

# Joint area review

**Northumberland 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

**Age group:** All

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## Introduction

1. The most recent annual performance assessment (APA) for Northumberland 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 the following for children and young people:
  - effective care for those at risk or requiring safeguarding
  - the best possible outcomes for those who are looked after
  - the best possible outcomes for those with learning difficulties and/or disabilities.
3. The following investigations were also carried out:
  - the quality of service provided and the outcomes achieved by children and young people using child and adolescent mental health services (CAMHS)
  - the quality of service provided and the outcomes achieved by children and young people in developing their sexual health
  - children's achievement at Key Stage 2.

## Context

4. Northumberland is the sixth largest of all English counties, covering almost 2,000 square miles. It has one of the lowest county populations with just over 311,300 people of whom 70,800 are aged under 20. Population and industry are concentrated in the south east of the county and in the scattered market towns of the north and west. Large tracts of rural Northumberland contain only small villages and isolated hamlets and farms. The majority of the population is white British with only 1% of black and ethnic minority heritage. Of this group, 38% are under 20 years old, nearly half of whom live in the south east corner. There is a small Traveller community and a small but increasing number of families from eastern Europe and Portugal.
5. There are many affluent areas in Northumberland but also some areas of significant social and economic deprivation: these are mainly in the former coalfield areas of the south east and some of the larger market towns. There is also some rural poverty. Overall unemployment rates are similar to those found nationally, however under 25s make up a significant proportion, particularly in the south east corner of the county.
6. Pre-16 education provision comprises:
  - 88 private or voluntary early years settings and 13 children's centres

- 138 first schools which include 96 nursery units and one nursery school
  - 43 middle schools
  - 15 high schools
  - eight special schools.
7. Post-16 education and training is managed by the Learning and Skills Council, supported through Connexions and provided by:
- 15 sixth forms
  - two colleges
  - three local work-based training providers in addition to national providers.
8. Entry to employment provision is managed by the Learning and Skills Council, a local consortium controlling around 3,800 places.
9. Adult and community learning, including family learning, is provided by Northumberland County Council's Adult Learning Service.
10. Primary care is provided by Northumberland Care Trust and acute hospital services are mainly provided by the Northumbria Healthcare NHS Trust.
11. Mental health services are mainly provided by the Northumberland, Tyne & Wear NHS Trust.
12. Children's social care services are provided through: 192 foster carers; 18 children's residential care homes, which includes six residential schools; three family centres; one secure children's home, comprising two units; and 11 field social work teams.
13. There is one young offender institution in the area.

## **Main findings**

14. The main findings of this joint area review are as follows:
- the arrangements for safeguarding children and young people are good. The Local Safeguarding Children Board (LSCB) provides an effective strategic lead, there is a history of successful multi-agency working in the county and there is productive and improving cooperation between agencies to share information
  - outcomes for children and young people, including looked after children and those with learning difficulties and/or disabilities, are good overall. However, educational outcomes for some looked after

children, young people over 16 with learning difficulties and/or disabilities, and those aged 11, whilst rising, require further improvement

- Child and Adolescent Mental Health Services (CAMHS) are improving well, particularly with regard to increasing access and timeliness of response. The overall quality of service they provide, and the outcomes achieved by children and young people using them, are good
- services provide good support for improving young people's sexual health; teenage pregnancy rates are low and effective action is taken to screen for, and treat, chlamydia
- service management is good. The multi-agency children's trust provides good, clear and purposeful leadership in an increasingly integrated way. It has built well on strengths in children's social care and made good progress in responding to significant areas of weakness following the inspection of the local education authority in 2003
- the local area knows its strengths and weaknesses well. Partners are working together effectively to improve outcomes for most children and young people and, as a result, the capacity to improve further is good.

## Grades

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

	<b>Local services overall</b>
<b>Safeguarding</b>	<b>3</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 to successfully disseminate the findings of this report to children and young people in the area
- develop a clear statement of its strategic commitment to tackle issues of equality and diversity.

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

- Improve the quality of assessments across social care teams.
- Ensure effective prioritisation within the children and young people's plan with clear outcomes that enable effective monitoring of the impact of actions on targets and priorities.
- Maintain a relentless focus on improving attainment at Key Stage 2 and the attainment of looked after children.
- Improve the quality of support to some young people and their families when transferring to adult services.
- Ensure the 14–19 partnership plan includes actions to secure successful outcomes for young people with learning difficulties and/or disabilities.

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

- Improve access to appropriate housing and accommodation county-wide to support healthy living for young mothers and other vulnerable groups.

## **Equality and diversity**

15. Services and partners are generally effective in identifying diverse and vulnerable groups and working with them locally to improve equality of access and outcomes. For example, educational outcomes for children from minority ethnic groups are at least satisfactory or good and improving, as are the educational outcomes for children and young people with statements of special educational need. Services also work proactively to improve outcomes for children and young people within the very rural communities as well as the more deprived urban communities in the south east of the county. The council has achieved Level 2 of the Equality Standard. In line with corporate policy, children's services have begun to develop equality impact assessments in order to identify and plan for improvement. However, there is not yet a clear strategic approach to demonstrate their commitment to promoting equality and diversity. This is also reflected in the enhanced youth inspection report.

## Safeguarding

Inadequate Adequate 

Good

 XOutstanding 

16. **The contribution of local services to improving outcomes for children at risk, or requiring safeguarding is good.** Most children and young people feel safe in school and in their local community. The 2006 APA judged performance to be consistently good and this continues to be the case. Outcomes for children are good. The number of children on the child protection register continues to decrease in line with similar councils. Although the local authority recognises it is above the national average, it is taking steps to bring this figure down. Effective work with families and children at risk has reduced the length of time that children remain on the register, which is good. Re-registration rates are lower than in similar authorities and the national average. Agencies are working effectively to support children and families following de-registration. Numbers of children from a minority ethnic background are very low and this is reflected in the low numbers on the register. All children on the child protection register have a qualified social worker and individual plans are reviewed on time. The proportion of core assessments and initial assessments completed within timescales is good and higher than in similar authorities and the national average. Assessments are mainly of a good quality, although some lack depth and analysis and are not always well recorded. Whilst good efforts are made to see children and young people on their own, their views and wishes do not always get sufficient focus in reports.

17. Good action is taken to enable parents to keep their children safe in the home and the community. These include very effective partnerships between the fire and rescue services and children's centres. Specific work with young people who deliberately fire raise and make hoax calls has resulted in reductions in incidents by 30% and over 50% respectively. Road traffic accidents have reduced by a third, from an annual average of 31 to 22, because of specific and targeted work, although the rate of reduction is slower than the national average.

18. Responses to domestic violence are good. There is a clear system of notifications to social care duty teams through the police. Agencies are effective in sharing information at an early stage and in providing specific packages of support to families through a variety of settings including services for young carers. The children's support team is well regarded by practitioners, children and families and is an example of good practice. It provides an accessible out-of-hours service when families are most in need. Good work with young people at risk of family breakdown has prevented many children and young people from becoming looked after. Over the last year around 75% of children at risk were supported to remain at home or with extended family or friends. The service has good links with a range of other services and its remit has been extended to support under 12s.



19. Agencies work well together to reduce the incidence of child abuse and neglect. There is a good range of early support services for children and families provided by children's centres, community settings and extended schools in partnership with the voluntary sector. These include parenting courses, access to health monitoring checks and advice, and speech and language development. Additionally, good skills-based courses are provided that are designed not only to improve parents' emotional well-being but also to enable them to reduce isolation and help them access the world of work. The percentage of referrals of children in need that lead to initial assessments is good and significantly higher than similar authorities and the national average. Because of this, families are getting a range of support packages at an early stage. Good use is made of children in need meetings and multi-agency support packages are reviewed regularly. Plans are in place to roll out multi-agency integrated teams, with one already in place and working well. Detailed project planning is in place to implement the Common Assessment Framework; however, implementation is at an early stage and the council faces significant challenges in implementing this within national timescales.

20. Social care duty arrangements are well managed with effective management scrutiny of child protection referrals. Referrals are responded to promptly and there is good communication between the daytime service and the out-of-hours team. Whilst threshold criteria are in place, there are differences in their application in duty teams around the county. Good arrangements are in place to ensure accurate recording of what constitutes a contact and a referral, but as yet this is not well embedded across teams. Performance management of staff is good overall and the council takes effective action with those who are not performing well. Practitioners have good access to up to date multi-agency child protection procedures and interagency training. They receive regular supervision and are supported by competent managers.

21. Early years settings and schools provide safe environments for children and young people and most report they feel safe in school and in their local community. Most children say that bullying and racist incidents/harassment are dealt with well and incidents are low.<sup>1</sup> The council does not currently use information gained from monitoring incidents to measure the impact of strategies to reduce incidents further, although systems to do this are in development.

22. There are good and effective arrangements for tracking children missing from care and education. Multi-agency public protection arrangements (MAPPA) are well established. These contribute effectively to the safeguarding of children from adults who pose a risk to them. The management of allegations against professionals suspected of abusing children is good, with effective monitoring of investigations by the LSCB. The well established LSCB has an appropriate membership, including the voluntary sector, and provides effective strategic direction on safeguarding matters. It has a clear focus on making safeguarding everyone's business. Good work has taken place to ensure that action plans from

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<sup>1</sup> From the local authority's 'Having a Life' survey of children and young people's views and evidence from children and young people who spoke to inspectors during the inspection.

two recent serious case reviews are implemented. There is evidence that this is having a positive impact on practice, particularly in relation to early support for parents with young babies.

23. Safe recruitment practices are adequate. Effective support to schools has ensured outstanding Criminal Records Bureau and List 99 checks have been completed for all staff employed before 2002. The council is well on the way to establishing a centralised list of staff directly employed which enables it to record and track progress on checks.

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>Support to families and children experiencing domestic violence.</p> <p>The work of the children's support team in supporting the safeguarding of children out of normal working hours.</p> <p>Responsiveness of social care duty team.</p> <p>Well established and effective LSCB.</p>	<p>Variability in the quality of assessments across social care teams.</p>

## Looked after children and young people

Inadequate

Adequate

Good

Outstanding

24. **The contribution of local services to improving outcomes for looked after children and young people is good.** Looked after children live in safe placements and receive effective support. The majority of key outcomes for them are good and all outcomes are continuing to improve. Those looked after children who responded to the council's 'Having a Life' survey were more likely to feel confident and be happy at school than children in Northumberland generally. Improved preventative support has resulted in an overall reduction in numbers of looked after children. Most looked after children live in foster care or adoptive placements, including a high proportion with their wider family. Very few children experience three or more placement moves within the year, which compares well with the national picture. Good attention is paid to the health needs of children and care leavers who also contribute well to very regular reviews of their care plan.

25. The council's approach to corporate parenting is good and it takes its responsibilities seriously. Elected members and senior officers are well informed about looked after children. The Multi-Agency Looked After Partnership, has committed and wide ranging representation, ensuring action to improve outcomes for looked after children is well coordinated. However, links between this group, the corporate parenting committee and the Family and Children's Trust are not fully clear. Some children and care leavers are involved in service development and corporate parenting activities, but this is not yet systematic or county wide, particularly for foster children.

26. The 2006 APA identified that whilst service planning had improved, and rigorous monitoring was in place, children in long term foster care experienced too many moves. The council has responded appropriately and made significant improvement. Individual children are tracked effectively through Placement Planning meetings and multi-agency support for children and carers is good. During 2006–07, the children's support team supported 34 looked after children to either return home or remain successfully in placement, which is good. The imaginative LAC solutions meetings, chaired by specialist CAMHS personnel, ensure effective understanding of children's needs. Because of these actions, the numbers of looked after children under 16 in the same placement for at least two years has risen from 59% to 66%. There has also been effective action to ensure that care leavers live in suitable accommodation and that those in foster care can remain there after the age of 18. Choice is limited, as is the supply of council tenancies in some areas. The council has rightly recognised that there are insufficient in-house foster carers, particularly as many are approaching retirement. They are also aware that the use of more costly independent foster care placements remains too high. Targets have been clearly set, and recent improved marketing and campaigning is beginning to show an increase in numbers of potential carers undergoing assessment.

27. Looked after children and care leavers receive good care from well-trained and supportive carers and staff. All are allocated to qualified and experienced social workers who visit regularly. Regulatory inspection of the council's fostering and adoption services and children's homes confirms that children are well served. Multi-agency care planning, including for young people in external placements, is thorough and soundly addresses risk. The quality of care plans is good overall and information is shared effectively with senior managers who offer effective support for decision-making. Staff are proactive in ensuring that children and their parents/carers participate well in meetings. Almost all care leavers have a pathway plan to which they contribute, but not all care leavers are clear about their financial entitlements. Care plans are monitored well and strong efforts made to enable young people to remain in positive contact with their wider family. Action taken to make personal education plans relevant to children is good and most have a plan, although the quality of them is variable. Independent advocacy is in place and used well by children in residential care, although the number of foster children and those with learning difficulties and/or disabilities using this service is low.

28. Successful multi-agency work, such as the Cook and Taste groups and the oral health project, is further improving the health of looked after children. Children in residential care receive strong multi-agency support from SORTED, a substance misuse project, and this has been extended to those in foster care. However, the systematic quality assurance of the annual health checks of looked after children is currently underdeveloped. Looked after children say they have good opportunities to participate in leisure and cultural activities, with the Max card providing reduced price entry, and they are involved in imaginative initiatives such as the regional Football Forum.

29. Most looked after children, including those placed for adoption, benefit from good support to attend and enjoy school. Their attainment and attendance, although low, as is the case nationally, is improving. In 2006, looked after children's performance at the age of 11 and 14 was better than that of similar children nationally and 70% of 16 year olds achieved at least one GCSE grade A\*–G or equivalent, an increase of 13% from 2005, which is good. The proportion achieving five or more grades A\*–C in GCSEs, at 13%, remains low but similar to national averages. Support includes the provision of a Key Stage 4 mentor for older looked after pupils and good quality support and training for staff and carers coordinated well by the committed Education Support for Looked After Children team. In particular, an alternative curriculum which includes work placements is in place for young people who, on becoming looked after, were already disengaged from education. Monitoring has also improved. Such actions are now beginning to make a difference to young people's achievements. A higher proportion of looked after children have statements of special educational need than nationally. In autumn 2006, 116 school-age looked after children received certificates for 97% school attendance, which is good and represents an increase of 40 children from the previous term. The Connexions service works well to develop confidence and readiness for work through, for example, individually tailored work placements and training and strong support for those who are mothers. As a result, numbers of care leavers engaged in employment, education and training compare well with those found nationally. Transition to adult services is mostly effective but some staff are unclear about thresholds and future funding for care leavers with learning difficulties and/or disabilities.

Major strengths	Important weaknesses
<p>Interagency working to ensure good quality care plans.</p> <p>Looked after children and care leavers live in safe placements and are well supported.</p> <p>The effectiveness of support for their physical and emotional health.</p> <p>Improving attendance and attainment.</p>	<p>The number of moves for children in long-term foster care.</p> <p>The number of looked after children and care leavers participating in service planning and corporate parenting meetings.</p>

The actions taken to address identified areas for improvement.	
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## Children and young people with learning difficulties and/or disabilities

Inadequate

Adequate

Good

Outstanding

30. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good.** The local authority is working well with its partners to meet their needs and improve outcomes for them in a large and dispersed county. Good progress has been made to address areas identified as weaknesses in the inspection of the local education authority in 2003 and to address concerns about a shortfall in therapy services noted in the 2006 APA. Surveys carried out by the council show that parental satisfaction with services is high.

31. Many children with learning difficulties and/or disabilities are educated successfully within mainstream settings, including those provided with additional resources by the authority to meet a wide range of needs. The proportion at 66% is higher than that found nationally or in similar authorities. Young people who attend inclusive schools report positively on this experience. Good advances have been made in developing the wider role of special schools, with a good model of dual registration in Hexham. Inspection findings confirm that schools in Northumberland make good, inclusive provision that enables most children and young people with learning difficulties and/or disabilities to make good progress when compared to national averages or similar areas. An increased and effective range of advisory services work is highly valued by schools. Successful partnership working has enabled the provision of good accredited training. This includes training many teaching assistants to help address a lack of occupational therapists, training to improve the ability of mainstream schools to meet the needs of children with speech, language and communication difficulties, and to support hearing-impaired children. Good partnership working has ensured greater inclusion of children and young people with behavioural, emotional and social difficulties. As a result, the numbers of young people permanently excluded has reduced, with none excluded from special schools in 2006–07. This is very good and represents a significant improvement.

32. In conjunction with its work to promote inclusion, the council has worked hard to improve the quality and timeliness of statutory processes. It has been highly successful in increasing the number of statements of special educational need completed within statutory timescales, from 60% in 2003 to 91% in 2006. This placed the council's performance in the top quarter of all councils nationally.

The number of new statements issued has reduced significantly and are now well below the national average. While continuing to make careful decisions, the council has also taken effective steps to reduce the numbers of children placed outside of the authority and good procedures are in place to monitor the effectiveness and impact of this provision. The council has engaged well with schools in making changes, and senior staff from schools say they are satisfied with the level of consultation and decision-making. Most schools are making good and flexible use of delegated funding to promote inclusion, although the council is aware that not all headteachers and governors are satisfied with the level of funding they receive. The funding formula is currently being reviewed to improve equitable distribution of available resources.

33. Improvements in the provision and use of data, including for those whose achievement is most appropriately measured by P scales, allow children's progress to be tracked across a variety of measures.<sup>2</sup> Outcomes for young people at Key Stage 3 who are at School Action Plus on the special educational needs register and who have help from specialist support services, or those with statements of special educational need, are good when compared with national averages and similar authorities. Key Stage 4 data indicates results for such young people are slightly better than those found nationally. However, children at School Action, who are supported by their schools, are still not attaining well enough at Key Stage 2. The council is well aware of shortfalls in performance and the advisory service is adjusting the way it works to ensure an appropriate balance of challenge and support to schools.

34. Appropriate action is being taken to ensure children and young people receive an integrated service, with good support from health professionals. The good partnership working seen in the multidisciplinary child and adolescent learning disability team ensures that mental health needs are met well. Counselling services offered by voluntary organisations also make a significant difference to young people and their families. Good procedures are in place to support children in the early years of their education and care. An example of effective intervention by services is the success of the neonatal screening programme in ensuring early identification of babies with hearing impairments, with consequent improvements in their language and communication skills on entry into nursery classes. A number of valued support groups and agencies work together well to nurture parents and carers to empower them. For those whose children have a disability, links between voluntary providers, such as the In-Pact service run by National Children's Homes, and the council, ensure there is good access to information. The Max Card scheme enabling families to access leisure services free or at reduced rates is well received. This supplements the accessibility to out of school activities provided for children and young people with learning difficulties and/or disabilities well.

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<sup>2</sup> P Scales: A national scheme used in schools to recognise and assess small steps in learning made by pupils with more severe and complex special educational needs who work below National Curriculum Level 1.

35. Young people with learning difficulties and/or disabilities have good opportunities to contribute within their schools, for example in reviews, and through their school council. Their views are also taken into account in council surveys and there are a few individual examples of good practice. Overall, however, there are limited opportunities for them to contribute to service level decisions and little evidence of their contributions having an impact.

36. Safeguarding of children and young people with learning difficulties and/or disabilities is good. A good range of training for both voluntary and statutory organisations promotes this. A specialist county-wide social care team provides a range of care packages to parents and children with complex needs and the percentage receiving services is higher than that found nationally or in similar authorities. Effective links are developed with other agencies so that appropriate support is available to those who meet the criteria for services. The team works closely with the duty social work team to safeguard children when concerns are raised. Care plans are reviewed regularly, and although no systematic arrangements are in place, good efforts are made to link care and annual reviews in appropriate cases. There has been a large rise in the number of families who receive direct payments, and families in receipt of these are appreciative of the flexibility this gives them.

37. Services work together well to ensure that transitions between school phases are successful. Transition protocols are in place and appropriate tracking arrangements are established within the Care Trust for adult services to identify those children and young people who will need future support from adult services. Complex packages of care are being supported in transition but not all young people have a good experience when transferring into adult services, including those for mental health. Despite good support from some services, such as Connexions, some parents are disappointed about the difficulties they have in ensuring funding and continuity of support for their child. The overarching 14–19 strategy does not have a clear enough focus on raising the achievement of this group of learners. Whilst there is a low rate of participation in work-based learning which reflects local difficulties in finding placements, success rates for young people with learning difficulties and/or disabilities have improved and more than doubled between 2005 and 2006.

<b>Major strengths</b>	<b>Important weaknesses</b>
<p>Reduction in the numbers of young people who require a statement and improvement in statements produced within statutory timescales.</p> <p>The impact of the work to promote inclusion.</p> <p>The progress most children and young people with learning difficulties and/or disabilities make.</p>	<p>Variability in the quality of the support some young people and their families receive when transferring to adult services.</p> <p>Limited opportunities for children and young people with learning difficulties and/or disabilities to contribute to higher level planning.</p>

The work of advisory and support services to increase the capacity of schools to meet a wide range of needs of children with learning difficulties and/or disabilities.	Limited focus in the 14–19 partnership's plans to ensure actions are taken to promote successful outcomes for young people with learning difficulties and/or disabilities.
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## Other issues identified for further investigation

### Child and Adolescent Mental Health Services

38. **The quality of service provided and the outcomes achieved by children and young people using Child and Adolescent Mental Health Services (CAMHS) is good.** Improving CAMHS has been a priority in the children and young people's plan since 2006 and actions taken are bearing fruit. Effective, focused leadership has improved multi-agency working and communication, ensuring good service provision and improved timeliness of access to CAMHS for children and young people. There is also timely access and effective multi-agency support for looked after children, young people with learning difficulties and/or disabilities, and young people who offend. Early intervention work, both in schools and within CAMHS, is particularly strong in supporting young people's emotional well-being.

39. The APA in 2006 indicated a developing comprehensive CAMHS strategy. There is now a good comprehensive strategy in place, which includes a recent local needs assessment. It clearly identifies local priorities and areas requiring improvement, including increasing the number of integrated care pathways and strengthening the transition arrangements into adult mental health. There are realistic and timely action plans to improve these priority areas.

40. In 2004, the proportion of CAMHS specialist cases with waits of fewer than four weeks, and non-specialist cases with waits of fewer than 26 weeks, was similar to, or lower than, the England average. The Audit Commission's school survey in 2006 indicated that schools perceived weaknesses in access to health services, particularly mental health services, and thought this was not good enough. There has been significant improvement and good progress in meeting the local target of 13 weeks for children and young people waiting to be seen. For example in 2005, 69% of children were seen within this timescale; this increased to 89% in 2006. Recent data confirms that there has been a significant improvement regarding waiting times to CAMHS in all localities across the county. In one locality, waiting times have reduced from 26 weeks to seven weeks within a one-year period. Waiting times for access to CAMHS for young people who offend is good. All acute referrals are seen within five days and 92% of non-acute referrals are seen within 15 days.

41. The ways in which young people access CAMHS have improved well and a robust referral pathway is in place. For example, twice-monthly multi-agency group meetings are held county wide, as well as 'panel group' meetings in special schools for children who have mental health difficulties. Out-of-hours and



'satellite' services have been introduced to improve access to CAMHS, because of feedback from children on how the service can be improved. Despite these significant improvements, not all partners or families are aware of the improved access and the full range of good services that is now provided.

42. CAMHS provision across all four tiers is good overall. Early intervention work is particularly strong. In schools, initiatives to support the emotional well-being of children and young people are good and include partners from the voluntary sector. They use a range of programmes and initiatives to support young people experiencing emotional and mental health difficulties and help them to develop strategies to cope in times of need. The Place2Be and counselling work in school drop-in sessions are particularly effective examples of how the emotional well-being of children and young people is being improved. The service also provides good early intervention support through the early years mental health steering group. Evaluation of initiatives such as Mellow Parenting indicates a positive impact on mother and baby interactions. The introduction of primary mental health workers is beginning to improve the interface between tier 1 and tier 3 CAMHS provision.<sup>3</sup> The adolescent service for 16 to 18 year olds is now well-integrated county wide, as is the urgent mental health support for them. Effective leadership has allowed these developments to take place by reviewing skills and mix of staff and utilising different ways of working, such as all lead team members undertaking initial assessments.

43. There are limited but effective integrated care pathways in place, including those for low mood and depression. The SORTED partnership provides good and targeted multi-agency support for children and young people with mental health difficulties and drug and alcohol problems. It has effectively supported a reduction in the number of children admitted to hospital with drug and alcohol difficulties, prioritised young people known to the youth offending service and achieved its 100% target. Specialist tier 4 provision is good, although provided at Newcastle. Local area commissioners are currently reviewing how the service can be more locally accessible. Transition arrangements into adult mental health services are currently undertaken on an individual basis and focus strongly on meeting the needs of the child. There is an acknowledgement by services that this needs to be strengthened.

44. Looked after children have timely access to CAMHS and an effective well targeted specialist service. Children and young people with learning disabilities have a good overall CAMHS service. The children and adolescent learning disability team provides strong multi-professional support and joint training opportunities. Ways to access the service are targeted and effective, using schools, home and family centre visits. Feedback and information sharing with

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<sup>3</sup> CAMHS delivers services to a national 4-tier framework. Most children and young people experiencing mental health problems will be seen at tier 1. This level of service is provided by practitioners who are not mental health specialists such as GPs, health visitors, school nurses, teachers. At tier 2, practitioners tend to be CAMHS specialists such as primary care workers, psychologists and counsellors. At tier 3 practitioners are specialised workers such as community health workers, child psychologists or psychiatry outpatient services for more severe and complex and persistent disorders. Tier 4 services are provided for young people with the most serious problems through, for example, highly specialised outpatient and in-patient units.

parents, carers and partners is particularly good through the use of 'All About Me' books.

Major strengths	Important weaknesses
<p>Good, effective leadership delivering significant improvements in quality of service, waiting times and access to CAMHS.</p> <p>Strong early intervention work</p> <p>Effective multi-professional support for children and young people with learning disabilities who have mental health needs (CALDT) service.</p> <p>Good mental health services for young people who offend.</p>	<p>Insufficient numbers of integrated care pathways.</p> <p>Transition processes into adult mental health are insufficiently formalised.</p>

## Children's and young people's sexual health

### 45. The quality of service provided and the outcomes achieved by children and young people in developing their sexual health is good.

Interagency working to support improvement to the sexual health of young people is good, and young people contribute well to health promotion and peer support. The pregnancy rate for those under 18 is low and shows a downward trend. Although there are variations between wards, rates are also falling in 'hot-spot' areas. Arrangements for screening for chlamydia, although slow to be introduced within the county, are now very effective.

46. The reduction in county-wide under-18 conception rates of 12.6% between 1998 and 2005 is good, and improves an already low rate across the county as a whole. The most recent whole-year figures (2005) show the rate for Northumberland is 36.5 per 1,000 young females under 18, which is lower than the national average, significantly lower than the rest of the region, and lower than most comparable authorities. Most recent in-year figures for 2006–07 suggest a levelling off rather than a further decrease in the rate. Although pregnancy rates for young women under 18 years are low across the county as a whole, there is considerable variation between different areas, and between wards within areas. Rates are particularly high in the Blyth Valley and Wansbeck areas. While the reduction in pregnancy rate in Blyth Valley during the period 1998–2005 closely mirrors that in the county as a whole, the reduction in Wansbeck over the same period is good at over 17%.

47. Good action has been taken recently to improve access by young people to screening for sexually transmitted infections. Action was initially slow. Before 2003, screening was not available within the county. This was despite the diagnosis of chlamydia rates increasing amongst both under 16s and 16–19 year olds since 2001, and in both age-groups being above the national rate. Since

2003, there has been concerted action to make in-county screening available to young people, to raise awareness of chlamydia, and to encourage them to access screening. There has been a significant increase in diagnosis of chlamydia. Good information, diagnosis and treatment for chlamydia is now available through the Teenage Pregnancy team, a genito-urinary medicine clinic and hub for teenage pregnancy advice housed in purpose-adapted premises. Full postcode analysis by the Teenage Pregnancy service indicates good cross-county coverage. The original target set in April 2006 to screen 30% of sexually active 15–25 year olds for chlamydia by 2009 has now been revised to a more ambitious 50% within the same time-frame. By December 2006, 21% of the target group had been screened. A further very recent and good improvement to screening for sexually transmitted infections is access to the HIV fast test scheme that went live in April. This enables gay and bisexual Northumberland men of all ages to access the test in Newcastle.

48. Interagency work to improve the sexual health of young people is good, and helps to mitigate some of the geographical barriers. The Teenage Pregnancy service provides comprehensive free multi-agency training and has good links with the Healthy Schools team, youth service and voluntary organisations. This good collaboration has led to over 100 outlets for the county-wide 'C' card scheme which makes free condoms, information and advice available to young people in a variety of settings. Since April 2006, over a third of the visits to 'C' card outlets were new registrations. There is an indication that 'C' card outlets and drop-in centres are being appropriately concentrated in areas with higher pregnancy rates. The Teenage Pregnancy team provides good mandatory training for staff in the organisations taking part. The team, in partnership with the youth service, have also set up support groups for young people questioning their sexuality in Cramlington and Hexham.

49. The promotion of health across Northumberland's schools is high. A total of 136 schools have achieved level 3 in the national Healthy Schools programme, and 11 of the 15 high schools have sexual health drop-ins. Liaison between sexual health professionals and schools to promote healthy lifestyles is good. For example, an experienced sexual health nurse and support worker offer eight drop-in sessions a week on health, and particularly sexual health, matters to young people in the high-risk Wansbeck area. Four sessions are in local secondary schools during lunch hour, two in youth centres in the evening and two in community venues. The provision has been in place for six years and is well embedded. Its effectiveness has been further enhanced with the nurse now having increased prescription responsibility.

50. Young people in Northumberland are involved well in supporting the promotion of sexual health. A particularly impressive number of young people have been trained by the Teenage Pregnancy team to administer the 'C' card scheme, including 22 peer mentors at Ponteland High and 20 peer mentors at Prudhoe High schools. The training young people undertake is identical to that undertaken by adult staff. At this year's annual 'C' card celebration event, young people were particularly well-represented, constituting 75% of those attending. Young men have produced a report on chlamydia aimed at young people, while a

group of girls produced a DVD for their peers on the same topic. In some secondary schools, youth workers facilitate the involvement of young people in the sexual health programme. Young mothers have been trained as mentors to support pregnant teenagers. In a recent nationally funded project, young people at risk of exclusion are helping to design a mobile project aimed at improving health awareness amongst their peers in Blyth Valley. There is, however, evidence that the housing needs of young parents are not always met effectively or in a way that supports the continuing health and well-being of them and their children.

Major strengths	Important weaknesses
<p>Good cross-agency action to improve sexual health.</p> <p>Good involvement of young people in the promotion of health awareness.</p> <p>Low cross-county pregnancy rate among young people.</p> <p>Good recent actions to improve screening for sexually transmitted infections.</p>	<p>Young parents' access across the county to appropriate housing and accommodation to support healthy living.</p>

## Children's achievement at Key Stage 2

51. **The impact of local services in improving outcomes for children and young people at Key Stage 2 is adequate.** It is improving and there is good capacity to improve further. Standards attained by pupils in Northumberland are higher than the national average and rising at all key stages except Key Stage 2, where the percentage of pupils achieving level 4 or above is satisfactory. It is similar to national averages and rising at a similar pace. Most children and young people make good progress in their learning in other key stages. Children leave the Foundation Stage with outcomes better than that found nationally and make good progress by the time they leave Key Stage 1. At Key Stages 3 and 4 progress is also good and often better than equivalent pupils nationally. Although improving, pupils' progress from Key Stages 1 to 2 compares unfavourably with that achieved by comparable pupils in similar areas. Vulnerable groups, including the very small number of Black and minority ethnic pupils, make generally comparable progress to their peers. Whilst the percentage of pupils attaining level 4 and above is rising, not all middle and lower ability pupils are doing as well as they might. The number of pupils achieving the higher level 5 is rising well, particularly in science.

52. Key Stage 2 stands out as an anomaly in a generally positive picture of pupil attainment and progress in other key stages. Ongoing review of Key Stage 1 performance indicates that moderation processes are thorough and teacher assessments at this key stage are accurate. The council has developed the Putting the Learner First strategy to tackle a number of issues, including

rationalisation of school places, but also to address this anomaly, by moving from the current three phases of schooling to a primary and secondary model. This is a long-term strategy and the council is aware of the need to ensure a relentless focus on raising standards at Key Stage 2 alongside overcoming the inherent tensions in moving from the three tier to two tier schooling system. In the short term, the emphasis has been on intervening in schools where performance is weakest and developing and supporting geographical school partnerships. This is now forging stronger links and greater levels of cooperation between schools. The extent to which these partnerships are embedded across the county varies at present, but increasingly this strategy is beginning to ensure the relatively slower rates of progress pupils currently make from Key Stages 1 to 2, and the difficulties of transition from first to middle school mid-way through the key stage, are jointly owned and tackled.

53. Improved partnership working with schools, improved data, more effective support and challenge provided by the team of strategy consultants, school improvement services and school improvement partners is beginning to have a positive impact on outcomes for pupils at Key Stage 2. Although a small team, the primary strategy consultants are working effectively to improve attainment in targeted schools. The majority of schools that received intensive support in 2005–06 made progress, for example showing a 4% relative improvement in results at level 4 and above. Additionally, the number of schools not reaching DfES floor targets has fallen from 13 in 2005 to eight in 2006. Whilst 2006 targets were not met, provisional monitoring data indicates that the majority of schools are now on track to achieve their 2007 targets.

54. The Primary Leadership Programme and professional development activities to improve teaching and learning are well utilised. They contribute effectively to the drive to improve standards at Key Stage 2 as evidenced by Ofsted school inspections to date. Overall, inspections of schools with primary age pupils judged the majority of schools at least satisfactory or better on most criteria. This includes effectiveness and achievement, the standards of care, personal development and behaviour, and the effectiveness of leadership. Inspections have judged nearly 80% of schools as good or better for the effectiveness of teaching and learning in meeting the full range of learners' needs; and over 70% as good or better for their curriculum and other activities. These judgments were better than the national average and comparable authorities. Since the inspection of the local education authority in 2003, many stakeholders have noted significant improvements in services to, and communications with, schools.

55. School improvement partners and advisers are generally well regarded by schools with Key Stage 2 pupils. Effective relationships and quality assurance processes have been developed with the school improvement partners for middle schools, and there is now a more consistent approach to the challenge and support provided across the county. The school improvement service has clear criteria for intervening in schools causing concern. At times, the challenge has not always been robust enough in a small number of schools that have subsequently been placed in a category following a school inspection. Since January 2007, three schools with primary-aged pupils have been placed in a

category following their inspection, from a zero base. However, this represents only 2% of all schools within Northumberland and is low when compared to similar authorities and national averages. Effective strategies have been put in place to support their improvement. Support to schools with primary-aged pupils from specific services such as behaviour support, education welfare, inclusion mentors, the sports partnership and initiatives such as the excellence cluster in the south east of the county, are highly regarded by schools. These are making a positive difference to pupils' behaviour, attendance and enjoyment of school, evidenced in low exclusion rates.

56. The quality and range of data provided to schools has improved. Detailed comparative key stage performance is provided at individual pupil level for most vulnerable groups, as well as outcomes from pupils' Year Four optional tests. As a result, the data provides more effective challenge to schools, makes a good contribution to the annual target-setting process and enables a clearer focus on issues of transition from first to middle schools. Schools value the support and training they receive in its use and interpretation, as well as the swift response and help provided by the data team when they have questions or queries.

Major strengths	Important weaknesses
<p>The fall in the number of schools below floor targets.</p> <p>The increase in the number of pupils achieving level 5+ in national tests.</p> <p>Improvement in the quality and range of data provided to schools.</p> <p>Improved partnership working and communications with schools.</p> <p>Outcomes from school inspections.</p>	<p>Attainment and progress at Key Stage 2.</p>

## Service management



## Capacity to improve



57. **The management of services for children and young people is good. Capacity to improve further is good.** The 2006 APA judged service management and capacity to improve as good. The children's services directorate has clearly demonstrated its ability to build on its strengths, remedy weaknesses identified in the inspection of the local education authority in 2003 and respond to external evaluation. Partners, including schools, recognise this improvement. The executive director of children's services, senior managers and other partners are providing a strong sense of direction coupled with a realistic view of the significant challenges the Trust is facing.

58. Ambition is good. The Families and Children's Trust is now well established and, through the board and leadership team, provides effective strategic leadership. Partnership working is good. Major stakeholders, including the voluntary sector and trust staff in partner organisations, are actively involved in developing the children's services agenda. There are clear links between the community strategy, corporate plan and children and young people's plan, which demonstrates this commitment to improving outcomes for children and young people.

59. Many aspects of the children's services directorate ambition, 'to secure the best possible outcomes for all children and young people', are brought together in the Putting the Learner First programme of change. This is a challenging and ambitious long-term approach to tackle a range of concerns, including the high level of surplus places, results at Key Stage 2, the need to modernise and rationalise many school buildings and create long-term sustainability. The Putting the Learner First strategy and business case have developed and changed following widespread consultation and good analysis of local issues. Key to the strategy is the implementation of change through 14 local partnerships, with each being reviewed and implemented over an extended period. The strategy represents a realistic view of the scale of change required.

60. Consultation with children and young people is good and includes those with learning difficulties and/or disabilities. This, together with good data and needs analysis, has clearly informed ambitions. Parents and carers are also consulted but their impact on developing ambition is less clear. Consultation has made a difference to the way in which services are provided, for example in the increased emphasis on making young people more valued. Children and young people now directly elect a 'young leader' who attends all meetings of the Families and Children's Trust board. A 'young cabinet' meets weekly and members are involved in touring the county on the mobile information unit, allocating money to projects led by young people and campaigning about issues such as bullying. This ensures that young people's views are heard at policy making level.

61. Prioritisation is adequate. Priorities within the children and young people's plan link well to the views expressed by young people, but priorities have only been more clearly stated through recent revisions. The plan contains an appropriate balance between local and national priorities. The approach to

service planning is consistent, using the corporate approach designed to improve the accountability of service heads and the quality of planning and prioritisation. However, links between the children and young people's plan, service plans and team plans are not always clear. There are gaps in relation to some of the precise actions, targets and resources to deliver priorities. Some plans are not always clear about the expected outcomes they are seeking to achieve. Additionally, outcomes are not always focused sharply enough to enable effective monitoring and evaluation of the impact of actions towards achieving key service targets and priorities. The children's service directorate undertakes some effective work with a diverse range of groups, including Travellers, speakers of English as an additional language and Lesbian, Gay, Bi-sexual and Transgender young people. However, the Trust does not have a clear strategic approach to demonstrate its commitment to promoting equality and diversity and tackling areas of disadvantage and discrimination. This means that although good work takes place, the approach appears piecemeal and the Trust is not sending out a clear message in relation to its duty to promote greater awareness of equality and diversity issues.

62. Capacity is good. Decision making by the Trust is transparent, with Families and Children's Trust decisions publicised on a dedicated website and by regular and informative newsletters. The children's services directorate, alongside the council as a whole, has demonstrated its ability to take difficult decisions through its adoption of Putting the Learner First. Project management is strong for major initiatives, with the implementation of Putting the Learner First and the introduction of the Common Assessment Framework demonstrating effective use of risk management, financial planning and consultation. The quality of leadership provided by the director and senior managers is good, and recent appointments have enhanced capacity. Credibility with schools and other partners has been established and effective working relationships are in place. The lead member is knowledgeable about his role and statutory responsibilities are discharged effectively.

63. Financial management of children's services is improving, with successful work undertaken to bring critical budgets under control in some areas of high spending, including external fostering placements and out-of-borough special educational needs placements. Other good work has been carried out in relation to tackling surplus schools balances, where a 'claw back' scheme is in place and being used with good support from the Schools Forum. Value for money is good. The council's annual financial settlement is well below the national average. However, resources are used effectively and outcomes for children and young people are largely good, including for most vulnerable groups. More robust arrangements to improve value for money have been put in place and the children's services directorate makes good use of benchmarking its performance against others. Resources are shifted to meet emerging priorities. The approach to commissioning is at an early stage, but good strategies are in place and these have been part of a successful approach to reduce the number of looked after children and special educational needs spending. Alignment and pooling of budgets is being developed but is at an early stage.



64. The children's services directorate has been successful in the recruitment and retention of teachers and social workers. All social workers are suitably qualified. It largely has the people and skills to deliver most of its priorities, with a sound workforce development strategy in place to implement the Trust's ambitious service reconfiguration agenda of creating local integrated teams. The Common Assessment Framework is being piloted effectively in three areas and a detailed project plan is in place to roll this out across the county.

65. The approach to performance management within the children's services directorate is good. It has built on earlier strengths of performance management within children's social care and there are now good systems in place for regular reporting and challenge on performance at all levels. Service improvements, led by good performance management, include a reduction in waiting times for access to CAMHS of up to 50% in some localities, and a reduction in the time it takes for statements of special educational need to be produced. There is good leadership of the scrutiny function within children's services. Portfolio holders and officers are subject to regular challenge on service performance, for example in relation to home to school transport, which is now the subject of external review and action plan. Scrutiny also plays an important role in challenging and changing aspects of the Putting the Learner First programme as it relates to each of the partnerships. The use of staff appraisals is good and a key feature of the approach to managing performance. Looked after children are involved in reviews of the services they receive.

66. Capacity for further improvement is good. The children's services directorate has demonstrated its ability to remedy weaknesses and respond to external evaluation. Operating as a children's trust, it has built on strengths within children's social care and effectively tackled serious concerns highlighted in the 2003 local education authority inspection. Improvements are clearly recognised by partners. The executive director, senior managers and other partners are providing a strong sense of direction coupled with a realistic view of the significant challenges the county is facing. Service planning is adequate and improving, with good project management arrangements for major initiatives. There is evidence of resources shifting to meet new priorities. The workforce strategy has the potential to develop the skills needed by integrated teams. An awareness of strengths and weaknesses is complemented by a good approach to performance management and there is a clear focus on improving value for money.

<b>Major strengths</b>	<b>Important weaknesses</b>
<p>Partnership working across the trust, and strong commitment to improve outcomes for children and young people.</p> <p>Open and transparent approach to decision making.</p>	<p>Prioritisation within the children and young people's plan and lack of clarity of outcomes within plans.</p> <p>Lack of a clearly stated strategic approach to issues of equality and diversity.</p>

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<p>Consultation with all children and young people.</p> <p>Strong sense of direction provided by senior managers.</p>	
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## Annex A

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

#### Summary

Areas for judgement	Grade awarded
The contribution of the <b>local authority's children's services</b> in maintaining and improving outcomes for children and young people	3
The council's overall <b>capacity to improve</b> its services for children and young people	3

Northumberland County Council consistently delivers above minimum requirements for children and young people. All services can demonstrate how they are improving the achievement and well-being of children and young people and substantial action has been taken to improve the areas identified in last year's APA. The pace of innovation and development since the previous APA has been rapid but many changes have yet to make a full impact. The authority now has strengths in all key aspects of its work and has good capacity to improve services further. The council has a clear view of its own strengths and areas for improvement in order to continue to raise the quality of provision and standards.

The full APA can be found at:

[http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=65174&providerCategoryID=0&fileName=\\APA\apa\\_2006\\_929.pdf](http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=65174&providerCategoryID=0&fileName=\\APA\apa_2006_929.pdf)

## Annex B

### **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. This review describes the outcomes achieved by children and young people growing up in Northumberland 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 a few additional investigations. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.
3. 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).