Inspection of safeguarding and looked after children services
Hampshire

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:
   - discussions with children and young people receiving services, front line practitioners and managers, senior officers including the Executive Director of Children’s Services and the Independent Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
   - reports from a variety of sources including a review of the Children and Young People’s Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of serious case reviews undertaken by Ofsted in accordance with ‘Working Together To Safeguard Children’, 2006 and 2010
   - over 60 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
   - outcomes from the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in November 2010
   - interviews and focus groups with front line professionals, managers and senior staff from NHS Hampshire, Basingstoke and North Hampshire NHS Foundation Trust, Winchester and Eastleigh Healthcare NHS Trust, Southern Health NHS Foundation Trust, and Sussex Partnership NHS Trust.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
Good (Grade 2) | A service that exceeds minimum requirements
Adequate (Grade 3) | A service that only meets minimum requirements
Inadequate (Grade 4) | A service that does not meet minimum requirements

**Service information**

4. Hampshire is the third largest county in the country, with 11 district councils and 251 parish councils. The current population estimate is 1.3 million people, of which 307,000 are children and young people aged 0–19 years. The proportion of young people is projected to decline marginally over the next 20 years with those aged under 20 years accounting for approximately 22% of the population compared to almost 24% currently. The county comprises a mix of urban and rural populations, with areas of affluence and areas of significant deprivation. The majority of the county is classified as rural but 77% of the population live in urban areas. Nine areas of the county are ranked among the 10% most deprived in the country (seven of which are in Havant; one in Rushmoor and one in Gosport). Small area analysis also identifies pockets of localised deprivation across the county, including in Test Valley and the New Forest. Across the county some areas are among the 20% most deprived areas in England. This contrasts with 48.5% of areas being in the 20% least deprived areas in the country. The proportion of children under 16 years old living in poverty is 12.2%, which is significantly lower than the England average as is the proportion of school pupils eligible for free school meals (9.9%).

5. In 2007, 95.6% of the population was estimated to be of a white ethnic group, higher than the South East average. This has dropped since the 2001 census, when the white ethnic group stood at 97.8% of the population. Variation across the county is relatively small, from a non-white population of 6.7% in Rushmoor (up from 4.4% in 2001), considered to be due to a growing Nepalese population, to 3.3% in the New Forest. The schools' population is 91.3% of pupils with white ethnicity. There is a relatively small, but notable Gypsy/Roma or Traveller of Irish heritage population, constituting 0.2% of all pupils. A total of 4% of pupils’ first language is other than English, but this reflects 124 different languages spoken in the county’s schools. The proportion of school pupils with a statement of Special Educational Need was 2.5% in January 2011, the most common type being moderate learning difficulties.

6. Over 167,000 pupils attend 531 maintained schools. Post-16 education is provided by 15 further education colleges/sixth form colleges and six sixth form schools. There are 81 Sure Start Children’s Centres in the
county, providing a range of different services for families with children under five years, and two innovative mobile children’s centre buses. Councillors have agreed to merge some centres to create 54 management units, operating through 15 clusters, responsible for providing services across all existing centre buildings and retaining a universal service offer which reaches across the whole county.

7. The county has strong military connections and is home to a range of Armed Forces, including major Army units in Andover and Aldershot, and RAF Odiham in the north east of the county. The Royal Navy headquarters at Portsmouth also impacts on the Gosport area in the south of the county. Approximately 22,000 serving personnel are stationed in Hampshire (including Portsmouth), with 5,189 school pupils identified as having a parent serving in the Armed Forces. The county is one of three areas of the country piloting the new Armed Forces Community Covenant and was the second local authority to become a Welfare Pathway Pilot (an initiative aimed at improving access to help, advice and benefits for members of the Armed Forces, veterans and their families).

8. Hampshire Children’s Trust (HCT) represents all those working for, and with, the county’s children, young people and their families. The trust has a shared vision included in the Children and Young People’s Plan 2009-12 (CYPP). HCT arrangements have been strengthened, despite the removal of statutory requirements. A new structure comprises 18 Local Children’s Partnerships and a small Business Group reporting to a strategic board. Membership at LCP and board level includes representatives from the County Council, district and borough councils, Hampshire Constabulary, Hampshire Primary Care Trust (PCT) and Hampshire Community Healthcare, Jobcentre Plus, schools and colleges, early years settings, Wessex Youth Offending Team (YOT), the Hampshire Probation Service, and voluntary and community sector (VCS) organisations. The Children’s Trust embraces the other key partnership groups for children in the county: Hampshire Safeguarding Children Board (HSCB), Joint Child Health Commissioning Board, Youth Offending Team Steering Group and the Care Matters Board. Information sharing protocols are established across the Children’s Trust. An operational agreement supports specific exchanges of information/data.

9. Relationships with the third sector organisations are well established. Key partners include The Alliance (representing voluntary and community organisations working with children and young people in Hampshire), Action for Children and The Children’s Society. A range of partnerships for children, adults, the economy and environment are brought together under the umbrella of the Hampshire Senate. This is a voluntary partnership chaired by the County Council Leader and includes leaders of all 11 district councils, the Chairs of Hampshire
Police and Fire Authorities, and the Hampshire Primary Care Trust, along with the Chair of the Hampshire Association of Local Councils, and representatives of the Hampshire Economic Partnership, Hampshire Strategic Partnership, the voluntary and community sector, the Regional Development Agency and the Armed Forces.

10. The council’s Children’s Services Department was established in 2005. It has three branches, Education and Inclusion, Children and Families and Performance and Resources. The Children and Families branch oversees children’s social care services. Children’s social care services are coordinated at a local level, through two area service directorates. Resources are distributed to area teams on the basis of risk and need. Locally based teams include children in care teams, referral and assessment teams, children in need teams, locality teams, Integrated Youth Support Services, and the Intensive Support Service (ISS). Services for children with disabilities have recently moved to central coordination, supporting integration with Health. A new Strategy and Commissioning Unit has also recently been established.

11. Initial contact is managed through the children’s reception team (CRT) within the ‘Hantsdirect’ contact centre. Referrals and assessments are passed on to local teams as appropriate. The common assessment framework (CAF) was initiated during 2007/08, with 565 assessments taking place during 2010/11. There were 1,091 children in care at the end of May 2011. Work to prevent children entering care is coordinated through the ISS. There are six residential homes, three respite care units for children with disabilities and one secure children’s home which contracts the majority of its beds to the Youth Justice Board. In May 2011, 73% of children in care were placed with foster carers. The number of children subject to child protection plans was 713 in May 2011, a 45% increase from October 2008. In May 2011, the total number of open cases was 6,554, representing a 31% increase from October 2008.

12. Primary care health services are commissioned by NHS Hampshire and provided by Southern Health NHS Foundation Trust (a recent merger of Hampshire Community Health Care and Hampshire Partnership Foundation Trust). There are 147 General Practitioners (GP) practices, 179 dental contracts, 226 community pharmacies and 165 optician practices in the county. Acute hospital services are provided at the Basingstoke and North Hampshire Hospital and Royal Hampshire County Hospital, as well as hospitals in Southampton, Portsmouth and Surrey. The four Primary Care Trusts in the local area are now working as a cluster PCT under a single board. NHS Southampton, NHS Hampshire, NHS Isle of Wight and NHS Portsmouth have joined to ensure support the transition to a new GP-led commissioning system. GPs working together in South East Hampshire and Basingstoke are participating in the Department for Health’s GP Commissioning
Consortia pathfinder programme. (CAMHS) have recently been reconfigured and since April 2011 are provided by Sussex Partnership NHS Foundation Trust.

13. Commissioning and planning of health services and primary care is carried out by NHS Hampshire and informed by the Joint Child Health Commissioning Board (a partnership between the PCT and Children’s Services Department). The Board has been central to securing a new provider of child and adolescent mental health services (CAMHS). A joint Adult Services and Children’s Services Transition Board oversees the transition of young people with disabilities into adult social care services.
Safeguarding services

Overall effectiveness Grade 2 (good)

14. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is good. Good quality services are provided by the partnership to help children and young people feel and keep safe with appropriate joint action to respond to identified concerns and needs. Partnership working is outstanding, and a shared vision is reflected through explicit safeguarding priorities. The Children’s Trust and HSCB are fully established and provide clear strategic direction in conjunction with an effective network of local strategic partnerships. Schools are playing an outstanding role in monitoring the welfare of children and young people, in supporting inclusion and raising safeguarding awareness. District councils and voluntary and community organisations are also very active in key aspects of service development and delivery. The CYPP 2009–2012, which is regularly reviewed and informed by user participation, sets clear and ambitious performance targets for safeguarding which are closely monitored and are being achieved. A comprehensive framework for performance management is embedded in day-to-day practice to assure service quality and to inform service improvement. Thresholds for service access are clearly defined and widely understood. A new protocol for children and young people who go missing is in place and is strengthening an existing and adequate arrangement. The impact of the new protocol is yet to be evaluated.

15. The unannounced inspection of contact, referral and assessment arrangements in November 2010 identified strengths in the organisation and management of the Children’s Reception Team. This provides a consistent and county-wide response to contacts and ensures that information is passed quickly to referral and assessment teams when further assessments are needed. This inspection confirms the continued effectiveness of this service. The level of Police notifications for domestic abuse is high but being well processed within the Children’s Reception Team by experienced staff. Assessments undertaken within referral and assessment teams are at least adequate, some are good and the trend in quality is an improving one. Cases are allocated promptly to social workers and there is evidence of good management oversight, although the timeliness of assessments and recording is variable in some cases. The views of children and young people are recorded but there is not always an audit trail of actions arising from these views, particularly for children and young people from minority ethnic groups or with additional needs.

16. Senior managers from within Children’s Services Department and across the wider partnership provide strong and visible leadership and ensure
service quality is sustained and services are responsive to need and risk. Strong political leadership and a commitment to safeguarding are ensuring high prioritisation within the council. Additional financial resources have been committed in order to strengthen aspects of services, to increase capacity and to sustain improvement. There is a strong ethos of partnership working evidenced through the outstanding operation of the Children’s Trust, HSCB and local strategic groups. Direct work with children, young people and families is judged as good and effective systems are in place to monitor performance in respect of quality, timeliness and safe outcomes. Good progress has been made in developing chronologies and ensuring that the quality of assessments is consistent. A wide range of good services is available to support children, young people and families in need and there is outstanding work within schools to protect children and young people and to raise their general safeguarding awareness. Independent reviewing officers who chair case conferences provide a robust and coherent service and this leads to good quality outcomes. However, these officers carry heavy workloads. This reduces opportunities for direct involvement with children, young people and their parents prior to meetings.

17. Workforce planning and development are outstanding, with robust recruitment and retention processes firmly embedded. The investment in staff training and personal development is very good and staff morale and commitment are good. Children’s Services currently have no social worker vacancies, the workforce is stable and all cases are appropriately allocated to suitably qualified staff. Staff supervision and management oversight across the partnership are good although reflective aspects of supervision are not always recorded in readily accessible ways. Users of services are increasingly contributing to planning and services are appropriately sensitive to the needs of children and families from different cultures. There are good examples of effective work with children and young people with disabilities in the context of safeguarding and promotion of welfare but some parents report that access to specialist equipment is difficult at times.

**Capacity for improvement**  
**Grade 1 (outstanding)**

18. Capacity for improvement in safeguarding is outstanding. High ambition for effective safeguarding is clearly demonstrated through strategic plans, the operation of an outstanding Children’s Trust and Local Children’s Partnerships and a well embedded and functional HSCB. This ambition is leading to improved outcomes and all the key performance indicators are good or better, demonstrating an improving and sustained trend of performance. Prompt and decisive action is taken in respect of issues raised through inspections, internal self-assessment, and audits and the partnership has outstanding awareness of local population needs and pressures.
19. The partnership provides stable and effective leadership and has secured many service improvements, including in some of the most intractable and difficult service areas. The workforce is well trained and supported by an outstanding workforce development strategy which in turn is responsive to changing demands. Staffing capacity has been increased in key areas to improve the quality of assessments and political support has been unwavering in protecting children’s services, despite wider economic pressures. The partnership is active in learning from serious case reviews, research and national developments to strengthen safeguarding activity.

20. There is a good track record of improvement. Regulated services are all rated at least good for safeguarding with some examples of outstanding performance. Outcomes for children and young people are clearly linked to service improvement. An example of this has been the establishment of the contact and referral team, which has proved to be a very effective means of achieving county wide consistency in the application of service thresholds. Schools are playing an increasingly effective role in safeguarding children, with good evidence of the impact of inclusion strategies in improving school attendance, and ensuring children and young people are appropriately safeguarded.

Areas for improvement

21. In order to improve the quality of provision and services for safeguarding children and young people in Hampshire the local authority and its partners should take the following action.

Within three months:

- ensure case records demonstrate that the recording of ethnicity, culture, race and language has been actively considered in the development of children in need and child protection plans
- ensure that records clearly demonstrate how the views of children and young people are being taken forward in planning and appropriately acted upon
- ensure supervision records in children’s social care services include all components of effective supervision, including case and worker reflection
- review arrangements for the provision of specialist equipment for children and young people with disabilities, to ensure there is equitable provision across the county to meet assessed needs.

Within six months:
- audit the effectiveness of the new joint protocol in respect of children and young people who go missing and ensure joint arrangements for de-briefing children and young people on their return are robust

- review joint processes for evaluating and prioritising domestic abuse notifications from the Police to test the potential for further service integration within CRT

- review the workloads of independent reviewing officers to ensure they have enough capacity to involve children and young people and their parents/carers in initial and review conference processes.
Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (good)

22. The contribution of the partnership to ensuring children are safe and feel safe is good and is effectively underpinned by comprehensive public and agency information, extensive staff training and support, and clear safeguarding strategies. HSCB provides strong leadership and is effective in ensuring participating agencies and professionals are aware of their safeguarding responsibilities and have the capacity to deliver services of suitable quality. Serious case reviews undertaken by HSCB since 2009 have been judged by Ofsted as good and the learning derived has been widely disseminated across the partnership. Schools are playing a significant role in safeguarding children and young people, with either good or outstanding judgements for safeguarding in Ofsted inspection reports. The attendance of children and young people at school is exceptionally good and this is leading to a reduction in risk. Good awareness by schools and teachers is ensuring children and young people in need are identified and appropriately supported. Children and young people report that their views and feelings are taken into account in assessments and planning although some of the records examined in the course of this inspection do not consistently reflect their views or fully demonstrate how some issues raised will be taken forward. Nevertheless, most children and young people indicate through the surveys for this inspection and internal focus groups that they feel safe or very safe in the county.

23. Safeguarding in residential, fostering, private fostering and early years settings has been judged to be consistently good with some outstanding examples, including the county’s secure children’s home. Safe commissioning arrangements are embedded in policies and practice. All service specifications set high standards for safeguarding and are suitably monitored. Robust procedures are in place to ensure allegations against people working with children and young people are effectively managed, and these are leading to improved safety levels. The roles and functions of the two local authority designated officers (LADOs) are explicit and there are good examples of effective interventions which are promoting the welfare of children and young people. Staff recruitment processes are robust and fully compliant with safe recruitment practice and national guidance. The inspection of randomly selected personnel records confirms that safeguarding checks, including Criminal Records Bureau (CRB) checks, are undertaken thoroughly by well trained staff and managers. All elected members in the council, not only those involved with children’s services,
have had CRB checks. Appropriate complaints systems are well established and enable children and young people to make representations about the services they receive. They are supported by the provision of advocates when appropriate. The annual complaints overview report indicates that all recent complaints have been resolved at stage one.

24. Scrutiny of a wide sample of children’s social care and health records randomly selected for this inspection demonstrates an appropriate and effective focus on safeguarding. The establishment of the children’s reception team within ‘Hantsdirect’ (the County Council’s customer service centre) has led to the improved collation of information on children and young people and their families and timely decision-making in respect of immediate safeguarding interventions and assessments. Health partners respond well to national safeguarding guidance, and designated staff arrangements ensure that appropriate action is actively pursued in order to deal with issues of concern involving children, young people and families. Accident and emergency safeguarding arrangements are managed well and ensure that safeguarding checks are appropriately made when children and young people are admitted. This includes the use of shared records and access to the social care out of hours service. Joint arrangements are in place between children’s social care services and the Police and these have recently been updated to meet the requirements of statutory guidance in respect of children and young people who go missing. These arrangements cover the de-briefing of children on their return. Joint work with the Police is good overall and includes the management of responses to sexual exploitation and child trafficking.

25. The council and its partners have good insight into the diverse needs of the county’s population and have focused well on particular minority groups including Nepalese communities. Travellers and unaccompanied asylum seekers have reported positively on the level of support provided. The Ethnic Minority and Traveller Achievement Service provides effective training and advice and this supports teachers, carers and social workers working with different groups of children and young people, including for example, those within the Gypsy, Roma and Traveller culture. Youth offending services are suitably robust in respect of safeguarding and ensure effective collaboration with the Police, children’s social care and Health. The numbers of young people offending and reoffending in the county have substantially reduced in recent years as the direct result of effective joint working and a specific focus on keeping children and young people safe within schools.

Quality of provision

Grade 2 (good)

26. The quality of provision, including the local authority contact and referral service, is good. The Children’s Reception Team deals with
approximately 3,000 contacts every month in relation to children and young people in need and those who are at risk of harm. This represents a significant level of demand and includes a high level of domestic abuse contacts linked to alcohol and substance misuse. The team is well managed by experienced and qualified staff who process all contacts in a timely manner. Those contacts which require further assessment are transferred to one of seven referral and assessment teams. Robust procedures are in place for the transfer of work between CRT and R&A teams, and these are underpinned by good management oversight and case audit arrangements. Referring agencies and professionals report that contacts are managed consistently and they receive good feedback on actions taken in the Children’s Reception Team and Referral and Assessment teams. Thresholds for service access are explicit and widely understood across the partnership, and joint systems are in place for escalating concerns about children and young people.

27. The quality of assessments is at least adequate with a marked trend of improvement towards good in the last year, following decisive management action to increase staffing capacity and to concentrate on the quality of assessments and analysis. Work to improve the quality and range of case chronologies is having a good impact and most cases seen by inspectors now contain detailed chronologies. The quality of case analysis is also showing marked signs of improvement in new cases with good evidence of the effective engagement of relevant agencies and professionals. All child protection cases are appropriately allocated to suitably qualified and trained staff who report they are well supported by their managers. Visiting schedules of social workers are good and generally exceed statutory requirements. The case loads of individual members of staff and in some of the Referral and Assessment teams are comparatively high but are reported to be manageable. Similarly, the workloads of independent reviewing officers are above national average levels but this is not impacting on the quality or timeliness of initial and review conferences. Protection plans are in place which are clear, achievable and measureable. Case conference reports and minutes are sufficiently detailed and presentation is mostly good. Safeguarding outcomes in the majority of cases are good. Case loads have recently been reduced through the provision of additional social work staff and the careful deployment of unqualified but experienced staff in non child protection work. Newly qualified social workers have protected caseloads and are supported well through training, enhanced supervision and close working with their team colleagues. Staff morale within Children’s Services is good overall, with a strong sense of corporate awareness of safeguarding and commitment to the priorities of HSCB and the Children’s Trust, underpinned by an outstanding Children and Young People’s Plan 2009 - 2012.
28. Accessible managers monitor the completion of assessments, review priorities and provide a good level of support to staff. The out of hours service, coordinated through the Children’s Reception Team is an established and well resourced service and is ensuring good continuity of safeguarding activity including with Police and health services. Cases identified as having urgent child protection concerns are appropriately prioritised with good use of strategy discussions and joint social care and Police action. While there are some examples of outstanding multi-agency collaboration to protect children and young people from harm, in a few cases there are some inconsistencies in the timeliness of case recording. Some staff report that the electronic recording system, although an improving and increasingly useful tool, still presents some difficulties in the collation of information for assessment, review and court purposes. There has been good progress in recording children’s heritage and culture but it is not always apparent in electronic records that this is being consistently used to inform individual planning.

29. An extensive range of multi-agency early intervention strategies has been established across the partnership including the use of the CAF, extended school and children’s centre provision and a network of family intervention projects. Parents reported to inspectors that they generally feel listened to and supported through the services provided. There is good evidence that staff in all agencies work hard to ensure parents understand the reasons behind safeguarding interventions and the plans to protect children and young people, and to strengthen parenting and family functioning. Safeguarding in schools has high priority and there is an outstanding record of progress and achievement by schools in respect of the promotion of children’s welfare. HSCB and the Children’s Trust Board see the role of schools as crucial in driving forward strategies for inclusion, in reducing the impact of poverty and in increasing local options to support vulnerable children, young people and their families. There is good evidence to indicate these objectives are being secured.

30. The distribution and reach of children’s centres across the county is wide and includes effective integration of support services at a local level. A major review of the role and function of children’s centres has commenced in the light of budget pressures and policy shifts. However, a strong commitment to maintaining impact, and to the links that have been formed across the network of preventative and family support service, is being captured within new models of service delivery. Safeguarding activity within family support services is good overall with some outstanding examples of innovative practice. CAF processes are embedded, with examples of the effective use of common assessment processes to facilitate local cooperation to support children and families with additional needs. Team around the child and family, and team around the school approaches are also well established.
31. The Disabled Children’s Service offers effective support to children and young people who live at home or who are supported through respite care measures. The service is also responsive to safeguarding concerns and has established and effective procedures in place. Assessments are generally of good quality, and lead to clear plans. The Disabled Children’s Service has established firm links with adult services in supporting young people through transitions. The range of assessment and review documents used by the Disabled Children’s Service is ensuring children and young people can contribute effectively to their own reviews and plans.

32. HSCB closely examines safeguarding thresholds for family support, lower level interventions and child protection. Good quality performance information is utilised to examine the impact of services in meeting agreed priorities, overall trends and the quality of provision. The sub-groups have defined responsibilities in respect of training and staff development, performance and serious case reviews. Local planning arrangements within children’s partnerships are effective in balancing county wide priorities and consistency with local services and need. Multi-agency risk assessment conferences (MARAC) are well established and are appropriately constituted by key agencies and professionals. Similarly, multi-agency public protection arrangements (MAPPA) are in place and provide effective oversight of high risk cases, for example regarding offenders due to be released from prison who are assessed as a potential risk to children and young people. The working relationship between the Police and targeted youth services is having good impact in reducing offending numbers. A joint protocol for missing children and young people has been established across the county but has only recently been revised. It is too early to evaluate the full impact of this protocol in day-to-day operation but there are good examples of risk assessment and use of intelligence to protect vulnerable children and young people who have gone, or may go missing from home or care.

The contribution of health agencies to keeping children and young people safe Grade 2 (good)

33. The contribution of health agencies to keeping children and young people safe is good. Health partners collaborate very well and ensure safeguarding remains a high priority and that it is underpinned by effective systems for quality assurance. Children and young people receive well coordinated health care where more than one provider is involved or when they move across service boundaries. Named doctors, nurses and midwives for safeguarding are located within relevant health services. These professionals are well known within the partnership and have a good reputation for being accessible and responsive to any safeguarding needs or concerns. They provide effective guidance, support and supervision in respect of safeguarding matters.
34. All named professionals are actively involved in governance structures including HSCB and sub groups, the Children’s Trust and LCPs. This is ensuring there is appropriate and regular briefing on safeguarding issues affecting health services and the maintenance of clear lines of accountability. Representation from health trusts on HSCB, the sub-groups and the Children’s Trust is good. The leadership of the independent chair of HSCB is cited by health professionals as enabling good collaboration with partner agencies. The dissemination of learning across health from serious case reviews and serious untoward incidents is also good. Health staff demonstrate confidence in agreed systems for the escalation of any child protection or safeguarding concerns and that if utilised appropriate action will follow.

35. Three named GPs are located within the county and provide safeguarding support to 147 GP practices involving over 1,000 GPs. Lead arrangements for safeguarding are currently in place in 90% of the GP practices and the named GPs have ensured that all safeguarding leads within the county have received appropriate safeguarding training in the last year or so. The participation of GPs in case conferences remains low, as it is nationally, but there have been improvements in the contribution of GPs through written reports. Work on direct participation is a self-identified area for health service development including the need to overcome any barriers which restrict full GP participation. A three month pilot study in the New Forest area is currently testing a model for improved GP participation, with some encouraging results.

36. Designated professionals are located within NHS Hampshire and include a full time nurse for safeguarding and a contracted designated doctor from Basingstoke and North Hampshire NHS Foundation Trust which provides appropriate levels of professional support to medical staff in the primary and secondary care sectors. This arrangement is ensuring expert advice and guidance are available as needed and that named professionals are able to represent health services on relevant boards and committees. Safeguarding specifications are incorporated in all contracts and service level agreements and are rigorously monitored for impact. All health services have developed training and supervision systems linked to best practice guidance. Each trust board reviews headline data relating to safeguarding activity, and this is supported by an audit programme which relates to day-to-day practice.

37. Basingstoke and North Hampshire NHS Foundation Trust and Winchester and Eastleigh NHS Trust provide accident and emergency cover to a significant number of children and young people each year. These afford good and safe environments. Facilities are appropriate to the care and protection of children and young people and are supported by well qualified and experienced staff. Effective working relationships have been established with other health professionals, including
paediatricians, who offer additional support and guidance as required. The emergency systems in operation facilitate good and timely access to contemporary information. These systems relate to relevant child protection plans and ensure that any child or young person who is the subject of such plans is suitably identified. A notification system also alerts other agencies to unscheduled attendance at these units, including urgent and non-urgent cases. Staff are clear about their responsibilities for child protection including the presentation of adults who have caring responsibilities and where concerns are raised about substance misuse, domestic abuse or other relevant matters.

38. Substance misuse services for children and young people are good. There is effective multi-agency working between children’s social care, schools, the YOT, youth support services and voluntary sector organisations. Teams work well with schools to advise key staff on substance misuse issues and to ensure appropriate levels of support through training, conferences and general provision of information. PRISM (Processing Referrals Involving Substance Misuse) provides a targeted service for children and young people aged 10–16 years in schools. This has had a positive impact in awareness-raising. Specialist support is also available through substantial and wide ranging referral methods which are provided through voluntary sector organisations. There are good examples of targeted work with minority ethnic communities through the provision of information in appropriate formats.

39. The Child Death Overview Panel (CDOP) is a sub-committee of HSCB and comprises a panel of multi-agency professionals including Health, Police, the ambulance service, children’s services, the designated paediatrician and HSCB members. Monthly meetings take place to review all child deaths (from birth up to the age of 18 years) across Hampshire, Southampton, Portsmouth and the Isle of Wight. CDOP operates in accordance with national guidance with good examples of the translation of recommendations from reviewed cases into effective practice.

40. Local facilities for children and young people who have been sexually assaulted are good. The sexual assault referral centre (SARC) located in Portsmouth, offers a high quality service. Appropriate levels of follow-up are provided for young people who have been sexually assaulted and young children can be seen by community paediatricians in discrete hospital settings. Sexual health services for children and young people have been developed to ensure resources are suitably targeted following needs analysis. Strong multi-agency working is established and is effective in ensuring children and young people receive good advice on contraception. Local improvement teams facilitate sexual health network meetings with positive feedback from service users in respect of service continuity and consistency. Appropriate advice and
support are given to young mothers during their pregnancies and the work of the teenage pregnancy midwife is well coordinated. The Children’s Trust has set clear targets to reduce the rate of teenage conceptions and sexually transmitted infections. The target for 2010/2011 is ambitious at 19.8 per 1,000. This represents a 45% reduction from the 1998 baseline measure. The overall conception rate in the county for young women aged between 15 and 17 years in March 2010 was 28.7 per 1,000. This is below the national and South East England averages and demonstrates the good impact of joint services. However, there are wide discrepancies across the county as a whole which is recognised within the CYPP, leading to targeted work in priority areas of the county. A range of focus groups and courses has been established to ensure that the views of young people help shape relevant services and that the most vulnerable are well supported.

41. Health partners provide good support to children and young people with disabilities. There is effective cooperation with other agencies and professionals in joint assessments and planning. Given the range of services often engaged in meeting health and social care needs careful attention is provided to avoid unnecessary duplication with good attention to child safety. Health professionals demonstrate a commitment to enhancing user engagement and participation, in order to ensure services are more relevant to family need. For example, there was a participation month at one of the respite care services during which staff worked on feedback from complaints, and considered key issues of privacy and dignity. Some challenges remain in respect of the provision of specialist equipment for children and young people with disabilities, and the clarity of funding streams.

42. Child and adolescent mental health services (CAMHS) have recently been reconfigured and since April 2011 are provided by Sussex Partnership NHS Foundation Trust. The previous arrangement involved five different providers across the county, leading to some inequity in service provision and access. The performance of CAMHS was previously rated as good against key indicators but the partnership, following internal service evaluation, agreed that a single provider would be a better option and would strengthen access. Although it is too early to assess the impact of the new service, the specification is robust, with a focus on safeguarding and the need to improve access. Appropriate provision has been established to ensure that the emotional and mental health needs of children and young people are fully assessed and that services are accordingly and suitably prioritised.

Ambition and prioritisation  Grade 1 (outstanding)

43. Ambition and prioritisation of safeguarding are outstanding. The council and its partners have set ambitious targets for safeguarding children and young people and have ensured that services are closely monitored
and scrutinised for quality and performance. The Children's Trust, HSCB and local children's partnerships provide effective and joined up leadership in respect of safeguarding. This is based on a comprehensive understanding of need in local communities across the county and effective targeting of services to support vulnerable children, young people and families and is leading to increasingly good outcomes. Political leadership of the council is strong and elected members have ensured, alongside key partners, that safeguarding priorities are underpinned by the provision of resources. A three-year budget plan for 2010–11 to 2012–13 was agreed by Cabinet in February 2010 and adjusted in light of public spending reductions during 2010. Although there have been reductions in expenditure for some areas of council services, the council has protected safeguarding and some other children's services. Staffing capacity has been increased in the Children's Reception Team and Referral and Assessment teams dealing with contacts and assessments. In this regard, the council has responded well to recommendations arising from inspections and specifically the need to strengthen contact, referral and assessment arrangements.

44. The Children's Reception Team is operating effectively to deal with high volumes of contacts to children's social care and this has ensured there is now more capacity within Referral and Assessment teams to undertake assessments and develop children in need and child protection plans to support vulnerable children, young people and families. There is ongoing investment in developing information and recording systems which are fit for purpose, increased supervisory capacity for front line safeguarding services and high quality multi-agency staff training. The management culture across the partnership is strong and managers are active in raising awareness on all safeguarding matters and ensuring that learning from national and local serious case reviews is embedded in day to day practice.

45. HSCB is chaired independently and maintains effective lines of communication with the Children's Trust and local children's partnerships. Representation on the range of strategic planning boards is good, leading to a strong sense of commitment to safeguarding and children's service provision generally. Strategies for safeguarding and children's services are robust and set ambitious targets which are substantially being met. HSCB provides a wide range of good quality training to enhance general safeguarding awareness and to focus on specific themes and topics relevant to the identified needs of the area and lessons derived from serious case reviews. Local children's partnerships operate in a systematic manner and are responsive to local needs and challenges. The link between these partnerships (which includes district councils and voluntary sector organisations), and the Trust is strong, which facilitates effective two-way communication on key issues.
46. Service priorities are explicitly set in an outstanding CYPP, which is regularly reviewed. Strategic objectives are well defined with clear performance targets and measures and progress against priorities and targets is closely monitored through the provision of good quality performance information and joint audits. In setting clear priorities the partnership has ensured that thresholds are clearly understood and are embedded, that there is wide awareness of safeguarding and contact and referral systems and that capacity is available to meet high service demands. The partnership has jointly embarked on an approach to increase family support and early intervention services which are having considerable and positive impact. An extensive range of community services is now available, underpinned by outstanding examples of effective joint working and collaboration. The prioritisation of safeguarding within schools is of particular significance and is having considerable impact in helping to keep children and young people safe, in coordinating services around the needs of families and in supporting social inclusion.

**Leadership and management**

**Grade 1 (outstanding)**

47. Leadership and management of safeguarding are outstanding. The partnership is responsive to new service challenges and specifically, the high demands for all aspects of children’s services including safeguarding. The Children’s Trust, HSCB and LCPs have a good understanding of the needs of local populations and communities and accordingly, have established clear service strategies. Services are suitably shaped to meet the diverse needs of the population and changing demography with the increasing participation of children, young people and their parents. Senior and local managers across the partnership provide outstanding leadership in safeguarding and ensure that service priorities are explicit and understood across the whole workforce. There is a strong sense of safeguarding being everyone’s business, including amongst political leaders, and this is routinely reinforced through good quality training, consultation events and general awareness raising.

48. Leaders have responded appropriately to increased demands through the provision of additional staffing resources in key areas but have also set ambitious targets and expectations for individual and corporate performance. There are good and some outstanding examples of joint working at strategic and individual case levels and effective use of ‘team around the child’ approaches in schools, children’s centres and the family intervention service. Contact, referral and assessment pathways and thresholds are clearly defined and overseen by competent and committed managers. Escalation processes are in place and used appropriately to raise professional concerns about individual cases. Financial control, budget setting and monitoring processes are all robust.
49. Joint workforce planning and development are outstanding. Action taken in the last few years to increase staffing capacity and to recruit and retain good quality staff has led to a stable workforce with no current social worker vacancies. Work is allocated according to need and the qualification and experience of staff involved. Staff in Children’s Services Department and across the partnership as a whole receive regular supervision which is consistently recorded. However, reflective supervision is not so obvious in records although staff report they have good opportunities to discuss their cases in depth with their supervisors. Staff across the partnership consistently report being well supported by their managers and being part of an important service with clear aims and objectives. Professional development opportunities are very good and based on continuous improvement and learning. Staff have a good awareness of national safeguarding guidance, issues emerging from leading national cases and from serious case reviews undertaken by HSCB. Safe recruitment processes are robust and in some instances outstanding, including the very careful monitoring of contracted taxi drivers to transport vulnerable children and young people, and of career histories of all staff including those from overseas. Newly qualified staff have protected workloads, are well supported by their managers and have access to good quality training.

50. Service commissioning is good or better across the partnership and leads to important shifts in the balance of services. Work with voluntary sector organisations is particularly good with coordination of voluntary sector services through an outstanding alliance. Voluntary sector awareness of safeguarding is good with equal access to development opportunities and information and full participation in all the county boards and local partnerships. Commissioning arrangements place high expectations on providers in respect of safeguarding, and monitoring of compliance is highly effective.

**Performance management and quality assurance**

**Grade 1 (outstanding)**

51. Performance management and quality assurance are outstanding. The CYPP is based on a comprehensive analysis of need and the views of service users. Priorities are clearly stated, including safeguarding, and are underpinned by ambitious targets which are closely monitored. The Children’s Trust, HSCB and local partnerships have access to a quality improvement framework for safeguarding and services for children in care which is having good impact on the quality of practice and outcomes. The aim of the framework is to monitor compliance against statutory requirements and to support continuous improvement of, and high impact upon, the quality of collaborative working. Quality assurance and performance reports are routinely made available to council committees, the boards and local partnerships and ensure that political leaders and managers have up to date information on
performance trends. Internal scrutiny of performance is outstanding, with strong evidence of managers being held to account for service quality and performance and the actions to be taken in order to meet specific targets.

52. Targets set for safeguarding are challenging and are being accurately measured through extensive performance management and data collection processes across the partnership. Local managers are also aware of expectations in respect of key targets and routinely report on achievements and performance challenges including capacity issues. Strong performance management and quality assurance is having a demonstrable impact on improving outcomes for vulnerable children and young people.

53. The performance of regulated services in respect of safeguarding is at least good with some examples of outstanding practice. The thrust of management action is towards achieving outstanding outcomes across the board, with good evidence of organisational learning. There is effective management oversight and scrutiny and tight controls are based on agreed joint strategies and service priorities. Services are responsive to the needs of minority groups, based on good intelligence, service targeting and an effective use of resources. Joint case audits and thematic audit systems have been established to enable local managers to monitor work quality, the effectiveness of partnership working and the impact of planning. The trend in performance improvement is good overall with clear examples of decisive action taken following internal scrutiny or external inspections.

**Partnership working**  
**Grade 1 (outstanding)**

54. Partnership working is outstanding and is highly effective at all levels including strategic and operational. HSCB, the Children’s Trust and local partnerships are all firmly established and able to demonstrate substantial achievement in driving forward good quality services for children and young people. Communication and information sharing across the partnership and between strategic groups are outstanding with very well prepared and presented reports and comprehensive use of performance information on key targets, priorities and capacity. There are very good examples of highly effective practice leading to improved safeguarding outcomes, including the role played by schools in promoting inclusion. This is having a good impact on improvements to school attendance, in helping to keep children and young people safe and in strengthening contact, referral and assessment arrangements.

55. There is a wide range of integrated service provision to support vulnerable children, young people and their families. Team around the child approaches are being used to good effect and parents report they feel more included in planning and are aware of the reasons behind
interventions. The extensive network of family support including the use of the Common Assessment Framework is embedded, with good evidence that the balance of services is shifting to support children and young people at earlier stages to ensure problems do not unnecessarily escalate. Joint working with Health colleagues is effective with good examples of communication in responding to concerns and issues of service equity and accessibility including mental health and emotional needs, substance misuse, teenage conception rates and sexual health. The integrated child health service located within Basingstoke Hospital, for example, offers a joined up service for the local community to support children with acute and chronic conditions. The service has a range of health professionals located at the hospital within the same clinical division. This enables children and young people to have outstanding access to a wide range of skilled child health professionals.

56. Police and the Children’s Social Care service have a number of protocols and agreements in place including in respect of children who go missing and risk assessment. Discussions are under way to consider increasing the level of service integration in respect of contact and referral services and joint responses to high levels of domestic abuse notifications. Partnership working with voluntary sector organisations is firmly embedded and there are some outstanding examples of collaboration where voluntary organisations are finding new ways of working to better facilitate user. Work to put in place the principles of ‘Aiming High’, the Government initiative to transform services for disabled children and young people, has contributed to better access and participation for most children and young people with special educational needs, with some families in the county accessing up to 20% more respite and holiday activities for their children.
Services for looked after children

Overall effectiveness

Grade 2 (good)

57. The overall effectiveness of services for looked after children, young people and care leavers is good. Outcomes in respect of being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being are all good. Management and leadership, including political leadership, are highly effective in securing good quality services across a large and diverse county. The partnership demonstrates outstanding ambition. This is reflected through the priorities within the CYPP, which are routinely monitored for impact. The Children's Trust and LCPs are well embedded and ensure the full engagement of partners in prioritising looked after children services. Corporate parenting arrangements are imaginative, include a significant contribution from children, young people and partners, and maintain a clear focus on the particular needs of vulnerable children and young people. Targets set across the partnership are ambitious and demonstrate a good impact on the inclusion of looked after children and young people, their attainment and increasing life opportunities. Workforce development and safe recruitment strategies are well established with some outstanding features. Performance management and quality assurance processes are firmly embedded and ensure that accurate information is available to relevant boards and committees on outcomes and improvement trends. Assessment processes are generally good and improving. However, some assessments and plans are not routinely updated in line with significant changes in children’s lives or in response to specific issues.

58. Schools play a very constructive role in promoting the welfare of looked after children and young people, contributing to good educational progress and school attendance for most with many examples of good achievement. Considerable effort is given to meeting the diverse needs of children and young people from a range of ethnic groups and there is a good understanding of local population and changing need. Permanency planning is robust with good adoption and fostering services and imaginative approaches to foster carer recruitment. Residential children's homes in the county are all graded good and above with the secure children's home being outstanding. Looked after children and young people live in safe placements and placement stability, targeted by the Children’s Trust as an area for improvement, is now in line with similar areas and continuing to improve. Commissioning arrangements are robust with many good examples of well organised and monitored service provision which supports the care of looked after children and young people. Partnership with voluntary and independent sector providers is particularly good and well coordinated through an alliance.
The comparatively high return in the Care4Me survey as part of this inspection shows a good level of general satisfaction from looked after children and young people in respect of feeling safe, their health promotion and access to other support services. Statutory requirements for visiting and for case reviews are met in most cases and the quality of case reviews is good overall. Good processes are in place to support care and transition planning for looked after children and young people. Support for children with disabilities who receive short term breaks is good. Complaints systems are embedded and help to ensure that children and young people are able to comment on the quality of the services they receive. However a proportion of the children and young people responding to the Care4Me survey commented that they did not know how to access the system. Plans are reviewed where any concerns are reported and as a result most complaints are resolved at the informal stage. The LADO role is working well. Advocates and interpreters are used appropriately although some children and young people in the Care4Me survey were unaware of this service. Similarly some children and young people were not fully aware of the Pledge, which explicitly sets out partnership commitments to looked after children and young people. Appropriate attention is paid to the race, culture, language and disability of looked after children and young people in developing care plans and in responding to individual and assessed need.

Capacity for improvement

Grade 1 (outstanding)

Capacity for improvement is outstanding. The council and its partners have high ambition for joint services and the promotion of the welfare of all looked after children and young people. The very effective working of the Children’s Trust, local children’s partnerships and corporate parenting initiatives are ensuring that ambitious targets for services are being met and sustained. Looked after children and young people are increasingly involved in shaping services through well organised events, conferences and surveys. There is a good track record of continuous improvement evidenced through trends in key indicators and inspection findings. Prompt and decisive action is taken in respect of issues identified through self-audit or inspection.

Workforce planning and development is robust and ensures the partnership as a whole has capacity to deliver effective and good quality services. Capacity has been increased in key areas to enhance quality or to respond to changing needs and demands. Financial support for children’s services has been secured with additional investment in key services. Improvements to outcomes are firmly linked to improvements in service quality. Examples of this are the changes made to improve contact, referral and assessment processes, and the outstanding work in schools to promote the inclusion of all children and young people, including those who become looked after. There is very
good awareness of the needs of children and families across the county and sensitivity to a changing demographic profile.

Areas for improvement

62. In order to improve the quality of provision and services for looked after children and young people in Hampshire, the local authority and its partners should take the following action.

Within three months:

- ensure that looked after children and young people are made aware of the wide range of participation opportunities in the county, linked to their individual planning, the advocacy and complaints systems and the commitments made within the current and new version of the Pledge

- ensure that core assessments and care plans are routinely updated in light of any significant changes and that risk assessments are fully documented for looked after children and young people returning to live with their parents.

Within six months:

- conduct an audit of looked after children and young people’s cases that are referred to CAMHS, to ensure the new arrangements are fully meeting expectations in terms of prioritisation, accessibility and timeliness

- monitor case recording to ensure there is regular commentary on children and young people being seen alone during social worker visits.
How good are outcomes for looked after children and care leavers?

Being healthy  

63. Health outcomes for looked after children and care leavers are good. The CYPP sets out clear priorities for the health of looked after children and young people in the county including access to good quality health promotion and support. Arrangements for accessing health care assessments are good given the size and scale of the county, although the quality of some assessments is variable. Regulated services, which include fostering and residential children’s homes where the majority of looked after children and young people are placed, are graded as good and some as outstanding in respect of health support. Most initial health assessments are undertaken by GPs in the community with some being undertaken by the paediatrician and lead child in care doctor based at Basingstoke and North Hampshire NHS Foundation Trust. Work is being undertaken to ensure the quality is sustained at a consistently good level and to this end the designated looked after children nurse is developing a locally enhanced service for GPs. The designated nurse for looked after children and young people manages a team of three specialist nurses and maintains an overview of a specialist nurse based at the county’s secure children’s home. Specialist nurses undertake the majority of health review assessments, although for looked after children aged less than five years, these are undertaken by health visitors and, depending on medical complexity, by doctors. Health assessments for out of county placements are undertaken by health professionals in those authorities, within the terms of a service level agreement. The designated nurse for looked after children and young people receives weekly reports on all children and young people who have entered the care system or who are due to leave care.

64. Specialist nurses offer choice for children and young people in relation to how they can access and engage with the review health assessments. As far as practicable, appointments for assessments are arranged flexibly, including after school hours and during school holidays, to meet the wishes of children and young people. A good example of such flexibility is where the timing of an assessment was changed to enable a young person to participate in Ramadan. Specialist nurses endeavour to attend all reviews for children and young people who are placed in residential care. The looked after children nursing team receives good support and supervision and this helps to promote effective working. They receive individual safeguarding supervision from the designated nurse and line management from the head of safeguarding within the provider NHS Trust. Communication between health and social care staff is good and designated looked after children
nurses attend independent reviewing officer meetings on an annual basis. Review health assessments cover the full range of health needs including sexual health, emotional well-being, substance misuse and services available to promote healthy lifestyles. The incidence of reported substance misuse is comparatively low in the county for looked after children and young people and for this reason is the subject of further exploration by health partners.

65. A good process is in place to make best use of information gathered from the ‘strengths and difficulties’ questionnaires which are instigated by independent reviewing officers. It is clear how scores from the questionnaire are interpreted and utilised. The average score for the county is comparatively low, indicating a low level of emotional and behavioural difficulty amongst the looked after children population overall. The score is also used to determine whether a direct referral to Child and Adolescent Mental Health Services is required.

66. A new single Child and Adolescent Mental Health Services has been operational since April 2011. This was established as the result of an internal review of Child and Adolescent Mental Health Service previously provided by five separate health organisations. Although the performance of this service against key indicators was good the internal review identified issues of service inequity and inaccessibility across the county. It is too early to fully evaluate the impact of the new arrangement for child mental health provision but the new single provider has a good track record of performance and there are explicit processes in place to ensure that looked after children and young people with an assessed need can be fast tracked into appropriate services. The Child and Adolescent Mental Health Service social worker will screen and make an initial assessment of need and, with medical colleagues, will ensure appropriate assignment of the case to the appropriate named professional. Any looked after child or young person in crisis will be seen as an immediate priority to ensure timely access to an appropriate service. For non-emergency cases looked after children and young people are also prioritised to ensure they have a wait time of no longer than four weeks. Where looked after children and young people are placed out of the county, a system is established to ensure appropriate mental health service appointments are commissioned and provided. Monitoring is undertaken in accordance with review schedules and through specialist nurse oversight.

67. A key priority for the sexual health strategy is to ensure services for vulnerable groups, including looked after young people, are targeted to reduce conception rates and promote good sexual health. Good progress is being made in reducing the overall conception rate for young women in the county between the age of 15 and 17 years which has declined from 34.1 per 1,000 at the start of 2009 to 28.7 in March 2010. This is well below the England and South East averages. Good
progress is also being made in reducing conception rates through well
targeted services although some peak rates remain in some areas of
the county such as Gosport and Havant. The number of mothers aged
under 18 who were looked after at the time they gave birth was five in
March 2010 and four in March 2011.

68. User engagement and participation of looked after children and young
people in health care matters are good. Good training is available for
foster carers and residential care staff and very effective models of joint
working are in place within the county including the secure children’s
home. This is benefiting children and young people with specific or
sensitive issues including sexual health, substance misuse, personal
hygiene or diet. There are good examples of effective work involving
voluntary and independent sector organisations that support children
and young people who have a history of substance or alcohol misuse.

**Staying safe**

69. Safeguarding arrangements for looked after children and young people
are good. Nearly all children and young people who responded to the
Care4Me survey as part of this inspection reported that they feel safe or
very safe in their placements and know who to speak to if they feel
unsafe. Placements are well matched to the assessed needs of looked
after children and young people, with suitable priority given to religious
and cultural identity. An effective support system is in place for foster
carers to prevent and address placement disruption, which remains
comparatively low. Improving placement stability has been a local
priority and a key improvement target for the partnership. Placement
information is rigorously collated and analysed and the most recent
performance assessment data demonstrates a significant trend of
improvement over the last two years. The proportion of children and
young people experiencing three or more placement moves in one year
and longer term placement stability are being maintained in line with
national averages. Care placements are closely monitored on a monthly
basis to ensure there is a sufficiency of placements and that they are
effective in meeting assessed needs. Good support is provided to carers
to actively promote placement stability through a range of targeted
interventions, although some carers indicate they would like more
access to respite care.

70. All looked after children have an allocated and suitably qualified social
worker, are visited regularly and participate in their reviews. Reviews
are conducted to a good standard by independent reviewing officers,
who also facilitate the attendance of children and young people at their
own reviews. Families with children and young people at risk of coming
into care have access to a range of support services that are
individually tailored to their needs. Emphasis is appropriately placed on
supporting families so that children and young people can remain at home or within extended families. The use of Special Guardianship and Residence Orders is increasing to reflect changing placement patterns. Good gate-keeping systems are in place to monitor the use of care and to determine actions to secure stability and permanence for children and young people entering the care system. Risk is managed well, and use of the Public Law Outline to plan the best form of care is robust and well established. Action is taken promptly if children or young people cannot remain with their families and need to be admitted into care. When children or young people are placed outside the county, placements are closely monitored with a strong emphasis on safeguarding.

71. The majority of children and young people who are looked after express satisfaction with their placements and nearly all feel that they are given opportunities to express their feelings and wishes in respect of their care plans. The partnership is ambitious in extending placement choice and good work is being undertaken to recruit more foster carers and to increase placement capacity within the county. Foster carer recruitment campaigns are imaginative and well focused with some good results in respect of the recruitment of carers from minority ethnic groups. A robust permanency policy is in place, aimed at ensuring young children have a stable upbringing consistent with their developmental needs. Ofsted inspections of the fostering and adoption services and all children’s homes judge services to be at least good in all outcome areas, including safeguarding. The local authority run secure children’s home is rated as outstanding by Ofsted and was identified as an example of good national practice in the Children’s Commissioner Report of June 2011. Commissioned residential and fostering placements are only used if rated good or better in Ofsted inspection reports and these are closely and continuously monitored by procurement staff, visiting social workers and reviewing officers. A useful policy and guide about internet use by looked after children and young people are available for foster carers.

72. Placements with their parents of children and young people who are the subjects of care orders are appropriately authorised by senior managers and follow risk assessments. A joint protocol between the Police and children’s social care services for looked after children and young people who go missing, is in place and builds upon previous models for risk assessment. The protocol aims to achieve greater consistency in respect of reporting arrangements and risk assessment and is being implemented through an agreed action plan. All the key elements of an effective procedure are now embedded in the protocol but at this stage it is too early to evaluate the full impact. Monitoring and data collation in respect of missing children and young people are good and trend information is available. Missing from care and high risk strategy meetings are well established for children and young people in care.
However, although debriefing arrangements are undertaken within residential units following a child’s return, these are not systematically established across all relevant services.

73. There have been good developments in recognising and dealing with allegations against members of staff or any potential and significant concerns affecting children or young people. Two LADOs manage the process effectively and chair most of the strategy and review meetings in children’s services. There are clear links between the LADO and the complaints service, with information sharing taking place on referrals which have a safeguarding component. The complaints service resolved all complaints made by looked after children and young people at the initial stage, in 2010. Awareness of the complaints procedure is promoted through the welcome pack for looked after children and young people in care homes, ‘Youth Tube’ and an information leaflet designed with the involvement of care ambassadors.

74. Care ambassadors use their own care experiences to encourage and support other looked after young people with important issues that affect their lives. However, the Care4Me survey shows that a significant proportion of looked after children and young people who responded to the survey were unsure about how to make a complaint and did not know what an advocate was. The most recent Annual Report on complaints captures learning points from the complaints process. Feedback on the outcome of complaints is provided locally to the district managers. The advocacy service has been recently been recommissioned from ‘No Limits’, a voluntary sector organisation and awareness of the service is actively promoted through a range of methods, including ‘Youth Tube’. All looked after children and young people who make a complaint are offered an advocate. Advocates are also available to support children and parents at statutory review meetings. The independent visiting service is delivered through a voluntary sector organisation and has successfully recruited 40 visitors, including those from minority ethnic groups. This is ensuring good, appropriate appointments for looked after children and young people who need this form of independent support.

75. Education centres in the county, which act as pupil referral units, contribute to the safeguarding of vulnerable groups and individuals, for example those who are educated at home by choice through elective home education. ‘Rights, Respect and Responsibilities’ are promoted in all schools and youth provision in the county and this contributes to increasing general awareness amongst children and young people in building their confidence and resilience.
Enjoying and achieving  

Grade 2 (good)

76. The impact of services to enable looked after children and young people to enjoy and achieve is good. The inclusion strategy for all school age children is having good impact on looked after children and young people and in promoting their achievement. The attendance of looked after children and young people is improving rapidly and is good. Transition work is effective in keeping children and young people in schools and is assisting young people in readiness for their moves to post-16 education. Transition support for children and young people with special educational needs and/or disabilities when moving from primary to secondary schools is intensive, and helping to ensure continuity of progress. Peer mentors effectively help children and young people to settle into new schools. The majority of looked after children and young people (55%) make good or better progress from their starting points.

77. Students benefit from being placed in mainly good and outstanding schools as a result of the county’s inclusion and school improvement strategies. The proportion of looked after pupils who sit GCSE exams at age 15 or 16 and gain five or more A* –C grades including English and mathematics trebled from 5% to 15% in three years, which is higher than the national average for looked after children and the county/local authority is ranked 17th out of 152 nationally. The achievement of children in primary school has improved so that 36% of looked after children gain the expected level for their age group at the end of Year 6. The achievement of children taking part in targeted reading and mathematics initiatives accelerates children’s progress outstandingly well. The attainment gap between looked after children, young people and their peers in the county is closing, illustrating the good impact of targeted support services. However, the pace of this change is now slowing because all children and young people in the county’s schools are attaining more highly year on year. Nevertheless, some groups achieve nearly as well as their peers in some subjects, for example those who have been in care longest at the end of Key Stage 1 attain a comparable level in writing as their school peers.

78. Looked after children and young people who are targeted initially in primary year groups and then in secondary year groups make excellent gains in their reading skills through the Phono-Graphix and paired reading literacy programmes. Some targeted for the Letterbox scheme make continued and sustained progress in reading. Looked after children and young people taking part in mathematics projects are beginning to make significant gains in the subject as the programme is adjusted to closely match their needs. Mentoring and individual support, commissioned through schools for all looked after Year 11 pupils with varying amounts and types of support enabled nearly all Year 11 pupils to sit the exams they planned to take. Looked after
children and young people are, without exception, in a good school or a school that has been specifically chosen for them to meet their assessed educational needs and as a result of systematic review by the ‘virtual school’ team of the suitability of each school placement. A personal educational plan is in place for each looked after child and young person. The ‘virtual school’ has set a process in place to monitor the quality of the plans and improve the capacity of each contributor such as designated teacher, social worker or therapist.

79. A good variety of informal learning opportunities are available for looked after children and young people, some of which promote personal development and self esteem extremely well. Examples include the outstanding Wessex Dance Academy, access to outstanding opportunities to play musical instruments and Trafalgar project for tall-ships training. The cultural passport provides free access to key county sites and activities, supports family learning for foster families and enables social workers and key workers to contribute to extending looked after children and young people's learning during holiday periods. Monitoring for looked after children and young people placed out of the county and for looked after children and young people placed by other local authorities in the county is effective and leading to consistently good outcomes. The exclusion of looked after children and young people is very infrequent and they receive priority in outstanding alternative and dual provision. Children and young people with disabilities benefit from aiming high funding of respite care and extended educational opportunities. The number of children and young people who now access respite care has significantly increased and is highly regarded by parents.

Making a positive contribution, including user engagement

Grade 2 (good)

80. Opportunities for looked after children and young people to make a positive contribution are good. There is an active group of care ambassadors who have worked to extend the range and scope of the county’s commitment to looked after children and young people through the Pledge. However, children and young people responding to the Care4Me survey indicate that their awareness of the Pledge is limited. Care ambassadors have creatively consulted with a wide age range of looked after children and young people on care matters. Work is also underway to improve communication and opportunities for consultation, particularly with younger children in care through ‘Youth Tube’ and the ‘blog site’ run by the care ambassadors.

81. A new Pledge is to be launched in September 2011 and it is planned that over 600 children and young people will participate in an
awareness raising and consultation event leading to a final key event in February 2012. Care ambassadors are positive about their progress in updating the Pledge and a good example of impact is seen in the provision of 820 laptop computers. These enable looked after children and young people to receive extra tuition. Care ambassadors meet regularly with the Care Matters Board and the Children and Families Advisory Panel that includes elected members. They also meet regularly with senior managers and take opportunities to present their views on issues of immediate concern. Children and young people who are looked after have also been involved in the process to appoint staff and managers to posts within Hampshire Children’s Services.

82. Care ambassadors are pleased and very proud of being involved in, and making a contribution to, service development and training events. This includes training for newly qualified social workers, CAMHS staff and foster carers and training about new care regulations. Some young people who are in the care of the local authority have shown initiative in raising awareness with designated teachers about their individual experiences of being in care and in speaking to whole classes in their schools. Looked after children and care leavers who spoke with inspectors reported a consistently high level of satisfaction with the care and attention they receive. They have expressed high satisfaction with their relationships with their carers and social workers. However, high staff turnover, which is now a significantly reduced feature, has affected the level of satisfaction in the past. The council makes good use of information that is gathered on the ethnicity and culture of children and young people, including unaccompanied asylum seeker children and children with disabilities, and this assists in service planning.

83. Good outcomes have resulted through young people who are looked after, through their participation in ‘The Wessex Dance Academy’, which provides a dance led learning programme. A reduction in offending and improved school attendance has been achieved for participants in the project. Younger looked after children are engaged well by their carers in making suggestions about services that affect them. The rates of participation are increasing and 69% of looked after children and young people aged 10 to 15 years take part in their own reviews. 84% young people over 16 years take part in their own reviews. However, the proportion of children and young people who are seen by their independent reviewing officer prior to their reviews, is comparatively low, and is acknowledged by the council as an area for further improvement.

84. The numbers of first time entrants to the youth justice system, and looked after children receiving custodial sentences, fell between 2009/10 and 2010/11. Multi-agency action to prevent offending and reoffending is well embedded. It has led to significant reductions in
offending and has improved life chances for those at risk. For example, the three-year community cohesion project has had significant impact in engaging Nepalese young people and offending among this group is currently zero.

**Economic well-being**

**Grade 2 (good)**

85. The impact of agencies to improve the economic well-being of care leavers and looked after young people is good. The proportion of care leavers who are in education, employment and training is increasing rapidly from a low base and is now comparable to that in similar areas. The ambition of the council and its partners is for all children in care to have the opportunity to do well and this is reflected in the corporate internship programme, which has surpassed expectations for the numbers of care leavers applying for one of 25 places. The package of support for students’ basic training at Winchester University and for the managers and staff working with the interns is impressively well developed and enables young people to successfully complete the programme. A growing number of care leavers are going on to university with 25 young people attending first degree and post graduate courses this year. Care leavers are supported through ‘staying put’ fostering placements and being able to remain in halls of residence at their university over the summer period. All care leavers have an allocated worker in integrated youth support teams and all key workers for those aged 18 to 21 years are qualified youth and community or careers guidance workers.

86. Care leavers receive intensive care, guidance and support from key workers and they advised inspectors that they value this highly. Nearly all care leavers are in suitable accommodation. Bed and breakfast accommodation is only used in highly exceptional circumstances and such placements are always risk assessed, approved by a senior manager and monitored closely by the key worker. Care leavers are a top priority at local housing panels and additional supported lodging placements have been appropriately commissioned for care leavers. Transition planning for children with disabilities and moves to permanent adult placements are good. Pathway plans seen by inspectors are of satisfactory quality and improving but the contribution made by looked after young people themselves is too often limited and some care leavers feel the work is either rushed or initiated at too late a stage.

**Quality of provision**

**Grade 2 (good)**

87. The quality of provision is good. Families with young children at risk of coming into care have access to a range of good quality and targeted support services. There are clear and agreed processes for determining whether a child or young person needs to be taken into care and this
decision is consistently approved by senior managers. Admission to care and placement panels have been established to monitor the appropriate use of care and also act as gatekeeper to specialist purchased provision. The Intensive Support Service (ISS) works effectively with children, young people and families on the edge of care and this service is operating to provide good quality support at times of crisis. Statutory requirements are being met to ensure looked after children and young people are safe and secure in their placements. All children and young people in care are allocated to a suitably qualified social worker and statutory visits are undertaken in a timely way. Children and young people are routinely seen but records do not consistently demonstrate they are seen alone. Visiting frequency by social workers to looked after children and young people is closely monitored by independent reviewing officers at statutory reviews. Nearly all the children and young people responding to the Care4Me survey report that the care they are receiving is good or very good.

88. Statutory reviews are carried out in a timely way and participation of key professionals is good. Children and young people do not always attend their reviews although the rate of attendance is increasing and their views are routinely sought and represented at reviews. Reviews are chaired by the same independent reviewing officers to facilitate continuity of planning. The quality of care plans was raised as an issue in the Annual Report of the Independent Reviewing Service in 2009–10 and as a result all care plans are closely monitored by independent reviewing officers at each statutory review. The care plans seen in the course of this inspection identify individual needs and specify care arrangements but in a few instances do not fully reflect recent placement changes. Core assessments are at least adequate, with some good and outstanding examples. The local authority is working to ensure greater consistency of assessment and the trajectory is one of improvement, particularly in more recent cases. Processes to evaluate risk prior to the placement of looked after children and young people in residential and foster care placements are well established, with effective oversight by senior managers.

89. The quality of case records is at least adequate with some good examples of detailed recording. The electronic recording system in use, although being modified, does not readily facilitate the transfer of education and health information. Social workers receive regular support and supervision although the more reflective aspects of supervision are not always recorded in supervision records. Good, concerted work has been undertaken to improve the quality of chronologies and this is evidenced in case records over the past six months. Records of children and young peoples’ ethnic, religious and linguistic identity are routinely present on the electronic files. There are good examples of the information being used well in care planning or reviews, particularly for older looked after children and care leavers.
90. Services to unaccompanied asylum seeker children and young people are effective, sensitive to religious and cultural needs and regarded positively by the young people themselves. Age assessments are completed in a sensitive and timely manner leading to good quality care plans which identify health and educational needs. Young asylum seeking people are supported well in appropriate placements. Although contact with other asylum seekers is facilitated by a friendship club in Portsmouth, social networking opportunities are generally limited in the county. Out of county placements for all looked after children and young people are well monitored through the review process, the completion of statutory visits by social workers and ongoing evaluation by procurement staff. In the cases seen, health assessments, personal education plans and pathway planning, where appropriate, were all up to date. Some social workers identify historical difficulties in gaining quick access to Child and Adolescent Mental Health Services and some housing provision. The new service contract which was implemented in April 2011 with a single provider ensures that there is priority access to relevant mental health and support services for children and young people who are looked after.

91. The ‘virtual school’ team secures staff with outstanding professional knowledge and bases the targeted interventions for looked after children and young people securely on relevant research evidence. All designated teachers are trained to high standards and deliver innovative learning projects specifically designed for looked after pupils’ needs. Schools take responsibility for striving for better outcomes for looked after children and young people in line with the local authority’s strategy for excellence for all. The ‘virtual school’ holds schools to account for five key indicators for each looked after child and young person including attendance, attainment, rate of progress, behaviour/exclusions, and up to date personal education plans. The area is on track in its plans to overhaul the format of personal educational plans and to make them more relevant to pupils. Parents of children with special educational needs and/or disabilities are beginning to find that access to information on rights and resources is improving through children’s services partnership with Parent Voice. This is enabling more families to sustain their care for their children and young people without the risk of family breakdown. The level of respite care provision has increased significantly from a service for 874 children and young people when ‘Aiming High’ resources were first made available to 3,100 in 2010.

Ambition and prioritisation Grade 1 (outstanding)

92. The council and partners are outstanding in their shared ambition for looked after children and care leavers in the county. There is a strong and effective management culture which is providing impetus to service change and development and reflected through the priorities clearly set
within the CYPP. Targets for services and quality are ambitious and are being closely monitored through corporate parenting arrangements and the Children’s Trust and Local children’s Partnerships. Political commitment to improving outcomes for looked after children and young people is also strong and suitably underpinned by the provision of resources. The engagement of voluntary sector organisations in the delivery of services across the range of outcome areas is good. There is very good joint understanding of the needs of looked after children and young people and the impact of joint services on specific cohorts. Health services demonstrate good ambition and are ensuring looked after children and young people are given priority access to key health services including ongoing health promotion and support. All education provision for looked after children and young people is highly rated and is firmly linked to promoting inclusion, leading to an improving trend in school attendance, attainment and achievement.

93. Looked after children and young people have contributed well to the development of services through a wide range of mechanisms. The engagement of care ambassadors, use of consultation events and effective corporate parenting have significantly contributed to a shared sense of ambition and aspiration. This is now demonstrated through improving outcomes for looked after children and young people across all outcome areas and the consistently good or outstanding inspection grades achieved within regulated services.

Leadership and management Grade 1 (outstanding)

94. Leadership and management of joint services for looked after children and care leavers are outstanding. The Children’s Trust and local children’s partnerships provide clear direction on all aspects of services for looked after children and young people and utilise good quality performance information to monitor the targets and priorities set out in strategic plans. Political leaders have been committed to raising levels of aspiration and have acted to ensure all council departments exercise their corporate responsibilities to looked after children and young people. Corporate parenting training is provided for elected members to enable them to fulfil their responsibilities well. Decisive action is taken where performance is seen to be adversely affected. Good quality services are available to support families at risk of breakdown and to return children and young people home quickly and safely once they have become looked after. Cases are suitably allocated to trained staff and there is no unallocated work despite the size and complexity of the county. Users of services are increasingly informing service developments with good examples where the user voice has significantly contributed to strategic and individual planning.

95. Commissioning arrangements for placements are robust and ensure children and young people are only placed in suitable and safe
environments. The county is active across the South East in developing cost effective and good quality placements to meet the diverse needs of children and young people who become looked after. Financial management is robust with an effective focus on value for money. Additional resources have been secured for children’s services and have been protected despite the fact the council has had to face a difficult financial settlement. There are good examples of highly effective practice in safe recruitment, service commissioning, safeguarding in schools and joint work to reduce the impact of poverty. Outcomes for looked after children and young people, including those from minority ethnic groups, are consistently good and there is a trend of continuous improvement.

96. The workforce across the partnership is well trained and supported by able managers. Workforce planning and development is outstanding, based on robust models of best practice and leading to effective staff recruitment and retention. Workforce stability is good and staff across the partnership and in voluntary sector organisations express strong commitment to the priorities set by strategic planning groups. School leadership is very effective and is helping to drive more local approaches to family support and inclusion, within defined parameters set at county level to ensure consistency. Focused attention is given by all agencies to safeguarding looked after children and young people in all settings with good overall performance in respect of fostering and adoption services and residential care. The leadership in the secure children’s home is widely acknowledged as being outstanding and ways of working developed through this service are extending across other homes in the county.

Performance management and quality assurance

Grade 1 (outstanding)

97. Performance management and quality assurance are outstanding. The framework for monitoring performance and quality in respect of looked after children and young people is robust and embedded across the partnership. There is very effective scrutiny of services both managerially and politically which is ensuring the partnership remains focused on service impact and outcomes. Quality assurance reports are routinely produced and widely disseminated in order to gain ownership of successful services as well as ensuring issues of poor performance are immediately addressed. Targets for services are clearly stated within the CYPP and are routinely measured, leading to a good record of continuous improvement. Performance in respect of regulated provision is at least good and in some instances outstanding.

98. Social workers and other key staff are provided with good quality training and development opportunities, are well supported and receive regular supervision. Management oversight and support on complex
cases is consistently good. Financial controls are rigorous including for the use of out of county placements. There is a robust approach to gate-keeping and building capacity within the county to enable as many looked after children and young people as possible to remain close to their families and local communities. The impact of the network of family support services is closely monitored to ensure services remain relevant to need and there is equity of provision and access.
**Record of main findings:**

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<th>Safeguarding services</th>
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<td>Overall effectiveness</td>
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<th>Safeguarding outcomes for children and young people</th>
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<tr>
<td>Children and young people are safe and feel safe</td>
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<tr>
<td>Quality of provision</td>
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<td>The contribution of health agencies to keeping children and young people safe</td>
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<td>Performance management and quality assurance</td>
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<td>Partnership working</td>
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<tr>
<td>Equality and diversity</td>
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<td>Being healthy</td>
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<td>Enjoying and achieving</td>
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<td>Making a positive contribution, including user engagement</td>
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