. The procedures currently in use across agencies to protect children from harm were first issued by the Area Child Protection Committee in 2002 and preceded the establishment of the OSCB. At that time they provided a good framework for child protection, and have been supplemented more recently. However, they do not sufficiently underpin current ways of working in the county or define and support the work of all agencies in promoting wider safeguarding expectations.

20. The existence of different categories for cases coming into social care also makes it difficult to measure accurately referral and re-referral rates and the timeliness of initial assessments within seven days of referral. The number of referrals of children per 10,000 of the population is comparatively low at 170 (national average 493). It is understood that the council is now counting 'contacts' as 'referrals' and that this practice is leading to greater consistency in respect of overall referral rates to neighbouring areas. Similarly, re-referral rates at 12.7% are significantly below the national average of 22.7%. Although members of the OSCB receive monitoring reports, they are not given sufficiently precise information on current trends in respect of incoming work, how this work is defined and how it is processed through social care services, including the practice of holding some less urgent cases in a pending category.

21. Case work practice observed in the four social care duty rooms and through the selected cases is good and reviews of child protection cases are very good. Unit managers support their staff well and provide good supervision. The records are mainly up-to-date, accurate and reviewed in accordance with regulations. Performance in respect of allocation to suitably qualified social workers, timeliness of initial case conferences and reviews is good. Good examples of local collaboration at practice level were seen during the review and in the operation of CAF and team around the child. The quality of initial assessments is satisfactory but the rate of core assessments is less than in comparable areas and nationally. Core assessments examined in the selected sample of cases were adequate, although the overall rate of completion of core assessments is lower in Oxfordshire than in similar areas and the national average. The three serious case reviews considered by the OSCB in the last 18 months were undertaken robustly with clear recommendations identified and appropriate action plans drawn up. However, the reviews also identified the need for greater procedural clarity and monitoring of referral and assessment trends and outcomes by the Board.

22. Good work has been completed recently by the shared services directorate to establish safe recruitment arrangements in the county. The team operates efficiently and effectively to ensure that this aspect of safeguarding is given a high profile. Appointing managers do not consistently provide auditable comments to support their judgements about suitability to employ staff, particularly where previous criminal convictions have been reported. This service, which is already adequate, will be further strengthened when an integrated information system is in place and embedded by autumn 2008. Multi-agency public protection arrangements are well managed in the county with appropriate targeting of high-risk offenders by the relevant agencies.

Looked after children and young people



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

Major strengths	Important weaknesses
<p>Falling numbers of looked after children through the success of preventative measures and services.</p> <p>Good and accessible CAMHS with strong emphasis on prevention.</p>	<p>The educational achievement of looked after children in primary education and in higher grade GCSEs.</p> <p>Deficiencies in the monitoring of children's homes by elected members.</p>

<p>Good quality council foster and residential care placements.</p> <p>Good quality services to unaccompanied asylum-seeker children.</p> <p>Low offending rate and successful diversionary scheme.</p> <p>Care leavers well supported to make the transition into education, employment and training.</p> <p>Care leavers in suitable, safe and affordable accommodation.</p>	
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24. The council works effectively with its partners to support children and young people safely in the community and prevent, wherever possible, the need for them to enter or remain in care. The proportion of Oxfordshire children being looked after is below that of similar authorities and significantly less than the average for England. Good assessments and the effective placement and family support service and children's court panel have significantly reduced the numbers entering care and care proceedings. Effective therapeutic support for families is available through preventative CAMHS. While the introduction of family group conferencing was slow initially, these are now used increasingly frequently.

25. Services for most children and young people who become looked after are good. The vast majority (97%) receive good support from suitably qualified social workers, a higher percentage than in similar authorities and the national average in 2006–07. These social workers are well trained and supported to understand and meet the needs of children and young people. The very small number of remaining cases are allocated to social work managers who take case responsibility subject to good senior managerial oversight and supervision. The percentage of care plans that were reviewed on time improved significantly in 2006–07 and is now satisfactory and in line with the national average. Strong inclusive practice ensures that the vast majority (95%) of children and young people contribute to their review meetings; this is higher than in similar local authorities and across the country.

26. Good quality council foster care and residential care placements are provided by a workforce which benefits from excellent training opportunities. Most looked after children live in family placements. Retaining the stability of placements is a priority, with children and their carers supported by well coordinated assessment and intensive therapeutic intervention when required. While short-term placement stability dropped this year it remains at a very good level; longer term placement stability fell but remains consistently above the national average. New entrants to care are more likely to be placed near home than those in other similar authorities and sound commissioning and review

arrangements ensure the good quality of out-of-borough placements. The number of looked after children adopted as a percentage of all looked after children dropped in 2006–07 from 8.5% to 6.9%, below that of similar authorities, as a result of court processes and delays that have now been addressed. Figures are now rising.

27. The quality of services for unaccompanied asylum-seeker children is good. Services are well integrated within mainstream provision with some examples of very good targeted practice, for example in meeting their accommodation needs. Quality assurance processes are effective; these include the established role of the independent reviewing officer, good management oversight and the regular supervision of social workers.

28. Good focused attention is paid to the health needs of looked after children and young people. Flexible ways of engagement and dedicated nurse support has led to 92% of looked after children receiving an annual health assessment in 2007, above similar authorities and the average for England. These checks have been enhanced to include routine sexual health and substance misuse screening; dental health assessments have increased from 75% to 84%. There is good and appropriate access to CAMHS with fast tracking to specialist CAMHS where needed and positive outcomes for the children and young people concerned.

29. Services to help children and young people who are looked after to enjoy and achieve are satisfactory overall. During the seven years of primary education, achievement is below national averages for looked after children overall and sometimes significantly lower, for example in Key Stage 2 English in 2007. These results are, in part, linked to the high proportion of looked after children with statements of special educational need in Key Stage 2. In secondary schools, educational progress is better, particularly in mathematics and science. By the age of 16 looked after children achieve well above national averages in attaining five A* to G grades and one A* to G grade at GCSE. However, the higher-level attainment of five GCSE A* to C grades is below the national average and has been low since 2003. This is a priority for improvement in the children and young people's plan. The authority reports that in 2007 the potential for attainment at this level fell because two high performing young people were removed from the care register and their achievements therefore not included in the looked after children outcomes.

30. Care leavers are helped to achieve economic well-being through a good quality leaving care team, which has achieved a further three year Charter Mark award. Young people are well supported in maximising their life chances through pathway plans, and the council plans to improve the coverage of plans for eligible looked after children through the recruitment of additional personal advisers. The percentage of care leavers who remain in education, employment or training up to age 19 is high compared nationally and to similar authorities. The numbers of admissions to university is rising; nine applications for higher education have been made to date for 2008/09. A project with Oxford

University which began in 2006 is working with a cohort of eight looked after children, selected when they were in Year 9, to raise their aspirations in aiming towards higher education. The Bridging Project is successfully helping asylum-seeker children who reach 18 to remain in education. Some 92% of young people are helped to find suitable accommodation through the joint housing project and through the Key 2 project specifically targeted at supporting new asylum-seeker children.

31. A high quality and detailed tracking system for looked after children, which records their progress and attainment as well as personal education plan data, enables the accurate targeting of support to individuals. School improvement advisers monitor the data closely and challenge schools when key elements of young people's entitlement are not in place. The growing effectiveness of the multi-professional team around the child is making the assessment of needs more prompt and accurate as well as ensuring positive outcomes for the young people. There is a strong commitment to shared objectives and action to benefit the progress and attainment of children and young people who are looked after. Key to this is the good work of learning mentors, personal advisers and the Reach Up team who recognise the need for further educational improvement to enable looked after children and young people to achieve their full potential. Every school has a designated teacher with responsibility for looked after children and young people, and headteachers report both high quality training for staff and a very prompt response from police and social care staff.

32. Low attendance at school affects the learning and progress of children and young people looked after. The percentage who missed more than 25 days of school between 2003 and 2006 fell to 11%. This figure rose by 1.6 percentage points in 2007 raising the proportion absent from school above target. Very few looked after children and young people are permanently excluded from school. Between 2003 and 2006 there were two permanent exclusions each year rising to three in 2007. This increase resulted in the percentage rising above the national average of 0.8% for looked after children.

33. Oxfordshire listens and responds well to children and young people who are looked after, and they are increasingly making a contribution to service development. Young people participate in staff recruitment and training, and good quality children's rights consultation events have successfully led to the greater involvement of young people in the county and at a national level. They benefit from a variety of opportunities to develop emotionally and socially as well as improving their life chance skills. These include the accredited source worker programme which trains looked after children to participate in decision-making and good peer mentoring training opportunities. The newly established children in care council will further strengthen participation in decision making and links to members of the council. A dedicated advocacy service commissioned from an independent provider makes regular visits to the council's children's homes and follows up representations and complaints.

34. Children and young people are supported well to make a positive and responsible contribution. The multi-agency diversion scheme has reduced the numbers of looked after children in the youth justice system, and the numbers who receive final warnings and convictions are low compared to national and similar authorities. Dedicated social work support for the looked after children at Huntercombe YOI has improved multi-agency safeguarding outcomes for this group of young offenders.

35. Elected members and senior officers take their corporate parenting role seriously. They are well informed about looked after children and there is good scrutiny of issues affecting such children at the Children's Panel. Members of the panel meet regularly with source workers but recognise the need for more formal representation from children and young people at the Children's Panel. Their independent role of visiting children's residential homes is not undertaken in a systematic way.

Children and young people with learning difficulties and/or disabilities



36. **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>The development of good procedures for multi-agency identification of needs.</p> <p>The high quality of many of the support services for children and young people with learning difficulties and/or disabilities and their parents and carers.</p> <p>The growing use of the CAF and teams around the child that provide prompt and coordinated support.</p>	<p>Unequal access to some support services.</p> <p>Difficulty of access to recreational and leisure activities for children and young people in rural localities.</p> <p>The relatively slow progress of children with learning difficulties in primary schools in relation to the progress of other pupils in the county.</p>

37. There is a strong partnership commitment to improve the outcomes and develop services for children and young people with learning difficulties and/or disabilities. The energy and enthusiasm for these developments at the local level is powerful. Inclusion is a priority for the council and increasingly children

and young people are placed in mainstream school or, if their needs are complex, in county special schools. Review and evaluation systems are well established to accurately identify weaknesses and actions to improve. However, improvement of post-16 provision for young people with complex needs has been too slow. Many services for children with learning difficulties and/or disabilities provided by health, social care, education and voluntary sector professionals are good, but their availability can be insufficient for some needs.

38. The recent movement to locality working has begun to strengthen multi-agency assessment. Health professionals and all partners are increasingly involved in early identification of individual needs and coordinated management of services to meet those needs. Close monitoring by all children's services staff of the needs of the very youngest children, and in some cases pre-birth, is developing well. For children with mental health needs early intervention is aligned with school activities and involves guidance from community nurses, specialist therapists and social workers. Where needs are complex the assessment and provision have improved markedly, for example with autism, where schools report very good support and high quality parallel work with parents. Monitoring and challenge by the local authority both in schools, special schools and localities is effective in raising expectations and targeting for all partners.

39. For the youngest children outcomes in speech, language, communication and social and emotional development are improving and provision is generally good. There are robust systems to ensure prompt early diagnosis and intervention informed by specialist advice. Parents and carers are confident and justifiably full of praise for the progress made by their children. They welcome the openness and support from children's centres and other settings. There are very good examples of sustained parenting courses where parents have become trainers and learning mentors to others; they feel empowered and able to drive the agenda. Transition to primary school is well planned with visits and discussions between teachers and family support workers about guidance for the specific needs of the children and support for the parents and carers.

40. The attainment and progress of children and young people with learning difficulties and/or disabilities is satisfactory overall and is well recorded and monitored. For the lowest attaining 20% of pupils their progress at Key Stages 3 and 4 is as good as that of all pupils in the county. At Key Stage 2, this is not the case and attainment in 2006 in mathematics and science was below estimates for this group. The 2006 outcomes for pupils with learning difficulties and/or disabilities at GCSE, excluding English and mathematics, exceeded the county council's 72% target for five or more A* to G grades, reaching 81%. In 2007, 88% of post-16 students with learning difficulties and/or disabilities were in education, employment or training, which is above the national average for this group.

41. When a statement of special educational need is required procedures are good. All are produced within 18 weeks and some more promptly. The number of new statements in 2006–07 fell from 21 to 12 per month and 72% of children were placed in mainstream schools. Tribunals were reduced by almost 50% to 30 in 2005–06 and further reduced in 2006–07 to 17.

42. While children and young people with learning difficulties and/or disabilities are in mainstream and special schools their changing needs are assessed through regular reviews of the statement and teacher assessments. Headteachers report that multi-disciplinary advice for these processes has improved markedly in the past 18 months. Where special schools offer outreach support to mainstream schools there are excellent outcomes enabling shared facilities and wider social experiences and learning for all. Recent part delegation of the budget for pupils with a statement of special educational need has given schools greater autonomy and accountability for their decisions and the authority's monitoring procedures are now appropriately under review. The developing use of the CAF is making services more collaborative and effective so that action to support children makes a difference to their progress. The teams around the child are beginning to ensure that parents and carers are able to contribute to the decisions about the support for their child. They are making a tangible difference to the work of schools and to outcomes for children.

43. Transition planning is supported by a suitable protocol, although it has remained in draft format since 2006. At the age of 11 transition is generally well managed by schools and local partnerships with good involvement of the young people and their parents or carers. Induction sessions and consultations between special educational needs coordinators and teaching staff look closely at current and anticipated individual needs. At the age of 14 all young people with learning difficulties and/or disabilities have transition plans, which exceeds the partnership's 90% target. Transition at 16 for all of these young people is well supported by Connexions personal advisers and the specialists who work with them. Nonetheless the young people and parents report anxiety and a lack of clarity about choices on transition into post-16 provision. Their concerns are exacerbated by the inadequate two-year interim strategy of the partnership where choices are limited and future improvements uncertain. When young people with complex needs move into the care of adult services their transfer is monitored by the transition strategy group which includes parent representatives but not young people. Preparation for transition through the work of cross-service panels begins early – as much as five years in advance, for example, where housing is concerned. A good initiative exists whereby developers of new housing are beginning to provide accommodation for young people with special needs.

44. Specialist services to support the progress and outcomes for children and young people with learning difficulties and/or disabilities are satisfactory overall. Access to health services has improved significantly in the last two years, especially for those with complex needs and attention deficit disorder.

Preventative mental health provision is very good, but for some schools there is insufficient flexibility in the service offered. Effective support is provided by the learning disabilities team, visual and hearing impairment services and for children on the autistic spectrum. Speech and language services are much improved and behaviour support and special educational needs services are good but unable to meet the high levels of need. A good range of support to improve behaviour is available from educational psychologists and the behaviour support team. This involves: nurturing groups at the youngest age; home school link workers; and small group solutions and wider initiatives, for example SEAL, Aim Higher and the Attach programme. Exclusions are falling and attendance rising in specific schools; headteachers are positive about the effectiveness of the service. These services are at their best when they have the time to focus on an accurate identification of need, give advice on the plan of action and guidance to teachers and teaching assistants to improve their skills and confidence.

45. The guidance documents available for parents and carers of children with learning difficulties and/or disabilities are satisfactory but little used by them at the outset. They prefer enquiry through early years and school staff, after which they use the documents, available in summary translations, which they find very useful. Nonetheless, discussions with parents indicate that communication from the services is not routinely good, especially regarding post-16 provision for young people with complex needs.

46. Many good processes are used to gain the views and contributions of children and young people with learning difficulties and/or disabilities. Many have been involved in the Oxfordshire young person's survey, school councils, and consultation on plans for new respite care facilities, and most contribute routinely to their individual education plans or annual review. Schools make this possible for those with the most complex needs through the use of symbols and staff observations of physical responses. It is becoming more common for young people with learning difficulties and/or disabilities to contribute to staff appointments, planning events and activities such as young enterprise. A very good example is the café at the Rose Hill Children's Centre, where pupils from the adjacent special school prepare and serve a good choice lunch menu. However, this group of young people is not routinely involved in discussions at county level, although plans for this are in place for the establishment of the disability forum and consultation on issues for the transition to adult care.

47. A good range of recreational and leisure activities is available for children and young people with learning difficulties and/or disabilities, but access to these facilities for those living in rural areas is often constrained by the lack of transport. The Oxfordshire play strategy, through district councils, has established an inclusive play partnership that offers activities for children and young people with specific needs, such as autism and physical disability. The provision covers: sports activities, support from sports rangers, youth clubs, after school clubs, toddler groups, theatre, music and arts facilities. Some travelling provision is also available for children and young people of all ages,

including a play bus with an adult library; Body Zone, which gives young people access to sexual health advice; and a sensory bus for those with complex needs. However, it is unsatisfactory that the 2006–07 review of the children and young people's plan identified no actions to improve recreation and leisure for children and young people with specific needs.

Other issues identified for further investigation

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

48. The impact of the partners' 14–19 strategy in improving outcomes for young people is inadequate.

Major strengths	Important weaknesses
<p>The high number of young people in education, employment and training and those whose destinations are classified as 'known'.</p>	<p>Insufficiently detailed action plan for coherent and consistent 14–19 implementation.</p> <p>Insufficiently developed monitoring and quality assurance processes.</p> <p>The lack of coordinated post-16 provision for young people with learning difficulties and/or disabilities.</p> <p>Insufficient progress in provision of full and impartial information, advice and guidance, with underdeveloped careers education and guidance.</p> <p>Inadequate outcomes at in achieving GCSE grades A* to C at Key Stage 4, and full Level 2 and Level 3 qualifications at age 19.</p> <p>Insufficient work-based learning provision.</p> <p>Too many young people in employment without training.</p>

49. This investigation was identified in order to report on Oxfordshire's progress in implementing the recommendations of the 2003 area-wide 14–19 inspection. Progress since 2003 has been slow; 14–19 provision across the county is not yet sufficiently coherent or consistent. Although there is now a shared vision amongst senior staff and key partners for the development of 14–19 provision, the strategy and timescales for the implementation of this vision are not clearly identified.

50. The first 14–19 action plan agreed in 2005 lacked specific and measurable timescales to implement the entitlement for young people. The action plan was signed off in June 2007 without an analysis of the impact of actions on outcomes for young people aged 14–19. The new action plan for 2007–10, which builds upon the original four strategic aims with an additional strategic aim to develop and deploy high quality resources, has yet to be disseminated to the local partnerships and does not include specific targets and milestones for the three-year period. The monitoring and quality assurance arrangements for measuring progress across the local partnerships are not yet agreed.

51. A key weakness identified in the 2003 area-wide report was the poor coordination of provision post-16 for young people with learning difficulties and/or disabilities. Collaborative working between the special schools and the colleges to improve provision has improved. An eight step curriculum is now in use by all providers to provide appropriate curriculum provision 14–19. Transition arrangements between special schools and colleges have also improved. However, progress on coordinating provision post-16 has been slow. The authority has yet to agree an appropriate strategy for provision for students with learning difficulties and/or disabilities post-16. An interim arrangement has enabled 18 young people to continue at their special school post-16 in 2007–08; the uncertainty of future arrangements is a cause of considerable concern for these young people and their parents.

52. Partnership working has improved but is inconsistent across the county. Not all providers are equally committed to working together productively to develop 14–19 provision in their locality. The engagement of employers, though improving, is still underdeveloped. A county-wide 14–19 consultant has been in post since September 2007 and facilitators continue to work with the two partnerships which need most support. The strategy group and project group have not provided sufficient direction to local partnerships to ensure coherent improvement in provision. Much of the work of the local partnerships has recently focused on planning for the introduction of specialised diplomas; progress in this area has been satisfactory.

53. The 14–19 curriculum is insufficiently diversified and differentiated to meet young people's needs. Curriculum provision 14–19 has not been mapped to ensure that all young people have access to appropriate courses and that gaps in provision are identified and filled. Transport issues in some parts of the county restrict effective collaboration, and a county-wide strategy to address this has yet to be agreed. The range of 14–16 provision has been extended to include more vocational and alternative curriculum programmes, and in 2006 vocational GCSEs accounted for over a third of good GCSE grades. However, the availability of this provision varies across the county. Pockets of good practice include collaborative provision for 14–16 Level 1 programmes in engineering and hairdressing accessed by the five schools in North Oxfordshire. In the south of the county, schools have paid for alternative provision from a private provider whose programme, New Horizons, focuses on increasing the self-esteem of the young people who had previously disengaged from

education. However, plans to extend this provision by opening a centre in Oxford have not successfully involved schools in the area. Although post-16 provision at Levels 1 and 2 in colleges has increased significantly since 2003, most young people progress to their school sixth forms, where the curriculum offer comprises predominantly academic programmes at level 3. E2E programmes are available but the provision of work-based learning has not increased to meet demand.

54. Educational outcomes show overall improvement, but there are still significant areas of underperformance. For example, achievement of five or more GCSEs at grades A* to C is lower than in similar authorities and the rate of improvement lags behind these areas. Achievement at Level 2 and Level 3 at the age of 19 is in line with national figures but below that in similar authorities; for example, in 2006 at Level 2 the figure was 71.5% compared to 74% for similar authorities. Framework achievement in work-based learning has improved, and was above the national figure for 2007, although participation rates are low. Success rates in the colleges have improved, and are satisfactory in the main. Outcomes in the sixth forms are satisfactory overall, but there is considerable variation between schools.

55. The numbers of young people not in education, employment or training are low, as are the figures for those identified as 'not known' to Connexions. However, a high proportion of those in education, employment or training are in employment without training: 11.5% as compared to 7.2% both nationally and in similar authorities. Connexions data are used well to identify and target groups of vulnerable young people such as teenage parents. Recent initiatives, such as the Flex project, have been successful in engaging those who are not in education, employment or training in entering employment programmes.

56. Actions to improve the provision of impartial information, advice and guidance are recent and it is too early to identify impact. Although an appropriate county-wide protocol was agreed in 2006, mechanisms to monitor the impact of the protocol have yet to be agreed. A review of careers education and guidance provision was carried out in 2006; it identified variable practice across the county, some inadequate. In response to the recommendations, improved guidance and support has been provided to institutions and in the current academic year, 22 out of 34 schools are introducing nationally available software to engage young people in action planning and target setting for progression. However, take-up in other institutions has been slow, resulting in variable practice.

The contribution of local services to improving the sexual and reproductive health outcomes for children and young people

57. **The contribution of local services to improving the sexual and reproductive health outcomes for children and young people is adequate.**

Major strengths	Important weaknesses
<p>Effective partnership working between a range of agencies which supports the implementation of the Oxfordshire joint commissioning strategy for teenage pregnancy and young people's sexual health.</p> <p>Increased and better access for young people, including those from minority and at-risk groups, to contraception and advice on sexual health issues.</p>	<p>High rates of teenage pregnancy rates and relatively slow progress towards targets.</p> <p>Insufficient promotion of new arrangements for sexual health screening.</p> <p>The high number of teenage mothers not in education, employment or training.</p>

58. The teenage pregnancy rate in Oxfordshire is significantly higher than in similar local authorities and has remained broadly static since 1999. Although there was a 0.2% decrease in the number of teenage pregnancies between 2004 and 2005 and local data for 2006 indicate that this downward trend is continuing, the current rate of improvement is insufficient to achieve the national target of a 45% reduction by 2010.

59. Although progress was slow initially, the Children and Young People's Partnership has now taken action on this issue. The Oxfordshire joint commissioning strategy for teenage pregnancy and young people's sexual health 2007–10 has drawn on a thorough assessment of need to identify key priorities and target resources initially at the four key localities of Abingdon, Banbury, Didcot and Oxford City. These priorities, which reflect the seven national benchmarking priorities and four local ones, have triggered appropriate interventions including provision of contraception, sex education and targeted work with at-risk groups. The strategy links well to the children and young people's plan 2006 and the inequalities identified in the Director of Public Health Report 2005–07, although the links with the safeguarding strategy and the Oxfordshire sexual health strategy are less explicit.

60. The commissioning strategy targets the needs of vulnerable groups well, with a focus on hard-to-reach and high risk groups. For example, unaccompanied asylum seekers have access to condoms and sexual health screening through the Key 2 centre, a not-for-profit organisation which houses and supports unaccompanied asylum seekers. The Bridging Project, supported by funding through Connexions, will run a sexual health and pregnancy project 'Choices, Culture and Condoms' targeted at unaccompanied asylum seekers and immigrant young people aged 16 to 19. Written information for this group of children and young people is being developed. The Luther Street Medical Centre in Oxford, a dedicated GP practice for the homeless, together with a drop-in centre run by a nurse provide good support for young people who are living rough or in difficult circumstances. In response to the findings of a consultation with this group of young people, further work is being undertaken to meet their

sexual health needs through a dedicated clinic run by a GP at a youth centre in Oxford.

61. The ideas and views of the 80 young people, who were consulted on the strategy through a children and young people's involvement event, have shaped the actions undertaken in the last year. These include accessible and free contraception, opportunities to talk about sex in a non-judgemental environment and training for teachers in schools. Young people are not yet involved formally in the evaluation of the impact of the strategy.

62. Effective partnership working between health, education and social services, youth services and voluntary organisations underpins the strategy and supports its implementation. This support includes the allocation of ring-fenced funding from the PCT and Oxfordshire County Council as well as additional funding streams such as Connexions. This cooperation and partnership is also reflected in front-line practice where agencies work well together on a range of projects. These include the Active Ten20 bus run by the voluntary sector, which, through the - card scheme, provides confidential access to free condoms and sexual health support, advice and signposting. Effective collaboration between the youth offending service, youth support service, school health nurses and teachers supports the delivery of sex and relationship education.

63. Training for staff has been identified as a priority. Approximately 600 front-line professionals and foster carers have attended multi-agency training in core skills on drugs, alcohol, mental health and sexual health; this has also supported networking between colleagues. In addition, training to equip professionals and teachers with the knowledge and skills to undertake sex and relationships education (SRE) in all school settings across the county has been enabled by the Healthy School teams, supported by an advisory teacher funded by the PCT. Work has also been undertaken with faith and special schools to ensure that the delivery of SRE is accessible to all. In addition, six teachers from five special schools and teachers from six secondary schools in priority areas have undertaken the personal, social and health certificated program CPD in sexual health. Healthy School status has been achieved by 55% of schools, just above the national target of 50%. No formal evaluation of the training programmes has yet taken place; the young people met during the review reported very different experiences of the quality of SRE education in their schools.

64. Teenagers across the county now have improved access to contraception and advice on sexual health issues through a wide range of initiatives. Between April and July 2007, 1,019 young people under 20 made use of contraception and sexual health services, and by October this number had increased to 1,557. These initiatives include 80 county-wide condom distribution points in a variety of settings supported by 150 trained staff. These venues were used by 726 young people as part of the C-card scheme. This service, which has a compulsory education component, has been well received by young people. School health nurses spend 20% of their time on sexual health work and

contribute to the C-card scheme and the emergency hormonal contraception scheme. This supplementary school health nurse role, which has been focused on priority areas, is now being extended across the county. Support for young people in rural areas is provided through 'Body Zones', drop-in centres run by the contraception and sexual health service, and 48 pharmacies across the county provide free emergency hormonal contraception for young people. The youth support and Connexion services are increasingly involved in health promotion and prevention, including outreach work.

65. Support for teenage mothers provided through Teenage and Pregnant (TAP) projects 1 and 2 is good. The young people using the service in Oxford and Banbury state that they feel safe and not judged, with information being provided at a level they can understand. However, not all young people can access this service because of its location, and have to rely on public transport which they have to fund themselves. Teenage parents at TAP 1 and 2 value the support provided by the dedicated contraception and sexual health outreach worker who advises them on future contraception including long acting reversible contraception. The number of teenage mothers in education, employment or training is poor at 24%. This is below the national average of 31% and that of statistical neighbours at 41%. Part of the focus for TAP 2 is to encourage teenage parents to return to education, employment or training.

66. Although sexual health screening for Chlamydia is available across the county it is uncertain whether Oxfordshire will meet the target of 15% of under 25s to be screened for Chlamydia by 2008. The model of provision has recently moved away from the medical model led primarily by doctors to a more accessible model where the sexual health advisor can see and treat young people in a more appropriate manner. The opening times of the clinics have also been reviewed to make them more accessible to young people. However, the service has not yet been promoted sufficiently to young people, although an initial campaign will start over the Christmas period.

Service Management



Capacity to improve



67. The management of services for children and young people is adequate. The capacity to improve further is adequate.

Major strengths	Important weaknesses
<p>An effective Children and Young People's Partnership, built on good working relationships and demonstrating a commitment to multi-agency preventative work.</p> <p>Clear strategic vision and high aspirations for the achievement of children and young people in Oxfordshire.</p> <p>Good consultation with children, young people, parents and carers.</p>	<p>The slow pace of improvement in some key areas.</p> <p>The lack of a long-term joint workforce strategy and plan for the partnership including the voluntary and community sector.</p> <p>Insufficiently rigorous management structures and procedures within the partnership to ensure comprehensive management oversight of processes and outcomes.</p>

68. The council and its partners acknowledge that outcomes for children and young people are not yet sufficiently high and that the rate of progress and improvement in some key service areas has been too slow. Partnership working across council services, with the PCT and the voluntary sector, is underpinned by a clear, shared strategic vision for the future and is supported by recently strengthened strategic leadership and some strong front-line teams. New management and quality assurance structures and systems are being developed. Partners have demonstrated their commitment to multi-agency preventative work through the allocation of resources and a creative approach to the commissioning of services. There is good engagement with children, young people, families and carers to develop priorities and in designing services. Performance and achievement are adequate overall. While there are individual examples of effective projects, many initiatives are at an early stage of development and are not yet able to demonstrate impact. The council with its partners currently provide adequate value for money.

69. Ambitions for children and young people in Oxfordshire are good. The council and its partners have high aspirations for children and young people within the council's stated aims to achieve a 'world-class economy'. The children and young people's plan reflects these ambitions. The shared objectives and targets are based on an in-depth needs analysis and extensive consultation with parents, carers, children and young people as well as partners. The majority of the targets are realistic and provide a focus for delivery and improvement to services for children and young people, for example the move to locality working reflects the increased focus on preventative work and many services for looked after children have improved. However, the pace of change and improvement in a number of key areas has been slow; for example, the development and implementation of the 14–19 strategy and the lead role of the OSCB in safeguarding arrangements.

70. Consultation with children and young people is outstanding. The partners' strong commitment to involving all children and young people ensures that the 'sounding board' and 'CHYPIN' events have had a positive impact on policy and decision making, for example in helping the council to decide where play and leisure activities are placed and shaping the approach to anti-bullying. The youth forum takes significant responsibility for identifying where youth opportunity funds should be spent. In some cases children and young people contribute to the evaluation of the impact of changes, though this is not yet carried out consistently. Parents and carers are also consulted on strategic planning and on specific issues that affect them, although much of this consultation is at service rather than strategic level.

71. Prioritisation is adequate. The priorities for children and young people are clearly specified in the children and young people's plan and reflect both local needs and the national agenda. The first year review and further needs analysis have now started to focus work more sharply on the four localities where there is greatest need. For example, the analysis undertaken by the Director of Public Health of the key geographical areas where the incidence of teenage pregnancy had not improved, has led to targeted changes in services and resources. Priorities in the children and young people's plan are linked to locality, service and team plans, are mirrored in the sustainable communities strategy and the Local Area Agreement, and are aligned with those of statutory partners. Resources are starting to be shifted to support the preventative agenda. The progress to date in achieving improved outcomes in priority areas is mixed. For example, the educational outcomes for children who are looked after have improved but the achievement of young people from an Indian background remains poor. While a strong focus on reducing inequalities has led to good services for unaccompanied asylum seekers, this is not consistently reflected in Travellers' access to school.

72. The current capacity of the local partnership is adequate. The Leader, lead members and Chief Executive of the council, with the new Director of Children, Young People and Families, provide good strategic leadership and are clearly committed to improving the outcomes for all children and young people in Oxfordshire. The Chief Executive of the PCT and jointly appointed Director for Public Health have established working relationships with the council. While the PCT is relatively new, the majority of the senior management had worked in Oxfordshire and with the 'virtual' PCT prior to its full commencement in October 2006. There is also a good range of experience and skills in many areas of middle management. The agreed targeted priorities for improvement, which often reflect very localised need, are understood within and beyond the organisation and agreed with the Children and Young People's Board. Overall, the partnership is built on good working relationships that are starting to see improved outcomes for some groups.

73. Staff turnover and vacancy rates are below the national average. The partnership knows where it faces recruitment and retention difficulties as well as some of the issues facing them in the near future, for example the age

range of headteachers. Long-term workforce plans within the council and joint workforce planning with partners are developing, but are not yet in place. Capacity has been increased through some jointly-funded posts, for example the Director of Public Health. There are some multi-agency working teams in place with the established children's centres and teams around the child, and work is underway to further develop integrated teams and to co-locate workers to create more coordinated services. The voluntary and community sector runs some highly effective provision, mostly localised with relatively few national or regional organisations represented. There is no joint training and staff development programme in place across the partnership, including for the voluntary and community sector, although the council has a clear 'grow our own' focus and supports staff in maximising their potential.

74. A single assessment and recording system is being rolled out, to ensure that information about individual children is provided to local services once only. While most inter-agency processes for planning, delivery and reviewing provision for individual children and young people are effective, areas concerning safeguarding need to be strengthened.

75. A range of provision exists to enhance services for children and young people who live in the rural areas which make up approximately 50% of Oxfordshire. The creative use of travelling buses, including the rural children's centre, youth clubs and sexual health advice, supports access for young people and their families who live outside towns. This facility is increasingly supported by extended provision in schools. However, some young people still have limited choice and access to educational and vocational courses and leisure and recreational opportunities because of transport difficulties.

76. Financial management of children's services across the Trust is adequate. The council has a clear and sustained focus on value for money. All council services have the clear aim to produce high quality outcomes at reasonable cost and the extent to which they achieve this is monitored and challenged by the Star Chamber. This is a council activity and not fully transposed through the Partnership. The resources allocated to children in need are in line with similar authorities, but Oxfordshire is increasing its spend on preventative services such as family support, thus providing enhanced support with a clear focus on reducing the numbers of children in the council's care. Budgets are pooled or aligned where appropriate and budget management is good, with a clear focus on managing and anticipating overspends. The council has a claw-back scheme in place for schools with underspends, but although there are schools with deficit budgets there has been no review of the scheme of delegation. The PCT is now financially stable, having been in deficit for several years, and has been able to contribute further funds to enhance services, for example to reduce teenage pregnancy. Partners take proactive action to keep finances on track. A joint commissioning strategy is being developed and has already impacted positively on the quality of placements for children in care as well as improving value for money. Careful thought is now being given to commissioning in the locality areas based on secure processes for the assessment of local need. The

council is moving a large number of its in-house services to a shared service centre in January 2008. The aim of this is to improve the range of service provision including the financial and performance information across the council at reduced costs. This is seen as a method of maximising value for money without impact or reducing front-line staff.

77. Performance management within the Trust is adequate. There are good systems in place at all levels in the council for the regular reporting of performance. Scrutiny reviews within children and young people's services are linked to priorities. They are responsive to parents' petitions and contribute positively to improvement. The fundamental service reviews have been a key driver for long-term change and the review of vulnerable children's services can be seen to have led to the development of local services over the last two years. There is good use of benchmarking in relation to areas of strategic and service planning. Performance management and scrutiny of the work of the Partnership and Children's Trust is underdeveloped.

78. The recently appointed Director of Children, Young People and Families has rightly identified the need to clarify and improve the structure, management and accountability arrangements for the Children and Young People's Partnership Board and the OSCB. These are currently under review. Similarly, the council's Children, Young People and Families Directorate is being restructured in order to better focus services on the priorities within the children and young people's plan.

79. The capacity to improve further is adequate. Oxfordshire's performance is often below that of similar authorities and the track record of improvement in services has been variable. Progress in the implementation of plans and strategies is often slow. While the current partnership arrangements are secure and there is strengthened strategic leadership, new management structures are still in development and many recent initiatives have yet to make an impact.

Annex A

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

Summary

The overall effectiveness of children's services is adequate, though with good features and one that is outstanding. The contributions made to being healthy and achieving economic well-being are good and children and young people are helped to make a positive contribution in outstanding ways. Although there are aspects of the council's services that make a good contribution to staying safe, there are weaknesses within the referral, assessment and child protection systems that are sufficient to make the contribution to staying safe no more than adequate. In enjoying and achieving, while the direction of travel is positive, the pace of change has been too slow to overcome long-standing weaknesses in the educational outcomes compared with those in similar authorities.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3390&providerCategoryID=0&fileName=\\APA\\apa_2007_931.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Oxfordshire are adequate. Overall, children and young people are healthy, although teenage conceptions remain too high. Most children are safe but arrangements to monitor the safety of the most vulnerable are inadequate. Educational achievement is adequate overall, but a significant number of children and young people do not make the progress that they should. Rates of offending and re-offending have fallen and are good.

2. Service management in Oxfordshire is adequate. The council and its partners acknowledge that outcomes for children and young people are not yet sufficiently high and that the rate of progress and improvement in some key service areas has been too slow. Improved partnership working across council services, with the PCT and the voluntary and community sector groups that work with children and young people, is underpinned by a clear vision for the future and is supported by recently strengthened strategic leadership and some strong front-line teams. Partners have demonstrated their commitment to multi-agency preventative work through the allocation of resources and a creative approach to the local commissioning of services. There is good engagement with children, young people, families and carers to develop priorities and in designing services. Performance and achievement are adequate overall. While there are individual examples of effective initiatives, many of these are at an early stage of development and are not yet able to demonstrate impact. The council with its partners currently provide adequate value for money.

3. The combined work of all local services in securing the health of children and young people is good. In the past 12 months the council has continued to improve its performance in the promotion of healthy lifestyles in areas of highest deprivation. Ofsted early years inspections judged that all settings were satisfactory or better in enabling children and young people to be healthy. During 2006–07, good progress has been made in improving early access to mental health services for children and young people. Children and young people who are looked after and those with learning difficulties and/or disabilities receive good health services. Teenage pregnancy and conception rates remain significantly higher than those of similar councils and it is too early to see the impact of the recent initiatives in this area.

4. Children and young people appear safe and arrangements to ensure this are adequate. Children and young people in Oxfordshire say they feel safe and receive good quality information about keeping safe. Guidance is in place to promote safety in the home and at school. Road accidents involving children and young people have reduced by 50% in the last 10 years, although this improvement is from a low base. Good action is taken in response to domestic violence. Staff training in all safeguarding matters is extensive and well

regarded. Young carers' support services, provided by voluntary organisations, provide an important preventative service and are good. Clear policies, advice and guidance are provided to schools on bullying but the impact has not been fully evaluated. The arrangements for agencies to collaborate to safeguard children according to the requirements of government guidance are inadequate. The OSCB is not fully established although work is now underway to review membership, accountability arrangements, chairmanship and its relationship to the Children and Young People's Board. The Board does not have a sufficiently corporate view of some of the key social care processes and procedures and how these should support current joint practice and objectives.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is adequate. Although outcomes have continued to improve, the rate of change has not been fast enough to overcome long-standing weaknesses. Results at Key Stage 1 and Key Stage 4, while in line with the national average, remain below those in similar authorities. The attainment of pupils of Black and minority ethnic heritage shows a mixed picture: in 2006, most groups performed in line with their peers nationally, although pupils of Indian heritage underachieved. The educational attainment of looked after children is variable and below national averages overall, although by the age of 16 looked after children are attaining well above national averages at GCSE grades A* to G. The achievement of children with learning difficulties and/or disabilities is in line with their peers. Attendance at school continues to be good in both primary and secondary schools. Permanent exclusions remain low and nearly all permanently excluded students are provided with alternative full-time education soon after they have been excluded. Protocols for children missing from education are in place, although the joint database for missing children is still relatively new.

6. The impact of all local services in helping children and young people to contribute to society is outstanding. Children and young people are regularly consulted and contribute to the making of decisions. Through the well-established Sounding Board, children and young people meet regularly with senior officers and elected members, their views are carefully and seriously considered and make a difference to the decisions that are reached. In the youth forums in each of the district council areas, young people aged between 13 and 19 make important decisions about how funds are to be allocated. The importance of consultation is well embedded and runs through the services that are provided for vulnerable groups: for example, the young carers' projects are regularly evaluated by the young people involved. Children and young people are supported well in developing socially and emotionally. Levels of youth offending continue to fall, the number of first-time entrants to the youth justice system decreased by nearly a quarter in 2006 compared with the previous year. There are effective intervention programmes for those at risk of offending and the latest figures for re-offending show a 10% drop since the previous year. The offending rate among children who are looked after has continued to fall.

7. The impact of all local services in helping children and young people to achieve economic well-being is adequate. The proportion of young people who are in education, employment or training (over 95%) continues to be well above the national figure and above that of similar authorities. However, a high proportion of those in education, employment and training are in employment without training and the figures for some vulnerable groups are not as positive, for example the proportion of teenage mothers. Success rates in the colleges have improved, and are satisfactory in the main. Outcomes in the sixth forms are satisfactory overall, although there is considerable variation between schools. The 14–19 curriculum is insufficiently diversified and differentiated to meet young people's needs. Transport issues in some parts of the county restrict effective collaboration and a county-wide strategy to address this has yet to be agreed. The engagement of employers, though improving, is still underdeveloped. The authority has yet to agree an appropriate strategy for provision for students with learning difficulties and/or disabilities post-16.

8. The capacity of council services to improve is adequate. Oxfordshire's performance is often below that in similar authorities and the track record of improvement in services has been variable. Progress on the implementation of some plans and strategies and improvements in educational achievement has been slow. The current partnership arrangements including that with the PCT are secure. Although strategic leadership has been strengthened, new management structures are still in development and many recent initiatives have yet to make an impact on the quality of services and the sustained improvement of outcomes for children and young people.

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 Oxfordshire 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 focusing 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).