

Joint area review

Dorset 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
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Introduction

1. The 2006 Annual Performance Assessment (APA) for Dorset judged the council's children's services as good, and its capacity to improve as good.
2. This report assesses the contribution of local services in ensuring that children and young people:
 - at risk or requiring safeguarding are effectively cared for
 - who are looked after achieve the best possible outcomes
 - with learning difficulties and/or disabilities achieve the best possible outcomes.
3. The following investigation was also carried out:
 - an investigation of factors influencing sexual health and teenage pregnancy outcomes, with particular focus on the Weymouth and Portland areas.
4. At the time of this review, due to circumstances within the local authority, Her Majesty's Inspectorate of Probation was unable to complete the inspection of the Dorset Youth Offending Team (YOT). As a consequence, this review has therefore been unable to consider evidence relating to the work of the YOT or to consider fully the provision made for children and young people who offend or who are at risk of offending.

Context

5. Dorset is a county located in the south west of England. It ranks among the least deprived areas of England, but there are small pockets of deprivation. The total population is estimated to be 401,145, with 22.3% in the 0 to 19 age group. The overall population is rising, but at the same time, the number of young people is falling. Dorset's birth rate is significantly lower than the national average, and although it has been falling steadily over the last 15 years this trend has recently reversed. Around 3.8% of the population is aged 20–24 years, compared with 6% across England and Wales. In contrast, 29.3% of the population is aged over 60, compared with 20.9% in England and Wales. The black and minority ethnic population is dispersed across the area and comprises 3.22% of the total, of whom gypsies and travellers form the largest group.
6. Children's social care services are provided through:
 - prevention services that support children and their families within the community
 - a fostering service with 226 mainstream and specialist carers
 - four residential homes

- 24 independent sector residential placements and 11 independent sector fostering placements.

7. There are 13 field social work teams. Other specialist and social work posts and services are located in established multi-disciplinary and integrated teams, such as the YOT and Child and Adolescent Mental Health Services (CAMHS). July 2007 data show that there are 188 children on the child protection register, of whom 165 are the formal responsibility of the council, with the remaining 23 children being supervised by other local councils in accordance with the statutory Working Together guidance. There are 253 children and young people looked after by the local authority and 93 are in shared care.

8. Pre-16 education is provided by:

- five designated nursery units attached to primary schools providing 260 part-time equivalent places, and a further 213 settings (that is, childminders, playgroups, full day-care and nursery units in independent schools) providing 4,060 nursery education places for three and four year olds
- six designated children's centres
- 134 primary schools
- 34 secondary schools including middle schools
- five special schools, 16 designated special units within mainstream provision and five pupil referral units.

9. Post-16 education and training is provided by:

- 16 mainstream schools with sixth forms (providing for 48% of 16–18 year olds)
- three schools for young people with severe learning difficulties
- two further education (FE) colleges within Dorset (providing for 30% of 16–18 year olds) and a number of other FE colleges in the surrounding area (20% of 16–18 year olds)
- Dorset Adult Learning Service (2% of 16–18 year olds)
- nine local work-based training providers in addition to two national providers delivering locally.

10. Entry to Employment (E2E) provision is delivered by six providers offering a total of 680 places.

11. Educational and recreational leisure time activities, including youth work, are provided by the council's children's services directorate in conjunction with a range of partners. A range of other support services to schools is provided by the local authority and Connexions.

12. The largest provider of part-time adult and community learning in Dorset is the county council's adult learning service. This service chairs a community-based learning strategy group that includes representation from the three FE

colleges and voluntary and community sector organisations. It also works closely with extended schools coordinators and Sure Start.

13. Primary care is provided by the Dorset Primary Care Trust (PCT) and acute hospital services are provided by Dorset County Hospital NHS Foundation Trust and Poole Hospital NHS Trust. Specialist CAHMS are provided by Dorset Healthcare NHS Foundation Trust and Dorset County Hospital NHS Foundation Trust.

14. A large number of statutory and voluntary sector partners are engaged in the work of the Children and Young People's Partnership Board and the Dorset Safeguarding Children Board.

15. There are no young offender institutions in the county.

Main findings

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

- most children feel safe and the arrangements for safeguarding children and young people are adequate overall. The Dorset Safeguarding Children Board (DSCB) has high-level representation from key partners, including the voluntary sector, of sufficient authority to enable the board to set the direction of services in the knowledge that partner agencies will support the initiatives
- the council and its partners have a strong commitment to improving outcomes for children and young people, with a clear focus on preventative services
- arrangements for children and young people who are looked after by the council are adequate, but the quality of assessments is variable. Services to prevent children coming into care are good
- the contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is generally good. Educational outcomes are good and children and young people are increasingly included in mainstream services
- services to improve children and young people's sexual health and to reduce teenage pregnancies are inadequate overall. The lack of robust data and evaluation make it difficult for partners to evaluate interventions consistently and to target resources effectively
- service management is adequate overall and the council provides good value for money

- the capacity to improve is good. Partnership arrangements are well established and underpinned by a service-wide approach to continuous improvement.

Grades

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

	Local services overall
Safeguarding	2
Looked after children	2
Learning difficulties and/or disabilities	3
Service management	2
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.

For action over the next six months

The council should:

- ensure that all initial and core assessments are of a consistently high standard and fully compliant with guidance
- review the permanence policy and ensure it is understood fully and implemented consistently
- consistently implement the formal review system for children in need that monitors and evaluates the quality of services provided for children who are at risk of becoming looked after or placed on the child protection register.

The local partnership should:

- implement an action plan that will ensure that all systems for data collection, monitoring, evaluation, information sharing and quality assurance are robust, reliable and fit for purpose, and support evidence-based best practice
- ensure that the systems for identifying the whereabouts of all children aged 0–16 are comprehensive, coordinated and tested
- ensure all service delivery and team plans are consistent with the priorities of the Children and Young People's Plan, have a focus on improving outcomes for children and young people and contain appropriate measures to assess progress and impact
- ensure that service users with the most complex learning difficulties and/or disabilities and their carers are represented on the appropriate strategy group.

For action in the longer term

The local partnership should:

- ensure that short break care and advocacy services are developed, wherever possible, to meet the needs of young people and families with the most complex and specialist needs
- ensure that all young people with learning difficulties and/or disabilities have access to a good range of education and training opportunities at age 16 plus
- accelerate the rate of reduction in teenage pregnancy by ensuring that services are based on a thorough analysis of need, engage those most at risk and build on the strengths of existing good practice
- ensure that all young people have equal access to high-quality sexual health services.

Equality and diversity

17. A strong commitment to equality and diversity underpins the work of the partnership. An explicit priority is to narrow the gap between the majority of Dorset's children and young people, and those who are vulnerable to poor outcomes. Major initiatives, for example to tackle bullying, discrimination and domestic violence, have resulted in improved intervention and support. Children, young people and their carers are involved in raising awareness of these issues. Effective steps are taken to consult hard-to-reach groups, such as traveller children and their families, and to provide culturally sensitive and flexible services to meet their needs. Children with learning difficulties and/or disabilities and those who are looked after by the council are well supported throughout their

education and achieve well in school. The significant challenge of providing accessible services to isolated rural communities is understood by service managers; however, this does not always lead to a systematic and coherent approach across the county. Improving access remains a key priority for the partnership. The partnership has strengthened its ability to gather sufficiently detailed monitoring information about its black and minority ethnic communities to inform plans to meet their specific needs.

Safeguarding



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

Major strengths	Important weaknesses
<p>The positive impact of initiatives for improving services to children affected by domestic violence and bullying, and those living on traveller and gypsy sites.</p> <p>Regular participation of children, young people and carers in consultations, training and recruitment.</p> <p>Low number of children and young people in need of child protection plans and timely support given to families where there is a risk of harm.</p> <p>The LSCB has strong structures and organisation and high-level representation that secure its authority to act.</p>	<p>No systematic approach to audit and data collection to improve service outcomes.</p> <p>The inconsistent quality of assessments.</p> <p>Incomplete systems for identifying the whereabouts of all children and young people.</p>

19. Most children feel safe in their schools and home areas. Their views were used to inform the anti-bullying strategy and the service to travellers. Effective work is reducing the year-on-year incidence of road accidents, although the number of children who died (as opposed to being seriously injured) rose in 2005/06. Effective measures are also in place to promote environmental and household safety. Ofsted inspections confirm high standards of health and safety throughout the children's service. Education programmes provided by Sure

Start/children centres, in conjunction with voluntary organisations, in relation to sexual behaviour and drug and alcohol use, have had a positive impact. Appropriate and necessary action is being taken to improve access to CAMHS and to provide more timely and consistent intervention across each of the three provider trusts in line with national expectations. A more robust system of prioritisation has resulted in a much improved, better coordinated and responsive service. Waiting lists have decreased markedly across the county.

20. Major initiatives to tackle domestic violence, bullying and discrimination have resulted in improved support and intervention. Children, young people and their carers are involved in raising public and professional awareness of these issues. Early evidence suggests that this work is impacting positively on partnerships. For example, district and borough councils are revising their practices in relation to the housing of families in which there are vulnerable children and young people.

21. The register of children educated at home is well maintained, with professional oversight in place. Effective systems and practices track children who are in hospital and special units, as well as those living on traveller and gypsy sites. A thorough audit of private fostering has identified the whereabouts of a number of children who are now monitored. However, the system for identifying children who go missing from school does not link to the police missing persons system, and those for identifying the whereabouts of pre-school children, children with poor school attendance and those in language schools are underdeveloped. These shortfalls reduce the otherwise effective area-wide policies and practices used to locate the whereabouts of children normally resident in the county.

22. The action taken to reduce the incidence of child abuse and neglect is adequate overall. The rates of referrals and re-referrals are higher than statistical neighbours and are skewed by the current database which is insufficiently flexible. This means that contacts, which can be messages or requests for information, are recorded in the same way as referrals of children in need for services. There has also been a large increase in the number of domestic violence referrals from the police which has led to a significant increase in workload pressure. The timeliness of completion of initial and core assessments has improved during the past year, bringing them in line with and significantly above national averages respectively. However, the quality of assessments is too inconsistent, with wide differences in clarity, accuracy, analysis and completeness. Although a peer audit of case files identified many of these issues, the lack of a systematic approach to the findings undermined its impact.

23. There is generally good cooperation between agencies and agreement about safeguarding thresholds, and there are good levels of involvement in case conferences, reviews and planning meetings from partner agencies. The number of registrations on the child protection register is lower than the national average, although there has been a recent increase as a result of managers taking appropriate action to address variation in practice in one particular part of

the county. Re-registrations, which can indicate insufficient improvement in the child's circumstances in response to the previous registration, are reducing in line with expectation but are still above average.

24. Children and young people at risk of harm are mostly given timely support in a well-coordinated, inter-agency effort. The procedures for initial case conferences, core group meetings and reviews are consistently applied and well supported by agencies, with appropriate challenge from independent chairpersons. All children on the register are allocated to a suitably qualified and experienced social worker. The drive to increase attendance of young people at initial case conferences is facilitated by the provision of advocates through the children's rights service. In one office, a pilot initiative is ensuring that all children and young people have the opportunity to benefit from the help and expertise of an advocate.

25. There is a good number of effective family support agencies, including the in-house Horizon Service, and valued specific inputs from voluntary organisations, such as family risk assessments and treatment for adult and younger sex offenders provided by the NSPCC. There is an established and effective joint-agency approach to the management of sex offenders, a police register and increasingly effective Multi-Agency Public Protection Arrangements (MAPPA). An active sub-committee of the Dorset Safeguarding Children Board (DSCB) has formed close partnership arrangements using MAPPA and is targeting effort and financial resources towards identifying and supporting the treatment of adults who pose a risk to children.

26. The DSCB comprises a membership of senior managers with the seniority and authority to commit resources when necessary. Leadership is shared within an extensive sub-committee structure. Although the board has a current work programme, the relatively short time since it came into effect has meant that detailed knowledge of its work is not yet understood throughout the workforce and the need for improved communication, in addition to management briefings, is recognised. Relationships between workers at a local level are generally good and effective. There is regular supervision and support to staff in managing user and professional safeguarding concerns. The appropriately tiered training programme provided across the partnership is valued highly.

27. Revised and well-conceived multi-agency safeguarding procedures were launched in November 2006. Although some early work to audit their impact has been commissioned by the DSCB and undertaken, important findings have not always led to practice improvement across the partnership; for example the six monthly Section 47 audits. There was also evidence of some partners misunderstanding the requirement or failing to undertake the self audit of safeguarding arrangements that was set out in the DSCB annual report which represents a missed opportunity to evaluate the impact of the revised procedures.

28. Criminal record and vetting checks are undertaken appropriately for all staff starting work with children in statutory agencies and for those already in post. Formal and established processes are used to investigate situations when concerns are raised and the local designated officer had made the first report to the Government Office. The complaints process is underused generally and reflects inconsistent practice in promoting its availability and value. This is in contrast to the growing, effective involvement of parents, carers and users in providing feedback on safeguarding processes through questionnaires, inputs into conferences, training events and staff selection. Important strategy developments have occurred in domestic violence, bullying, discrimination, harassment and corporate parenting as a direct result of service users contributing their knowledge and understanding.

Looked after children and young people



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

Major strengths	Important weaknesses
<p>Good preventative services which reduce the need for children to become looked after by the council.</p> <p>A good range of high-quality in-house residential and foster care.</p> <p>The Tuition Team provides good support to children who are looked after.</p> <p>Responsive CAMHS provision informed by a good understanding of the needs of looked after children.</p> <p>The very good proportion of care leavers in education, employment and training.</p>	<p>Permanence planning to secure both the long-term futures of and good outcomes for children looked after by the council is neither fully developed nor consistently understood and applied.</p> <p>The use of unqualified social work staff as key workers for looked after children.</p> <p>Over-representation of looked after children in the numbers excluded from school.</p>

30. Support to prevent children becoming looked after is good. The number of looked after children is low compared to that in similar authorities; it has decreased over the last three years and is significantly below the England average. Family group conferences, which are used for children and young people on the threshold of care, are well established and are helping them to

stay at home or be placed successfully with members of their extended family. The council and voluntary sector partners provide good preventive services in localities, such as the Waves Project in Weymouth. Access to a range of services is facilitated by a multi-agency forum which develops and sanctions packages of support to individual families. The Adolescent Support Team provides a responsive service which has prevented breakdown in many families. Children who remain at home are monitored, but there is no consistent knowledge about, or implementation of the requirement to review formally their progress and outcomes.

31. Most children who are looked after receive regular health assessments. Performance has improved steadily over the last three years and is now slightly above the England average. However, in some areas the work of the dedicated LAC Health Team is hindered by the lack of formal notification when a child becomes looked after. This small team of nurses links effectively with other agencies and as well as offering some direct work with children who are looked after, they are engaged in a significant amount of preventative work with carers and fellow professionals. There is currently no targeted health promotion programme for looked after children and the healthy care standard has not been implemented. CAMHS for looked after children are good. CAMHS in West Dorset are well resourced and able to respond quickly. The provision in the east of the county, in spite of fewer resources, is valued for its flexibility. The Turnaround treatment foster care scheme provides good access to therapeutic services.

32. Looked after children have access to a good range of high-quality foster care and residential placements. The stability of short- and long-term placements is good or better. Higher than average use is made of residential care, in line with the policy of retaining and developing in-house residential provision to meet particular needs. Local fostering and residential provision means that little use is made of independent sector placements. Intensive support meetings have enabled the development and funding of successful placements for children with the most complex needs. However, expenditure on residential and foster care has risen by 68% since 2001 and is now 12% above the England average. Low numbers of children are in friends and family placements, although good and successful efforts are made to maintain links by placing children within the county. A high number of children, above the national average, is placed more than 20 miles away from home. While this is in part a reflection of the geography of the county, it poses challenges for continuity in education and contact with families and local communities.

33. Reviews of looked after children are nearly all held on time and participation is good. Conference and reviewing managers are independent of the line management arrangements for the cases. They also have responsibility for child protection reviews and refer practice issues to team managers. However, aggregated performance data are not collected and used systematically and formal quality assurance processes are not established.

34. Permanence planning to secure both the long-term futures and good outcomes for children looked after by the council is neither fully developed nor consistently understood and applied. The number of children adopted last year fell below comparators. However, the numbers are so small that it is too early to identify trends, and overall the service has a good record of securing adoptions where it is deemed to be in the child's best interests. Some opportunities for special guardianship have not been pursued and despite being set out in the Children's Services Manual, there is lack of clarity among some social workers and their managers about funding and support arrangements.

35. All looked after children have a named social worker who is qualified. However, for some children in the north of the county the day-to-day work is undertaken by a social work assistant and monitored by the qualified worker. This arrangement, a response to staff shortages, is generally viewed positively by the children, but it is neither satisfactory nor sustainable in the long term and is contrary to current guidance.

36. Significant efforts have been made to improve the educational attainment of looked after children. They perform better than the national average for similar children at Key Stages 2 and 4, but significantly less well than all children in Dorset. Particular attention has been paid to attainment in English at Key Stage 2 and local data show that performance has improved significantly. The Tuition Team provides good support, with a particular focus on those at risk of exclusion. Its work is regarded highly by foster carers and social workers. Despite these efforts, looked after children remain over-represented in the excluded group, particularly in relation to fixed term exclusions.

37. Current arrangements for personal education plans are recognised by the authority as unsatisfactory as a variety of different planning tools are used. This inconsistency was identified a year ago and a single learning plan is being piloted which will be rolled out in January 2008. Attendance was identified as an area of development in the 2006 APA as too many looked after children were missing 25 or more days of school. The most recent local monitoring data show that this situation is improving significantly. A significant proportion of looked after children attend learning centres, where a strong focus is placed on raising aspirations and all children are expected to sit at least one GCSE. A bursary scheme provides funding to support the education of looked after children in Dorset's schools. This is a positive development, and although guidelines on its use have recently been revised, there are no means to monitor spending.

38. Looked after children receive good support to express their views. The well-established Corporate Parenting Panel includes looked after young people and regular consultation events are held. The children's rights and advocacy service is well regarded by those who use it. However, there is a low use of independent visitors and this service is underdeveloped. There have been some targeted programmes to engage looked after young people in activities, but there are currently no arrangements to facilitate subsidised access to sports and leisure facilities.

39. Care leavers (approximately 160 young people) receive good support as they move towards independence. The proportion of care leavers in education, training and employment is very good and significantly above comparators. Some 5% now attend university. The percentage of care leavers in suitable, independent accommodation has been consistently above comparators but has declined slightly over the last year. However, most care leavers who are also parents are in suitable accommodation, although almost two-thirds are not in employment, education or training. The Housing Strategy Group, together with district and borough councils, ensures a good supply of supported accommodation. Independent housing options are more limited and largely dependent on private sector provision.

Children and young people with learning difficulties and/or disabilities



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

Major strengths	Important weaknesses
<p>Early identification of health, care and education needs.</p> <p>Good and timely support for families.</p> <p>Good arrangements for safeguarding.</p> <p>Good levels of achievement at school.</p> <p>The low numbers of children and young people excluded from school.</p> <p>Children and young people who have clear plans for the future and participate regularly in their reviews.</p> <p>Good access to impartial information, advice and guidance.</p>	<p>Inconsistent access to CAMHS and some therapy services.</p> <p>Some services, including short breaks and advocacy, are insufficiently developed for those with the most complex needs.</p> <p>The limited range of post-16 education and training programmes.</p> <p>Consultation with the full range of voluntary sector support groups.</p>

41. The contribution of local services to improving outcomes for children and young people with learning difficulties and/or disabilities is generally good. Most outcomes are better than the national average. Inspection findings over the last two years show that children and young people with learning difficulties and/or disabilities make good or better progress in most schools. Action to improve

timescales for completing statements of special education need, identified as an area for development in the 2006 APA, has been successful. Staff across the partnership are committed and enthusiastic and there is much very good work to improve the lives of these children. Plans to improve information sharing and performance management across the partnership are being developed. However, measures to evaluate the impact of services are not always well defined, and some staff and partners are frustrated at the pace of developments. Dorset has strong and effective partnerships with the major local and national voluntary sector bodies which are active in the county. However, some of the smaller, voluntary sector support groups would like a greater say in how services are developing.

42. The health needs of children and young people with learning difficulties and/or disabilities are met well. Early intervention and good support for families is enabling many children to remain in mainstream education. Partnership work is well established, although joint commissioning of services is at a relatively early stage of development. Staff across the partnership work well together to assess need. Effective action has been taken to reduce the long waiting times for access to CAMHS experienced by some families in different parts of the county, and the new commissioning framework has within it provision to make further improvements. A few parents, for example those of children with attention deficit hyperactivity disorder and very complex needs, are dissatisfied with their ineligibility to services. However, the quality of services for those who do receive them is good. Clear policies and procedures support transition to adult services. The percentage of young people with a transition plan has improved significantly over the last three years and is now good compared to the national average.

43. The contribution of local services to ensuring a safe environment and protecting children with learning difficulties and/or disabilities is good. The percentage of children with disabilities receiving services and/or short break care is good, above comparators and the national average. Staff are well trained in all aspects of safeguarding, with appropriate specialist training for those who carry out investigations. A strong emphasis is placed on preventative work and the number of children and young people with a disability on the child protection register is low. Appropriate safeguards are in place to assess the suitability of services purchased through the direct payment scheme. The use of direct payments is improving choice and flexibility for families. The programme is well managed, the number of payments is high and few are withdrawn. A satisfactory range of short break provision is in place. However, the partnership recognises weaknesses in both quantity and allocation, particularly for those with the most complex needs. A strategy group is working to improve the service, although at this stage it is not clear how it will involve the disaffected groups of parents and carers. Shared foster care has been in place for a considerable time and a plan has been developed to increase capacity and range of provision in order to meet identified need.

44. Children and young people with learning difficulties and/or disabilities are helped to enjoy school and achieve well in relation to their starting points. In line with the partnership's inclusion priorities, more children and young people with learning difficulties and/or disabilities are now placed within the county and in mainstream education. The proportion attaining nationally expected levels at each key stage is above the national average and in the highest quartile. Good initiatives are in place to ensure high-quality provision in mainstream, special schools and pupil referral units. Productive use is made of data to monitor school and pupil performance and to set suitably challenging targets for improvement. Targeted support is provided to two schools where performance is identified as a cause for concern. An innovative virtual school ensures that those children who are unable to attend school, for example because of long-term health issues, have access to good quality education through online teaching. The percentage of fixed-term exclusions for pupils with statements of special educational need in primary, secondary and specials schools has reduced and is now well below the national average. None of this group is permanently excluded. The percentage of those receiving a statement is reducing in line with the national average and the number receiving a new statement has decreased significantly over the last three years at a much faster rate than nationally. The timescales for completing statements has improved significantly and is now good.

45. Children and young people with learning difficulties and/or disabilities have clear plans for the future and feel well prepared and supported. They are encouraged to contribute their views and effective mechanisms are in place to hear their individual and collective voice. Children, young people, parents and carers are consulted well in the development of individual packages of support. However, the council recognises that systems to gather feedback to influence centrally based services need to be strengthened. Children with the most complex needs have more limited access to play and recreational activities than their peers, although there is some good work to improve opportunities, for example through area-wide sport and extended school programmes. Advocacy services are being developed, but the partnership recognises the need to improve them further as the service is not always effective for those with the most severe disabilities.

46. Young people and their families have good access to impartial information, advice and guidance on education, training and employment. Good support for parents of young children is provided through the developing network of children's centres. The portage service is good and highly regarded. Pathway and transition plans are reviewed regularly, and although they are not in place for a minority of young people overall performance in this area is comparatively good. There are effective recent initiatives to reduce the proportion of young people with learning difficulties and/or disabilities who are not in education, employment or training, and this is now below the national average. Inspection findings show that the quality of post-16 education and training for young people with learning difficulties and/or disabilities is good. However, programmes at entry and Level 1, including suitable work places, are insufficient to meet need. Learners are sometimes placed in specialist education when alternative routes may be more

appropriate. A key priority for the partnership is to develop a strategy for post-16 provision for all young people with learning difficulties and/or disabilities.

Other issues identified for further investigation

Sexual health and teenage pregnancy

47. The contribution of local services to improving sexual health and teenage pregnancy outcomes, with particular focus on the Weymouth and Portland areas, is inadequate overall.

Major strengths	Important weaknesses
<p>Low overall rates of teenage pregnancy.</p> <p>Good partnership work to improve sexual health services.</p> <p>The good range of information and advice on sexual health and relationships available in schools and other settings.</p> <p>Good care and support for young parents and expectant mothers.</p>	<p>Insufficient progress in tackling the areas for improvement identified in the 2006 APA.</p> <p>A lack of robust data and systematic evaluation for planning and service development.</p> <p>The persistently high teenage pregnancy rates in some areas.</p> <p>The slow rate of reduction in teenage pregnancy for the whole county.</p> <p>Limited access to sexual health services for young people in rural areas.</p>

48. The contribution of local services to improving sexual health and teenage pregnancy outcomes is inadequate overall. This investigation focused particularly on Weymouth and Portland where, at 50.1 per thousand, the teenage conception rate remains high and almost double that of other parts of Dorset. Insufficient progress has been made in tackling this key area for improvement identified in the 2006 APA. While the teenage pregnancy rate for the county as a whole is below the national average and in the top quartile of all councils, the Weymouth and Portland data means that the rate of reduction is very slow and the gap between Dorset and other areas is, therefore, widening. Between 1999 and 2005, the Dorset rate fell by only 3.6%, while rates in similar areas fell by 17.8% and nationally by 12%. The current trend means that Dorset is not on target to halve the rate of teenage pregnancy by 2010.

49. The teenage pregnancy strategy takes appropriate account of national guidance and legislation. However, it is not underpinned by a comprehensive analysis of need. In the last two years, significant resources have been invested in 'hot spots', such as Weymouth and Portland, with some good and innovative projects undertaken. However, a lack of robust data and systematic evaluation

make it difficult for the partnership to judge their impact and to commission new services which build on the best practice.

50. The partnership recently commissioned research amongst young people in Weymouth and Portland which highlighted the complex mix of social, cultural and economic factors influencing their attitudes to sex, risk-taking behaviour and teenage pregnancy. The partnership recognises the need to work with specific local communities to raise young people's aspirations and to improve opportunities, for example in education, leisure and employment. Developments in this respect are positive, but it is too early to judge their impact.

51. A higher proportion of teenage conceptions lead to birth than is the case nationally. The rate of teenage conceptions resulting in termination in Dorset decreased from 51.6% in 1999 to 48.2% in 2005, against the national trend which rose from 43.5% to 46.9% in the same period. This, together with the high incidence of teenage conceptions, means there are additional pressures on local services, particularly in Weymouth and Portland, where young people may have to wait several weeks for a surgical termination or have to travel out of the area for a service. The development of medical termination of pregnancy services in both East and West Dorset has had some impact upon demand however.

52. Support, care and advice for expectant mothers and young parents are good. The partnership recognises that some young parents risk a second, sometimes unplanned, pregnancy soon after the first. Once a young person becomes pregnant, a good range of support services is available, particularly in the urban areas. The proportion of low birth weight babies born between 2001 and 2005 was in line with the national average and the infant mortality rate was below the England average. The county pattern masks distinct local variation, for example in the west of the county, where both indicators were above the national average. However it is not possible to draw conclusions from this data due to the small numbers of babies in the sample. Breastfeeding initiation among young parents is in line with the national trend and steadily improving. By contrast, the percentage of expectant mothers who smoke during pregnancy is higher than the national average at 16.8%. For various reasons it has proven difficult to identify young fathers and systematically deliver services for them but where they are known they have been able to take up ante-natal provision and join young parent support groups.

53. Arrangements to promote good sexual health, for example through screening for Chlamydia and other sexually transmitted infections, are satisfactory overall. Rates of gonorrhoea and syphilis are below the national average. Rates of Chlamydia have risen in line with national trends. More sensitive screening techniques, together with education programmes to raise public awareness, mean that more young people are coming forward for testing. While many sexual health and teenage pregnancy services are characterised by a committed, flexible workforce driven by the ambition to provide a good service to

children and young people, provision is not always targeted systematically at those most at risk.

54. Access to genito-urinary medical (GUM) services is improving and is satisfactory. Quarterly reports show a gradual improvement in performance against 48-hour waiting time targets, from 70% of appointments in May 2006 to 78% in February 2007. There is still some way to go to reach the national target by April 2008. A comprehensive and well-attended sexual health service operates from the Park Centre in Weymouth. In more rural parts of the county, GUM and contraceptive services are delivered as a separate function and at separate venues. Young people outside the main towns sometimes find it difficult to know where to go for help and how to access the confidential services they need. The national standard for all young people aged 16 and under to be seen by a specialist doctor has never been met in Dorset, due in part to a long-standing vacancy for a second GUM consultant. The partnership is tackling this issue through the recruitment of Advanced Nurse Practitioners.

55. Partnership work to improve sexual health and promote healthy lifestyles is good, but not always well coordinated. New joint commissioning arrangements have been established but are at an early stage of development. A committed team of youth workers, based in both statutory and voluntary organisations, routinely offers advice on sexual health and relationships in settings such as youth clubs and drop-in centres. Young people have good opportunities to learn about personal responsibility and risky behaviours, including the use of drugs and alcohol. Those with more complex needs are referred to specialist agencies. The team employs a flexible approach to reach out to isolated communities, as well as meeting a more urban need. However, long-term planning for some of these initiatives is hampered by uncertainty about funding from one year to the next.

56. Progress in achieving the national Healthy Schools standards is very good, with 94% of 181 schools participating in the programme. Dorset achieved 114% of its local target and 57% of schools have achieved the full standard against the national average of 47%. The Healthy Schools programme covers all aspects of staying healthy and includes sexual and emotional health and drug education programmes differentiated for age and ability. Every school has a sex and relationships policy and training is offered to teachers to support its implementation. Several schools are developing outreach clinics where young people can access emergency contraception, pregnancy testing, sexual health advice and counselling with signposting to other support and screening services. However, in the absence of a comprehensive needs analysis and systematic evaluation, the partnership has no way of knowing whether these services are reaching those most in need and having a positive impact. Where school nurses are in post, focused sexual health education has been made available on a planned basis, woven appropriately into the curriculum and recognized by schools as a valuable contribution to its work in this area. This key resource has not been widely available to date due to vacancies in the school nursing service, but appropriate steps are now being taken to increase the capacity of this important service.

Service management



Capacity to improve



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

Major strengths	Important weaknesses
<p>Challenging ambitions focusing effectively on narrowing the gap for the most vulnerable and targeted action in areas of poor performance.</p> <p>Effective partnership work to improve outcomes for children and young people.</p> <p>Good involvement of children and young people in consultation and the design of individual services.</p> <p>Good support for staff, particularly through professional development and training.</p> <p>Strong budgetary management.</p> <p>Good contribution to the partnership from the voluntary sector.</p>	<p>Lack of a comprehensive needs analysis.</p> <p>Limited understanding and use of information systems for local management and evaluation of outcomes.</p> <p>The inconsistent quality of action plans and lack of precise targets.</p>

58. The Dorset Children and Young People's Partnership has developed close and effective working relationships, and has good representation from all key partners including the voluntary sector. It has a clear plan with focused priorities, acts swiftly to address areas for improvement once problems are identified and responds well to external evaluation.

59. Ambition is good. Dorset has clear and challenging ambitions in line with the national agenda, which are shared by partners and staff. The Dorset Strategic Partnership's (DSP) community strategy sets out the vision that children

and young people will be happy and safe with opportunities to reach their goals as responsible members of their community. Within the DSP, the board of the Children and Young People's Partnership leads on delivery of the ambition through the revised Children and Young People's Plan (CYPP) 2007/09. An increased emphasis on tackling bullying and harassment has been agreed in response to the views of over 1,000 children and young people. This move reflects the partnership's clear commitment to narrow the gap between the area's most successful children and young people, and those who are most vulnerable.

60. Ambition is generally underpinned by demographic and needs analysis but this is sometimes hampered by insufficient data, particularly relating to aspects of health and social care. The views of service users, parents and carers are actively sought, including those of hard-to-reach groups. For example, the Just Say project supports young people with learning difficulties and/or disabilities to ensure that their views are heard by decision makers.

61. Prioritisation has strengthened as the partnership has matured and is adequate overall. It is now easier for all partners to see how activities are focused and resources targeted to ensure implementation. Partners have a good understanding of how responsibilities are allocated and, to some extent, how actions will deliver value for money. The revised plan reflects an increased clarity and focus on priorities and sets out actions, target dates and lead officer responsibility. For example, some district councils can demonstrate how their actions contribute to priorities. The partnership has begun to redirect resources to meet new needs, for example using the income generated by the school improvement service to support work with gypsy and traveller children and young people.

62. There are clear outcome-focused priorities in the plan, for example the development of an effective preventative strategy to ensure that children in need of services are identified early and receive coordinated and timely support. Some priorities, such as increased local provision, have arisen out of consultation, while others are based on needs analysis. For example, although educational outcomes are generally good, there are pockets of underperformance such as the achievement of all pupils in maths and English in Portland. Once identified, these issues are built into an improvement plan.

63. The overall quality of service-level planning is variable. While priorities are reflected in the council's corporate plan and the plans of other partners, some plans have no costings or clear targets.

64. Issues of rurality are a particular focus to ensure that needs are met wherever children and young people live. However, not all services currently achieve equality of access. For example, the Horizon project for families with significant difficulties provides transport to ensure access for those who need the service. Other services, such as the substance abuse services, are not as easily accessible in rural areas and have no means to provide transport.

65. Capacity is good. There is clear accountability and decision making to support service delivery. The county council is the lead agency and effectively coordinates partners through planning groups structured around the five Every Child Matters outcomes and service management. Governance arrangements have been reviewed and revised. Capacity is enhanced by the growing maturity of the partnership, reflected in joint commissioning arrangements led by the Head of Joint Commissioning, a post jointly funded by Dorset PCT and Dorset County Council. A Joint Commissioning Framework has been developed and there are some jointly commissioned services.

66. The capacity to improve is good. The Director of Children's Services is now leading a strong partnership which has a clear sense of direction, priorities and a well focused action plan. While progress has not been uniform, in part because of the need to simultaneously secure the partnership and the new children's services directorate, the building blocks are now firmly in place and there is clear evidence of the partnership taking concerted action to address areas of weakness. For example, the school improvement service clearly demonstrates significant rates of progress as a result of considerable investment in headteachers' and governors' knowledge and use of data and management information. While progress has been slower in aspects of children's social care and health, there is a drive forward with the appointment of a senior manager to strengthen joint commissioning arrangements and plans for additional appointments to strengthen joint commissioning overall. The partnership has developed good consultation and participation arrangements and is using this information to good effect to improve services. For example, action has been taken to improve access to CAMHS and major initiatives to tackle domestic violence, bullying and discrimination have resulted in improved support and intervention. The partnership has also strengthened its structure through, for example, the inclusion of the voluntary sector in the board and each of the theme groups. The DSCB now comprises senior managers with the seniority and authority to commit the necessary resources. Supported by good financial management, there is an increased confidence across the partnership that it is well placed to ensure the full implementation of the CYPP.

67. Overall value for money is good, with relatively good outcomes for low levels of funding. Costs have been reduced in relatively high areas of spending, such as school transport and out-of-area placements, and work continues to further rationalise provision and improve value for money. Dorset receives a very low level of funding per person living in the county, so all partners operate in a difficult financial climate. Action taken to address these pressures includes the 'Building a council fit for the future' programme, which is designed to accelerate joint commissioning and to maximise the use of resources through improved data analysis and challenge to historical service delivery patterns. Excellent budget monitoring and financial management ensures that identified overspends are reduced and budget monitoring is targeted in line with risk. The number of schools with high surpluses has been significantly reduced in recent years through the provision of good support and advice.

68. The voluntary sector makes a good contribution to the partnership as a member of the board and theme groups, and as a service provider. Arrangements are particularly strong with established partners, but the engagement of smaller voluntary groups is inconsistent, with sometimes limited support to enable them to develop their services to full effect.

69. The partnership has the people, skills and capacity required to achieve its ambitions and deliver its priorities. Staff are committed and retention rates are good. Staff feel valued, have a good working environment, and good access to joint training and career development opportunities. There are examples of capacity pressures in management and service delivery, which are being addressed through the appointment of additional third-tier managers. However, some pressures will remain unless inequalities in the breadth of responsibility within the senior management team of children's services are resolved. Capacity is being improved further through investment and training in a single assessment and recording system planned for April 2008. This is a positive development as current information systems do not sufficiently support an increasingly integrated children's service.

70. Performance management is adequate. Priorities and progress are regularly reviewed by the partnership, but as many of the original targets were not precise and measurable, progress could not be demonstrated easily. However, the revised new plan provides well-conceived targets which are monitored regularly. Regular performance, financial and budgetary data are produced and used by the partnership to monitor key targets, but this information is not yet used systematically by managers at service delivery level.

71. The partnership responds to underperformance by targeting action and is responsive to external challenge and inspection findings. For example, the 2006 APA highlighted many surplus school places and effective action was taken to reduce them. The audit and scrutiny committee responds promptly to matters brought to its attention and reviews decisions taken by Cabinet alongside the policy framework. However, the Corporate Assessment Report (2007) highlights that, outside of the audit and scrutiny function, the extent of challenge by the council and councillors is limited.

72. Service-level reviews assess and evaluate current performance and are supported by consultation to ensure that the needs of services user are met. Children and young people, parents and carers are actively involved in these processes. However, across the partnership as a whole, the views of children, parents and carers are not consistently collated and analysed in a way that can lead to systematic service improvement.

73. Good use is made of comparative data to identify strengths and weaknesses, but this does not always drive service improvement. For example, poor performance on the timeliness of issuing statements of special educational need led to revised arrangements which had a significant impact. Conversely, the lack of formal evaluation of projects aimed at reducing rates of teenage

pregnancy and improving sexual health in Weymouth and Portland means there is limited understanding of what is working well and what is not.

Annex A

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

Dorset County Council consistently delivers services for children and young people to a good level. Together, children's services are making a good contribution to improving the achievement and well-being of children and young people.

Services are making a discernible difference and are of clear benefit to most children and young people. Outcomes are mostly better than those found nationally. Consultation with children and young people is good and feeds well into strategic planning and decision making and is starting to make a notable difference in key areas. For example, young Travellers were consulted on their needs and, as a result, the authority's Partnership Board was able to support the bid they made to the Youth Opportunities Fund for a youth worker to work with them on accessing training and leisure opportunities. Effective mechanisms are in place for consultation with vulnerable groups.

The responses of most children and young people to service delivery and provision are positive and the capacity to improve is good.

There have been some notable improvements in the quality of services in 2007. For example, the healthy school standard target has again been exceeded. Services for looked after children have continued to improve and are now good. The proportion of students gaining five or more good GCSE passes has risen. There are very good participation rates in terms of contact by young people aged 13-19 with the youth service. Good progress has been made in developing the partnerships formed to ensure the authority has the capacity to offer the full range of vocational diplomas for 14-19 year olds across the region. Multi-agency collaboration is well established and joint commissioning is developing steadily, helping the authority ensure that children's services are responsive to need.

The full annual performance assessment can be found at:

http://www.ofsted.gov.uk/reports/pdf/?inspectionNumber=269933&providerCategoryID=0&fileName=\\APA\apa_2007_835.pdf

Annex B

CORPORATE ASSESSMENT ACHIEVEMENT- CHILDREN AND YOUNG PEOPLE

1. Outcomes for children in the Dorset area are generally adequate and there is good potential to improve. Performance in relation to enjoying and achieving is good. Children enjoy school and generally achieve. Children and young people who are looked after by the council are making good progress in their education compared to national averages. Children with learning difficulties and/or disabilities achieve good outcomes. Children are safe and the safeguarding arrangements are effective. With the exception of the Weymouth and Portland areas, children and young people are less likely to become teenage parents than anywhere else in the south-west region. However, in Weymouth and Portland the rate of teenage pregnancy remains unacceptably and consistently high. The council continues to make a good contribution towards the health of children and young people in the area and healthy lifestyles are promoted. Children and young people are helped to make a positive contribution and there was good evidence of them being involved in regular consultation, service design and in the recruitment of staff. The youth service supports young people well in their social and emotional development and in their ability to develop positive relationships with others. The council is making a good contribution to improving the ability of children and young people to achieve economic well-being. It has clear plans for improvement and the council is providing clear strategic leadership where necessary.

2. The DSP's community strategy and the Children and Young Person's Partnership Plan (CYPPP) set out a common vision that children and young people should be at the heart of each partnership across the area. The CYPPP sets out a clear strategy and ambitious targets to improve services and outcomes for children. It incorporates a range of smart targets to enable better and more effective implementation and evaluation, reflecting an increasing commitment to evidence-based continual improvement. However, the last year has been typified by inconsistent progress, in part caused by the complexities of establishing strong and effective partnerships and an integrated children's service, but also because of a lack of a consistent approach to gathering and to using data and management information effectively. Despite these challenges, good value for money has been achieved, for example in relation to reducing school surpluses, and better use has been made of consultation with children, young people and their parents and carers. Progress has been made in organising local services to ensure that difficulties are identified earlier and services are matched to need in a timely way.

3. The 2007 APA states that the council makes an adequate contribution to securing the safety of children and young people. Although the 2007 joint area review found some evidence of good practice, for example services to children living on traveller and gypsy sites and those affected by domestic violence and bullying, it also concluded that safeguarding services were adequate overall.

Initial and core assessments, although completed more often within the statutory timescales, were of variable quality, with wide variation in clarity, accuracy, analysis and completeness. Techniques to evaluate and monitor service quality were undeveloped.

4. Looked after children have benefited from improved placement stability over the last year, with proportionately more children living in stable, long-term placements than is the case nationally. However, permanence planning arrangements are confused, thereby raising the risk of children and young people not benefiting from long-term security that should be available to all who enter the care system. Looked after children, helped by a tuition team, achieve better outcomes from education and training than is the case nationally, but personal education planning methods are underdeveloped and too many experience periods of fixed term exclusion. Health needs are monitored effectively by a dedicated team, ensuring good access to specialist services, including CAMHS, when required.

5. Children with learning difficulties and/or disabilities benefit significantly from early identification of health, care and education needs. This contributes to the majority of children and young people being increasingly included and achieving well at school. When necessary, they are effectively safeguarded and because of established transition planning, good rates of progression to post-16 education, employment or training are achieved. However, some children experience inconsistent access to therapy services and CAMHS provision, and parents of those children with the most complex needs are often frustrated by the lack of access to appropriate services, including respite care. Parents consider that these services are not always set up for those with the most profound or specialist needs.

6. The 2006 and 2007 APA letters drew attention to the need to reduce the rate of teenage conceptions. Although the rate of teenage pregnancy remains low across the county as a whole, the rate in Weymouth and Portland remains stubbornly high. A considerable number of initiatives have been implemented but their effectiveness and impact has not been measured due to the absence of robust data and evaluative mechanisms. This has meant that the most successful have not been identified and rolled out further to increase their effectiveness. Maternity support and provision for expectant mothers is good despite the acknowledged complexities in delivering services to rural areas. Inter-agency work 'on the ground' to improve the sexual health of young people is committed and some of it is good. However, in the absence of a comprehensive needs analysis, the council and its partners cannot be sure that services are reaching those most in need.

7. The capacity of the council to improve is good. Good and strengthened managerial leadership and political support are driving the ambition to achieve excellent outcomes for all children living in the Dorset area. Good plans, which have largely secured resources and are aligned with funding priorities, a good and highly committed workforce, an increasing understanding of weakness

coupled to an awareness of what needs to be done to improve data management and performance management will support the delivery of the strategic plans in the short- and longer term.

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 Dorset 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 an additional investigation. It evaluates the collective contribution made by all relevant children's services to outcomes for these children and young people.

4. The review took place in two stages consisting of an analysis stage (where recorded evidence was scrutinised) and a two week fieldwork stage (where inspectors met children and young people and those who deliver services for them).