



# Joint area review

Barnet Children's Services Authority Area

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**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

<b>Introduction</b>	<b>2</b>
<b>Context</b>	<b>3</b>
<b>Summary report</b>	<b>4</b>
Grades	10
Recommendations	10
<b>Main report</b>	<b>11</b>
Outcomes for children and young people	11
Impact of local services	14
Being healthy	14
Staying safe	15
Enjoying and achieving	17
Making a positive contribution	19
Achieving economic well-being	21
Service management	23
<b>Annex: The children and young people's section of the corporate assessment report</b>	<b>26</b>

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## Introduction

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of seven 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 corporate assessment of the local council by the Audit Commission and its findings are represented in the relevant part of the corporate assessment report. It also drew on the findings of an inspection of youth offending service and a contemporaneous inspection of the youth service.

3. This review describes the outcomes achieved by children and young people growing up in the Barnet area and evaluates the way local services, taken together, contribute to their well-being. Joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being.

4. The review evaluates the collective contribution made to each outcome for children and young people by relevant services in the area. It also judges the contributions made by the council's services overall and the health services. Particular attention is given to joint action by local services on behalf of those groups of children and young people who are vulnerable to poor outcomes. Two such groups are covered in detail: children and young people who are looked after by the council; and children and young people with learning difficulties and/or disabilities.

5. The review took place in two stages consisting in total of three weeks over a six-week period. The first stage involved an analysis of existing evidence as well as a few key interviews with senior staff. The review of existing evidence included:

- 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 involved inspection fieldwork. This included studies of how far local services have improved outcomes for a small sample of children

and young people, some of whom have the most complex needs, and a study of provision in one neighbourhood in Colindale. It also included gathering focused evidence on seven key judgements, selected because of their critical importance to improving outcomes for children and young people in the local area. Discussions were held with elected members of the local authority and their equivalents in other public agencies, officers from these agencies, children and young people, parents and carers and representatives from community and voluntary groups.

7. A report on the Barnet Youth Service is being published by Ofsted at the same time as this report.

## Context

8. Barnet, the second largest of the London boroughs, has a growing population of children and young people. Currently there are approximately 80,600 children and young people under the age of 19, almost a quarter of the total population. By 2016, Barnet is projected to be the largest borough in London.

9. The borough is vibrant and culturally rich. It is already the twentieth most ethnically diverse area in England. Over 40 % of children and young people under 16 come from minority ethnic groups, compared to just over a quarter of the population overall, with the largest group having Indian heritage, followed by African. Barnet has the largest Chinese community and the highest proportion of Jewish residents in the country.

10. Large parts of the borough enjoy economic prosperity, which makes the socio-economic context of the area better than average. On average, people born in Barnet can expect to have among the longest life expectancies in the country. Twelve localities, most notably in the wards of Burnt Oak, Colindale, West Hendon and Underhill, are within the 20 % most deprived nationally, and consequently, in these neighbourhoods, there are some children and young people who do much less well than average, and who have significant health needs and greater risk of social exclusion.

11. There are currently 4 nursery schools, 89 primary schools, 19 secondary schools, 4 special schools and 3 pupil referral units. The proportion of children and young people entitled to free school meals is in line with the national average, and in recent years has remained reasonably stable. In 2005, the council's services supported nearly 400 looked after children, as well as over 100 unaccompanied asylum seeker and refugee children and young people. Using a wide number of diagnosed disabilities and a wide range of disabilities from mild to severe, the area estimates that nearly 12,000 children have some form of learning difficulty and/or disability.

12. A local strategic partnership comprises all of the main public service providers and representatives from the business community and voluntary groups. The Children and Young People's Strategic Partnership (CYPSP) operates within this overall framework. The 14–19 strategy is overseen by a group of representatives from the Barnet Association of Secondary Heads, North London Connexions, Barnet College, Woodhouse Sixth Form College, the Learning and Skills Council London North, and Barnet local authority. Entry to Employment (E2E) provision is managed by a national training provider controlling 14 places. Adult and community learning is provided by Barnet College. Barnet is part of the Metropolitan Police Service.

13. Primary care for children in Barnet is provided by the Barnet Primary Health Care Trust (PCT). Barnet and Chase Farm Hospitals NHS Trust is the main provider of acute health services. Other children's hospital services and accident and emergency (A&E) services are provided by the Royal Free NHS Trust which also provides services to several other London Boroughs. Child and adolescent mental health services (CAMHS) are provided by the Barnet, Enfield and Haringey Mental Health NHS Trust. At the moment, all of the trusts providing health services to children and young people in Barnet come under the auspices of the North Central London Strategic Health Authority.

## Summary report

### Outcomes for children and young people

14. **Outcomes for most children and young people in Barnet are good.** Most are healthy, enjoy their education and achieve well, are well prepared for working life, and have a good range of opportunities to make decisions and to take responsibility. From the evidence gathered, most children and young people appear safe, and there is good protection for those most at risk. Healthy lifestyles are encouraged, and the area has already met the December 2006 target for the number of schools attaining the Healthy School Status. Some health outcomes are below average, including immunisation rates and dental decay in under-5s. The area also has a comparatively high proportion of expectant mothers who smoke. Educational standards are broadly above the national averages, although not all children and young people from minority ethnic groups achieve as well as their peers. Children and young people living in Barnet are less likely to become a victim of crime when compared with other parts of London and the rest of the country. A higher proportion than nationally continue with their education after the age of 16, although the number of people on apprenticeship programmes is low and there are relatively few opportunities for work-based learning.

15. Outcomes for vulnerable children and young people are largely good for those aged 16 and under. Looked after children and children with learning difficulties and/or disabilities make good progress at school and achieve standards that are above the national averages for these groups. Strenuous efforts are made to ensure that changes in the care arrangements for looked

after children do not necessitate a change of school, and this contributes strongly to the good standards attained by this group of pupils. Children and young people from vulnerable and other groups are involved fully in statutory reviews of support and provision. The incidence of health checks and assessments for looked after children have been much lower than average, but improvements have been secured and the figures now compare favourably with the national picture. The proportions of young people aged 16 and over from vulnerable groups who are not in education, training or employment (NEET) are relatively high compared with other groups. Care leavers do not always have a named social worker.

## The impact of local services

### Being healthy

16. **The combined work of all local services in securing the health of children and young people is good.** Families and carers are very well supported in keeping their children healthy. A high percentage of mothers breastfeed, and good provision of primary health care services results in fewer than average children being admitted to hospital. The need to help more expectant mothers stop smoking is recognised and services are being reviewed, but without sufficient involvement of pregnant women and new mothers. A catch-up programme is beginning to improve immunisation rates, but protection against mumps, measles and rubella (MMR) remains a concern. The partnership's targets for immunisation are insufficiently ambitious.

17. There is good partnership working. Services are well planned and targeted to address key health priorities derived from a good analysis of need. Effective school-based health education programmes are delivered through the Healthy Schools Programme. Most vulnerable groups of young people, including those out of school, also have good access to community-based and drop-in health services.

18. Health services for young people who offend are good, particularly mental health services, and adequate for care leavers. The new GP enhanced contract has contributed significantly to the improved health provision for looked after children, and additional members of staff provide outreach for those children placed out of borough. A joint commissioning approach has contributed to the development of an improved CAMHS services with a single point of access. Services for children with learning difficulties and/or disabilities, and those with complex and continuing care needs are generally good, especially for younger children. The development of a fully integrated service for children and young people has been identified as a priority.

### Staying safe

19. **The combined work of all local services in keeping children and young people safe is good.** Children and young people who are most at risk are protected well through good inter-agency collaboration and well managed

procedures. Effective measures to recruit and retain qualified social workers have resulted in improved deployment of staff and continuity of care for looked after children and those on the child protection register. Assessments of need are carried out thoroughly and promptly. Supervision and family support are maintained when children and young people are taken off the register, and this is contributing to a reduction in the number of those who need to be re-registered within 12 months.

20. Professionals in key agencies work well together and share information. There are appropriate interventions for children in need, but these do not draw sufficiently on the full range of expertise of other professionals and there is a lack of shared understanding across the partnership of thresholds for intervention for children and young people who are not looked after or on the child protection register. There is some intensive support for families. However, the ability to provide intensive family support that offers early intervention and prevention is limited and largely unco-ordinated, and vulnerable to staffing and financial pressures. Wider safeguarding measures are working effectively, including protocols for missing children and Criminal Records Bureau checks.

21. Corporate parenting is effective and looked after children enjoy good supervision and support. Careful attention is given to providing stability of placements for most looked after children so that they develop and sustain strong attachments. Measures to reduce the dependency on placements beyond Barnet are increasingly successful, and the proportion of looked after children placed outside of the borough is reducing. A policy is in place to ensure that children's future care is secured permanently if they become looked after. This is working effectively, and permanence or adoption is being achieved in good timescales. A range of services help to prevent children becoming looked after, and these services are effective in meeting families' needs. Availability and access, however, are limited and some families have to wait too long for intervention.

### **Enjoying and achieving**

22. **The combined work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.** The council has taken a strong lead in bringing about improvements in the performance of its schools over a relatively short period of time. School improvement practice is very effective, contributing to the good standards achieved by children and young people overall. Vulnerable and other groups are well targeted for improvement. As a result, for instance, the gap in performance of Black African and Black Caribbean children, when compared to the borough's averages, narrowed in 2005. Early years provision is adequate with some variation across the wide range of settings and Foundation Stage.

23. Initiatives to improve attendance have led to mixed results so far. Attendance in the secondary sector is good and continues to improve, but while attendance in primary schools is satisfactory overall, levels of unauthorised

absence have remained high and above average for too long. However, the authority and schools are applying a good range of strategies, which are beginning to make a difference.

24. The close support for individuals and different groups of children and young people is good. As a result, children and young people with learning difficulties and/or disabilities and looked after children make good progress. Good partnership between the authority and its schools is helping to prevent exclusions of pupils, which have reduced significantly over the past year. Children and young people educated other than at school generally attain well and are supported effectively by a thorough process to monitor achievements and respond to specific needs.

25. Despite some well-used provision in schools, including extended school activities, there is not yet sufficient co-ordination and promotion of leisure and recreational activities across the borough to encourage greater involvement of more children and young people, including those with learning difficulties and/or disabilities. The partnership recognises this and is currently auditing the range of provision as a first stage towards improvement.

26. Parents and carers generally have access to a good range of advice and support, mostly provided by schools with the support of community library services and the use of DirectMe, the authority's online directory of services.

### **Making a positive contribution**

27. **The combined work of all local services helping children and young people to contribute to society is good.** Children and young people are encouraged strongly to participate in making decisions on issues that affect their own lives, but strategies for feeding back on the outcomes of their involvement are undeveloped. An active Youth Board, representing a diverse range of vulnerable and other young people living in the area, makes a very sound contribution to the work of the CYPSP. Children and young people develop good relationships at school, and most are supported well to manage challenges and changes that they face. For school-age vulnerable children and young people, there is especially good specialist support. Adequate, but more limited, support is available for vulnerable young people approaching adulthood. In particular, there are too few opportunities for young people with learning difficulties and/or disabilities to engage in work-based learning. Advice and support for transition to post-16 education and training for young people with especially complex needs is inadequate and is recognised as being so.

28. Concerted action and initiatives to reduce anti-social behaviour by children and young people are very good. Effective action is also taken to prevent offending and to reduce incidence of re-offending. Those who have offended are supervised effectively and there is clear evidence of a positive impact on the lives of the young people concerned, especially in reducing the incidence of drug and substance misuse. Less well developed, but nevertheless at least adequate, is the work that enables young people who offend to recognise the

consequences of their actions and for consulting victims about reparation or restorative justice work. Ensuring that 90 % of young people who offend are in suitable full-time education, training or employment remains a challenge and is identified as priority for action.

### **Achieving economic well-being**

29. **The combined work of all local services in helping children and young people achieve economic well-being is good.** Good partnership work across the borough is improving the quality of provision and the support available for young people. The partnership provides a good range of vocational courses and is actively encouraging the development of work-related education. The well-conceived strategy and action plan for 14–19 education and training, and the effective actions to raise young people's aspirations and levels of achievement, have increased significantly the number of young people progressing into higher education. Well-focused activity has reduced the number in the NEET category to below the North London target of 8%. Work-based training opportunities in construction, retailing, administration and care are too limited to meet the future needs of the borough. There are too few employment prospects for care leavers and young people with learning difficulties and/or disabilities.

30. Regeneration activities are already improving conditions for young people, including One-Stop-Shop services, which are well used and particularly effective in promoting good money management. Family learning is supported effectively by good partnership arrangements which successfully encourage participation from parents from hard-to-reach communities. Housing support for care leavers is good. However, for some other young people with housing support needs, the level of service provided is not always of sufficiently high quality. This is acknowledged and action is being taken.

### **Service management**

31. **The management of services for children and young people is good.** Partnership working is well established, with a particularly strong contribution from the voluntary sector. The partners share a clear set of ambitions for children and young people, derived from a very good, geographically-based, needs analysis. Priorities are clear and take good account of the needs of diverse community groups. There is strong emphasis on the needs of the most vulnerable children, but some preventative services are underdeveloped. Nevertheless, this is being addressed to some extent through the carefully considered plans to create more children's centres and extended schools and in the work to develop the role of the lead professional. There are some key strengths in the capacity to deliver priorities, but the role of scrutiny in securing value for money from local services is still underdeveloped<sup>1</sup>, although the partners understand what needs to be done. Budgetary control

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<sup>1</sup> Recommendations about scrutiny are to be found in the linked corporate assessment report. This is published by the Audit Commission.

has improved. Innovative recruitment campaigns have been highly effective, particularly for children's social workers. Performance management is good, with a clear role for the voluntary sector and for children and young people. The partners' own systems reflect shared targets well and have delivered improvements in several areas, notably in the youth offending service.

32. All partners were engaged fully in the self-assessment process. The strengths and most of the issues facing the partnership are recognised. The self-assessment is broadly accurate, indicating a partnership that knows itself well. The capacity for further improvement is good.

### **The council's children's services**

33. **The contribution of council services to improving outcomes for children and young people is good.** Data and information are used well to inform needs analysis and to shape strategic plans. The good quality leadership and determination of senior officers have contributed strongly to a rapid improvement in education and social care services, many of them from a low base. Almost all services are now good. There is a proven ability to prioritise, with especially good use of geographic mapping to translate national and other initiatives into a local context and focus. Partnership working is strong, and there is very good use of services commissioned from the voluntary sector. The capacity for further improvement is good.

### **Health services**

34. **The contribution of health services to improving outcomes for children and young people is good.** Strategic planning is based on a good analysis of need. Data and information are used well to support improved effectiveness of local services and are increasingly available to front-line practitioners. The lead specialists for children and young people within the PCT and the public health service provide effective support to the partnership in improving health outcomes for children. Through involvement in regeneration planning, such as the Colindale area, the PCT makes a good contribution to improving the wider socio-economic and environmental factors affecting children's and families' health.

## Grades

Grades awarded:

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

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

## Recommendations

For immediate action

- Agree thresholds for intervention for children in need and ensure there is a collective understanding of these.

- Routinely provide feedback to children and young people on their participation and involvement.

### **For action over the next six months**

- Establish and implement a strategy to improve the co-ordination and scope of family support and preventative services for children in need.
- Ensure that all care leavers have a named key worker and that access to education, training and employment is improved.
- Improve the post-16 education, employment or training outcomes for looked after young people, young people with learning difficulties and/or disabilities and young people who offend.
- Improve arrangements for supporting young people with learning difficulties and/or disabilities to make the transition from children's services to adult services, especially those with complex needs.

### **For action in the longer term**

- Review the projected rates of improvement for MMR immunisation so that levels sufficient to prevent an outbreak are achieved in a realistic but more challenging timescale.

## **Main report**

### **Outcomes for children and young people**

35. **Outcomes for most children and young people in Barnet are good.**

36. **Most children and young people living in Barnet are healthy.** The area has met most of the national health targets for children and young people, and achievement is largely above national and comparator group benchmarks. Infant mortality is low, a high percentage of women breastfeed and there is a low incidence of physical disease and mental ill health within the young population. Good provision of primary care services results in fewer than average children and young people being admitted to hospital with common conditions. There is an upward trend in the teenage pregnancy rate, although it is still lower than for comparator areas. However, some health outcomes are below national levels, including immunisation rates, particularly for MMR, and dental decay in under-5s. The area also has a comparatively high proportion of expectant mothers who smoke. The percentage of under-16 year olds seen within an hour of entering accident and emergency departments is lower than average.

37. The area has already met the December 2006 target for the number of schools attaining the Healthy School Status, and the National Nutritional Standards for school lunches are exceeded. Local research indicates a close match to other national surveys for the incidence of substance misuse for children and young people under-15 years of age, although for over-16 year olds there are slightly higher rates of illicit drug taking than nationally, with alcohol the most frequently used substance.

38. **On the basis of evidence gathered, children and young people appear safe.** The proportion of children and young people on the child protection register compares favourably with the national average and all cases have been allocated to a qualified social worker. The length of time that children and young people remain on the register has fallen, and only a very small minority of children and young people have been on the register for two years or more. By comparison, in 2005, the proportion of children on the register who have previously been registered increased to a level well above the national average. Provisional figures for 2006 indicate that this has fallen to a level more in line with other similar areas. In 2006, there has also been a marked improvement in the proportion of core assessments carried out within the timescales, and nearly nine-tenths are now completed within 35 days of their commencement. On this measure, the area has moved from a position of well below to above the national average.

39. There is a slightly lower proportion of looked after children than the national average. Proportionately fewer looked after children than the national averages are placed close to their existing social networks. For both stability of placements and placement with a foster carer, Barnet performs above the national average. During 2005/06, a number of looked after children did not have a qualified social worker to support them for significant periods of time, although, at the time of the inspection, all cases were allocated.

40. Road traffic accidents are reducing, and the percentage of road traffic accidents involving children and young people compares very favourably to Outer London as a whole. The rate of admissions to hospitals for under-18s due to injuries is significantly below average.

41. **Most children and young people achieve well, enjoy their education and feel safe and happy in schools.** Educational standards are above the national average, apart from more variable performance at Key Stage 1 and the proportion of children attaining one or more GCSE grades at A\*–G, where indicators are in line with the national average. At all key stages, the trends in performance are at least adequate, and often good. In 2005, all Y11 pupils at the pupil referral unit attained at least one GCSE pass at grade D or better, with three out of four pupils attaining passes in English, mathematics and science. Pupils receiving home tuition for medical reasons also gained good results given their starting points. Children with learning difficulties and/or disabilities generally make good progress, and those looked after by Barnet perform better than the national average for these groups. There is a gap in

performance of Black African and Black Caribbean children at Key Stages 2, 3 and 4 when compared to the borough's average, but this is narrowing.

42. Attendance rates continue to improve at secondary schools, but the picture for primary schools is mixed. Authorised absence is in line with national and comparator averages but unauthorised absence has been consistently above the national average and levels found in similar areas. Permanent and fixed-term exclusions have decreased significantly since last year. The number of schools in categories of concern has reduced significantly over recent years; in particular, there are now no schools in special measures. Two schools have notices to improve.

43. **Children and young people have a good range of opportunities to make decisions and take personal responsibility; many make a good contribution to their schools and communities.** Children and young people in Barnet are less likely to become a victim of crime when compared to London and the rest of the country, despite a notable rise in the number of crimes reported where children and young people were victims. In line with the picture nationally, the fear of crime is disproportionate to its incidence. There are, however, identified local hotspots for youth victims of crime, such as Burnt Oak, High Barnet and North Finchley. The rate of youth offending is below the levels found in similar areas and those nationally, including for the proportion of looked after children receiving final warnings, reprimands and convictions. The area has achieved its target for reducing the number of first-time entrants into the criminal justice system, and is above average in this respect. The proportion of supervised juveniles in full-time education is below the national average and the average for similar areas, and falls well short of the 90% target.

44. The vast majority of schools in Barnet have a school council. School inspections indicate that primary schools, especially, are good at seeking involvement of pupils, and that children and young people in both secondary and primary schools are very willing to be enterprising and take responsibility. The vast majority of looked after children, children with learning difficulties and/or disabilities and young people who offend are invited to communicate their views during statutory reviews of support and provision.

45. **Most young people are prepared well for working life and a good number are able to achieve economic well-being.** The results achieved by many young people at GCSE are good and this encourages a higher proportion than nationally to continue with their education after the age of 16. Young people taking GCE or VCE AS or A levels do consistently better than the national average. Overall, the number of young people NEET is low. In addition, the proportions of young people whose destinations are unknown are reducing. There are, however, groups, such as those with learning difficulties and/or disabilities, care leavers, teenage mothers and young people who offend, for whom the proportions not in education, training or employment are relatively high. The number of young people on apprenticeship programmes is low and

there are relatively few opportunities for work-based learning in the borough. Achievements in National Vocational Qualifications are also lower than average.

46. Much of Barnet's housing stock is in good condition, especially in the owner-occupied sector. Nevertheless, around 3% of children and young people live in unsatisfactory housing. At any time, just over one in 21 of the borough's children and young people live in temporary accommodation, although since 2003 no family with children has been placed in bed and breakfast accommodation and there has been a reduction in the use of short-term temporary accommodation for families at risk of domestic violence.

## **The impact of local services**

### **Being healthy**

**47. The combined work of all local services in securing the health of children and young people is good.**

48. There is good antenatal care and support for pregnant women and their partners. Community midwifery services are linked into children's centre services. Women are offered a choice of options for delivering their babies, including a birthing unit, as well as hospital delivery and delivery at home. The need for helping more pregnant women to stop smoking is recognised, and the antenatal smoking cessation service is being reviewed to help improve uptake of the service and quit rates. However, pregnant women and new mothers are not sufficiently involved in re-designing services.

49. Health visiting and child health services are very good, and the reconfiguration of services now being implemented is well thought through. Parents and carers receive timely and culturally appropriate services to keep their children healthy. Families are empowered to access a good choice of support and information services from statutory and voluntary organisations. Different practitioners have been trained to deliver parenting programmes which are well used by families, such as the Family Caring Trust model and Solihull programme. However, family support and parenting services are not sufficiently integrated across agencies. A catch-up programme is beginning to improve immunisation rates, but protection against MMR is still insufficient to prevent an outbreak of these diseases. The partnership's targets for improving immunisation rates are not sufficiently ambitious.

50. Healthy lifestyles for children and young people are promoted well. Most schools participate in the Barnet Healthy Schools Scheme (BHSS), including special schools and pupil referral units. The Scheme provides a good mechanism for targeted health promotion and has now been extended to early years' settings through the innovative HAPPY programme. Expenditure on school meals is above the national average, and meals exceed the National Nutritional Standards.

51. Action to reduce teenage conceptions, improve sexual health and reduce substance misuse is targeted effectively. The young people's centre and teenage sexual health clinic are good examples of services that young people find accessible, confidential and responsive to their needs. Free bus travel for under-16s is helping improve access to services, but transport costs and fear of travelling out of area still limits access for some older young people and teenage parents. Substance misuse services are good, although until recently have been insufficiently focused on alcohol misuse.

52. Health services for young offenders are good or better, and adequate for care leavers. The new GP contract has resulted in a notable increase in health assessments and dental checks for looked after children, and additional staff are now providing outreach care for more vulnerable looked after children and those placed out of borough.

53. The new intake team for young children with special needs and disabilities is reducing waiting times for assessment, and the early support programme is offering more timely and flexible provision of therapy and treatment services. Services for children and young people with learning difficulties and/or disabilities are good overall, but are less well developed for those approaching adulthood.

54. The process to reconfigure paediatric and maternity hospital services in the North Central Sector is well managed. There is, however, below average satisfaction for hospital in-patient and out-patient services by young people attending local hospitals, especially Barnet and Chase Farm. This is the first year in which a baseline has been set, and an action plan has been developed to address the issues that have been identified. In response to the recommendations in a recent joint review in another area, more qualified children's nurses are employed in the A&E departments at Barnet and Chase Farm Hospitals. Also, a new paediatric assessment unit in the children's ward at Chase Farm enables children to be fast-tracked to specialist services from A&E or their GP.

55. CAMHS is delivering a high quality, comprehensive service with a single point of access and performs at well above national levels. Mental health services are good for looked after children, and CAMHS also provides good support for foster carers and prospective adopters. The primary project, which provides direct access to CAMHS for primary school-aged children, is working well. The project has made a significant difference and is valued greatly by parents and carers. Plans to roll out this model to secondary schools are in the early stages of development. Primary care and education services have good advice and guidance for supporting families and children with mild to moderate mental health needs.

### **Staying safe**

**56. The combined work of all local services in keeping children and young people safe is good.**

57. Children and young people are well informed about their general safety in the community. The well-established Barnet Safeguarding Children Board has addressed the wider safeguarding agenda, including the safe environment. A wide range of information is available to parents and children about risks in the home and in the community, including health concerns about, for example, reducing the risk of cot death. Anti-bullying measures are in place and are working well, and road safety has improved.

58. Those most at risk from abuse are well protected by good inter-agency collaboration and professional practice. Child protection procedures are managed and audited effectively, and the quality of recording of information is good. All cases of children on the child protection register are allocated to qualified social workers. The numbers of children on the register are close to comparator averages, and children and young people do not remain on the register for unnecessarily long periods of time. Family support continues after children and young people have been taken off the register and, on latest figures, relatively few children and young people have had to be re-registered. Children and young people, and their parents or carers, participate well in decision-making about child protection issues.

59. Performance monitoring and audit work in child protection is good, and has led directly to improvements in training and practice. Criminal Records Bureau checks are good in relation to both policy and practice. Multi-agency public protection arrangements to monitor serious offenders in the community are sound. Protocols for missing children are in place, and case study evidence gained during the joint area review indicates that these are working effectively.

60. Procedures for referring and assessing children and young people are adequate, with good management oversight and a prompt response to more urgent need. There has been a notable improvement in the proportion of assessments carried out to the required timescale. In particular, core assessments are completed promptly, and the quality of work is good. Audit and training are helping to improve key aspects, such as analyses of need.

61. There is a consistent approach to intervention and support for children and young people in need of protection, and this is leading to a reduction in the rate by which children are re-referred to social care. Other agencies are unclear about thresholds of access to social care, or how children in need are defined if they are not looked after or on the child protection register. Decisions about allocations of cases are taken by team managers in social care without an inter-agency policy framework. This leads to some appropriate interventions but does not sufficiently draw upon the full range of expertise of other professionals to ensure an integrated response to need. The ability to provide intensive family support that offers early intervention and prevention is limited and largely uncoordinated, and vulnerable staffing and financial pressures. Nevertheless, there is a range of different providers who work well together to offer some preventative support at varying levels, although children and families sometimes have to wait for the service.

62. The range of approaches available to avoid the need for children and young people to be looked after is improving and is now good. A family group-conferencing approach is developing, and a kinship care team has been established recently.

63. Successful strategies to recruit and retain qualified social workers have led to improved allocation of looked after children during 2005/06, so that the latest position is very good, with all cases allocated. However, some care leavers do not have a named key worker.

64. The safeguarding of looked after children is promoted effectively. Foster carers and staff are prepared well and trained appropriately. Changes of care placements are managed effectively, and minimised as far as possible to ensure that most looked after children are in stable placements. Successful actions have been taken to reduce significantly the dependency on placements outside of the borough. A policy is in place to ensure that children's future care is secured permanently if they become looked after. This is working effectively, and permanence or adoption is being achieved in good timescales. Support for carers is highly valued, although capacity to provide intensive support has sometimes been constrained by illness and staff vacancies. Corporate parenting is a strength with good partnership working among stakeholders.

### **Enjoying and achieving**

**65. The combined work of all local services in helping children and young people to enjoy their education and recreation and to achieve well is good.**

66. The council has taken a strong lead in bringing about improvements in the performance of its schools over a relatively short period of time. School improvement practice is very effective. The council's officers know the schools well and they monitor performance closely. School self-review and self-evaluation is at the heart of the thrust to improve standards in Barnet's schools and helping to build the capacity for schools to become less reliant on local authority support. Improvement strategies vary appropriately according to schools' contexts; for example, federating nearby primary schools has been an effective strategy to improve school leadership and standards in one of the schools. Elsewhere, the council has instigated quick and effective changes to schools' senior management teams, leading to far fewer schools with significant weaknesses. Also, the good attention to raising achievements of vulnerable groups of children and young people is well illustrated by the focused use of a range of different professionals to meet specific needs. As a result, for instance, the gap in performance of Black African and Black Caribbean children, when compared to the borough's averages at Key Stages 2, 3 and 4, narrowed in 2005.

67. While targeting improvements contributes to the good standards achieved by children and young people overall, support to improve attendance has led to mixed results so far. Attendance in the secondary sector is good and continues

to improve, benefiting from the close co-operation between schools and the education welfare service. Attendance in primary schools is satisfactory overall, but levels of unauthorised absence have been above average for too long and remain high. However, a good range of strategies, such as following up first-day absences, employing parent liaison officers and good use of learning mentors, is beginning to have an impact. Recent data and information indicate that a significant number of primary schools are improving attendance rates. Nevertheless, sustaining these improvements remains a challenge for schools and the council.

68. Early years provision is adequate, with some variation across the wide range of settings and Foundation Stages. In response, the council is promoting greater self-evaluation and sharing of the most successful early years practice. The forward-thinking Early Years and Childcare draft plan is ambitious in its aim to develop 17 children's centres by 2008. Only one children's centre, Wingfield, is open at present, but is already a good focal point for parents seeking to access a range of integrated support services with their young children. The children's centre plans form a strategic initiative to complement the primary capital programme to bring about much needed improvement to the quality of primary school buildings.

69. The support for individuals and different groups of children and young people is good. Most children and young people with learning difficulties and/or disabilities have good support and achieve well.

70. Children and young people who are looked after attend their schools regularly and attain much better than those nationally and in similar areas; their GCSE performance is higher than average. However, only two-thirds of eligible looked after children sat one or more GCSE examinations in 2005, which, despite being higher than the national average, remains low. Looked after children are closely supported in schools, their attendance is continuously checked and, in some cases, funding allows a support assistant or learning mentor to provide extra guidance. Partnership with foster carers is good. The innovative 'education champions' and the high levels of stability of placement further emphasise the council's success and high level of commitment towards raising the achievements of looked after children.

71. Good partnership between the council and its schools is helping to prevent exclusions of pupils, which have reduced significantly over the past year. Schools work well together to retain children and young people in danger of exclusion by focusing on ways to bring about specific improvements in their learning and behaviour. Children and young people educated other than at school generally attain well and are well supported by a thorough process to monitor achievements and respond to specific needs. Home tuition teams are highly valued by senior managers, being successful in working closely with children and young people, sometimes using community tuition bases at libraries. Nevertheless, it is recognised that there is insufficient information for

parents and carers of those receiving home tuition, and this is beginning to be rectified.

72. Most children and young people enjoy their education and are safe and happy. Most schools offer a good range of activities and extended school provision. The council also provides some good music, drama and arts opportunities for children and young people. Those with learning difficulties and/or disabilities are included, for example by way of the Inclusive Play Opportunities Project (IPOP) at the Finchley Youth Theatre and by play activities at the Log Cabin in Grahame Park. Overall, despite some well used provision, there is insufficient co-ordination of sport and recreational activities outside of schools to promote greater involvement of more children and young people and to encourage them to participate in physical and recreational activity. This includes those children and young people with learning difficulties and/or disabilities. The partnership recognises this and is currently auditing the range of provision as a first stage towards improvement.

73. Parents and carers generally have access to a good range of advice and support, mostly provided by schools with the support of community library services. While the 'DirectMe' resource provides a comprehensive directory of services, it is yet to reach some members of the borough's communities. However, recent data show that this online service is extending its reach and significantly increasing the number of users.

### **Making a positive contribution**

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

75. There is good support to enable most children and young people to develop socially and emotionally, especially in schools. Peer-mentoring schemes, circle times and 'buddy schemes' are having a positive impact, and children and young people play a major role in helping and supporting each other. There are well considered and successful initiatives to support parents and carers in maintaining positive relationships with their children and to help them manage their children's challenging behaviour. These include the parent groups within the behaviour and attendance pilot project, the CAMHS 'mellow parenting project' and the parenting programmes operated by the youth offending service. Overall, however, such provision lacks co-ordination to ensure that it meets needs across the borough.

76. Most children are supported well to manage change, respond to challenges and cope with difficult periods in their lives. For school-age vulnerable children and young people, there is especially good specialist support, for example advice on careers from the youth service and Connexions, on issues such as sexual health, drugs and alcohol from the young people's centre, and in primary schools from CAMHS services. A voluntary body provides good advocacy support for looked after children. Adequate, but more limited, support is available for young people approaching adulthood, although,

following consultations with looked after children earlier this year, there are signs of improvement in the quality of pathway plans for care leavers. Young people with learning difficulties and/or disabilities have adequate or better support to help them transfer to day centres or further education, but there are too few opportunities for work-based learning. Advice and support for transition to post-16 education and training for young people with especially complex needs is inadequate and is recognised by the partnership as being so.

77. Partners are committed strongly to including children and young people in decision-making and have a participation strategy that is firmly based on the application of nationally-developed standards. There are growing opportunities for children and young people to engage in democratic processes and to influence the work of the council. The Public Patient Involvement Strategy also prioritises the involvement of children and young people, although it has yet to implement action to achieve objectives. An active Youth Board, representing a diverse range of vulnerable and other young people living in the area, makes a very sound contribution to the work of the CYPSP. Children are increasingly used as trained evaluators and to contribute to the recruitment and selection of senior health staff, headteachers and senior staff in council services. Strategies for feeding back to children and young people on the outcomes of major consultations, and on the difference they have made, are insufficiently developed.

78. There is also good involvement of children and young people in reviewing the planning and evaluating the provision in local communities, especially that co-ordinated by the youth service. Schools are good at encouraging responsibility and a willingness to contribute, and almost all schools have active councils that help shape policies on, for example, healthier food and bullying. School councils do not yet systematically feed community debate and representation, although funding has been secured to enable this to happen.

79. Close and successful collaboration between the police and other partners has led to very effective initiatives to reduce anti-social behaviour. Dispersal and anti-social behaviour orders are used selectively and effectively, alongside other preventative strategies and well targeted provision. Secure measures are in place to identify children and young people at risk of anti-social behaviour, and there is an especially good multi-agency referral system that is targeted suitably on early intervention and prevention. Detached youth workers are effective at identifying drug and alcohol abuse and are inventive in their approach to developing initiatives and activities to engage disaffected young people.

80. There is effective action across the partnership for combating racial harassment. Children and young people understand the benefits of a rich and diverse population and are proud to live in an area where different communities are at ease with one another and live side by side in relative harmony. There is generally a well targeted approach to assessing diversity-related concerns that

is leading to increasingly well focused and differentiated provision to reduce inequalities.

81. The youth offending team and the youth service work closely together in taking effective action to prevent offending and to reduce re-offending by children and young people. Those who have already offended are supervised effectively and there is clear evidence of a positive impact on the lives of young people concerned, especially in reducing the incidence of drug and substance misuse. There is very good support for young offenders with mental health-related issues. Young people receiving detention and training orders benefit from well-developed services. Ensuring that 90% of children and young people are in suitable full-time education, training or employment remains a challenge and a priority for action. Less well developed, but nevertheless at least adequate, is the work to enable young offenders to recognise the consequences of their actions and for consulting victims about reparation or restorative justice work.

### **Achieving economic well-being**

**82. The overall contribution of services to helping children and young people achieve economic well-being is good.**

83. Most young people have good support to help them prepare for working life. The partnership provides a good range of vocational courses, and the local council works well with all schools and colleges to encourage the development of work-related education. Effective activities and initiatives have reduced the number of young people aged 16 and over in danger of not progressing to education, employment and training. The Education Business Partnership provides good, practical, enthusiastic support to schools and young people by improving the skills needed for employment and developing an understanding of the world of work. Nevertheless, work-based training opportunities in construction, retailing, social care and administration are too limited to meet the future needs of the borough. In addition, insufficient action is taken by the council and other large employers to create flexible routes of employment. The new human resources strategy recognises the need to make greater links with other organisations and agencies to improve employment opportunities. Implementation plans have yet to be developed.

84. Effective partnership working has led to the development of a good strategy and action plan for 14–19 education and training. The successful actions to raise young people's aspirations and levels of achievement have increased significantly the number of young people progressing into higher education. This good progression is well supported by the Aim Higher initiative. In particular, activities focusing on creative arts are imaginative and valued by young people. The young apprentices programme, offered in partnership with Barnet College, provides young people with a valuable insight into more advanced programmes and job possibilities in the creative industries. The

partnership recognises the need for greater involvement from employers to make the programme fully effective.

85. The Leaving Care Team works closely with other agencies and institutions, including the local further education college, work-based learning providers and Connexions personal advisers to support young people leaving care. Despite this, less than half of young people leaving care are in education, employment or training.

86. The majority of school-age young people with learning difficulties and/or disabilities have at least adequate preparation for further education or employment. Despite this, over half of those not in education, employment and training are young people with learning difficulties and/or disabilities. Too few opportunities for employment for young people with learning difficulties and/or disabilities currently exist in the borough, and in some cases a lack of support at the transition into adulthood stage limits options available for young people. This is recognised and the council is currently reviewing employment and other opportunities. The Learning Difficulties Partnership Board plays a pivotal role in setting key priorities and providing the forum through which representatives of young people can monitor provision and recommend improvements.

87. The extensive and ambitious planned regeneration of areas of deprivation is beginning to improve local environments and available services. The good and well used One-Stop-Shop (OSS) facility on the Grahame Park estate, for example, is funded in partnership with the Single Regeneration Budget. In addition to offering careers advice from the local college, the facility offers accessible distance learning (Learndirect) opportunities and a job brokerage service. The OSS also runs a successful credit union, which actively encourages saving and promotes good money management by children, young people and their families.

88. Barnet council gives a clear direction to partners for improving access to long-term housing for disadvantaged and vulnerable groups through a thorough and comprehensive housing strategy. As a result, the ambition to reduce the impact of homelessness on children and young people is well integrated across the partnership. Housing support for care leavers is especially good; they are all offered long-term accommodation from the age of 17. The partnership's Sanctuary Scheme provides good support for those at risk of domestic violence. The reduction in the number of families fleeing domestic violence and subsequently being placed in temporary accommodation has improved stability for young people. The educational needs of children and young people with complex needs are not always considered sufficiently when housing decisions are made. Young people at risk of becoming homeless are supported by a specialist Connexions personal adviser. However, some young people do not always receive a sufficiently high level of service from housing staff. The council recognised this, and front-line services were recently reorganised to provide an improved advice and guidance service for young people and other residents.

89. Family learning plays an important role in stimulating demand for education and providing parents with information about learning opportunities and council services. Family learning workers successfully encourage participation from parents from hard to reach communities by offering activities for babies and young children. These dynamic and fun sessions are well attended. Where the activities take place in libraries or community centres, parents are able to find out about other available services.

### **Service management**

**90. The management of services for children and young people in the Barnet area is good.**

91. The council and its partners have put in place a clear and ambitious set of common objectives which are set out in the new Children and Young People's Plan (CYPP). These objectives are generally well reflected in the partners' own strategic plans. The voluntary sector has played a strong and active role in developing ambitions. The views of children and young people have also been taken into account, particularly in areas of concern to them such as transport, healthy eating and community safety. However, there are no systematic arrangements for providing children and young people with feedback on the impact of their comments.

92. These ambitions are based on a very thorough needs analysis, which includes a strong element of geographic mapping. Additional useful work has been done to identify the needs of under-5s. The partners have used this information effectively to identify gaps and to plan services such as better provision for the Somali community. There are still some gaps in provision, such as family support. The partners know where these are but lack resources to plan a full range of services.

93. Prioritisation is good. The partners have set realistic shared priorities, again with strong support from the voluntary sector. The needs analysis has been used particularly well to make decisions about the relative needs of minority ethnic groups and put in place appropriately differentiated services. Resources have been shifted towards priorities. Most notably, a £5m invest-to-save scheme has been developed to reduce reliance on out-borough social care placements. At the same time, focus has also been sustained on high priority but longer-term, projects such as the council's extensive primary school building programme and the PCT's immunisation project.

94. While clear priority has been given in the partners' plans for the most vulnerable children, the range of preventative services and resources are limited, particularly in parts of social care and in the youth service. However, action is being taken to increase the range of extended schools, children's centres and family support by 2008.

95. There are some key strengths in the capacity to deliver priorities, but the role of scrutiny in securing value for money from local services is still underdeveloped. The CYPSP is now well established. A director of children's services is in post, but education and social care budgets are not yet aligned. The lead member role is shared between two councillors who work effectively together. Elements of children's trust arrangements are in place, but some are still at an early stage of development. Work is also underway on a model of joint commissioning, starting with services for children with complex needs. Plans are in place to develop a single assessment and recording system, but implementation has not yet begun. Relatively few budgets are jointly managed or pooled.

96. Value for money is adequate. After a long period of financial problems, the council has brought most of its budgets under control. Although the social care external placements budget was overspent by some £250,000 in 2005/6, this represents considerable progress since 2002/3, when the overspend was more than £1.6m. Plans are in place to break even in 2006/7. Most costs are broadly in line with similar authorities. Spend on special educational needs (SEN) is relatively high, but this is partly attributable to successful investment to improve performance in processing statements. Similarly, outcomes for pupils with SEN are generally improving. Half of primary schools have unspent budgets of more than 5% but the council subjects these to robust challenge. The scrutiny committee's role in securing value for money is not clear. It has not developed a strategic approach, and recent projects take limited account of value for money issues. This is acknowledged, and the scope of scrutiny work is currently under review. Nevertheless, there are examples of good focus on specific topics, such as school transport and developing better SEN and social care provision within Barnet to reduce reliance on expensive out-borough placements.

97. The partnership has increased its capacity by working very well with the voluntary sector. Some specific services have been commissioned in a number of areas, such as play provision for disabled children, advocacy and arts and leisure.

98. Workforce planning has delivered some good results. In particular, there are now fewer than two per cent vacancies for children's social workers, and reliance on agency staff has been substantially reduced in all areas except in the youth offending service. Similar success has been achieved in teacher recruitment. Work is underway on developing new, harmonised ways of working between the partners, but implementation is still at an early stage.

99. Performance management is good. The partners have developed a clear system for managing performance, based on a shared set of targets in the CYPP. Both the voluntary sector and children and young people play a part in performance management. Although, as is the case nationally, the arrangements are still relatively new, there is already evidence of improvements

being secured. For example, a shortage of dedicated health services for looked after children was identified and action taken to increase provision.

100. The partners use their own internal systems effectively to drive improvement. For example, the council used its intensive review process (First Stat) to focus on youth offending and achieve service transformation. The PCT has reconfigured services to support smoking cessation, previously identified as an area of underperformance. Within the council, lead members are active in performance management, but the role of scrutiny is underdeveloped: it does not routinely receive performance information so its role is constrained.

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

1. Overall, the council and its partners achieve good outcomes for children and young people in Barnet. Strong political commitment, clear and determined leadership by senior officers and strong partnership working, especially with the voluntary sector, have contributed strongly to a rapid improvement in services over the last three years, many of them from a low base. There are clear and challenging ambitions for children and young people, derived from very good, geographically-based analyses of need. Prioritisation is good, and the partners have set realistic shared priorities. The needs analyses have been used especially well to make decisions about the relative needs of minority ethnic groups and to develop suitably differentiated services. Plans are in place to create more children's centres and extended schools. Clear priority is given to improving attainment and reducing inequalities for the most vulnerable children and young people, although resources and the range of preventative services are limited, particularly in parts of social care and in the youth service.

2. There are some key strengths in the capacity to deliver priorities, but the role of scrutiny in securing value for money from local services is still underdeveloped. The partners understand what needs to be done. Close and effective working with the voluntary sector has increased capacity significantly. Performance management is good and has delivered improvements in several areas, notably in the youth offending. Within the council, lead members are active in performance management but those involved in scrutiny do not routinely receive performance information, and their role is constrained.

3. Most children and young people are healthy, enjoy their education and feel safe and happy, are well prepared for working life, and have a good range of opportunities to make decisions and to take responsibility. From the evidence gathered, most children and young people appear safe and there is good protection for those most at risk. Outcomes for vulnerable children and young people are largely good. In particular, looked after children and children with learning difficulties and/or disabilities make good progress at school and achieve standards that are above the national averages. However, the proportions of young people aged 16 and over from vulnerable groups not in education, training or employment are relatively high compared with other groups.

4. There is strong partnership working, and services are well planned and targeted to address key health priorities. Effective school-based health education programmes are delivered through the Healthy Schools Programme.

5. Children and young people who are most at risk are well protected through good inter-agency collaboration and well managed procedures. Effective measures to recruit and retain qualified social workers have resulted in improved deployment of staff and continuity of care for looked after children

and those on the child protection register. Professionals in key agencies work well together and share information, but there is a lack of shared understanding across the partnership of the thresholds for intervention for children in need.

6. School improvement practice is very effective, contributing to the good standards achieved by children and young people overall. Vulnerable and other groups are well targeted for improvement. Initiatives to support improvements in attendance have led to mixed results so far, although there are signs that strategies are beginning to make a difference. Attendance in the secondary sector is good and continues to improve, but while attendance in primary schools is satisfactory overall, levels of unauthorised absence have remained above average for too long. Provision in early years is adequate, with some variation across the wide range of settings and Foundation Stages.

7. Children and young people are encouraged strongly to participate in decision-making on issues that affect their own lives, but strategies for feeding back on the outcomes of their involvement are undeveloped. Concerted action and initiatives to reduce anti-social behaviour by children and young people are very good. Effective action is also taken to prevent offending and to reduce re-offending. Less well developed, but nevertheless adequate, is the work that enables young people who offend to recognise the consequences of their actions and for victims generally.

8. The partnership provides a good range of vocational courses, is actively encouraging the development of work-related education and has developed a well conceived strategy for 14–19 education and training. Currently there are too few work-based training opportunities in the key occupational areas of construction, retailing, administration and care. Housing support for care leavers is good. However, for some other young people with housing needs the level of service required is not always of sufficiently high quality. This is recognised, and front-line members of staff have been re-organised to provide an improved advice and guidance service.