

Joint area review

Hampshire Children's Services Authority Area

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
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Introduction

1. The most recent Annual Performance Assessment for Hampshire judged the council's children's services as good and its capacity to improve as outstanding.
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:
 - how effectively local services are addressing health inequalities
 - the effectiveness of services for young carers
 - the quality of the 14–19 strategy and provision.

Context

4. Hampshire is the third largest local authority in the country. There are approximately 309,000 children and young people aged 0-19 with over 172,000 pupils in 541 maintained schools; 5.8% of these children are from Black and minority ethnic groups. The area is a mix of urban and rural populations with areas of affluence and significant areas of deprivation with three areas in Havant ranked as among the 10% most deprived in the country. Hampshire is a two tier authority with 11 district councils and 300 parish councils.
5. Pre-16 education is provided by:
 - three nursery units
 - 430 primary schools
 - 71 secondary schools (nine with 6th forms)
 - 27 special schools
 - three nursery schools
 - seven PRUs.
6. Post-16 education and training is provided by:
 - seven general further education colleges
 - one specialist agricultural college

- eight sixth-form colleges, which provide most post-16 education. However, there are nine schools with sixth forms and four specialist colleges for students with learning difficulties and/or disabilities
- a range of training providers and further education colleges delivering Apprenticeships and Entry to Employment. All are included in the nine consortia that coordinate 14-19 learning
- adult and community learning, including family learning, is provided by Hampshire County Council at locations throughout the county. Provision is managed through the Adult and Community Learning Unit, which forms part of the children's services department.

7. Hampshire Primary Care Trust is part of the South Central Strategic Health Authority area. There are 10 health organisations that are substantial providers of services to children and young people in Hampshire.

8. Primary care services are provided by Hampshire Primary Care Trust. Portsmouth Hospitals NHS Trust and Southampton University Hospitals NHS Trust in the south of the county provide acute hospital services. Frimley Park Hospital is in Surrey and serves the population of North East Hampshire, while Winchester and Eastleigh Healthcare NHS Trust are providers of acute services. In the north, children and their families can access acute care from North Hampshire Hospitals NHS Trust.

9. Hampshire Children's Trust and the Primary Care Trust commission child and adolescent mental health services (CAMHS) from a number of providers. Tier 4¹ services are provided by Hampshire Partnership Trust, the Primary Care Trust is a major provider of Tier 2 and 3 with additional services from Winchester and Southampton Hospitals. The South Central Ambulance Service NHS Trust offers ambulance services.

10. Children's social care services are provided through nine residential care homes, 593 foster carers, and 42 fieldwork teams. There are 447 children on the child protection register, which is a slight reduction from last year, and 1026 young people in the care of the local authority.

11. There are no young offender institutions in the area but there is one secure children's home.

12. Seven projects for young carers are provided in six localities in Hampshire. The projects are mainly run by the voluntary sector, in particular the Children's Society, although one is operated by the youth service. Other provision is made through generic support services for children and families.

¹ 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 out patient 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 out-patient and in-patient units.

Main Findings

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

- the arrangements for safeguarding children and young people are good
- the arrangements for children and young people in care are good
- services for those with learning difficulties and/or disabilities are good.
- the youth service makes an outstanding contribution to the Every Child Matters outcomes and targeted youth work provides well for some young people otherwise not engaged in formal education
- the council and its partners have a strong commitment to the preventative strategy and to shifting and developing resources to deliver it through multi-agency working
- engagement with children, young people, their families and carers in developing priorities and in reviewing performance is good
- capacity to improve services further is good. There is a sound framework for future work and the partners have clear plans to take the strategic development forward and a strong shared vision of how outcomes will improve.

Grades

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

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

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 partnership action plan for delivering joint commissioning for children's services
- review all social care vacancies and ensure that all area teams are adequately staffed.

For action over the next six months

- Ensure that suitable, integrated packages of respite care and other support are provided, where possible, for families with children with severe and/or complex needs.
- Review the strategy for identifying and supporting young carers across all services, with a collaborative action plan and performance indicators.
- Improve the accessibility of mainstream leisure opportunities for children and young people with learning difficulties and/or disabilities.

Equality and diversity

14. There is a strong commitment to promoting equality and diversity which is evident through the plans and actions of the partnership. Vulnerable and disadvantaged groups are prioritised, and partners' resources are targeted to areas of higher need within the county. There is targeted work to improve the educational achievement of Black, ethnic minority and unaccompanied asylum-seeking children. The council actively monitors and acts on racial incidents in schools. All service plans include an equality impact assessment. The council has supported schools and school students to introduce the Rights, Respect and Responsibility programme which is based on the United Nations Convention on the Rights of the Child, and is introducing a wider understanding of children's rights across Hampshire. There is some good locally responsive work by the youth service in respect of sexuality and youth culture.

Safeguarding

Inadequate



Adequate



Good



Outstanding



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

Safeguarding has a high priority across agencies and there is a shared understanding that it is wider than formal child protection. Staff across these services are well trained to identify and respond to safeguarding issues and safeguarding is well promoted in schools and community activities. Parents and carers feel well supported by children's centres and targeted multi-agency preventative work is good. The numbers of young people who offend is reducing and school attendance is high; most pupils feel safe and are provided with a safe environment while road traffic accidents are declining. Across Hampshire there has been a decline in the number of children on the child protection register and the length of time children spend on the register is also decreasing.

16. There is very good evidence of agencies working together and a wide range of targeted multi-agency preventative support services that are successful in helping to reduce the numbers of children requiring public care and the numbers of children in need. A wide ranging protocol on joint working has been agreed with the youth offending service, including work to safeguard children and young people appearing in court. Preventative work and restorative justice schemes across the county are increasing and there are good examples of the police engaging with schools on a range of crime prevention techniques. In one preventative programme for example, the majority of children and young people taking part, and who were at risk of offending, did not receive a final warning and did not commit a crime. Over a third also showed an improvement in attitudes or behaviour. These approaches have contributed to a 19% reduction in the number of first-time offenders and the rates of re-offending are reducing but remain just above than that of similar authorities.

17. An increasing amount of good preventative work is delivered through the extended schools programmes. Action taken to promote safeguarding amongst pupils is very good, with a wide variety of programmes that include personal safety and the importance of accepting one's own contribution towards living in a safe society. School inspections are very positive and judge most schools as good or outstanding in terms of learners adopting safe practices. A good example is the Think Safe project aimed at Year 6 pupils. A number of agencies work effectively together to show children how to minimise risks to personal safety both within and outside the home. Most schools have good student support and inclusion services. Attendance is good and above that in similar authorities. Absences are promptly followed up by school liaison and education welfare officers. Parents in children's centres interviewed during the review spoke very positively of the support and services they had received; they feel more confident and commented that services make a significant difference to their lives and contribute to improving their parenting skills.

18. Criminal Records Bureau vetting procedures are satisfactory for staff appointments within children's services, and clear information sharing and investigative processes are in place between the police and relevant agencies.

Agencies are clear about the thresholds for referral to social care services for children in need and many of those spoken to during the review say that responses to child protection concerns are timely and appropriate.

19. In the youth service, safeguarding is underpinned by good training and procedures for both off-site activities and detached work are secure. Staff are confident in making child protection referrals.

20. Advance training for the implementation of the Common Assessment Framework has had positive results and a significant impact in engaging other agencies in sharing information and in delivering services to meet the needs of children, young people and their families. There are protocols and good evidence of a prompt response to identify risks early. For example some very good and innovative practice was observed during a Family and School Support Team allocation meeting where intervention plans across agencies were agreed, with innovative contributions from health colleagues. The authority has provided comprehensive training for headteachers and governors which emphasises the importance of schools' contribution to safeguarding children and young people.

21. The council has effective strategies to reduce social work vacancies which have resulted in a reduction from 20% to 8% between 2005-06. In some parts of the county, however, teams still experience pressures but there is good agency cover and all children on the child protection register are allocated to a social worker. In addition, the numbers of children on the register, the percentage of re-registrations, reviews and de-registrations are in line with similar councils. The authority keeps some cases open while pursuing services from other agencies that are under pressure, such as the community mental health teams and occupational therapy services. This means that they can monitor progress on ensuring appropriate support from other services for each child.

22. In the 2006 annual performance assessment, the completion of initial and core assessments was judged good with performance noted to be above that of similar councils. These improvements have been maintained; children in need referrals remain lower than those of similar councils but re-referral rates within 12 months, although on a downward trend, remain higher than national or comparator authority averages.

23. In most areas, management systems for the referral, assessment, allocation and transfer of cases processes are good and services well managed with clearly understood and developed systems. Senior managers have clear expectations as to how these systems should be managed to minimise risk of harm. However, some cases examined during case-tracking did not demonstrate effective management oversight and quality assurance and this highlighted some inconsistency in practice. There are satisfactory arrangements for out-of-hour's social care.

24. The authority has worked effectively across a range of partnerships in the 11 district councils and it has taken a measured approach to the development of the Local Safeguarding Children Board from its former function as an Area Child Protection Committee. Recent progress has been good, with a high level of commitment across all agencies and an understanding of its broader safeguarding responsibilities. There is a clear focus on business planning and a robust training schedule. The Board has introduced more rigorous monitoring and evaluation arising out of serious case reviews and is developing systems for sharing good practice which is leading to some improvements in the dissemination. However, the monitoring of resulting action points is not yet well established.

25. Clear cross-agency systems are in place for tracking children who are missing. Children's services are aware of all children who are home educated and there is regular monitoring. Tracking systems for children under five and for families are not well co-ordinated within the health sector and there are no formal systems in place between health and education services. The number of children and young people involved in a road traffic accident has decreased significantly and the number of children 0-15 years who are killed or seriously injured is now in line with that of similar authorities.

26. Good progress has been made towards the establishment of a comprehensive CAMHS to deliver services to children and young people who have complex, persistent and severe mental health needs. Action taken to promote children's and young people's mental health within schools and children's centres is good and there is early identification of mental health needs. Waiting times for an initial assessment is generally good but there is variability in access to services across the county for children and young people with learning difficulties and/or disabilities. There is targeted drug and alcohol misuse interventions in place delivered via the Drug and Alcohol Advisory team but it is too soon to judge the impact of this work.

Major strengths	Important weaknesses
<p>Good range and quality of preventative services delivered by children's centres and schools.</p> <p>The embedding across agencies of the wider safeguarding agenda and acceptance by agencies of their role in contributing to service delivery.</p> <p>Effective partnerships.</p> <p>Reduction in youth offending rates and work on crime reduction programmes.</p>	<p>The monitoring of action points arising out of serious case reviews.</p> <p>High social worker vacancy rates in some areas.</p>

Looked after children and young people

Inadequate Adequate Good Outstanding

27. **The contribution of local services to improving outcomes for children and young people in the care of the authority is good.** The council and its partners are child-centred and have high aspirations for those children and young people in their care. The 2006 annual performance assessment identified the achievements of looked after children as a strength. The number of young people achieving five or more GCSEs has improved and is higher than both statistical neighbours and national figures for this group, and a higher proportion of young people than that found nationally enter higher education. While achievement is below that of their peers, nearly half of this group of young people have special educational needs. All looked after children have personal education plans with targets that are used well to ensure good individual progress. The authority has taken effective action to reduce the proportion of looked after children and young people absent from school for 25 days; it is now 12% which is slightly higher than comparators and national averages. This small cohort of children is receiving targeted support from the education support team. Schools receive good support, advice and are routinely challenged by school improvement advisers to raise the achievement of looked after children. In one school with high numbers of young people in care, the education support worker has worked closely with the designated teacher to provide extra support, which is helping to raise achievement for individual young people. More widely, the council is implementing a number of initiatives; these include a homework club, educational psychologist support and effective monitoring of progress by the education support team.

28. There are 1026 children and young people in care. When this number is compared with the average rate of looked after children, it is below that found in councils in the South East or nationally. The percentage of children and young people placed in foster care is slightly above the average for South East councils and the number in residential care is slightly below average. Fifty-two young people in care are unaccompanied asylum seekers and support for them is good.

29. The council has worked very effectively with both looked after children and care leavers to improve services for them. Consultation is very good and has led to direct changes in the quality of services; for example there is now a better choice of food in residential settings and a greater understanding of what the role of the corporate parent should be. Children in care and care leavers developed the CAT mark, which has been used to ensure that services are listening to children and meeting their needs. Young people are the assessors, and there is a standard set of criteria against which services are judged.

30. There is good training for residential staff on managing behaviour and this has contributed to fewer looked after children and young people entering the criminal justice system. There has been a reduction from 8.9% to 6.2% over the previous two years. In addition, there is a pilot in the south-east of the county to improve literacy skills through targeted interventions from a multi-agency team. That includes the youth offending team and educational psychologists.-

31. The council's performance on placement stability and permanence planning is improving. The proportion of those looked after with three or more placements in one year remained high for the three years to March 2006 but there has been a recent improvement. Long-term stability of those looked after is in line with the national average, which is partially due to the relatively high numbers placed in kinship care; the council is well above the numbers in similar authorities for placements with friends and family. The council has a range of good quality placements to meet the needs of looked after children and aims to place as many children as possible within their localities. Friends and family care placements are financially supported by the council with good arrangements for shared costs and good training and support is given. Regulatory inspections for both foster carers and residential homes judge them to be good and highlight some good practice in both training and safeguarding. There are some good examples of agencies working well together to reduce the need for children to enter care.

32. Looked after children are provided with safe environments and carers receive good training on child protection. An innovatory scheme in Gosport has led to effective cooperation between local churches and Barnados, which is providing effective mentoring to families who are experiencing difficulties. Carers and residential staff receive good support from education psychologists to provide help when children present challenging or concerning behaviour. There is a complaints procedure but the link between local and county systems is not explicit.

33. Care leavers are accommodated with their carers, in the first instance. If this is not possible then good care in suitable supported lodgings is available with approved and experienced independent providers. In a few exceptional cases, when suitable accommodation has failed to meet the care leavers' needs, then for a short period placement is found in bed and breakfast accommodation. Currently, there is one young person in accommodation in this way. Young people leaving care are given good support to move into adulthood. Those aged 16 and over make good progress and the percentage of care leavers in education, employment and training is better than that found in similar councils and compared to national figures. Children and young people were consulted over improvements which could help them as they leave care; they identified being able to drive and having improved opportunities for work experience. As a result, the Highways Department is subsidising driving tuition and the care leavers' team is meeting with a large national employer to provide more apprenticeships. There are also good examples of support for individual

care leavers who have previously been difficult to engage with, and many of these are now employed or on trainee schemes.

34. Health support is good. All looked after children receive annual health screening, dental checks and immunisations where appropriate. Where it is difficult to access NHS dentists, good arrangements are in place for children to have access to a community dentist. Immunisation rates are good and data collection has improved. Case files show that general health assessments are well recorded, issues followed up and health matters reviewed regularly. Good links between health and social care services ensure that information is exchanged regularly and, where there are concerns about particular children, they are reviewed promptly. Sexual health and drugs and alcohol services are provided for children in care and CAMHS are appropriately targeted at this group of children. There is designated nurse providing support for looked after children, working with them and their carers in addressing risk factors such as high smoking rates, alcohol and drug use.

35. The percentage of reviews completed on time is good and better than national figures. The formal involvement of children and young people in their statutory reviews has improved from 74% to just over 85% and a number of initiatives are in place to improve this. Young people have been involved in drawing up new leaflets and forms that are child-friendly, and those children and young people spoken during the review were very positive about their involvement and very aware of the changes and improvements they have made to services. Leisure provision for those children and young people looked after is generally good.

36. Corporate parenting is good. The lead member and elected members take their responsibilities for children in their care very seriously and provide good leadership. They are actively involved in "I am in care get me out of here", which is a programme designed by young people to help senior managers and councillors understand how it feels to be in care. In particular, it focuses on improving communication. This has been very successful and both councillors and young people are positive about improvements which have occurred, for example direct involvement from the lead member led to improvements in one residential home. Necessary Criminal Record Bureau checks are completed more quickly and as a result the young people are able to visit friends at weekends much more easily. This work led to a more general paper presented to cabinet on improving provision and regular monitoring of performance.

Major strengths	Important weaknesses
<p>The support provided by schools to help looked after children achieve well.</p> <p>Effective leadership from officers and good support from the lead member.</p>	<p>Insufficient co-ordination of the complaints process.</p>

<p>Performance management of placement stability and permanence planning.</p> <p>The effective contribution of health.</p> <p>Consultation with children and young people and their participation and contribution in improving services.</p>	
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Children and young people with learning difficulties and/or disabilities



37. **The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is good.** There is a clear commitment to inclusion and schools receive very good support from the local authority. They are expected to be confident in meeting the needs of vulnerable groups and, as a result, children and young people make good progress in both special and mainstream schools. The authority's monitoring of this is outstanding. Support for children and young people after the age of 16 is good and participation in education and training is high. Parents and carers are well supported to make a contribution to planning and they receive very good quality information. Consultation with children and young people is good and they make an effective contribution to improving services which meet their needs.

38. Provision for special educational needs in Hampshire schools and in early years education and day care settings is very good. Special schools are particularly strong and work very effectively with both the local authority and mainstream colleagues to improve provision. In inspections, more special schools achieve good or outstanding judgements than the national average and exclusions are well below the national average. Developments are well-informed by detailed assessments of need and the promotion of inclusion has been a key guiding principle for several years. Monitoring, challenge and support by the local authority for schools and early years providers are very good and this has also been a major factor in the progress made. The collection and analysis of data on the educational progress of children and young people with special educational needs is outstanding. Schools are given good support for self-evaluation and their work in such respects is subject to rigorous moderation by local authority staff. Written advice is good and this is supplemented by ready access to a wide range of high quality training opportunities, expert guidance and advice, and specialist teaching support.

39. There is an emphasis on early intervention and the local authority provides pre-school support for 298 children with learning difficulties and/or disabilities through the Portage Home Visiting service. In addition, schools and early years settings are resourced to provide extra support without the need for a statement. The percentage of statements completed within statutory timescales is good and the authority is in the second quartile nationally. The number of new statements issued to children and young people in mainstream schools has decreased at a faster rate than that found nationally.

40. Transition to post-16 education and training is good. It is well managed and well integrated, with effective planning for the transition to adult social care and health services. Connexions support is good and 90% of young people have a transition plan to support their move from children's services to adult services. Eighty families are in receipt of direct payments, which is higher than similar councils.

41. Post-16 education and training providers are well supported in meeting the needs of young people with learning difficulties and/or disabilities and there are a number of examples of local initiatives that have significantly improved provision. Participation rates have increased, both in further education and work-based learning provision, although more pre-level 1 and level 1 provision (particularly work-based) is needed in some parts of the county. Workstep provision is comparatively very high but the provision of education and training opportunities for young people with severe/complex needs post-18 is reducing overall. This is causing some problems for other services in ensuring that there continues to be a comprehensive package of provision.

42. Advice for parents to help them to contribute fully to meeting their children's needs is good and initiatives such as the School Home Intervention Project are particularly highly regarded by parents. Parents are now systematically involved in evaluating and planning provision and a wide range of information is also provided. Some parents would welcome more opportunities for dialogue with service providers so that they can be better prepared to contribute to key decisions. The parent partnership service is good and it focuses on major milestones such as initial assessment and transition planning at age 14. Officers in the formal special educational needs assessment and review processes use a range of ways to inform and communicate with parents, and do so mainly successfully.

43. However, a small minority of parents of children with complex needs feel that relationships with the authority could be improved and that, on occasions, relationships are too confrontational. Schools provide good support but some parents do not feel they have anyone with a clear lead professional role, that is: someone to help co-ordinate assessment, planning and review; ensure good communication; and, if necessary, provide advocacy and support in their dealings with individual specialist services. As a result here is no systematic co-ordination of assessment processes and some families can be subject to a range of overlapping assessments at different points in time.

44. Minimum health surveillance is routinely provided for all children and young people with learning difficulties and/or disabilities but there are some delays in identifying significant health and/or developmental problems. Speech and language therapy, occupational therapy, and physiotherapy provision within schools and early years settings is good in some settings but more variable in others. Measures are now being taken to resolve the current inequity of speech and language therapy provision and these changes are soundly based. There are inconsistencies in the time it takes for parents to secure necessary adaptations to family homes. Effective steps are currently being taken to improve delays also in obtaining specialist equipment.

45. Effective measures are taken to involve children and young people in planning and reviewing the provision made for them at both individual, setting/service level. Good steps have also been taken to include young people with learning difficulties and/or disabilities in the local authority's annual pupil attitude survey and to provide them with opportunities to discuss their concerns at a series of events across the county. Effective tools have been developed to help those with limited communication skills to express their views.

46. CAMHS provision for children and young people with learning difficulties and/or disabilities is variable across the county. The extent to which the recent establishment of a range of new posts will fill the gaps is unclear. Transition to adult health services at age 18 can mean a significant reduction in therapy services for some young people.

47. Changes have been made to respite provision which has resulted in a more even spread across the county. This has not resulted in cuts to the overall service but rather some reallocation to ensure a fairer distribution. Independent carers' assessments are not always offered and some families feel that they do not receive adequate information about securing the benefits to which they are/may be entitled.

48. There is good co-operation with some district councils over access to leisure facilities and there are pockets of good practice in the provision of specialist after school and holiday play/recreation provision for children and young people with learning difficulties and/or disabilities. There is some good work aimed at increasing the access of young people with learning difficulties and/or disabilities to mainstream leisure and recreation provision. However, there is evidence, too, that there is a long way to go in identifying and addressing all the barriers involved. The youth service provides some specialist provision for young people with learning difficulties and/or disabilities, but this is unevenly spread across the county.

Major strengths	Important weaknesses
Provision to meet special educational needs in schools and early years settings.	Limited progress on developing the lead professional role.

<p>Monitoring, challenge and support by the local authority for special educational needs provision.</p> <p>Support for parents to help them contribute to meeting their children's special educational needs.</p> <p>Opportunities and support for children and young people to be involved in the evaluation and planning of provision.</p> <p>Connexions support.</p>	<p>The variation in the provision of CAMHS.</p> <p>The uneven spread of accessible leisure facilities.</p>
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Other issues identified for further investigation

Provision for young carers

49. **The partnership has prioritised the needs of young carers through the Children and Young People's Plan and its young carers' strategy; provision is adequate overall with some outstanding practice.** The authority and its partners provide exceptional opportunities for projects and wider initiatives designed to help young carers. As well as its strong collaboration with the Children's Society, the authority unusually supports a full development team, and there is a multi-agency advisory group. Partners and council members are also committed to the further integration of support into generic services, informed by the expertise of the Children's Society. However the authority and its partners acknowledge that there are issues relating to the identification of young carers and inequality of access to provision.

50. Seven projects, mainly run by the voluntary sector, provide regular meetings for young carers aged 8-19 years in six localities. The provision is good and includes some outstanding practice by enthusiastic and experienced project workers and volunteers. Young carers value highly the opportunity to meet other young carers, discuss problems arising from their responsibilities, develop skills and have fun in a safe setting. They are frequently consulted on their views, and contributed to the development of the Children and Young People's Plan. Projects have links with schools, in some cases through additional drop-in groups. Young carers have frequent additional opportunities to join in weekend trips and activities. The national young carers' festival, which is held in Hampshire, is a highlight of the year and is popular with teenagers. Young carers from Hampshire take part in national events such as visits to meet MPs.

51. Young carers in Hampshire benefit from the authority's participation in national initiatives through the Children's Society. Examples include projects to raise the awareness of the Youth Offending Team about the needs of young

carers who enter the youth justice system, and work with general practitioners to encourage them to identify young carers.

52. Strong multi-agency working effectively supports the projects, for example through the well attended young carers advisory group. Partnerships are particularly effective where project managers, school staff and others such as Connexions personal advisers are well established and have developed strong networks. Good materials have been developed by the Children's Society and circulated to all schools about the needs of young carers. However, not all school managers and staff have absorbed this information and some are not aware of the work in the county. Some young carers report that school staff do not respond well to their needs, even when they know the young person is a carer.

53. Access to supportive projects is not universal. This is not essential if other local support is available. The local authority is aware that there are likely to be many unidentified young carers, who may not be receiving support through generic services. The Children's Society is now targeting action to provide support where there are clear gaps in project provision, such as in the New Forest.

54. The partnership acknowledges a lack of information about which young people are carers. The young carers' projects are in touch with about 10% of the young carers identified in the census. Others are identified and supported through generic services such as education, social care, school nurses, Youth Offending Team and the youth service. However, there is no database of young carers identified through these services or through services addressing the needs of adults or siblings who may be cared for by a child. There is no overarching strategy across all relevant services for improving the identification of young carers and synchronising databases. The advisory group is developing its response to these issues and funding the Children's Society to fill these gaps in provision.

55. Funding for projects and their related activities is provided through a combination of the Children's Fund, the local authority, the youth service and other sporadic grants from Connexions, national and local charities. Project managers spend a great deal of time searching for additional small pockets of funding. Future capacity for supporting young carers is far from clear. Much depends on the success of new initiatives to assess whole family needs, especially to support the disabled and also alcoholic or substance-misusing adults, thus relieving young people from caring responsibilities. These initiatives are not yet fully in place. The young carers' strategy, produced in 2005, lacks a detailed action plan and success indicators. The strategy is due for review during 2007.

Major strengths	Important weaknesses
<p>Exceptional support from the local authority.</p> <p>Good and outstanding practice in young carers' projects.</p> <p>Strong multi-agency working with good support for young people from Connexions.</p> <p>Effective young carers' groups that are highly valued by young people.</p>	<p>Inequitable access to project or alternative support in some areas.</p> <p>Lack of a collaborative strategy to improve identification and database of young carers.</p> <p>Lack of clarity about the future sustainability of funding.</p>

The quality of the 14–19 strategy and provision

56. **The quality of provision for young people aged 14-19 is good.** The majority of the consortia work very effectively and, as a result, there are high success and participation rates in most areas of the county. Eight colleges have beacon status and a high number of young people are engaged on Workstep. The authority and its partners work closely to improve quality and build capacity to meet the needs of communities. Detailed participation data is used rigorously to manage performance. Young people receive effective advice and guidance and innovative approaches to prevent disengagement and to improve equality of access are having a discernible effect.

57. Many 14-19 providers are nationally recognised as outstanding. A wide choice of education and training options is expanding as consortia develop, although choice varies across the county. Connexions staff provide effective advice and guidance.

58. High participation and success rates have been maintained over many years. Special schools' success rates are 15% above the national average for the numbers of young people achieving qualifications at age 16 and 19. In work-based learning, success has risen by 20% but progress is still slow compared to national figures. The proportion of young people aged 16-19 who are not in education, employment and training is low and well below national figures. However, in a few areas of urban deprivation or rural isolation, opportunities are fewer; for example in Gosport there are not enough local apprenticeships. The authority and its partners support innovative work to overcome this. Through early identification of risk and planned intervention schools are improving their performance radically. Pilot projects developing flexible and individualised curricula, centred around the young person's needs, are generating marked improvements in behaviour and motivation. For instance in one school young people can make a choice from 44 options including hairdressing taught by an experienced professional from a private training provider. The school has worked effectively with the consortia to modify its curriculum so that it meets the needs of the young people more effectively.

59. Many Hampshire schools and colleges have national recognition for their good practice in the form of Beacon or Centre of Vocational Excellence status. They actively share and disseminate their novel approaches with local and regional partners. There is a long history of collaborative work to improve quality. The local partnership has built on this very effectively to develop the nine consortia which have now all submitted bids for the new vocational diplomas for 14-19 year old learners. These bids have all been accepted and all five diploma lines will be available in Hampshire by 2009. The authority and the Learning and Skills Council have enhanced their support for consortia to develop their capacity by recent appointments of local coordinators and regional advisors. Consortia vary in their maturity. Some very well established partnerships have expanded and continue to flourish. Other groups have resolved previously entrenched differences of approach and are now working collaboratively and constructively.

60. The Increased Flexibility Project programmes and young apprenticeships show very high retention and success rates and good progression into further training. Young people have wide and expanding choices in most areas but access is not equal across the county. Providers are developing a good range of strategies to overcome this, including distance learning, e-mentoring and joint transport arrangements. Groups of schools are pooling resources to develop shared provision. The partnership is building skills centres to meet local demand for vocational training.

61. The well respected Connexions workforce has clear and well monitored targets. Senior staff collaborate actively in strategic planning. School and college staff praise the advice and support they receive and the calibre of the personal advisors working with them. Young people receive good information and support. Access to a broad range of other services is used effectively to help young people. The new interactive Apprenticeships on Line website provides sophisticated search facilities for young people to select training opportunities, and has a useful set of reports to help advisors to measure demand in each area.

62. There is insufficient provision for some types of learner for example those who have some learning difficulties but who are in mainstream education. For young people over 16 who are at level 1 there are insufficient Entry to Employment places in some areas. Work is in progress to increase the amount of provision and develop a substantial range of choices in the Foundation Level Tier, for instance pre-apprenticeship schemes. Education and training provision for young people with learning difficulties and/or disabilities over 18 is limited.

Major strengths	Important weaknesses
High participation and success rates. Many examples of nationally recognised good practice.	Some inequality of access across the county.

<p>Very effective development of partnerships.</p> <p>Wide and expanding choices.</p> <p>Innovative preventative initiatives to engage young people.</p> <p>Well respected Connexions workforce.</p>	<p>Limited capacity for young people with severe and complex learning difficulties and/or disabilities over the age of 19.</p>
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Health inequalities

63. **The contribution of local health services, to addressing health inequalities for children and young people in Hampshire is good.**

Overall, the health of children and young people in Hampshire is similar, or in some instances, better than the England average. Whilst the health indicators for Hampshire are better than the national average, there are a few areas, in Havant, Gosport, Fareham and the New Forest where indicators are worse than neighbouring districts in the county. Hampshire Primary Care Trust and the local authority are aware of the health-related issues in these areas.

64. Planning to address health inequalities in Hampshire makes good use of available public health data and the key principles and priorities agreed by partner agencies are reflected in the various planning documents. The quality of other data on the health of children and young people is more variable. There is a strong commitment to partnership working, which is evident from the strategic level through to front-line service delivery. Arrangements for joint working at strategic level are mainly fit for purpose and are being developed effectively to support its expansion in the future. The Children's Trust development and the resultant commissioning model for CAMHS is an example of how partnership working has resulted in a much improved provision for most children and young people. Waiting times for tiers 1 and 2 services have reduced significantly, and access to tiers 3 and 4 provision is good. At Leigh House in Winchester, there is excellent tier 3 multi-agency out-patient work and very good tier 4 in-patient care. Good progress has also been made in the development of shared clinical protocols by the Clinical Network groups. Local commissioners and clinicians have been working together for two years to produce clinical care protocols that will provide more effective and efficient services for children, young people and their families in Hampshire.

65. The Primary Care Trust has had preliminary discussions with general practitioners who have been nominated as practice-based commissioning leads. However, it currently has no strategy for the delivery of children's services through such arrangements nor plans for how these leads will be supported and monitored in their commissioning activity, this is a weakness that slows up development. In spite of overall financial cuts the level of funding for services for children and young people has remained the same. This reflects the commitment of the new Primary Care Trust to maintaining and improving provision.

66. At present, effective partnership working at the local level relies on extremely committed individuals. In many cases, these people offer outstanding services. However, there are limited formal support structures or monitoring processes that help to replicate their good practice throughout the county. This is a legacy from the previous primary care provision that included seven separate primary care trusts. Projects such as the Lanterns Children's Centre and the Rowner Sure Start scheme, offer parents and carers good, effective multi-agency support to maintain healthy lifestyles for their children. This multi-agency approach is much appreciated by parents, many of whom work in partnership with the professional practitioners to ensure the success of the schemes in their local community. However, parents and staff are very concerned about the future if key personnel leave, or if funding is reduced. Whilst effective joint working is demonstrated by health practitioners, educationalists and allied organisations, the input of the local authority's social care services is not always apparent. The service is very good, but would be further enhanced by the involvement of social care workers in this preventative work.

67. Many key initiatives are appropriately focussed on areas of deprivation and associated health inequality. Children's Centres, Sure Start projects, the Better Chances-Better Lives 12 Schools Scheme, as well as the Healthy Schools initiative more generally, all offer good support to families and schools to improve the health of their children and young people. The Better Chances-Better Lives project funds parent courses and workshops such as art, do-it-yourself, Cook and Eat, and involve parents in assemblies and after school clubs. All these activities support hard-to-reach parents in their personal development, improve their self-esteem and promote healthier lifestyles for them and their children. Joint working between education and health services is developing well within these initiatives and is improving health outcomes. For example, in schools like Wavell Secondary and Staunton Park in Havant, Fit for Life and sexual health programmes have improved the health outcomes, confidence and behaviour of young people. Thoughtfully and sensitively established sexual health work in the youth service, such as that at Chify in Havant and Brune Park in Gosport, successfully encourages individual young people and couples to demonstrate foresight and maturity in seeking advice. In Wavell, health is integrated into all relevant aspects of the curriculum, whilst in Staunton Park, as well as an integrated curriculum, the school sponsors a specific room called the Health Place that offers an extensive range of health-related learning opportunities to students, young parents and members of the local community. This provision is having positive effects on the health of young people, with teenage conception rates in Havant diminishing by 24% in the past year.

68. There is general recognition in the newly-merged Hampshire Primary Care Trust that workforce skills will need to change in order to address changing needs and priorities for children and young people in the county, and a firm commitment to increased levels of multi-agency training. However, there is currently little structured and cohesive workforce planning. The health visiting

resource offers an acceptable level of targeted services. The school nursing provision is variable, with highly effective targeted services like the Health Place in Havant, and more traditional services in other locations.

69. At present, collection, analysis and access to relevant data and information systems for health issues are inadequate. There is a commitment to improve this but it is too soon to see overall improvement. Key health personnel, partner agencies and parents are working together to improve the health of children and young people, often without easy access to relevant data and information. In some areas, but not all, there is adequate data. Appropriate data and information on public health is collected and analysed. It is not easily accessible for all Primary Care Trust or local authority staff. Data and information are not always presented to managers in a clear and understandable fashion, and is therefore not routinely used for strategic, managerial or operational purposes. Services, such as paediatric therapists in the north of the county and the Young People’s Drug and Alcohol team, collect and are able to use their own data for planning and changing services or professional practice. Recently procured IT systems, such as those in children’s centres, do not connect across agencies, thereby making joint activity and record management more difficult.

Major strengths	Important weaknesses
<p>Strong commitment to partnership working, evident from the strategic level through to front-line service delivery.</p> <p>The fall in teenage conception rates in Havant.</p> <p>Clear focus on areas of deprivation and associated health inequality.</p> <p>Good, effective multi-agency support through children’s centres to maintain healthy lifestyles for their children.</p>	<p>Limited structured and cohesive workforce planning.</p> <p>Data and information not routinely used for strategic, managerial or operational purposes.</p>

Service Management



Capacity to improve



70. **The management of services for children and young people is good. Capacity to improve further is good.** Partnership working to deliver Hampshire priorities for children and young people is effective and is built on good relationships. Partners have a strong commitment to the preventative strategy and to shifting and developing resources to deliver it through multi-agency working. Engagement with children, young people, their families and carers in developing priorities and in reviewing performance is good. Partners act promptly to reduce inequality of outcomes. Difficult decisions are made to redirect resources to areas of need. The council provides good value for money with generally low expenditure on education and children's social care compared to other counties. Performance and achievement are generally good and the concern noted in the annual performance assessment about lack of placement stability is being addressed.

71. Capacity to improve further is good. There is a sound framework for future work and the partners have clear plans to take the strategic development forward and a strong shared vision of how outcomes will improve. There is effective management of resources and performance to support improvement.

72. Ambition for children in Hampshire is good. Partners share a clear aim that every child and young person, including those who are vulnerable or disadvantaged, must have the best possible start in life and be supported to develop their full potential. This aim is supported through the county's local area agreement priorities and through district local strategic partnership objectives, and is clearly set out in the Hampshire Children's and Young People's Plan. Priorities for the plan were developed through effective engagement with a wide range of children and young people, their families and carers. There has been some good needs analysis, notably focusing on some vulnerable groups such as children with disabilities, traveller and gypsy children. Health data contribution has, however, been inconsistent across the county due to the previous situation of seven primary care trusts with different approaches.

73. Prioritisation is good. The Children's and Young People's Plan sets out clear actions and outcomes, which include improving outcomes for vulnerable children and to tackling inequality of outcome in Hampshire. The partnership is focusing resources where they are needed to tackle disadvantage within a generally prosperous county. Partners are signed up to deliver agreed priorities and are working together effectively through outcome-specific groups such as teenage pregnancy. The council's budget for children and young people is clearly linked to the delivery of identified priorities and sets out how these will be resourced. There is joint resourcing from partners for instance for healthy

schools initiatives, teenage pregnancy strategy and Drug and Alcohol Advisory team. Resources are not, however, clearly set out in the plans, which make it difficult to see the contribution of partners. There has been an improvement in strategic support to the voluntary sector to achieve better links to partnership priorities. There is good prioritisation of the early intervention and preventative strategy. The council has moved existing budgets to support preventative work in the new locality teams. The Better Chances, Better Lives local area agreement initiative has targeted resources to 12 schools with educational underachievement in communities experiencing social deprivation.

74. The ethos of early intervention is supported by the Rights, Respect and Responsibility programme, which is now used in many education establishments and supports students and staff in taking responsibility for speaking out.

75. Capacity is good. Decisions are generally timely and support the delivery of plans. The Director of Children's Services and the senior management team provide very effective leadership for the partnership and there is a high level of commitment from the lead member to promoting better outcomes for children and young people. The lead member, with other members, demonstrates a good understanding of their role as corporate parent and a high commitment to meeting the needs of children in care. Difficult decisions are made to redirect resources to areas of need. There has been constructive challenge to proposals for school closures and for the hearing impairment service by the scrutiny process. Children's services are seen as a priority across the council, and there has been an increase in budget allocated to children's social care to support the increased emphasis on prevention.

76. Value for money is good. The council has generally low expenditure on education and children's social care and on the youth service compared with other counties, but combined with good outcomes. Budgets are managed effectively. Budget setting is now increasingly informed by activity forecasting that takes account of the likely impact of changes due to demographics and to new approaches to prevention and provision. Schools' financial balances are high, however, action is now being taken to clawback excess balances. The council is working with schools to close and merge under-used schools, and with developers to build new schools in the growth areas. The council has agreed a strategy for children looked after and children on the edge of care which includes reinvestment of resources from residential homes closure into prevention services. There is a joint commissioning partnership group and a number of joint initiatives such as JENI and CAMHS, but the partnership has not yet implemented a fully strategic approach to joint commissioning.

77. Partnership relationships are good. The 11 district councils nearly all include an objective for improving outcomes for children and young people in their local strategic partnership objectives, and are linked in with the new children's locality teams which are co-terminus with district boundaries. Many district councils use the local youth council to consult as a matter of course and young people are confident that things have got better as a result. Partnership with health is now good, following the creation of a single co-terminus Primary

Care Trust in place of the previous seven primary care trusts. The voluntary sector is well represented on the partnership and increasingly supported to maximise overall capacity in the county.

78. There is adequate progress in developing the workforce strategy. There have been high vacancy rates in social care, but these have been tackled. The council is now using consultancy to re-evaluate the skill mix and staffing, resourcing and deployment to meet needs in social care. There is a strong and responsive workforce in the youth service and partner agencies express confidence in the specialist skills of workers.

79. Performance management is good. Oversight for performance on key indicators for outcomes is managed by the partnership, and linked to performance indicators. Each service plan has clear milestones and outcomes. Performance monitoring for service delivery is tightly linked to performance in indicators and budget. Staff have individual performance plans and are accountable for their contribution. Budgets are devolved to the lowest level of accountability and scrutinised regularly. There is regular comparison of activities and costs with other areas, and variations in performance are promptly investigated. There has been an increase in the number of children in care achieving permanence. Targeted support to black and minority ethnic pupils has contributed to their higher educational attainment compared to other local authorities. Scrutiny for children's services is strong.

Major strengths	Important weaknesses
<p>Engagement with children and young people.</p> <p>Early intervention and prevention strategy and its implementation.</p> <p>Partnership working.</p> <p>Effective leadership of children's services.</p>	<p>Lack of progress on joint commissioning.</p> <p>The voluntary sector is not supported to contribute fully to local capacity.</p> <p>The strategic engagement of the voluntary sector in the children's partnership.</p>

Annex A

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

Summary

Areas for judgement	Grade awarded
The contribution of <i>the local authority's children's services</i> in maintaining and improving outcomes for children and young people.	3
<i>The council's overall capacity to improve its services for children and young people</i>	4

In relation to all outcomes the council has made a good contribution. Strengths outlined in last year's in last years annual performance assessment have been sustained and built upon. Work has been undertaken to address the weaknesses and all of them have been fully or partially dealt with. In particular, aspects of staying safe have improved. The realignment of council services into the children's department has made it more effective and efficient in terms of its service delivery. Partnerships with other agencies have remained strong.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=68262&providerCategoryID=0&fileName=\\APA\\apa_2006_850.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT - CHILDREN AND YOUNG PEOPLE

1. Outcomes for children and young people in Hampshire are good and the council with its partners have made a good contribution to these. Strengths outlined in last year's annual performance assessment have been sustained and built upon. Work has been undertaken to address the weaknesses and all of them have been fully or partially dealt with. The arrangements for safeguarding children and young people are good and services for children and young people in care and those with learning difficulties and/or disabilities are good. The realignment of council services into the children's department has made it more effective and efficient in terms of its service delivery. Partnerships have remained effective and they have a strong commitment to the preventative strategy and to shifting and developing resources to deliver it through multi-agency working. Engagement with children, young people, their families and carers in developing priorities and in reviewing performance is good.

2. The management of services for children and young people is good. Partnership working to deliver Hampshire's priorities for children and young people is effective and built on good relationships. The partnership is focusing resource where it is needed to tackle disadvantage within a generally prosperous county. The Director of Children's Services and the senior management team provide very effective leadership for the partnership and there is a high level of commitment from the lead member to promoting better outcomes for children and young people.

3. The combined work of the council and its partners in securing the health of children and young people is good, as is the contribution of local health services to addressing health inequalities for children and young people in Hampshire. Overall, children have a good start in life, with national targets set for the health of children and young people being met in most areas and exceeded in some. Overall, the health of children and young people in Hampshire is the same as, or in some instances better than the England average. However, there are significant health inequalities between areas within the county but many key initiatives are appropriately focused on areas of deprivation and associated health inequality. Children's centres, Sure Start projects, the Better Chances-Better Lives 12 Schools Scheme, as well as the Healthy Schools initiative more generally, all offer good support to families and schools to improve the health of their children and young people.

4. Child and adolescent mental health provision for children and young people is good overall, although the service for those with learning difficulties and/or disabilities is inconsistent across the county and inadequate in some areas. Regular health surveillance is not provided for all children and young people with learning difficulties and/or disabilities and this can result in delays in identifying significant health and/or developmental problems. All looked after

children receive annual health screening, dental checks and immunisations where appropriate.

5. The contribution of local services to improving outcomes for children and young people at risk, or requiring safeguarding is good and preventative services are having a very positive impact on improving outcomes for these children and young people. In 2006, the percentage of initial assessments completed within seven days and the percentage of core assessments completed within 35 days had significantly increased and were judged good with performance noted to be above that of similar councils. Some of these improvements have been maintained; the numbers of children on the register, the percentage of re-registrations, reviews and de-registrations are line with similar councils. There are a number of effective multi-agency initiatives in place to reduce anti-social behaviour and to prevent offending and reduce re-offending.

6. The council makes an excellent contribution to ensuring that children and young people enjoy life and achieve. Children make a good start to their education through excellent child caring facilities, good nursery and day care provision and a strong early years education, which prepares them well for school. Achievement is good for all groups of pupils including those with learning difficulties and/or disabilities. Developments in provision for children and young people with learning difficulties and/or disabilities are well informed by detailed assessments of need and the promotion of inclusion has been a key guiding principle for several years. The collection and analysis of data on the educational progress of children and young people with special educational needs is outstanding. Schools are given good support for self evaluation and their work in such respects is subject to rigorous moderation by local authority staff.

7. The council makes an excellent contribution to enable children and young people to make a positive contribution. Its services for children and young people are making a difference and are beginning to have a real impact on their lives. In most primary schools, a good proportion of secondary schools, and all special schools, pupils are making a positive contribution to the community. Children and young people are willing to take responsibility and become enterprising individuals. For example, children have opportunities to interview their future teachers and children's views about new developments are taken seriously by the council. Effective measures are taken to involve children and young people who are in care in planning and reviewing the provision made for them at both individual and setting/service level. Programmes such as "I am a child in care get me out of here" and the CAT mark given to establishments inspected or visited by young people has also given looked after children opportunities to express their views.

8. The council makes a good contribution to ensuring children and young people achieve economic well-being. Provision for young people aged 14-19 is very good with high success and participation rates in most areas. The authority

and its partners work closely to improve quality and build capacity to meet the needs of communities. Detailed participation data is used rigorously to manage performance and young people receive effective advice and guidance. Innovative approaches to prevent disengagement and improve equality of access are beginning to have an effect. Many providers are nationally recognised as outstanding. A wide choice of options is expanding as consortia develop although choice varies across the county. Connexions staff provide effective advice and guidance. However there is insufficient provision at level 1 for those aged 16 and over, and for disabled people when they reach 19.

9. Capacity to improve is good. However joint commissioning and partnership resource use is underdeveloped and the comprehensive framework for needs analysis is not yet in place to support this work.

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 Hampshire 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 focussing 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.
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).