

# Joint area review

**Portsmouth Children's Services Authority Area**

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Review of services for children and young people

Audit Commission  
Healthcare Commission  
HM Crown Prosecution Service Inspectorate  
HM Inspectorate of Constabulary  
HM Inspectorate of Prisons  
HM Inspectorate of Probation  
Ofsted

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## Introduction

1. The most recent Annual Performance Assessment (APA) for Portsmouth judged the council's children's services as good and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
  - at risk, or requiring safeguarding are effectively cared for
  - who are looked after achieve the best possible outcomes
  - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigations were also carried out:
  - the impact of the partners' strategy in addressing high levels of teenage pregnancy.

## Context

4. Portsmouth is a waterfront city on the south coast of England. The population of 196,400 resides within 15.5 square miles. It is the most densely populated area in the United Kingdom outside of inner London, with 7.8% of households living in overcrowded homes. The population is mainly White British, with the largest other ethnic groups being Chinese, Indian and Bangladeshi, each forming about 2% of the population. There are 70 different languages in Portsmouth's schools. Portsmouth has a relatively youthful population and a low skills base. There are approximately 260 children looked after by the city council. Health indicators show that Portsmouth has a number of areas where health is poorer than the regional and national averages. These include life expectancy, cancer mortality and diabetes. The Index of Multiple Deprivation statistics for 2007 identify Portsmouth as the 93rd most deprived out of 354 councils in England.

5. There are 91 settings providing early years education and care, including 79 private and voluntary settings and five children's centres. There are 21 infant, 17 junior and 15 primary schools, 10 secondary and five special schools. Three pupil referral units are incorporated in one of the special schools and it makes wider provision for young people with behavioural, emotional and social difficulties.

6. Post-16 education is provided by one sixth form college and one general further education college. In addition, young people access further education in other colleges in the south-east Hampshire area. The Portsmouth 14-19 Consortium, whose members include secondary and special schools, colleges,

work-based training providers, the local authority and the local Learning and Skills Council, oversees the development of vocational learning. Portsmouth City Council directly provides family learning and commissions adult and community learning from a range of public sector and voluntary organisations and further education colleges.

7. Community and mental health services are provided by the Portsmouth City Teaching Primary Care Trust (PCT) which is co-terminus with the local authority boundaries. Acute hospital services are provided mainly by the Portsmouth Hospitals Trust. In addition, contracts are held with the Southampton University Hospitals Trust, independent sector treatment centres and other specialist units in the south of England.

8. Children's social care services are provided through 169 registered foster carers, five residential care homes, two family centres and seven field social work teams. There are no secure units or young offender institutions in the city. Services to children and young people who are at risk of offending or who have offended are provided through the Wessex Youth Offending Team.

9. Portsmouth City Council is a hung council, with the Liberal Democrats and Conservatives having 19 elected members each. Of the remaining four elected members, two are independent and two are Labour. Children's Trust arrangements are overseen by the Children and Young People's Strategic Partnership Executive Board chaired by the Strategic Director of Children and Families Services. The Joint Commissioning Group, a sub-group of the partnership, monitors the performance of the partnership against its priority areas. Area-based Community Improvement Partnerships (CIPs) at the local level develop services in response to local needs.

## Main Findings

10. The main findings of this joint area review are as follows:

- Arrangements to safeguard children are adequate. Agencies work well together to provide early intervention at a local level to safeguard children. The Local Safeguarding Children Board (LSCB) is effective and provides good leadership. However, vacancies in the children's social care teams mean that children, young people and their families are not always given a high quality service. The council is aware of this and is taking action to attract qualified staff to the area.
- The impact of services for looked after children and young people is good. The number of looked after children is relatively low and is reducing. A high proportion live in local placements. Well-managed care planning and review systems contribute to a high proportion of stable placements. The health and educational needs of looked after children are met well and they are effectively supported in

preparation for independent living. The offending rate of looked after children is higher than comparators. Young people have good opportunities to contribute to service development and to their reviews, which are timely. Families receive good support to prevent children and young people needing to become looked after.

- Outcomes for children with learning difficulties and/or disabilities are good as a result of the partnership's strong focus on this area of their work. There is good early identification of need and a universal audit of all pupils to ensure that none who are at risk of achieving poor outcomes are missed. Access to health services is very good and there is good short-break care and sessional care for most. Not all parents, however, find it easy to identify the full range of services available to them. Transition to adult services is good.
- Agencies work very effectively together and, as a result, teenage pregnancy is reducing. Preventing teenage pregnancy is a high priority for the partnership. There is good partnership working and effective leadership in delivering the teenage pregnancy and sexual health agenda. A comprehensive needs analysis has led to the provision of targeted services to the most vulnerable and in the areas of greatest need. Consistent messages are given to young people about good sexual health and risk-taking behaviours. Access to information, advice and guidance is good. There is excellent support provided to teenage parents.
- Service management is good. The council and its partners have high aspirations for children and young people and they are a key council priority. Performance management is good and the current capacity of the local partnership is generally adequate. There is a good track record of improving outcomes for children and young people in the area and in effectively addressing longstanding issues. The capacity of the council to improve further is good.

## **Grades**

**4: outstanding; 3: good; 2: adequate; 1: inadequate**

	<b>Local services overall</b>
<b>Safeguarding</b>	<b>2</b>
<b>Looked after children</b>	<b>3</b>
<b>Learning difficulties and/or disabilities</b>	<b>3</b>
<b>Service management</b>	<b>3</b>
<b>Capacity to improve</b>	<b>3</b>

# Recommendations

## For immediate action

The local partnership should:

- ensure that an appropriate way is found for the successful dissemination of the findings of this report to children and young people in the area
- investigate, through the LSCB, and report on the reason for the rise in the numbers of children subject to child protection plans and take steps to reduce the numbers without compromising the safety of children.

The council should:

- fill vacancies in children's social care teams on a permanent basis.

## For action over the next six months

The local partnership should:

- improve the monitoring of staff vetting arrangements in commissioned services
- improve fixed-term exclusions and the attendance at school of looked after children
- ensure that all parents of children and young people with learning difficulties and/or disabilities are fully informed of the range of options available to them and their children.

## For action in the longer term

The local partnership should:

- reduce the rate of offending by looked after young people.

## Equality and diversity

11. The council and its partners are committed to addressing inequality in Portsmouth. There are many examples that demonstrate the partnership's commitment to narrowing the gap between those children and young people who achieve well and those who are vulnerable to poor outcomes. Data have been used effectively to ensure that children and young people from Black and minority ethnic groups and other disadvantaged groups improve their educational attainment. Resources have been redirected to areas of greatest need and have begun to make an impact. The CIPs have good local knowledge and provide flexible responses to local issues. A wide range of children and

young people are regularly asked for their views on a variety of issues. They are involved well in the development of services and consulted effectively on issues that affect them. The council is making progress on its equality impact assessments, although it has been slower to implement these than many other councils.

## Safeguarding



**12. The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding is adequate.**

Major strengths	Important weaknesses
<p>Effectiveness of multi-agency work to provide early intervention and support to families through a range of settings.</p> <p>Well-established and effective LSCB.</p> <p>Reductions in youth offending for many groups.</p>	<p>The capacity of the social care teams to provide a quality service to children and their families.</p> <p>The rise in the numbers of children subject to child protection plans.</p> <p>The monitoring of staff vetting arrangements in commissioned services.</p>

13. Agencies work well together to provide early intervention to vulnerable children and families in crises. Inspection evidence showed that there is a good range of effective support services for children and families provided by children's centres, community settings and through extended services in partnership with the voluntary sector. These include parenting courses, access to health monitoring, advice and speech and language development. Agencies are effective in sharing information at an early stage. Access to Child and Adolescent Mental Health Services (CAMHS) for all children, including young offenders, is good. Waiting times are low, with 59.1% of all referrals being seen within four weeks, which compares well with the national average of 48.8%. A senior member of staff effectively champions the parenting strategy, which is an important tool supporting early intervention strategies. Services for young carers are good and more work is underway to support schools in better recognising the needs of young carers.

14. Good action is taken to enable parents to keep their children safe in the home and the community. Road safety is improving. Compared to the base period of 1994–98, there is a reduction for both adults and children, with the number of children killed or seriously injured reducing by 35%. Unvalidated

data from 2007/08 shows that the number of people killed or seriously injured in road traffic collisions has reduced compared to the previous year and has exceeded targets.

15. The council recently achieved Beacon status for its work in relation to anti-social behaviour. The authority has introduced a dedicated single non-emergency reporting line for anti-social behaviour. Portsmouth is a Respect area, one of 40 nationally, and the Home Office has committed additional funding to pilot a family intervention project and a parenting initiative. The council and its partners have worked with Portsmouth Football Club to develop a Respect Charter for the area. The Youth Offending Team is effective in reducing offending by children and young people. Youth offending in Portsmouth has reduced, from a total of 927 young people committing at least one offence in 2003/04 to 670 in 2006/07. The number of first-time entrants into the criminal justice system has reduced from 442 in 2003/04 to 357 in 2006/07.

16. Progress has been made in introducing the Common Assessment Framework (CAF), with over 600 professionals from a range of agencies, including health and education, having been trained in its use. So far, 190 assessments have been made using the CAF and further work is being undertaken to increase its use. A pre-CAF process is used frequently and is effective in securing appropriate support for children, young people and their families and is popular with schools and other partner agencies. The development of these preventative interventions with partners is starting to ensure that families and children obtain effective help when needed.

17. Responses to domestic violence are good. There is a clear system of notifications to social care duty teams, schools and health professionals via the police. Resources have been directed to a new project aimed at helping families with children where there is domestic abuse. The area has a specialist court dealing with domestic abuse cases. The number of repeat referrals to the police for domestic violence has dropped from 85% in 2005/06 to 30% in 2007/08.

18. Social care duty arrangements are safely managed and thresholds are correctly applied. All contacts are responded to promptly and case management decisions are made within 24 hours. The number of referrals of children in need has risen slowly over the last four years in line with, but slightly less than, levels found in statistical neighbours. However, Portsmouth's 2007/08 data did not accurately reflect the number of actual referrals, as the data collection also included contacts and queries. This has resulted in a low percentage leading to an initial assessment. The percentage has dropped from 45% in 2007 to 29.6% in 2008, below that of statistical neighbours in 2007. However, the percentage of re-referrals within 12 months remains below that of similar councils. The council's own more recent data on referral rates, which are based solely on actual referrals, show that they have greatly improved their performance.

19. The council has a good track record in undertaking timely assessments. The proportion of core and initial assessments completed within timescales is good and higher than in similar authorities and the national average. The most recent data produced by the council indicate that in 2007/08 the number of initial assessments completed on time was 91.9%. The number of core assessments undertaken per 10,000 of the under 18 population is in line with that of statistical neighbours. The percentage of these completed on time in 2007/08 was 83.53%, which compares well with the performance of statistical neighbours. Assessments are mainly of a good quality. Children and young people are seen on their own, and their views and wishes get sufficient focus in reports. The proportion of all children subject to child protection plans who are from Black and minority ethnic backgrounds is equitable to the profile of this group in the community.

20. The quality of work with children subject to child protection plans is adequate. Case records are clear and up to date. All children subject to child protection plans have a qualified social worker and individual plans are reviewed on time and in partnership with other agencies. Improved management oversight and a tightening of processes have increased the percentage of initial case conferences held within 15 days of an investigation starting. Now at 36.2%, this is a rise from 12.5% last year when the 2006/07 APA identified it as an area for development. This improved performance is above the 2006/07 national average of 34.6%. However, data show that the numbers of children subject to a child protection plan per 10,000 of the under 18 population is very inconsistent over time. There was a large decrease from 40.6% to 25.7% in 2006/07 but the percentage rose again in 2007/08 to 43%. This is considerably above the level of statistical neighbours and the national average. The recent increase is considered by managers to be in part a result of better reporting of domestic violence incidents and a greater understanding of the impact this has on children and young people. However, to gain a sound insight into the reasons behind the fluctuations, the LSCB is undertaking a full evaluation. The number of re-registrations has risen from 10.6% to 17.5% over the last year. The joint area review investigation found clear and satisfactory reasons for this.

21. The quality of work with children who are subject to child protection plans or who have high levels of need is hampered by the capacity of the social care teams to undertake that work. The council has reported that the vacancy rate for social care staff directly working with children and families has risen sharply from 2.6% in 2006/07 to 18% in 2007/08. The council has not yet concluded a local pay review and in neighbouring councils staff are better remunerated. Effective steps have been put in place, such as temporarily moving some experienced staff and directing newly qualified trainees, to ensure that key front line posts, including first line managers, are filled in the duty room. Care has been taken to ensure that this has not led to a lack of expertise in any of the other teams. Further work is ongoing to ensure that Portsmouth becomes an attractive place to work and that vacancies are filled on a permanent basis

by high quality staff. For example, the council has recently agreed to make additional pay increments to new staff while the review is undertaken.

22. Performance management of social care staff is good overall and the council takes effective action to tackle underperformance. Child protection staff receive regular supervision and are supported by competent managers. Practitioners across agencies have access to up-to-date multi-agency child protection procedures.

23. Early years settings and schools provide safe environments for children and young people. The majority of children and young people report that they feel safe in school and in their local community. Devising and implementing effective anti-bullying strategies is given a high profile and most children say that bullying and racist incidents are dealt with well and that incidence is low. The council does not currently use information gained from monitoring incidents to measure the impact of those strategies designed to reduce incidence further. Systems to do this are being developed. Complaints against staff are monitored and acted upon. Service users are given information on how to complain on a regular basis.

24. There are good and effective arrangements for tracking children missing from care and education. Multi-Agency Public Protection Arrangements (MAPPA) and Multi-Agency Risk Assessment Conferences (MARAC) are held regularly and effectively. There are a good links between children's social care, the police and the MARAC and MAPPA processes. This ensures there is effective safeguarding of children from adults who pose a risk to them.

25. The LSCB has an appropriate membership, is chaired independently and provides good strategic direction on safeguarding matters. It effectively challenges partner agencies if performance is a concern. The LSCB has learnt lessons from a recent serious case review. These have been widely distributed to help improve practice. The methodology for conducting serious case reviews has been revised and is now in line with national guidance. Effective oversight of the serious case review process is in place. Work has taken place to ensure that action plans are implemented. Safeguarding training is easily accessible, popular and well resourced. A recent increase in the resources to deliver the training programme is ensuring more effective evaluation of the impact of the training.

26. Safe recruitment practices within the council are good. Effective support to schools has ensured that outstanding Criminal Records Bureau and List 99 checks have been completed for all staff. Some contracts for commissioned services contain limited expectations about the vetting of staff and the monitoring of these is not yet sufficiently developed.

## Looked after children and young people

Inadequate Adequate Good  XOutstanding 

**27. The contribution of local services to improving outcomes for looked after children and young people is good.**

<b>Major strengths</b>	<b>Important weaknesses</b>
<p>High quality services to prevent children and young people needing to become looked after.</p> <p>An effective placement strategy that leads to a range of good quality local placements.</p> <p>Fostering and private fostering arrangements.</p> <p>Comprehensive range of health services for children who are looked after.</p> <p>Services for young people leaving care, including housing.</p>	<p>Although decreasing, the rate of fixed-term exclusions and school absence remains too high.</p> <p>The percentage of looked after young people who offend is high.</p>

**28.** Improving outcomes for looked after children's services is one of the council's priority areas and is strongly championed by the Lead Member to good effect. For example, housing has an agreed number of flats for allocation to care leavers each year. The corporate parenting strategy sets clear objectives and action planning effectively supports the strategy. Progress on achieving performance targets is reviewed regularly.

**29.** The partnership has a strong focus on maintaining children within their families and this has resulted in a steady year-on-year decline in the number of children who need to be looked after by the council, from 76.7 children per 10,000 of the under 18 population in 2004/05 to 64.5 in 2007/08. The number is now below that of similar councils but above the national average. This has been achieved through the development of a range of local services, such as the children's centres, family group conferences and a community childminders scheme. This scheme offers an alternative to reception into care through specialised childminders providing day care, overnight support and/or respite care to the children of families in crisis.

30. Services for most children who become looked after are good. A robust placement strategy is leading to an appropriate range of high quality local placements. The September 2007 inspections of the fostering and private fostering services judged them as good, with some outstanding aspects. In addition, placement choice is enhanced through the use of independent fostering agencies where appropriate. There is a shortage of in-house foster placements for large sibling groups and for children from Black and minority ethnic communities. However, this is being addressed through targeted recruitment of foster carers. Placement stability in 2006/07 was good, with 69.7% of children living in the same placement for at least two years. The decline in this percentage in 2007/08 was due to the disproportionate effect of a small and volatile cohort. Young people spoken to during this review considered that they live in safe and secure placements and receive good support from carers and staff. Regulatory inspections of children's homes confirm this assessment.

31. Alongside an efficient and effective reviewing system, the adoption and permanence panels monitor the effectiveness of care planning and ensure that children do not drift in the care system. Whilst the number of children adopted is below the average for similar areas, a comparatively high proportion of children are fostered with relatives and friends, and increasing use is now being made of special guardianship. Performance is good for those children where adoption is the plan. All the children adopted during 2007/08 had been placed for adoption within 12 months of the agency deciding that this was in their best interests.

32. All looked after children have an allocated worker. A high percentage of these, 99%, are qualified social workers, which is higher than the percentage in similar councils. Care plans are of a good quality and carers are given good information about children that enables them to understand their needs. Workers visit looked after children in line with, or more frequently than, the minimum statutory requirements. The timeliness of reviews is good and 88.3% are completed within timescales. This is better than last year's average for similar areas of 83% and the national average of 85%. All statutory duties for children who are looked after are overseen by qualified social workers and the quality of decision making is good. Although not all cases are allocated to a qualified social worker, high levels of good supervision and the robust management of allocations ensures that looked after children are safeguarded and proper emphasis is placed on positive wider outcomes for them.

33. A good range of health services are available for looked after children, including CAMHS and other specialist services. The high number, 93.7%, of looked after children who receive regular health and dental checks is better than that in similar authorities and nationally. Healthcare audits are undertaken and learning from these has led to improved immunisation rates for looked after children, which are now higher than in Portsmouth overall. Good support is provided to foster carers and residential staff to meet the emotional health needs of children. There is fast-track access to specialist mental health services

if needed. Similarly access to other specialist provision, such as the Substance Misuse Team and speech and language therapy, is easy and timely.

34. The multi-disciplinary Looked After Children Education Team has high aspirations for, and provides good support to, young people who are looked after, their schools and carers. All looked after children have Personal Education Plans, the majority of which are of good quality. Plans are routinely monitored to ensure that they meet children's needs. The achievement of looked after children is improving. Data show that achievement levels do vary from year-to-year but the averages over time are generally in line with, or better than, the national picture for children looked after at each key stage. Fisher Family Trust data identify that looked after children are reaching their expected attainment levels at Key Stage 4. A good proportion of young people who are looked after, 57% in 2007, achieve five A\*-G grades at GCSE. There is a proactive approach to encouraging young people to go on to university. Currently, five young people attend university and another two have places commencing in 2009. Nevertheless, the overall achievement of looked after children at GCSE level remains well below the average of all pupils both in Portsmouth and nationally.

35. No looked after children have been permanently excluded from school in the last six years. However, compared with similar councils Portsmouth has a high number of children, including looked after children, who receive fixed-term exclusions. This contributes to a higher number of looked after young people missing over 25 days of schooling than in similar authorities. Effective multi-agency work has led to an improvement in absence rates. In 2006/07, 18.2% (30 children) missed 25 days or more compared with 14.5% in similar areas. Unvalidated local data for 2007/08 show a reduction to 14.7%, which equates to 23 children.

36. Looked after children participate in a wide range of cultural and leisure activities. They are proud of the achievements they gain through these and are very positive about the skills that they have developed. For example, young people attending CHANGES, a voluntary agency that works with young people who are or have been in care, successfully wrote bids for grants to cover the cost of activities they wanted to do.

37. Good outcomes, such as a reduction in the level of offending in children's homes and a dramatic drop in the number of times the police have been called out to children's homes in the last year, demonstrate that restorative justice is being used positively to prevent looked after children being criminalised. Nevertheless, despite this and the good range of other multi-agency preventative initiatives in place, the offending rate of looked after children, at 15.7%, remains significantly higher than the national average of 9.6%. New procedures to manage the arrest and charging of looked after children are now in place as a result of sound planning by partners. However, it is too early to evaluate the impact of these measures.

38. The arrangements for young people leaving care are well managed. Care leavers are generally positive about the help and encouragement they receive. They all have an allocated worker and Pathway Plans which are regularly reviewed. This demonstrates very good performance and better than in similar authorities. There are strong links with housing providers and a good range of suitable supported accommodation is on offer to meet the different needs of the young people moving into more independent living situations. In addition, those young people who want to remain with their foster carers after they are 18 years old are helped to do so by turning these placements into supported lodgings.

39. An increasing range of good initiatives, such as link tutors in all colleges, a weekly programme of activities run by the youth service in collaboration with children's services, and Pride in Pompey, are having a positive impact on the numbers of those not in education, employment or training. Whilst the figures fluctuate year-on-year, the trends for the percentage of care leavers who are not in education, employment or training are positive and slightly better than those for the national population of care leavers. Although 2007/08 data show an increase to 14.3% of young people not in education, employment or training in the October post Year 12, this is still lower than the 2006/07 national cohort of 20%.

40. The partnership is developing a good range of services that are sensitive to the needs of the relatively small numbers of young unaccompanied asylum seekers. For example, community paediatricians are attending specialist training courses to refresh their knowledge base to ensure that they have the necessary knowledge and skills to deal effectively with this group.

41. Looked after children are effectively listened to and their views are incorporated well into individual planning and in developing services. Service-level agreements are in place with a number of voluntary agencies to work with individuals and groups and to act as advocates and independent visitors. All qualifying young people are offered the opportunity to have an independent visitor. Young people felt confident that they could make their views and feelings known about decisions affecting them both through their individual reviews and, if required, the complaints system. A high percentage, 93.6%, participate in their reviews, making appropriate use of advocates and other professionals when necessary.

42. Whilst there are arrangements for senior staff and elected members to have meetings with looked after children on special occasions, they do not have a formalised and regular means of communication. However, there is an established group, Care Can Change, run by Motiv8, a voluntary agency, to facilitate looked after children in influencing the planning and development of services. For example, feedback from young people has led to changes in the contract that gives them access to computers in their placements.

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

Inadequate Adequate Good  XOutstanding 

**43. The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good.**

Major strengths	Important weaknesses
<p>A clear and ambitious vision for children and young people with learning difficulties and/or disabilities.</p> <p>An accurate self-assessment of the strengths and weaknesses of current provision.</p> <p>Good access to health services.</p> <p>Specialist day care placements and nursery provision.</p> <p>The universal audit of pupils ensuring that needs are effectively identified.</p> <p>Effective transition from child to adult services.</p>	<p>Communication with parents about the range of support available and the options open to them and their children.</p>

**44.** There is significant commitment amongst partners to ensure that the needs of children and young people with learning difficulties and/or disabilities are effectively met. The partnership has a good understanding of the strengths and areas for development of their services and robust strategies are being employed to secure their ambitious vision for future provision. Protocols and working arrangements between agencies are clear and ensure a smooth transition for children through the different stages of their lives.

**45.** From birth, those with complex health problems are effectively identified and there is good multi-agency support to ensure that their needs are met. Multi-disciplinary assessments are undertaken and great care is employed to ensure that parents and carers are able to discuss the findings with relevant professionals. The Child Development Centre arranges joint appointments in children's homes and localities in order to ensure good access for all families of children with learning difficulties and/or physical disabilities. Joint commissioning ensures that children and young people's needs for specialist

equipment are met and adaptations are provided to enable children to be well cared for at home. However, service users and professionals indicate that the waiting times for some specialist equipment, orthotics and wheelchairs that are not held in the community equipment store are unacceptably long.

46. Through the multi-agency Early Years Support Panel all families of children with complex needs are offered a pre-portage service which includes monthly visits and offers the family support and suggestions as to how they might best meet the needs of their child. Waiting lists for full portage, however, are too long, with some children waiting as much as one year. Plans are in place to address this. In the meantime, this gap in provision is being managed through the pre-portage service and supplemented by visits from outreach staff from the resourced nursery provision.

47. Specialist day care placements and nursery provision provide outstanding care and educational opportunities. Children and their families are well supported in accessing these by area-based special educational needs coordinators. Providers of care for children and young people with learning difficulties and/or disabilities take great care to engage parents and provide them with the information that they need. However, parents report that it remains hard for them to access information and, as a consequence, some services. Social workers are not consistent in sharing with parents the full menu of options of care available to them, which means that it is not possible to be sure that all families are accessing the services best suited to their needs. A specialist school nurse is based in one special school. Support and care plans for children with complex needs and disability in all schools are provided by qualified named school nurses.

48. Children with learning difficulties and/or disabilities who are educated in mainstream and resourced primary schools generally make good progress. Those with sensory impairment are extremely well supported and make very good progress. In secondary schools young people with learning difficulties and/or disabilities make satisfactory progress. The council is working actively to ensure that all pupils at risk of poor outcomes are both identified and supported. An excellent universal audit of pupils has been introduced which is undertaken by all schools. As a result, there is good early identification of need for nearly all. Those pupils identified in the audit as at risk of poor outcomes are further assessed using a helpful profiling tool, which includes a risk assessment against all outcomes, parent/carer support and family environment. Care is taken to ensure that the views of the child are heard. The multi-agency Youth Inclusion Support Panel makes decisions as to whether to seek statutory assessments, and placement options for older children are evaluated. As a result, schools and parents feel that these decisions are transparent and fair. The council has recently gained funding to engage parent representatives to sit on the panel permanently. All proposed statements are issued within 18 weeks and final statements are completed within 24 weeks. The needs of nearly all children with statements of special educational need are met within the city.

49. Within this framework, however, there is some late identification of pupils presenting symptoms suggestive of autistic spectrum disorder. Once identified, however, these students are given appropriate care and support, whether or not they have received a formal diagnosis. The council has recognised that the planned development of provision for this group within a mainstream secondary school is necessary to further enhance outcomes for them.

50. Pupils in special schools make good, and in some settings excellent, progress. The council collects data about the progress of all children and young people, including those who are working below national curriculum levels. However, the analysis of the progress made by this group is at an individual level only. Annual reviews are carried out in a timely fashion and good opportunities are given within these for children and their parents to express their views and wishes. The council works effectively in partnership with voluntary providers to ensure that there are a range of clubs available for children and young people with learning difficulties and/or disabilities and, as a result, more are developing across the city. Sessional care is available to support children attending these clubs. Direct payments can be used to purchase places but not all parents are aware of this. There is a good centre offering short-breaks, and alternative short-break care is offered by the Family Link scheme. However, there is inadequate provision for overnight short-break care for the very few young people with extremely challenging behaviour.

51. The recent reorganisation of provision for children and young people with social, behavioural and emotional difficulties has ensured that good focused provision is available for those who need it. Support is delivered appropriately either in parallel in a mainstream school or in full-time education at The Harbour School. Outcomes for this group of pupils have improved and the numbers who have been able to reintegrate successfully into mainstream schools has increased from 49 last year to 79 this year. In addition, the multi-agency Behaviour Support Team gives highly valued training and advice on behaviour management in mainstream schools.

52. All children with chronic healthcare needs have care plans in place. The specific CAMHS provision for children and young people with learning disabilities and/or difficulties meets the needs of this group very effectively and in a timely fashion. The support offered to children and young people by physiotherapists, occupational, speech and language and other therapists is very good. They work closely with social care staff and with schools to ensure that consistent advice and coherent support are available. Waiting times for assessment and care are short.

53. Effective work by Connexions personal advisers ensures that transition plans are in place by the end of Year 9 for all young people. Personal advisers work well with young people and their parents to determine the best next steps available to them. Post-16 providers are collaborating effectively to develop a range of pre-entry, entry and Level 1 courses. Success rates in these are above national averages. The proportion of young people with learning difficulties

and/or disabilities who are not in education, employment or training has reduced from 12.3% in 2006 to 11.2% in 2007, which was below that of both statistical neighbour and national averages. Local data identify the current not in education, employment or training rate for this group as good, at 8%. Partners have produced user-friendly guidance specifically for young people with learning disabilities. This protocol clearly identifies the role of all agencies to ensure smooth transition to adult life. The Portsmouth Learning Disability Partnership has commissioned a local voluntary body, Enable Ability, to provide trained advocates to support young people through transition and ensure that their views are fully represented and are central to the planning process. As a result, transition to adult services is smooth and parents report that they feel very well supported throughout this process.

## **Other issues identified for further investigation**

### **The impact of the partners' strategy in addressing high levels of teenage pregnancy**

**54. The impact of the partners' strategy in addressing high levels of teenage pregnancy is good.**

<b>Major strengths</b>	<b>Important weaknesses</b>
<p>Comprehensive needs analysis has led to the provision of targeted services in the areas of greatest need and for the most vulnerable.</p> <p>Good partnership work to improve access to information, advice and guidance on sexual health issues.</p> <p>Improved access to a range of contraceptive services.</p> <p>Good support and care offered to teenage parents and pregnant teenagers.</p>	<p>The rate of decline in the number of teenage conceptions is not sufficient to meet the 2010 target.</p>

**55. The impact of the partners' strategy in addressing high levels of teenage pregnancy is good.** There has been a 21% decrease in the teenage conception rate per 1,000 girls aged 15–17 since the baseline was set in 1998. This compares well against statistical neighbours, with only two out of 11 achieving a better rate of reduction. Prior to 2004, Portsmouth experienced some fluctuation in its conception rates. Since then, however, the rate of conceptions has declined and recent data demonstrate a continued downward trend. Despite this good progress, the partnership is currently unlikely to meet the 2010 national target.

56. Reducing teenage pregnancy is a high priority across the partnership and there is good ownership and awareness of the teenage pregnancy strategy and sexual health agenda across the different agencies. Restructuring of the service in November 2006 has been instrumental in raising awareness and ensuring that the focus of intervention has been realigned from supporting teenage parents to preventing teenage conceptions.

57. A comprehensive analysis of need and service mapping has led to the provision of targeted services in the areas of greatest need and for the most vulnerable. Commissioning priorities have been successfully aligned to meet need. For example, one underused sexual health clinic in an area of low need was closed and services and staff relocated to a ward with the highest number of conceptions.

58. The Teenage Pregnancy Strategy Group provides clear leadership and offers appropriate support and challenge in monitoring performance. There has been enthusiastic adoption of the national strategy and the implementation of a comprehensive action plan linked to priorities. Targets within the action plan, however, are not sufficiently specified. Young people have been successfully involved in improving existing services and informing the development of new services. For example, young people helped to develop the services' Sorted brand, which de-stigmatises sexual health services and is widely known amongst young people.

59. Portsmouth was chosen as one of four national Teenage Health Demonstration Sites for developing adolescent health services. This work is jointly led by the PCT and the council and has provided a focus for the good partnership working that is in place. A good breadth of training has been delivered free to a wide range of staff across the partnership, including those in the voluntary and community sector. Over 300 people have received training in Get It On, demonstrating condom use, and in sexual health and risk-taking behaviours so that they are able to promote good sexual health and signpost young people to appropriate support.

60. Children and young people receive consistent messages and have good access to information, advice and guidance about sexual health and risk-taking behaviours. School nurses have increased the number of secondary school drop-in clinics from two to seven since 2007 and the remaining secondary schools will have clinics established by end of 2008. There are five community drop-in clinics in the areas of greatest need and with the highest conception rates. Multi-disciplinary clinics provide the full range of contraception and sexual health services. Increased availability of information through the Portsmouth website [www.areyousorted.co.uk](http://www.areyousorted.co.uk) has demonstrated a significant amount of use. Of the 1,800 hits each week, 300 of these investigate in-depth information about sexual health and teenage pregnancy issues. This is the highest usage area of the website.

61. A comprehensive and well-attended sexual health service operates from the Ella Gordon Unit, located on the St Mary's Hospital site. It provides holistic support through its links with the genito-urinary medical services. Access to terminations is offered, with 95% of young people being seen within 48-hours and 100% offered within the first three months. A recent audit of the service has shown that there has been a significant improvement in the rates of second terminations since 2005, with the numbers in 2006 and 2007 being so small that the information was suppressed. Rates of Chlamydia in those under 16 years old are significantly lower than the national average. Screening rates are good and Portsmouth achieved 9.8% in 2006/07, a significantly higher rate than the national average of 5% and the highest in the Strategic Health Authority area.

62. Access to contraception is good. The numbers of long acting reversible contraception insertions has doubled in the last year. The introduction of the availability of free Emergency Hormonal Contraception in pharmacies has improved the access for those in need. All city community pharmacies have been recruited to the scheme. The first 11 pharmacies to implement this service were those in the most deprived wards where teenage pregnancy rates were the highest. The service is available seven days a week in most areas and the highest numbers of young people attend at the weekend. Access to contraception within primary care is also good and widely available. At least one general practice in each of the CIP areas meets the You're Welcome criteria, and local research shows that many young people prefer to access their local GP practice for contraception. All of the young people spoken to during this review were aware of how to access sexual health and contraception services.

63. There is a good focus on preventative education in schools. Sex and relationships education (SRE) is provided within schools through the Personal, Social and Health Education (PHSE) programme and as part of the Healthy Schools scheme. There is good participation within Portsmouth and 70% of schools have achieved Healthy Schools status. An SRE audit has facilitated engagement with secondary school headteachers and the adoption of a city-wide SRE strategy. At least one teacher from each school has undertaken PHSE/SRE training and young people have attended with their teacher to provide feedback and help shape the curriculum. Teenage pregnancy workers are working with those schools with high conception rates that are not providing non-statutory SRE. Action to address the sexual health needs of young people in further education is good and clinics have been set up at the two Portsmouth colleges as well as drop-in services at the university.

64. Work is developing to provide a range of services for young men. For example, a social inclusion project at Bransbury Park provides a health consultation space and drop-in services. Working alongside the football club the project has been able to target the 80 attendees each week. The teenage pregnancy workers provide boys-only group work within secondary schools and two groups are currently running. A dedicated mental health worker is employed in the Youth Offending Team. Staff from the team have received a

broad range of training on issues of sexual health and teenage pregnancy. As a consequence, they are able to promote sexual health and signpost children and young people who have offended to appropriate support.

65. Support, advice and information for teenage parents are very good. The partnership recognises that some young parents risk a second, sometimes unplanned, pregnancy soon after the first. Once a young person becomes pregnant, a good range of support is available to address all areas of need. Health visitors provide a wide range of support and effectively signpost young people to other appropriate services. The infant mental health service, Little Minds, is particularly innovative in supporting young parents with bonding and weaning issues. The maternity outreach worker and teenage pregnancy workers provide ongoing support and ensure that contact is maintained with the young person through a variety of means, including texting. Excellent work is undertaken with those under 16 years old by the teenage pregnancy reintegration officers who support all pregnant young women and teenage parents to continue their education. Nursery facilities are available through the Harbour School and most of the young women are able to sit their GCSEs.

66. For those aged over 16, good support is provided through Learning Links and there have been 16 care to learn applications completed since October 2007. A well used drop-in clinic, Positive Outcomes for Parenting Teenagers, provides a good range of information, advice and guidance for young parents. In the last year, 90 different clients accessed the service. There is recognition that fathers do not always access these services but, where known, they are invited to attend. Availability of housing is limited, as is the case across Portsmouth; however, a number of hostels are available and no bed and breakfast accommodation is used for teenage parents.

## Service Management

Inadequate

Adequate

Good

Outstanding

## Capacity to improve

Inadequate

Adequate

Good

Outstanding

67. **The management of services for children and young people is good. Capacity to improve further is good.**

<b>Major strengths</b>	<b>Important weaknesses</b>
<p>Effective, informed and challenging political and senior leadership of the Children and Young People's Strategic Partnership.</p> <p>Good quality managers and staff at all levels and throughout the partnership.</p> <p>A clear strategic vision and high aspirations for children and young people.</p> <p>Good consultation with children, young people, parents and carers.</p> <p>A successful focus on vulnerable children and young people and in tackling longstanding problems.</p> <p>Good self-knowledge and use of data ensuring that targeted interventions lead to improvements.</p>	<p>Delay in implementing the local pay review.</p> <p>The quality of lower level plans in some areas.</p>

68. Service management is good across the partnership. The council and its partners are highly ambitious for children and young people and they are subsequently given a high priority in the city. Performance management is good and the current capacity of the local partnership is generally adequate. There is a good track record of improving outcomes for children and young people in the area and in effectively addressing longstanding and difficult issues.

69. The ambition of the local partnership is good. The partnership has high aspirations for children and young people and they are a key council priority. The Children and Young People's Plan (CYPP) reflects these ambitions well. The shared objectives and targets are based on an in-depth analysis of need and extensive consultation with parents, carers, children and young people as well as partners. The majority of the targets are realistic and provide a good focus for improving outcomes. The pace of change and improvement has been good.

70. Consultation with children and young people is good. City-wide consultative arrangements are building on the long-term project Developing Pupil Voice that was undertaken with the University of Sussex. The partners' strong commitment to involving all children and young people ensures that they have a positive impact on policy and decision making. For example, an additional priority concerning 'things to do and places to go' was included in the CYPP as a result of feedback from them. Often children and young people contribute to service design and delivery. For example, through the Being You

campaign to highlight mental health services, young people designed promotional material using their words and visuals to make it peer-friendly. Parents and carers are also consulted on planning and on specific issues that affect them. Looked after children and those with learning difficulties and/or disabilities are effectively involved in decision making and in planning provision to meet their needs.

71. Prioritisation is good. The priorities for children and young people are clearly specified in the CYPP and reflect well both local needs and the national agenda. The CYPP is currently undergoing its third review and the good use of data and needs analysis ensures that the priorities for children and young people are clearly linked to areas of the greatest geographical and service need. For example, the comprehensive analysis undertaken by the health improvement development service of the incidence of teenage pregnancy has led to a revision of the local strategy, with improved targeting of services and resources that have led to a positive impact on trends. Priorities in the CYPP are effectively linked through to locality, service and team plans. They are mirrored in the Vision for Portsmouth and the Local Area Agreement, and are aligned with those of statutory partners. Resources are shifting to support the preventative agenda. The council and the partnership demonstrate effective decision making and link resources well to identified priorities. They have, for example, increased funding to the Youth Offending Team to tackle youth crime and prevent offending. The partnership has improved services for vulnerable children, and services for looked after children and those with learning difficulties and/or disabilities are good.

72. The current capacity of the local partnership is adequate. Partnership working across council services, with the PCT and the voluntary and community sector, is underpinned by a clear, shared strategic vision for the future. The Leader, Portfolio Holder, Chief Executive of the council and the Director of Children and Families Services provide good and stable strategic leadership. There is political challenge and the directorate is forward looking. There is high-level commitment to improving the outcomes for all children and young people in Portsmouth. The Chief Executive of the PCT, the jointly appointed Director for Public Health and senior members of the police have established positive working relationships with the council. There is a good range of experience and skills in middle management. The agreed priorities for improvement are understood well by all partners.

73. Staff turnover is low. Vacancy rates for front line social care have, however, increased and are now above the national average. The lack of agreement concerning the pay review has led to increased vacancies in key teams. This is being effectively risk managed and the council is making efforts to resolve this challenge, although it does impact on the current quality of service in those discrete areas. The council has made additional pay increments to staff while the review is ongoing to encourage retention. To maximise capacity the council has a clear 'grow our own' policy and supports staff in realising their potential. For example, it sponsors staff through their social work

training and into qualified permanent posts. The partnership knows where it faces recruitment and retention difficulties as well as some of the issues facing it in the near future, for example the age range of headteachers. Long-term workforce plans within the council, and joint workforce planning with partners, are in place and there is a comprehensive training and development programme that is shared across the partnership.

74. The council understands well the role of corporate parenting. This is not held as the sole responsibility of the Portfolio Holder and is clearly linked to the 'children are everyone's business' slogan that is used frequently across the council. The Portfolio Holder invites opposition spokespeople to briefings and performance data are routinely shared. In addition, opposition members sit on panels such as the Fostering Panel. This ensures that there is good understanding and ownership of the issues across all political parties.

75. Capacity has been increased through some jointly funded posts, for example the Director of Public Health. There are some multi-agency working teams in place and work is underway to further develop integrated teams and to co-locate workers to create more coordinated services. The council has been proactive in managing primary school surplus places, and this has allowed other services to be funded, such as a range of nursery and early years provision. Capacity is also increased by the creative use of other council services. Community wardens provide daily interaction with children and young people, diverting them away from anti-social behaviour and helping them get involved in leisure and other activities. The CIPs ensure that very local responses are developed that reflect local concerns and issues.

76. Financial management of children's services across the partnership is good. Budgets are aligned where appropriate and budget management is good, with a clear focus on managing and anticipating overspends. The council has a good focus on value for money. Children and young people are a council priority and therefore the proportion of budget reduction has been less than in other council directorates. Children and families services have the clear aim to produce quality outcomes at reasonable cost and the extent to which they achieve this is effectively monitored and challenged. The council is clear that some services could be excellent if they had additional resources but proactively moves resources to services that are underperforming rather than have one flagship service at the cost of others. The council with its partners currently provide good value for money.

77. The partnership, through the monthly Joint Commissioning Group, challenges all services on targets, costs and outcomes. Funds have been redirected through this group to have greater impact on priorities and outcomes. Careful thought is now being given to greater commissioning in the locality areas based on local need. The resources allocated to children in need are slightly below levels found in similar authorities, but Portsmouth is increasing its spend on preventative services, such as family support, with the aim of continuing to reduce the number of children in the council's care. The

council has an effective claw back scheme in place for schools with under-spends. This is an area the council takes seriously through the Portfolio Holder and Leader's involvement at the School Forum.

78. Performance management within the partnership is good. There are good systems in place at all levels in children and families services for the regular reporting of performance. Scrutiny reviews are linked to priorities and contribute positively to improvement. There is good use of benchmarking in relation to areas of strategic and service planning. Performance information has been used to review underperforming areas and this has led to improved performance, for example in reducing teenage pregnancy. However, some lower level plans do not contain specific and measurable targets, although this is improving as these plans are reviewed.

79. The capacity to improve further is good. Cross-party political support for children and young people is in place. Progress in the implementation of plans and strategies has been good and well supported, with good use of multi-layered data. Most strategies and plans are of good quality. Political and senior leadership is good and the partnership has good self-knowledge, with a very good grasp of the strengths and areas for development. There are good quality staff at all levels and across the partnership, though vacancies do exist in children's social care. Risks resulting from the delay in implementing the local pay review are being well managed. There is a good track record of improvement in the majority of areas. Some outcomes are below national averages, although the trend of improvement is often better than nationally. Effective action has been taken to address deep-rooted and longstanding areas of underperformance. For example, educational attainment is improving both at GCSE level and in the percentage of 19 year olds achieving a Level 2 qualification. Teenage pregnancy is reducing at a better rate than amongst statistical neighbours and immunisation rates are above national averages. Partnership working across council services, with the PCT and the voluntary and community sector is underpinned by a clear, shared strategic vision for the future and is supported by good strategic leadership. Joint workforce planning is in place across the partnership and includes voluntary and community groups. CIPs provide effective solutions to local concerns and issues. Children and young people are effectively consulted and they help shape service development.

## Annex A

### MOST RECENTLY PUBLISHED ANNUAL PERFORMANCE ASSESSMENT OF SERVICES FOR CHILDREN AND YOUNG PEOPLE IN PORTSMOUTH

#### **Summary**

The council provides a service that consistently delivers above minimum requirements for users. Its overall effectiveness continues to be good. This is the case for most areas of the council's work. For example, the council has engaged effectively with local communities across the authority to further develop its multi-agency work. These Community Improvement Partnerships (CIPs) are ensuring that the council's strategic aims, as outlined in its Children and Young People's Plan (CYPP), are translated into effective practice and that its services are relevant to the needs of the children and young people in the city. Within the Every Child Matters outcome 'enjoying and achieving', judged to be adequate, there are many areas of strength: for instance, although results for 11 and 16 year olds were below national and statistical neighbour averages in 2006, the unvalidated 2007 data suggest that there has been significant improvement and this has been formally recognised by the department for children, schools and families.

The full Annual Performance Assessment can be found at:

[http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3125&providerCategoryID=0&fileName=\APA\apa\\_2007\\_851.pdf](http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=3125&providerCategoryID=0&fileName=\APA\apa_2007_851.pdf)

## Annex B

### CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Portsmouth are generally adequate and good improvements have been made in a number of key areas. There are, though, some areas where outcomes remain challenging to improve. The 2007 APA states 'the council provides a service that consistently delivers above minimum requirements for users. Its overall effectiveness continues to be good. This is the case for most areas of the council's work.' The joint area review generally endorses these findings.
2. Service management is good. Ambitions for children and young people in Portsmouth are good. The council and its partners have high aspirations and children and young people are a key council priority. The priorities for children and young people are clearly specified and reflect well both local needs and the national agenda. The current capacity of the local partnership is adequate. Vacancy rates for front line social care teams have increased and are now above the national average. Long-term workforce plans within the council, and joint workforce planning with partners, are in place. Performance management is good. There are good systems in place at all levels in children and families services for the regular reporting and management of performance.
3. The combined work of all local services in securing the health of children and young people is good. The rates of immunisation at both second and fifth birthdays are both above national averages. All schools participate in the Healthy Schools scheme and 70% have achieved the Healthy Schools status. There has been a 21% decrease in teenage conception rates since 1998. This compares well with statistical neighbours, with only two out of 11 achieving a better rate. Since 2004, there is a clear downward trend in teenage conception rates and recent local data confirm this decline. The percentage of children in reception classified as obese is high. Whilst oral health is poor across the city, health provision for looked after children is good, with a high proportion receiving regular health and dental checks. They receive fast-track access to specialist mental health services and to other specialist provision. The provision of CAMHS to those with learning difficulties and/or disabilities is good.
4. Children and young people appear safe and arrangements to ensure this are adequate. Agencies work well together to provide early intervention aimed at reducing family crisis. There is a good range of early support services for children and families. The council recently achieved Beacon status for its work in relation to anti-social behaviour. Good action is taken to enable parents to keep their children safe in the home and the community. Responses to domestic violence are generally good. The percentage of initial case conferences held within 15 days of an investigation starting is 36.2%. This is an improvement from 12.5% last year when it was identified as an area for improvement in the APA. Current performance is slightly above last year's

national average. The quality of work with children who are subject to child protection plans or who have high levels of need is hampered by the current capacity of the social care teams to undertake that work.

5. The impact of all local services in helping children and young people to enjoy their education and to achieve well is good. Many of the strengths identified in the 2007 APA remain. Although attainment is often below national averages, the rate of improvement is normally greater than that found nationally and amongst statistical neighbours. Attendance at school continues to improve and fixed-term exclusions, though higher than those found nationally, continue to reduce. The achievement of children and young people who are looked after is variable but there is a generally improving picture. Fisher Family Trust data identify that looked after children are reaching their expected attainment levels at Key Stage 4. A good proportion achieve five A\*-G grades at GCSE. Children with learning difficulties and/or disabilities make good progress in primary schools and in the secondary sector they make satisfactory progress. Special schools are of high quality and in these settings children and young people make good, and sometimes excellent, progress.

6. The impact of all local services in helping children and young people to contribute to society is good. There is a strong commitment to involving children and young people in issues that affect them and in service development. Consultation with children and young people is good and the city-wide Council of Pupils is representative of the local population. They have influenced the development of the CYPP and an additional priority, 'things to do and places to go', has been included as a result of their views. Looked after children feel confident that their views and feelings are accounted for. A high proportion participate in their reviews. The level of offences that occur in children's homes has reduced. However, the offending rate of looked after children remains significantly higher than that in similar authorities. Trained advocates are provided to support young people with learning difficulties and/or disabilities through transition and ensure that their views, wishes and aspirations are fully represented and are central to the planning process.

7. The impact of all local services in helping children and young people to achieve economic well-being is good. The proportion of 19 year olds achieving a Level 2 qualification by age 19 continues to improve and, though below the national average, is higher than that of statistical neighbours. Achievement at Level 3 remained the same between 2005/06 and 2006/07 and is above that of statistical neighbours but is below the national average. All care leavers have an allocated worker and Pathway Plans, which are regularly reviewed. Strong links exist with housing providers and a range of supported accommodation is on offer to meet the different needs of young people. For young people with learning disabilities and/or difficulties, success rates are good and post-16 providers are collaborating effectively. The proportion of those who are not in education, employment or training is good and below both statistical neighbour and national averages. Transition to adult services is good and parents report that they feel very well supported throughout this process.

8. The capacity of the council to improve further is good. There is a good track record of improvement in areas where there are longstanding difficult issues, for example reductions in teenage pregnancy and improvements in educational attainment. Partnership working across council services, as well as with the PCT and the voluntary sector, is underpinned by a clear, shared strategic vision for the future and is supported by good strategic leadership.

## Annex C

### SUMMARY OF JOINT AREA REVIEW AND ANNUAL PERFORMANCE ASSESSMENT ARRANGEMENTS

1. This joint area review was conducted using the arrangements required under Section 20 of the Children Act 2004. It was carried out by a multi-disciplinary team of inspectors from Ofsted, the Healthcare Commission and the Audit Commission. The review was undertaken according to the requirements of the *Framework for the Inspection of Children's Services*.
2. The review was linked to the contemporaneous corporate assessment of the local council by the Audit Commission and these findings plus aspects of the most recent Annual Performance Assessment are represented in the relevant part of the corporate assessment report.
3. This review describes the outcomes achieved by children and young people growing up in Portsmouth and evaluates the way local services, taken together, contribute to their well-being. Together with the Annual Performance Assessment of Children's Services, joint area reviews focus on the extent to which children and young people are healthy, safe, enjoy and achieve, make a positive contribution, and are well prepared to secure economic well-being. This review explores these issues by focusing on children with learning difficulties and/or disabilities, children who are looked after, and children at risk or requiring safeguarding and an additional investigation. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.
4. The review took place in two stages consisting of an analysis stage (where recorded evidence was scrutinised) and a two-week fieldwork stage (where inspectors met children and young people and those who deliver services for them).