

# Joint area reviews 2007–08

Report on outcomes

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This report is based on evidence from joint area reviews (JARs) conducted in 73 local authority areas from April 2007 to July 2008.

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## Contents

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<b>Executive summary</b>	<b>5</b>
<b>Key findings</b>	<b>7</b>
<b>Recommendations</b>	<b>8</b>
<b>Methodology</b>	<b>8</b>
<b>Safeguarding</b>	<b>10</b>
Multi-agency working	10
Local safeguarding children boards	11
Referrals	12
Child protection	13
Performance management in social care	14
The development and deployment of professional workforce capacity	14
<b>Looked after children</b>	<b>15</b>
Preventative services	15
Health provision	15
Placement provision	16
Review procedures	16
Reducing offending	16
Education	17
Transition to independent living and adult services	17
Corporate parenting	17
<b>Children and young people with learning difficulties and/or disabilities</b>	<b>18</b>
Strategic development	18
Service provision	18
Support	19
Enjoying and achieving	20
Engagement in decision-making	21
Transition and post-16 provision	21
<b>Additional investigations</b>	<b>21</b>
Investigation areas	22
Common strengths and weaknesses	22
<b>Health investigations</b>	<b>23</b>
Child and adolescent mental health services	23
Teenage conceptions and sexual health	23
Substance misuse	24
<b>Education investigations</b>	<b>24</b>
14 to 19 strategies	24
Standards and achievement	25

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School improvement services	25
<b>Other investigations</b>	<b>26</b>
<b>Service management and capacity to improve</b>	<b>26</b>
Vision, plans and targets	27
Partnerships	27
Equality and diversity	28
The involvement of young people	28
Performance management	28
Workforce planning and joint commissioning	29
<b>Annex A</b>	<b>31</b>
Overview of JAR grades awarded since April 2007 under the new methodology	31
<b>Annex B</b>	<b>32</b>
Full list of joint area reviews conducted since April 2007	32

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## Executive summary

This report is based on evidence from joint area reviews (JARs) conducted in 73 local authority areas from April 2007 to July 2008.<sup>1</sup> These reviews focused on the outcomes for groups of children and young people who were potentially vulnerable because of their circumstances and on the safeguarding arrangements for all children and young people in a local area.

Each review was based on investigations into the contribution that local authorities and their partners made to improving outcomes: for safeguarding children and young people and looked after children; and children and young people with learning difficulties and/or disabilities. In the majority of JARs additional investigations were carried out into areas of provision identified as having weaknesses in annual performance assessments (APAs) and inspections.

In the large majority of local areas visited, agencies were working together increasingly effectively to safeguard children and young people and to address the needs of those whose circumstances make them more vulnerable. Multi-agency teams worked well to help families resolve problems before intervention from social care became necessary. Through the work of local safeguarding children boards (LSCBs), local partnerships were helping to establish a culture where safeguarding was of paramount importance. However, too many boards did not have a clear enough focus on specific vulnerable groups, and practice in relation to serious case reviews was variable. Despite elements of improvement, too many safeguarding systems were found to have shortcomings in relation to performance management and quality assurance.

Most of the 73 areas visited had a wide range of suitable family and residential placements for looked after children. In the better partnerships, looked after children experienced few changes of placement, and support for their physical and emotional well-being was good. The quality of foster care services was largely good, although in a small minority of areas there was an inadequate range of suitable foster placements, particularly for children and young people from minority ethnic backgrounds. Around two thirds of the local areas visited provided good support for older looked after children as they made the transition to independent living. However, across the country, the educational attainment of looked after children was unacceptably low. In the poorest performing local partnerships, low educational attainment was compounded by high and persistent levels of absence from school and by the variable quality of personal education plans.

Improved strategic management and closer collaboration between the relevant services were helping to ensure that children who had learning difficulties and/or

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<sup>1</sup> This report does not include evidence from the special joint area review of Haringey in November 2008.

disabilities were identified at an early age and appropriate provision made to meet their needs. In around two thirds of the areas inspected, children and young people with learning difficulties and/or disabilities were making good or better progress at school. In the same proportion of areas inspected the provision made by special schools was good or better. The better performing areas had introduced more rigorous monitoring arrangements and provided effective support and challenge to schools to promote inclusion. However, schools and council services tended to be far less effective in using mechanisms to record the progress of those working below National Curriculum levels.

Additional investigations, focusing on outcomes or aspects of provision that were known to be weak in a particular local area, generally identified improvements in strategic development and partnership working as a means of tackling these issues. Additional investigations into healthcare provision for vulnerable groups of children and young people identified very few examples of significant improvement in reducing health inequalities, many of which were deep rooted and longstanding. Although clear strategies were often in place, improvements in outcomes had not been achieved.

Investigations that focused on education found general improvement for identified groups of vulnerable children and young people, sometimes from a low base. School improvement services previously identified as weak were providing good strategic leadership and working more effectively to help reduce exclusions and absence. In relation to 14 to 19 developments, 11 of the 28 local areas investigated were offering a wider range of opportunities for 14–19-year-olds although, in 14 of the areas visited, the number of young people not in education, employment or training was too high. This was particularly the case for young people who were already vulnerable. A number of additional investigations found weaknesses in needs analysis, the identification of priorities, and the use of data to inform analysis and monitor performance. Too often, partnerships lacked sufficient local data to enable them to monitor and plan with sufficient precision.

In all of the councils visited, the Children and Young People's Plan had become the established mechanism for drawing together targets and plans for improving services for children and young people and their families. Most local partnerships showed a clear commitment to equality and diversity and a growing awareness of the needs of specific groups of vulnerable children and young people. In the best areas, the councils and their partners shared high ambitions and a clear strategy for improving the lives of vulnerable children and young people. At its best, the focus of performance management across local partnerships was clearly on improving outcomes for vulnerable children and young people and tackling areas of underperformance. However, in 31 of the local areas visited, performance management arrangements across partnerships were underdeveloped.

## Key findings

- Establishment of more effective multi-agency working was a key feature in a large majority of the 73 local authority areas visited.
- Agencies were working together increasingly well to deal with a range of safeguarding needs.
- LSCBs were generally providing good strategic direction in ensuring that all services took seriously their responsibilities for safeguarding children and young people. Many of the boards, however, did not have systems in place to learn lessons from serious case reviews or to demonstrate the impact of their work.
- In too many local areas, the quality assurance systems for safeguarding were not sufficiently rigorous or well established. The processes for auditing and supervising the work of staff, particularly in relation to maintaining and updating case files, were not always effective in bringing about improvements in these areas.
- In the better performing local authorities, looked after children in general had stable and suitable placements and the support for their physical and emotional well-being was good.
- Across the country, the educational attainment of looked after children remained too low. In the areas visited where it was poorest, there were also high levels of persistent absence from school among these children.
- Looked after children in most areas received good support as they made the transition to living independently.
- Over half of the local areas visited were identifying children who had learning difficulties and/or disabilities at an early age and were making appropriate provision for their needs because of improved strategic management and closer collaboration between the relevant services.
- The youngest children with learning difficulties and/or disabilities often had good access to therapy services. However, older children and young people sometimes experienced long delays, especially in gaining access to mental health services.
- Many of the local areas visited were collecting data on the progress made by children working at National Curriculum levels. However, too few schools and council services were using this information effectively to raise expectations in order to increase progress and narrow the gap with expected levels. This use of information was least effective for those children who were working below National Curriculum levels.
- In the best areas, the councils and their partners shared high ambitions and a clear strategy for improving the lives of vulnerable children and young people.
- In too many local partnerships, there were considerable weaknesses in the use of data to identify or measure the impact of strategies and actions aimed at improving outcomes for vulnerable children and young people.

## Recommendations

LSCBs should:

- develop effective systems to monitor the impact of their work and to identify and learn lessons from serious case reviews.

Local authorities and their partners should:

- establish effective quality assurance systems to monitor and improve their processes for safeguarding children and young people
- put in place procedures to help ensure that looked after children attend school regularly and achieve standards that are at least in line with the rest of the school population
- improve the access to therapy services for all children and young people with learning difficulties and/or disabilities
- use information effectively about the progress made by all children and young people with learning difficulties and/or disabilities to raise expectations and narrow the gap with expected levels
- establish more effective arrangements across the partnership for measuring the impact of the actions taken to improve outcomes for vulnerable children and young people.

## Methodology

1. The Children Act 2004 made provision for JARs to be conducted at the request of the Secretary of State for Education and Skills in accordance with arrangements made by Her Majesty's Chief Inspector, Ofsted. The Secretary of State requested that JARs begin in September 2005 and cover each local authority area by the end of 2008.
2. In the first two years of the programme, inspectors focused on the quality of universal services for children and young people as well as targeted services within an area. In April 2007 the methodology was revised to ensure that the focus was primarily on the outcomes for potentially the most vulnerable children and young people and on areas of underperformance.

From that date, each review was based on investigations into the contribution that local authorities and their partners made to improving outcomes for:

- safeguarding children and young people
- looked after children
- children and young people with learning difficulties and/or disabilities.



3. Following a process of risk assessment, additional investigations were also undertaken in the majority of JARs carried out since April 2007. These were chosen to examine how well local councils and their partners were tackling areas of their provision that had been previously identified as weaknesses in APAs or in other assessments and inspections. In a few cases investigations were carried out to examine the quality of provision for particular groups of vulnerable children and young people, such as young carers or asylum seekers, where previous inspection had not been undertaken and where the outcomes were uncertain.
4. All JARs were carried out by multidisciplinary teams that included inspectors from Ofsted, the Audit Commission and the Healthcare Commission. In addition, close liaison was maintained with inspectors from Her Majesty's Inspectorate of Probation to ensure that evidence from the inspection of Youth Offending Teams was taken into account in arriving at judgements.
5. Inspection took place in two stages. The initial stage, which normally took place over the period of a week, involved inspectors visiting the local area to read and analyse documentation related to the provision of children's services in the local area. In addition, inspectors read case records of children and young people selected for detailed case tracking.
6. The purpose of case tracking was to assess the nature and effectiveness of agencies' involvement with children and young people, and the contribution they made to improving outcomes, through a detailed examination of a small sample of carefully selected children and young people who were supported by more than one service.
7. The second stage consisted of fieldwork, normally over a two-week period. During fieldwork inspectors were involved in:
  - discussions with children and young people, as well as parents and carers, in order to ascertain their views on a range of local issues
  - follow-up discussions with professional staff regarding case file analysis
  - further evidence-gathering from each investigation, including meetings with service managers and front-line staff; and
  - a small number of visits to services or settings.

## Safeguarding

8. In the 73 reviews conducted from April 2007, safeguarding was judged to be outstanding in six, good in 42, adequate in 20 and inadequate in five.

## Multi-agency working

9. A major strength in most local areas visited was the increasingly effective way in which agencies were working together to safeguard children. There was growing emphasis on providing support for families, on identifying potential difficulties and dealing with them at an early stage. In the best performing areas, family group conferences were being used effectively to resolve issues and plan for the care of children. In most cases, these efforts were successful in improving outcomes for the children concerned. The focus was often on providing support for those families and children that can be hard to reach, such as Traveller communities. Significant efforts were also being made to support minority ethnic communities in ways that showed sensitivity to their cultures and traditions.
10. As well as focusing on the groups of children whose circumstances made them most vulnerable, councils and their partners also have a responsibility to maintain universal safeguarding services. The partnerships judged to be good or outstanding were able to balance these twin objectives effectively, and had realigned their services in order to fulfil these aims. These partnerships were able to provide effective packages of support to families and young carers, through children's centres, the voluntary sector and parents who had been trained to work in their local community. The best had developed effective systems for tracking children who were missing from home, care or education. They also had good arrangements for ensuring that vulnerable and excluded pupils remained in education and for monitoring children and young people who were educated at home.
11. Most of the areas visited had established multi-agency teams that worked with families in a particular locality to help them resolve problems before intervention from social care became necessary. The best examples of collaboration were often found in children's centres where the co-location of professionals from different services ensured effective and efficient sharing of resources and expertise. Collaboration between agencies was leading to a more coordinated approach to tackling anti-social behaviour, domestic violence and mental health issues. Sound Multi-Agency Public Protection Arrangements made a major contribution to the improvements seen. The most effective partnerships had established clear protocols for sharing information and made effective use

of the common assessment framework, family support panels and family conferences to help ensure a coordinated response to specific issues.<sup>2</sup>

12. Most of the areas visited were making good progress in implementing the Common Assessment Framework and agencies were committed to making it work. In many areas, it was already leading to improvements, such as more timely and better coordinated support for those who needed it. In the good and outstanding areas it was leading to increased inter-agency referrals and better quality monitoring. In a small minority of areas, however, progress in developing the framework was slow and there was insufficient shared understanding of the benefits to be gained.
13. Health and children's services were becoming more closely integrated and, in the best examples, were providing joint support for children with learning difficulties and/or disabilities at children's centres. In most of the areas visited, services for children in need were being jointly commissioned through the children's trusts.
14. In combating domestic violence, most areas had strengthened their joint working arrangements, particularly between the council, the police and health services. The voluntary sector also made a significant contribution at both strategic and operational levels. However, the extent to which Multi-Agency Public Protection Arrangements were used effectively to manage the risks posed by violent or sexual offenders varied considerably. Even where good operational links existed between Multi-Agency Public Protection Arrangements and children's social care services, these were only rarely coordinated with the activities of the LSCB.
15. In 24 of the local areas inspected, improvement in partnership working was a key feature of the attempts being made to reduce the juvenile crime rate. Much of this partnership working focused particularly on reducing the offending rate among looked after children.

## **Local safeguarding children boards**

16. In the majority of local areas visited, LSCBs were helping to establish a culture where safeguarding was of paramount importance. The most effective boards were well led by knowledgeable individuals and were firmly based on the principle of joint working. They provided increasingly effective strategic

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<sup>2</sup> The Common Assessment Framework is a generic assessment for children with additional needs, which can be used by practitioners across all children's services. It aims to help early identification of need, promote coordinated service provision and reduce the number of assessments that some children and young people go through. It is aimed at children whose needs fall below the threshold for social care services and other specialist assessments. It was introduced as part of the Children Act 2004, sections 10 and 11.

leadership on safeguarding and worked very closely with other strategic partnerships. They also demonstrated effective business planning and performance monitoring that provided challenge and scrutiny and made an important contribution to the development of policy and practice. In the best cases the boards collaborated effectively with race equality councils, faith groups, madrassas and voluntary agencies to develop safeguarding awareness and understanding in local ethnic communities. These boards provided good quality, focused training for staff from all agencies. They used the media effectively and produced innovative materials in a variety of formats and languages. In around a quarter of the local areas visited, the LSCB had appointed an independent chair.

17. Despite these areas of strength, however, too many LSCBs did not have a clear focus on specific vulnerable groups. As a result, they gave insufficient priority, for example, to looked after children, those in private fostering arrangements, asylum-seeking children and children in mental health or secure settings. Practice in relation to serious case reviews was also variable. Many boards had not established effective systems to identify and learn lessons from such reviews. In addition, they were not in a position to demonstrate the impact of their work and had not secured participation by all partner agencies.
18. In the five local areas where JARs judged safeguarding to be inadequate since April 2007, failings in the working of the LSCB were a significant contributory factor. Weaker boards were not taking or exercising sufficient responsibility for the quality assurance of safeguarding processes or the performance management systems that were operating. They were not ensuring that appropriate performance management or quality assurance processes were in place and effectively implemented across the whole partnership.

## Referrals

19. In almost all of the areas visited, the responses to referrals of child concerns were safe and appropriate and most children's social care services had effective systems for monitoring the responses to referrals. In the best performing areas, clearer thresholds had been agreed between partners, who had developed a shared understanding of their application. Better screening allowed for a sharper focus on the most potentially vulnerable young people.
20. Front-line duty and assessment teams in children's services were generally managed well. Overall, the timeliness and quality of initial and core assessments were improving. In the best instances, referrals were responded to promptly and assessments were timely and of good quality, with assessments and plans being well informed by the views of the children and their families. However, there was a considerable gap between this and the practice in the weakest authorities. In areas with inadequate practice, initial and core

assessments were not completed in a timely manner, with a consequent delay in follow-up planning and action.

## Child protection

21. The majority of the councils visited had clear thresholds and routes for referrals that were understood by all partners. In the best instances, there were effective arrangements to support and track the progress of individuals from the point where they were referred, through to when they were allocated a social worker. In the better performing areas, greater consistency in applying thresholds in cases of neglect was leading to earlier identification and an increase in the number placed on the child protection register under the category of neglect. However, in too many instances thresholds were judged to be too high or applied inconsistently. Different councils continued to operate very different thresholds (even though they may have been both clear and consistently applied locally). There was, at times, inconsistency in the application of thresholds either between different localities within a council area or even across teams. In places, the actual decision-making was not left to sufficiently experienced or senior individuals. The timeliness of initial and core assessments also remained an issue in a small number of the council areas visited.
22. In the majority of the 73 areas visited, Section 47 investigations into allegations of abuse or neglect were timely.<sup>3</sup> Although the policy emphasis had been on prevention and family support, there had been an increase in the numbers of children subject to a child protection plan. These plans were mostly of good quality and core groups met regularly to support their implementation. The independent chairing of reviews was helping to ensure the effective delivery of these plans. The length of time that children and young people spent on the register was reducing. Support following de-registration was generally good, and staff were well trained to provide this. Nearly all child protection cases were allocated to suitably qualified social workers in the local authority areas visited. There was generally good compliance with the requirements for visits from social workers, particularly for seeing children alone.
23. Almost all of the areas visited had revised their child protection procedures in line with the guidance contained within *Working together to safeguard*

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<sup>3</sup> Where a child is suspected to be suffering, or likely to suffer, significant harm, social care services are required by Section 47 of the Children Act 1989 to make enquiries to enable them to decide whether any action needs to be taken in order to safeguard and promote the welfare of the child. The *Framework for the assessment of children in need and their families*, Department of Health, 2004, provides a structured framework for collecting, drawing together and analysing available information; [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4003256](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4003256).

*children.*<sup>4</sup> Provision of guidance to staff was generally good across agencies. Most agencies in these areas had made clear efforts to make their staff aware of their responsibilities in relation to child protection and welfare needs. Even so, there were inconsistencies in the levels of understanding among practitioners.

## **Performance management in social care**

24. The good or outstanding local authority areas were more likely to have effective electronic recording systems and databases that provided a secure system for recording interventions and a good tool for the supervision, management and evaluation of practice. In the best practice, this was complemented by good performance management systems and regular case file audits to ensure that case records were clear, accurate, comprehensive and up to date. These councils ensured that all child protection cases were regularly reviewed by managers and/or conferences and core groups.
25. Too many safeguarding systems, however, were found to have considerable shortcomings in relation to performance management. The most frequently recurring weakness concerned quality assurance. In these local areas, systems were not embedded or not rigorous enough and the quality of written assessments, reporting and plans was weak; in other cases there was insufficient focus on the risk to the child. In some areas case files were poorly managed and the audit and supervision processes did not sufficiently address and improve the work.

## **The development and deployment of professional workforce capacity**

26. In the majority of local areas visited, councils and their partners had appropriate procedures for the safe recruitment and vetting of staff across all agencies. They fulfilled these obligations at least adequately and complied with legislation and guidelines. In the best cases, the procedures were particularly thorough and went beyond what was expected. Strengths in these areas included the quality assurance and audit processes across all partners, the quality of support to schools, and procedures for checking new recruits and the vetting of councillors. In a few areas, however, there were significant weaknesses. These included incomplete audit or quality assurance processes and inconsistencies of practice across partner agencies.

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<sup>4</sup> *Working together to safeguard children*, HM Government, 2006; [www.everychildmatters.gov.uk/resources-and-practice/IG00060/](http://www.everychildmatters.gov.uk/resources-and-practice/IG00060/).

27. The implementation of workforce strategies in children's services had helped to reduce the number of vacant posts and the number of social workers leaving the service. However, in some areas social work resources were limited and the retention of skilled and experienced staff was a problem. This resulted in lack of continuity for children and young people and delays in transferring cases between teams. It also detracted from the way that referral thresholds were applied.
28. In most of the 73 areas visited, front-line staff received good support and supervision from their line managers. There were clear processes for monitoring and auditing case files that led to improvements in the consistency and quality of practice. In most areas, staff across all agencies received good training which, in the best instances, was delivered on a multi-agency basis.

## **Looked after children**

29. The contribution of local services to improving outcomes for looked after children was outstanding in six local areas, good in 48, adequate in 17 and inadequate in two.

## **Preventative services**

30. In most of the local areas visited, there was an increasing focus on identifying and tackling problems at an early stage in order to prevent children from becoming looked after. Support was provided through children's centres, extended schools and a range of services that were increasingly working together in an integrated way. The best provision included family conferences, designated children's centres for assessment and development of parenting skills, evidence-based therapeutic interventions and rapid response teams to deal with imminent family breakdown. The advice and help provided in this way were highly valued by those who used the services. However, access for families in rural areas was often limited and only the most carefully targeted support had the effect of reducing the number of children needing to be taken into care.

## **Health provision**

31. Health services for looked after children were a key strength in around a third of the local areas inspected. Here there was a good range of leisure and cultural activities to support young people's physical and emotional development. There was also ready access to child and adolescent mental health services, especially for those with high levels of need, such as those at risk of self-harm or imminent placement breakdown. However, in around a third of local areas, looked after children received poor health support and those displaying lower levels of concern, such as behavioural difficulties, often faced delays in being assessed or treated.

## Placement provision

32. In most of the areas, there was a wide and suitable range of family and residential placements for looked after children. In almost a third, the average length of time that children stayed in one placement was good or improving. In the best instances, joint commissioning between the local authority and other agencies and effective monitoring of contracts were leading to improvements in the choice and quality of placements. In the local areas judged to be good or outstanding, councils and their partners were working hard to reduce the number of children and young people who needed to be placed away from their home area. Where this was unavoidable, the best councils arranged transport to facilitate family visits.
33. The quality of foster care services was largely good, although in a small minority of areas the range of suitable foster placements was inadequate, particularly for children and young people from minority ethnic backgrounds. In these cases, children were being subject to too many moves or changes of social worker or were having to spend too long in residential care because of the lack, or insufficient numbers, of foster carers.
34. A small number of JAR reports referred to the recent, rapid rise in the number of unaccompanied children seeking asylum and the particular demands that this placed on councils and their partners. Eleven areas had dealt particularly well with the resultant growth in looked after children and were making good provision for them.

## Review procedures

35. The extent to which local areas fulfilled the statutory requirements relating to looked after children was improving. In 13 areas, the quality and timeliness of statutory reviews were major strengths. An increased number of children and young people were involved in their reviews, and in 18 local areas this was a major strength. The best councils also involved looked after children very closely in designing, reviewing and developing services. A substantial number of the areas provided high quality advocacy services to support children and young people through these processes, with independent review officers making a major contribution to the quality of the services offered.

## Reducing offending

36. Some local areas had made good attempts to reduce offending by looked after children. In 27 of the 73 areas inspected there had been a decrease in the number of looked after children who offended compared with the previous year. Twenty local authorities had restorative justice programmes in place for their looked after children. Seven of these programmes were in areas where the offending rate for looked after children was higher than the national



average and the restorative justice approach was being used in an attempt to reduce the numbers of offences committed.

## **Education**

37. Less than a quarter of the JAR reports identified strengths in the educational provision for this group of young people. Those strengths were confined to improvements in attendance and reductions in exclusions and did not include attainment.
38. The educational attainment of looked after children was unacceptably low in comparison with that of their peers. In 2007, the proportion of looked after children who achieved five or more grades A\* to C at GCSE was only 13% compared with 62% of all children. The best performance by looked after children recorded in a JAR report over the same time period was only 22.4%. This was well below the average for all children in the area inspected.
39. In the poorest performing local partnerships, low educational attainment was compounded by high and persistent levels of absence from school and by the variable quality of personal education plans. Some of the local authorities visited did not monitor sufficiently the educational needs of looked after children for whom they were responsible and who had been placed away from their home authority.

## **Transition to independent living and adult services**

40. Two thirds of reports identified strengths in the support provided for looked after children as they moved towards the age of 16 and began to make the transition to independent living. In over half the local areas inspected, there was good transition planning for these young people and their pathway plans gave a clear indication of how they would be helped to continue their education or move into employment or training. Despite these positive features, there were too many local areas where care leavers did not receive sufficient support to live independently; where they ended up living in poor accommodation; and where many of them were not involved in any form of education, employment or training.

## **Corporate parenting**

41. In the best practice, identified in around a quarter of JAR reports, elected members held very high aspirations for looked after children and young people and actively engaged with them on a regular basis to ensure that services better met their needs. However, in a small number of the local authorities visited, elected members failed to offer sufficient challenge in respect of the scrutiny, strategic development and monitoring of services. In too many local authorities, there were no systematic arrangements for senior managers and elected members to have direct and regular contact with looked after children and young people.

## **Children and young people with learning difficulties and/or disabilities**

42. The contribution of local services to improving outcomes for children and young people who have learning difficulties and/or disabilities was outstanding in six local areas, good in 47, adequate in 19 and inadequate in one.

### **Strategic development**

43. The majority of JAR reports highlighted the importance that councils attach to strategic planning for this group of vulnerable children and young people. Frequently this reflected good partnership working. Two thirds of JAR reports identified multi-agency working to support the needs of children and young people with learning difficulties and/or disabilities as a major strength, with the collaboration between children's services and health agencies being particularly strong. In the majority of the local areas visited, the health services played the leading role in developing integrated approaches. These often included locating professionals from a range of services in one centre, so that they could share information and work together on finding solutions to a problem. Teams established in this way around the needs of the child made a major contribution to the successful work in the most effective local areas. This work was supported by high quality multidisciplinary training for the staff involved, with a particular focus on preparing them for the implementation of the Common Assessment Framework.
44. Good multi-agency working was most often seen in services that dealt with the needs of the youngest children and their families. In the best performing areas, all the services that worked with children from before birth to the time they entered school collaborated very closely together. As a result, they were able to identify potential developmental problems at a very early stage and to ensure that the needs of individual children could be met in a coordinated way. Over half of JAR reports identified this as a good feature of local provision.
45. In the best examples, agencies were working very effectively on commissioning services jointly. This was having a particularly good effect in enabling increasing numbers of children and young people with learning difficulties and/or disabilities to receive the support they needed close to their own homes rather than having to be placed elsewhere. However, in other local areas, coordinated joint planning and delivery of services were at an early stage of implementation.

### **Service provision**

46. In the majority of areas visited, local services were being extended and developed to meet specific circumstances and needs, such as the increasing number of children identified on the autistic disorder spectrum. Provision of

Child and Adolescent Mental Health Services for those with learning difficulties and/or disabilities was generally good. The quality of therapy services was generally improving, as was the ease of access to them. The most successful councils had established very close partnerships with the voluntary sector in order to extend the range of services available within the area.

47. Despite the overall positive picture, there were some important weaknesses in the provision made for children and young people with learning difficulties and/or disabilities. One of the most important was the great difference within and between areas in terms of access to services. Access to Child and Adolescent Mental Health Services was often difficult, even where the services themselves were of high quality. It was also difficult, especially for older children, to have access to particular therapies, either because of their limited availability or because they were only provided for those with very severe needs. Other weaknesses included delays in adapting housing to meet the needs of children and young people with disabilities and shortages of specialist staff, particularly speech and language therapists.

## Support

48. Around a third of reports identified strengths in relation to the various types of support offered to the families and carers of children and young people with learning difficulties and/or disabilities. The best areas provided advocacy services to give independent advice and support to youngsters and their families, in arguing the case for particular types of support and in reviewing the quality of the services they received.
49. In some local areas, there were highly effective mechanisms to identify need and channel support, such as parent partnership services and early years support panels. Children's centres were also providing useful courses and programmes and, in some cases, they had established committees or groups with representative parents and carers to help them extend and develop their provision. Many areas were putting a particular emphasis on ensuring that communications with minority ethnic groups were effective.
50. Where provision was no better than adequate, parents and carers experienced problems in getting relevant information, either because it was not available or because it was difficult to understand. In the less successful areas, the role of the key worker was underdeveloped. In a small number of cases, the families of children with challenging behaviour complained about a lack of support and insufficient focus on assessing and meeting their particular needs.
51. In a third of the local areas inspected, parents and carers had good access to short break support which they valued highly. The best councils consulted carefully with parents and carers about the services they required and provided a range of flexible respite arrangements, including residential breaks. However, in too many of the areas visited, parents and carers complained that the

provision did not meet their needs or was not equally available to those who would benefit from it. In three areas, for example, short breaks tended to be confined to families and carers of children with the most complex needs, with insufficient respite provision for those who had to cope with children whose behaviour was challenging.

52. In general, parents and carers welcomed the direct payments arrangements where they were given a sum of money that they could spend on provision of their own choice. In the outstanding councils, young people with learning difficulties and/or disabilities were given increasing choice over services as they moved towards greater independence. However, in a few areas, services were limited and young people and their families did not have sufficient information to help them make best use of what was available.

## **Enjoying and achieving**

53. Across the local areas visited, there was an increase in the number of pupils with learning difficulties and/or disabilities who were being taught in local mainstream schools and a decrease in the number being educated in other authorities. In most of the areas, special schools had a clearly defined role in supporting inclusion in mainstream schools. Arrangements for statutory assessments of special needs were improving, with more being completed within the recommended timescales and leading to clearly written statements.
54. In two thirds of the areas inspected, children and young people with difficulties and/or disabilities were making good or better progress at school. In a similar number of areas the provision made by special schools was good or outstanding. Exclusions from special schools were falling and, in the majority of areas, there were no permanent exclusions from those schools. Many areas were collecting data on the progress made by children working at National Curriculum levels; however, too few schools and council services were using this information effectively to raise expectations in order to increase progress and narrow the gap with expected levels. The use of this information was least effective for those children who were working below National Curriculum levels.
55. Most of the areas visited provided adequate leisure and recreation facilities for these children and young people. In around a third they were good, but even in these cases, not everyone was able to take advantage of the available opportunities, often because of transport difficulties. Even when they were well aware of this, some of the councils had done little to tackle the problem. Too often, children and their families did not know what was available for them and, in some areas, opportunities decreased as the children got older.

## Engagement in decision-making

56. Over half the local areas visited were making increasing efforts to involve young people with learning difficulties and/or disabilities in decision-making. Inspectors also noted the increasing involvement of parents and carers in shaping provision, particularly in developing children's centres. In a few areas, the adoption of the Every Disabled Child Matters charter had prompted further developments, such as the establishment of forums for the implementation and monitoring of the charter, and the involvement of the advocacy services in ensuring that families were more closely involved in the key decisions affecting their children. However, in a small number of areas visited there were surprising weaknesses. In two areas, for example, there was no framework or agreed approach to involving parents and carers in decision-making. In a further two, such opportunities were severely limited and, in another, parents and carers received no feedback on what had been done in the light of their suggestions and requests.

## Transition and post-16 provision

57. The support provided to children and young people with learning difficulties and/or disabilities at key transition points was generally good. In around a third of local areas, the support for children transferring from early years settings into school was a strength. Councils often offered work experience and work placements for these young people, and health providers enabled them to make a smooth transition from paediatric to adult services. However, there was a limited range of residential and day care options for young people with complex needs after they had left school.
58. Reports showed improvements in the outcomes for young people with learning difficulties and/or disabilities at 16. These included: a reduction in the numbers not in education, employment or training; a broader range of opportunities for 16–19-year-olds; and improved take-up of such opportunities as a result of the good support, advice and guidance provided by the Connexions service. However, there were also several weaknesses in provision. For example, those over the age of 18 had limited training, employment and work-based learning opportunities, especially if they had complex difficulties. Even the opportunities that did exist were often not available to them because of high costs and/or transport difficulties.

## Additional investigations

59. Of the 111 additional investigations undertaken within JARs since April 2007, 97 focused on aspects of either health or education. The remaining 14 investigations covered a range of topic areas related to provision for particular groups of vulnerable children and young people.

60. Across all 111 investigations, the contribution made by local partnerships towards improving outcomes was judged to be outstanding in three, good in 59, adequate in 43 and inadequate in six. This represents a less positive profile than that for the core investigations. In part, this was because most of the additional investigations focused on outcomes or aspects of provision in a local area that were already known to have weaknesses.

## **Investigation areas**

61. There were 50 investigations into aspects of health provision. Enquiries into Child and Adolescent Mental Health Services formed the biggest group (19), with teenage conception and/or sexual health being the next biggest (18). The remaining investigations covered areas such as examining the impact of actions taken to combat health inequality or substance misuse among children and young people.
62. Forty-seven investigations focused on aspects of education and training. Of these, the largest proportion (28) were investigations into the effectiveness of strategies for 14 to 19 education, including their effectiveness in reducing the number of young people not in education, employment or training. Other education investigations examined the effectiveness of action taken to improve attainment at particular key stages and the effectiveness of local authority school improvement services.
63. Of the 14 investigations not related directly to health or education, nine were enquiries into provision and outcomes for identified vulnerable groups of young people, such as those from minority ethnic groups. Five focused on specific local issues, such as community cohesion, youth crime, accommodation for young people, and the involvement of children and young people in service review and design.

## **Common strengths and weaknesses**

64. Despite the difference in the focus of the additional investigations, there were some areas of important similarity in terms of the strengths and weaknesses identified. Strategic development, partnerships and multi-agency working, for example, were identified as strengths in a large majority of investigations. Another similarity was a pattern of improvement in the way that young people were consulted and involved in decision-making. Similarly, a consistent focus on identified vulnerable groups was a major strength in many local areas. The most frequently occurring areas for improvement related to weaknesses in needs analysis and the use of data to inform analysis and monitor performance. Too often partnerships lacked sufficient local data to enable them to monitor and plan with sufficient precision.

## Health investigations

65. Of the 50 health-related investigations, 24 resulted in judgements of good or outstanding. The relatively high proportion of judgements that were no better than adequate reflects the fact that many of the health issues being investigated were often deep-rooted and longstanding and although clear strategies were in place, it was often too early to judge their full impact on outcomes. Overall, there were few examples of improvements in reducing health inequalities although there was better access to services such as Child and Adolescent Mental Health Services and, in eight areas, the rates of teenage conceptions were falling. Such improvements were often the result of effective multi-agency and partnership working. More generally, however, the lack of strategic analysis and poor use and evaluation of data were key areas of weakness.

## Child and adolescent mental health services

66. Of the 19 additional investigations into Child and Adolescent Mental Health Service provision, the judgement was outstanding in one case, good in 10 and adequate in seven. One service was judged to be inadequate. In 11 of these areas, there was evidence of good multi-agency working across a range of health and council services, as well as the voluntary sector. These provided support for a range of identified vulnerable young people, including young offenders and young carers. In the areas where provision was good or outstanding, there had been noticeable progress in improving the speed of access to Child and Adolescent Mental Health Services and in the use of strategies to identify and tackle emerging problems at an early stage.
67. The main weaknesses identified by these particular investigations included insufficient analysis of needs to determine where support should be targeted and poor use of data to monitor the impact of the actions taken. Support for some of the most potentially vulnerable, including young people who offend, unaccompanied asylum seekers, and minority ethnic groups was identified as a weakness in individual areas. Other weaknesses included limited access to emergency support outside the working day and ineffective transition to further provision when individuals' needs became more complex.

## Teenage conceptions and sexual health

68. Of the 18 investigations conducted under this heading, the overall judgement was good in six cases, adequate in nine and inadequate in three. The major strengths included: strong multi-agency and partnership working; clear strategies for improvement, with appropriate targeting of groups and specific geographical areas within the locality; and links to well-planned educational programmes in schools. Six areas also provided good support for teenage mothers to help them return to education and training, and others involved young people very closely in reviewing and developing services.

69. In seven areas, there was a lack of, or inconsistent, reduction in the rate of teenage conceptions. In these areas, there was often insufficient good quality data to support the planning and development of services and to monitor and evaluate their effectiveness. Individual reports highlighted further weaknesses, including problems in ensuring that all pregnant teenagers and teenage mothers had equal access to education, training and health support. These difficulties often resulted from a lack of staff or insufficient resources within the relevant services.

## **Substance misuse**

70. In the seven investigations that focused on the contributions of local partnerships to preventing substance misuse, the overall judgement was good in five cases and adequate in two. Those local areas judged to be good were characterised by close partnerships among a range of agencies, including those from the voluntary sector. There was a consistent focus on identifying and tackling potential problems at an early stage and in ensuring that support focused on those most in need of it.
71. Five of the investigations identified weakness at a strategic level, particularly in collecting and collating data and in using the information to support service planning and development.

## **Education investigations**

72. Just under half of the additional investigations that focused on education resulted in judgements of good or outstanding. This reflected the general improvement in outcomes for identified groups of potentially vulnerable children and young people. School improvement services were providing strategic leadership and working effectively to reduce exclusions and absence. They were also contributing to the increased attainment of children and young people within the particular groups and key stages that were the focus of these investigations.

## **14 to 19 strategies**

73. Of the 28 investigations covering the impact of 14 to 19 strategies on improving outcomes for young people, the judgement was good in 14 cases, adequate in 12 and inadequate in two. Most reports provided evidence of improvements in outcomes or provision. However, in 13 areas, attainment and achievement were still low and high numbers of young people, particularly from vulnerable groups, were not in education, employment or training. A few partnerships were still struggling to provide strategic leadership, develop sufficiently good data to ensure that planning was well based and establish rigorous monitoring and evaluation processes.



74. Common strengths included improvements in levels of attainment, often from a low base, and increasingly effective collaboration between providers. Eight of the areas investigated were offering a widening range of opportunities for 14–19-year-olds. These included vocational courses and alternative provision for excluded or potentially disaffected young people, as well as better advice and guidance for them. As a result, the rates of progress were improving and more young people were continuing with their education beyond the age of 16 or entering employment or training.
75. The key weaknesses in some local areas included low achievement by minority ethnic groups and white working-class males, high numbers of whom were not in education, employment or training. In six areas, there were also too few opportunities for work-based learning and a low take-up of the limited provision that was available.

## **Standards and achievement**

76. There were 10 investigations into the contribution made by local services towards improving standards and/or achievement in early years or schools. Of these, six were judged to be making good progress and four were adequate. Where progress was good there had been a clear improvement in the attainment levels of the targeted groups. The factors contributing to this included: effective multi-agency support across the full range of early years settings; good professional development for early years practitioners across both maintained and private providers; good challenge to schools to improve their provision; and good analysis of data, ensuring effective support for underachieving schools and specific groups of pupils, such as white boys, children from minority ethnic groups, asylum seekers and young carers.
77. Three of the local areas investigated did not conduct a sufficiently detailed analysis of needs. In addition, poor use of data meant that they were not able to evaluate the effectiveness of the actions that they had taken.

## **School improvement services**

78. There were four investigations covering the effectiveness of school improvement services, one of which was found to be outstanding, two were good and one was adequate. The most effective services were well led and, as a result of their efforts, the number of schools causing concern was falling. The few weaknesses identified related to insufficient improvement at particular key stages or in the outcomes for specific groups, such as Black Caribbean boys or pupils with learning difficulties and/or disabilities. One investigation focused on the extent to which the school improvement services were succeeding in closing the gap between the lowest performers and the rest of the population, and in ensuring equality of opportunities for all groups of children and young people. Investigations in this area identified a number of strengths, including: a reduction in exclusions; a fall in the number of institutions causing concern; and improvements in attendance, attainment and achievement. Key weaknesses

included: insufficient focus on identifying and sharing good practice across institutions, in order to help the weaker ones improve; inconsistent support for the most vulnerable; and deficiencies in some aspects of post-16 provision.

## Other investigations

79. There were 14 other investigations in addition to those described above. These focused on a variety of topics, including investigating the impact of local partnerships on improving outcomes for particular groups of children and young people, such as young carers and those from minority ethnic groups, and the effectiveness of actions taken to address local issues such as youth crime and the need to improve community cohesion. In seven of these investigations, the impact was judged to be good. In the other seven it was judged to be adequate.
80. Nine investigations focused on the impact of local partnerships on improving outcomes for particular vulnerable groups of young people. The main strengths identified in these investigations included improvements in the methods used to consult with young people and their families and improved partnership working that led to more coherent strategies for tackling identified problems. Strengths in the remaining investigations into community cohesion and youth crime reduction included: good partnership and collaboration across a range of services; the effective evaluation of evidence; and collaboration with young people to tackle the problems of gang culture.
81. Weaknesses identified were similar to those identified in other additional investigations. These included: deficiencies in the use of data and information; the lack of strategic overview; and insufficient involvement of affected groups. In some cases services were overstretched and had insufficient resources to support vulnerable groups of young people.

## Service management and capacity to improve

82. Service management across children's services was judged to be outstanding in seven local areas, good in 50 and adequate in 16. It was inadequate in none.
83. Capacity to improve was generally given a more positive judgement. It was outstanding in 16, good in 43 and adequate in 13 local areas. In one area, however, it was inadequate. Therefore, despite weaknesses in some aspects of their service management, a considerable proportion of councils and local areas had sufficiently strong track records of implementing change to convince inspectors of their ability to bring about the necessary improvements.

## Vision, plans and targets

84. In the majority of councils, the Children and Young People's Plan was the established mechanism for drawing together targets and plans for improving services for children and young people and their families. In the best areas, the Children and Young People's Plan priorities were clearly reflected in the newly developed Local Area Agreements and other key strategic plans. These councils and their partners shared high ambitions and a clear strategic vision for improving the lives of vulnerable young people. They had set themselves challenging but realistic targets to bring about change within clearly defined timescales and had identified precise roles and responsibilities for those involved in the process.
85. In the best areas, the Children and Young People's Plan priorities had been determined on the basis of extensive consultation with a wide range of stakeholders, including children, young people, their parents and their carers. They also reflected specific local circumstances, such as the need in one large rural authority to ensure that children and young people living in the most isolated communities had equal access to resources and support. The focus on identifying and tackling problems at an early stage, and on narrowing the gap between the outcomes for specific groups of children and young people, was central to the work of the most successful local areas.
86. The main weaknesses that inspectors encountered included: an insufficiently strong relationship between strategic and operational plans; a lack of detail on costing, resourcing and timing of action plans; and, in a few cases, a lack of measurable targets. These factors made it difficult to determine how feasible plans were or to what extent their goals had been realised. A minority of local areas did not make sufficient use of data and other information to identify and focus support on the most challenging groups and the areas of greatest need.

## Partnerships

87. In most of the areas inspected, a strong partnership had been established between the council and other agencies. In the best instances, this partnership was characterised by high levels of trust, shared goals and very good collaborative working at all levels. In some cases, this had been maintained despite challenging local circumstances, such as the reorganisation of health services or occasional political differences between county and district councils.
88. Some areas had developed effective strategies to establish partnership arrangements at a more local level. This locality working took a variety of forms. In some cases it was based on district councils but in many instances it was of smaller scale, often based around a children's centre where providers were co-located.
89. In the best areas, partnership arrangements included strong contributions from the private, voluntary and community sector that were used to strengthen

capacity and target provision effectively. In a very small number of areas, however, these bodies felt that they had been marginalised and that the contribution they could make was not being used or developed sufficiently.

## **Equality and diversity**

90. Most local partnerships showed a clear commitment to equality and diversity and a growing awareness of the needs of specific groups of potentially vulnerable children and young people, including minority ethnic groups, those from Traveller families and gay, lesbian and transsexual young people. In the best examples, such considerations permeated the strategic thinking and day-to-day work of local partnerships and were having a positive effect on outcomes for the most vulnerable.
91. A small number of local areas, however, lacked a clear strategic approach to equality and their outcomes under this heading were poor. Too often, a lack of good quality data made it difficult for authorities and their partners to evaluate their work and assess its impact.

## **The involvement of young people**

92. Local areas generally consulted well with representatives of children and young people and involved them in the design of services. This aspect was rarely highlighted as a weakness in reports, although there were some areas where there was room for improvement; for example, in establishing systematic arrangements for providing children and young people with feedback on the impact of their comments.
93. The best practice was based on a strong commitment to involving children and young people, their parents and carers, and other stakeholders, in service review and development. This was often underpinned by flagship charters or high level commitments, reflected in practice, to national and international statements of principle.
94. Concerted efforts were made to ensure that the most potentially vulnerable children and young people and those groups hardest for councils to reach were closely involved in these processes. It was common, for example, to find looked after children, those with learning difficulties and/or disabilities, teenage parents, young carers and representatives from a range of cultures and communities contributing regularly to the review and design of services.

## **Performance management**

95. At its best, the focus of performance management across local partnerships was clearly on improving outcomes for children and young people and tackling areas of underperformance. With the aid of good benchmarking information, performance data and regular reports, partners were able to gain a shared

picture of service delivery and outcomes. Elected members were able to challenge officers and hold them to account for performance in key priority areas, such as the outcomes for those with learning difficulties and/or disabilities, the performance of minority ethnic groups, rates of teenage conceptions and costs of out-of-area placements. In the best instances, such challenge had led to demonstrable improvements. In one area, for example, facilities at health clinics had been changed in order to improve confidentiality in interviews.

96. Despite this, 31 of 73 JAR reports highlighted important weaknesses in performance management. In a significant number of areas, there were insufficient links between higher level priorities and strategies, service delivery plans, and personal level objectives. Therefore, it was impossible to establish a coherent overview of provision. In some cases, scrutiny was either limited in its use, not focused on priorities, or lacked rigour.
97. In a number of areas, there were major weaknesses in the strategic use of data and information to identify or measure the impact of actions. While good actions were often being taken at individual service level, deficiencies in the gathering and analysing of local information meant that there was insufficient understanding at senior management or partnership level of the impact of those actions.
98. It was rare to find well-established performance management arrangements that were shared across the council and its partners. In some areas, although performance management arrangements within the council were adequate or better, arrangements within partner agencies were less well developed. Few local areas, for example, had ensured that the management information systems of all partners were compatible or that a formalised system for passing and sharing operational information had been developed. In many instances this had adversely affected multi-agency strategies to support vulnerable groups and to achieve the required step change in some important areas of underperformance.

## **Workforce planning and joint commissioning**

99. A quarter of reports highlighted workforce planning as a major strength. An equal proportion identified important weaknesses in this area. These included a lack, or slow development, of an over-arching strategy and insufficient involvement of partners, particularly the voluntary and community sector, in joint workforce planning.
100. Inspectors found that the strategic leadership of the partnership was crucial to the effective commissioning of services and ensuring that those best able to provide a service were enabled to do so. Some partnerships made effective use of pooled or shared budgets, which often involved jointly funded posts. Others aligned their budgets. Few reports refer to joint commissioning as a major

strength. In a considerable proportion of reports it is described as underdeveloped or at an early stage of implementation.

101. In around 30 of the 73 councils visited, there were weaknesses in the analysis and use of data and in associated performance management. In some cases, this was combined with slow development of joint commissioning and/or the use of the Common Assessment Framework. Therefore, although local areas had established children's trusts, many had yet to determine how to hold services within the trust accountable for their work. As a result, it was difficult to gauge to what extent their actions were appropriate, cost effective or had made an impact on improving outcomes for children and young people.

## Annex A

### Overview of JAR grades awarded since April 2007 under the new methodology

Grade	Safeguarding	Looked after children	Learning difficulties and/or disabilities	Service management	Capacity to improve
Outstanding	6	6	6	7	16
Good	42	48	47	50	43
Adequate	20	17	19	16	13
Inadequate	5	2	1	0	1

## Annex B

### Full list of joint area reviews conducted since April 2007

Bath and North East Somerset	North Lincolnshire
Blackburn with Darwen	Northumberland
Bolton	Nottinghamshire
Bracknell Forest	Oldham
Bradford	Oxfordshire
Bury	Poole
Camden	Portsmouth
City of London	Reading
City of York	Redcar and Cleveland
Cornwall	Richmond-upon-Thames
Croydon	Shropshire
Darlington	Solihull
Derby City	South Gloucestershire
Derbyshire	South Tyneside
Dorset	Southampton
Durham	Southend-on-Sea
East Riding of Yorkshire	Southwark
East Sussex	St Helens
Essex	Stockton
Gloucestershire	Stoke-on-Trent
Halton	Suffolk
Hammersmith and Fulham	Surrey
Hampshire	Sutton
Hertfordshire	Tameside
Kent	Telford and Wrekin
Kirklees	Tower Hamlets
Knowsley	Walsall
Lambeth	Waltham Forest



Lancashire	Wandsworth
Leeds	Warrington
Leicester City	Warwickshire
Leicestershire	West Berkshire
Lewisham	Westminster
Liverpool	Wiltshire
Luton	Wokingham
Middlesbrough	Worcestershire
Norfolk	