



Joint area review

Isle of Wight children's services authority area

**Better
education
and care**

Review of services for children and young people

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

Introduction	1
Context	2
Summary Report	4
Grades	10
Recommendations	10
Main Report	12
Outcomes for children and young people	12
The impact of local services	15
Being Healthy	15
Staying safe	18
Enjoying and achieving	20
Making a positive contribution	23
Achieving economic well-being	26
Service management	28
Annex 1- The Children and Young People's section of the Corporate Assessment Report	33

Introduction

1. This joint area review was conducted using the arrangements required under section 20 of the Children Act 2004. It was carried out by a multidisciplinary team of 10 inspectors from the Office for Standards in Education (Ofsted), the Commission for Social Care Inspection (CSCI), the Healthcare Commission (CHAI), the Adult Learning Inspectorate (ALI) and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the inspection of children's services*.
2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and its findings are represented in the relevant part of the corporate assessment report.
3. This review describes the outcomes achieved by children and young people growing up on the Isle of Wight and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution and are well prepared to secure economic well-being.
4. The review evaluates the collective contribution made to each outcome for children and young people by relevant services in the area. It also judges the contributions made by the council's services overall and, specifically, its education and children's social care services. Particular attention is given to joint action by local services on behalf of those groups of children and young people who are vulnerable to poor outcomes. Two such groups are covered in detail: children and young people who are looked after by the council; and children and young people with learning difficulties and/or disabilities.
5. The review took place in two stages consisting in total of three weeks over a seven-week period. The first stage reviewed all existing evidence including:
 - a self-assessment undertaken by local public service providers
 - a survey of children and young people
 - performance data
 - planning documents
 - information from the inspection of local settings, such as schools and day-care provision
 - briefings from staff within inspectorates, commissions and other public bodies in contact with local providers.
6. The second stage included inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children and young people, some of whom have the most complex needs, a study of provision in one urban neighbourhood in Ryde and a smaller study of a more rural neighbourhood in Totland. It also included gathering evidence on nine key judgements, selected because of their critical importance to improving

outcomes for children and young people in the local area. This involved discussions with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, service users and community representatives. A review of case files for children and young people receiving support from a number of local agencies was also included. Running concurrently with the inspection fieldwork was the enhanced youth inspection and an inspection of those services provided by the Wessex Youth Offending Team (YOT) to children and young people of the Isle of Wight.

Context

7. The Isle of Wight is a predominantly rural island of 145 square miles, lying about five miles from the south coast of England. There are regular ferry and hovercraft services between the island and the mainland, and Cowes, Ryde, Yarmouth and Fishbourne are the principal ports of entry, linked with Southampton, Portsmouth and Lymington. Newport is the administrative centre of the island, and the hub of internal communications. The Isle of Wight has an attractive coastline and much of the island has UK and European landscape designations, including an Area of Outstanding Natural Beauty, heritage coastline and Sites of Special Scientific Interest. The island attracts over three million visitors a year, and the coastal towns of Ryde, Cowes, Sandown, Shanklin, Ventnor and Freshwater are the main tourist resorts.

8. The island has a population of 138,410, more than half of whom live in the three main towns of Newport, Cowes and Ryde. This represents a growth of 4.1% since the 1991 census, an increase that is significantly greater than the all-England growth rate of 1.3%. The population of the island aged 0–15 (17.5% of the total) and of working-age (16–64 years), population (60.5%) are both lower than all-England data (19.5% and 64.6% respectively), but the percentage of the island's population which is over 65 is significantly higher than the figure for the south east of England (26% compared with 19%). There is no higher education on the island and many young people who leave to study on the mainland do not return. Island residents are predominantly white British (96.8%) and apart from 'white other' groups (mainly comprising people from the former Eastern European countries), no other ethnic group comprises more than 0.2% of the population.

9. The economy is dominated by service industries, with the public sector, retail and tourism being the main sources of employment. Although the island has enjoyed above-average economic growth in recent years, and has attracted some hi-tech industries, it is significantly less prosperous than most of the south east of England. Average earnings are a third lower than the regional averages, and unemployment is 2%, compared with the regional average of 1.4%. The most recent figure from the Office of the Deputy Prime Minister shows that 22% of children live in low-income families. Of the island's 48 wards, 15 are among the most deprived 20% nationally and two are among the most deprived 10%. Although in terms of the indices of deprivation the island ranks as the 126th least deprived local authority area in England (out of 354),

9% of the population of the island are living in the most deprived areas in the country. The South East England Economic Development Agency has designated the island a priority area for economic regeneration.

10. The Isle of Wight Council was the first unitary council to be formed after the review of local government in 1995. The elections in May 2005 saw a change in political administration from a coalition of Liberal Democrats and Independents to a Conservative group. The Conservatives hold 36 seats, Liberal Democrats five, Independents and others five and Labour two. Political leadership is provided directly by the leader and the cabinet that comprises seven members and four Policy Commissions. The council's net revenue budget for 2006–07 is £178.8m, and the capital budget is £42.1m.

11. The Isle of Wight Council structure normally comprises a chief executive and a corporate management team comprising two assistant chief executives and four directors each having specific service responsibilities and accountabilities. At the time of this joint area review, the chief executive post was being filled temporarily, although a successful recruitment round led to the appointment of an external candidate during the course of the inspection. The director of children's services post is filled by an interim appointment. The current post holder was recruited in December 2005 as part of a development and support package provided by consultants engaged by the council to improve standards across the children's service following the retirements of the two substantive post holders. Officers are politically accountable through the council's cabinet system, supported by a developing scrutiny function.

12. Council children's services are commissioned and provided through two divisional business groups, managed by a head of service, although this is shortly to change to a cluster of three such groups in recognition of the magnitude of the change agenda designed to modernise, refocus and improve the standard of service to children in ways that better meet their needs. Social care services are delivered through a traditional referral and duty service and by two teams working specifically with looked after children and another that focuses upon community support. These teams are complemented by some specialist services such as the children with disabilities team. The area is currently making provision for 174 looked after children and is working with 83 children on the child protection register. Education is provided through a three-tier system of school organisation, with pupils transferring at the ages of nine and 13 to middle and high schools respectively. There are 71 schools, comprising 46 primary schools, 16 middle schools, five high schools, two special schools and two pupil referral units. Housing and leisure services are provided through other parts of the council. The area is served by Connexions South Central which also provides services to Hampshire, Portsmouth and Southampton, and two health trusts which are partners in the work being undertaken with others to develop the island's Children and Young People's Strategic Trust that will be formalised at "The Big Day Out" event for children and young people in October 2006. The island has a commitment to develop the voluntary and community sector (VCS) and the children's service has

recruited a VCS lead officer. The post holder is seconded to the main VCS organisation to develop effective links between the Children and Young People's Trust and the network of services provided by the VCS to children, young people and their families.

13. The Hampshire and Isle of Wight Learning and Skills Council (LSC) is partnered with the local authority, the Isle of Wight College, training providers and schools in addressing the 14–19 strategy. Post-16 education and training is provided by the Isle of Wight College, five high schools with sixth forms that offer advanced-level qualifications, six work-based training providers and one special school that has provision for students up to the age of 19 years. Entry to Employment (E2E) provision is offered by three work-based providers on the island. Adult and community learning, including family learning, is provided by the local authority.

14. Primary healthcare for children on the island is provided by the Isle of Wight Primary Care Trust. The Isle of Wight Healthcare NHS Trust is the main provider of acute health services including children's hospital services, accident and emergency, and specialist children's mental health services. Ambulance services are also provided by the Isle of Wight Health Care NHS Trust.

15. There are no young offender institutions (YOIs) in the area and young people detained in custody are placed in local authority secure children's homes, secure training centres or YOIs located on the mainland.

Summary report

Outcomes for children and young people

16. Children are generally healthy and benefit from a range of local health services and advice, some of which are provided in partnership, although some aspects of sexual health, childhood immunisation and dentistry are not delivering sufficiently good outcomes for children. Children are protected from abuse and state that they feel safe. Safeguarding arrangements across the Island are generally effective and most vulnerable children are identified and appropriate plans meet their needs. Children are prepared well for school and attainment at age seven is good. In all other key stages, standards and attainment are inadequate and some young people in receipt of alternative education do not receive their entitlement to full-time education. The number of home-educated children is very high and has risen rapidly over the last academic year. Permanent and fixed-term exclusion rates are low, but too many children who are looked after and children with learning difficulties and/or disabilities are excluded. Children and young people, including those in vulnerable groups, are supported well in dealing with major challenges in their lives. Children and young people from black and minority ethnic groups who are victims of racist incidents do not consistently receive feedback on the outcomes of the resulting action. Children and young people have a good range of opportunities to express their views and are consulted by the council in relation

to key issues affecting their lives and the Youth Council is very proactive and effective. Participation in training after Year 11 is satisfactory and the numbers of young people whose destinations are unknown is low. Figures for young people not in education, training or employment remains below national and local comparators and success rates at college and in completing apprenticeship frameworks are continuing to improve.

17. Children and young people with learning difficulties and/or disabilities experience generally good health care with access to specialist services. They generally make good progress in school. They are supported well, particularly by the Parent Partnership Service to make a positive contribution. However the safeguarding arrangements for children with learning difficulties and/or disabilities who are on the child protection register at the point of transition to adult services are insufficiently defined.

18. Children and young people who are looked after receive good health care and benefit from dedicated provision. The Island is in the top band nationally for ensuring that looked after children have completed and contemporary health care assessments and they participate actively in statutory reviews and case conferences. They achieve high levels of school attendance but attainments are not good enough. Young men leaving care are less likely to continue in education, employment or training than their peers and the availability of suitable housing for young people is generally inadequate.

The impact of local services

Being healthy

19. **The combined work of all local services in securing the health of children is adequate.** There is evidence of well-targeted practice in some areas. The partnership between the primary care trust, the Isle of Wight Healthcare Trust and the local authority is relatively young and future provision of services through the new Children and Young People's Plan (CYPP) will depend on the continuing development of clear and cohesive commissioning. Several jointly-funded posts have been developed to target areas of need and there is good provision of information and support to parents. The impact of services can be seen in areas such as breastfeeding, perinatal and infant mortality, teenage pregnancy, drug misuse and health assessment of looked after children, although the CYPP identifies the need to continue to lower teenage pregnancy rates. Areas of concern have been identified as smoking throughout pregnancy, sexual health, childhood immunisation rates and access to dentistry services. The overall provision, prioritisation and delivery of Child and Adolescent Mental Health Services (CAMHS) have also been targeted as areas for improvement and a revised strategy is to be launched on World Mental Health Day in October 2006. However, the current CAMHS strategy does not describe mental health services for children in the context of the priorities of the CYPP. The CYPP identifies improving immunisation rates, lowering teenage pregnancy rates and improving emotional well-being and mental health

as priority areas. Services for children and young people with LDD and for looked after children are generally good. Services for children and young people with LDD demonstrate effective multidisciplinary working.

Staying safe

20. **The combined work of all local services in keeping children safe is adequate.** There is no comprehensive strategic document that summarises succinctly how local services should combine to provide an integrated network of service. However, the CYPP will perform that function when it is built upon by the addition of supplementary strategies and policies currently in the development and approval stages. Although there are a number of innovative and responsive preventive services, they are not yet sufficiently integrated in ways that lend themselves to the building of packages of care. Too many resources are used to manage the demands of high-cost and high-intensity services to children on the child protection register and those who are looked after by the council. This has led to some preventive services not having the capacity to meet demand as a result of having to work with more complex cases. Resources have not been sufficiently directed and focused early intervention to prevent family breakdown.

21. A good range of child protection training has been delivered to staff across agencies. This has raised awareness of child protection issues and the data available to the Local Safeguarding Children Board (LSCB) points to it accounting for the significant recent increase in child protection referrals. Children on the child protection register who are allocated to social workers are protected through sound planning and review arrangements. However, until recently, some children on the child protection register were unallocated and some children-in-need cases remain so. In spite of this, required visits are made, all agencies are aware of the cases that are unallocated and other social care services continue to be provided, for example some services are provided by the family resource centre. The social care service has taken a lead on this. The council has also allocated the necessary resources to employ additional social workers. The LSCB is established and has ambitious plans.

22. There has been a recent increase in the number of looked after children. The supply of placements is not adequate to meet the range of needs of all looked after children. However, most looked after children receive a good range of services and, in some cases, there is work of the highest quality leading to excellent outcomes. Looked after children appear to be adequately safeguarded, although accommodation for care leavers is not suitable overall. Safeguarding arrangements for young people with LDD in the transition to adulthood are adequate. Arrangements for monitoring children who move into the area and those temporarily excluded from school are not satisfactory.

Enjoying and achieving

23. **The combined work of all local services in helping children and young people to enjoy education and to achieve well is inadequate.** A good integrated strategy for childcare and early years education provides children with a good start to their schooling and standards and attainment up to age seven are good. The authority is totally committed to raising standards of attainment and improving schools, recognising that levels of attainment and pupil progress are inadequate at ages 11, 14 and 16. At present these intentions have not been translated into an effective improvement strategy and the local authority has not sufficiently involved the schools although there are some early indications of progress in some individual schools. The local two-year Key Stage 3 Strategy is inadequate, not underpinned by processes to evaluate impact, and it creates difficulties for curriculum design, transition arrangements and recruitment. The strategy for social inclusion is weak, as is support for pupils with challenging behaviour. Exclusion rates are low, although the number of pupils out of school for more than one year is too high. The number of pupils educated at home is high and increasing, stretching the authority's monitoring capacity. There is a good range of recreational and learning opportunities outside school and access to these has been significantly enhanced by the reduced bus fare scheme. Pupils with LDD generally make good progress. Parents receive good support in caring for their children. Looked after children do not achieve well enough, although attendance is good. Levels of support are increasing through the work of the Looked After Children's Education Service, but too many looked after children are disproportionately represented among those excluded.

Making a positive contribution

24. **The work of all local services in helping children and young people to contribute to society is good overall.** Children and young people are supported well in their personal, social and emotional development, in managing major challenges in their lives and at key transition points. Vulnerable groups in targeted projects are supported very well. Children and young people are empowered adequately to deal positively with threatening circumstances, but not all resulting action from reported incidents of racism are fed back to children and young people or to their schools, although all incidents are analysed and reported to council members. Support for young victims of crime is underdeveloped. Children and young people have a good range of opportunities to express their views and they are well consulted about key decisions affecting their personal futures. However, the authority's strategy for participation is fragmented, although steps are being taken to effect improvement by co-ordinating all aspects of consultation. A highly proactive and influential youth council has brought about significant improvements to the range of activities available for young people. Firm interagency action helps to reduce anti-social behaviour, prevent offending and reduce re-offending. Children and young people who are looked after and those with LDD are

supported well to make a positive contribution. For the latter, families and children are supported very well by the Parent Partnership Service.

Achieving economic well-being

25. **The overall contribution of services in helping children and young people achieve economic well-being is adequate.** Effective strategies are in place to support young people and to encourage them to progress in education, employment or training. This is particularly so for those from vulnerable groups. However, the effectiveness of the strategies for some young people is at risk of compromise by some elements of the transition arrangements being ineffective and insufficient sharing of information about young people's needs. The range of partnership activities and collaborative arrangements has significantly increased and, in some cases, represents good practice. Young people receive satisfactory and improving information, advice and guidance about the range of training and education opportunities available to them. Progress in addressing several weaknesses identified in the 14–19 area-wide inspection has been very slow. The current post-16 curriculum offer does not meet the agreed learner entitlement of allowing young people to work towards a combination of vocational and academic qualifications. Overall, achievements for learners following GCSE and GCE A-level qualifications are below those of similar areas. Young people's success rates at the local college have continued to improve and are well above national averages at levels 1 and 2 and high at 3. The completion rate for apprenticeship frameworks is improving and is satisfactory. Progression to further education, employment or training from the E2E programmes is satisfactory or better. The overall proportion of 19 year olds who gain qualifications at level 2 is below the 2005 national average at 66%.

Service management

26. **The management of services for children and young people is adequate.** Some children's services are well managed, particularly early years, some areas of social care, looked after children's education services, the youth service and the youth offending service. This is offset by significant weaknesses in education services, particularly in relation to school improvement and the attainment of children and young people. The ambitions for children and young people are good. The new council administration and its partners have begun to tackle a demanding agenda for children and young people, which is clearly articulated in their high-level strategies – the Aim High Strategy and the CYPP – and there is a determination among councillors and senior staff to improve. This positive attitude is spreading throughout the service. Key partners are beginning to see some signs of changes in culture and a more inclusive approach, although the required cultural change within the organisation is not fully embedded. Prioritisation is adequate. Through the developing Children and Young People's Strategic Trust, there are ambitious and challenging plans to improve and integrate children's services. However, much activity is work in progress, which to date has been hampered by the underdevelopment of formal

partnership arrangements and by a lack of clear delivery plans and gaps in strategic and service capacity. Short-term actions have been taken to build capacity in areas of weakness, but gaps prevail. Overall, however, capacity is adequate, resource, financial and budget management is generally effective and a number of services for children and young people provide value for money. Performance management is developing but remains inadequate; systems and processes are not fully embedded and there is a lack of understanding about the concept at some operational levels.

27. The findings of this review are largely consistent with the judgements made by the council and its partners in the self-assessment. The exception to this rule is in relation to being healthy where the judgement is that the area provides an adequate rather than a good service overall.

Grades

Grades awarded:

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

	Local services overall	Council services	Health services
Being healthy	2		
Staying safe	2		
Enjoying and achieving	1		
Making a positive contribution	3		
Achieving economic well-being	2		
Service management	2		
Capacity to improve	2	2	
Children's services		2	
The education service		1	
The social care services for children		2	
The health service for children			2

Recommendations

For immediate action

- The council should engage schools fully in its ambitions and plans for the future by:

- agreeing and implementing a school improvement strategy with schools
- developing and implementing an access and inclusion strategy
- developing a monitoring and evaluation procedure for the Key Stage 3 initiative that will impact on standards immediately.
- The council should improve the quality of performance management by further strengthening service planning and individual appraisal processes.
- The council should analyse reported incidents of racism and provide feedback to schools on the nature of incidents and resulting action to assist them with prevention.
- The council should strengthen project and programme management including the coordination and planning of projects within children's services.

For action over the next six months

- The Children and Young People's Strategic Trust Board should develop a strategy and a delivery plan to ensure that the CAMHS meet the needs of children and young people.
- The Children and Young People's Strategic Trust Board, in conjunction with the council, should develop and implement a comprehensive preventive strategy.
- The council should review procedures for the reintegration of pupils out of school to ensure earlier reintegration and effective support on entry to high schools.
- The council should complete the implementation of the 14–19 strategy and learner entitlement in conjunction with stakeholders.
- The Children and Young People's Strategic Trust should seek to integrate the management information systems of all partners.

For action in the longer term

- The council, in conjunction with the Isle of Wight College and the LSC, should review the curriculum offer to ensure an appropriate balance of academic and vocational provision post-16.
- The council, and its partners, should increase the range of suitable accommodation for families, young people and those who may require semi-independent or supported housing.

- The director of public health should ensure that sexually transmitted infection rates for under-16s and those aged 16–19 years are monitored and that the delivery of sexual health programmes is evaluated in response.
- The director of public health should continue to ensure, through rigorous performance management, that childhood immunisation rates at both two years and five years are improved.

Main report

Outcomes for children and young people

28. Outcomes for children and young people in the Isle of Wight are generally adequate and some are better. However, the work of all services in helping children to enjoy their education and to achieve well is inadequate. Children and young people appear to be safe.

29. **Children and young people appear to be generally healthy.** Breastfeeding rates are above the national average, although smoking rates in pregnancy remain significantly high. Perinatal mortality is in line with the England average while infant mortality rates are below average. Teenage pregnancy rates are lower than the England average and the trend indicates a further decrease. Some childhood immunisation rates are lower than the average for England. The uptake of immunisations by children who are 5 years old have shown a decline from the previous years improvement with several rates being significantly below the England average. Chlamydia infection rates for the island are above average for England. There is an improving picture for the under-16 age group, but that of the 16–19 age group is worsening. Access to dentistry services is poor and oral health data indicate a high level of decayed, missing or filled teeth for children under five; no data is available for older children. There are good examples of work with children, young people and parents who misuse drugs and alcohol. There is also good engagement in and out of schools to educate and prevent misuse and to improve physical health. National drug misuse targets are being achieved. The Healthy Schools Programme has achieved 100% participation and exceeds the national target for validation. The number of non-specialist referrals to CAMHS has increased, with the proportion of those seen within 26 weeks higher than the England average. The proportion of non-specialist cases seen within four weeks has declined. The number of completed health assessments for looked after children is in the top band for England and a service for looked after children aged 16 and over has exceeded the project's targets. Healthcare for looked after children and children with LDD is generally good and the provision of services for these groups is well coordinated.

30. Children and young people appear to be safe. Children who responded to the recent survey reported that they felt safe. The proportion of children on the child protection register is lower than comparable authorities, although there has recently been a significant increase in numbers. Until recently some child protection cases were not allocated and some children-in-need cases remain unallocated, although contingency plans are in place to enable case management and monitoring to take place. The most vulnerable children are identified and appropriate plans are made to meet their needs. Looked after children receive a good range of services and generally feel well supported and 94% of children contribute to the development of their care plans. The provision and choice of placements are not adequate to ensure that all children are appropriately placed, but there is evidence of excellent outcomes from the work with some looked after children. The leaving care service is good, although the provision of housing for care leavers is not consistently suitable. Children with LDD generally receive well-coordinated multi-agency services. However, the safeguarding arrangements for children with LDD and whose names are on the child protection register at the point of transition to adult services are insufficiently defined.

31. Children and young people are well prepared for school but standards and attainment are inadequate. Attainment at age seven is good and above that achieved nationally and in similar authorities. In all other key stages, standards are unsatisfactory. By the age of 11 standards in English, while improving, are still below national averages and in mathematics they are well below. In science, standards are in line with national figures. At the age of 14 standards are below those achieved in similar authorities in English, mathematics and science. By the age of 16 the percentage of young people achieving five or more A*–C grades at GCSE is well below the national average and that of similar authorities. The progress that pupils make through their schooling is unsatisfactory. The achievements of looked after children and those leaving care are not good enough, despite recent improvements. Children with LDD generally make good progress in school. School attendance is in line with national figures and those of similar authorities and the attendance of looked after children is good. Authorised absence at primary age is higher than national figures and those of similar authorities. The number of permanent and fixed-term exclusions is low, but too many looked after children and children with learning difficulties are excluded. The percentage of those receiving alternative education for more than a year is very high in comparison with national figures and similar authorities. The number of pupils who are home-educated by choice is very high and has risen rapidly over the past academic year.

32. Children and young people have a good range of opportunities to make decisions and take personal responsibility and make a positive contribution to their communities. Children and young people are supported well in their personal, social and emotional development. Inspections of schools and the youth service note high levels of self-confidence and esteem and young people generally take responsibility for themselves. They are

supported well in managing major challenges in their lives and at key transition points. School inspection identifies induction arrangements for pupils transferring between phases of schooling as good or very good and almost all say it is easy to get help, information or advice from schools when this is needed. Vulnerable groups such as pregnant schoolgirls and teenage and single young mothers in targeted projects are supported very well. Children and young people are empowered adequately to deal positively with threatening circumstances. Schools rate the effectiveness of support for combating racism as just satisfactory overall, but not all resulting action from reported incidents is recorded to aid prevention or fed back to those involved. Children and young people have a good range of opportunities to express views and they are consulted well about key decisions affecting their lives, although the authority's strategy for participation is fragmented. Two-thirds of young people surveyed for this review say that it is easy to have a say in the way things are run at school. A highly proactive and influential youth council has brought about significant improvements. Firm interagency action helps to reduce anti-social behaviour. The new strategy for neighbourhood policing is making positive inroads into most schools, but no formal protocols have been agreed. Firm action is taken to prevent offending and to reduce re-offending. Children and young people who are looked after and those with LDD are supported well to make a positive contribution. For the latter, families and children are supported very well by the Parent Partnership Service. At 94%, the contribution of looked after children to their annual reviews is above local and national comparators.

33. Young people are adequately prepared for working life and are able to achieve economic well-being. Participation in education and training after Year 11 is satisfactory. The Connexions Service is very effective at tracking young people and the proportion of young people age 16–18 whose destinations are not known is low. Many young people from vulnerable groups remain in education, employment and training. The number not in education, employment or training has increased slightly in the year to November 2005 to 5.0% but remains below the regional and national averages. Many of these young people have additional needs and had poor attendance while in compulsory education. Young males leaving care are less likely to continue in education, employment or training than their peers. Overall achievements for learners following GCSE and GCE A-level qualifications are below similar areas. Young people's success rates at the local college have continued to improve and are well above national averages at levels 1 and 2, and are high at level 3. The completion rate for apprenticeship frameworks is improving and is satisfactory. Progression to further education, employment or training from E2E programmes is satisfactory or better. The overall proportion of 19 year olds who gain qualifications at level 2 is below national averages at 66% in 2005. Effective regeneration initiatives are improving children's and young people's life chances, but some families and young people do not have suitable housing.

The impact of local services

Being healthy

34. The combined work of all services including partnership working across the island is adequate.

35. Community-based services are effective in both urban and rural settings in delivering a range of services to all groups, including the hard to reach and vulnerable, through targeted action. School nurses and health visitors provide effective services for all children and emerging health needs are identified early and prioritised appropriately, for example concerns over childhood obesity. There is good knowledge of, and information about, the range of general and health-related services available to children and families. Professionals also use this material to assist effective signposting.

36. Families have access to a wide range of community-based, multi-disciplinary services. Health professionals play a key role in the provision of these services through the Sure Start project and through the children's centres around the island. Arrangements are in place to ensure that appropriate referrals are made to the relevant services when, for example, child protection needs or self-harm are identified. Maternity and midwifery services provide good support and breastfeeding rates are higher than the national benchmark.

37. Information from the jointly-funded, island-wide smoking cessation project identify improving outcomes for people aged 16 and over. Smoking during pregnancy remains significantly high and the impact of the programme to target this group is as yet unknown.

38. Poor immunisation rates have been identified and although rates of uptake are improving at two years, the uptake by children on reaching their fifth birthday has shown a decline from the previous year's improvement. The impact of the current public health targets for immunisations in relation to the older age group (5 year olds) is yet to be seen.

39. Healthy lifestyles are promoted well across the island and there are significant initiatives targeted at children, young people, their parents and carers. The majority of children surveyed as part of the joint are review rated themselves as quite healthy or very healthy. The Healthy Schools Programme, which is achieving an outstanding 100% participation rate among schools on the island, is driving a range of health-related projects that reach children both in school and the extended environment, such as leisure facilities and summer action schemes. Current capacity is insufficient for any further expansion of the scheme.

40. Anti-drug and crime prevention messages are delivered to children and young people in a variety of formats such as the Rock Challenge. The Get Sorted team, initiated by the Safer Communities Partnership, is targeting the risk posed by drugs and alcohol misuse through the use of a range of

innovative therapeutic and educational methods. The team is reaching an increasing number of children and young people. National targets are being achieved for those who misuse drugs and substances, but no equivalent national targets are set in relation to alcohol misuse.

41. Access to NHS dentistry services for children across the island is poor. This has been recognised and there has been a recent successful recruitment drive for dentists. There is a designated health promotion coordinator in post working with the healthy schools programme targeting dental health issues.

42. The quality of sexual health education is good and supported by a range of resources, some of which are innovative, for example the first teenage male-only health clinic and the Under 25 drop in centre

43. Practice nurses run clinics for teenagers that offer advice on sexual health and dealing with bullying. There is emerging evidence of good outcomes from this work, such as decreasing pregnancy rates. However, while chlamydia infection rates have decreased in the year to March 2006 for under-16s, the rate for 16–19 year olds has increased and both are above average for England. The full impact of sexual health education, particularly for 16–19 year olds, is yet to be seen.

44. The current provision of services to promote children's and young people's mental health is adequate overall. The current CAMHS strategy was not developed as a fundamental part of the CYPP that sets out how mental health services are to be prioritised and delivered in a refocused and increasingly integrated children's service. However, there is a revised version currently nearing completion that has been developed with the intention of it sitting alongside the CYPP. There are no dedicated inpatient or day case facilities for children and adolescent facilities available on the island; inpatient services are limited to the adult psychiatric ward or the children's ward at St Mary's Hospital and at Leigh House on the mainland. While provision and access to specialised multidisciplinary services for more severe, complex or persistent disorders are considered to be good, there is a lack of island-wide services provided by specialist individual professionals who are working alongside professionals in primary care. There is insufficient primary care-based mental health support; this increases the risk of escalation of need and avoidable increased demand for specialist services. However, there are some good examples of work by individuals in some outreach settings. For example, CAMHS provide an under-fives nurse to the Ryde Sure Start centre, a dual-diagnosis worker with Get Sorted, an assistant psychologist to Medina House Special School, a mental health worker to work with looked after children and a seconded clinician to the YOT. CAMHS also provides attachment training for foster carers and support to the Multi Agency Group Service, a support group for vulnerable young people that is run by the youth service. The potential need for provision of additional primary mental health workers and support services on one area of the island were identified through a pilot CAMHS project. However, funding could not be secured to further these posts.

45. Looked after children have good access to island-wide services to support their health including access to a designated substance misuse key worker. They also have good access to GP services. Looked after children who are placed on the mainland do not benefit in the same way, although independent reviewing officers are charged with identifying particular healthcare needs. The St James's Centre in Newport provides an island-wide service for looked after young people aged 16 or over who have been identified as not taking up mainstream health and education services. It focuses on engaging those who would otherwise be at risk of exclusion and the service has exceeded targets in offering advice and providing assistance to this vulnerable group.

46. Health assessments were completed in respect of 85% of looked after children in 2004-05 that places the Island firmly in the top band in the country. A specialist nurse has been appointed to extend the provision of this service.

47. The services to meet the health needs of children and young people with learning difficulties and/or disabilities are good overall. There is evidence of professionals liaising and working well together to achieve good outcomes for children. Paediatric physiotherapists, a community nurse and an assistant psychologist provide timely services, but access to occupational therapy and speech and language therapy services is subject to delay. Children and young people with LDD who need help in relation to drugs and alcohol have access to a dedicated worker from the Get Sorted team. Sexual health education is provided by the Sexual Health Innovative Education for Learning Disabilities programme. Transition planning from paediatric to adult health services is good.

48. Joint commissioning for children with learning difficulties and/or disabilities is undeveloped. The CYPP and the local area agreement both identify improving the health and quality of life for those with LDD as a priority, but neither is accompanied by a delivery plan setting out deliverables and timescales.

49. Good joint working to diagnose children and young people with specialist and particular needs is evident in the work of the Oak House Filtering Panel. There is inclusive assessment and development of treatment plans for children and young people with autistic spectrum disorders and other complex, organically based behaviours. However, those children who fail to meet the eligibility criteria for this service experience difficulties in accessing appropriate additional support. Joint funding arrangements are in place for a short-term breaks service at Beaulieu House, a respite care centre for children and young people with learning disabilities, some of whom have multiple disabilities.

50. Children and young people with LDD are included by the youth service in island-wide opportunities such as the Duke of Edinburgh Award Scheme and the Challenge and Adventure Scheme. Take-up and achievement are good.

Staying safe

51. **The overall contribution of all services to keeping children and young people safe is adequate.**

52. A number of innovative and responsive multidisciplinary preventive services work well. For example, the fire and rescue service and the police have delivered a good range of programmes to children and young people to promote awareness of safety issues. Useful information about services is available through the Family Information Zone and the authority's website for children and young people. Children on the child protection register and looked after children appear to be safe.

53. Before January 2006 a comparatively low proportion of referrals to children and family services received an initial assessment. Since then, cases notified to the duty room are prioritised and categorised as either contacts or referrals. All referrals receive an initial assessment, mostly within the required timescale. Contacts are followed through and advice or a signposting service is offered, but there is no data about any re-notification to help the council to evaluate the effectiveness of this arrangement.

54. A good range of multi-agency child protection training has been delivered to staff in social care and health care services and the police. Numbers of children on the child protection register have been lower than comparator authorities, although there has been a 36% increase in registrations over the year to March 2006. There has been a significant increase in awareness of the impact of domestic violence on children and young people and the dedicated police team reports all cases where a child is a member of the family and decisions are taken about whether an initial assessment is required. A significant number of contacts has been received by the referral and assessment team from the recently implemented anti-bullying helpline and, again, each case is judged on its merits to decide upon the need for further assessment. However, responses to both domestic violence and bullying contacts and referrals have not been consistent.

55. The LSCB has been recently established and is developing ambitious plans, including the appointment of an independent chair and a manager. Planning and decision-making for children on the child protection register is sound and timely. However, there is a lack of clarity and variable practice about the requirement to call a strategy discussion or meeting in advance of a potential investigation into a referral of actual or potential child abuse. Other than for children on the child protection register, procedures for identifying and tracking children who move into and out of the area are undeveloped. Interagency communication in these situations is too often reliant upon informal networks, resulting in some children not being adequately monitored.

56. Staffing difficulties in the referral and assessment team, the children and families community team and the children with disability team have affected the capacity to respond to demand. Until recently, a number of child protection cases were unallocated and some children-in-need cases remain so. This resulted in an injection of extra funding to enable additional agency social workers to be recruited until such time that permanent appointments can be made. However, when a case is unallocated, a contingency plan is implemented. This results in all agencies involved with the child being notified and the team leader of the relevant social care team taking on case management responsibilities that provides a point of contact for communication and ensures maintenance of visiting frequencies. Despite the staffing difficulties that have been experienced across the children's social care services, most are well received by the children and families who use them, with the staff being perceived as committed and supportive. However, the service is too heavily focused upon working with the needs of children and their families who require extensive and complex involvement to the detriment of those who require early intervention and preventive services. Although the CYPP demonstrates the area's commitment to identifying and supporting families as early as possible when they begin to experience difficulties, the development of the necessary range of integrated multi-disciplinary services is underdeveloped. As a result, most targeted preventive services report difficulties in managing all of the demands made upon them, despite the establishment of a professionally valued independent review process for children-in-need cases that assists in the prioritisation of work and provides management information about work pressures.

57. Despite these challenges, there are examples of imaginative practice such as interagency collaborative work that is often strengthened by co-location of staff, enabling an efficient and timely response to vulnerable children. There is also some good work in relation to developing the role of the voluntary sector that has led to the appropriate signposting of families, a particularly strong feature in the Ryde area. However, there is also evidence of duplication of referral, assessment and review processes and a failure to share key information that reflects the need to further develop and implement the information sharing protocol, the common assessment framework, the lead professional role and to establish the integrated children's system.

58. The number of looked after children has been in line with similar authorities, despite a significant increase in the year to March 2006. The stretched capacity in the Children and Families Community team prevents early involvement in family breakdown and respite facilities and alternatives to accommodation are limited. The innovative Intensive Support Service is unable to meet current demands and is under review.

59. Services for looked after children are generally good. Children comment positively on their experiences and some good outcomes include provision for health. The Independent Reviewing Process is firmly established as a good quality assurance mechanism. Specialist teams for looked after children enable

effective multi-agency support and there is evidence of good outcomes for children and their families. However, the range of placements, in particular for older children with complex needs, is not adequate and the resulting lack of choice in provision sometimes prevents an appropriate match of needs to resources. However, despite these limitations we saw examples of work of the highest quality were seen during the joint area review and, in one case, there was the clearest evidence that excellent practice led to the life chances of the children involved being maximised through a process of good risk assessment, inclusive planning processes involving the children and their wider family, and highly skilled direct work with the children and their parents.

60. Recent strategic documents address placements and joint commissioning, but are not yet sufficiently aligned nor supported by detailed action plans, a shortfall that potentially leaves children's outcomes largely dependent upon the quality of the workers rather than being supported by effective processes. Care leavers are generally well supported by the 16+ Looked After Children's team, although there are continuing difficulties in consistently securing suitable housing for this group. The young people drew attention to the fact that the service they received from the team was not always consistent, a finding attributed to the fact that the team comprises staff from different professional backgrounds, with varying levels of experience and depth of knowledge.

61. Children and young people with LDD are adequately protected from abuse through well-developed interagency arrangements. Carers are suitably trained and supported to safeguard children and young people with learning difficulties and/or disabilities. Increased training of carers and staff has resulted in a significant increase in the numbers of children with disabilities on the child protection register. The Oak House filtering process is an example of good practice in interagency assessment and care planning. Arrangements for transition from children's to adult services are not systematic. In particular, there is no clear interface between child protection and vulnerable adult policies and procedures, a shortcoming that potentially leaves young disabled adults at risk.

Enjoying and achieving

62. The combined work of all local services in helping children and young people to enjoy their education and to achieve well is inadequate.

63. Standards are not high enough and the school improvement strategy is insufficiently robust to raise attainment. The capacity to improve is insufficient. Although there is a clear ambition on the part of the local authority to improve schools, raise standards and build capacity, key actions to secure improvement are still developing. The social inclusion strategy is weak and collaboration between education, social care and health is underdeveloped.

64. Overall, parents and carers receive useful information to help them support their children to enjoy and achieve at school. However, the quality varies according to the age of the child and where the family lives. Pockets of very effective support for parents include the Family Information Zone, the Family Learning Service, Homestart and family learning provision that benefits both parents and young children. There is much good joint operational working at local and individual levels, but services are not yet consistently coordinated.

65. The quality of childcare and early years provision is good, effectively promoting children's development and well-being to help them achieve early learning goals. Children are well prepared for school. Sufficient free and accessible early years places are available. Training and support is provided for early years staff and there are suitable arrangements for monitoring the quality of provision in all settings. Strategic and operational planning are good. Services are well delivered and highly valued by parents and carers.

66. Standards are good at Key Stage 1, but standards of attainment and pupil progress are unsatisfactory beyond the age of seven. The emerging school improvement strategy focuses appropriately on key areas for improvement such as support for school self-evaluation, monitoring, challenge and support, and stresses shared accountability for standards at the end of key stages. However, the strategy is not yet sufficiently well developed to provide a secure basis for improvement, although there are early signs of improvement in some schools causing concern. Data capability to underpin the strategy is currently lacking. In addition, the local authority has not sufficiently involved the schools in its ambitions and plans to raise standards. There have been recent improvements in support to schools to implement the National Strategies such as a targeted approach to schools causing concern. A two-year Key Stage 3 programme of study has been introduced in all middle schools. Currently, the intended impact on raising standards is unclear. There is no clear framework for monitoring and evaluating this initiative, nor as yet any clarity concerning the Year 9 curriculum in high schools. While the CYPF highlights the inclusion strategy as one of the key drivers to further raising standards, the strategy is not sufficient to achieve this.

67. School buildings and facilities are adequate, but there are a number of concerns about the quality and response times for repairs and maintenance. The number of school places is sufficient but steadily declining numbers of pupils on school rolls are resulting in surplus places, particularly in the primary sector. The challenge of removing the growing number of surplus places has not, as yet, been fully grasped, although it is understood that this will be a key issue for the forthcoming local authority review of school organisation. Arrangements for admission to schools work well for parents and pupils. However, systems for tracking pupils who move between schools other than at routine transfer times are insufficiently robust to ensure confidence that all such movements are effectively captured. Admissions arrangements for vulnerable children, notably those with LDD and looked after children, are well considered.

Attendance at school is satisfactory and effective support is provided by the education welfare service.

68. Most children and young people enjoy their time at school. Provision for personal development is generally good. The number of school councils is increasing and there is a blossoming Youth Council. Potential bullying is a real concern for parents and the local authority has provided good support and training for schools to address this. The CYPP identifies several key targets related to personal development, but is not explicit enough. It does not state how these will be achieved and what the success criteria and performance targets will be.

69. While permanent exclusions are similar to national levels in the primary phase and significantly lower at secondary, too many pupils with special educational needs are excluded from schools. Schools are concerned about the quality and quantity of support available to pupils exhibiting particularly challenging behaviour. There has been recent consultation concerning provision for pupils with social, emotional and behavioural difficulties, the outcomes of which have not yet been implemented. Some schools have developed a range of informal alternatives for many of these young people. However, these alternatives are not sufficient to provide all young people with their entitlement to full-time education. Provision in pupil referral units is generally judged by inspection to be satisfactory or better. Young carers are supported very well. They receive good personal and practical support and advice from a range of agencies, contributing fully to decisions affecting them.

70. There is adequate provision for those children who do not attend school. All permanently excluded pupils, the vast majority of whom are from middle schools, receive their entitlement to a full-time alternative. A comprehensive database of those out of school indicates the number of pupils out of school for over a year is too high. In some cases this is because the authority has been too slow in managing arrangements for reintegration. The achievement of this group is in line with national figures. Reintegration into high school at Year 9 is not always accompanied by appropriate support. The number of home-educated pupils is high and increasing. Those currently registered with the local authority are effectively monitored, but, with the large increase in numbers over the last year, the resource to carry out this function is insufficient.

71. Support for the education of looked after children is satisfactory overall. Personal support is good but achievement is not high enough. The Looked After Children's Education Service provides very good support and a range of effective planning, such as personal education plans, and data-tracking mechanisms are in place. However, not all agencies use these effectively. This service does not extend at this stage to children placed off the island. Looked after children and their carers are well consulted, have access to elected members and senior officers and receive good support from CAST, a multi-agency support group, and from the independent advocacy service. The attendance of looked after children is good, but too many are excluded. The

corporate parenting role in this respect is insufficient to ensure that the life chances of looked after children are maximised.

72. Provision for children and young people with LDD is satisfactory. Pupils with special educational needs generally make good progress in school and in early years settings. The strategy and planning for pupils with special educational needs is satisfactory. Statutory procedures are effective, with all statements completed within 18 weeks. There has been a good reduction in the number of statements of special educational need as a result of actions such as improved delegation of funding. The encouragement of early assessment and intervention has been successful. A useful self-evaluation procedure for schools is not yet integrated with the overall approach to school self-evaluation. There is good support for parents from the Parent Partnership scheme and opportunities are taken to involve parents in the assessment and planning of provision. There are protocols and pooled budgets for the placement of all children with special educational need, with the exception of those who attend college or special school on a part-time basis.

73. Most children and young people, including those who are looked after and those with LDD, have access to a good range of recreational activities that they enjoy. This includes play and voluntary learning through schools, well-used facilities in extended schools and a wide range of voluntary sector provision. Participation in voluntary learning and recreational activities has increased as a consequence of the council's recent decision to provide cheaper transport. There is good provision for family learning. Out-of-hours learning is heavily dependent on external funding. The youth service significantly enhances opportunities for young people to access a good range of accredited activities.

Making a positive contribution

74. The work of all local services in helping children and young people to contribute to society is good overall.

75. Children and young people are supported well in developing personally, socially and emotionally. Good provision in a range of settings and effective support from targeted services and projects enable young people to develop secure and positive relationships with adults and other children and to take responsibility for themselves. Parents and carers having difficulties in maintaining positive relationships with their children have access to helpful groups and workshops.

76. Children and young people are generally supported well in managing changes and responding to challenges in their lives and at key transition points. However, excluded pupils transferring from the pupil referral unit to high schools in Year 9 do not receive sufficient support for reintegration. There is good support at the transition from the special school to college at 16+, but the transition to adult services is not well structured. The authority recognises the need to improve support at all points of transition, an understanding that led to the development of the multi-agency Transitions Working Group during the last

year to develop an up-to-date Transitions Protocol. Temporary housing for homeless families is in short supply, resulting in interrupted schooling. Support for young people to cope with traumatic events and major changes in their lives include positive work with the police on domestic abuse and recent action to address bullying. Pregnant schoolgirls and teenage mothers are supported very well through the Young Mums programme. This provides very strong advocacy and support for their well-being, good support for independence and considerable success in continuing their engagement in learning and entry to employment. Very good crèche provision from SureSteps in Ryde enables young, single mothers to continue their education. Young carers are supported very well.

77. Children and young people are empowered adequately to deal positively with threatening circumstances. Pupils with English as an additional language are very well supported. Not all resulting action from reported incidents of racism is recorded and children, young people and schools do not receive feedback from returns to the authority that are analysed and reported to council members in order to aid prevention. During this joint area review, parents from minority groups reported racist threats and remarks to themselves and their children from within their community. Support for young victims of crime is underdeveloped.

78. Most children and young people have a good range of opportunities to offer their views on local provision and are well consulted about key decisions affecting their personal futures. Although widespread, the council recognises consultation is currently fragmented. A newly-appointed participation officer has a clear remit to develop a coordinated participation strategy. An annual multi-agency Wight 2B Heard conference and a highly successful Big Day Out, the latter targeting the most disadvantaged families, have directly informed the CYPP and influenced service provision. School councils and other initiatives in some schools, such as focus groups, questionnaires and workshops for parents on extended schools, provide good and improving opportunities for young people and families to make their voices heard, particularly in the primary sector. Work through the youth trust and the pilot ViewPoint interactive consultation process furthers engagement. A highly proactive and influential youth council has brought about significant improvements, including cheaper transport. The youth service in particular provides a range of opportunities for voluntary activities and a promising start has been made in involving young people as peer inspectors of youth provision. Young people are involved very well in decisions on service provision and two Connexions workers, who are themselves young people, consult with them on issues of personal concern. Some young people are trained to support adults to seek the views of other young people. Some are members of staff selection panels and others evaluate services. Outcomes from consultation have improved provision for leisure and learning, informed the preventive strategy and strengthened support for some vulnerable groups. The work supported by the Children's Fund and the development of the CYPP was also informed by the views of children and young people.

79. Firm action by all agencies and clear interagency procedures help to reduce anti-social behaviour by children and young people. Agencies and youth workers cooperate well to identify and target those at risk and to reduce anti-social behaviour in local trouble spots. Suitable diversionary projects and activities, including the Streets Ahead project, sports events and facilities for leisure located in disadvantaged communities, are successful as deterrents. Enforcement is strengthened by high-profile policing. Good preventive work with communities has stemmed the sale of alcohol to underage young people and reduced under-age drinking. No young person receives an anti-social behaviour order without a case conference involving the YOT and all anti-social behaviour contracts and orders comprise tailored support packages. By far the highest number of young people surveyed for this joint area review identify that drug dealers in the area around their school make them feel unsafe. There are plans in place to improve the safety of young people. Young people are involved in developing these plans but they have identified a lack of interest and poor resources as likely inhibitors to success. The new strategy for neighbourhood policing is making positive inroads into most schools, but there is insufficient guidance from the authority on working with schools and no formal protocols have been agreed.

80. Firm action is taken to prevent offending and to reduce re-offending. A range of well-targeted preventive activities are designed to discourage substance abuse, improve attendance at school, reduce offending behaviour and prevent re-offending. The early intervention service targets its work well to those identified at risk of offending. Reprimands, final warnings and referral orders show some success as deterrents. Young people who offend receive good multi-agency support from the YOT including officers working with parents and young people in custody on the mainland. High schools do not receive timely information from the YOT on young people who offend; on the other hand, schools themselves are not providing timely information to the YOT. Some young people who offend have reduced provision for learning in high schools. This increases the risk of re-offending. The mental health needs of young offenders are identified quickly by a specialist CAMHS worker linked to the YOT team, but general health needs are not consistently assessed. While an effective partnership between the YOT and the Connexions services helps those who offend to remain in learning, there has been less success with employment due to limited opportunities on the island and anxiety among employers.

81. Children and young people who are looked after by the council are assisted well to make a positive contribution. Looked after children and their carers are consulted well at an individual level and a Listening to Young People in Care survey has informed action by services. Outcomes include the redesign of documents for annual reviews and representation on the Corporate Parenting Panel. Children and young people have direct access to elected members and senior officers and receive good multi-agency support from a specialist team. Looked after children who offend receive specific guidance, support and advice from dedicated Connexions advisers. However, over the past year staffing difficulties have resulted in less contact with social workers, putting a larger

onus on some foster carers for the well-being of the young people they look after.

82. Children and young people with LDD are supported well to make a positive contribution. This influences the services they receive and through participation in focus groups and the Connexions Young People's sub-Committee they are directly involved in influencing strategic decision-making. They have also been involved in staff recruitment. A parent consultation group meets regularly and has influenced the strategy for special educational needs. Families and children are supported very well by the Parent Partnership service and well-trained parent supporters. Advocacy is very strong and mediation highly rated. However, some young people do not know how to access the service or how to make a complaint. Transition planning to adult services is under review. Currently, this is fragmented and multi-agency working is inconsistent. There are good links between the special school and the college for transition, but links with schools are too variable. Good-quality, short-term breaks are available for children and young people, but demand exceeds provision.

Achieving economic well-being

83. **The work of all local services in helping children and young people achieve economic well-being is adequate.** Effective action by partners, including the provision of a good range of high-quality family learning activities and the availability of an increasing number of accessible childcare places, improves the economic well-being of families. Parents and carers are well informed about the services and facilities available to them and there is good take-up of care-to-learn provision and educational maintenance allowances.

84. Support for most young people to help them prepare for work is good. There is a wide range of opportunities for work experiences and work-related activities in high schools and the college. Young people develop enterprise skills and an understanding of business practices in the local economy through participation in the Young Chamber and other enterprise activities. A well-established Connexions partnership offers a good range of advice and guidance for young people in Year 11 and, increasingly, in Year 9. Effective guidance events are now held annually on the island, with good participation from employers, colleges, work-based learning providers and universities from the mainland. Good information is available on the wide range of vocational options offered by the college to 14–16 year olds. Work-based providers and the college are working well with some high schools to offer young apprenticeship programmes in 2006/07. However, the directory of 14–19 provision is incomplete, with insufficient detail on provision in high schools, non-accredited programmes and provision for those not attending school. Plans are well developed to replace the directory with a computer-based system showing all progression routes, together with a common application process for 2006/07.

85. Effective strategies track and support young people and encourage them to progress in learning or employment. This has influenced high levels of participation in education, employment and training beyond the age of 16, particularly by those from vulnerable groups. The number of young people progressing to higher education is lower than regional averages. The proportion of young people who gain GCSEs and advanced-level qualifications is below regional and national averages. Success rates in a range of accredited courses at the Isle of Wight College have continued to improve and are high at all levels, placing it in the top 10% of colleges. The proportion of young people who choose work-based learning is slightly higher than in other parts of the region and the success rates are at least satisfactory. The proportion of young people who achieve a level 2 qualification by the age of 19 remains low and is below regional and national averages.

86. The 14–19 strategic partnership and project groups are working well to address issues raised by the 14–19 area-wide inspection, but progress in addressing several weaknesses, including unsatisfactory GCSE performance, some small class sizes in sixth forms and the quality of teaching at Key Stage 4, has been very slow. A clear 14–19 strategy has been developed, but has not yet been published for all stakeholders to consider. The range of collaborative activities and partnerships between institutions has increased significantly. There is now very good collaboration between the college and work-based learning providers. The development of vocational provision at all levels has been particularly good in meeting the needs of learners and employers in key employment sectors on the island. The college and two work-based learning providers on the island are effectively involved in four Centres of Vocational Excellence in hospitality, residential care for adults, marine industries, and early years, play work and children's services. The college has also achieved the Action for Business College standard. Collaboration between high schools is increasing. However, there are still too many small class sizes in sixth forms. The range of provision for young people aged 16–19 years does not meet the aims of the new learner entitlement. Young people are unable to effectively balance academic and vocational routes and there is not enough level 2 provision in high school sixth forms.

87. A well-established island strategic partnership and clear plans focus on the regeneration of the island's economy and neighbourhoods. Initiatives are in place to target the areas of most need on the Pan Estate in Newport and St John's ward in Ryde. Families and young people were consulted as part of the process. These developments have improved the facilities for children and young people with an increased number of good-quality childcare places, the development of extended schools provision and after-school clubs.

88. The council has leased additional housing units from private landlords to effectively reduce the number of families staying in bed-and-breakfast accommodation. The length of stay in such accommodation has been reduced to a maximum of six weeks and is provided only for emergency cases. Actions are in place to improve the standards of temporary accommodation and to

increase the number of affordable housing units being built. The housing associations do not yet meet the decent homes standards and plans are in place to achieve this by 2010. A range of preventive mediation measures have been put in place to manage incidents of homelessness. There continues to be insufficient affordable housing and semi-independent or supported living arrangements, particularly for young people with LDD, or those leaving care or the youth justice system. The current specialist accommodation continues to be oversubscribed.

89. Young people who are looked after by the council have well-planned transitions as they leave care. Despite some inconsistencies in practice, many receive good personal support, advice and guidance that enables them to continue in education, employment or training. Appropriate pathway plans are developed with young people by the Looked After Children's Education Service. However, the needs of looked after young people and care leavers are not systematically shared with the college when they start courses there.

90. Good partnership arrangements exist between the special school and local college to ensure the effective transition process for young people with learning difficulties and/or disabilities. Advice and guidance about post-16 education and training opportunities are provided by the Connexions service. Opportunities for young people with profound and multiple disabilities are less well developed and there has been slow progress in the introduction of person-centred planning. Young people with LDD do not receive sufficient information and support to enable seamless access to adult social care. Insufficiently clear protocols exist to ensure the systematic sharing of information on needs that is necessary to make this process successful. A transitions group has been set up to address this area of development. Direct payments have been promoted to the parents and carers of children and young people with LDD and those aged 16–17 years. As a result, take-up has increased from a low base.

Service management

91. **The management of services for children and young people is adequate.** A change of political administration in May 2005 brought with it strong leadership, clarity of vision for all children on the island, well-articulated ambition and clear priorities. The new administration has ambitious and challenging plans for working with partners to make children's services more integrated. Work has begun with the establishment of a Children and Young People's Trust, and the development of a network of children's centres, but these ambitions and priorities are not yet consistently underpinned with formal partnership arrangements, robust strategic and operational plans, and the necessary staffing capacity. Many parts of the service are well managed, but there are some important and serious weaknesses in the service for school improvement and the educational attainment of children and young people.

92. The ambitions of the council and its partners for children and young people are good. The council, with its partners, has made progress in developing clear and consensual aims, mission, vision and priorities for children and young people. The council has established good relationships with potential Children and Young People's Trust partners and achieved wide representation from partner organisations on the shadow trust board. A shared vision of what integrated services for children will look like is emerging. The ambitions partly reflect the involvement and contribution from the local community and key stakeholders. However, the council recognises that external and internal communication processes require further strengthening to ensure full engagement, sign-up and contribution. In addition, the ambitions and objectives are not consistently reflected in service plans and individual performance appraisals, but the council is taking the appropriate action to ensure service planning and appraisal processes are improved.

93. Prioritisation is adequate. The outcomes for children and young people are given appropriately high prominence within the priorities of the corporate plan, the Aim High Strategy and the CYPP. The priorities are based on a clear articulation of need and gaps in provision identified, although the analysis does not sufficiently incorporate minority groups and there is a lack of clarity about the future of the youth service. Health priorities are well focused on the needs of the area and the reconfiguration of services is underway to meet these needs. The council has only recently taken the next step of linking budget allocation to key priority activities. Some recent and appropriate work has been undertaken to establish a programme to look more rigorously and more routinely at priorities and examine their implications. The impact to date has been limited and the current efficiency-saving exercise in children's services is a good example of not offering the necessary clarity in terms of priority/budget setting.

94. The CYPP rehearses an impressive range of strategies to be undertaken by the council and its partners, although the document is less strong on success criteria for the outcomes that it desires to achieve. The council has begun piloting integrated services and a process including co-location of services, an outcomes-awareness toolkit and, with its trust partners, is making progress with the development of children's centres and extended schools facilities. Five children's centres are in place and 24 of the 69 schools on the island offer some level of extended service, including after-school activities. The development of the Children and Young People's Strategic Trust and integrated services is, however, at the early stages of their development and processes for translating these ambitions into action are not yet in place. Ambitions and priorities are not sufficiently underscored by strategic and operational plans with timescales and milestones.

95. The track record of partners on achieving their priorities is mixed. Examples of positive developments include: an effective early years service; good fostering and adoption figures; well-developed communications with children who are looked after by the council; the YOT service; and a good

youth service. However, lack of strategies and weak management arrangements for social inclusion, poor educational achievement and the shortcomings in housing provision for certain groups of vulnerable young people such as care leavers all demonstrate the scale of the task still to be tackled.

96. The capacity of the council and its partners to deliver better outcomes for children and young people is adequate. Some progress has been made in reviewing strategic management structures within the council to meet the new children's agenda. There had been a lack of strategic capacity and leadership at senior level, both corporately and within children's services. Both officer and political strategic leadership have been weak in the past. The mutually agreed departure of a number of senior managers as part of a restructuring of children's services has given the council the opportunity to introduce a new impetus to leadership and secure new momentum. The stronger leadership at political level is now providing officers and stakeholders with the appropriate focus. The new administration has sought specialist support from external consultants, appointed an interim director of children's services, a new chief executive and is advertising for a director of children's services to drive through the changes. This process has taken much time and attention and has inevitably inhibited the necessary progress. Overall impact of the changes planned has, therefore, been limited.

97. The interim director of children's services has begun the task of tackling deficiencies in existing services and has led the work on service integration. However, currently staffing resources are not confidently and securely aligned to the task in hand. The council has been slow in developing workforce plans and human resource policies. Despite the structural review within children's services to build up and improve upon its strategic management ability, capacity continues to be stretched. The staffing capability to maintain the momentum for change at the lower tiers of the organisation remains limited. Demands made upon staff are considerable and sickness rates are rising despite recent steps being taken to introduce better absence management. Staffing shortages are affecting some service delivery areas, for example the school improvement service and some areas of social care, despite successful initiatives to recruit and retain social workers. The council has relied too heavily on temporary positions as a stopgap measure, rather than strategically addressing these significant workforce shortages.

98. There are some good examples of partnership and multidisciplinary working, for example Sure Start, work through the Children's Fund, the healthy schools initiative and work with the police authority on anti-social behaviour, prevention of offending and re-offending. Established partnership arrangements and structures, and the pooling or aligning of budgets with other key agencies are, however, limited. The council is developing formalised partnership arrangements for provision at Beaulieu House, but this has been recognised by the council and its partners as taking much longer than planned.

99. Joint commissioning and commissioning for children and young people is underdeveloped. The council produced a Local Preventative Strategy in 2004 which sets out how integrated children's services will be developed and is currently testing integrated working through pilot cluster initiatives in local areas, but it is very much work in progress. The council has had some success in procuring services such as developing partnerships with the construction industry for its education build. This has delivered savings of over 10% in school construction costs.

100. Use of resources and value for money are both adequate overall. Financial management is sound. There is a track record of using financial benchmarks and unit cost comparisons within children's services. Financial discipline and budget management and control processes are relatively robust. The council's medium-term financial strategy does not fully reflect longer-term needs or priorities. However, the council has put in place a priorities methodology, as part of the 2006–07 budget round to ensure closer links between the budget and the council's priorities.

101. While the council has ensured that spending on education matches the level suggested by central government and there is a clear corporate commitment to children's services, there is no guarantee that funding will be reprioritised to services for children and young people after 2006-07. This short-term approach limits the ability for services for children and young people to plan for the future effectively.

102. The council's areas of high spending are in line with the stated priorities and, in some key areas such as social care, early years and services for pupils with special educational needs, investment has resulted in improved services. However, outcomes are variable and there are some priority areas, such as educational attainment and school improvement, where high spend has not been reflected in improvements in service delivery and performance. The council has made slow progress in tackling falling rolls in schools and delays in school reorganisation which does not demonstrate value for money as some schools are very costly and are running with spare capacity. In addition, a considerable number of schools are carrying high balances despite the council having a challenge process in place to establish whether they should remain for specific, planned and agreed purposes. The council, however, has further strengthened its approach by introducing a claw-back process for unplanned surpluses. It is also improving its focus on value for money by targeting areas of high spending and poor performance through its priority improvement area system.

103. Performance management is inadequate. There is a clear commitment to improve performance management and foster a performance management culture, developments that are seen by the members and officers as crucial cogs in the future success of the children's service. The performance management framework is developing and is appropriate for the task. However, planning and performance management processes within children's services

have not yet been fully integrated and there are inconsistencies and variability in the quality of performance monitoring and control. Corporate monitoring is becoming more effective with the introduction of stronger planning frameworks and processes and quality assurance is steadily becoming established, but is not securely embedded. The ownership and a wider understanding of performance management have not been achieved. Scrutiny arrangements within children's services are not yet effective, meaning they are not sufficiently challenging. There is no process for monitoring, evaluating and reviewing the outcomes of local projects and initiatives. There are few examples of performance information, complaints and user feedback being used systematically to inform and improve service delivery. The council, in providing services internally and externally, is too often provider-orientated. Information-sharing between agencies is patchy and the quality of management information within the council's services for children is generally poor.

104. The capacity to improve is adequate. Historically the council has had a poor track record of responding effectively to its weakness by systematically building its capacity to improve performance and standards. This is most evident in education where, for too long, there has been inertia despite a deteriorating position. However, since the change of administration, there is strong evidence of a will and activity to redress this by rigorous action and effective management. In a relatively short timescale there is evidence of capacity building at senior level to drive the change and improvement agendas. It has also brought clarity of political and professional leadership, vision and prioritisation, and increased links between financial planning and priorities. Although evidence of this work translating into evidence of sustainable good outcomes for children and young people is inevitably limited by the timescales involved, some is identifiable. The broad range of initiatives necessary to turn the rhetoric of improvement to reality is in place, soundly based, and work is proceeding in a more managed and measured way to ensure that best management and operational practice is firmly established throughout the area, for example performance management. Early years education and the youth service are strong and effective services. The work to develop effective partnerships is leading to effective safeguarding work overseen by the multi-agency LSCB.

Annex 1: the children and young people's section of the corporate assessment report

1. Providing opportunities for all children and young people to achieve is a high priority of the council. A change of political administration in May 2005 brought with it strong leadership, clarity of vision for all children on the island, well-articulated ambition and clear priorities. Close and continuing attention by the council to ensure sufficiency and alignment of capacity and performance management will continue to ensure that ambition and priorities convert to delivery that positively impacts upon the quality of life and enhances the life chances for all children and young people. Significant change has occurred at chief and senior officer level with the chief executive, director of children's services and other officers taking early retirement. There has been an inevitable impact upon the change process but the drive to increase capacity by strengthening the directorate and improving performance and service standards has begun, supported by a team of retained consultants. Work towards implementing the Children and Young People's Strategic Trust by October 2006 and the development of the Children and Young People's Plan has been significantly led by the interim director of children's services, involving key partners from the local authority, the police, the Learning and Skills council, Connexions, Strategic Health Authority, the Healthcare NHS Trust and representatives of the voluntary sector, and progress is evident, although there is much to do in a constrained timescale.

2. With the highly significant exception of major aspects of education, local services on the Isle of Wight are generally adequate and some are better and have had a positive and beneficial impact upon outcomes for children and young people. However, children and young people do not enjoy and achieve at school and standards are not good enough – issues that have driven and dominated the political and professional agendas since the change of administration. Although the management and capacity of the children's service are adequate, and the ambition of the council good, the timescale has been too short to enable the identification of broadly based evidence of sustainable change. Many of the building blocks of sustainability, such as capacity, linkage of budgetary allocation to service priorities, and performance management are in progress and, specifically in relation to education, the school improvement strategy is insufficiently robust to raise attainment and systems for monitoring and evaluating progress are absent.

3. The health community and its partners have combined to secure adequate health outcomes for children and young people with some examples of innovative practice leading to good outcomes. Health promotion, aspects of health education and health provision to all children (including children who are looked after by the council and those with learning difficulties and/or disabilities) are generally good, although further examination is required of the role that Children and Adolescent Mental Health Services should fulfil.

4. On the basis of the evidence gathered during this joint area review, children and young people appear safe. Arrangements made by the council are satisfactory and there are good examples of effective interagency work. However, until recently some child protection cases were unallocated and although contingency arrangements were in place, this constitutes an unacceptable risk to the children concerned. The council and its partners are working well together to support young people most likely to offend and are working satisfactorily with those who have offended. Staff shortages contribute to the significant pressures that the children's social care service frequently experiences. There is insufficient attention to refocusing the children's service towards a model of early intervention and prevention that would reduce the reliance on high-cost services such as child protection and residential care, thereby alleviating some of the capacity pressures.

5. Children and young people including vulnerable groups are supported well in their personal, social and emotional development. The inspections of schools and the youth service have noted that children are helped to take responsibility and face challenges in their lives, and the work of the Youth Council has brought about significant changes for young people. Young people say that they feel safe, but more could be done to support young victims of crime and to learn from incidents of racism.

6. Participation in education after Year 11 is satisfactory overall and the number not in education, employment or training is below regional and national averages. Success rates for those at the local college have continued to improve and are above national averages. The supply of adequate and affordable housing on the Isle of Wight is insufficient and affects all children and young people.