

**Brief review of inspection and review data – Appendix B: Summary table of key evidence from documents reviewed**

<p><b>Title:</b> Narrowing the gap: the inspection of children’s services  <b>Author:</b> Ofsted  <b>Date:</b> April 2007</p>	<p><b>Type of report:</b> Overview report  <b>Purpose of report:</b> Overview of 2<sup>nd</sup> year of Annual Performance Assessment’s and first year of Joint Area Reviews</p>
<p><b>What is the report about?</b></p>	<p>Report is based on:</p> <ol style="list-style-type: none"> <li>1. annual performance assessments<sup>1</sup> of 102 councils in England 2006,</li> <li>2. findings of the first 37 joint area reviews<sup>2</sup> of children’s services in England undertaken during 2005–2006.</li> </ol> <p>The report:</p> <ol style="list-style-type: none"> <li>1. provides an overview of key themes emerging as councils and their local partners work to deliver services that improve outcomes for children and young people</li> <li>2. highlights strengths and weaknesses in the contributions made by such partnerships</li> <li>3. makes particular reference to the five Every Child Matters (ECM)<sup>3</sup> outcome areas</li> </ol>

<sup>1</sup> **Annual Performance Assessments** analyse the contribution that a council’s services have made in the previous year towards improving outcomes for children and young people. It considers published evidence such as data and indicators plus the council’s review of its progress; no fieldwork activities are undertaken. A grade is awarded of outstanding, good, adequate or inadequate and provides the rating for the children and young people’s service block in the Audit Commission’s annual comprehensive performance assessment. Weaknesses identified in the annual performance assessment are subject to in-depth inspection activity and fieldwork in any subsequent joint area review.

<sup>2</sup> **Joint Area Reviews** judge the contribution the wider area partnership makes towards improving outcomes for children and young people and, through fieldwork, is able to evaluate the way that local services, taken together, contribute to their well-being. In particular, there is an opportunity through joint area reviews to focus on areas of weakness or gaps in provision, on specific groups of children and young people, or on particular neighbourhoods

<sup>3</sup> **Every Child Matters**

The government Green Paper *Every Child Matters* (2003) set out a programme based upon the following five outcomes for children and young people:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

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	<p>4. refers to their capacity to improve further.</p> <p>5. includes illustrations of practice in a number of local areas – none of the practice examples focus on LAC specifically.</p>
<b>Key Findings</b>	<p>There are two particularly dominant themes:</p> <ol style="list-style-type: none"> <li>1. The biggest challenge continues to be narrowing the gap in opportunities and outcomes between most children and young people and those that are the most vulnerable or underachieving. (nb Looked after children fall into the category of 'vulnerable' children)</li> <li>2. Strong partnerships are of pivotal importance – from strategic level to frontline working – in order to secure the necessary level of support and style of service delivery that will have a positive impact on outcomes for all children and young people, and narrow the gap between high performing and weaker partnerships.</li> </ol>
<b>Particular issues identified re LAC and health</b>	<p><b>Being Healthy ECM outcome</b></p> <p>Higher-performing<sup>4</sup> councils have the following consistent characteristics:</p> <p>List of 6 items – last of which is:</p> <p><i>'A high number of looked after children having health assessments, although the impact this has on outcomes is not always evident.'</i></p>
<b>Strengths of services</b>	<p><b>Being Healthy ECM outcome</b></p> <ol style="list-style-type: none"> <li>1. Evidence suggests that the growth of partnership working is providing a clear strategic focus on key priorities, and, in some areas, joint initiatives are beginning to have a positive impact on meeting children and young people's health needs.</li> </ol>

<sup>4</sup> **Ofsted Grading Explained:** Common grading scale used by Ofsted for joint area reviews and annual performance assessments

<b>Grade 4: Outstanding</b>	A service that delivers well above minimum requirements for children and young people, is innovative and cost-effective and fully contributes to raising expectations and the achievement of wider outcomes for the community
<b>Grade 3: Good</b>	A service that consistently delivers above minimum requirements for children and young people, has some innovative practice and is increasingly cost-effective whilst making contributions to wider outcomes for the community
<b>Grade 2: Adequate</b>	A service that delivers minimum requirements for children and young people, but is not demonstrably cost-effective nor contributes significantly to wider outcomes for the community
<b>Grade 1: Inadequate</b>	A service that does not deliver minimum requirements for children and young people, is not cost-effective and makes little or no contribution to wider outcomes for the community

Source: *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2006/07 (Ofsted 2007) Page 104*

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	<p>2. In the best examples, the growth of joint working, through newly established children and young people’s partnerships, is providing a clear strategic focus in tackling health inequalities and targeting the needs of vulnerable groups and communities.</p> <p><b>Staying Safe ECM outcome</b></p> <p>3. In the higher performing areas, strong partnership working means that child protection has a high profile, and good analysis of need ensures that the most vulnerable children are safeguarded.</p> <p><b>Achieving economic well-being ECM outcome</b></p> <p>4. In good partnerships, strategies regarding 14–19 provision are based on an accurate analysis of need and what is available to meet such needs; there is also excellent communication between a wide range of partners.</p> <p>5. In these cases, all young people, including those from vulnerable groups, benefit from flexible progression routes and good quality advice, guidance and counselling</p>
<p><b>Weaknesses of services</b></p>	<p><b>Being Healthy ECM outcome</b></p> <p>It is notable that no partnerships are judged inadequate in this aspect of their work, although improvements are required in many locations.</p> <ul style="list-style-type: none"> <li>• In particular, significant weaknesses emerge in the provision for some of the more vulnerable groups of children and young people, such as children with disabilities and those in need of mental health support.</li> <li>• A common area of weakness, however, is the inequality of provision between different areas and different groups of children and young people. This includes poor ongoing monitoring and assessment of the physical and mental health needs of vulnerable groups – in particular disabled children, looked after children and young offenders, especially as they make the transition to adulthood.</li> </ul> <p><b>Staying Safe ECM outcome</b></p> <ul style="list-style-type: none"> <li>• However, in weaker authorities, there are delays in completing initial and core assessments, thresholds to access social care services are set too high, and there is a lack of appropriate placements for looked after children. Too frequently these act as barriers to children’s safety and well-being.</li> </ul> <p><b>Achieving economic well-being ECM outcome</b></p> <ul style="list-style-type: none"> <li>• However, there are a number of barriers to achieving economic wellbeing, including insufficient support for young people who are not in education, employment or training, variable quality and range of post-16 provision across the locality and insufficient suitable housing for those requiring it. (This particularly noted the needs of young people leaving care).</li> </ul>
<p><b>Other relevant issues</b></p>	<p><b>Higher-performing councils have the following consistent characteristics:</b></p> <ul style="list-style-type: none"> <li>• Shared priorities to improve health outcomes set out in local area agreements and the Children and Young People’s Plan; these are informed by robust data and by the views and experiences of young people, parents and carers.</li> <li>• Effective partnership working between councils, primary care trusts (PCTs) and the voluntary sector to improve health outcomes for diverse groups of children, young people and families. Jointly funded posts and secondments strengthen</li> </ul>

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	<p>integrated working.</p> <ul style="list-style-type: none"> <li>• Support for the National Healthy Schools Programme and achieving the Healthy Schools Standard. This includes: ensuring that children and young people have access to, and participate in, a wide range of sporting and leisure activities; improving healthy eating through changes to school meals; securing good quality personal, social and health education; and adopting a range of initiatives with partner agencies. This confirms the findings of the previous year's annual performance assessment process, although, as yet, a positive impact on outcomes is not in evidence.</li> <li>• A clear focus on health inequalities that ensures the needs of communities and vulnerable children and young people, such as those with emotional or learning difficulties, are effectively targeted. In addition, there is timely access for such groups and individuals to a range of services such as Child and Adolescent Mental Health Services (CAMHS), speech and language therapy, and physiotherapy.</li> <li>• Well-developed CAMHS provision, with the necessary investment to provide speedy access to services to meet both acute and non-acute levels of need. Innovative approaches are developing through partnership working, such as telephone helplines and integrated care pathways for primary-age children with behavioural problems.</li> <li>• A high number of looked after children having health assessments, although the impact this has on outcomes is not always evident.</li> </ul>
<p><b>Capacity to improve</b></p>	<ol style="list-style-type: none"> <li>1 In higher-performing areas partnership working is strongly embedded, with sound financial management, good use of resources and data, and a commitment to securing value for money.</li> <li>2 Areas for improvement include undertaking a more thorough analysis of need that includes the specific requirements of vulnerable groups, and ensuring that there are effective performance management arrangements across partnerships.</li> </ol>

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<p><b>Title:</b> Children’s Care Services Monitor 2008  <b>Author:</b> OFSTED/Children’s Rights Director  <b>Date:</b> 2008</p>	<p><b>Type of report:</b> Annual Survey Report about users views of services  <b>Purpose of report:</b> To report on the views of children and young people who use children’s social care services</p>
<p><b>What the report is about</b></p>	<p>The Children’s Care Monitor, undertaken by the Children’s Rights Director for England<sup>5</sup> for OFSTED, commenced in 2008 and is planned to be an annual exercise from now on. It asks children and young people living away from home or getting help from children’s social care services to say what is happening for them in each of these six areas:</p> <ol style="list-style-type: none"> <li>1. Keeping safe</li> <li>2. Bullying</li> <li>3. Having a say in what happens to them</li> <li>4. Making complaints and suggestions</li> <li>5. Education, and</li> <li>6. Care planning for people being looked after in care.</li> </ol> <p>These areas have been identified by children, in previous Children’s Rights Director reports as those most important to them.</p> <p>921 children and young people in England took part in the survey for the Children’s Care Monitor, they were from 102 different children’s services, homes, schools and colleges:  54% were living in foster care, 18% in children’s homes, 12% in boarding schools, 6% in residential special schools, 5% were care leavers, 3% living at Further Education college and 2% living at home with support.</p>
<p><b>Key Findings</b>  <b>What children said about the 6 areas</b></p>	<p><b>Keeping Safe</b></p> <ol style="list-style-type: none"> <li>1. Most children and young people felt safe in the building they lived in – 78% felt very safe, but one in ten care leavers felt ‘fairly or very unsafe’.</li> <li>2. Younger children - under 14’s - more often listed strangers and kidnappers as a danger, and older children – over 14’s more often listed drugs and alcohol. Overall drugs were the most frequently listed danger and girls were more likely than boys to list alcohol as a danger.</li> <li>3. The most likely accident children thought would happen to someone their age was a road traffic accident and over 14’s thought accidents were more likely to happen to children their age because of drugs or alcohol.</li> </ol> <p><b>Bullying</b></p>

<sup>5</sup> The duties of the Children’s Rights Director for England are set out by law - section 120 of the Education and Inspections Act 2006, and the Office for Standards in Education, Children’s Services and Skills (Children’s Rights Director) Regulations 2007 and requires that children and young . The Director must ask children and young people for their views about how they are looked after when they are living away from home, or being helped by council children’s social care services.

<p><b>Key Findings</b>  <b>What children said</b>  <b>about the 6 areas</b></p>	<ol style="list-style-type: none"> <li>1. Thirty-nine per cent of children and young people say they are never bullied, 65% say they are hardly ever or never bullied and 9% say they are being bullied often or always.</li> <li>2. Children with a disability were more likely to be bullied.</li> <li>3. There is most bullying in residential special schools, where over half the children report being bullied often or always, followed by half the children living at home reporting being bullied often or always.</li> <li>4. Care leavers and those in foster care report the least bullying.</li> </ol> <p><b>Having a say in what happens to them</b></p> <ol style="list-style-type: none"> <li>1. The majority of children and young people, 55%, said their opinions were usually or always asked on things that mattered to them, while 14% said they were not usually or never asked. There was no big difference between boys and girls.</li> <li>2. Older young people were asked their opinions more than younger children – 61% of over 14’s were usually or always asked their opinions, compared with 51% of those under 14.</li> <li>3. Children with disabilities were asked as much as other children.</li> <li>4. Children in foster care were asked most and those in further education were asked least.</li> </ol> <p><b>Making complaints and suggestions</b></p> <ol style="list-style-type: none"> <li>1. Three quarters of children and young people knew how to make a complaint about their care, with one in eight saying they did not know. There were no big differences between boys and girls, or from those aged under or over 14, or between children with a disability and other children.</li> <li>2. Care leavers were more likely to know how to complain than others were and children living at home were least likely to know how to make a complaint. Boarders in boarding schools were also less likely than those living in other places to know how to make a complaint.</li> <li>3. Out of 370 children who had made a complaint and reported how it had turned out, 65% said their complaint had been sorted out fairly, 18% said it had not been sorted out fairly and 17% said they had not been told what happened to their complaint.</li> <li>4. Children were less likely to know how to make a suggestion to improve things than to know how to make a complaint about something that has gone wrong. Even so, the majority of children had been told how they can make suggestions to improve care.</li> <li>5. Children generally were almost as likely to make suggestions as they were to make complaints.</li> <li>6. Children are less likely to know how to get an advocate than to know how to make a complaint.</li> </ol> <p><b>Education</b></p> <ol style="list-style-type: none"> <li>1. Eighty one per cent of children in care rated the education they were getting as good or very good and only 4% rated it bad or very bad.</li> <li>2. Children in residential special schools rated their education lowest, with 69% saying it was good or very good.</li> <li>3. Care leavers who had stayed on in education, rated their education highest.</li> <li>4. Seventy-five per cent of the children and young people in care thought they were doing well or very well in their education at the time they were asked, with 6% saying they thought they were doing badly or very badly.</li> <li>5. The ratings by boys, girls, under 14s, over 14s and children with a disability were all much the same. The ratings from</li> </ol>
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<p><b>Key Findings</b> <b>What children said</b> <b>about the 6 areas</b></p>	<p>children living in different types of placement were also much the same.</p> <p>6. A quarter (25%) of the children in children’s homes and foster homes in the survey had never had to change schools because of a change in their living placement but nearly a third (31%) had changed schools once for this reason; and 29% had changed schools three or more times. Children with a disability tended to have more school changes</p> <p><b>Care and Care Planning</b></p> <p>1. About two thirds (67%) of children in care rated the care they were getting as very good, and nearly 88% as either good or very good. Only 2% rated their care as bad or very bad.</p> <p>2. Ninety three per cent of children living in foster care rated their care as good or very good, while 70% of children in children’s homes rated their care as good or very good. Twenty five per cent of children in children’s homes rated their care as ‘just about OK’.</p> <p>3. Ninety six per cent of children had a social worker or other caseworker (every child in care should have a social worker allocated to them).</p> <p>4. Over eight out of ten children said they thought they were in the right placement for them, with 8% reporting that they thought they were in the wrong placement for them. Ninety-one per cent of children in foster care said they were in the right placement, compared with 63% of those in children’s homes.</p> <p>5. Fewer than three quarters (72%) of children in care said they had a care plan<sup>6</sup>. One in seven didn’t know, one in 20 said they didn’t have one, and nearly one in 10 (9%) said they didn’t know what a care plan was.</p> <p>6. Four fifths of the children and young people in care had changed placement at least once since they had been in care. The middle number of different placements was three, and one in ten children had been in nine or more different placements.</p>
<p><b>Particular issues identified re Looked After Children and physical and emotional health and well-being</b></p>	<p><b>Someone to go to if you feel unsafe</b></p> <p>1. Fifteen children (just under 2% of the 908 children who answered the question) said that there was nobody at all they could go to if they felt unsafe. Most (11) of these 15 were boys, all were aged at least 13, and they lived in different sorts of placement.</p> <p><b>Being bullied for being in care</b></p> <p>1. Altogether, 618 children in care answered a question about this. Just over one in five children (21%) said they are bullied because they are in care.</p> <p>2. Twenty six care leavers were also answered this question and seven (27%) said they were being bullied because they used to be in care.</p> <p>3. Having a disability as well as being in care didn’t make children more likely to be bullied for being in care.</p> <p>4. Children from children’s homes were slightly more likely than children in foster care to be bullied for being in care (28% compared with 19%).</p>

<sup>6</sup> **Care Plans** Each child in care should have a care plan which sets out how they are to be cared for and the future plans for their care. They should be involved in making the plan, and it should be kept to.

<p><b>Particular issues identified re Looked After Children and physical and emotional health and well-being</b></p>	<p><b>Having a say in what happens to them</b></p> <ol style="list-style-type: none"> <li>1. Children in foster care and in children’s homes, and care leavers are the most likely to be asked for their opinions. But what they said didn’t quite so often make a difference to decisions about their lives.</li> <li>2. Things are the other way around for children in boarding schools, in further education colleges, or living at home with council support. These children were not so often asked for their opinions, but when they did give an opinion it was more likely to make a difference to decisions about their lives.</li> <li>3. Nearly three quarters of the children (73%) said they are usually or always told what is going on when major changes are about to happen in their lives.</li> </ol> <p><b>Education</b></p> <ol style="list-style-type: none"> <li>1. Over half (58%) of all children who had to change schools because they moved to a new living placement considered the change of school to be in their best interests. Around one in five (22%) considered the change of school <i>not</i> to be in their best interests. There were no big differences between boys and girls, under or over 14s or for children with a disability.</li> <li>2. Children in children’s homes were more likely than children in foster care to say their last change of school was against their best interests. Thirty per cent of children in children’s homes said this, compared with 18% in foster care.</li> </ol> <p><b>Care and Care Planning</b></p> <ol style="list-style-type: none"> <li>1. The main reasons children gave for saying their placement was the right one for them were that they were happy and settled, they felt safe and well looked after, and they had kind and supportive carers.</li> <li>2. The main reasons children gave for saying their current placement was not the right one were that they wanted to be with their own families instead or that they didn’t get on with someone at their present placement. Some children in children’s homes said they would rather be in a foster home</li> <li>3. Over two thirds of children in care thought their last placement change had been in their best interests. Just over one in seven thought it had not been in their best interests, and a similar number were unsure.</li> <li>4. Children over 14 were more likely than the under 14s to say their last placement change had not been in their best interests, and more children in foster care than those in children’s homes thought their last change had been in their best interests</li> <li>5. The main reason for children saying they thought their last placement move was not in their best interests was that it had been their first move into care, and they wished they could have stayed with their families.</li> <li>6. Twenty-three care leavers, which is just over two thirds of the group of 34 care leavers responding to the survey, said they were getting good or very good support. Three said they were getting bad or very bad support.</li> <li>7. Twenty care leavers thought the place they were living in was the right place for them, which was almost two thirds, but ten, which was nearly a third, said that where they were living was not right for them.</li> <li>8. Of the young people who were in care and about to leave school almost half - 49% - said they were getting help to prepare for life as an independent adult , 46%, said they were being prepared to carry on their education after leaving school, and 39% said they were getting help towards getting a job.</li> </ol>
<p><b>Strengths of services</b></p>	<p>N/A to this report</p>

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<b>Weaknesses of services</b>	N/A to this report
<b>Other relevant issues</b>	The survey does not ask about health assessments or health action plans or any care planning related to health – this may be worthy of consideration for future surveys.
<b>URL</b>	<a href="http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Children-s-rights/Children-s-care-monitor-2008">http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Children-s-rights/Children-s-care-monitor-2008</a> accessed 16/10/2008

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<p><b>Title:</b> The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2006/07,  <b>Author:</b> OFSTED  <b>Date:</b> October 2007</p>	<p><b>Type of report:</b> Annual Report  <b>Purpose of report:</b> Annual Report by Her Majesty's Chief Inspector of Education, Children's Services and Skills to the Secretary of State for Children, Schools and Families</p>
<p><b>What is the report about?</b></p>	<p>The new Ofsted - the Office for Standards in Education, Children's Services and Skills - came into being in April 2007 and regulates and inspects childcare, children's social care and provision for learners of all ages.</p> <p>This report provides a commentary on the outcomes of inspection by Ofsted of day care and children's social care, local authority children's services, schools, colleges, initial teacher training, work-based learning, and adult education:</p> <ul style="list-style-type: none"> <li>• Section 1 – summarises the outcomes from inspections and regulatory visits in 2006/7 (broadly Sept 2006 to August 2007).</li> <li>• Section 2 – draws together findings from surveys and inspections to report on the quality of provision across the spectrum of care and learning and comments on themes of improving life chances, development of children's identity in the 21<sup>st</sup> century and acquiring and improving skills for employment.</li> </ul>
<p><b>Key Findings</b></p>	<p><i>'While there is much good work in the social care and educational sectors in enabling children in public care to succeed, overall not enough is being done to raise their achievement and aspirations; the gap between the outcomes for them and for other learners is too great.'</i> Page 12</p> <p><b>Good or outstanding provision is found in:</b></p> <ul style="list-style-type: none"> <li>• 58% of childcare</li> <li>• 61% of primary schools</li> <li>• 51% of secondary schools</li> <li>• 61% of colleges</li> <li>• 54% of children's homes (of 347 children's homes which have had full inspections since April 2007)</li> <li>• 78% of children's services provided by local authorities.</li> </ul> <p><b>Inadequate provision is found in:</b></p> <ul style="list-style-type: none"> <li>• 4% of childcare</li> <li>• 5% of primary schools</li> <li>• 10% of secondary schools</li> <li>• 3% of colleges</li> </ul>

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	<ul style="list-style-type: none"> <li>• 16% of children's homes (of 347 children's homes which have had full inspections since April 2007)</li> <li>• 2% of children's services provided by local authorities.</li> </ul> <p><b>Education in schools and looked after children</b>  <i>'In 94% of schools inspected, pupils, including those with learning difficulties or disabilities, make satisfactory or better progress in their learning; ... These overall percentages mask the fact that the progress of some groups of pupils, such as children in public care, lags far behind that of their peers.'</i> Page 29</p> <p><b>Education in children's homes</b>  <i>'... in children's homes which offer education to children in public care. ...39% did not have adequate classroom resources and 34% did not provide a curriculum underpinned by detailed schemes of work.'</i> Page 40</p> <p><b>Secure Settings</b>  <i>'Although the standards across the range of secure settings remain variable, there has been some improvement since 2005/06. Of 17 institutions inspected during the academic year 2006/07, one secure training centre was outstanding, while six secure children's homes and one establishment with young people under 18 years of age were good. One secure children's home was inadequate.'</i> Page 55</p> <p><i>'There is a good focus on supporting children and young people to achieve appropriate accreditation, on personal and social development and, in secure children's homes, on contributing to the Every Child Matters outcomes.'</i> Page 55</p> <p><i>'Increasingly, planned educational provision within secure children's homes is contributing to the five outcomes of the Every Child Matters legislation, especially to 'be healthy', with many units aspiring to the Healthy Schools initiative. However, little focus is given to the Every Child Matters agenda for children and young people in young offender institutions.'</i> Page 58</p> <p><b>Post 16 education and training</b>  <i>'An increasing proportion of young people, including those who are looked after, young offenders and those with disabilities, continues in education, training or employment beyond the age of 16. Retention rates are improving.'</i> Page 64</p>
<p><b>Particular issues identified re LAC and health</b></p>	<p>None directly but many of the findings have indirect impacts on health and well-being.</p>
<p><b>Strengths of services</b></p>	<p><i>'Children's services judged excellent during 2006/07 shared common features which enabled them to narrow the gap in</i></p>

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	<p><i>achievement for particular groups. The key to success was leadership and management which demonstrated clear knowledge of the organisation's strengths and weaknesses, based on good use of data. This enabled the partners to identify their priorities and to target resources where they were most needed, particularly in the development of preventative services.'</i> Page 68</p> <p><i>In local authority areas in which support for looked after children was effective, there was good use of data and targets to track and steer personal and academic progress; children were consulted about their own education plans; and carers, as well as pupils, were given good careers advice to enable the young people to make a successful transition at the post-16 stage. Outcomes, in the form of participation rates in education, employment and training, were good.'</i> Page 68</p>
<b>Weaknesses of services</b>	<p><i>'...the ineffectiveness of the action taken to reduce the numbers of looked after children or to secure affordable and appropriate placements for them. The quality of provision for looked after children remained uneven. Common obstacles to improvement of outcomes for them included:</i></p> <ul style="list-style-type: none"> <li><i>• the lack of sufficient and appropriate placements, resulting in too much instability in placements;</i></li> <li><i>• not enough availability of qualified social workers;</i></li> <li><i>• inadequate or missing personal education plans; and</i></li> <li><i>• poor attendance.</i></li> </ul> <p><i>These factors contributed to low attainment at post-16 and below average participation in education, training or employment.'</i> Page 69</p>
<b>Other relevant issues</b>	<p>The report describes the poor educational attainment of looked after young people referring to nationally collated statistics for A to C grade passes GCSE's and also refers to looked after young peoples increased likelihood of being more involved in crime than other young people and the over representation of people in prisons with a care background.</p>
<b>Comments</b>	<p>The annual report does not mentions health assessments or health action plans for looked after children. The lack of availability of social workers is likely to impact on health action plans as these are the responsibility of the child's social worker.</p>
<b>URL</b>	<p><a href="http://www.official-documents.gov.uk/document/hc0607/hc10/1002/1002.pdf">http://www.official-documents.gov.uk/document/hc0607/hc10/1002/1002.pdf</a></p> <p><a href="http://live.ofsted.gov.uk/publications/annualreport0607/">http://live.ofsted.gov.uk/publications/annualreport0607/</a></p>

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<p><b>Title:</b> Children's services: CSCI findings 2004-2007  <b>Author:</b> Commission for Social Care Inspection (CSCI)  <b>Date:</b> March 2007</p>	<p><b>Type of report:</b> Overview Report  <b>Purpose of report:</b> Collation of CSCI findings re: Children's Services 2004-7</p>
<p><b>What the report is about</b></p>	<p>This report sets out the key messages coming out of the knowledge, regulation, inspection and performance activity about children's services since the Commission was set up in 2004. In 2007 the new Ofsted (Office for Standards in Education, Children's Services and Skills) will take responsibility for the children's social care functions previously carried out by CSCI since 2004.</p>
<p><b>Key Findings</b></p>	<p><b>Support to children in care</b>  There is not enough support for children in care once they are in a placement. The same focus should be put into preventing placement breakdown as in preventing the family breakdowns that lead to a child entering care. There needs to be more attention given to managing behaviour patterns and levels of distress that children bring into the care system. This will require sustained effort in the future. Page 2</p> <p><b>Child and Adolescent Mental Health Services (CAMHS)</b>  Access to Child and Adolescent Mental Health Services needs improvement. There are shortfalls in services to vulnerable children and young people with mental health problems, and in particular, for children in care and their families. The progress councils have made in implementing <i>Every Child Matters</i> has been impressive. The next challenge is to move to truly integrated services which involve and engage frontline staff. Page 2</p> <p><b>Improvements 2004-7</b></p> <ul style="list-style-type: none"> <li>• The stability of children and young people in care is improving, albeit slowly. Fewer children have three or more placement moves in a year, down to 12% from 13%.</li> <li>• Eighty-two per cent of children in care are living in foster care or adoptive placements.</li> <li>• Eighty-two per cent of children in care where permanence is agreed are moving to an adoptive placement within six months.</li> <li>• The number of children placed in foster care continues to increase in relation to those in residential care.</li> <li>• Eighty per cent of all foster placements are within 20 miles of the child's home and family.</li> </ul>

	<ul style="list-style-type: none"> <li>• Seventy-nine per cent of reviews for children in care are on time.</li> <li>• Seventy-nine per cent of children participated in their reviews<sup>7</sup>.</li> <li>• The majority of children in care have an allocated social worker.</li> </ul> <p style="text-align: right;">Page 7</p>
<p><b>Particular issues identified re LAC and health</b></p>	<p><b>Improvements and challenges set out under the Every Child Matters outcomes framework</b></p> <p><b>Being Healthy</b>                  There have been major improvements in the way in which we support vulnerable children’s general health, particularly when they are in care. Over 80% of children in care get regular health and dental checks.  <b>However...</b>                  Although access to general health services has improved, access to Child and Adolescent Mental Health Services (CAMHS) has not improved at the same rate. There are serious shortfalls in services to vulnerable children and young people with mental health problems, and in particular, for children in care and their families. Waiting times are still too long for access to support. Foster carers and residential children’s home staff do not have enough access to expert advice and input, and too many children are ending up in secure settings when they have serious mental ill health. Page 8</p> <p><b>Staying safe</b>                  Unaccompanied Asylum Seeking Children are not being well served and their welfare is not being adequately promoted in many areas, despite the hard work and commitment of the staff working with them. There are very serious issues because of the complexity and variability of the needs of these children, shortages of resources and difficulties in matching children to good appropriate placements. Problems exist with the co-ordination and planning of services, with information sharing and co-operation, poor cross authority notifications and very inconsistent services for 16-18 year olds. The welfare of children held in immigration removal centres is not properly safeguarded. Page 9</p> <p><b>Enjoying and achieving</b>                  Educational support for children in care is improving slowly. Fifty-three per cent of care leavers are leaving with 1+ A*-G grade or</p>

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<sup>7</sup> All looked after children have reviews every six months plus a first review must take place within 4 weeks of the child coming into care and another with three months of the first review. This is a legal requirement; the aim of the review is to make sure the child’s needs are being met and that the care plan is appropriate.

	<p>an NVQ, which is an increase from 50% in 2005. More children are going on to higher or further education and more children are being supported beyond their 16th birthday in foster care in order to do so. Children in care have personal education plans<sup>8</sup> in place in the majority of authorities.</p> <p><b>However...</b></p> <p>... Despite the very gradual improvement, the gap between the attainment of children in care and all other children is widening... Exclusions are still a problem for children in care, as is accessing a good school placement in the first place. Too many children in care are out of school for more than 25 days a year, a figure that has not improved in the last three years. The lack of stability for children in care means they may change school too often. This can have a negative impact on their educational achievement. Page 11</p> <p><b>Making a positive contribution</b></p> <p>Children and young people in care are being encouraged and supported to access sport and leisure services.</p> <p><b>Although...</b></p> <p>Councils are working to reduce the numbers of children in care offending or becoming involved with the criminal justice system ... the number of young people in care who are involved in anti social behaviour or offending is still increasing. Page 11</p>
<p><b>Strengths of services</b></p>	<p><b>The characteristics of high performing councils</b> page 3</p> <p>High-performing councils, those that tangibly improve children’s life-chances, demonstrate:</p> <ul style="list-style-type: none"> <li>• an unambiguous commitment to support families under stress</li> <li>• strategic plans, developed with partners, with specific aims, targets and a clear monitoring process</li> <li>• capacity to evaluate local need, articulate a vision, move resources to meet changing need and develop new services</li> <li>• consistency of response to people when they first come into contact with services;</li> <li>• performance management systems that track children and their outcomes</li> <li>• leadership from councillors and senior managers – investment in staff development.</li> </ul>
<p><b>Weaknesses of services</b></p>	<p><b>Transition and co-ordination with adult social care and health services</b></p> <p>Many young people, their parents and carers experience progressive deterioration in the services they receive as they grow older and move into adulthood. Too many services across the country are still not meeting the standards set out in the <i>National Service</i></p>

<sup>8</sup> **Personal Education Plans** All looked after children are required to have a personal education plan which should be completed within 20 school days of child being looked after. The plan should be available for looked after children’s reviews. The plan should cover achievement, educational needs, short term targets and long term plans. It is considered good practice to involve children and young people in developing their personal education plan.

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	<p><i>Framework for Children, Young people and Maternity Services. Page 13</i></p> <p>Shortfalls in CAMHS (see Being Healthy above)                  Concerns about Unaccompanied Asylum Seeking Young People – needs not being met (see Staying Safe above)</p>
<b>Capacity to improve</b>	<p>Councils are demonstrating that their capacity to improve is getting better. They are shifting their focus onto quality measured by outcomes.</p> <p><b>However...</b>                  Commissioning remains insufficiently multi-agency in nature, and corporate strategies on well-being and quality of life are not linked into many children’s services commissioning strategies.</p> <p>They do not have proper needs analysis in place or strategic and operational plans in place. Councils need to strengthen collaborative work with a range of people to understand local needs and develop a strategic approach to commissioning and sustaining foster care. Page 12</p>
<b>Children’s Messages</b>	<p><b>Children’s messages about their priorities:</b></p> <ul style="list-style-type: none"> <li>• Children in care say stability is crucial for them, so they do not have to worry constantly about what is going to happen next. Getting the placement right first time is the improvement they most frequently propose.</li> <li>• Having the same social worker.</li> <li>• They want to do well in education, and they say that school is often the only stability they have.</li> <li>• They want their health to be looked after.</li> <li>• They want to have friends.</li> <li>• They do not want to be bullied.</li> <li>• Most importantly they say they want an active ‘parent’, someone to argue their case, just as any caring adult would for their own children.</li> </ul> <p style="text-align: right;">Page 5</p>
<b>URL</b>	<p><a href="http://www.csci.org.uk/default.aspx?page=1966&amp;key=">http://www.csci.org.uk/default.aspx?page=1966&amp;key=</a>  <a href="http://www.csci.org.uk/PDF/childrens_services_csci_findings.pdf">http://www.csci.org.uk/PDF/childrens_services_csci_findings.pdf</a></p>

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<p><b>Title:</b> State of social care in England 2005-06. Part 1 and Part 2  <b>Author:</b> Commission for Social Care Inspection (CSCI)  <b>Date:</b> December 2006</p>	<p><b>Type of report:</b> Annual Report  <b>Purpose of report:</b> Annual Report on the social care sector in England</p>
<p><b>What is the report about?</b></p>	<p>It provides a detailed overview of the current state of the social care sector – including children’s services - and this report focuses on two concerns highlighted in last year’s report – the role of those who commission services and the support provided to unpaid carers.</p>
<p><b>Key Findings</b></p>	<p><i>‘In particular, NHS budget deficits in some areas are putting a strain on relationships at local level and potentially undermining essential partnerships in both adults’ and children’s services.’</i> (Taken from the foreword by the Chair and the Chief Inspector, CSCI, page iii part 1).</p> <p><i>‘Children’s homes and fostering agencies are now on average meeting the majority of standards, with significant improvements against standards seen since inspection began in 2002. However, a third of children’s homes do not meet standards<sup>9</sup> relating to health, safety and security nor to the adequacy of staff’.</i> Page 40 part 2          NB – this refers to Standard 26: Positive steps are taken to keep children, staff and visitors safe from risk from fire and other hazards.</p> <p>This report refers to 102 of the 103 Annual Performance Assessments conducted in 2006.</p> <p>Councils performed well in:</p> <ul style="list-style-type: none"> <li>• health assessments for looked after children</li> <li>• strengthening child protection work</li> <li>• reducing the number of children in care</li> <li>• investing in training and improving levels of qualification of staff. Page 56 part 2</li> </ul> <p>Performance was less good in the following areas::</p> <ul style="list-style-type: none"> <li>• More than 5% of children in care did not have a named social worker</li> </ul>

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<sup>9</sup> Children's homes: National Minimum Standards, Children's Homes Regulations (*Department of Health 2002*), Fostering Services: National Minimum Standards, Fostering Services Regulations (*Department of Health 2002*)

	<ul style="list-style-type: none"> <li>• Performance in long term stability for children in care is only improving slowly</li> <li>• The educational achievement of children in care is short of the level achieved by all children</li> <li>• Almost one third of councils did not have Child and Adolescent Mental Health Services (CAMHS) in place for young people with learning disabilities and in one in five councils 16 and 17 years olds did not have access to appropriate CAMH services.</li> </ul> <p>Page 57 part 2</p> <p><b>Overall performance of residential children’s homes:</b> In March 2006, children’s homes, on average, were meeting 80% of the standards, compared with 58% in March 2003. One in three homes meet more than 90% of the standards, compared to one in ten in 2003. Page 50 part 2</p>
<p><b>Particular issues identified re LAC and health</b></p>	<p><b>Percentage of Children’s Homes Meeting or Exceeding Individual National Minimum Standard 12: Good Health and Well-being</b></p> <p><b>Standard 12:</b> The physical, emotional and health needs of each child are identified and appropriate action is taken to secure the medical, dental and other health services needed to meet them. Children are provided with guidance, advice and support on health and personal care issues appropriate to the needs and wishes of each child.</p> <p>2002-3 55%                  2003-4 72%                  2004-5 79%                  2005-6 81%</p> <p style="text-align: right;">Page 142 part 2</p> <p><b>Percentages of Fostering Services meeting or exceeding National Minimum Standard 12: Promoting development and health</b></p> <p><b>Standard 12:</b>The fostering service ensures that it provides foster care services which help each child or young person in foster care to receive health care which meets her/his needs for physical, emotional and social development, together with information and training appropriate to her/his age and understanding to enable informed participation in decisions about her/his health needs.</p> <p>2002-3 58%                  2003-4 68%                  2004-5 69%                  2005-6 77%</p> <p style="text-align: right;">Page 144 part 2</p>

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<b>Strengths of services</b>	There has been effective planning and commissioning where some children’s social services have worked well with partners to assemble evidence of local need, using a variety of tools. Page 64
<b>Weaknesses of services</b>	Few children’s services have developed an overall assessment of local needs. There is generally strong local intelligence about the adequacy of some provision but this is rarely systematic. The way in which population needs are profiled and data is collated and represented is very uneven. Page 64
<b>Other relevant issues</b>	
<b>Comments</b>	The report provides a wealth of statistical details about numbers of services, who they serve and costs, geographical variation. It also covers how well services are meeting national minimum standards for services – where such standards exist.
<b>URL</b>	<a href="http://www.csci.org.uk/Professional/about_csci/publications/view.aspx?csci=1852">http://www.csci.org.uk/Professional/about_csci/publications/view.aspx?csci=1852</a> <a href="http://www.csci.org.uk/pdf/state_of_social_care_05-06_1.pdf">http://www.csci.org.uk/pdf/state_of_social_care_05-06_1.pdf</a> accessed 14/10/08

<p><b>Title:</b> A profile of child health, child and adolescent mental health and maternity services in England in 2007. Key Messages.</p> <p><b>Author:</b> Di Barnes, Ethna Parker, Richard Wistow and Richard Dean with Claire Thomson</p> <p><b>Date:</b> 2008</p>		<p><b>Type of report:</b> Executive Summary of the annual children’s services mapping exercise</p> <p><b>Purpose of report:</b> Assist the monitoring of the implementation of Every Child Matters, The Children’s Plan, and the Children and Young People’s and Maternity Services National Framework</p>	
<b>What the report is about</b>	<p>Reporting key messages from the annual national mapping of children’s health services<sup>10</sup> carried out by Durham University including reporting on National Service Framework Standards and the results of the CAMHS mapping. (99% of PCTs submitted data)</p> <p>It gives information at national and Strategic Health Authority levels only but data at PCT level and other NHS providers can be accessed at the associated website <a href="http://www.childrensmapping.org.uk/index.php">http://www.childrensmapping.org.uk/index.php</a></p>		

<sup>10</sup> **Children's Services Mapping**

Children's services mapping is an on-line data collection and reporting system that aims to provide information about services for children and young people in England. It is a source of information for anyone interested in what children's services are provided, where, how and by whom. Information is kept up-to-date through an annual data collection exercise that records change over time

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<b>Key Findings</b>	<ul style="list-style-type: none"> <li>• Only half of PCTs reported having completed a fully comprehensive child health needs assessments but considerable progress was reported on inclusion of a range of measures of need. The best covered elements were population, infant mortality, deprivation analysis, and assessment of the needs of vulnerable groups, such as, looked after children and children on the Child Protection Register.</li> <li>• Completion of the looked after children’s element of the health needs assessment has improved from fewer than 60% in 2005 to just over 80% in 2006.</li> </ul>
<b>Particular issues identified re LAC and health</b>	<p><b>NSF Standard 7 – supporting young people into adulthood</b> Adolescents and young people were a focus of work for 74% of services for children in special circumstances<sup>11</sup>, many of which were supporting looked after children and children leaving the care system.</p> <p><b>NSF Standard 8 - Disabled children and young people and those with complex health needs</b> The majority of universal and targeted services reported having a focus on disability and the only service types in which less than 50% of services reported this focus were Tier 1 CAMHS, services for children in special circumstances and safeguarding services. (Nb children in special circumstances includes looked after children)</p> <p><b>NSF Standard 9 - The mental health and psychological well-being of children and young people - CAMHS mapping summary</b> The number of targeted and dedicated CAMHS worker teams with a focus on looked after children and social services continued to increase in 2006 but the numbers were small – 59 targeted teams and 23 dedicated worker teams. The majority of the 9,454 looked after children on the 2006 CAMHS caseload were supported by a range of services; 56% by generic teams, 31% by targeted teams, 8% by dedicated worker teams and 6% by tier 4 teams.</p>
<b>Strengths of services</b>	N/A – this report is about mapping
<b>Weaknesses of services</b>	N/A - this report is about mapping
<b>Other relevant issues</b>	<p><b>CAMHS - Use of outcome measures</b> Overall, 59% of CAMHS teams reported the use of standard outcome measure to routinely collect information about changes in children’s emotional well-being and experience of services. 73% of multi-disciplinary generic teams and 72% of tier 4 teams were using these measures.</p>

<sup>11</sup> **Children in special circumstances** is a term used in the *National Service Framework Children, Young Peoples and Maternity Services (2004)* and includes looked after children and young people

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	The most commonly used outcome measure was SDQ (Strengths and Difficulties Questionnaire) for Parents and Children. This was used by 42% of teams overall.
<b>URL</b>	<a href="http://www.childhealthmapping.org.uk/reports/CH_CAMHS_MS_Key_Messages_200607.pdf">http://www.childhealthmapping.org.uk/reports/CH_CAMHS_MS_Key_Messages_200607.pdf</a>

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<p><b>Title:</b> Analysis of Children and Young People’s Plans 2006  <b>Author:</b> National Foundation for Educational Research  <b>Date:</b> 2007</p>		<p><b>Type of report:</b> Research report  <b>Purpose of report:</b> To review the content of Children and Young People’s Plans in 2006</p>
<p><b>What this report is about</b></p>	<p>It is a study of 75 Children and Young People’s Plans<sup>12</sup> and builds a national picture of the content of the plans and how they contribute to the five outcomes of Every Child Matters (ECM). It is intended to inform future approaches to planning and highlight areas of support which will be useful to Local Authorities. The analysis covers 11 themes and includes examples from the plans.</p>	
<p><b>Key Findings</b></p>	<p>Looked after children are one of the most commonly cited specific groups of children mentioned in the plans under the Every Child Matters Outcomes, they are the <i>most</i> frequently mentioned group under:</p> <ul style="list-style-type: none"> <li>• Being Healthy</li> <li>• Staying Safe,</li> <li>• Enjoying and Achieving</li> <li>• Make a positive contribution</li> </ul> <p>And the <i>second most</i> frequently mentioned group under:</p> <ul style="list-style-type: none"> <li>• Achieving economic well-being</li> </ul> <p>Targets identified in plans around the five outcomes tend to be non numerical (i.e. developing services and improving access to services) except in relation to education, employment and training where they are numerical and relate to attainment across the educational key stages, GCSE passes etc. It is worth noting that targets relating to the health of looked after children do include some numerical targets for example around percentages of health assessments completed – see below.</p> <p>Primary Care Trusts are the most common health partner listed in CYPP plans</p>	
<p><b>Particular issues identified re LAC and health</b></p>	<p><b>Be Healthy ECM outcome</b>  Targets around the health of looked After children appear in more than two-fifths of the plans (particularly around annual health and dental checks, e.g. ‘the percentage of LAC who have had their teeth checked and a health assessment’ (County LA), and substance misuse, e.g. ‘Reduce from 29% (2004–05) to 25.5% in 2008–09 the percentage of care leavers who misuse drugs or alcohol’ (County LA).</p>	

<sup>12</sup> The Children and Young People’s Plan is a high level, overarching strategic plan focused on the needs of children, young people and their families in a local authority area and all local authorities are required to produce a plan which it is expected will reflect the different circumstances and priorities of each local partnership. Plans are reviewed annually.

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	Some plans also have specific targets for the health of children with learning difficulties and disabilities (including their participation in sport, and user satisfaction with health services), young offenders (e.g. around substance misuse, access to CAMHS) and teenage mothers (e.g. around smoking). Substance misuse screening for particular groups is mentioned in many plans. The most common targets in plans are around substance misuse and teenage pregnancy.
<b>Strengths of services</b>	Not applicable to this report
<b>Weaknesses of services</b>	Not applicable to this report
<b>Other relevant issues</b>	
<b>URL</b>	<a href="http://www.nfer.ac.uk/research-areas/pims-data/summaries/analysis-of-cypp-2006.cfm">http://www.nfer.ac.uk/research-areas/pims-data/summaries/analysis-of-cypp-2006.cfm</a>

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<p><b>Title:</b> Safeguarding children. The third joint chief inspectors' report on arrangements to safeguard children 2008</p> <p><b>Author:</b> Ofsted, Healthcare Commission, Commission for Social Care Inspection, Her Majesty's Chief Inspector of Constabulary, Her Majesty's Chief Inspector of the Crown Prosecution Service Inspectorate, Her Majesty's Chief Inspector of Court Administration, Her Majesty's Chief Inspector of Prisons, Her Majesty's Chief Inspector of Probation.</p> <p><b>Date:</b> 2008</p>	<p><b>Type of report:</b> Joint inspection report</p> <p><b>Purpose of report:</b> To identify what has improved over the last three years and what still needs to improve.</p>
<p><b>What this report about</b></p>	<p>This is the third joint Chief Inspectors' report on arrangements to safeguard children. It draws on individual and joint inspection activity and reports on behalf of eight inspectorates:</p> <ol style="list-style-type: none"> <li>1. Ofsted</li> <li>2. Healthcare Commission</li> <li>3. Commission for Social Care Inspection</li> <li>4. Her Majesty's Chief Inspector of Constabulary</li> <li>5. Her Majesty's Chief Inspector of the Crown Prosecution Service Inspectorate</li> <li>6. Her Majesty's Chief Inspector of Court Administration</li> <li>7. Her Majesty's Chief Inspector of Prisons</li> <li>8. Her Majesty's Chief Inspector of Probation</li> </ol> <p>The report highlights what has improved over the past three years and assesses to what extent the considerable activity that has taken place at both national and local levels has affected outcomes for children. It also identifies those areas that are still in need of improvement.</p> <p>This report follows the two previous reports published in 2002 and 2005.</p>
<p><b>Key Findings</b></p>	<p><b>The Safeguarding Framework (page 4)</b></p> <ul style="list-style-type: none"> <li>• Few Local Safeguarding Children's Boards (LSCBs) are giving high priority to targeted activities to safeguard specific vulnerable groups; these include looked after children, those in private fostering arrangements, asylum-seeking children in the community and in short-term holding centres and immigration removal centres, children in mental health settings and children in secure settings, especially when placed outside their area.</li> <li>• LSCBs are not yet in a position to demonstrate the impact of their work, since few have set themselves measures of their impact on safeguarding.</li> </ul> <p><b>The wider safeguarding role of public services (page 5)</b></p> <p>The majority of settings where children are cared for or educated comply with requirements and regulations for keeping children</p>

	<p>safe. Inspections also found examples of good partnership working to prevent accidents to children. However:</p> <ul style="list-style-type: none"><li>• some children and young people continue to express significant levels of concern about their personal safety and about being bullied, particularly in institutional and secure settings</li><li>• there are concerns about standards of safety for children and young people in some fostering services, 10% of children's homes and most of the youth offender institutions that hold boys.</li></ul> <p>Most areas consider that they are making progress towards comprehensive provision of mental health services for children and young people (child and adolescent mental health services – CAMHS)... There remain significant shortcomings:</p> <ul style="list-style-type: none"><li>• a shortage of suitable hospital beds for children in some areas and long waiting times for access to services</li><li>• limited access to secure mental health beds for children and young people in custody, who often have to wait several months to be assessed</li><li>• a continuing lack of adequate provision for children and young people with learning difficulties and/or disabilities.</li></ul> <p><b>Safeguarding groups of vulnerable children pages 6-7</b></p> <p>Inspections have identified improvements in the safeguarding of looked after children and care leavers since 2005. These include:</p> <ul style="list-style-type: none"><li>• better planning of placements in care and greater stability of placements;</li><li>• a reduction in out-of-area placements;</li><li>• more effective health monitoring; and</li><li>• increasing allocation of children to named and qualified social workers.</li></ul> <p>However, some children are still not well served and improvements are needed in the following areas:</p> <ul style="list-style-type: none"><li>• One in 10 children's homes and fostering services are judged to be inadequate in keeping the children in their care safe. Inspections highlight the lack of experienced and competent staff and insufficient compliance with requirements for the supervision of staff.</li><li>• The choice of placement remains limited for most children and some children feel it is hard to influence decisions that involve them.</li><li>• Rates of educational attainment and school attendance remain unacceptably lower for looked after children than for other children.</li></ul> <p>Inspections also found many examples of good practice in Youth Offending Team's direct work with children and young people who offend. However:</p> <ul style="list-style-type: none"><li>• concerns remain about the adequacy of health services for children and young people who offend, who are more likely to have physical and mental health needs than other children</li><li>• access to therapeutic treatment for young people convicted of a sexual offence is limited, particularly for young people in</li></ul>
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	<p>custody</p> <ul style="list-style-type: none"> <li>• access to and sustaining of both statutory education and post-16 education, training and employment for children and young people who offend are inconsistent</li> <li>• the needs of children and young people with learning difficulties who offend are not well identified or catered for.</li> </ul> <p>Nb this list included more issues but only health and well-being related issues have been noted here</p>
<p><b>Particular issues identified re LAC and health</b></p>	<p>Planning arrangements for individual children and young people vary from outstanding to inadequate. The quality of individual care plans and supporting plans for health and education arrangements is also very variable. Page 36</p> <p>Fast-tracking arrangements to specialist CAMHS and therapeutic services are effective in nearly all areas for children with high levels of needs, such as risk of self-harm. Children with lower levels of need, such as behavioural difficulties, often have to wait long periods before receiving an assessment or treatment. Page 37</p> <p><b>Young Offenders</b> A joint review of 55 Youth Offending Teams (YOT's) found that many young people who commit offences have insufficient access to healthcare. Although there have been improvements, especially in access to CAMHS and substance misuse services, substantial areas for improvement remain.</p> <p>One in six YOTs did not have a healthcare worker, even though PCTs have a statutory duty to provide one, and one third of YOTs did not have a mental health worker despite the obvious need for them.</p> <p>More recent inspections found that, at the point of imposition of a custodial sentence, only about half of young people were the subject of planned healthcare, and that healthcare planning was poor in one in five cases.</p> <p>Access to therapeutic treatment for young people convicted of a sexual offence is limited, particularly for young people in custody. Few young people who have been convicted of a sexual offence have access to the assessment and/or treatment services they need while in custody and there are no accredited sex offender treatment programmes for young people. Page 46</p>
<p><b>Strengths of services</b></p>	<p>An important feature of those services that are judged outstanding is that they do all the important things well that have a direct impact on looked after children and young people. They perform well across the range of national minimum standards, regulation and guidance relating to assessment, care planning, healthcare, education support and day-to-day personal care. Page 36</p> <p>The monitoring of the health and well-being of looked after children has improved in nearly all local authority areas. Nationally, 85% of looked after children had their teeth checked and a health assessment in 2006–07. Page 37</p>
<p><b>Weaknesses of services</b></p>	<p>As the second Safeguarding children (2005) report found, arrangements for securing health services for children in out of area</p>

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	<p>placements are not so effective as for those placed in their home area. Page 37</p> <p>Regulatory inspections paint a less favourable picture, particularly in relation to the safe management and administration of medicines to children in residential settings. Page 37</p>
<b>Other relevant issues</b>	<p>The report makes a number of recommendations about looked after children - those relating to health are:</p> <ul style="list-style-type: none"> <li>• The Department for Children, Schools and Families (DCSF), Department of Health (DH) and the Youth Justice Board (YJB) should make the necessary provision to ensure that all children who display, or are convicted of, sexually harmful behaviours are assessed and their needs for treatment are met.</li> <li>• The DCSF, the DH and the Ministry of Justice/ YJB should ensure continuity in the provision of mainstream services, particularly health and education, when young people return from a secure setting into the community</li> <li>• The DCSF should issue guidance to local councils to ensure that children whose detention continues for more than seven days are subject to an independent welfare assessment of their health, welfare, educational and developmental needs and have an individual care plan. The welfare assessment and care plan should inform weekly reviews of the continued detention of children.</li> </ul>
<b>URL</b>	<p><a href="http://www.safeguardingchildren.org.uk/Safeguarding-Children/2008-report">http://www.safeguardingchildren.org.uk/Safeguarding-Children/2008-report</a></p>



	<p><b>Staying safe ECM outcome</b>                  There is evidence of stronger inter-agency work leading to improvements in some aspects of the wider staying safe agenda which includes targeted activities for vulnerable children... Increasingly, and with some success, greater attention is being paid to some groups of vulnerable children and young people, for example support services for those in care are becoming more evident. However, management systems to monitor performance and the quality of work are not consistent or rigorous enough in too many councils.</p> <p><b>Enjoying and achieving ECM outcome</b>                  There are concerns over attendance rates, especially for children in care, which have decreased on average; at the same time, exclusions from school are still rising. Although children in care are achieving better educational outcomes overall, the rate of improvement is not sufficient.</p> <p><b>Making a positive contribution ECM outcome</b>                  A very large majority of councils and their partners make a good or outstanding contribution to enable children and young people to become positively involved in their communities.                  There are still council areas where children in care do not participate fully in their review processes.</p>
<p><b>Particular issues identified re LAC and health</b></p>	<p>Increasingly initiatives focus on particular groups. For example, for children in care, clear benefits are emerging from specialist multi-agency teams and specialist posts. Initiatives such as free access to leisure facilities for children in care are becoming more prevalent and higher numbers of health assessments and dental checks have been sustained in over three quarters of council areas. Services to support children with learning difficulties and/or disabilities are increasing in variety and range. Page 9</p> <p>Strategies to integrate Child and Adolescent Mental Health Services (CAMHS) are resulting in stronger working partnerships and shorter waiting times. The performance nationally in meeting both the four and 26 week targets has improved. In many cases improvement has stemmed from significant investment. More robust prioritisation is evident, with services increasingly targeted at specific groups of vulnerable children and young people. Page 9</p> <p>In a very small minority of council areas (11%) key health-related aspects of corporate parenting are still being neglected. Assessment in 2007 indicates that dental and health checks for children in care are not provided adequately by at least 15 councils. Page 11</p>
<p><b>Strengths of services</b></p>	<p>In higher performing councils senior leaders and managers have developed a culture where every child does matter and there is no room for complacency. Here, partnership working at strategic level has developed into well-integrated arrangements at an operational level. More multi-agency teams are being deployed to work in identified localities with clear targets and a strong sense of teamwork. Page 6</p> <p>Strong corporate parenting leads to effective support for children and young people in care. Particularly strong features of the</p>

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	<p>best councils include:</p> <ul style="list-style-type: none"> <li>• the creation and deployment of specialist teams or workers</li> <li>• the prompt and timely completion of statutory processes</li> <li>• high proportions of children in care having their views taken into account at reviews, often through effective advocacy services</li> <li>• thorough transition plans and support for care leavers going on to some form of independent living</li> <li>• an increase in the provision of suitable accommodation</li> <li>• involvement of senior officers and cabinet members in the corporate parenting mix. Page 12</li> </ul>
<b>Weaknesses of services</b>	<p>Outcomes for looked after children are consistently not as good as those of their peers and the rates of improvement are slower. There is an increasing emphasis on the health needs of children in care, but in education the gap in attainment between pupils overall and that of children in care is of great concern. In over half of the councils attendance rates of children in care have declined since 2006. Although the numbers involved are small, the re-offending rates of children in care are high. Page 8</p> <p>Where children’s services are only adequate, plans, including the Children and Young People’s Plan, are often not developed sufficiently in terms of targets, milestones and costings, and actions are not linked closely enough to outcomes for children and young people. Page 20</p>
<b>Capacity to improve</b>	<p>The report makes five overarching recommendations are intended to support councils and their partners in pursuing service improvement, two that are relevant to looked after children’s services in particular are:</p> <ul style="list-style-type: none"> <li>• Councils should work with their partners to consolidate and improve the new structures and systems they have put in place and ensure that quality assurance measures focus on the impact of local provision and better outcomes for children and young people.</li> <li>• A more rigorous and challenging approach should be taken to ensure looked after children are afforded the same opportunities to make progress and excel as their peers, and that their attendance and attainment improves. Page 9</li> </ul>
<b>URL</b>	<p><a href="http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Local-services/Annual-performance-assessment-APA-2007-report-on-outcomes/(language)/eng-GB">http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Care/Local-services/Annual-performance-assessment-APA-2007-report-on-outcomes/(language)/eng-GB</a></p>

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<p><b>Title:</b> Embedding the Reform Agenda  Presentation given at :The Children in Care Symposium: Breaking the cycle of exclusion and disadvantage  <b>Author:</b> Anna Lis, Her Majesty’s Inspector, Ofsted  <b>Date:</b> Sept 2008</p>	<p><b>Type of report:</b> Conference Presentation  <b>Purpose of report:</b> Update on inspection findings re: looked after children in 2007/8</p>																																							
<p><b>What the report is about</b></p>	<p>The presentation covers key findings of the inspection of children’s services between 1 April 2007–31 March 2008</p>																																							
<p><b>Key Findings</b></p>	<p>The findings are based on:</p> <ul style="list-style-type: none"> <li>• 3,310 inspection visits made to 2,501 providers of children’s social care services, and</li> <li>• 34 Joint Area Reviews these include an investigation of services for looked after children.</li> </ul> <p>Quality of care in the most recent inspections at 31 March 2008:</p> <table border="1" data-bbox="524 699 1789 906"> <tr> <td rowspan="4"><b>Joint Area Reviews</b></td> <td><b>Outstanding</b></td> <td><b>12%</b></td> <td>delivers well above minimum requirements</td> </tr> <tr> <td><b>Good</b></td> <td><b>68%</b></td> <td>delivers consistently above minimum requirements</td> </tr> <tr> <td><b>Satisfactory</b></td> <td><b>17%</b></td> <td>delivers minimum requirements</td> </tr> <tr> <td><b>Inadequate</b></td> <td><b>3%</b></td> <td>does not deliver minimum requirements</td> </tr> </table> <table border="1" data-bbox="524 938 1789 1107"> <tr> <td rowspan="4"><b>Children’s Homes</b></td> <td><b>Outstanding</b></td> <td><b>9%</b></td> <td>delivers well above minimum requirements</td> </tr> <tr> <td><b>Good</b></td> <td><b>55%</b></td> <td>delivers consistently above minimum requirements</td> </tr> <tr> <td><b>Satisfactory</b></td> <td><b>28%</b></td> <td>delivers minimum requirements</td> </tr> <tr> <td><b>Inadequate</b></td> <td><b>8%</b></td> <td>does not deliver minimum requirements</td> </tr> </table> <table border="1" data-bbox="524 1139 1789 1315"> <tr> <td rowspan="4"><b>Fostering Agencies</b></td> <td><b>Outstanding</b></td> <td><b>23%</b></td> <td>delivers well above minimum requirements</td> </tr> <tr> <td><b>Good</b></td> <td><b>50%</b></td> <td>delivers consistently above minimum requirements</td> </tr> <tr> <td><b>Satisfactory</b></td> <td><b>20%</b></td> <td>delivers minimum requirements</td> </tr> <tr> <td><b>Inadequate</b></td> <td><b>7%</b></td> <td>does not deliver minimum requirements</td> </tr> </table>	<b>Joint Area Reviews</b>	<b>Outstanding</b>	<b>12%</b>	delivers well above minimum requirements	<b>Good</b>	<b>68%</b>	delivers consistently above minimum requirements	<b>Satisfactory</b>	<b>17%</b>	delivers minimum requirements	<b>Inadequate</b>	<b>3%</b>	does not deliver minimum requirements	<b>Children’s Homes</b>	<b>Outstanding</b>	<b>9%</b>	delivers well above minimum requirements	<b>Good</b>	<b>55%</b>	delivers consistently above minimum requirements	<b>Satisfactory</b>	<b>28%</b>	delivers minimum requirements	<b>Inadequate</b>	<b>8%</b>	does not deliver minimum requirements	<b>Fostering Agencies</b>	<b>Outstanding</b>	<b>23%</b>	delivers well above minimum requirements	<b>Good</b>	<b>50%</b>	delivers consistently above minimum requirements	<b>Satisfactory</b>	<b>20%</b>	delivers minimum requirements	<b>Inadequate</b>	<b>7%</b>	does not deliver minimum requirements
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<p><b>Particular issues identified re LAC and health</b></p>	<p><b>Being Healthy ECM outcome:</b></p> <ul style="list-style-type: none"> <li>▪ Most looked after children and young people live in a healthy environment and have their health needs met.</li> <li>▪ Year on year improvement in compliance with requirements for health checks for looked after children (Performance Assessment Framework C19).             <ul style="list-style-type: none"> <li>▪ The national average is 85% for 2007–08.</li> <li>▪ 97.3% of local authorities judged to be performing well or very well.</li> </ul> </li> </ul>
<p><b>Strengths of services</b></p>	<p><b>Outstanding Provision:</b></p> <ul style="list-style-type: none"> <li>▪ All the important things that impact directly on the life of looked after children and young people are done well.</li> <li>▪ High level of performance well across the full range of national minimum standards.</li> <li>▪ A holistic approach to ensuring children’s needs are met.</li> <li>▪ Good understanding of corporate parenting responsibilities across local areas and partners.</li> </ul> <p><b>Being Healthy ECM outcome In the best provision</b></p> <ul style="list-style-type: none"> <li>▪ Children are actively involved in their health care.</li> <li>▪ Good provision of guidance that takes account of age, gender and cultural heritage.</li> <li>▪ Staff provide good role models.</li> <li>▪ Good support for children to meet physical and emotional challenges.</li> </ul> <p><b>Staying Safe ECM outcome In the best provision</b></p> <ul style="list-style-type: none"> <li>▪ Children feel safe and their privacy is respected.</li> <li>▪ Children are positive about their relationships with staff.</li> <li>▪ Adults are carefully vetted.</li> <li>▪ Staff are well trained and vigilant.</li> <li>▪ Comprehensive procedures for safeguarding are in place.</li> <li>▪ Thorough assessments of needs completed before admission support placement stability.</li> <li>▪ Environment is well managed.</li> </ul> <p><b>Enjoying and Achieving ECM outcome In the best provision</b></p>

<p><b>Strengths of services cont.</b></p>	<ul style="list-style-type: none"> <li>▪ Children feel that they belong and experience varied activities that take account of age, gender, culture, interests and abilities.</li> <li>▪ Children are encouraged to develop friendships.</li> <li>▪ Staff and carers are sensitive to children’s needs or expectations.</li> <li>▪ Children have their educational needs individually and thoroughly assessed.</li> <li>▪ Staff and carers contribute effectively to delivering personal education plans.</li> <li>▪ Staff have strong links with educational specialists who provide additional or alternative learning programmes where necessary.</li> <li>▪ Structured learning opportunities are in place beyond the school day.</li> </ul> <p><b>Making a Positive Contribution ECM outcome</b>  <b>In the best provision</b></p> <ul style="list-style-type: none"> <li>▪ Relationships between children and adults are good.</li> <li>▪ Staff and carers work in partnership with parents: they seek advice and provide information about children’s lives.</li> <li>▪ Full information is gathered and provided when making placements.</li> <li>▪ Staff are fully involved in keeping care plans up to date.</li> </ul> <p><b>Achieving Economic Well-being ECM outcome</b>  <b>In the best provision:</b></p> <ul style="list-style-type: none"> <li>▪ Staff and carers ensure that placing authorities involve them fully in plans for young people for leaving care.</li> <li>▪ Staff contribute effectively to transition planning and delivery of pathway plans.</li> <li>▪ Time and resources provided to equip the young people with the necessary skills to live independently.</li> <li>▪ Adults provide a safety net by continuing to support young people after leaving the placement.</li> </ul>
<p><b>Weaknesses of services</b></p>	<p><b>Inadequate Provision Overall:</b></p> <ul style="list-style-type: none"> <li>▪ Variation in quality of provision across voluntary sector, local authorities and the private sector.</li> <li>▪ Volatility in the quality of children’s homes.</li> <li>▪ Areas for improvement:             <ul style="list-style-type: none"> <li>▪ safeguarding and management arrangements across all provision</li> <li>▪ matching of children to placements</li> <li>▪ effective self-evaluation of service delivery particularly for adoption agencies</li> <li>▪ private fostering arrangements.</li> </ul> </li> </ul> <p><b>Being Healthy ECM outcome</b>  <b>Key areas for improvement:</b></p>

<p><b>Weaknesses of services cont</b></p>	<ul style="list-style-type: none"> <li>▪ Insufficient coordination of planning and joint working with health services.</li> <li>▪ Failure to make links between good diet and good health.</li> <li>▪ Safe management of medication.</li> <li>▪ Adequacy of individual health plans and information on health needs of individual children.</li> </ul> <p><b>Staying Safe ECM outcome</b>  <b>Key areas for improvement:</b></p> <ul style="list-style-type: none"> <li>▪ Absence or poor management of risk assessments.</li> <li>▪ Unsafe recruitment practices.</li> <li>▪ Insufficient monitoring of compliance with procedures.</li> <li>▪ Insufficient guidance to staff.</li> <li>▪ Protocols for joint working with partners not known or understood.</li> </ul> <p><b>Enjoying and Achieving ECM outcome</b>  <b>Key areas for improvement:</b></p> <ul style="list-style-type: none"> <li>▪ Reduction of boredom in placements for children and young people.</li> <li>▪ Communication between placements and learning settings are insufficient.</li> </ul> <p><b>Making a Positive Contribution ECM outcome</b>  <b>Key areas for improvement:</b></p> <ul style="list-style-type: none"> <li>▪ Children are not involved in making decisions which affect their lives.</li> <li>▪ Children do not learn to value themselves or others.</li> <li>▪ Placing authorities do not provide current placement plans on admission.</li> <li>▪ Investigations of complaints from neighbours lack rigour.</li> </ul> <p><b>Achieving Economic Well-being ECM outcome</b>  <b>Key areas for improvement</b></p> <ul style="list-style-type: none"> <li>▪ Lack of planning, preparation and support for young people in transition to adulthood.</li> <li>▪ Staff and carers are not clear about individual levels of attainment or ways to overcome barriers to learning.</li> <li>▪ Lack of coordination between education departments and social care services.</li> </ul>
<p><b>URL</b></p>	<p><a href="http://publicpolicyexchange.co.uk/downloads.php">http://publicpolicyexchange.co.uk/downloads.php</a></p>



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<p><b>Title:</b> Indications of Public Health in the English Regions 5: Child Health</p> <p><b>Author:</b> Yorkshire and Humber Public Health Observatory (YHPHO) and the Eastern Region Public Health Observatory (ERPHO).</p> <p><b>Date:</b> December 2007</p>	<p><b>Type of report:</b> Review</p> <p><b>Purpose of report:</b> To provide a review of geographical and socio-economic variations in child health indicators in England</p>
<p><b>What this report is about</b></p>	<p>This report is the fifth in a series of reports commissioned by the Chief Medical Officer and produced by the Association of Public Health Observatories (APHO). It focuses on geographical and socio-economic variations in indicators of child health across the English Government Office Regions (GOR) and compares these with European data.</p>
<p><b>Key Findings</b></p>	<p><b>Key Messages: The health of vulnerable children - the need for data development</b> There is a serious lack of data on the health of the most vulnerable children and young people in our society. This report has not been able to comment on any potential variations in the health of vulnerable children across the English regions. This is despite the fact that these children are likely to be the ones in greatest need of service provision.</p> <p><b>Recommendations re: The health of vulnerable children</b> There is an urgent need to address data gaps on the health and well-being of vulnerable children and children living in special circumstances<sup>13</sup>. This should include the following:</p> <ol style="list-style-type: none"> <li>I. A revised definition of homelessness for children and young people living apart from families and accurate data collection.</li> <li>II. Accurate data collection on parental substance misuse as a serious risk factor for dependent children.</li> <li>III. Exploration of authorised and unauthorised school absence data as a sensitive indicator predicting risk of poor health and educational outcomes.</li> <li>IV. A small robust indicator set to assess and monitor the health of children and young people sentenced to custody.</li> <li>V. An agreed national definition set for childhood disability based on participation, with data collection at Children’s Services Authority level.</li> <li>VI. Development of a national linked system of congenital anomaly registers.</li> </ol>

<sup>13</sup> **Children in special circumstances** is a term used in the *National Service Framework for Children, Young Peoples and Maternity Services (2004)* and includes looked after children and young people

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	<p>VII. A review of available Child and Adolescent Mental Health (CAMH) data and data sources at national, regional and sub-regional level.</p> <p><b>Page 3, recommendation 5</b></p>
<b>Particular issues identified re LAC and health</b>	<p>There is an urgent need to address these data gaps on the health and well-being of vulnerable children and children living in special circumstances. Page 75</p> <p><i>“The most worrying conclusion of this report is the serious lack of data available to us on the health of the most vulnerable groups of children and young people in our society, as it has not been possible to provide information on potential variations in the health of this group across England.”</i> ( Professor Al Aynsley-Green, Children’s Commissioner, Foreword, Page ii)</p> <p><i>“In particular, information is lacking about those who are in the greatest need of service improvement and provision – children in special circumstances, in prison, with mental health needs or with a disability, or those looked after by the State.”</i> (Sheila Shribman, National Clinical Director for Children, Foreword, Page iii)</p>
<b>Strengths of services</b>	N/A
<b>Weaknesses of services</b>	The <i>CHILD</i> indicators on child mental health were excluded because the data at English regional level were not considered sufficiently robust. However, further work in this area is urgently needed. Page 3
<b>Other relevant issues</b>	A traffic light system is used to illustrate achievement towards public health indicators. The only available indicator for looked after children is: % of Looked-After Children achieving 5+ A*-C grade GCSEs or equivalent (15 years), 2003/04 -all regions were flagged red.
<b>URL</b>	<a href="http://www.apho.org.uk/resource/item.aspx?RID=39301">http://www.apho.org.uk/resource/item.aspx?RID=39301</a>

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<p><b>Title:</b> Summary of issues identified in a selected sample of 33 joint area reviews related to the physical health and emotional wellbeing of looked after children and young people  <b>Author:</b> Joint Area Reviews – Ofsted          Sample selection – Thomas Coram Research Institute/ Institute of Education  <b>Date:</b> covers joint area reviews in 2006, 2007, 2008</p>	<p><b>Type of report:</b> Extracts from a selected sample of 33 Joint Area Reviews  <b>Purpose of report:</b></p>										
<p><b>What this report is about</b></p>	<p>A stratified sample of 33 joint area reviews (JARs) were examined and any information about the related to the physical health and emotional wellbeing of looked after children and young people was extracted. This forms part of an ongoing study by the Thomas Coram Research Institute, the findings of which will be published towards the end of 2008.</p>										
<p><b>Key Findings</b></p>	<p>1. Joint area reviews undertaken in 2006/2007 were graded for all health services to children and this includes the 'Being Healthy' outcome but may not specifically mention looked after children.</p> <p>2. Joint area reviews undertaken in after 1<sup>st</sup> April 2007 include a specific investigation of looked after children's services and all inspections report under the 'Being Healthy' outcome.</p> <p>The grading system remained the same but <i>what</i> the grading was for changed.</p> <table border="1" data-bbox="526 938 2042 1332"> <tr> <th colspan="3" data-bbox="526 938 2042 986"> <b>Summary of JARs grading for a sample of 33 areas</b> </th> </tr> <tr> <td data-bbox="526 986 831 1249">           2006 to 31<sup>st</sup> March 2007         </td> <td data-bbox="835 986 981 1249">           17 JARs         </td> <td data-bbox="985 986 2042 1249"> <b>For all health services to children:</b>            8 rated 'good'            9 rated 'adequate'   <b>For local authority 'Being Healthy' outcome</b>            2 rated 'outstanding'            6 rated 'good'            9 rated 'adequate'         </td> </tr> <tr> <td data-bbox="526 1252 831 1332">           1st April 2007 - 2008 to 31<sup>st</sup> December 2007         </td> <td data-bbox="835 1252 981 1332">           16 JARs         </td> <td data-bbox="985 1252 2042 1332"> <b>For looked after children's services overall</b>            4 rated 'outstanding'         </td> </tr> </table>		<b>Summary of JARs grading for a sample of 33 areas</b>			2006 to 31 <sup>st</sup> March 2007	17 JARs	<b>For all health services to children:</b> 8 rated 'good' 9 rated 'adequate'  <b>For local authority 'Being Healthy' outcome</b> 2 rated 'outstanding' 6 rated 'good' 9 rated 'adequate'	1st April 2007 - 2008 to 31 <sup>st</sup> December 2007	16 JARs	<b>For looked after children's services overall</b> 4 rated 'outstanding'
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			11 rated 'good' 1 rated 'adequate'
<b>Particular issues identified re LAC and health</b>	<p><b>The most frequently commented on aspects of services relating to looked after children's health were:</b></p> <ul style="list-style-type: none"> <li>• Completion of health assessments and dental checks</li> <li>• The existence and contribution of a designated looked after children's doctor and nurse (nurses were commented on more frequently than doctors)</li> <li>• CAMHS, particularly easy access and short waiting times were often commended.</li> <li>• Targeted health promotion for looked after children and young people</li> <li>• Arrangements to support the health care of children placed out of borough</li> <li>• Effectiveness of partnership working especially between social care and health services</li> </ul>		
<b>Strengths of services</b>	<p><b>NB: These only refer to where this was specifically mentioned in the inspection reports</b></p> <ul style="list-style-type: none"> <li>• Effective multi-agency partnerships and good multi-agency team working</li> <li>• High rate of completion of annual health assessments and dental checks</li> <li>• Strong designated medical team</li> <li>• Dedicated CAMHS services for looked after children and/or swift referral and access to service</li> <li>• Good support for care leavers</li> </ul>		
<b>Weaknesses of services</b>	<p><b>NB: These only refer to where this was specifically mentioned in the inspection reports</b></p> <ul style="list-style-type: none"> <li>• Poor record keeping and limited needs analysis</li> <li>• Lack of a designated looked after children's medical team or small and over stretched teams</li> <li>• Difficulties with joint agreements between social care and health</li> <li>• Joint working is inconsistent</li> <li>• Concern about the quality of health assessments and health plans</li> </ul>		