

The Darlington Journey –Children
Commissioning for Resilience

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Section 1: The Darlington Context

Darlington became a unitary authority in 1997, moving away from Durham County Council, following years of perceived under investment in, and underperformance of, services and infrastructure to the town and its wider borough. Since 1997 Darlington Borough Council has overseen significant investment in infrastructure, in educational and employment opportunities and in improved services.

Darlington is situated in the North East of England and forms part of Tees Valley sub-region, which, as a whole, comprises five unitary authorities and has a population of around 663,000 people. Darlington Borough is a compact area of some 76.2 square miles, comprising the town of Darlington and a number of surrounding villages. The Borough has a population of 105,600 people living in 46,700 households. 2.1% of the population come from BME backgrounds. These communities include the Bangladeshi community, the Polish community and a Traveller community. The local authority has agreed to expand the primary school which is favoured by both the Polish community and a section of the Traveller community. The local authority has agreed to expand the primary school which is favoured by both the Polish community and a section of the Traveller community. Almost 90% of the population live in the urban area but the Council has worked hard to secure good provision for the more rural communities. The rural communities are served by good or outstanding schools and by childcare and early years' provision.

According to the ONS 2011 sub-national Population Projections, Darlington's population is expected to rise steadily to 110,771 by 2021. There are currently 8,301 children in our primary schools (January 2013 census) and this number is projected to rise to almost 9,000 by 2016. There are 5,581 secondary age pupils and the number is predicted to rise to almost 6,000 pupils by 2020. Within the wider context, the proportion of children under the age of 14 will remain around 18% of the total population while the retired age and older population is expected to increase from 17.6% to 20.5% of the total. However, it is important to note that more recent changes to the birth-rate and migration are countertrends to these projections and that more use has been made of birth data and GP registrations when planning school provision.

About three quarters of the working population of the Borough have jobs based in Darlington. Employment has shown an overall decrease in recent years; with a peak for employment and prosperity in the Borough recorded between 2008 – 2010 (at around 72%) and the employment rate currently stands at 68.4%. As with many employment indicators, this is a higher percentage than the rest of the North East but is lower than the rate nationally. The one notable exception to this trend is the household earnings rate, where the weekly household income in Darlington is lower than both the North East average and the national rate. There has also been a significant change in the structure of the Darlington economy. Employment in manufacturing has declined dramatically (to 9.2%), but in contrast, the service sector has grown strongly and now accounts for almost 80% of jobs in Darlington. The public sector, including local government, national government and health, is a major employer. In order to stimulate employment and training opportunities, the Darlington Partnership (the local strategic partnership), in conjunction with the Council, launched a Foundation for Jobs campaign in 2012 which had the aim of creating 100 new apprenticeships, 100 new internships and 1,000 more contacts between school pupils and local employers in its first year; a target it achieved and surpassed.

The Jobseekers Allowance (JSA) claimant rate has increased since November 2010 and now sits at 5.7% - just below the North East rate and significantly worse than the national rate. Worryingly, 1,105 18-24 year olds are claiming Job Seekers Allowance and 195 of them have been claiming for over 12 months. The current NEET data for Darlington shows that 8.2% of 16-18 year olds are NEET, a drop from recent figures showing 11%.

The impact of the national economic situation and resulting budget cuts have had a disproportional impact on Darlington and North East generally, due to higher reliance on the public sector for employment. In addition, the region has a high number of claimants of 'out of work benefits', so welfare reform measures will also have a significant impact. It is estimated that welfare reform changes from April 2013 will take £14 million out of the Darlington economy annually. Child poverty levels had been falling in Darlington over the last 10 years and the authority was shortlisted for a Beacon Council award for its work in reducing child poverty levels. However, in 2011, the latest data showed a small increase in the number of children living in poverty.

In terms of children's services, Darlington has a good track record of service improvement and delivery. The earlier Children's Services Assessments and Joint Area Review assessed the authority as 'good' and the 2 unannounced inspections of the safeguarding services have identified no priority areas for action. The regulatory inspection of services for children across all partners in 2011 identified that children were safe in Darlington and that outcomes were good but rated the services across partners as adequate.

There are no failing schools in Darlington and 32 of the 39 schools are classed as good or outstanding. All children's homes are rated as good or outstanding, as are the services for fostering and adoption. Children's centres are rated as good and there are no failing childcare settings in the Borough; indeed the majority of providers are good or better.

The majority of schools are now Academies (at the beginning of the Summer term 2013 only 8 primaries will not have converted or started the conversion process) and this has been a consequence of work begun with schools in 2007 and formalised in 2008 to set out clearly what it is that schools are responsible for and then to make sure that they have the resources to deliver those accountabilities and responsibilities. The model of sector-led school improvement established in 2008 is described as schools@onedarlington.

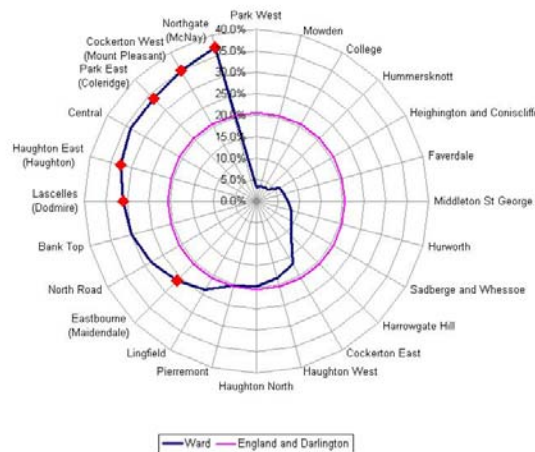
Standards of education have been improving, with a 32% increase in the number of pupils achieving 5+ A*-C grade GCSEs between 2007 and 2011, and increases in the percentage of young people achieving a level 2 qualification by the age of 19 (from 73.2% in 2008 to 76.9% in 2010 and 78.8 in 2011) and young people achieving a level 3 qualification by the age of 19 (increasing from 46.4% in 2008 to 49.1% in 2011). Both achievement rates are below the national rates but the gap between the local and national achievement rates at level 2 is reducing; at level 3 it is persisting

Darlington's working age population, who hold NVQ level 4 or above is 27.2%, above the North East average and less than the English average of 33%. 11% of the working age population in Darlington have no recognised qualifications, compared to 12% of the working age population in the North East and 10% of the working age population in England.

The town's colleges, Darlington College and the Queen Elizabeth Sixth Form College are rated as 'outstanding' and 'good' respectively, by Ofsted. Carmel RC College's Sixth Form is rated as 'outstanding', as is Beaumont Hill Special School's Sixth Form. In 2011, Teesside University opened its new campus catering for the higher education needs of the area

The concentration of disadvantage and deprivation in Darlington is highlighted in the ward level child poverty statistics, with 38.7% of children residing in the Northgate ward living in poverty, compared to only 1.7% of children living in the Hummersknott ward.

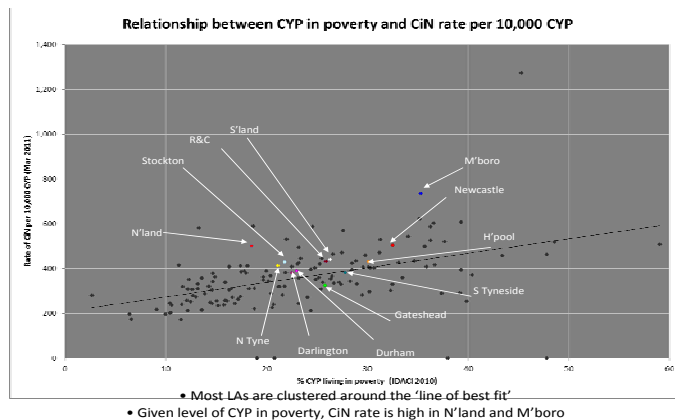
Figure1: Children living in Poverty by Ward



The diagram also shows (in brackets) the location of the children's centres/delivery points, in the areas of greatest deprivation.

The figure below shows a very graphic demonstration of the link between poverty levels and the number of children who are deemed to be in need. This data informs the Medium Term Financial Plan and the need to mitigate against the potential increase in service demand.

Figure 2: Relationship between Children in Poverty and Children in Need rate per 10,000 CYP



It is worth noting that the changes in housing benefit arrangements for families with 'spare' bedrooms mean that 303 school age children in the council's own housing stock face either being moved to smaller properties (and potentially away from schools and friends) or the families staying where they are but having less disposable income.

Disadvantage and deprivation is not only visible in terms of economic factors, but can also be seen in terms of health, with a 12.6 year life expectancy gap between the most affluent ward and the least affluent ward in Darlington, wards which are only divided physically by an A road.

Childhood obesity rates are declining for Reception age children and are below national levels. At age 10, obesity rates are still higher than the national average but are reducing faster than the national average. Breastfeeding initiation rates and rates after 6 weeks are still below the national average but are higher than the North East average. For children aged 2 years old, the percentage successfully completing courses of vaccinations is significantly above both regional and national averages.

Young people have a good track record of active participation in democratic processes. For a number of years, Darlington has had the highest participation rate by young people nationally in the October Democracy Week programmes and the turnout for the election of the Youth Member of Parliament is consistently around 32%. Specialist engagement activity, such as those with disabled young people and with children in care, has led to policy changes within the Borough. Social and digital media have been invested in to ensure that young people are able to participate in appropriate ways.

Young people are surveyed regularly through the Social Norms programme and the survey data (of over 3,000 respondents) indicated that respondents were beginning misuse drugs earlier than they are being referred to specialist treatment – suggesting that younger age groups (11 to 12 year olds); and younger based on age of first use, are more vulnerable and are not accessing services. However data from the 2010 survey showed a significant decrease in all year groups from the previous year and there was very little reported drug use from years 7 and 8 (in 2010 0% of year 7 pupils said they used drugs in the last week and less than 1% of year 8 compared to 6% and 10% in 2009 respectively). The data from the 2011 survey suggest this is a continuing decline, in part due to the on-going work that is being done in schools as a result of the social norms work. The survey also showed that 74% of young people had never been drunk. However, the Public Health Observatory estimates that binge drinking is higher in the North East than it is nationally and that Darlington is typical of North East authorities. This informs our Public Health programme.

Overall, the population of young people is growing in Darlington, with pressure on school places now for Reception age children and anticipated pressure in secondary schools beginning in 2014 and peaking in 2021.

Like all authorities over the last 4 years there has been a rise in safeguarding activity following the death of Baby P. For Darlington, the rise in safeguarding cases started later than in some other areas and continued to rise as other authorities were coming out of the increase and were beginning to see some decrease. The same pattern now exists in Darlington, with decreases in activity being evidenced.

The results of a snapshot survey carried out in 2012 across one third of authorities showed the scale of the increases in safeguarding activity over the last five years. Darlington's equivalent data is shown, for comparative purposes but it is important to

note that the snapshot survey was not entirely representative and that the increases in activity in Darlington occurred later than it did generally elsewhere. The table illustrates the growth in demand on services and its coinciding with a period of general council budget pressures.

Activity	% change between 2007/8 - 2011/12 snapshot of national data	% change between 2007/8 - 2011/12 Darlington data
Initial contact	51.5% increase	205% increase
Referral	15.2% increase	30% decrease
Becoming subject to a Child Protection Plan	51.1% increase	80% increase
Becoming Looked After	29.9% increase	51% increase

Section 2 – Provision

Since becoming a unitary authority in 1997, Darlington Borough Council has made significant capital investments in the children's infrastructure and has successfully made the case to national government for additional investment. Almost every single school in the Borough has either been built as new or significantly refurbished over that period. The authority has been pragmatic in its approach to investment, securing for example a PFI deal to build 4 new schools, supporting a change in status from voluntary controlled to voluntary aided status for another school to secure a new build and bringing in a sponsor to support a new build Academy. Overall, the council secured approximately £150 million of investment in the school estate, all of which was outside of the Building schools for the Future Programme which ended before the Council was due to be included in the funding allocation.

Children's centres have been developed through a combination of new build and refurbishment and are located in the areas of greatest deprivation, usually linked physically to a school or in close proximity to one.

Early Years

- There are 109 active childminders, all externally regulated and none with a judgement of 'inadequate' although 35% are judged to be satisfactory
- There are 20 private day nurseries and of these 80% are judged 'good' or better and 20% are satisfactory
- There are 74 out of school/breakfast/holiday clubs and of these, none are 'inadequate' and 66% are judged to be 'good' or better

Schools

There are 2 nursery schools, 27 primary schools (including 2 infant and junior federations), 7 secondary schools and 1 special school. Of these, 75% are either academies or in the final stages of conversion. All schools are externally regulated and 7 schools are judged to be 'satisfactory (becoming requires improvement for future inspections) and 32 are judged to be 'good' or 'outstanding'.

The schools have places for 8,639 primary age children (8,301 currently on roll but increasing annually) and 6,135 secondary school places (5,581 currently on roll but due to increase from 2014)

Children's Centres

There are 5 children's centres (operating in 6 buildings) operating in the Borough in wards with high levels of deprivation. Their unit operating costs are amongst the very lowest in England and their 'reach' is increasing. All are externally regulated and 1 centre was judged to be 'satisfactory' and the rest are 'good'. A planned expansion of children's centre activity into areas of less deprivation was halted following the 2010 Comprehensive Spending Review

Provision for looked after children

- There are 9 beds owned and managed by Darlington Borough Council, in 3 residential children's homes. All are externally regulated and classed as 'good' or 'outstanding'
- There are 83 foster placements internally run and managed by the council. The service is externally regulated and is classed as 'good'

- A 3 bed contract with an independent provider in Darlington
- Any additional placements are made in private sector provision in settings which are judged to be good or better

External Inspection

Darlington's record of external regulatory inspection is good across the range of services; taking the opportunity for Peer Review of Safeguarding Services as part of the LGA Seven Point Offer in 2011.

- Ofsted inspected 23 of our 37 schools in the period 2010-2012 and rated 17 as good and outstanding.
- Children Centre Inspections are mainly good
- Learning and Skills inspection rated as good
- Safeguarding and Looked After services are adequate
- Fostering Services are good with outstanding features
- Adoption Services are good
- Local Authority Residential Homes – all good or outstanding

The Peer Review of Safeguarding Services (July 2011) found areas of strength:-

- One Darlington – strong joint identity owned by all partners
- High ambitions for children
- Strong political leadership for safeguarding
- Purposeful and thoughtful transformation programme based on a unified vision and ambitions for Darlington
- Openness to learning and improvement
- Committed and hard working staff
- Strong investment in capacity and development

The Announced Inspection of Safeguarding and LAC Services (Nov 2011) found areas of strength:-

- Outcomes for children and young people are good
- Children and young people feel and are safe
- Inspection outcomes from services and settings are generally good
- Robust systems are in place to ensure safe recruitment
- Child Care Duty Team is fully staffed with a good balance of newly qualified and experienced
- Referrals that lead to assessments are allocated promptly
- Previously poor performance in assessment timescales has recently been addressed and has improved in the current
- Ambition and prioritisation are good.
- Partnership working is good.

Good inter-agency co-operation underpins child protection work.

Section 3 - Evidence base for determining priority areas of focus in children's services for early intervention

The starting point for our work in children's services is that the foundations for virtually every aspect of human development - physical, social, emotional and intellectual - are laid in early childhood, so giving a child the best possible start in life helps to promote the generally accepted desired outcomes of being healthy, staying safe, enjoying and achieving, making a positive contribution to society and achieving economic well-being. The broad evidence base for our service design and delivery is set out, below.

As a consequence of this evidence base, a number of decisions have been taken about prioritising investment in the younger age groups and disinvesting in the older age groups because it is believed that this will give greater benefits from the limited resources available. Furthermore, there are more alternative providers who can meet needs for the older age groups. These include schools, with the Pupil Premium, and the voluntary and community sector with young people's activities.

Everyone who works with children, young people or with their family has a vital role to play in ensuring their development across these outcomes. Development begins before birth when the health of a baby is crucially affected by the health and well-being of their mother. Low birth weight in particular is associated with poorer long term health and educational outcomes (Jefferis BJMH, Power C and Hertzman C 2002. *Birth weight, childhood socio-economic environment, and cognitive development in the 1958 British birth cohort study. BMJ 325:305*).

[This evidence informed our strong commitment to partnership working and our work to promote good health, as well as our integrated service with health]

The first year of life is crucial for neuro-development to provide the foundations for children's cognitive capacities (Perry BD 2002. *Childhood experience and the expression of genetic potential: what childhood neglect tells us about nature and nurture. Brain and Mind 3:79100*). There is good evidence to show that if children fall behind in early cognitive development, they are more likely to fall further behind at subsequent educational stages. (Feinstein L 1999. *Pre-school educational inequality) British Children in the 1970 cohort. London: Centre for Economic Performance and University College*.

[This evidence determined that we would continue to support the Portage service, childcare development officers and Foundation Stage Advisory teachers to promote high quality early childhood experiences]

There is an increased recognition of the importance of early intervention and prevention in work with children and their families to reduce the incidence of abuse and neglect, family breakdown, social exclusion and poor outcomes. Intervention in the early years is also key to breaking long term cycles of disadvantage and increasing aspiration which enables young people to help remove themselves from poverty.

[This evidence informed our decision to retain our children's centres and to locate social work teams alongside the Family Support Service]

There exists a wide range of need and family circumstance between those children who make overall good progress in all areas of their development with no additional support and those who have a range of complex needs and require specialist services. Family circumstances may change over time, risks will impact differently and provision needs to be flexible enough to respond in an effective and timely way to prevent escalation of difficulties and levels of harm.

[As above, we have maintained whole family support teams in locality bases to provide a timely first response to needs. We have also used the windscreen model, allowing for families to step up to access specialist services and to then step down to access targeted or universal services]

The Social Exclusion Task Force report “Reaching Out: Think Family” 2008 further examines the wide range of individual parent-based risk factors that contribute to the nature of multiple disadvantage faced by families. This has been applied in Darlington’s “Think Family” approach, parents deliver more outcomes than any other part of the system and it is necessary to consider what public services are doing to maximise this as this is the most sustainable of interventions in the longer term. Mothers and fathers are the most significant influence on their children’s lives, achievements and prospects. Effective, warm and assertive parenting gives children confidence, a sense of well-being, and self worth. It also stimulates brain development and the capacity to learn, and is a hugely protective factor for children’s outcomes.

[This research supported investment in Parenting Programmes, the Think Family approach and our work with Troubled Families and High Impact Households]

There has been much research and comment about the importance of early intervention to prevent supporting a costly crisis later. The DOH/ DCSF in “Healthy lives, brighter futures” commented that “the right services should be in place to meet the specific health needs and expectations of children and their families” and “extra support is provided for those from the most disadvantaged backgrounds”. Graham Allen MP recently published his interim report “Early Intervention: The Next Steps. An independent report to Her Majesty’s Government” January 2011, in which he says that “Early Intervention is an approach that offers a real opportunity to make lasting improvements in the lives of our children, to forestall many persistent social problems and end their transmission from one generation to the next” and “we need to make sure that all children have the social and emotional capability to be ‘school ready’ at five”.

[We have recognised the importance of early intervention but we have also made cuts in the budgets of some discretionary services. We have targeted these services for those in most need and where evidence tells us the greatest impact can be made]

Members have had to make informed decisions about how much resource can be made available for particular work streams and have needed reassurance that the available resource is used effectively. In times of plenty, it is possible to achieve targets and yet mask waste in resources. When the resource is much less, then it is much more about how the money is used.

As part of its commitment to reduce the number of children living in poverty the Coalition Government tasked Frank Field MP to lead an independent review on the Government’s Poverty Reduction Strategy. Published in December 2010, “The Foundation Years; An Independent Review on Child Poverty” concluded that the UK needs to address the issue of child poverty in a fundamentally different way if it is to make a real change to children’s life chances as adults. It found overwhelming evidence that children’s life chances are most heavily predicated on their development in the first five years of life with family background, parental education, good parenting and the opportunities for learning and development in those crucial years having a greater impact upon children’s life chances than money.

[We have access to all of the evidence which shows the correlation between child poverty levels and the number of children in need in an area. Our Child

Poverty Strategy has been effective in harnessing actions to mitigate the effects of poverty but we are anticipating, and preparing for, significant additional pressures as a result of the welfare reforms being introduced in April 2013]

“Fair Society, Healthy Lives” as part of the Strategic Review of Health Inequalities in England post 2010, chaired by Professor Marmot and published in 2010, concluded that reducing health inequalities will require action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

[Each of the bullet points has informed our work to have high quality education providers, opportunities for all through initiatives such as the Foundation for Jobs and the shared Health and Social Care priorities agreed with the Darlington Clinical Commissioning Group]

Section 4: Financial Position

Savings have been made in children's services totalling £7.3 million over the last 5 years. Most of this saving has been achieved by HOW we do things and WHO does things, rather than by WHAT we deliver. For example, developing a new relationship with schools saved over £1 million in 2010, in addition to the £750,000 savings already made in the earlier reviews of school improvement services and reviewing how we delivered early intervention services saved £1.4 million. However, increases in social costs have absorbed these savings.

Benchmarking children's services spend nationally

Audit Commission data shows that spend on children's services in Darlington stands at £1,061.42 per head compared to the average of £1,142.32.

CIPFA data shows that children's spend in Darlington is benchmarked with statistical neighbours in the top quartile (cheapest and best performing) with the exception of SEN provision which is in the second quartile and children's social care which is in the bottom quartile. The CIPFA profile is based on a few very narrow indicators so caution must be exercised when using the profile; services may not be as good or as bad as indicated but it does provide a generally accepted comparative tool.

Indicators	1st	2nd	3rd	4th	Comments
CIPFA Nearest Neighbours 2012					
Children's Social Care				X	Cost Score 13.3%, PI Score 6.7%
Early Years	X				Cost Score 86.7%, PI Score 66.7%
School Improvement	X				Cost Score 100%, PI Score 93.3%
School Planning & Admissions	X				Cost Score 66.7%, PI Score 16.7%
SEN		X			Cost Score 73.3%, PI Score 0%

Source CIPFA VFM Toolkit 2012

Further analysis on children's social care spend is required to explain why the CIPFA data shows the overall social care spend as high cost and low performing. The table, below, breaks down the social care spend into different areas and demonstrates that whilst most areas of spend are lower than other authorities, there are 2 areas of higher spend – fostering costs and youth justice. The high spend on

fostering is because of the limited number of in-house foster carers and the greater dependence on external independent foster agencies. If each internal foster placement costs on average £12,000 annually, each external placement costs approximately £50,000 annually. In January 2013 foster carer allowances were increased to the Fostering Network levels and a The Communications Unit led a recruitment campaign to increase the number of foster carers. We also work across the Tees Valley on initiatives to retain and recruit foster carers. Youth Justice Services have historically been well resourced and as a result services are of a good quality and have seen a reduction in the number of young offenders.

Spend per head of population (Source: Section 251 statement 2011)

Service area	England average £	England maximum £	Darlington £
Residential care	84	283	78
Foster care	125	335	216
Leaving Care	21	109	16
Child Protection	151	589	118
Adoption	22	80	22
Universal services	37	163	22
Youth Justice	17	67	28

Planned actions (2013) for further savings not expected to impact on service delivery

- Reduction in use of agency social workers.
- Regional approach implemented to reducing hourly rate for agency staff.
- Re structure of management roles (which also improves staff retention)
- Supervised contact service has been brought in house to reduce spend and improve quality.
- Commissioning Plan agreed to review areas of spend
- Where appropriate we will return children to in house provision from out of borough placements
- Tight budget control by service managers and team leaders – staff purchase only essential items and some fluid budgets have been given centralised control
- Reduction in staff training
- The council has planned to close its former workplace nursery which has, for a number of years, operated as a commercial provider in a market which has overcapacity and which has required a council subsidy.

The windscreen model of funding and need

The majority of the controllable spend in children's services - £9,686,000 – is spent on statutory provision for children who have crossed thresholds for safeguarding. The allocation of spend can helpfully be described on the 'windscreen' model, below, which shows spend on universal services (such as the statutory home to school transport, the Family Information Service etc), spend on targeted services (such as children's centres) and then spend on specialist services (child protection, looked after children etc). The theory underpinning the windscreen model is that needs may progress from left to right on the model, from universal need through to specialist need and that the type of services which exist at universal and targeted stages can determine the number of children who progress to specialist services. Equally, the level of targeted services can determine which young people in specialist provision can have their needs now met in cheaper but targeted provision. The key to the

windscreen model is that needs can increase but that they can decrease as well – demonstrated by the movement of the wiper across a windscreen. Early intervention and preventative services sit centrally within the continuum of services provision between universal and specialist.

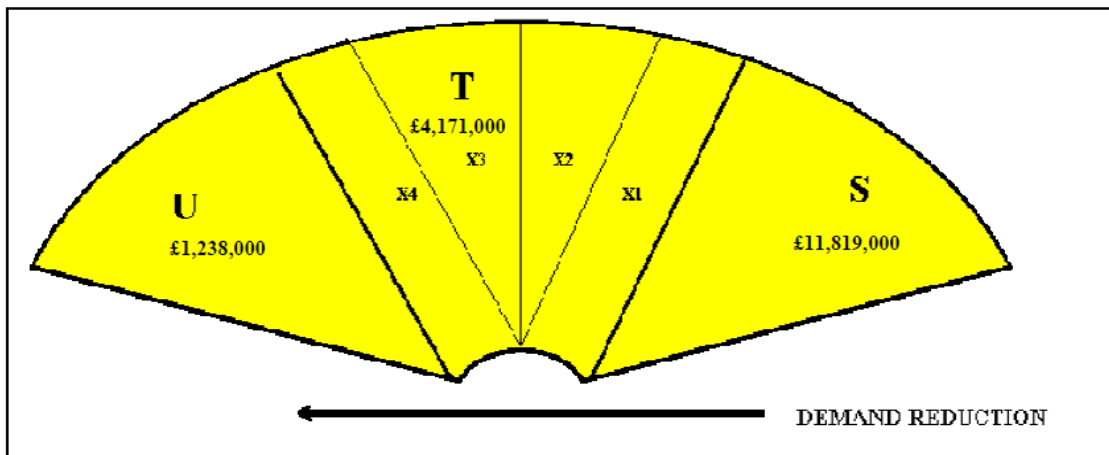
The ‘windscreen’ model of service provision represents the financial share of each set of services.

The budget for Children’s Services in 2012/13 was £17,238,000, excluding schools but including grants and is divided between Universal, Targeted and Specialist services as follows:



The diagram shows that targeted services have less resource than specialist services. An analysis of trend over time shows that the targeted spend has reduced over time and the specialist spend has increased. In 2008, the targeted spend was approximately £8 million and the specialist spend was approximately £8.5 million. The shift in spend then was in response to the increase in looked after children following the Baby P case nationally (and so was not caused by reduced targeted spend). The shift in spend happening now is that specialist budgets are expected to reduce as spend on targeted services proves to have a financial benefit as well as a benefit to children and families.

The revised ‘windscreen’ diagram, below, illustrates that the resource balance has significant scope to shift the emphasis from specialist to universal and targeted services.



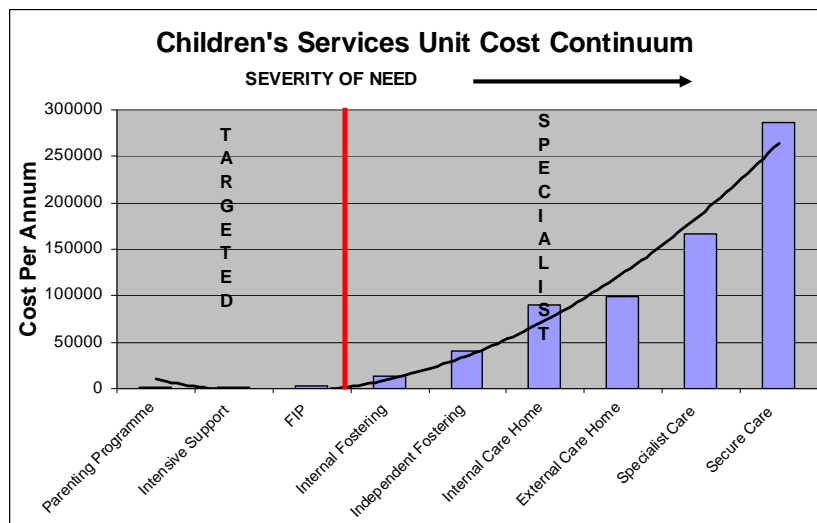
If we assume that as we move across the windscreen from universal services (U) through targeted services (T) to specialist services (S) the cost of these services

increases. The model has four key areas of targeted services, named as X1-X4. Each of these represents a year of spending on targeted services, therefore X1 equals 2013/14 and so on.

**It must be noted that the spending on specialist services will reduce over time as those children in care may stay in care until they leave at 18 years old, so impact cannot be made instantly in reducing budgets, however the cessation of flow into specialist services will reduce budgetary overspends significantly and allow improved financial management*

Year	Target	Impact on Targeted Services	Impact on Specialist Services
2013/14	X1	An increased volume of services will be targeted where additional needs will be identified through the common assessment framework.	Reduced entrance into specialist services thus reduced spending and minimising budgetary overspends. These will be identified through the common assessment framework by aggregating practitioner's expertise in identifying trajectory change
2014/15	X2	Increases will be seen in both step-ups from universal services and step-downs from specialist services as the flow within the continuum is better managed. Fewer more expensive targeted services will be required as more early intervention is implemented and managed more effectively and resilience is built within our communities through universal services	Core demand from specialist services will still remain constant with potential reductions from step-downs as case management becomes more static
2015/16	X3	More expensive targeted services will diminish in demand to point X3, early identification will be much improved and services at the lower end of the targeted spectrum will become effective barriers in meeting children and families with increased needs. Community resilience will increase and additional needs will reduce demand for targeted services	Specialist services will see the flow diminish, resources can be re-deployed to ensuring step-downs into targeted services are much improved and more costly individual packages are significantly reduced
2016/17	X4	The impact of three years of improvements should see early risk factors identified and a multi-agency approach applied to require significantly less costly targeted services for children and families	By 2017 circa 50 children will have left care by reaching 18 years of age. It is anticipated that the looked after population will have significantly reduced by 2017.

The chart below illustrates the typical costs in children's social care in Darlington. The chart shows that there are relatively low cost interventions that may prevent children coming into care, some times of care which are at lower cost and some needs for care which are at a very high cost. The chart illustrates the relatively cheap cost for early intervention and the relatively high cost of making statutory provision when it is required.



Options being for further savings and resilience

3 Borough Collaboration

Funded through the Local Government Association, a programme has been developed to develop a business case for bringing together the children's and adults services across 3 North East boroughs; Darlington, Redcar and Cleveland and Hartlepool. This programme was established to identify what efficiencies there may be through collaboration, and also what other benefits there may be, such as greater resilience for smaller or more specialist services.

The emerging conclusions of the business case are that collaboration is viable through a shared People Services management structure with services delivered through a mixture of geographical (i.e. local authority based) and functional teams. This approach would help the 3 councils to protect service delivery to the most vulnerable, be a means to address resilience issues and still maintain individual sovereignty. It is anticipated that collaboration could deliver £1.4m of possible savings over two years, shared between the councils, and that further savings would then be made through joint procurement and commissioning.

However, whilst the business case confirms that collaboration can deliver some savings, each of the councils needs to get a balanced budget in place in advance of the formal collaboration starting and a decision has been jointly taken to agree the business case but to defer implementation.

Clinical Commissioning Group

Darlington benefits from having a co-terminus Clinical Commissioning Group (CCG) and the Council and the CCG have agreed a joint Health and Social Care Action Plan as a part of the Health and Well Being Strategy which includes developing a sustainable health and social care economy and tackling areas of shared disadvantage and inequality. Both organisations have committed to funding a number of posts and programmes, including a specific post to help to transform both organisations in anticipation of future budget pressures.

Other Partnerships

The Council is pragmatic and will work with a range of partners in the interests of gaining good outcomes for children and young people. Partners within Darlington include both statutory and voluntary sector partners and partners external to Darlington include other local authorities not in the formal People Services collaboration, such as Durham County Council (shared work in children's safeguarding) and Stockton Borough Council (shared work in providing an out of hours social care duty team).

Section 5: Children's Services in Darlington

The model of children's service delivery in Darlington is informed by, and consistent with, Darlington's Sustainable Community Strategy, **One Darlington: Perfectly Placed**. It articulates the vision for the future of the people who live in Darlington, and for the place where they live. The strategy has 2 priorities - **One Darlington**: which articulates an approach to people, and specifically the need to make sure that people are not disadvantaged by their lack of income, where they live or by any other potential disadvantage that could cause them to miss out on opportunities and **Perfectly Placed**: describing Darlington as a place and helping shape investment decisions, spatial planning and care for the environment.

During the autumn of 2011 Darlington Partnership refreshed the outcomes that the Sustainable Community Strategy will deliver. The Children and Young People's Plan 2011-2014 [the CYPP] responded to these outcomes through the development of commissioning priorities for Darlington Children's Trust arrangements.

Darlington's Children and Young People's Plan (CYPP) is a key document which covers, in one place, all services for families, children and young people aged 0-19 and those aged up to 25 who have a disability, within the context of a single strategic and overarching vision for the area. The service plans for local authority services are consistent with the vision set out in the Children and Young People's Plan:

"Darlington's children and young people are its future. We want children to be growing up and living in a safe and secure environment. We want to help children achieve their potential and enjoy life as active participating citizens free from poverty, ignorance, neglect, crime, harm, abuse and distress. We will achieve this by delivering effective, high quality, targeted and integrated services."

Our performance data shows that crime rates are falling, that our educational providers are helping young people to achieve at better levels than ever before, that young people's participation is high and encouraged and that we continue to prioritise services to tackle neglect and abuse, through integrated planning and action. In summary, we are delivering well against the vision agreed by partners.

Children's Services design and delivery

Children's Services were established as a Council team in April 2005 in response to the Children Act (2004). The current delivery model for children's services (within the People Group of services) consists of the Director of People Services (statutory DCS), an Assistant Director for Children, Families and Learning and 4 Heads of Service (Review and Development, Family Support, Social Care and Youth Offending and Pupil and School Support). In addition, there is the Local Safeguarding Children Board and its business unit, which is directly accountable to the Director, a small commissioning team accountable to the Assistant Director for Development and Commissioning and a Life Stages disability team, which covers disabled children but which is line managed by the Assistant Director for Adult Social Care.

Children's Services are designed and delivered in such a way that targeted interventions are sharply focussed and evidenced based and where thresholds of concern are set appropriately and monitored internally and externally to validate them.

All business processes and services in education were reviewed in 2010 and a new operating model developed which saved the local authority £1 million. Following a series of budget reductions in 2010 affecting early intervention services, a new structure was put in place which is now leaner than before and more targeted. This review saved £1.4 million. In addition, the early intervention services were moved to be a part of the continuum of services managed by the Assistant Director for Children, Families and Learning and this ensured that there was a single process in place to manage the 'front door' to children's social care provision and the accepted approach of 'stepping up' and 'stepping down' between tiers of provision. A review of all social care business processes was initiated in 2011 and completed in 2012 to complete the strategy of reviewing all services and streamlining all interventions and activity. This delivered further savings of £85,000.

Across Darlington, all services working with children, young people and their families are underpinned by a set of principles which provide the sense of purpose and optimism to everyone so that they can contribute to making improvements in the most effective way. These are:

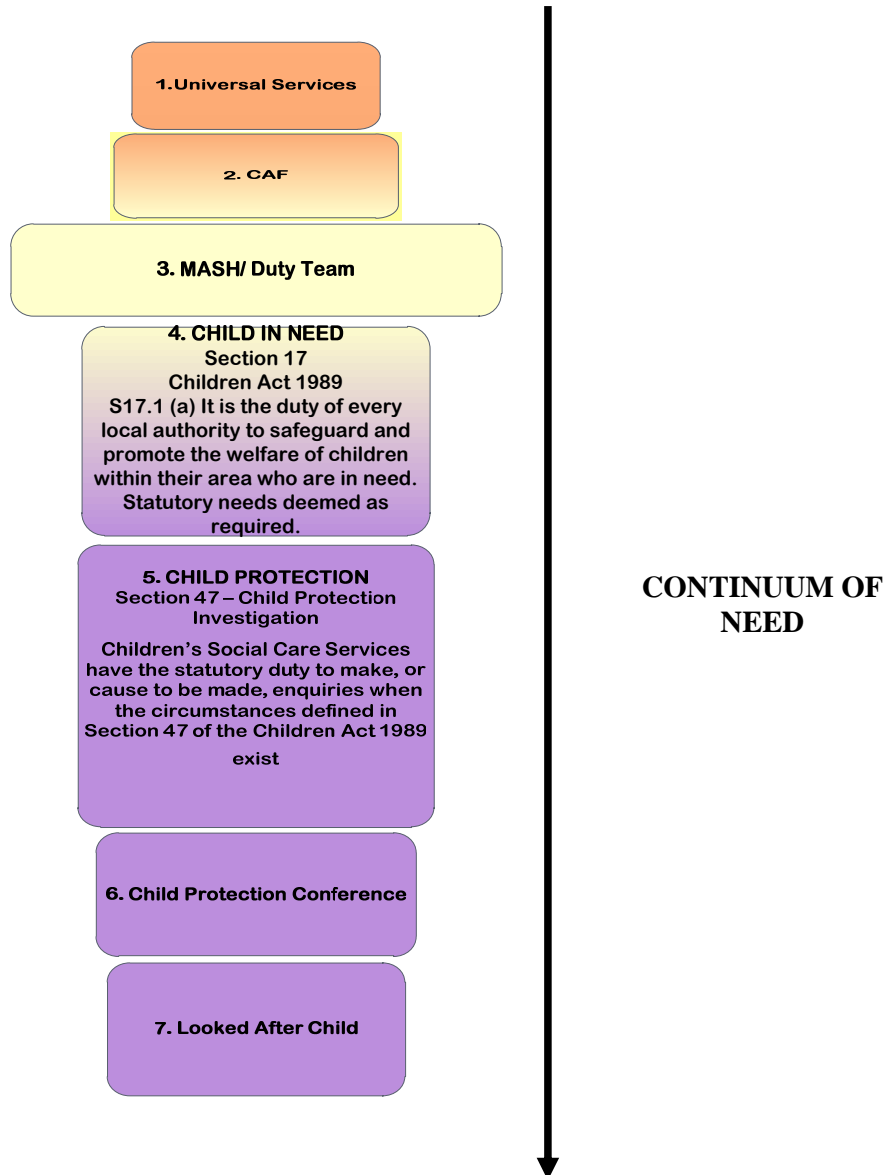
- Giving every child the best start in life
- Being a champion for every child and young person
- Ensuring every child and young person attends education and has the opportunity to enjoy positive activities
- Ensuring that there is a job or place for every school and college leaver.

These simple statements were agreed by all partners as a part of the Children and Young People's Plan in 2008. Underlying these statements are a set of behaviours and beliefs that support our work:

- Darlington's "Think Family" approach – children, young people and their families will be at the centre of everything we do.
- The role of fathers is acknowledged and creative methods are used to engage fathers of children of all ages.
- The use of a positive rather than deficit model of support, starting with what families do well and building on their strengths which will help to build confidence and skills in parenting.
- All practitioners acknowledge, understand and respect the diverse nature of family life and arrangements.
- We will "hold the baton"- each practitioner will hold onto families, work with them and where necessary refer them to another service but keeping "hold of the baton" safely so that families are not lost between services.
- Services will be flexible enough to meet the needs of children, young people and their families as and when they require them.
- There will be a single assessment through CAF and a single point of contact through the Lead Practitioner which will remove the need for families to struggle through a maze of contacts.
- Services will be aligned through single line management structures and geographically based.
- Inter-agency governance is essential to improve family outcomes, with clear strong leadership and protocols setting out agreed responsibilities between agencies which will contribute to the local priorities agreed by the Local Strategic Partnership.
- Services will attempt to impact positively on levels of children living in poverty and provide opportunities for volunteering and employment of those who are not in education, employment or training (NEET).

Service Continuum for Children

Collectively, the diagram of a child's potential journey through the social care support system in Darlington can be represented by the flow chart representing the continuum of need, below



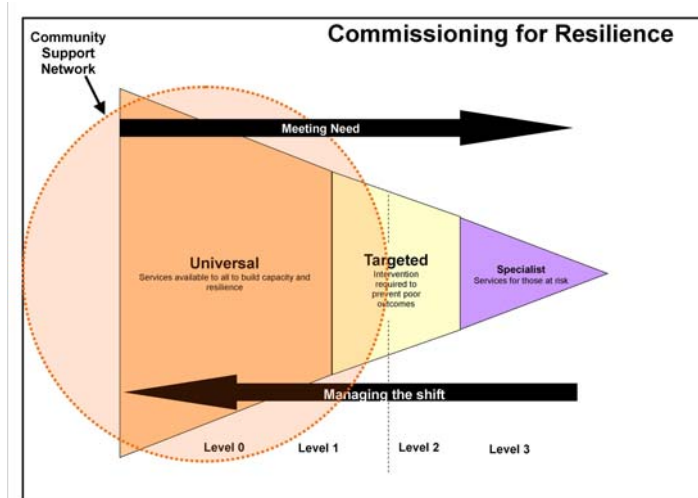
Informed by these initiatives, we developed a Transformation Programme project - **Commissioning for Resilience** (applied both to children's and adults' services) with a clear set of aims, which are to:-

- (a) Set out a five year vision for Adults and Children Social Care.
- (b) Enable 'right place, right time' to ensure vulnerable children, young people and adults receive the services they need at a time when they need them.
- (c) To implement an economic model which seeks to support communities and build resilience within the provision of universal services and to intervene early where individuals, families and communities require additional support to meet their needs, whilst limiting demand for more expensive and potentially less effective specialist services.

The programme is already transforming how future services are designed, developed and commissioned to deliver new models of support targeted at the right people, at the right time and within the financial constraints and requirement for further efficiencies. The programme is based on proactive planning and predictive modelling, as well as on the community networks that exist already or which can be stimulated.

The programme is expected to maximise benefits across the Darlington health and social care economy through a whole system programme to redesign and invest in preventative and earlier interventions, moving away from reactive services. This includes managing the demand for more expensive and longer term specialist services. A key element of the demand, and cost, reduction strategy is the development of increased support within the community or at universal levels (a Community Support Network) which doesn't require any significant or sustained investment from the local authority or from other health and the Police. Within children's services, the Community Support Network, in the very broadest sense, includes the improved strategies deployed by schools to tackle disadvantage through the Pupil Premium, through to the provision of a vibrant sporting and social club network provided by community organisations.

The model, illustrated below, demonstrates the levels at which support will need to be commissioned for an effective whole system change.



A successful Commissioning for Resilience strategy for children will have the following outcomes:

- Broken down the population through segmentation work to better inform planning
- Reviewed best practice of what works in terms of outcomes
- Changed the culture within the workforce and in the wider community
- Benchmarked and established an agreed model of funding for the different tiers of social care – using the evidence of what works to deliver a cost/benefit analysis for Members and to identify savings which have the least impact on the most vulnerable
- Developed partnerships to achieve these ambitions

Universal Services

For the child and his or her family, there should be good access to all universal services that contribute to the health, well-being and development of the child. For most communities, the availability of provision should be enough to allow choices to be made to support the child. For some communities, communities of place or of need or of ethnicity, for example, the child may need more than a menu of available services. Our targeted work begins with distinct provision for some of those communities – such as a mobile library service, a Traveller Education Service or an Early Years Inclusion Service.

As a part of the process of ensuring that universal services meet the vast majority of needs for most children without the need for any further resources, the local authority has developed an economic model of service delivery which seeks to support communities and build resilience within the provision of universal services and to intervene early where families require additional services to meet their needs, whilst limiting demand for more expensive and ultimately less effective specialist services. The basis for this belief that communities and universal providers can meet more needs than previously anticipated stems from the successful initiative developed in Darlington over the last 5 years. These include the schools@onedarlington strategy, Darlington for Culture, the Business Improvement District, Street Champions, Snow Patrol and the community activity to save Darlington Football Club.

Universal services are essentially those services offered to all, irrespective of need of geographical location. The majority of universal provision, whether statutory or discretionary, is provided by other agencies. Early years providers, schools, health providers and the voluntary sector all provide a range of high quality and accessible services across the Borough, covering both urban and rural areas. The Council recognised in 2009 that it would not be able to continue to provide a significant range of universal services (Cabinet report, November 2009). It had already established the schools@onedarlington model for school improvement and support services by then, and schools already had delegated to them all funding for special educational needs, for free school meals and for extended services. In other areas, such as the youth services, the Council has moved away from significant investment in universal provision because of the recognition that more than 70% of the recorded service activity is delivered by voluntary and community groups, including faith groups, which are meeting local demand.

Elements of the universal and targeted services include the Family Support Service (council funded), community based health provision (health funded)

[schools@onedarlington](#)

[schools@onedarlington](#) is an unincorporated trust arrangement between all publicly funded schools in Darlington and the local authority. It was initiated in July 2008, following a year long review of school and local authority responsibilities and accountabilities and as a deliberate strategy to raise educational standards across the Borough. It comprises of a charter signed by all Head teachers, governing bodies, elected Members, local Members of Parliament, officers and strategic partners, and a management committee of elected Head teacher representatives and local authority officers. All schools come together 3 times a year to consider the working of the trust and any issues arising from its work. A Head teacher representative sits on the Board of the Darlington Partnership to provide a formal link to the wider strategic partnerships. Schools have significant representation and influence at both the Foundation for Jobs strategy and the Children's Collective, a delivery group for the Darlington Partnership.

From inception until 2011, [schools@onedarlington](#) was able to deploy centrally managed resources to support school improvement strategies and relied on the co-operation. Following the changes to local authority and school funding, the Schools Forum (the statutory body of schools that sets the local schools funding formula) agreed to continue to fund for all schools a set of services that were considered essential to the delivery of the [schools@onedarlington](#) strategy. In July 2011, all schools agreed to restate their commitment to the partnership of [schools@onedarlington](#) by signing the charter, which includes a set of expectations and behaviours of all schools towards each other; a process developed by the head teachers themselves at a residential event.

The name, [schools@onedarlington](#) is intended to signify that it is for all schools (so the plurality), that it is a modern concept (the @) and that it is fundamentally about narrowing gaps in outcomes and giving children the best start in life (the One Darlington priority agreed by all strategic partners in the Borough in 2008).

The outcomes from [schools@onedarlington](#) include the most improved schools nationally in 2008 (secondary), 2009 (primary), 2011 (secondary), topping national GCSE league tables in 2011 and having no failing schools.

Targeted Services

The Common Assessment Framework (CAF) became a national assessment tool, following the publication of *Every Child Matters* in 2004. The expectation of the framework has always been that more needs can be met appropriately at earlier stages of their development and that there is more that can be done by universal and targeted services. The effective use of the CAF, therefore, would lead to a reduction in the number of referrals reaching social care and crossing statutory thresholds.

External inspection in 2010 commented on inconsistent use of the CAF. Subsequently, a Rapid Process Improvement Workshop was conducted with the sole purpose to optimising the usage and affect the CAF could have on children with additional needs and prevent escalation into specialist services.

Specialist Services

Children's social care services has 3 business units, Duty/MASH, Assessment and Intervention and Children in our Care

Each of the 3 areas has a change programme in place. For initial contacts and referrals, Darlington is currently creating a MASH, a Multi Agency Safeguarding Hub. This will improve information sharing between key agencies such as the Children's Duty Team, Safeguarding Children Police Team, CAMHS, Safeguarding Nurses and Probation. Referrals will be received by the MASH and with effective and timely information sharing, referrals will be escalated as quickly as possible, with all the facts (rather than snippets of information), resulting in more informed and better judgements. The duty function will then be reviewed to maintain a Section 47 rapid response team and will work with the area based teams to ensure that they are responding appropriately to all new referrals

The Assessment and Intervention function has 3 locality teams which are co-terminus with the Family Support Service (early intervention) teams. Each of the 3 teams is being co-located alongside the early intervention teams in order to deliver a continuum of response right through from early intervention to specialist assessment in each local area.

The Children in our Care unit has reorganised its functions in order to bring together the looked after children team and the leaving care team in order to avoid a change of key worker for children at a crucial stage in their development. The provision aspects of the service (i.e. residential and family placement) are also working with other local authorities (part of the 3 Borough collaboration programme) to improve sustainability and to provide a greater choice of placements. A LAC brokerage scheme with Middlesbrough Council is currently being piloted.

Section 6 - Challenges in service delivery and actions taken

'Where are we going? Are we there yet?' These eight words echo the cries of a child in the car, desperate to get to the destination before you have reached the end of your road! Replies are usually, *'not yet; won't be long; just be patient!'* These replies will be repeated many times before the journey finishes and everyone arrives safely at their destination.

This is analogous to the current debate concerning the reduction in the use of, and therefore cost of, specialist services by developing early intervention services. Everyone, from organisational performance and finance sections through to Elected Members are rightly keen to know – 'has it happened yet? - Are the numbers going down? - Is the budget reducing?' The response ... *'not yet; won't be long; just be patient! it takes time!'* - but in fact it won't be long before they will see the difference.

Early Intervention in its truest sense is improving universal services to a high standard to prevent difficulties arising. However, with diminishing resources, services become more targeted on those with emerging issues where signs of those issues escalating are apparent. This is the model currently used in Children Families and Learning. Locality teams, integrated with health, provide a targeted service to ensure the limited resources are deployed in the most effective way.

Underpinning all activity in Children Families and Learning (CFL) is the principle ***if we improve the lives of families and their children at an early stage, it will reduce the need for specialist services to become involved:*** Being people with choice, it is more difficult to prove direct causal relationships, as most people do not exist in isolation. However all evidence and research clearly illustrates that positive constructive intervention at an early stage will prevent a situation or behaviour worsening. This makes sense if you recall from personal experience a teacher, or neighbour, you connected with and had an influence on your life, or, some one you have observed or known, who changed the course of their lives due to either a single person or event that happened.

Within CFL we have developed and organised services to build on this principle. It is difficult given the context we are working in and the need 'to be there' as soon as possible to relieve current local authority pressures, hence the focus on targeted services.

The preferred organisational structure which best supports an early intervention model, is a model based on geographical areas where practitioners from different disciplines know the community and individuals within it. This encourages joint working; information sharing, risk management and sharing of skills and knowledge.

In Darlington, this translates into three areas, and services are increasingly being managed/organised around these areas. This can mean staff physically located in those areas or for smaller teams, linked to a particular area. The 'journey ' is increasing the number of staff who work in this way – moving towards a single multi disciplinary service in each area This initially is the current locality teams and social care.

Our progress

Entering 2013 it is becoming apparent further budget cuts will be needed across the Council as central funding reduces. In anticipation of this, the Council seeks to maximise partnership working and exploring the feasibility of collaboration with other

authorities to reduce costs and make smaller service areas more sustainable. A considerable amount of work has been undertaken with Hartlepool, and Redcar and Cleveland councils to develop business options for Children's and Adult Social Care for improved service delivery and efficiency across the three areas. This will lead to some shared areas of working in advance of any Council decisions about formal collaboration and shared management.

In line with all Council services, the focus is on smaller, targeted services which the Authority has a legal duty to provide. The planning process used in relation to this is 'zero-based planning' and has been undertaken across the Council's portfolio of services to identify Minimum Statutory Functions and those where there is a clear business case for continued investment. This approach has provided robust challenge to senior managers as part of the budget building activity for 2012-13 and will continue to be basis upon which radical reviews of services are undertaken in the future.

Improvement and Development

Since January 2011 there have been several developments and service delivery initiatives which have positively impacted on vulnerable children, young people and families.

The culture and practise in Locality Teams has changed – evidenced by increasing number of examples of targeted work and input via CAF which prevents escalation to social care.

Previously, Family Group Conferences had a focus on the work of specialist services but since the Think Family Co-ordinator has been in post the FGC has been used across all levels of services. Staff are trained in FGC and work across the localities. The Think Family Board oversees the initiative including high impact households and troubled families. The approach works well and training across the sectors has resulted in the Think Family approach being adopted across the sector. Other initiatives are developing well such as Community Friends with 15 volunteers working with vulnerable parents. Further work is being planned to develop work with the Community/Voluntary sector organisations further.

There have been steep increases in the numbers of Child Protection cases in the period 2011 and 2012. The number of Looked-after Children fluctuated during the same period but has now stabilised which is indicative of the increasing effectiveness of the Locality Teams.

Case	April 11	Nov 11	April 12	Nov 12	Overall % change	March 13
Child Protection	84	92	90	103	+22%	71
Looked after Children	188	191	213	204	+8.5%	199

The Action Plan from the Announced Inspection has been completed across all the partners and was monitored by the LSCB for completion.

Further Improvements for the Future

Quality Assurance Frameworks are in place, supported by robust Quality Assurance Processes, including quarterly reporting, with robust challenge, and is included in the Corporate Performance Management Framework reporting to the Chief Executive and Elected Members. A bespoke Performance Management Handbook has been produced to clarify expectations for staff and managers.

The workforce has remained stable within expected turnover levels. However staff have higher case loads than we would wish. This is being addressed by changing practise to reduce referrals with the MASH and Early Intervention developments.

Second 'Health check' on workforce has been completed and Workforce Development is place and regional training opportunities on social work skills and first line management.

Common Assessment Framework (CAF) Rapid Improvement Event completed to improve processes and understand barriers to Agencies using CAF. Training is in place and the number of CAFs completed now exceeds our target of 290. The threshold document (Indicators of Concern) has been adopted by LSCB and it is currently being reviewed to ensure it remains fit for purpose.

The Children's Duty Team has been under pressure during 2012, due to process and performance concerns identified through management oversight and monitoring. These have now been addressed and there is no backlog and caseloads are reducing. Fewer inappropriate contacts are being made and more appropriate referrals, which is a good indication that thresholds are being understood. This, coupled with more CAF completion, suggests improved early intervention. Duty systems and processes have been reviewed and are understood and implemented by staff. Managers continue to monitor the situation closely and ensure support and guidance is given to staff.

LSCB priorities have influenced practice. Multi-agency workshops have been held on neglect (the single biggest factor for child protection plans) with 208 attendees across the full range of partners. Practise audits led by the LSCB have resulted in several improvements:

- the revision of Core Group guidance.
- improved attendance at conferences across the partners
- identification of performance issues – agency and/or individual
- robust quarterly reporting on child protection and LAC processes.

Child Protection Plans are now 'outcome focused', which has improved the 'child's voice' in conference. The development of multi-agency chronology procedures has improved Conference processes, which lead to outcomes that are more effective.

Different models of social work interventions have been explored, testing out other ways of working. These include:-

- Family Intervention Team;
- Troubled Families;
- High Impact Households.

This work, based within Specialist Family Support and involving Health, social care, support workers and Police, has impacted on outcomes. The model will roll out into

the three localities and become the 'way of working': It is important that the emphasis on '*working with families not doing to families*' continues.

[cf Munro and social work values]

Participation is wide ranging with small groups linking to maximise impact. These include:-

- Youth groups
- Darlo Care Crew
- Investing in Children Health Group (if working jointly with Health)
- Parental advisory boards for children centres
- LSCB/School Councils
- Young Leaders
- Young Inspectors Programme.

'What's changed' Logs capture the suggestions, actions and changes made resulting from feedback. Children, young people, and their families have influenced changes to key areas of services such as:-

- Improved involvement in Child Protection Conferences
- Support for young people to chair their own review
- Influencing Corporate Parenting Panel
- Parents receiving improved information about child protection conferences
- Young Inspectors provide recommendations to service providers to improve their experiences

Section 7 - Darlington's Performance Profile

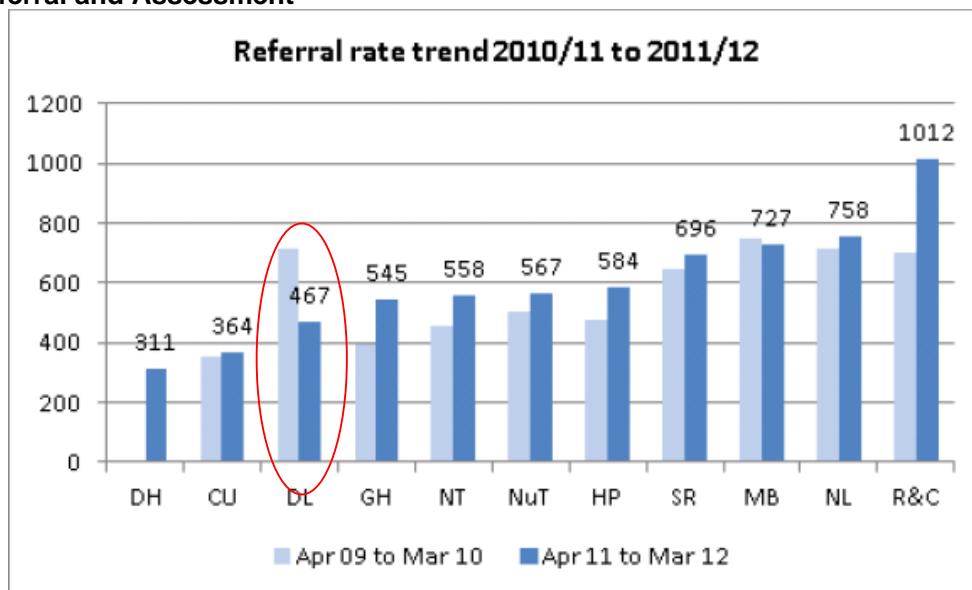
Children's Services in Darlington perform well when compared to both regional and national indicators and where there are areas of underperformance, they are acknowledged and tackled. Indeed, a success of the authority is the service improvements that have been made, and especially those that have continued to be made at a time of decreasing resources.

In terms of benchmarked costs, all social care spend per head of population in Darlington is £430 per head of population, compared to our sub-regional partners who spend between £477 and £494 per head of population for generally the same services.

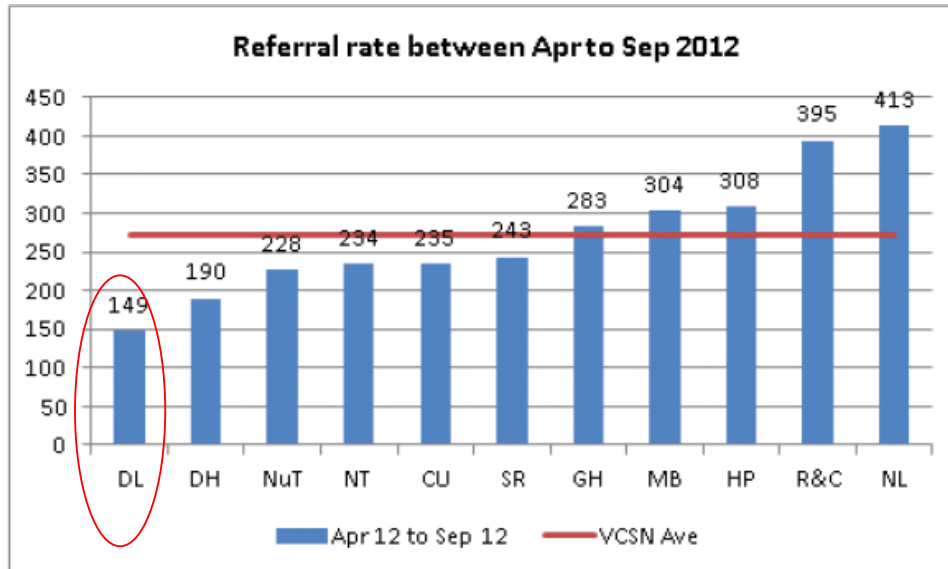
When compared with national data, Darlington spends significantly less on children's services than national averages in all areas of spend except for 2. We are higher than average spend on foster care placements because of the small number of internal foster placements we have recruited and we spend above national average on our youth offending services. In the latter case, the higher spend is not related to higher activity but to higher quality of interventions which keeps our youth offending and re-offending rates low.

Our performance in social care areas, where the majority of both spend and budget pressures sit, is one of hugely positive improvement as a result of actions taken in service redesign and delivery. Regional benchmarked data is set out and analysed, below.

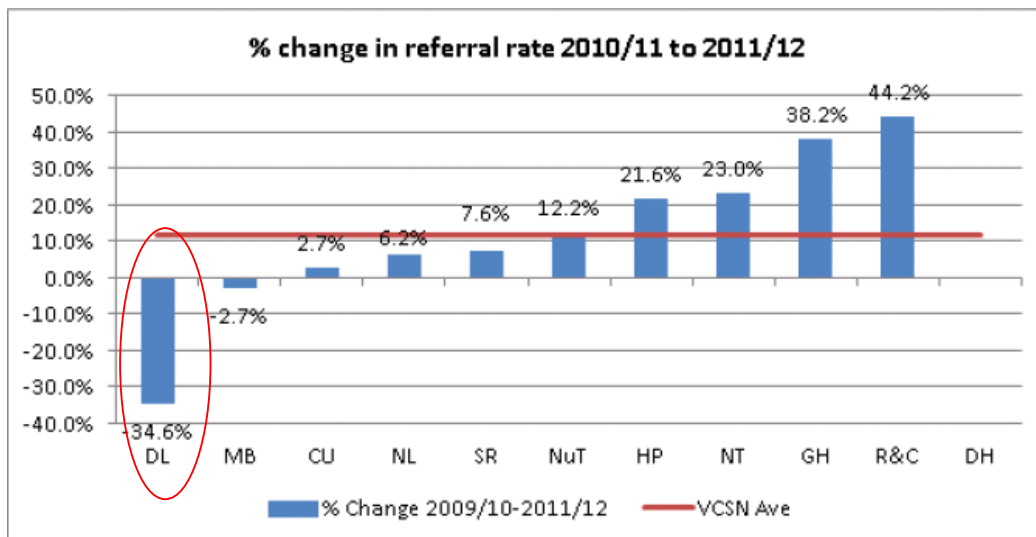
Referral and Assessment



The graph above shows that Darlington has seen a substantial fall in the number of referrals it receives to the Children's Duty Team. When improving the CAF in January 2012, one of the main outcomes was to reduce the number of inappropriate referrals the Children's Duty Team received. In July 2012 it was agreed that the Duty Team would no longer accept referrals without having a CAF first, unless there are safeguarding concerns.



The graph above shows that in 2012 Darlington had the lowest rate referrals in the North East and Cumbria. Whilst this cannot be solely attributed to the success of the system changes in the CAF and Duty Team, as the recording methodology for referrals was changed before this period, we can say with confidence that this is a highly positive impact, as the reduced flow into the system contributes to manageable caseloads for social workers, fewer bottlenecks and more being known about those entering, therefore more informed judgements can be made. A social worker has been placed in the Police's Central Referral Unit to monitor their referrals. The impact of this placement is still being assessed but is likely to have contributed to the reduction in referrals to the Children's Duty Team.



The graph above evidences that Darlington has seen the most significant decrease in referrals year on year. This reduction was 17 times greater than the only other Council to have reduced referrals over the two year period.

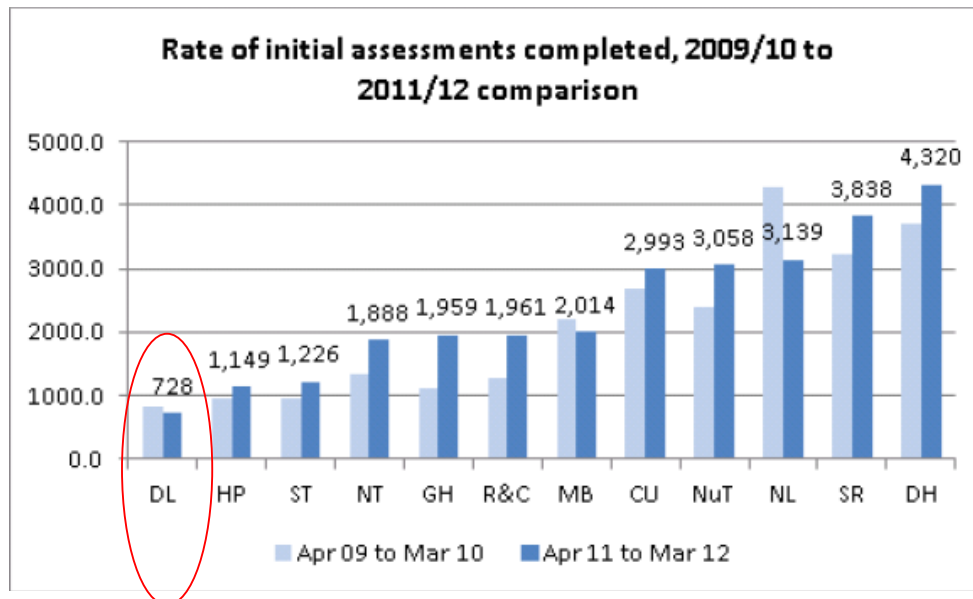
The combination of the impacts of referrals not being accepted without a CAF, a social worker being placed at the Police's Central Referral Unit and process

improvements in the Duty Team have aggregated to reduce the referral rate so dramatically. It is expected that reducing the referrals at this stage of the service continuum will also reduce the numbers of service users further down the continuum of high need/ high cost services.

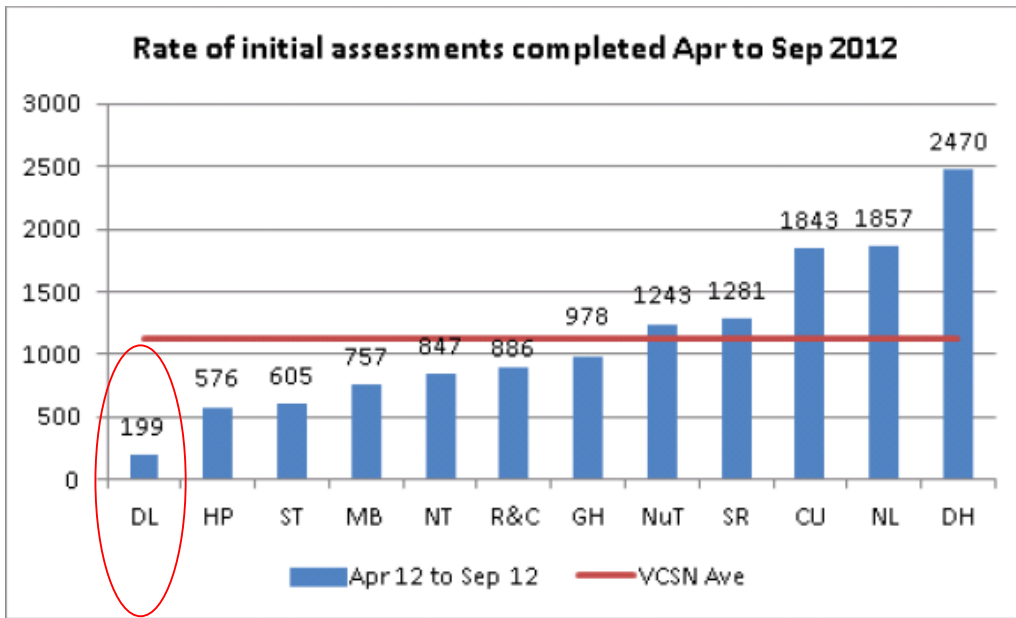
Child in Need

By stemming the flow at the front-end of services by reducing the numbers of referrals, we are seeing reducing service user numbers further downstream in the continuum. The graph below shows that Darlington has the lowest rate of initial assessments in the North East and Cumbria, (per 10,000 children). This bodes really well for Darlington’s ability to continue reducing the flow of social care service users flowing through the system.

Managers are actively quality assuring the work of their teams to ensure that reduced referral rates and initial assessments are not the result of preventing children with appropriate needs from entering the system.

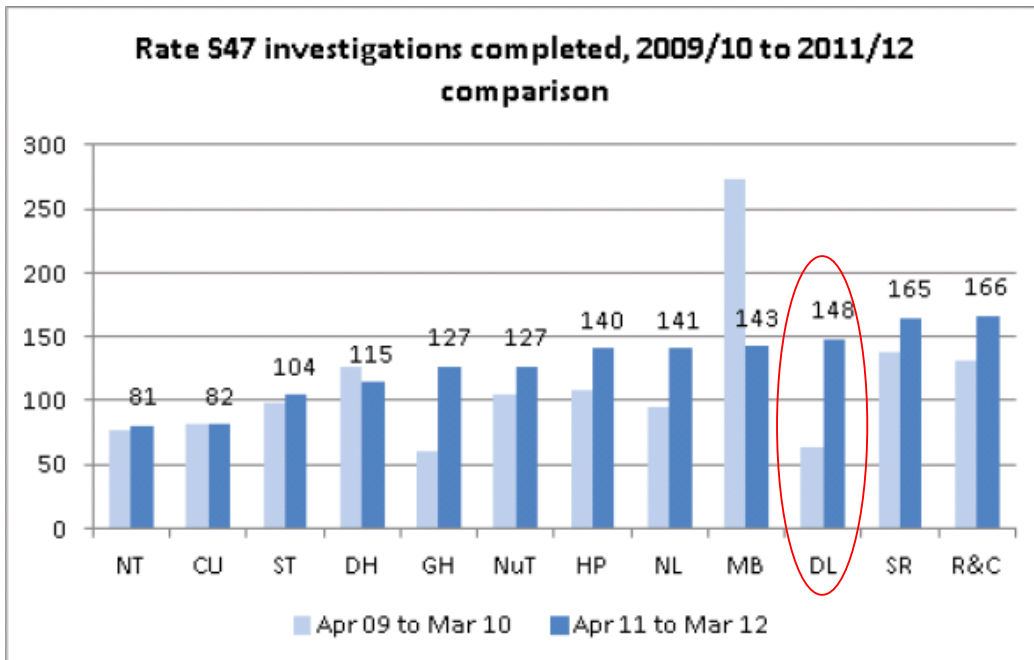


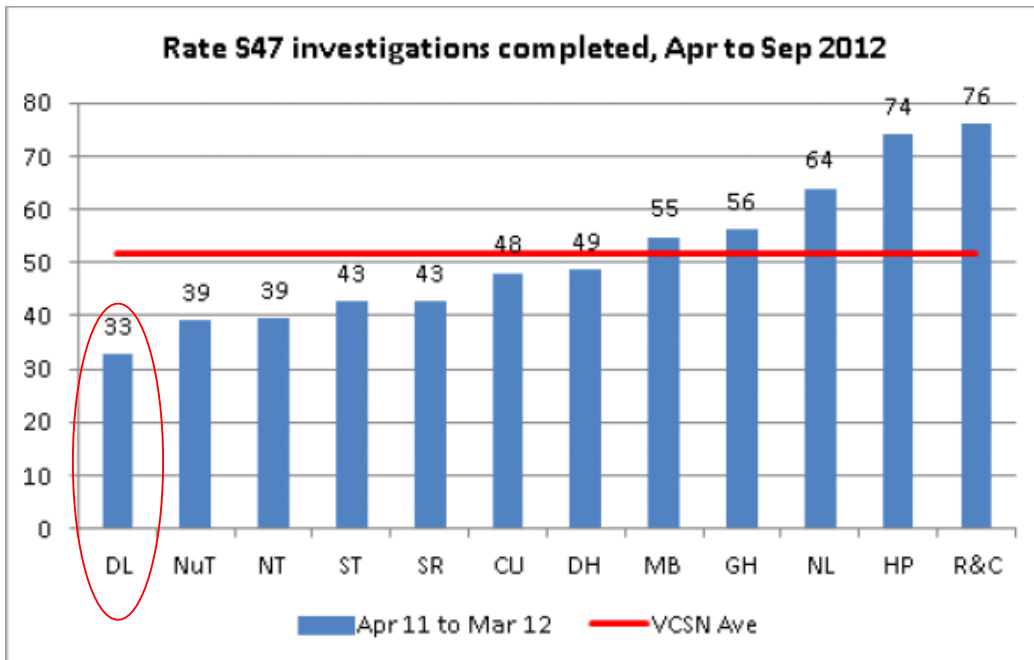
Darlington has a considerably low rate of initial assessments completed, with the graph below showing the rate 6 months after period of the graph above. If we double that to calculate a full year effect, it will be 40% less than the previous year. This demonstrates that where perhaps children were assessed before, this is no longer required as their needs are being met through the early intervention and prevention services.



Child Protection

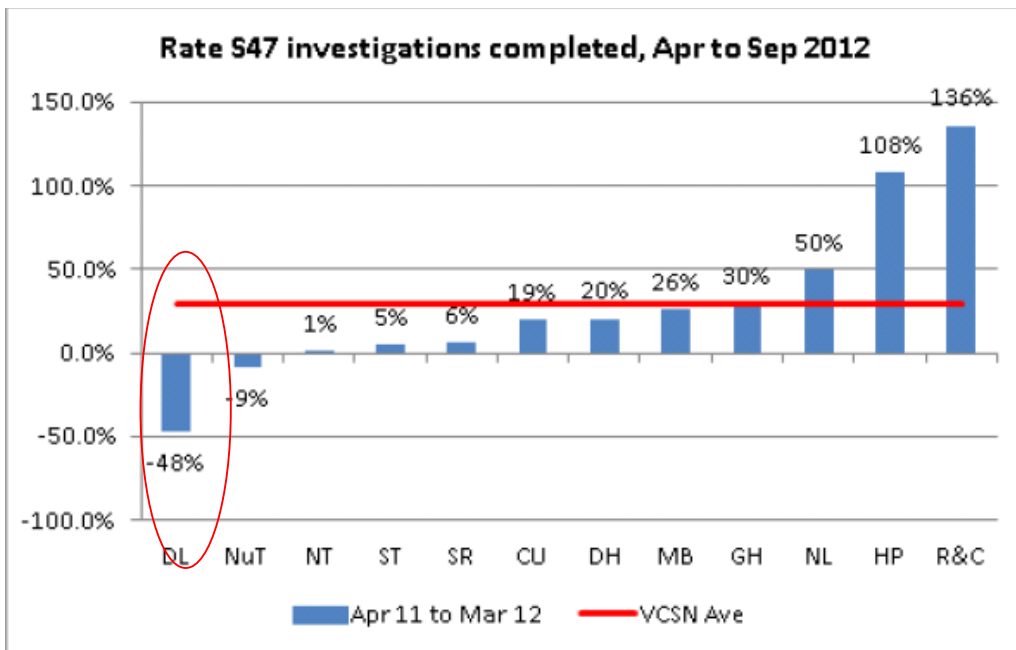
The graph below again evidences the flow of social care clients is significantly reduced, with the rate of Section 47 investigations in Darlington, being the lowest in the North East and Cumbria.





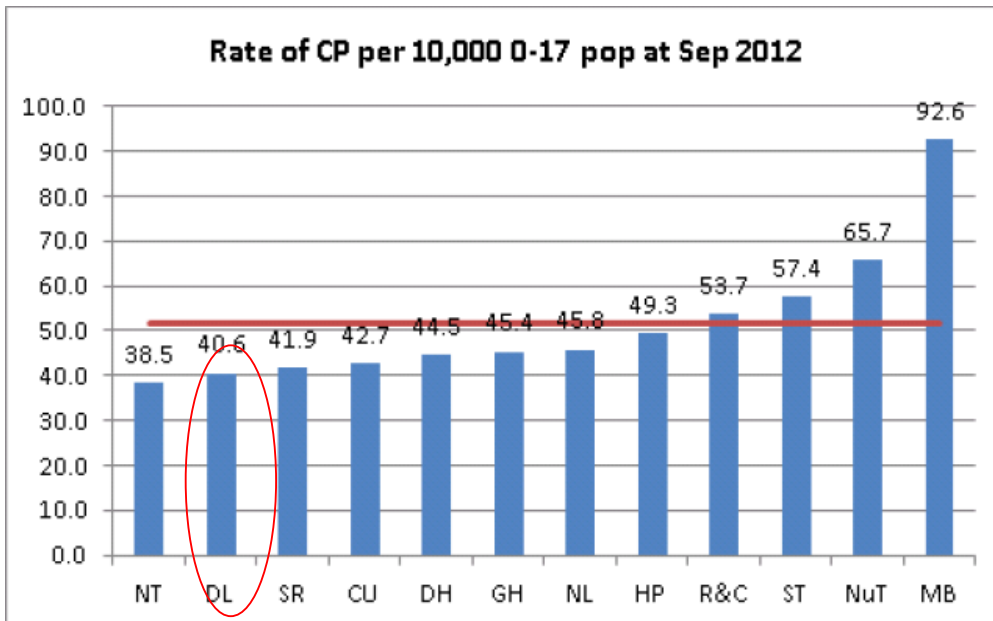
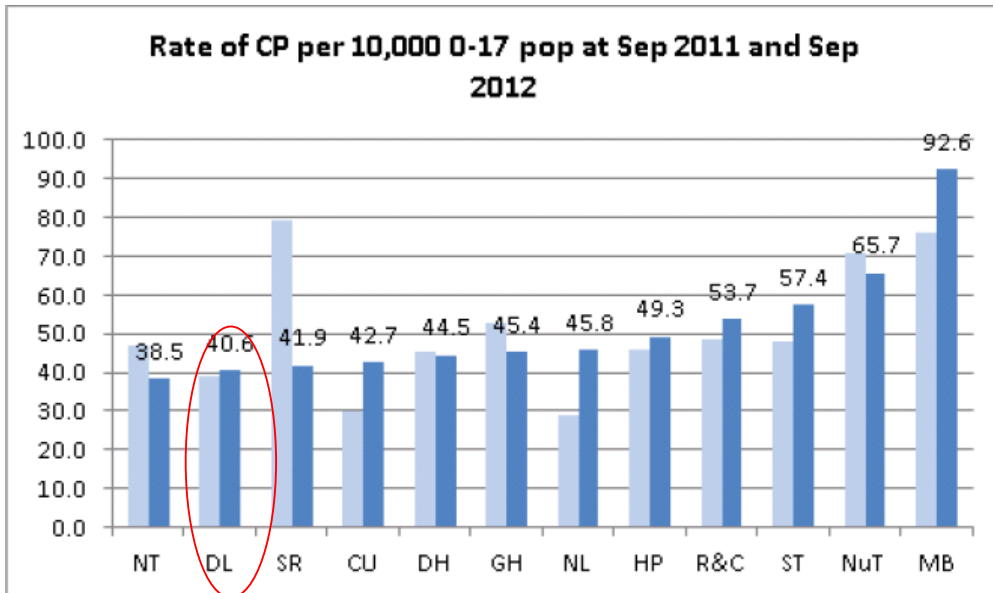
Over the two year comparison above, we must note Darlington saw the highest rate of increase to nearly three-fold over the period. Other authorities saw this increase earlier than Darlington, but all saw the same trend of rapid increases, some slowing down of the rate of increase followed by a reversal of the trend.

In 2012 Darlington had the greatest reduction of Section 47 (child protection) investigations as shown on the graph below.



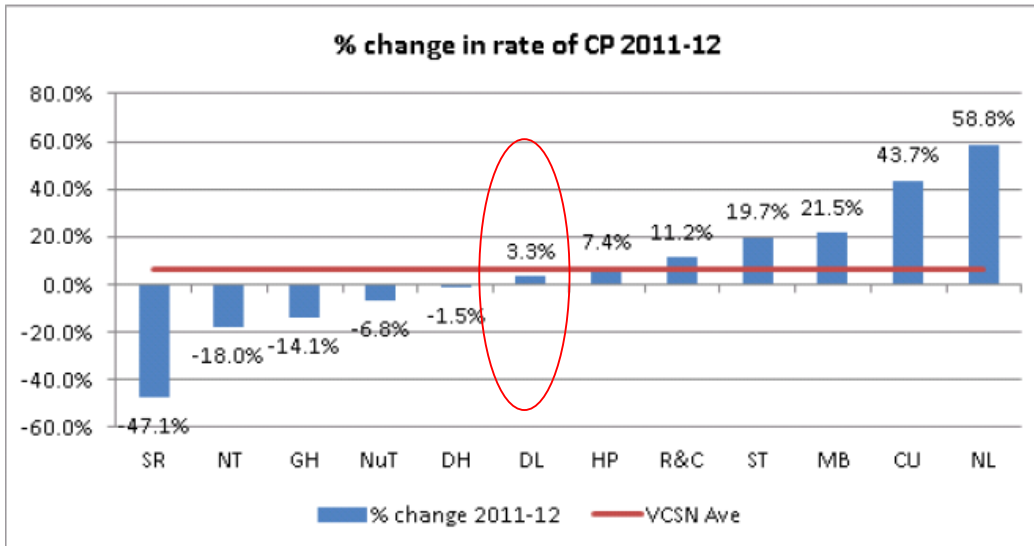
Child Protection Conference

Darlington has the second lowest rate of child protection conferences in the North East and Cumbria, supporting the view that the needs of children are being met through the early intervention and prevention services.



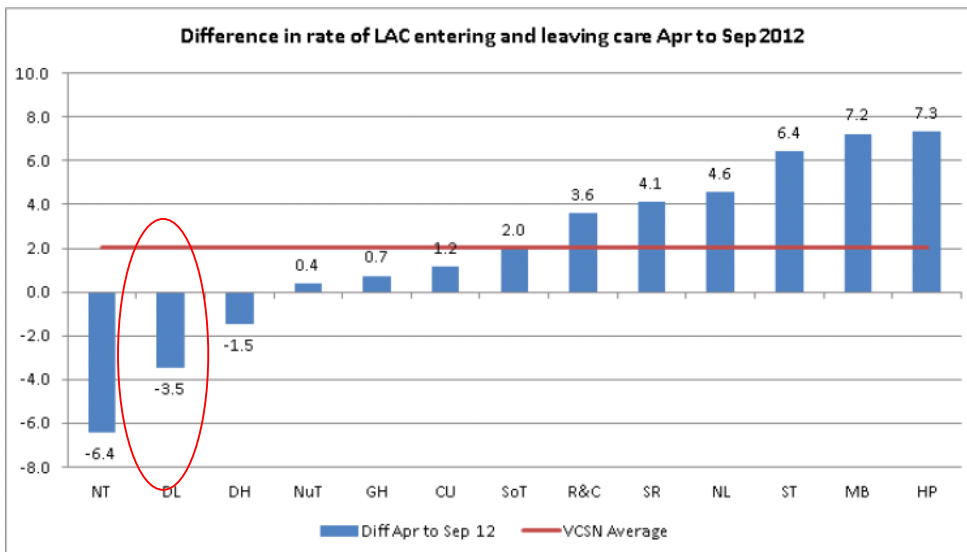
The graph above shows Darlington's child protection rates (per 10,000 children) are about 20% lower than the regional average.

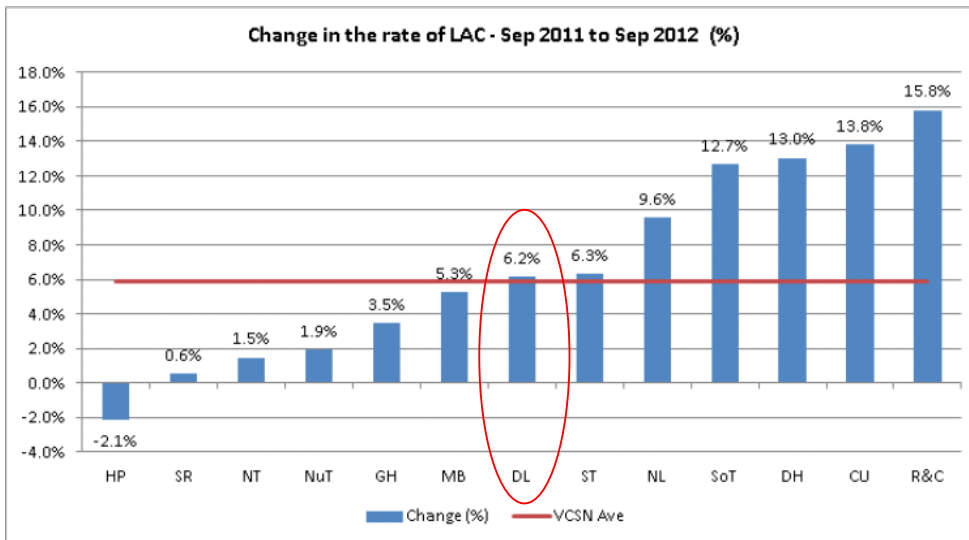
The graph below, however, shows that child protection cases are continuing to rise in Darlington although this is at a lower rate than previously.



Looked After Child

The graph below shows the early positive outcomes of the changed delivery system. Darlington has seen a net reduction of 3.5% in the number of Looked after Children, that is to say a decrease in the numbers leaving care compared to those entering.

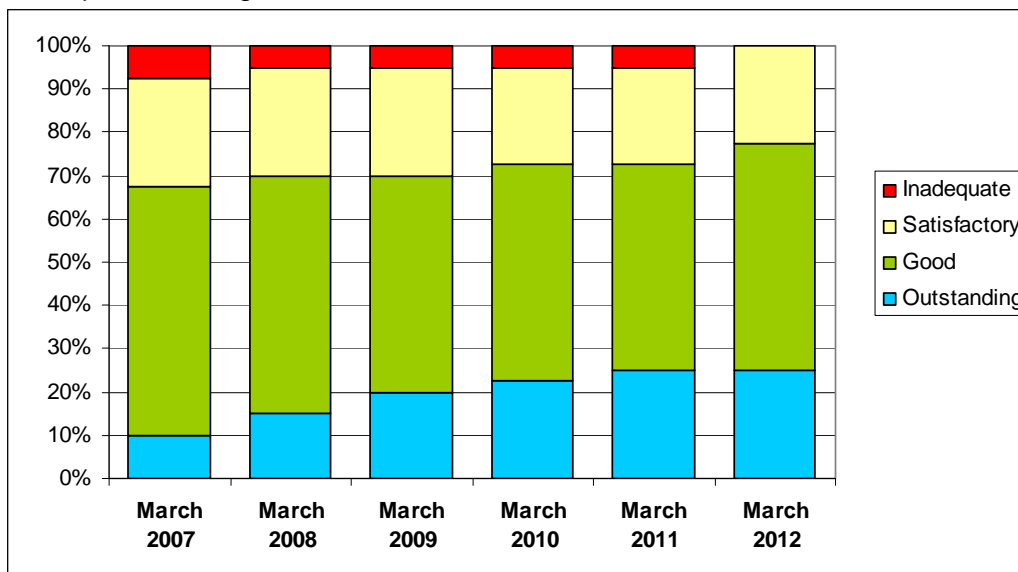




The graph above illustrates that over the last full year Darlington has performed as an average authority with regard to the changing numbers of looked after children, whereas the previous graph showed the changes over the last 6 months of the period, where Darlington was significantly better performing than most of the region. This recognises the time lag that exists between reviewing processes and service design and benefits being accrued.

School Performance data

All Darlington schools have been externally regulated by Ofsted and the chart, below, shows the percentage of schools receiving each of the Ofsted grade judgements. As a result of the changed Ofsted inspection framework, good and outstanding schools may be exempted from regulation for a period and so schools judged to be 'good' cannot necessarily improve to 'outstanding' if they are not reinspected. As a consequence, the figures from March 2012 are still current.



Percentage of pupils achieving expected grades at key milestones

	2007	2008	2009	2010	2011	2012
Achieving Level 4 at Key Stage 2	73	72	78	79	78	82
Achieving 5 GCSEs at grades A*-C	60	69	74	80	92	92
Achieving 5 GCSEs at grades A*-C including English and Maths	46	47	51	54	65.7	62*

* GCSE English marking affected performance in the Borough by 5%

All rates are currently above national averages

Exclusions

Since the introduction of the Behaviour and Attendance Partnership in 2011 and the restatement of Fair Access Protocols, exclusions have reduced.

Attendance

The last audited attendance data (May 2012) shows that Darlington's attendance performance has improved on 2010-11; primary attendance increased by 0.8% to 95.6%, with secondary attendance increasing by 0.6% to 94.2%. The percentage of persistent absentees (missing 46+ sessions / 15% or more absence) in 2011-12 has decreased by 0.7% (46 pupils) in primary compared to 2010-11, with secondary persistent absence also improving by 0.7% to (44 pupils).

Narrowing the gap indicators

2012 cohort data shows that pupils who are eligible for a Free School Meal (FSM) have lower attendance than those not eligible for FSM:

	% Attendance: 2012		
	FSM	Non-FSM	Gap
Primary	93.4	95.3	-2.1
Secondary	90.3	94.4	-4.1

Attainment overall is improving and the gap is narrowing between children eligible for free school meals and those not eligible for free school meals

Key Stage 2 achieving English & Maths at Level 4 + in 2012			
	2010	2011	2012
FSM	54%	61%	68%
Not FSM	81%	82%	86%
Gap	-26%	-21%	-18%

The same is the case for BME pupils, with both overall increases in attainment for all groups and for narrowing the gaps in outcomes between BME and other pupils

Key Stage 2 achieving English & Maths at Level 4 + in 2012			
	2010	2011	2012
BME	69%	68%	80%
Not BME	76%	79%	82%
Gap	-7%	-11%	-2%

Key Stage 4 achieving 5+ A*-C in 2012 (Inc. GCSE English & Maths)			
	2010	2011	2012
BME	57%	64%	64%
Not BME	55%	66%	62%
Gap	2%	-2%	2%

Special Educational Needs indicators

Key Stage 2 Pupils achieving Level 4+

English & Maths			
	2010	2011	2012
Non SEN	90.1%	90.7%	93.1%
SEN	36.4%	43.2%	43.3%
Gap	-53.6%	-47.5%	-49.8%

Key Stage 4

	5+ A*-C			5+ A*-C (Inc. GCSE English & Maths)		
	2010	2011	2012	2010	2011	2012
Stage- No SEN	88%	97%	98%	66%	75%	71%
Stage School Action	75%	87%	81%	30%	23%	16%
Stage Action Plus	52%	57%	67%	17%	14%	18%
Stage Statemented	29%	29%	39%	10%	8%	7%
Stage P or S	45%	46%	54%	15%	12%	13%
SEN (A, P or S)	58%	66%	66%	21%	17%	14%
Gap	-30%	-32%	-31%	-44%	-58%	-57%

The rate of improvement in attainment levels is still higher for children without special educational needs than it is for those with any identified level of special educational needs.

Section 8: Governance and Performance Management

Darlington children's services complies with the statutory duty to have a single Cabinet member with oversight of all children's areas and for there to be a single Director for children's services who is accountable to the Chief Executive.

The Cabinet Member is a part of the Lead Member network for the North East and the Director is a member of the North East Association of Directors of Children's Services. Both bodies have a role to play in the regional agenda, including the Children's Improvement Board. Darlington Children's Services has contributed to Peer Reviews in the region and has also benefited from national and local Peer Reviews.

There is a dedicated Scrutiny Committee for Children and Young People, with a track record of reviewing Cabinet decisions and policies and of examining issues with a view to developing future policy.

The Children's Services team has a service plan which is monitored quarterly regularly by the Assistant Director and the four Children, Families and Learners Heads of Service and relevant specialist, Finance and HR staff and which is then formally reported to the Director on a quarterly basis. The outcomes of the quarterly monitoring are reported to the Cabinet Member and subsequently the Chief Executive through Performance Clinics.

The Senior Leadership Team in Children's Services meets fortnightly with a timetabled programme of key reports and updates. The Director meets with the Assistant Directors for a 1:1 each week.

The Cabinet Member is briefed weekly on all key matters, including weekly changes in looked after children and child protection profiles (with reasons). The Cabinet member reports all trend data and performance issues in an overview report to each Council meeting.

The Council, in conjunction with statutory partners, took a decision in 2012 to streamline partnership arrangements and this led to a review of the Children's Trust arrangements for the Borough. The Darlington Partnership (the local strategic partnership) is the senior partnership body in the Borough and includes all statutory partners for the Children's Trust and includes both the Cabinet Member and the Director. The Cabinet Member reports to the Darlington Partnership each quarter on the performance of children's services, including the work of partners in relation to children. The cabinet member and Director are supported in this work by the Children's collective, a broad and inclusive body that is chaired by the Cabinet Member and which holds to account all services for their delivery of children's services and which acts to resolve any areas of underperformance or inefficiency at a very local level before any potential escalation through the Darlington partnership Board. The Children's Collective also runs a series of engagement events with young people to ensure their voices are heard in partnership planning.

There is an independently chaired Local Safeguarding Children Board which is robust and funded by key partners. The Safeguarding Board meets 6 times a year and receives performance reports against its business plan. It also receives audits of performance from each of the participating agencies.

The Director chairs the management group of Head teachers for schools@onedarlington, which oversees school performance and brokers interventions in areas of underperformance.