

CHILDREN'S SERVICES COMMITTEE AGENDA



Tuesday 30th September 2014

at 4.00 pm

in the Council Chamber, Civic Centre, Hartlepool

MEMBERS: CHILDREN'S SERVICES COMMITTEE

Councillors Fleet, Griffin, Hall, Lauderdale, Lilley, Loynes, Simmons

Co-opted Members: Michael Lee

Six Young People's Representatives

Observer: Councillor Richardson, Chair of Adult Services Committee

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS

3. MINUTES

- 3.1 Minutes of the meeting held on 2nd September 2014 (*previously circulated and published*).

4. BUDGET AND POLICY FRAMEWORK ITEMS

No items.



5. KEY DECISIONS

- 5.1 Commissioning of Activities Service for Children and Young People Aged 5 to 19 Years Old – *Director of Child and Adult Services*

6. OTHER ITEMS REQUIRING DECISION

- 6.1 Transformation Challenge Award Bid – *Director of Child and Adult Services*

7. ITEMS FOR INFORMATION

- 7.1 Inspection Report for Stockton Road Children's Home – *Director of Child and Adult Services*
- 7.2 Children and Young People's Health and Wellbeing Service Update – *Director of Public Health*
- 7.3 Young Inspectors Inspection Reports and Consultation Reports – *Director of Child and Adult Services*
- 7.4 Private Fostering Annual Evaluation Report 2013/14 – *Director of Child and Adult Services*
- 7.5 Youth Engagement Fund – *Director of Child and Adult Services*
- 7.6 Hartlepool Safeguarding Children Board Annual Report 2013/14 – *Director of Child and Adult Services*

8. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

ITEMS FOR INFORMATION

Date of next meeting – Tuesday 11th November 2014 at 4.00pm in the Civic Centre, Hartlepool.



CHILDREN'S SERVICES COMMITTEE

30th September 2014



Report of: Director of Child and Adult Services

Subject: COMMISSIONING OF ACTIVITIES SERVICE FOR CHILDREN AND YOUNG PEOPLE AGED 5 TO 19 YEARS OLD

1. TYPE OF DECISION/APPLICABLE CATEGORY

Key decision CAS 031/14, both test i and ii apply.

2. PURPOSE OF REPORT

- 2.1 To request approval from Children's Services Committee to implement a procurement exercise through tender submissions for the provision of activities service for children and young people aged 5 – 19 years old.

3. BACKGROUND

- 3.1 In December 2011 Cabinet approved the Early Intervention Strategy and the commissioning of services to underpin the delivery of the strategy. A number of services were commissioned with one of them being activities for children and young people aged 5- 19 years old.
- 3.2 The Forward Plan item relating to this service indicates that a review of local out of school provision delivered by the Local Authority's Youth Support Services and the commissioned 5-19 activities programme commissioned as part of the Early Intervention Strategy will be undertaken to inform future commissioning. The forward plan proposes that the commissioning of a new service would take place in 2015/16. A children and young people's entitlement task group have been meeting over the last six months to review out of school provision for children and young people and it is felt that further consultation is needed with all partners in order to ensure that any redesign of services meet the needs of children and young people. In light of this it is intended to continue to commission an activities service for children and young people to ensure that that there is no gap in services. This will allow

for a full review of out of school provision including the Local Authority's Youth provision to take place 2015/16 to 2016/17.

- 3.3 The current commissioned service consists of five local organisations working in a consortia partnership to deliver the service specification:

West View Project – lead organisation
Manor Residents Association
Belle Vue Centre
Changing Future North East
Wharton Trust

- 3.4 The service currently consists of:

- Centre based youth club provision in areas of identified need, specifically Stranton, Dyke House, Owton Manor, Brus and St Hilda wards (these areas are the hotspot areas identified in the Early Intervention Strategy);
- Referred activities 5 -10 year olds;
- Referred activities 11 -13 year olds;
- Referred activities 13 -19 year olds;
- Street based service that focuses on engaging with Children and Young People in the locality of the centre. This has a focus of community involvement and is designed to engage children, young people and their families in the life of the centre and enhance membership.

- 3.5 The services provided by the partnership aim to:

- Diversionary, Restorative and Fun;
- Build Emotional Resilience and Emotional Literacy;
- Build Self Esteem Confidence and Peer relationships;
- Promote Achievement, Challenge and Aspiration.
- Targeted Interventions at street level which will engage young people and support them to attend the centre based service.

4. CURRENT PERFORMANCE

- 4.1 The service offers an open door service and a referred service for one to one support. The number of children supported by the current service between June 2012 and July 2014 is 1552 across all the sites including referred and those accessing open door provision. The number of children/ young people who have been supported with an activity support plan is 219.

- 4.2 Since the start of the contract (June 2012) there has been on average 50 sessions per week across all five activity centres with the average length of a session being 2.5 hours.

- 4.3 Holiday activities are also provided as part of the service and since the beginning of the contract there has been 18 weeks of holiday provision available.
- 4.4 A recent service review showed that the outcomes for children and young people were positive with 185 (84% of those being supported) young people able to evidence personal, community and family achievement through their activity support plan.

5. PROPOSAL

- 5.1 Early Intervention continues to be priority for the council and activities 5 to 19 significantly contribute to this priority. The service review shows that children, young people and their families value this service and it is showing positive outcomes.
- 5.2 It is proposed that the service is commissioned in line with the council's contract procedure rules. The service will be advertised for two years. The total value of the 2 year contract is proposed to be up to £325,000 per annum (£650,000 for the two years contract period).

6. FINANCIAL CONSIDERATIONS

- 6.1 The funding for this contract has been identified within the Early Intervention Grant. This has been budgeted within the current budget. There is a risk that in future years further savings will need to be realised from the Early Intervention Grant. If this is the case the contract would need to be reviewed within a whole budget review and varied accordingly.

7. LEGAL CONSIDERATIONS

- 7.1 Discussions have taken place with the existing service provider and they are aware that notice will be served on the current contract in line with Council Procedures.

8. RECOMMENDATIONS

- 8.1 For Children's Services Committee to approve the procurement of an activities service for children and young people aged 5 to 19 years old.

9. REASONS FOR RECOMMENDATIONS

- 9.1 The current contract comes to an end in March 2015 a decision needs to be made to prevent a gap in services for children and young people.

10. BACKGROUND PAPERS

Cabinet report 19th December 2011
Early Intervention Strategy 2012

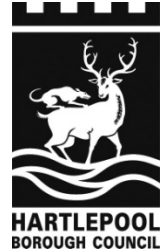
11. CONTACT OFFICERS

Mark Smith, Head of Youth Support Services, 01429 523405,
mark.smith@hartlepool.gov.uk

Danielle Swainston, Head of Access and Strategic Planning, 01429 523671,
danielle.swainston@hartlepool.gov.uk

CHILDREN'S SERVICES COMMITTEE

30 September 2014



Report of: Director of Child and Adult Services

Subject: TRANSFORMATION CHALLENGE AWARD BID

1. TYPE OF DECISION/APPLICABLE CATEGORY

Non key

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to seek the approval of Children's Services Committee to the submission of a formal bid for the Department for Communities and Local Government Transformation Challenge Award 2015-16.

3. BACKGROUND

- 3.1 In April 2014, the Department for Communities and Local Government (DCLG) published its 'Transformation Challenge Award and Capital Receipt Flexibility 2014 – 2016 Prospectus.' This document invites local authorities and their partners to develop ambitious plans to transform services through greater sharing and efficiency.
- 3.2 The Government has set aside £320m over the next two years to support this programme. The funding is available to all local authorities in England to submit bids to re-engineer their business processes, redesign the way that services are delivered and work with the wider public sector to improve the lives of local people.
- 3.3 The Transformation Challenge Award 2015-16 has set aside £305m funding comprising of £105m revenue grant and £200m flexible use of capital receipts. The funding has two elements:
- A) Encouraging local authorities which already share a senior management team and any chief executive to go further with their plans to redesign their services; and

- B) Encouraging places that have ambitious plans to work in partnership across the public sector and with the voluntary and community sector or the private sector to re-design services.

The Corporate Management Team has considered these options and proposes that Child and Adults Services should bid for funding under criteria B above to re-design and integrate health, education, safeguarding, early help and employability processes and services around the needs of vulnerable families.

4. PROPOSALS

- 4.1 In July 2014, a partnership of Hartlepool Borough Council, (Children's Services, Public Health and Economic Development), North Tees and Hartlepool Clinical Commissioning Group, Cleveland Police and North Tees and Hartlepool Foundation Trust submitted an expression of interest to deliver The Hartlepool Better Childhood Programme. Following evaluation of the expression of interest, the partnership has been invited to develop the proposals and submit a full bid by 5 p.m. on 1 October 2014.
- 4.2 The programme will focus on the following business process re-engineering and re-design:
- Establishing an integrated single point of access which will provide a multi professional triage and assessment hub to improve intelligence and information sharing, risk assessment and decision making in the identification of vulnerable families and ensuring they get access to the right early or specialist support;
 - Redesigning the approach to early help to establish a multi professional team of family partners utilising capacity within health, local authority and voluntary and community sector;
 - Achieving efficiencies within the NHS Trust in relation to avoidable presentation and admissions to Accident and Emergency of children by strengthening early help and clinical capacity to meet health needs of children at a locality level.
- 4.3 The bid to the DCLG will be for £750,000 and it is proposed that, if successful, this funding be used to fund the following:
- Programme management capacity;
 - Programme delivery capacity;
 - Development of software to capture qualitative and quantitative outcomes data;
 - Transforming leadership and workforce development; and
 - Programme evaluation.

4.4 The format required for the bid is based upon the HM Treasury five case model and the partnership is required to complete a cost benefit analysis of the proposal which identifies the level of savings to be achieved from the non-recurring investment. The elements of the five case business model are as follows:

- Strategic case – setting out the case for change and how the proposed project meets the strategic priorities of the partnership and the Award;
- Financial case – demonstrating that the project is affordable to the local authority and partners;
- Economic case – demonstrating whether the project is value for money underpinned by the cost benefit analysis;
- Commercial case – used to show the commercial viability of the project; and
- Management case – showing that the proposal can be delivered successfully by the lead authority.

4.5 The formal bid is being developed by the partnership throughout September 2014 with officers working on the three key workstreams of the proposal which will then be collated into a cohesive document in time for the submission deadline of 01 October 2014. A presentation will be made to Children's Services Committee on 30 September 2014 outlining the key elements of the bid and the five case business model as detailed at paragraph 4.4 above.

5. FINANCIAL CONSIDERATIONS

5.1 There is a requirement that the bid is approved and signed by the Section 151 officer of the local authority and partner agencies.

5.2 If the formal bid is successful, this will bring additional funding into the local authority to support service redesign and re-engineering with the intention of integrating services to produce future efficiencies and better services for children, young people and families in Hartlepool.

6. RECOMMENDATIONS

6.1 Children's Services Committee is asked to approve the submission of the full bid for the DCLG Transformation Challenge Award.

7. REASONS FOR RECOMMENDATIONS

7.1 The Hartlepool Better Childhood Programme will be a major initiative of the Council in 2015/16, seeking additional funding to support this development will enable the Programme to be effectively managed and delivered within timescales agreed by the partnership. Children's Services Committee has responsibility to agree bids for additional funding for the Council.

8. BACKGROUND PAPERS

DCLG April 2014 'Transformation Challenge Award and Capital Receipt Flexibility 2014 – 2016 Prospectus.'

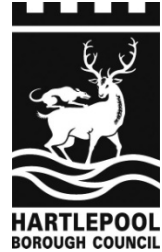
9. CONTACT OFFICER

Gill Alexander
Director of Child and Adult Services
01429 523732
Gill.alexander@hartlepool.gov.uk

Sally Robinson
Assistant Director, Children's Services
01429 523732
Sally.robinson@hartlepool.gov.uk

CHILDREN'S SERVICES COMMITTEE

30 September 2014



Report of: Director of Child and Adult Services

Subject: INSPECTION REPORT FOR STOCKTON ROAD
CHILDREN'S HOME

1. TYPE OF DECISION/APPLICABLE CATEGORY

For information.

2. PURPOSE OF REPORT

- 2.1 The purpose of this report is to present to Children's Services Committee the outcome of the recent Ofsted inspection of Stockton Road Children's Home.

3. BACKGROUND

- 3.1 Ofsted has a duty to inspect children's homes twice a year, this usually takes the form of a full inspection followed by an interim inspection. The scheduling of inspections takes account of legal requirements, previous inspection findings, complaints and concerns about the service, any notifications received and monitoring reports provided to Ofsted under regulations 33 and 34 of the Children's Homes Regulations 2001, as amended by The Children's Homes (Amendment) Regulations 2011.
- 3.2 The inspection judgments and descriptions for a full inspection of children's homes are as follows:
- Outstanding – A service of exceptional quality that significantly exceeds minimum standards.
 - Good – A service of high quality that exceeds minimum requirements.
 - Adequate – A service that meets minimum requirements.
 - Inadequate – A service that does not meet minimum requirements.
- 3.3 The inspection of Stockton Road Children's Home took place on 12th June 2014 and an overall judgment of adequate was given. This was the first inspection of the home following its registration in January 2014. A copy of the inspection report is attached at **Appendix 1**.

4. PROPOSALS

- 4.1 The inspector found that the young people were achieving good outcomes since moving to live at Stockton Road, they reported that the home is a good place to live, relationships with staff are meaningful and young people feel supported. The staff team understands teenage difficulties and put young people at the centre of everything they do.
- 4.2 It was highlighted that the staff are skilled at building and sustaining meaningful relationships with young people and the staff team have been at the centre of the home's management and cultural ethos. Statutory monitoring systems within the home were found to be in place and had been improved to include new regulations that have come into force since the home was first registered in January 2014.
- 4.3 It was identified that the recording of incidents of young people going missing was not robust enough and that the system could be improved to further safeguard young people. Improvements have been implemented since the inspection and the registered manager is now providing robust oversight when young people go missing ensuring all actions undertaken are recorded, that return interviews are undertaken and risk assessments are regularly reviewed and updated to include all agencies.
- 4.4 The inspector identified three statutory requirements and the three recommendations to improve the standard of services provided by the home. These have been addressed by the registered manager. The inspector did highlight in her report that home had made a positive start since its opening with a lot to build upon.

5. RECOMMENDATIONS

- 5.1 It is recommended that Children's Services Committee note the findings of the inspection of Stockton Road Children's Home.

7. REASONS FOR RECOMMENDATIONS

- 7.1 The provision is a statutory service providing care for children and young people and forms core business for the committee. The Committee needs to be appraised of the findings of inspections of the service.

8. BACKGROUND PAPERS

Children's Homes Regulations 2001, as amended by The Children's Homes (Amendment) Regulations 2011

9. CONTACT OFFICER

9.1 Jane Young
Service Manager
Hartlepool Borough Council
Child and Adult Services
8 Church Street
Hartlepool
TS24 7DJ

jane.young@hartlepool.gov.uk

Telephone – 01429 405588

Stockton Road

Inspection report for children's home

Unique reference number	SC472417
Inspector	Deborah White
Type of inspection	Full
Provision subtype	Children's home

Setting address	302 Stockton Road, HARTLEPOOL, Cleveland, TS25 1JT
Telephone number	01429 289514
Email	alan.welsh@hartlepool.gov.uk
Registered person	Hartlepool Borough Council
Registered person address	Civic Centre Victoria Road HARTLEPOOL Cleveland TS24 8AY
Responsible individual	Sally Robinson
Registered manager	James Alan Welsh
Date of last inspection	N/A

Stockton Road

Inspection date	12/06/2014
-----------------	------------

Previous inspection	N/A
Enforcement action since last inspection	none

This inspection	
Overall effectiveness	adequate
Outcomes for children and young people	good
Quality of care	good
Keeping children and young people safe	adequate
Leadership and management	adequate

Overall effectiveness

Judgement outcome	adequate
-------------------	-----------------

This is the first inspection since the home was registered in January 2014. Good outcomes for young people is a positive start for the home and young people accommodated there. Most young people feel the home is a good place to live. Relationships with staff are meaningful and young people feel supported. This helps young people to form positive attachments with the adults who care for them.

Young people's health needs are met and they benefit from participating in a wide range of activities. Their aspirations are respected and encouraged which develops self-confidence. Transition and support with independence skills helps young people make a smooth transition into adulthood. Young people feel listened to. Each young person has a key worker who offers individual and one to one support. Educational outcomes are mixed; however, young people have progressed from their starting point. Staff have good relationships with young people that are based on mutual respect. They understand teenage difficulties and put young people at the centre of what they do.

There are areas of progress in outcomes for leadership and management that impact positively on young people's care. The staff team have built a good rapport and work well together. Staff feel supported and valued. This increases staff moral that is reflected in the team's performance and good, consistent childcare.

Not all reasonable actions are taken in response to children going missing. Written records lack important information and some parts of the home's missing children procedure are not being followed. As a result, young people do not always have access to a person who is independent of the home and there are shortfalls in monitoring missing events. Written young people's risk assessments are lacking in detail and do not include all known risks to young people.

The home's monitoring is not fully compliant with regulation to ensure all the required areas of practice are checked; reviewed or evaluated. As a result, the home has failed to identify and address the shortfalls highlighted at this visit.

There are three requirements and three recommendations arising from this inspection.

Full report

Information about this children's home

This children's home provides care and accommodation for four children with emotional and behavioural difficulties. The home is operated by the local authority.

What does the children's home need to do to improve further?

Statutory Requirements

This section sets out the actions which must be taken so that the registered person/s meets the Care Standards Act 2000, Children's Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must comply with the given timescales.

Reg.	Requirement	Due date
16 (2001)	prepare and implement a procedure to be followed when any child accommodated in a children's home is absent without permission which has regard to any relevant local authority or police protocols on missing children (Regulation 16 (4) (b))	01/08/2014
11 (2001)	ensure the children's home is conducted so as to promote and make proper provision for the safeguarding and welfare of children accommodated there. In particular, ensure young people's written risk assessments include all known risks and how these will be reduced (Regulation 11 (1) (a))	01/08/2014
34 (2001)	establish and maintain a system for monitoring the matters set out in Schedule 6 at appropriate intervals and provide for consultation with children accommodated there, their parents and placing authorities (Regulation 34 (1) (a) and (3) (1).)	01/08/2014

Recommendations

To improve the quality and standards of care further the service should take account of the following recommendation(s):

- ensure children receive personalised care that promotes all aspects of their individual identity. In particular, ensure the home's written residential plans include all known needs and how these will be met (NMS 2.1)
- ensure children live in a safe home. In particular, ensure all toilets are fitted with a suitable lock that cannot be opened from the outside by other children or visitors to the home (NMS 10)
- ensure the written records kept by the home when a child goes missing detail reasons given by the child for running away and any action taken in light of those reasons (NMS 5.10).

Inspection judgements

Outcomes for children and young people **good**

Most young people have progressed from their starting point with some young people achieving beyond expectations. Previous difficulties and problematic behaviours are reduced, which shows young people are settled and happy. A young person said, 'This is the best home and the best place I have ever lived. I love it and I am happy.'

There are been mixed outcomes in educational achievement. Some young people have excelled in attendance and achievement and are planning to progress into further education. A teacher said, 'My young person has changed so much since moving to the home. Staff have supported the young person to enable their progress. The young person's progress is amazing.'

Other young people have progressed from their starting point and are doing well re-engaging with education. Older young people have also progressed into employment, which provides them with some independence and working experience. This helps young people prepare for their future careers and working life.

Healthcare needs are met. Young people understand the importance of healthy living; such as having a good diet and exercise. Young people are registered with local healthcare services and have access to specialist healthcare professionals. Activities are a strength. Young people are able to pursue their interests and follow their aspirations. A young person said, 'There is lots to do. I like to go out with staff. We have trips and go shopping.'

Young people are very much part of their local community. This promotes acceptance and inclusion. Young people access all local amenities and friends and family are made very welcome at the home. Some young people actively contribute to their locality. For example, a young person has raised money for charity by taking part in a local sponsored event.

All young people are learning positive independence skills to prepare them for their future. They attend to their own self-care tasks such as laundering their clothes and keeping their rooms clean and tidy. Young people contribute by helping with food shopping and preparing meals. This helps young people make a smooth transition into adulthood. A parent said, 'The home is excellent. They provide a warm, nurturing environment for young people to grow and develop and make a successful transition into adulthood. I feel the staff go over and beyond their roles.'

Quality of care

good

Staff have very good relationships with the young people that are based on respect. Young people are seen as individuals with unique traits and personalities. All staff are complimentary about the young people and are committed to supporting each young person to achieve their very best. A parent said, 'I am very happy where my child is. My child has many issues and this is the happiest I have ever seen them.' The home's ethos is to focus on each young person's future hopes wishes and aspirations. This gives young people a good emotional basis that promotes their self-esteem and confidence.

Staff engage young people and actively listen to their wishes and feelings. Most young people feel that staff are approachable and that they are listened to. Young people know and understand why they are living at the home. This helps them to understand their background and heritage.

All young people know how to make a complaint and state they would make a complaint if they felt aggrieved in any way. They know they can talk to their social worker. Staff share information about advocacy and young-people's support networks. This demonstrates that staff operate in an open, transparent way that ensures young people do not feel alone or isolated.

Staff promote healthy outcomes. They support young people to learn about health lifestyles and good well-being. This educates young people to adapt from previous unhealthy habits. There has been some good individual work carried out with young people who are adapting to the psychological and physical changes that are associated with teenage years. This helps young people understand their natural growth and development.

The standard of accommodation is very good. The home is spacious, very nicely decorated and furnished and is spotlessly clean and tidy. Young people and staff take pride in their home and this provides a homely, nurturing environment. Generally, young people's privacy is promoted and protected. Each young person has their own bedroom that gives them private space and there are ample rooms and quiet areas for private visits. However, some of the locks on toilet doors can be opened from the outside, which potentially allows uninvited access.

Staff ensure young people arrive with the right information about their placement needs and known risks. This includes care and placement plans written by the placing social worker. This informs staff of why young people are moving into the home. Staff have began to write individual residential plans that record how young people's needs will be met on a day to day basis. This is good progress. However, there is some information that is not fully recorded or included in the home's residential plans. For example, not all known assessed needs are recorded.. As a result, not all young people have consistent written plans that show measureable outcomes. This has not directly impacted on the quality of care at this inspection as most young people are newly accommodated. However, in the longer term inconsistent planning may potentially lead to ommisions in meeting all young people's needs.

Keeping children and young people safe adequate

Most young people feel safe and know to talk to staff or another adult if they are worried or anxious about anything. Social workers say their young people are in a safe place and the Local Authority Designated Officer has no concerns about safeguarding at the home. A social worker said, 'My young person is as safe as they can be. Staff care about the young people and safety is very important.'

There are individual young people's written risk assessments in place. The format has a matrix to score risks but the system does not separate the seriousness or likelihood of known risks. Therefore, staff are not fully informed of the true potential of any identified high risk activities. For example, the current format does not differentiate if behaviours are often with a low risk of harm; or seldom with a high risk of harm. In some circumstances this affects how risk reducing strategies are identified and agreed.

There has been no bullying or restraints since the home became operational, which is good. Staff place an emphasis on positive behaviour management that helps young people develop their social and socialisation skills. Incentives schemes are used to help young people meet agreed goals that include behavioural targets. Key worker sessions are used to help young people understand their behaviours and how negative behaviours impact on others. This develops self-awareness and empathy.

There have been incidents where young people have gone missing from the home. Staff know how to respond to any young person who is missing. All young people are provided with a mobile telephone and staff keep in regular contact to check young people are where they should be. Individual records for going missing are kept but there are omissions in important information. For example, the records do not include any reasons why young people have gone missing or actions taken in response. Additionally, not all young people see an independent visitor or their social worker following a missing period. As a result, there is scant recorded information that shows staff engage young people to ascertain their reasons for going missing; and any actions taken in response..

Young people live in a safe environment that is regularly checked for hazards. Fire safety and health and safety audits are carried out and utilities are serviced and maintained. This ensures all amenities are safe and in good working order. Staff are trained to know about health and safety and are mindful to ensure the home is a safe place to live. For example, they check potential risk areas in the home to reduce domestic accidents; such a slip or trip hazards. This demonstrates environmental safety is taken seriously.

Leadership and management

adequate

The Registered Manager is a qualified social worker with a wealth of experience working with children and young people. He has previous management experience as a team manager in a local authority children's services department and has worked in a residential setting.

This is the first time the Registered Manager has managed a children's home, which has in part led to some of the failings identified during this inspection. The Registered Manager is progressing in his understanding of legislation, statutory guidance and good practice. This is demonstrated by the progress made and good outcomes for children. The Registered Manager has begun to review strengths and areas for development that will formulate future development plans; and has started a social care level 5 Diploma. This shows a commitment and motivation to self-improve and to improve the home's performance and outcomes for young people.

There are monitoring systems in the home that are in the early stages of development. The current internal systems cover a number of performance indicators required by regulation; however not all the required elements of the regulations are included in the home's monitoring records. Additionally, young people, their parents and social workers are not as yet actively consulted as part of the registered person's monitoring. This means they are not given as opportunity to share their views about the home's operation and performance.

Leaders and managers and the staff team are committed to provide a child-focused environment that puts children and young people at the heart of what they do. The team have gelled positively and value and support each other. Leaders and managers operate an open door policy that invites staff to express their thoughts, ideas and contributions to the operation of the home. This encourages staff involvement and practice development.

Additional services have been engaged and involved in the home to support young people and the staff team. For example, the home has two-weekly meetings with a psychologist to consult on young people's care and development. A participation officer, who is independent of the home, has begun to visit informally to strike up a relationship with the young people. This helps young people trust visiting professionals in a relaxed way.

Since registration, the home has progressed by focusing on establishing a settled, cohesive staff team. A staff member said, 'I love working here. Everyone is happy and the young people pick up on this. The staff work well together and we all get along. Staffing levels meet the needs of the young people. Staff feel they are given the training and support they need to carry out their role and responsibilities. Formal supervision is delivered regularly and career development and progression is encouraged. This ensures young people are cared for by a diverse staff group who can meet the young people's needs.'

What inspection judgements mean

Judgement	Description
Outstanding	A service of exceptional quality that significantly exceeds minimum requirements.
Good	A service of high quality that exceeds minimum requirements.
Adequate	A service that only meets minimum requirements.
Inadequate	A service that does not meet minimum requirements.

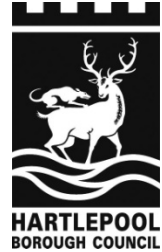
Information about this inspection

The purpose of this inspection is to assure children and young people, parents, the public, local authorities and government of the quality and standard of the service provided. The inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the relevant regulations and meets the national minimum standards.

The report details the main strengths, any areas for improvement, including any breaches of regulation, and any failure to meet national minimum standards. The judgements included in the report are made against the framework of inspection for children's homes.

CHILDREN'S SERVICES COMMITTEE

30th September 2014



Report of: Director of Public Health

Subject: CHILDREN & YOUNG PEOPLE'S HEALTH AND WELLBEING SERVICE UPDATE

1. TYPE OF DECISION/APPLICABLE CATEGORY

For Information

2. PURPOSE OF REPORT

- 2.1 To provide Committee members with an update on the progress of the procurement of a children and young people's health and wellbeing service.

3. BACKGROUND

- 3.1 As a consequence of the Health and Social Care Act 2012, in April 2013 Local Authorities assumed the accountability for the commissioning of school nursing services. This has provided a timely opportunity to review the existing commissioning arrangements to shape and design future provision with input from stakeholder engagement, in line with the ongoing review of all public health contracts.
- 3.2 On 1st April 2013 the Council inherited under the statutory transfer order a contract for a school nursing service provided by North Tees and Hartlepool Foundation Trust. On 29th November 2013 the Finance and Policy Committee agreed to place a one year contract from April 2014 with the existing provider of School Nursing Services, North Tees and Hartlepool Foundation Trust. In the spirit of openness and transparency it was also agreed that the Local Authority would publish a Voluntary Ex-Ante Transparency Notice (VEAT) in relation to this proposed contract award.

3.3 At a meeting of the Finance and Policy Committee on 25th April it was agreed to:

- develop a new service specification based on the national model taking into consideration local needs and view from the engagement process;
- secure a provider for a school nursing service funded by the ring fenced public health grant in 2015/16.

4. SUPPORTING INFORMATION

4.1 Public health began a review of the Hartlepool school nursing service in April 2014 with the aim of collating evidence which would shape the service specification for the Public Health Nursing service in order to improve health and wellbeing outcomes for children and young people aged 5 -19 years.

4.2 A steering group was established to oversee the process involving officers from health improvement, Tees Valley public health shared service, commissioning & clinical quality and procurement. The steering group has supported the review, contract and procurement processes. In addition the CCG and officers from Child and Adult services have been consulted on the service specification.

4.3 A 12 week consultation took place across Hartlepool from May – July 2014. Focus groups were held with 10 youth groups and were facilitated by 5 Young inspectors. Paper based questionnaires and a survey monkey questionnaire were designed and circulated to all schools, wider stakeholders, school nursing staff and young people.

4.3 In total 3,959 responses were received from the consultation and the findings from the consultation include:

- That the service is not clearly visible to young people, school staff and stakeholders only 17% of children and 3% of parents knew who their school nurse was.
- Young people were unclear about how they accessed the service
- School staff and Stakeholders are unclear about the core business and what the outcomes of the service are.
- It is important to young people to be able to talk to a school nurse in confidence about their problems although they were aware that in certain situations, where the young person is at risk, that the school nurse would have to report it.
- Young people want the school nurse to be friendly (77%) approachable (59%), someone I am able to talk to (54%).
- Young people value talking to a 'nurse' about health related matters.
- Twelve per cent of secondary school children and six per cent of parents told us that they had contacted the school nurse before. Children and parents both reported being very satisfied with the school nurse last time they contacted them.
- Young people want more advice and support on Sexual health and relationships, emotional health and wellbeing, smoking, drugs and

alcohol. Young people felt that weight management, keeping fit and healthy eating was important to them but the other topics were more important.

- Findings also suggest that the term 'school nursing service' should no longer be used, in order for nurses to work in a range of settings that children and young people access and enable them to promote their role as public health nurses.
- 4.4 In light of the feedback and the above consultation findings the service specification has been amended and changed to reflect these processes and comments.
- 4.5 The key service outcomes which are included in the service specification contribute to a range of outcomes for children and young people and include indicators from the public health outcome framework (PHOF):
- Child Poverty (PHOF1.1)
 - School readiness (PHOF1.2)
 - Smoking prevalence (PHOF 2.9)
 - School attendance (PHOF1.3)
 - Self harm (PHOF 2.10)
 - First time entrants to youth justice system (PHOF 1.10)
 - 16-18 year olds in education employment and training (PHOF 1.10)
 - Childhood obesity (PHOF 2.5)
 - Domestic violence (PHOF 1.11)
 - Under 18 Conception rate (PHOF2.4)
- 4.6 The service will also contribute to the overarching aim of Hartlepool's Children and Young People's Plan that states *"in Hartlepool we will work together through the Hartlepool Children's Partnership to keep all children and young people and their families at the centre of the services that we provide"*
- 4.7 Notice has been served on the current school nursing service contract. The Public Health Department alongside HBC's Corporate Procurement Section commenced the procurement of new children and young people's health and wellbeing Service on 15th September 2014 with the aim of having a new service specification and contract in place from 1 April 2015.
- 4.8 This new service is critical to the development of the Better Childhood Programme led by Children's Services and supported by Public Health and is integral to the local context in which Children's Health and Wellbeing services are delivered. The requirement for this service to be a core service within the Better Child Programme has been included in the service specification, and in order to facilitate this in the short term the service specification states that the service will be required to play an active part in the:

- 0-19 Early Intervention Teams in order to work together to deliver integrated services for children and young people and their families, with a focus on prevention, promotion and early intervention.
- First Contact and support Hub/the developing Multi Agency Support Hub to provide a health response to safeguarding issues.

5. RECOMMENDATIONS

- 5.1 It is recommended that the Children's Services Committee notes the content of the report and receive a further report to inform on the outcome of the procurement process.

6. BACKGROUND PAPERS

- 6.1 The following papers were used in the preparation of this report:

- Your Thoughts on School Nurse Service 2014, Survey Results Report, July 2014;
- Finance and Policy Committee, Minutes and decision record, 29 November 2013;
- Finance and Policy Committee, Minutes and decision record, 25 April 2014

7. CONTACT OFFICER

Louise Wallace
Director of Public Health
Hartlepool Borough Council
Level 4, Civic Centre
TS24 8AY
Tel 01429 523773
Email: louise.wallace@hartlepool.gov.uk

Deborah Gibbin
Health Improvement Practitioner (Children, Young People & Families)
Hartlepool Borough Council
Level 4, Civic Centre
TS24 8AY
Tel 01429 523397
Email: deborah.gibbin@hartlepool.gov.uk

CHILDREN'S SERVICES COMMITTEE

30th September 2014



Report of: Director of Child and Adult Services

Subject: YOUNG INSPECTORS INSPECTION REPORTS AND CONSULTATION REPORTS

1. TYPE OF DECISION/APPLICABLE CATEGORY

For information

2. PURPOSE OF REPORT

- 2.1 The purpose of the report is to present to Children's Services Committee the inspection reports and consultation reports produced by the young inspectors as agreed by Children's Services Committee in April 2013.

The inspection reports and consultation reports attached as appendices 1 to 9 provide an insight into services and organisations that have been scrutinized by young people and have been given feedback and recommendations for improvement.

3. BACKGROUND

- 3.1 The Young Inspectors programme was formed in 2009 as a pilot programme led by the National Children's Bureau in partnership with British Youth Council and KIDS. Hartlepool made a bid for the programme and was one of a number of Local Authorities across the country chosen to deliver on this programme for young people. Funding for the national programme ended in March 2011, however the decision was taken locally to continue to support a Young Inspectors Programme through the Youth Support Service. The Young Inspectors programme aims to give disadvantaged and vulnerable young people a voice in how services in their local area should be shaped ensuring young people who do not ordinarily take part are reached and referred into the programme. The Young Inspectors take part in an intensive two day training course (accredited through the Open College Network) in preparation for the inspections. The techniques used by the inspectors include observations, interviews and mystery shops. After the inspection a report is written detailing the young people's findings including recommendations. Young people then present their report to the host organisation outlining their findings and recommendations. A review inspection takes place six months later to see if recommendations have been implemented.

- 3.2 Successful achievements of the Young Inspectors include awards for innovation and excellence at regional level through the Regional Youth Work Unit. They were also commissioned by Safe in Tees Valley to evaluate the Tees Wide National Citizenship Programme, and have been instrumental in supporting the work of the Hartlepool Safeguarding Children's Board. The Inspectors also work closely with Health Improvement and support the national *You're Welcome* Programme which ensures that health services are young people friendly.
- 3.3 The Young Inspectors are set out in various groups these include Young Inspectors aged 13-19 years, Catcote Young inspectors aged 14-20 years and Junior Inspectors 7-12 years. The Children in Care Council based in 9 Church Street also runs a Junior Inspectors group 7-12 years and an older Young Inspectors group aged 13-19 years.
- 3.4 Reports of inspections undertaken by the Young Inspectors are attached in **Appendix 1 to 9** and cover the following areas:
- Auditory Clinic
 - Speech and Language
 - Rossmere Youth Centre 6 month review
 - Cleveland Sexual Health Clinic
 - Thornaby Sexual Health Clinic
 - Community Alcohol Partnership Consultation
 - Hartlepool Parenting Consultation
 - Hartlepool Youth Offending Service
 - Hartlepool School Nurse Consultation

3.5 **Summary of findings**

The general outcome of young people's findings of the services inspected were positive. Young people were often satisfied with the inspections and made few recommendations on ways in which services could be improved.

Although the reports do make recommendations for improvements they also highlight the strengths of the service they are inspecting. This then builds good relationships within the inspection process resulting in services actually acting upon the recommendations that the young people have made.

A detailed set of recommendations and findings can be seen in each report. These are relevant to each organisation's individual inspection.

4. **PROPOSALS**

- 4.1 That Elected Members consider the content of Young Inspector reports when and where appropriate both currently and in the future; and suggest areas / organisations / departments that may be suitable for Young Inspectors to evaluate on behalf of the committee.

5. RECOMMENDATIONS

- 5.1 Children's Services Committee is asked to note the findings and recommendations of the Inspection reports undertaken by the Young Inspectors.

6. REASONS FOR RECOMMENDATIONS

- 6.1 There are both legal and policy requirements for local authorities to support the engagement of children and young people in decisions which affect them; Alongside article 12 of the United Nations Convention on the Rights of the Child (*which states that when adults are making decisions that affect children, children have the right to say what they think should happen and have their opinions taken into account*); other relevant legislation which highlights the need to involve children and young people in decisions that affect their future include:

- Human Rights Act 1989
- The Children (Leaving Care) Act 2000
- The Adoption Act 2002
- The Children Act 2004

Most recently, Positive for Youth, the cross-Government Policy for young people aged 13 – 19 (2011) calls upon on all local authorities to give young people a voice in local decision-making. The policy recommends that local authorities introduce programmes like Youth Mayors or Youth Inspectors and the auditing of local services to make them more youth-friendly.

The Young Inspectors reports / further inspections would add additional perspectives to the work of the Committee and embed children and young people's voice in decision-making at this level.

7. BACKGROUND PAPERS

- 7.1 None

8. CONTACT OFFICER

Helen White
Participation Manager
Participation Team
Child & Adult Services
Hartlepool Borough Council
01429 284044
Helen.white@hartlepool.gov.uk

YIYAT Inspection Report Template – Initial Inspection



We found the staff and inside the clinic to be a very welcoming and friendly place. Staff were all easy to		Talk to and had a large amount of experience and information available. We also felt that the way
Young inspectors' names: Shay Miah, Bilaal Saddiq, Naasir Hussain, Emily Ashley		
Service inspected: Audiology/One Life Centre		Who requested the inspection? D.Gibbon
Name and contact details of the person who requested/commissioned the inspection: Juliette Ward YIYAT Co-ordinator Child & Adult Services Windsor Offices Unit 24 Middleton Grange Shopping Centre Hartlepool TS24 7RJ		
Inspection start date: 11/2/14	Inspection end date: 11/2/14	Report date: 4/3/14
About how many hours did the inspection activities take? 1		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		
Observation(s) conducted? Yes What/who was observed? The centre, facilities and staff How were observations recorded? Notes What were the findings including strengths and areas for further development? See Below	Interviews conducted? Yes What was the focus of the interviews? Questions set by YIYAT Who was interviewed? Individual or group interviews? Individual staff member How were the interviews recorded? Notes What were the findings including strengths and areas for further development? See Below	Surveys conducted? No What was the focus of the surveys? N/A Who were they given out to? N/A What type of survey was it – paper, electronic? N/A What were the findings including strengths and areas for further development? N/A

Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

Question 1 : Is the service accessible?

We found that the location was accessible as it was very central, as well as this we found that it was easy to access for those with children or wheelchairs as there are lifts which they are able to use. The opening times were not very visible when we entered but we are aware that it is an appointment based service. We also found that there was some information but it was quiet cluttered on the notice board. However we are aware that you have you requested for more notice boards. We were informed that there is a website and when we looked at this the information needs to be updated as it has the general hospital address on it rather than the one life centre.

Question 2: Is the service welcoming?

We saw that there were the essentials for a TV and are aware that you have one on request. There were no magazines for any waiting patients. We also saw that there were some toys to keep the children entertained. We saw that there was information on a notice board as previously mentioned, but there were no leaflets within the waiting area. The staff were friendly and helpful as we were given a guided tour of the area.

Question 3: Is it clear what the service does?

As previously mentioned there were relevant posters within the waiting room but these were cluttered, and there were signs and posters inside and outside and all rooms were clearly signed. As we first came to auditory we were unsure what it was but this was explained to us and those who are in need of auditory will know what it does.

Question 4: How satisfied are you/do other young people seem to be with the service?

We were satisfied with the information we got, however there were no people in the waiting area to ask questions and there were no filled in evaluation forms due to the lack of responses and we did not see a report this may also be due to the lack of responses again.

Question 5: How are young people involved in the development, delivery and evaluation of the service?

When we received information about young people's involvement we were told that they were not involved in the delivery, development and evaluation of the service.

Strengths:

- Central location
- Friendly Staff
- Welcoming environment

Areas for further development:

We feel that the young people that use the service should be more involved in the development, delivery and evaluation of the service. You could recruit young people who use your service to be involved in the decision making process around your service. This can be done in a committee style as a audiology forum or consider joining up with other similar health services to form a health committee. This could lead to the young people creating posters and leaflets as well as developing evaluation forms.

We feel the evaluation form is too formal for young people as the maximum age of the evaluation form is secondary school we believe it should be more informal and more age appropriate. We believe that the evaluation forms could have smiley faces (poor, satisfactory, good)... And the service could consider giving the evaluation forms to the parent or teenager at the beginning of the appointment so they can read it and then they could fill in the evaluation form after the appointment and hand it in, then you are guaranteed more responses. You could also have a comment box which service users can put there evaluation forms in.

While we were there staff asked us what we thought of the waiting room. We thought the waiting area was appropriate for children by the use of toys, however there was nothing to occupy the adults – we aware that you are awaiting a TV but you could consider placing some magazines as well as the TV, if the TV is unavailable, you could consider placing a radio to keep people occupied.

YIYAT Inspection Report Template – Initial Inspection



Young inspectors' names: Kirsty Robertson, Luke Wray, Stephen Shout, Lauren Briggs, Lewis Gledhill, Owen Hughes & Hannah Wood		
Service inspected: Speech & Language	Who requested the inspection? D.Gibbon	
Name and contact details of the person who requested/commissioned the inspection: Juliette Ward YIYAT Co-ordinator IYSS Child & Adult Services Windsor Offices Unit 24 Middleton Grange Shopping Centre Hartlepool TS24 7RJ		
Inspection start date: 11/2/14	Inspection end date: 11/2/14	Report date: 4/3/14
About how many hours did the inspection activities take? 1		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		
Observation(s) conducted? Yes What/who was observed? The centre, facilities and staff How were observations recorded? Notes What were the findings including strengths and areas for further development? See Below	Interviews conducted? Yes What was the focus of the interviews? Questions set by YIYAT Who was interviewed? Individual or group interviews? Individual staff member How were the interviews recorded? Notes What were the findings including strengths and areas for further development? See Below	Surveys conducted? No What was the focus of the surveys? N/A Who were they given out to? N/A What type of survey was it – paper, electronic? N/A What were the findings including strengths and areas for further development? N/A

Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

Question 1: Is the service accessible?

We found that the location was accessible as it was very central, as well as this we found that it was easy to access for those with children or wheelchairs as there are lifts which they are able to use. The opening times were not very visible when we entered but we are aware that it is an appointment based service. We also found that there was some information but it was limited. One of the leaflets we looked at had been printed very poorly and had blank pages in it. We were informed that there is a website and when we looked at this the information needs to be updated as it has the general hospital address on it instead of the one life centre.

Question 2: Is the service welcoming?

There were no magazines for any waiting young people or parents but there were some children's books and toys to keep the children entertained. We saw that there was information on a notice board as previously mentioned, with some leaflets within the waiting area. The staff were friendly and helpful and we were given a guided tour of the area. The consultation rooms were very welcoming with lots of resources and were suitable for both younger children and young people. We also saw a large cupboard with lots of games and toys in.

Question 3: Is it clear what the service does?

As previously mentioned there were relevant posters within the waiting room but these were cluttered, and there were signs and posters inside and outside and all rooms were clearly signed. The children and young people that use the service will all know what the service does as they are referred to the service. The website gives clear information on the service but needs updating.

Question 4: How satisfied are you/do other young people seem to be with the service?

We were satisfied with the information we got, however there were no people in the waiting area to ask questions.

Question 5: How are young people involved in the development, delivery and evaluation of the service?

When we asked about young people's involvement we were told that they hadn't involved any children and young people yet but they hoped that our visit would help them develop. We also feel that by asking us to come along to inspect the service showed that they wanted young people involved in their service.

Strengths:

- Central location
- Friendly Staff
- Welcoming environment

Areas for further development:

We feel that the young people that use the service should be more involved in the development, delivery and evaluation of the service. You could recruit young people who use your service to be involved in the decision making process around your service. This can be done in a committee style as a general health forum and joining up with other similar health services. This could lead to the young people creating posters and leaflets as well as developing evaluation forms.

While we were there staff asked us what we thought of the waiting room. We thought the waiting area was appropriate for children by the use of toys and books but there wasn't anything there to occupy the young people and adults.

General impressions and comments

We feel that the staff were really friendly and helpful and that the service is keen to get children and young people involved in The delivery of the service but Need some guidance in how to do this.

Youth4U Inspection Report Template – Initial Inspection



Local support worker name: Andy Facchini	Area: Hartlepool	
Young inspectors' names:		
Service inspected: Rossmere Youth Centre	Who requested the inspection? 6 Month Review	
Name and contact details of the person who requested/commissioned the inspection: Andy Facchini YIYAT Co-ordinator IYSS Child & Adult Services Windsor Offices Unit 24 Middleton Grange Shopping Centre Hartlepool TS24 7RJ		
Inspection start date:	Inspection end date:	Report date:
About how many hours did the inspection activities take? 1		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		
Observation(s) conducted? Yes What/who was observed? The centre, facilities and staff How were observations recorded? Notes, photos What were the findings including strengths and areas for further development?	Interviews conducted? Yes What was the focus of the interviews? Questions set by YIYAT Who was interviewed? YP & Team Leader Individual or group interviews? Individual How were the interviews recorded? Notes What were the findings including strengths and areas for further development?	Surveys conducted? No What was the focus of the surveys? N/A Who were they given out to? N/A What type of survey was it – paper, electronic? N/A What were the findings including strengths and areas for further development? N/A

Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

The Young Inspectors recommended in the last inspection for the centre to display the times that it is open outside so that anyone walking past will be able to see which could mean more young people using the centre. This hasn't been done although there is a list inside the centre. It was also recommended that cards with opening times were distributed. When speaking to the service users in the initial inspection they told us how they would like the opening hours to be longer, they found there had been no extension of opening times.

They found during our last inspection that the centre was in quite bad condition, there was graffiti on the walls, the toilets and changing rooms were unclean, tiles were loose in the shower, changing rooms were being used as storage and the furniture in the pool room was stained and in generally bad condition.

The Young Inspectors looked to see if any of this had been improved, they found that the centre had done as they recommended and applied for a grant from Grant Givers to decorate with, all the walls had been painted in the main part of the centre and it looked a lot better, however the ceiling and seating hadn't changed. The sports hall still had graffiti, loose bricks and a hole in the floor. They found that the girls changing rooms were still being used as storage and the toilets in both male and female changing rooms had a very unpleasant smell, in the girls toilets there were still missing tiles but not in the boys.

The Young Inspectors previously found hanging wires in the centre, they checked for them this time and found none.

It was recommended that all the display boards be updated to be more current and relevant and this has been done. We informed the youth centre after the last inspection that the service users expressed they wanted to use the gym in the centre, they asked if this has been made possible and found that the Gym is accessible to young people over the age of 16 who have had a proper induction, but after speaking to the young people it was found that they did not know about this.

The staff greeted us well when we arrived. The Young Inspectors asked some of the service users what they thought about the staff and the majority of users they spoke to said they were treated well by the staff.

The disabled toilet door had a sign saying staff toilet on our last visit, it was recommended that they removed this and they have.

We understand that some of the more expensive recommendations haven't been completed due to funding and the possibility that the centre could be closing due to government cuts.

Strengths:

The display boards are up to date. The staff are friendly and there are plenty of activities. The centre followed up the recommendation to apply for a grant from Grant Givers and decorated the centre.

YIYAT Inspection Report Template – Initial Inspection



Local support worker name:		Area: Hartlepool
Young inspectors' names: Robyn Reid, Hannah Bew, Rebecca Hanlon & Rebecca Blair		
Service inspected: Sexual Health Teesside, Cleveland Health Centre (Spoke), Middlesbrough		Who requested the inspection? D.Gibbon
Name and contact details of the person who requested/commissioned the inspection: Juliette Ward YIYAT Co-ordinator IYSS Child & Adult Services Windsor Offices Unit 24 Middleton Grange Shopping Centre Hartlepool TS24 7RJ (01429) 523617		
Inspection start date: 3/12/13	Inspection end date: 3/12/13	Report date: 21/01/14
About how many hours did the inspection activities take? 1		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		
Observation(s) conducted? Yes What/who was observed? The centre, facilities and staff How were observations recorded? Notes What were the findings including strengths and areas for further development? See Below	Interviews conducted? Yes What was the focus of the interviews? Questions set by YIYAT Who was interviewed? Individual or group interviews? Individual staff members How were the interviews recorded? Notes What were the findings including strengths and areas for further development? See Below	Surveys conducted? No What was the focus of the surveys? N/A Who were they given out to? N/A What type of survey was it – paper, electronic? N/A What were the findings including strengths and areas for further development? N/A

Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

Question 1: Is the service accessible?

The clinic is in the centre of town and is accessible by public transport. We travelled by car and once inside the multistorey car park It took us a while to try and find the way to enter clinic from outside as we couldn't see any signposting, once inside we were greeted by a security guard who showed us the way.

We walked in and out the building to enter different ways to see how easy it was to find your way to the service and we found there was limited information and there were signs on the back of open doors which meant we couldn't see. The door to the sexual health clinic also had a sign next to it saying 'Contraceptive Clinic' which could confuse users. Opening times were good as open on evenings and for a couple of hours on a Saturday.

There was disabled access but it was limited as the lift going to ground floor was closed early meaning a wheel chair users wouldn't be able to leave the building late and could only exit through multi-storey car park. Vehicles couldn't get back in later on so people wouldn't be able to leave by car or be picked up. (While we were there our transport had to ask workmen to open the gate for the access road).

We found that the service was very accessible if you were entering from shopping centre

The school can refer you to the clinic. The staff told us they could refer patients to other services if needed and other services refer to them. Young people can use the service without their parent /carer being there.

Question 2: Is the service welcoming?

From the outside no as it's situated in a car park, this could make you feel unsafe especially if attending on a night.

The staff where really welcoming and introduced themselves and on our way in the security guard was friendly and helpful. There was music on in the waiting room which will create more of a relaxing atmosphere than it would do if it were silent. There were magazines for patients to read.

There was a separate hatch for users to speak to staff and staff directed the users to this if they felt that more privacy was needed.

There was enough room for wheelchairs to move around and the seating space was comfortable.

Question 3: Is it clear what the service does?

We searched for sexual health clinics in Middlesbrough on our phones and Cleveland Health Centre wasn't one of the first answers that came up which could be confusing, once on the website all the information was clear with up-to date information on opening times.

In the waiting room there is selection of leaflets and Chlamydia tests available but to get these you would have to get up in front of other people and this would put you off going to pick them up. There was lots of information on the wall in the waiting room but too far away for you to see and so many posters etc that it looked to cluttered.

Once we had left the service we all understood what the service did and felt that we would be able to tell other young people about the service.

Question 4: How satisfied are you/do other young people seem to be with the service?

We feel that the service meets young people's needs and that young people are aware of the service as it is advertised within schools and other services accessed by young people. The service provides lots of information that is young people friendly and young people have been consulted on how the service is run.

Question 5: How are young people involved in the development, delivery and evaluation of the service?

We know that young people are involved in the development, delivery and evaluation of the service as we have previously inspected them. There is a token evaluation where users can rate the service they have received but it is right in front of the window where the reception is so receptionist could see what they are rating the service which could be a bit off putting. There is a poster showing feedback that the clinic has received. There were evaluation forms available.

Strengths:

- There is a token system in place for all users to vote on how good the service was which is anonymous.
- Staff also offer a questionnaire to users to gain users opinions.
- Complaint forms are available and users are made aware of this. All complaints are acted on within 3 days.
- Any information gathered from users is inputted by staff and brought up with staff members.
- All staff members were friendly and helpful.
- Lots of up-to date information on different issues.
- Separate window.

- Links with local schools and colleges.
- Staff up-to date with policies.

Areas for further development:

We felt the clinic offered a good service to all users but were still concerned with the access through the stairways and the lack of signs outside of the building and we feel that this could be improved.

We understand that the building is not owned by the service and because of this it had been difficult to make any improvements. Hopefully some negotiations could be made as this would improve the access for all users of the building.

General impressions and comments:

We found the staff and inside the clinic to be a very welcoming and friendly place. Staff were all easy to talk to and had a large amount of experience and information available. We also felt that the way users are asked to evaluate the service using the tokens was a great way to gather information.

It was also good to see that staff took on board the information gathered this way and through questionnaires and acted on any complaints as quickly as possible.

**YIYAT Inspection Report Template –
Initial Inspection**


Local support worker name: Juliette Ward		Area: Hartlepool
Young inspectors' names: Emily Ashley, Jason Lowther, Amber l'Anson, Bilaal Saddiq		
Service inspected: Thornaby Health Centre sexual health Teesside NHS		Who requested the inspection? D. Gibbon
Name and contact details of the person who requested/commissioned the inspection: Juliette Ward YIYAT Co-ordinator YSS Child & Adult Services Windsor Offices Unit 24 Middleton Grange Shopping Centre Hartlepool TS24 7RJ		
Inspection start date: 22/1/14	Inspection end date: 22/1/14	Report date: 27/2/14
About how many hours did the inspection activities take? 1		
Below, please briefly describe the inspection activities used. Please attach the young inspectors' reports and any additional documentation.		
Observation(s) conducted? Yes What/who was observed? The centre, facilities and staff How were observations recorded? Notes What were the findings including strengths and areas for further development?	Interviews conducted? Yes What was the focus of the interviews? Questions set by YIYAT Who was interviewed? Team Leader & Nurse Individual or group interviews? Individual How were the interviews recorded? Notes What were the findings including strengths & areas for further development? See Below	Surveys conducted? No What was the focus of the surveys? N/A Who were they given out to? N/A What type of survey was it – paper, electronic? N/A What were the findings including strengths and areas for further development? N/A

Overall impressions of the service including strengths and areas for further development (linking back to national inspection questions):

Question 1: Is the service accessible?

When first entering the building we found signs on both the entrance and walls which made it clearer than the previous visit. We found there were signs on the outside. We found that there were opening times; however they were not very visible as they were on a table which we wouldn't have noticed. We also didn't think that the information was displayed very well as this was also displayed on the table which we didn't think was an appropriate place to have this information. There was disabled access which we thought was good as well as the automatic doors. The service is in a central location and is easy to get too. The waiting area is bright and airy and has enough room to maneuver a wheelchair.

Question 2: Is the service welcoming?

As we came into the waiting there was no TV or radio but once we entered the reception there was a radio. We also saw that the magazines were quite out dated. We thought that the information in the waiting area was not up to date and visible as they were on a table which we thought was not very clear.

Question 3: Is it clear what the service does?

There were posters in the waiting room but these were on a table so we found that they were not very visible. There were signs directing any potential patients towards the sexual health clinic they were visible and were easy to follow. The information provided by the staff was very clear and we all understood what the service provided.

Question 4: How satisfied are you/do other young people seem to be with the service?

Although only 8 to 9 people attend this service daily we thought it was acceptable as this is not the only service available within the area. We found out that the young people mainly use the outreach programmes and the vending machines what are available in colleges. There is an option for users to evaluate the service using tokens after their visit. This is away from staff so that it doesn't put off the users. Evaluations are logged up by staff and discussed at team meetings. As no users were there when we visited we were unable to ask how satisfied they were.

Question 5: How are young people involved in the development, delivery and evaluation of the service?

The young people fill in questionnaires and have the opportunity to use a rating scale in which they are able to give their opinion or rating on the effectiveness of the service. The anonymous information collected from the questionnaires is compiled into a report; however the report contains feedback from all the clinics that are associated with this service as well as having the feedback from all of the service users who are a wide range of ages. This could obscure the changes which are made and also this means that the information which causes these changes is not solely the responses of young people.

Strengths:

- In a central location
- Staff are very friendly and welcoming
- Welcoming waiting area
- Evaluation process
- Accessible
- Visible signs
- Up to date website

Areas for further development:

- Information and guidance on first entering the service could be made more visible
- Update magazines regularly.

General impressions and comments:

We found the staff and inside the clinic to be a very welcoming and friendly place. Staff were all easy to talk to and had a large amount of experience and information available. We also felt that the way users are asked to evaluate the service using the tokens was a great way to gather information.

Community Alcohol Partnership Report

Purpose of Report

The Hartlepool Young Inspectors were tasked to investigate the impact of how alcohol misuse of older people affects young people.

Background Information

In order for the Young Inspectors to get a balanced view of the affects of substance misuse of adult's on young people it was decided that they would visit various youth settings across the town to speak to young people. To obtain a good understanding of how young people felt a set of 12 questions (see below) were developed by the young inspectors. The same sets of questions were asked to all of the groups. (See responses in appendix A)

1. Do you witness people who are under the influence of alcohol/substance on a regular basis? How does this make you feel?
2. Do you think it is acceptable for adults to use alcohol/substances in your presence?
3. Do you feel pressured to use alcohol/substances when adults use in your presence?
4. Do you think others drinking/misusing substances could have an impact on them and the decisions they make?
5. Do other people's behaviors under the influence of alcohol/substances change your perception of drinking/using substances?
6. Does seeing other people using alcohol/substances encourage you to do it?
7. Do you ever get offered alcohol/substances by adults? How does this make you feel?
8. Do you ever feel scared or at risk as a result of people under the influence of alcohol/substances?
9. How can you reduce the risk of people drinking alcohol/using substances around you?
10. Do your parents have strict views on alcohol/substances and how does this affect you?
11. How much of a role do the media play in encouraging you and your peers to drink alcohol/use substances?
12. Any other comments?

All of the young people questioned were told that their names would remain confidential.

7 Young Inspectors were involved in the consultation (5 male & 2 female). The groups that took part in the consultation were;

- Building Bridges
- Burbank Youth Centre
- Children in Care Council
- Duke of Edinburgh Group
- Grant Givers
- One Stop Shop
- Rossmere Youth Centre
- Salaam Centre
- Seaton Youth Centre
- Young Inspectors
- Secondary School Council (Dyke House, Manor College, St Hilds, High Tunstall)

Conclusion

Overall the responses we got from young people was quiet mixed. While some thought that it was acceptable to drink alcohol and take substances as it was seen as the normal thing to do, some felt that it was not acceptable and being out of control could lead to putting yourself in dangerous situations and do things that you wouldn't normally do including having unprotected sex.

Many of the young people questioned said that their parents drank alcohol regularly in front of them and many had witnessed their parents and other family members getting aggressive and arguing with each other. For many of them this had a massive impact on family life. The young people felt that this is not acceptable and this made them worry when they knew that their parents were going to drink alcohol. While some said that this had made them think twice about drinking alcohol themselves many had said that it hadn't discouraged them and they would still drink with their friends.

All of the young people had witnessed adults and other young people drunk or under the influence of drugs in public places and at parties. Many said they felt scared and intimidated when they had seen drunken people in the streets and some had even been approached and verbally abused. One young female was approached in a public park while she was looking after her 2 young cousins and the men had tried to pick the young children up. This had made the young female extremely scared and had stopped her taking her cousins out again.

A few of the young people felt that drinking alcohol and taking substances at a young age could lead to an addiction later in life and this could cause more problems in the future.

Many felt that seeing other people using alcohol and substances didn't encourage them to do it as they felt that it doesn't look good when people were drunk or under the influence of drugs. And that it made them think is that how they act when they have been drinking alcohol. While only a small majority felt that seeing others drunk made it think it looked like they were having fun. Many felt that television programmes like *Geordie Shore*, *Towie* and *Maguluf Weekender* made people look silly and that this didn't encourage them to do the same. Many felt that the celebrities made fools of themselves when they were drunk in front of cameras but it did make them think twice about doing it themselves.

When young people had been offered alcohol or substances of adults it had been on special occasions and in controlled environments with parents. Though many said that their parents wouldn't allow them to drink alcohol. Some of the young people had been offered alcohol and substances by strangers in public places. This had made them feel scared and vulnerable and had made them run away from the adults and not return to the places.

Many young people had felt scared when they had witnessed adults drinking alcohol and using substances in public places, with one young person having such a bad experience that it led to her not leaving the house for three weeks.

The young people were asked how they thought they could reduce the risk of people using alcohol and substances around them and many thought that the best time to speak to their friend would be when they were sober and to discuss their behaviour with them and how they acted differently to how they normally would. Many felt that more education should be provided on the risks to their health and the dangerous situations people could get themselves into. The young people felt that more information should be provided in schools and colleges and at the moment they only received minimal information. The young people also felt that advertisements on the television and in newspapers should be stopped as this encouraged many of them to drink alcohol as the adverts make it look like lots of fun.

Interestingly many of the young people felt that alcohol was more dangerous than cannabis and that cannabis was seen as more normal as they knew many other young people and adults who smoked cannabis regularly.

There was mixed response around parents' views on drinking alcohol with some parents being really strict while some young people's parents provided alcohol for them and let them drink it in their homes unsupervised. Some of the young people thought that it was more acceptable to smoke cannabis with their parents than to drink alcohol which is a real concern.

Due to the many issues raised due to this consultation we feel that more work should be done around the risk taking behaviour of young people and the how much adults influence young people around alcohol and substance misuse. In particular it is a concern that young people are not receiving enough education on alcohol and substance misuse and that advertising encourages young people to drink alcohol because it makes it look like a fun thing to do when in reality the adverts do not portray a realistic picture.

Results of Consultation

- 1. Do you witness people who are under the influence Of Alcohol/Substance on a regular basis? How does this make you feel?**
- “Scared”
 - “I think it’s stupid to drink so much”
 - “Depends how they act”
 - “I see people drunk in the community screaming and shouting acting mental”
 - “No, brother only drinks at parties”
 - “Disgusted at groups of people drinking”
 - “You see alcoholics walking round the street, shouting random things and if you look they start shouting at you”
 - “Man outside of Mill House was drunk before and started talking to me and my mates and we rang my mate’s dad to pick us up and he started chasing us, if you’re out you have to always stay with other people”
 - “On a weekend yeah”
 - “I think drinking during the day is disgusting”
 - “I don’t like being around people on drugs it makes me feel uncomfortable”
 - “I feel wary”
 - “I think it’s disgusting, there ruining their lives”
 - “When I was in the car before a man chucked a bottle of alcohol at a woman with a push chair and he took our registration plate”
 - “White van started shouting things out the window to us before and started driving towards us trying to run us over”
 - “I took my baby cousin’s out to the park and 3 men walked past kept trying to pick them up, I’m too scared to take them out again now, it was near the burn valley and they had cans of lager, I’m only 14 and my cousins were only 1 and 6”
 - “Yeah it depends how they go on though”
 - “Yeah quite a bit but it depends on how they’re acting; if mannerisms suggest that they’re drunk and they’re making a fool of themselves it’s not attractive. I think it makes you feel uncomfortable, I have aunties who drink and although it’s only sociably I still wouldn’t want to be around them”
 - “Seeing people under the influence of drugs makes you scared”
 - “My neighbor started trying to fight me when drunk before because he thought we were talking about him but he was stumbling about and me and my mates just thought it was funny”
 - “Dad gets angry when he’s drunk”
 - “My brother lives with his mate and when his mates drunk he starts trying to fling people about”
 - “You see people everyday full of drink around oxy road and just laugh at them”
 - “Depends, it does different things to different people”
 - “I don’t feel threatened by drunk people”
 - “My dad ruined his life through drinking but he turned it all around now he only drinks a couple in the club then comes home”

- “My dad flips when he’s drunk”
- “My mam always starts herself when she’s drunk but my dad’s always nice and will give me money”
- “My mam drinks vodka and coke every night and it annoys me, I’ve told her she needs to go to rehab”
- “Dad used to get so drunk every night he wouldn’t remember, he still drinks but not that much anymore”
- “When people are really drunk at parties it ruins it”
- “Yeah but it doesn’t bother me”
- “Depends, yeah if you go out”
- “I avoid walking past the pub near where I live because you never know what drunks are going to be like, it stops me going to the community and youth centre near where I live as well because the pubs is right next door”
- “My mam doesn’t drink”
- “My mam hasn’t drunk for 9 years because her kids come first and would rather spend her money on us. My older sister drinks but my mam disapproves and that puts me off drinking myself”
- “My mam will have us stay at our Nanas when she’s drinking because she doesn’t want us to see her drunk”
- “My Mam will only ever have a couple of glasses of wine then she’ll go to bed, she doesn’t drink to get drunk”.

2. Do you think it is acceptable for adults to use alcohol/substance in your presence?

- “I think it’s wrong and it could persuade a child to drink and could result in them being an alcoholic when they’re older”
- “Alcohol is just as dangerous as drugs”
- “If they’re only drinking the right amount of units it’s ok”
- “As long as they’re in control”
- “No because it’s teaching bad manners because people don’t know what they’re doing or saying when they’re drunk. It’s teaching them bad habits”
- “It can get out of control when adults are drinking at a party and end up arguing and kids shouldn’t have to witness it”
- “If you’re in control of it then it’s ok”
- “Not if their getting drunk”
- “If you drink around children you’re putting a Childs safety at risk”
- “It sets a bad example”
- “When you’re younger you see alcohol as being fantastic, I’m older now and done it all, I still go out socially but I don’t want to get drunk, I’m 23 the allure of drinking has been lost”
- “No, it’s a bad influence”
- “It’s ok as long as they don’t go overboard on alcohol or drink around under 12’s; it’s never ok to do drugs”
- “Acceptable on special occasions”
- “If you were going out for meal it would be ok to drink, but it’s not right if they take you to pubs when their drinking”

- “Not heavily drinking, having a few drinks with a meal is ok if you have minors”
- “You should never get drunk when you have young children to look after”
- “I feel influences to drink because it's what happens in society although my culture is against it, I wouldn't drink around my family though out of respect”
- “In moderation it's acceptable”
- “You can't look after minors if you're under the influence”
- “Doesn't bother me”
- “Yeah”
- “Not ok to get drunk”
- “Depends on health, if they aren't well then they shouldn't drink cause could make them worse”
- “You shouldn't drink around kids, once before my stepdad made my mam a drink of vodka and coke not realising she already had one, my mam told him to push it to the back of the counter but he didn't push it back far enough and my little sister ended up getting it and she drank it and was only two and didn't know that it had alcohol in it, it made her ill”
- “No, it will make young people want to start drinking”
- “It's ok to drink alcohol”
- “It's alright to drink alcohol if you're at a party but never drugs”
- “It's ok as long as you don't overdo it”
- “It would make you think it's normal if your around it all of the time”
- “Depends what type of drunk you are. At one of my auntie's when she has parties there will always be fighting but at another auntie's house people are a lot more sociable”
- “If you haven't got any responsibilities then I think it's ok, say you where at a party and your friend had children there, and they aren't your children so you have no responsibility so it's ok then”
- “Parents who get drunk don't set a good example on kids”

3. Do you feel pressured to use alcohol/substance when adults uses in your presence?

- “There was a lass in the shop before with her child who was only four and he picked up a bottle of drink and started saying let's get drunk”
- “No, I can't drink anyways I have heart and kidney problems”
- “Wouldn't dare”
- “I would say no it looks disgusting”
- “There was a woman drunk looking for a flat, me and my brother showed her the way, because we helped her she tried to give us tabs and money but we just flung it on the floor and walked away cause she was out of it and we didn't know what she might do”
- “I do a bit with drink but not drugs”
- “It makes you think it's acceptable if adults drink around you”
- “It would if it was a drink that I liked”
- “It's annoying when you're sober”

- “I enjoy watching people when they’re drunk”
- “I don’t feel pressured to drink with adults drinking in my presence”
- “I would drink if my friends were drinking around me but not adults”
- “I’d be happy to drink if I was offered it”
- “I wouldn’t drink just because my parents were, I’d have to fancy having a drink”
- “Don’t have to do what parents do you can be your own person”
- “Mam said if caught drinking she’d take me face off”
- “Makes you not want to drink seeing people in states”
- “No”
- “I’d walk off and leave them”
- “I have my own opinions and backgrounds so I wouldn’t cave in”
- “No I make my own choices”
- “With friends but wouldn’t with adults”
- “My Mam will offer bit a little bit to drink at parties to make me feel more grown up but if my Mam would let me all the time I still wouldn’t because I don’t want to”
- “My friends don’t really drink”

4. Do you think others drinking/misusing substances could have an impact on them and the decisions they make?

- “Yes, it could destroy their body”
- “It destroys relationships with families when they argue because they’re drunk”
- “You could get into a car with someone you don’t know and get into risky situations because you’re not thinking straight”
- “Wouldn’t affect you if not getting drunk”
- “Yes”
- “People think they’re hard full of drink”
- “You don’t think straight”
- “You do things that you don’t want to do and don’t know about it”
- “Your mood can change really quick when full of drink”
- “When you take you drugs you can see things that aren’t real”
- “You see people walking around talking to themselves”
- “You can end up in dangerous situations”
- “Yeah, could have an accident because can’t make decisions”
- “You have more confidence”
- “No control of self”
- “Totally”
- “You have no fear when your drunk”
- “It makes you more confident to say and do things you wouldn’t normally”
- “It can make you argue more”
- “Makes you think your invincible and can fight the world”
- “You don’t have a conscience and don’t think about what you do”
- “Deffo”
- “Yeah, they could end up addicted, spend all their money on drink and drugs, start stealing and lose their friends and family through it”

- “You might do stuff you’re not supposed to”
- “People start fights when drunk”
- “You might injure yourself”
- “You might get that drunk you blackout”
- “You could end up getting that drunk that you sleep with someone and you don’t know what you’re doing”
- “You could do things when your drunk and end up with a reputation”
- “My friend before got that drunk they started being sick in their sleep and choking on their own sick and my other friend had to save them”
- “You fall over a lot because you’ve got no balance”
- “Yeah”
- “Do stuff that you wouldn’t when you’re sober, could be violent”
- “Makes people mad”
- “People are funny drunk”
- “You could die easily”
- “It rots away organs in body”
- “Yeah because its poisoning you”
- “It slows down your reaction time and you could end up causing yourself harm”
- “You could end up getting hit by a car or something”
- “It throws off your inhibitions”
- “Yes they do things they wouldn’t normally do and say things they wouldn’t normally say”
- “Girls put themselves in vulnerable positions; they might have unprotected sex and get pregnant or catch something”

5. Do other people’s behaviours under the influence of alcohol/substance change your perception of drinking/using substance?

- “Makes me put off because people are sick when they’re drunk and I don’t like being sick and why would anyone want to be hung-over”
- “I don’t think it’s cool the way they behave on programmes like Magaluf Weekender, I don’t want to behave like that”
- “I don’t want to be like that”
- “It can ruin your body and do things you don’t realise you’re doing”
- “I think it looks stupid”
- “If it’s only a little bit it’s ok but loads has an effect on them”
- “It makes people look horrible”
- “Defiantly changes opinions, when I see them I think is there life that bad that they have to get drunk or high to forget stuff”
- “Doesn’t put me off at all they look like they’re having a good time”
- “If parents are high/drunk makes it looks acceptable, everyone else is doing it, it’s ordinary”
- “You do stuff you wouldn’t do normally when your drunk”
- “Depends what they are doing when they are drunk, if people are being social and enjoying themselves it makes you want to”
- “Not if there on a bad dun” (Bad experience)
- “Yeah, I don’t want to look like an idiot”
- “I’d be scared to look like some of the people you see it’s pathetic”

- “People try to peer pressure you into drinking when they are”
- “Cause you see the way they act it makes you not want to do it”
- “You must be wrong in the head to take drugs”
- “When you see people who are under the influence normally it makes you think you wouldn’t want to be like that yourself”
- “You could get yourself into bad situations”
- “It intimidates me and I get scared in case I get followed home. A house near us had a party and chucked all there bottles over the fence into an area where my little sisters play and there was smashed glass all over making it dangerous for them to play there, so my dad went and said something to them which caused conflict between us and our neighbours”

6. Does seeing other people using alcohol/substance encourage you to do it?

- “No I don’t want to act like that I just want to be myself”
- “No, I wouldn’t dare”
- “Dad said he’ll kill me if he found out I did drink or drugs”
- “Some think it’s good but if you look from the outside it looks stupid”
- “You don’t see it much in the area I live in now”
- “Yeah it makes me want to stop drinking when I know I’ve had enough so I don’t get in them states”
- “I’ve watched a member of my family get that drunk they’ve ended up in an ambulance, it made me angry, they’re supposed to be an adult”
- “If you witness people drunk a lot from being a young age you will think that’s normal behaviour”
- “It can make you think it’s normal behaviour so you behave like that yourself or it could do the opposite it could make you not want to drink or use drugs if you’ve seen others around you do it”
- “People do things to fit in with the crowd”
- “No”
- “Yes because everyone does it, gets stress out”
- “No, when you walk about and see alcoholics drinking in the Burn Valley in the middles of the day I look at them and think that’s not the life for me”
- “Yeah but only if they’ve had a little bit to drink and there having a good time”
- “No not at all I don’t like drink”
- “No when I see other people drinking loads and acting like an idiot it just makes me think, is this what I’m like and I don’t want to be that drunk and act like that”
- “Don’t think about it”
- “No I’ve got my own mind”
- “Yeah because you want to fit in”
- “When I watch programmes like Magaluf Weekender it doesn’t encourage me to drink I just think look at that fool rolling around on the floor”
- “Geordie Shore doesn’t influence me to drink I think its crap”

7. Do you ever get offered alcohol/substance by adults? How does this make you feel?

- “Some boys tried to make me drink before they were drunk and it scared me so I ran off”
- “I tipped a drink off my mam down the sink at Christmas because I didn’t want to drink it”
- “I’d only ever be offered one so it’s ok”
- “No”
- “Only alcohol”
- “In a controlled environment”
- “I think culture accepts cannabis a lot more than other drugs”
- “I get offered it all the time and it frustrates me cause I don’t want to and I want to hit the people who try to get me to, for drugs and alcohol”
- “Depends, if I was out somewhere in a bar and a man offered to get me a drink I’d accept it if I seen the barmaid pour it, I wouldn’t just accept a drink if someone handed me it”
- “It’s ok on a special occasion but not ok to get drunk”
- “I’d be happy”
- “I wouldn’t take a drink of an adult I didn’t know or if the bottle wasn’t sealed”
- “It could make you feel vulnerable”
- “My mam wouldn’t buy me alcohol but I’d be happy if she did”
- “No not really, I’ll be allowed to have 1 when were on holiday but not allowed to get drunk”
- “My Nana lets me have a can”
- “It would make me feel uncomfortable if my parents let me get drunk”
- “Yes, it doesn’t bother me”
- “Yeah, I’d walk out the room”
- “I never get asked if I want it but if I asked I would be allowed”
- “I’ve been asked if I wanted some drink getting by a drunk man who was outside the shops; it intimidated me and made me feel scared to go back”

8. Do you ever feel scared or at risk as a result of people under the influence of alcohol/substance?

- “You see people knocking about drinking on the street; I walk over the other side of the road to avoid walking past them”
- “No because I never had a bad experience, I just wouldn’t look at them”
- “Next door neighbours got drunk and had a party before and started knocking on our door inviting us”
- “There was a man over the road staggering all over shouting and braying on a lass’ door to try and get in to see her cause he’d just got out of jail”
- “Yeah, when people shout, makes you intimidated”

- “One bad experience made me stay in for 3 weeks, man kept showing himself to kids”
- “A man near us has to drink because he’s drank that much he won’t stay alive if he stops, he goes round houses trying to sell rotten food to people to buy drink with, he knocks on doors trying to spraff pounds off people, we don’t know what to do because he won’t go away if we don’t but if we do he’ll keep coming back”
- “Mam used to drink a lot in front of me, she was aggressive and horrible”
- “Step dad and mam used to fight all the time full of drink”
- “When I walk passed gangs of people in the street it makes me worried in case I get chased”
- “Feel nervous when there’s groups of people drunk”
- “Makes people violent and easily provoked”
- “When people are under the influence they can’t be responsible for themselves where as when you’re not you can”
- “Yes”
- “I used to have to walk through Newcastle City Centre and I’d have to cross the road all the time when I seen groups of drunk people walking down the street because otherwise they would start chewing you and intimidate you”
- “You have to be careful, anything could happen”
- “I’d feel uncomfortable”
- “I’d cross the road”
- “I’d feel at risk of something happening, I don’t go out at night because I’m scared there’s drunk people about”
- “You never know what might happen I just try to avoid them”
- “Sometimes I feel at risk, when my dad gets drunk and angry he brings up things that have happened years ago”
- “Yeah because you don’t know what they might do”
- “You worry about mates when there too drunk and when you have to take care of them and make sure there ok it ruins your night”
- “I’ve had to hold friends up so they don’t fall over when they’ve been too drunk to stop them falling over”
- “Yeah I’d probably give them a dirty look”
- “If I was on my own I’d cross the road”
- “If I was with a few people I would just carry on as normal”
- “If they had a dog I’d go the other way”
- “Man fell on a 14 year old girl; she pushed him then went home”
- “If it was my friends no, but strangers yes”
- “Yeah, I watched a couple fighting in Church Street before, but I found it funny at the same time”
- “You choose who yours friends are and my friends don’t drink”
- “I would just choose not to go places were drunk people are”

9. How can you reduce the risk of people drinking alcohol/ using substance around you?

- “Tell them what it does to your body, if they don’t listen to you just don’t hang around with them, find new friends”
- “Don’t mind friends drinking as long as they don’t pressure me into doing it”
- “You could tell them that they’re frightening you, but not when they’re still drunk though wait until the next day and only with family”
- “Keep away and stay in group, don’t walk about on own”
- “Avoid them”
- “I wouldn’t let friends come round mine if they were going to smoke cannabis, I don’t mind them doing it but no round mine, I’d let them drink though”
- “More advertisements”
- “Make alcohol more expensive”
- “Increase awareness”
- “Nightclubs and pubs should be stricter”
- “There should be more female bouncers because male bouncers can’t really tell how young a girl is when there dressed up as much as a female bouncer would be able to”
- “More police monitor the streets and main areas people drink in”
- “More lighting”
- “Have regular checks for areas people drink in most”
- “Walk away”
- “Remind them of what they’ve been like when there drunk the next day and show them photos, remind them of how embarrassing they were”
- “Educate them”
- “Television, school, youthy’s etc”
- “I would just avoid going places where people were drinking alcohol”

10. Do your parents have strict views on alcohol/substance and how does this affect you?

- “They wouldn’t be bothered about me drinking but they would be about drugs”
- “I’d be grounded forever”
- “Parents don’t let us drink to keep us safe; it makes me not want to”
- “My mam lets older brother drink, but only a few to make sure he sticks in at college and gets a decent job”
- “Younger people who drink could like it more and end up alcoholics”
- “Parents do not allow it”
- “When I was younger my mam would not allow it but now I’m older it’s ok”
- “My parents don’t drink but occasionally do at Christmas, birthdays and parties”

- “Drugs yeah and alcohol to an extent, just don’t drink too much”
- “I don’t drink”
- “They’d just want me to be careful”
- “My mam bought me alcohol from being 16 and was ok if I was drinking it in the house”
- “My mam rewards me with alcohol and tabs for going to school”
- “My religion stops me from drinking”
- “My parents don’t think that young people should be allowed to drink as it can damage body, I haven’t drank before but I’ve heard my parents have arguments with my older brothers about them drinking alcohol”
- “My Mam tells me not to get too drunk”
- “My Mam complained about me drinking and referred me to HYPED”
- “It takes a lot to stop someone drinking, I think something needs to trigger it off, it did for my Dad and now he doesn’t want me to drink, he smokes skunk though and he’d rather me smoke skunk than drink”
- “My mam said if she caught me drinking she would pour it over my head, my nana lets me have a can though, I’m not sure why maybe she thinks I’m mature enough, my mam wouldn’t be happy if she knew”
- “Me Mam said she wouldn’t be bothered”
- “My mam would be disappointed”
- “I wouldn’t stop knocking about with people who were drinking cause its fun even if you don’t want to drink”
- “My mam doesn’t mind me drinking at all, she won’t say anything if I come in drunk but I think it’s because she knows I’m not stupid enough to drink in the street it’s just daft isn’t it, it’s good fun going to parties and getting so drunk you have to try and remember what happened but even when you don’t remember you wake up knowing you’ve had a good time”
- “They don’t allow it”
- “I wouldn’t do it anyways”
- “It’s against my culture to drink but I’m used to it”
- “If my mam did let me I would because my friends all do”
- “Only if all your friends do, you want to”
- “On occasions I will drink when I’m older but not all the time”
- “See friends on Facebook at parties and think I wish I could be there”
- “My parents are really strict”
- “My sister fell asleep on the stairs the other week drunk”
- “Yeah I’d get grounded, have everything taken off me like my phone and computer”
- “Parents would think I’d learn from it”
- “My dad would think me getting drunk was funny but they trust me not to do it”
- “I think you have to get drunk and make a fool out of yourself to learn not to do it again”
- “Parents would be shocked, they wouldn’t expect it off me, but the next day they would talk to me about it”
- “My mam wouldn’t allow underage drinking”
- “My Mam’s ok with me drinking but that is because I’m 17”

11. How much of a role do the media play in encouraging you and your peers to drink alcohol/use substance?

- “Don’t watch programmes such a TOWIE as I think it’s boring”
- “Adverts for drink make it look like they’re having a really good time”
- “It would make me not like celebs if they drank”
- “Everyone has own choice so wouldn’t lose respect for celebs, or other people I know who drink or use drugs”
- “Tab boxes makes me not want to smoke”
- “I wouldn’t do what a celebrity did even if I did like them”
- “Don’t think opinions will change when I get older, I guarantee it”
- “Even when I go to college I won’t change because I want a good future, my friends might though”
- “People get put off smoking and drinking when people they know get cancer”
- “I don’t like the way they go on Geordie shore”
- “Celebrities encourage you to do it”
- “Celebrities drinking and taking drugs makes them bad role models, especially things like Rihanna snorting cocaine and when they get done for drink driving”
- “If media are going to report on celebrities drinking and taking drugs they should have to be bad stories”
- “I don’t think media should be allowed to put out stories of celebrities drinking”
- “If you see that people are out on facebook it makes you want to be out as well”
- “On programmes like Coronation Street they’re always in the pub”
- “I think the media paints a bad image about drinking due to the people who take it too far, alcohol can be enjoyable if used properly”
- “Drinks on offer tempt you to buy it”
- “Cold bottles on the telly make you fancy drinking one of them”
- “Influenced by friends on facebook if I see them post statuses about it”
- “Football teams that are sponsored by alcohol brands make it look cool”
- “Going to watch bands influences you to drink more”
- “Always adverts for alcohol but they always have drink aware on them”
- “There are loads of adverts trying to get people to stop drinking and take drugs”
- “When there adverts for offers on at the supermarket I think that influences you to drink”
- “Adverts for alcohol that have football mentioned in them influence young people”
- “Songs about drink and drugs do make it sound cool”
- “Music and television promotes drinking quite a bit but then other influences like sport I think do the opposite as they promote being

healthy and now no football has any alcohol sponsoring it apart from European and International Football”

- “I think some music makes smoking weed sound cool”
- “Adverts have a big impact encouraging you to buy it”
- “My friends brother he wants’ to be like a music artist he likes who smokes and stuff so he does”
- “People who are drunk at gigs look like idiots”
- “You get a bad reputation if you get drunk, people think of you differently”
- “My sister drinks and it makes me not want to”
- “Think there’s good education now for downsides to drinking”
- “The media makes drinking look good”
- “Plays a big role as alcohol is a big thing on the telly, programmes like Coronation Street and The Simpsons use alcohol a lot, on the SpongeBob movie they get drunk as well (off ice cream though) so you see drinking a lot from an early age and so you will think it’s normal”

12. Other Comments

- “We do about risky behaviour and alcohol in school but each term we do a different subject”
- “We should have more than 2 hours a week”
- “Everyone in school always talks about drinking”
- “Could have cameras round corner of shop”
- “Signs up to warn that buying alcohol for underage is illegal”
- “Story about underage drinking alcohol, accident or death to scare people from buying underage person alcohol”
- “Alcohol is cheap and that can influence you to drink”
- “Fines should be out up for people who get caught going in the shop to buy alcohol for those underage”
- “Shops should lose license straight away if get caught selling drink to anyone underage”
- “Strong white cider and other cheap drink should be banned”
- “Mam would rather have be drinking in the house to monitor it, I think this is ok because it’s responsible”
- “Think people wondering streets look like Pillock’s”
- “It’s ok to drink in a controlled environment”
- “If you drink in the streets you might fight”
- “My dad had a fight drunk before, I was annoyed at why he was fighting but not that he was, my dad’s usually calm so it was just because he’d had a drink”
- “Someone I know had a litre of vodka in 30 minutes, he lost his top, swung for someone and I had to stand in-between them, when he fell over he couldn’t get back up”
- “Getting drunk makes you do things that you could end up being ashamed of”
- “Alcohol is good because it’s a giggle and can be a bit of a release”
- “It’s funny trying to piece your night back together”

- “Drugs like coke are a waste of money”
- “You see people on drugs and think ‘what are you doing with your life’”
- “Don’t feel any different from drinking energy drinks”
- “It makes you not want to smoke if family do, they have yellow fingers and it stinks”
- “Alcohol and drugs have bad effects and ruin body”
- “You feel peer pressured if friends do”

Hartlepool Parenting Support Service Consultation

Purpose of Report

The Hartlepool Young Inspectors were tasked to investigate the impact of Hartlepool Parenting programmes on the parents who attend them and if they have had a positive impact on relationships between parents and their children.

Background Information

In order for the Young Inspectors to get a balanced view of the parenting support service it was decided that they would visit some of the groups and observe the sessions, speak to the young people and parents that attended the groups, invite parents to a focus group and use telephone interviews to parents that have completed the group sessions. To obtain a good understanding of how the sessions impacted on the parents and children, the young inspectors set questions that they felt would get the most information possible.

NB: Due to the nature of some of the programmes we were advised that we would not be able to visit all of the programmes as they involved complex issues and this would break confidentiality.

5 Young Inspectors were involved in the consultation (3 male & 2 female)
The programmes that took part in the consultation were;

The Strengthening Families - This session was split into 2 groups of parents and children. The young inspectors observed and interviewed the children's session with 10 children taking part. At the end of both sessions 1 parent and 1 grandparent were questioned.

The 123 Magic sessions – (Parent & Staff questioned) unfortunately the young inspectors went to the wrong venue for this session and once they had arrived at the right venue there were only 3 parents left and 1 parenting buddy. All were interviewed by the young inspectors.

Dads Group – This session had a large group so 3 parents and a parenting buddy volunteered to take part in interviews by the young inspectors.

Focus Group – This session involved the young inspectors asking a group of 2 grandparents 1 parent and 2 parenting buddies set questions. Unfortunately 2 other parents who were due to attend were unable to as their children were ill.

Telephone Interviews – The young inspectors were given a list of parent's phone numbers who had attended courses by the parenting co-ordinator. All parents had given their consent for the young inspectors to have these details. There were 3 from 123 Magic at Rift House Community centre, 2 parents who attended courses in May 2013 and 2 parents who had attended courses in September 2013. The interviews involved the young inspectors ringing parents and introducing themselves with a short explanation of why they were contacting them before asking them some set

questions. 4 of the parents spoke to the young inspectors, 1 number had been disconnected, 1 went to voicemail and 1 asked if we could ring back the next day which we did but there was no reply.

Process and Results of Consultation

Strengthening Families

The strengthening families' course was observed and we spoke to both the parents and children who attended.

We asked the participants why they thought the course would influence their relationship at home between the parent and child. From this we found out that the users had learned how to communicate better and how to develop a more stable relationship with each other. From the children it became clear that they needed guidance with respect towards their parents and further help on how to bond and show emotions towards their parents. However with the parents we noticed that they needed guidance with setting different boundaries and rules whilst learning how to control their anger whilst doing this.

When talking to both parents and children we discovered that they had heard about the course from their social worker, support workers, schools and had previously attended other courses. Everyone who attended it said that they would highly recommend this course for many different reasons. Some of the reasons were that they had successfully learned how to have a better bond with each other and they thought they were given a lot of guidance. It was also stated that the people running the programme were easy to approach when they needed extra help.

We then asked what issues they were facing and did they find that their issues were met. The type of things we found that people were struggling with were things such as the attitude of their children which was causing problems within their family home. They were also struggling when it came to their children bonding with their siblings. They stated that they generally got jealous of each other which caused fights and arguments. A lot of the children were also finding it really hard to bond and show emotion toward their parents or step parents because of various reasons such as feeling embarrassed.

Once we found out what the issues were we then watched how the issues were met within the group and found that the course was very positive and praised the children and parents by giving out rewards. Whilst doing this within the course the parents realised that this would be a good thing to take into their home and start different reward systems. Throughout the session the group did many different activities such as the game 21 which was a game about power and to see how the children dealt with this. This showed them that power was not always a good thing and how to deal with power. This met the issues at home because many of the children wanted the power at home over all of their other siblings and they realised that it shouldn't be like this and the only ones in charge are the parents. They said that by overcoming the issues with their parents on a weekly basis it would bring them both together to share ideas and talk different things through which they wouldn't usually talk about at home.

Towards the end of the session we asked whether or not they thought that the information was relevant to their needs and both group's (parents and children) felt that it was. They said it covered all the things that they wanted covering and look forward to coming every week to see what is going to happen next. We also asked if they knew of any after support being available but with it only being halfway through the course they hadn't been told about any yet. But when speaking to the support worker who was running the course he said that they will be told about support nearer to the end of the programme but support was always available.

Questions asked during Strengthening Families Session and 3 Telephone Interviews.

Did you find it helpful? If so how?

- Yes it makes you get on with your family
- Its final outcome works.
- Now my son likes being in the same room as me and before he didn't want to.
- Yes it's been good; I've learnt how to control my child.
- Nicer towards each other.
- We now have boundaries and rules.
- I understand my child's feelings better.
- My son co-operates with me more.
- We talk more.
- My son doesn't argue with me as much.
- Yes, it's good to mix with other people in the same position.
- It helps to learn from others.
- Very useful, made really good friends and got a lot of support.
- Learned how to respect mam more.
- Learned communication methods
- We talk more and don't argue with mam as much.
- Learned how to control anger and emotions.
- Learned how to set boundaries and understand each other's feelings.
- Picked up a few things.
- New ideas my children misbehave and I learnt how to ignore them.
- I really found it helpful.

How did you hear about the programme?

- Parenting Service.
- Parents.
- School
- Mam
- Social worker
- Family support worker
- Friend
- Other Service.
- One of the teachers.
- Life line.

Would you recommend the course to others?

- Yes it worked for me.
- Yes
- Definitely recommend the service.
- Yes because I learnt how to build good relationships with family.
- Yes it's someone to talk to.
- Yes you don't have to worry about anything like dinner and if you can't get there they provide a taxi.
- Yes I found it interesting to meet other people.
- Yes really helpful

What type of issues were you struggling with and did you find these issues were met?

- No bonding.
- Found it hard to show feelings.
- Fighting, swearing and walking out.
- Arguing with my step-mam.
- Fighting with my brothers and sisters.
- Behaviour and staying out all night.
- Attitude and teenage issues such as wearing too much makeup.
- Reward cards work well and incentives.
- Granddaughter has ADHD and the group helped me deal with this.
- Being naughty in school – not really still an issue.

Was the information relevant to the reasons you were on the course?

- Yes.
- Yes it was all relevant.
- We all got involved.
- It helped with my confidence.
- We were split into separate groups from our children.
- We enjoyed the course.
- Everything.
- Some of it because it was different age groups.

What aftercare support is available?

- Would like the programme to last longer than it does.
- Not yet but they have our contact details.
- Social worker takes my daughter out for a few hours.
- None.

123 Magic Parenting Programme

In our inspection we asked some of the participants a set of questions in order to see what their views were on the session. First of all we asked them how they got referred to the session one of the replies we got was through their family worker another reply was how they got referred through Child and adolescents mental health service (CAMHS) We then asked the staff if there was a way of getting onto the session without getting referred. From this we found the service was advertised in children centre's and if they had heard about the service from another participant

they could go into any of the children centre's to get a place on the programme. We thought this was a good way of promotion.

The parents told us that they thought the course would improve their parenting skills. When we asked how the grandparent found the course she told us that she wished she'd known about the course earlier as she felt it would have greatly benefitted her relationship with her children.

A video was shown to the group with different parenting techniques which a user told us they found useful. We were told that the trainers were really good at explaining different techniques to them.

When asking the parents if they thought the course ran for an appropriate length of time one told us yes they thought it was long enough however another told us that it could have been longer because she really enjoyed it and it was good to be around other people who could relate to her situation.

We asked the parents what motivated them to attend the course. One told us that she needed advice on how to stop her children fighting and help them get along more. Another told us that her and her partner had recently gotten together and they both have children from previous relationships who aren't getting along and causing problems, she attended the course in hope to build a better family bond.

Another question asked was if the users found the service accessible. They told us yes as it was in their local area. The staff explained to us that they hold sessions in various children's centre's throughout the town so that everybody has access to a session. They also told us that some parents don't feel comfortable coming to a group environment and to tackle this issue there is a parenting buddy programme in which volunteers befriend parents before sessions so there is a familiar face there. For extreme cases the trainers will provide one to one sessions in parent's houses this helps to build up their confidence and if they feel ready they can then attend group sessions.

We spoke to parenting buddies to find out more about what their role is. They explained that they are there to support parents and help make them feel comfortable. They are also responsible for phoning the parents after the course to see how they are getting on and if the course has helped them and if they need any more support. They have follow up phone calls every month for a year.

The course trainers put their phone number on the board for any parents who want any extra advice or to speak them about any other matters. Course trainers also have access to a future schedule in which they can tell the group members about any upcoming sessions.

We noticed that one of the main focuses was to ensure the parents feel comfortable. We asked them how they felt when entering the group and throughout their time at the session and they responded that they felt comfortable and welcomed. We also asked if they would recommend the session to other parents and one of the parents said they would whilst another said they thought the session should be made compulsory for all families.

Questions asked during 123 Magic Parenting Programme and 1 telephone Interview

Parents:

How did you get referred?

- Family support worker.
- Hospital.

How do you think the course will improve your parenting skill?

- A lot.
- Keeping calm techniques.
- Feel like I could.
- It did a little bit my daughter is calmer because I know how to control her.

Have you found the session useful?

- Yes I found it useful.
- Yes.
- Yes it helped to keep me occupied.

Would you recommend it to another person?

- All responded yes

Have you found the course relevant to your needs?

- All responded yes.
- Other parents there in the same situation.

Do you feel like you had enough input in the session?

- All responded yes.

How do you think the techniques shown will improve your parenting skills?

- Make a better relationship between parents and children.
- More options – video especially.
- Improve a lot helps to control my children.

Do you think the information given was well explained?

- All responded yes.

Did you feel welcomed into the group?

- All responded yes.
- Everyone talked about themselves.

Did you know where this service was located? If not did you receive any help to find it?

- Yes.
- I had no idea at first if I had I would have came years ago.

Do you think the session was the right length of time for the information given?

- Yes.
- I would like more time as I enjoy the sessions.

What was your motivation to attend the course?

- Stop kids fighting and to help us get along a lot more.
- To help us get on more.
- To help the children.
- To try and control my children.

Have you been provided with any information for support after the course?

- Yes, extra sessions are offered if we need them.
- If we ask for it.
- I've had home visits and have been offered other courses.

Staff:

Does the session get advertised or is it only for those who are referred?

- It's advertised in children's centre's.
- Through parents feedback.
- Through parenting buddies.

Do you offer support to parents after they have attended the course? If so how?

- 3 month follow up to offer further advice.
- Refresher courses.
- More information.
- Can do home support.
- One to one sessions.
- Monitoring and reviewing with parents.
- We try to tailor make packages for parents and families.

Dads group

When speaking to the dads we found that they thought the sessions very useful as it helped them make friends with people in the same or similar situation. They also said they received a lot of support and they were able to learn from others. The dads told us they had found it hard at first but had learnt new skills and a lot of help was received. One of the participants said they liked the way the sessions were delivered and they felt that they weren't in a classroom as the session was delivered in a more friendly and interactive way.

We found that they heard about the programme through their key workers and word of mouth. They can also self-refer.

The participants told us that they would recommend the course to other fathers. They all felt that they had benefitted from the course. The course also caters for a wide range of age groups which means they can all share their experience and learn from each other and not just the mentors.

One parent stated that "It transformed life after 123 magic". The parent's child has ADHD and Aspergers and he learnt how to build a better relationship with his child. Another parent told us how they had anger management issues and said how he was taught techniques on how to deal with this and to stay calm. Another stated how "it's a good way to socialise and learn but not in the pub so women cannot get upset".

No matter what issue was brought to the session we found that all needs were met, this means that it caters for a lot of people. To ensure that all needs and topics were met, the group produced relevant rules which they would follow throughout the sessions and at the beginning of each session these could be altered. One rule we thought was appropriate was "no question is a silly question". This means that they do not rule anything out.

We found that there is a parenting forum after the course has finished which is ran once every month where they can get together and have a catch up. We thought it was a good form of after care as the dads were able to share how it is benefiting them and if anything needs improving as well as getting together as a group. However we found that only a small number of participants attend the parenting forum.

As it is relevantly new we found it good how 14 people started the course and 12 finished. We were also informed how the 2 that dropped out was only because they had other commitments which meant they would not be able to attend the course.

One aspect we found that maybe off-putting for other fathers is the fact that it is held in a centre known as a "children's centre". However the venue itself was good due to it being centre of town and had great facilities. It is just the name of the centre which could be off-putting for dads as the participants told us they would associate it more for mothers and was stereotypical. We then found how after attending this course that the dads were more willing to go into such centres. One father stated that it "helped build confidence and can now walk into these centres with his daughter".

We were informed that the dads were able to contact support workers by mobile phone outside of the sessions. Many fathers found this useful as it means they do not have to wait until the next session.

We were also informed how they receive "12 minute homework" which we think is a good idea as it helps them remember the things in which they were taught throughout the previous session.

Questions Asked During Dads Group

Did you find it helpful? If so how?

- Yes it gave me the chance to talk to other dads.
- Saw others views from other dads.
- Has helped me understand my partner more?
- I have a better relationship with my daughter.
- The course was very helpful, I learnt new skills that I didn't know I had and I also made lots of good friends.
- Can deal with my daughter better now.

How did you hear about the programme?

- From a friend.
- My key worker recommended the course.
- I heard about when I did the 123 magic course.

Would you recommend the course to others?

- Yes but it's not easy for a male to walk into a children's centre so it's good to have support.
- Would definitely recommend the course.
- Yes it's a very relaxed group.
- Yes parents need the same amount of help as mothers.

What type of issues where you struggling with and did you find these issues where met?

- Couldn't control my son.
- Didn't have a relationship with my kids.
- Lots of anger problems and arguing.
- I would lose my temper a lot and shout instead of talk.

Was the information relevant to the reasons you were on the course?

- Yes it showed me different ways to help my relationship with my kids.
- Yes I learnt ways to cope instead of walking away or shouting.
- Yes it made me realise that it wasn't just me dealing with it and that other dads felt the same.
- Good icebreakers to help us all start talking to each other in the group.

What aftercare support is available?

- Can become a parenting buddy.
- Support workers tell us about other courses available.
- Regular phone calls and texts.

Focus Group

The focus group gave us the opportunity to discuss all of the programmes with the parents, grandparents and parenting buddies. The group was very positive about all of the programmes that they had attended. One of the parents commented that she didn't really want to attend the group at first and that she didn't like the idea of going into a group of people that she didn't know. When she did she really enjoyed the sessions and felt that they had helped her develop her self esteem as she had recently split from her partner and was living as a single parent. The entire group

agreed that the programmes had helped them develop their confidence and self esteem and that they would recommend the sessions to anyone.

All of the parents commented that it was good to meet other parents in the same situation as themselves and they felt that this helped them realise that they were not alone. The parents also commented that it was good to get tips from the other parents as well. During the session the 123 magic course was mentioned many times and the parents thought that they got the most out of this and that their children had benefitted it as well as it had helped them develop better relationships.

Two of the parents who attended had become parenting buddies and they said that this had helped them develop new social skills; they felt a lot better about themselves and more in control. They also said that they had felt secluded but now they felt like they had a purpose. One of the parenting buddies told us that she didn't have any close family and that through the groups and becoming a parenting buddy she felt she had developed some good relationships with everyone including the staff.

Another parent told us that her son was behaving really badly at nursery and that she was always being asked to go in to discuss his behaviour. She told us that she felt like she didn't know how to handle her son but once she had taken part in one of the courses she felt a lot more comfortable about taking control and a lot happier. She then told us that her son is a lot more settled in nursery and that the nursery staff had been giving her positive feedback about his behaviour.

The parents agreed that the sessions gave them the opportunity to make new friends, made them realise that they can always learn new things and they all felt the sessions had become more of a social occasion for them.

All of the parents said that they felt the courses were really beneficial and that they feel that the option to do the courses should be available to all parents.

Questions asked during focus groups

How did you find out about the course?

- Headland Future.
- Nursery worker.
- Support worker.
- Put on by Lynnfield centre.

Did you find the course useful and why?

- Yes kids calmed down.
- 123 teaches consequences and time to think
- The course information worked with one of my kids but not the other.
- I enjoyed the 123 magic.

Has the course improved your parenting skill? If so how?

- Makes me more aware, there wasn't anything like this when I had kids but this has helped with me grandchildren.
- Less shouting in now and more family stuff, we are all a lot calmer and happy. Things are more positive now instead of negative.

- It helped turn my thoughts around from being unhappy and bad thoughts, I'm now in a good place and my self esteem is better.
- Helped me cope in different situations.

Would you recommend it to another person?

- All responded yes.

Was the content of the course relevant to your needs?

- Yes definitely it helped me learn not to let my mood affect the way I am with my children.
- Yes learnt how to discipline my children and this helped to improve the bond I had with them.
- Yes it has helped me as I don't have any family to support me.
- Yes helped build relationships
- Taught me how to control myself.

Do you feel like you had enough input in the session?

- Yes it was an open discussion.
- Yes every week you get more confident to open up and interact with the group.
- Yes and they encouraged you to attend – if you couldn't they would help with childcare and transport.

Where you shown any techniques during the course and do you still use them now?

- Yes we were shown a wide range of techniques.
- They showed us how to interact with our children positively.
- We learnt how to adopt the techniques to our own children.

Do you think the information given was well explained?

- All responded yes.

Did you feel welcomed into the group?

- Yes felt shy at first though.
- Yes they made me feel really comfortable
- Other parents being there made me feel better.

Did you find the service easy to access? If not did you receive any help?

- Yes it has a crèche.
- Yes they fit it around your time.
- They offer transport.
- It's local.

Do you think the session was the right length of time for the information given to you?

- Yes.
- It's not too long.
- Yes and they are flexible.

What was your motivation to attend the course?

- I didn't believe it would work at first but after time I realised that it was helping.
- The staff.
- It was helping to change my child's behaviour.
- It was a challenge to me.

Have the course provided you with after support if so how?

- Personal contact.
- They follow up with phone calls.
- They offer information on other courses.
- Did you get any information about other courses you may find useful or other services?
- Yes all of the courses were offered to all of us.
- Most of us have gone on to do the other courses.
- Offered the opportunity to become parenting buddies to support other parents.
It's good to be able to give something back and help me develop as a parent.

Conclusion

Overall the feedback from parents on the courses is that they are useful and have supported their parenting skills while helping to develop better relationships in the home. What we could not fully establish however is the long term benefits of being on such a course, but it would be interesting to revisit parents and children independently once a year. Children and young people also felt that the courses were useful.

Key points that were made by parents were how they felt that the programmes had helped them develop on their self esteem and raise their confidence. The parents also felt that the new techniques they were shown helped them have more control and helped make them feel calmer when they had to deal with challenging behaviour from their children.

Some of the parents felt that the name children's centre should be changed to family centre as they felt that the name gave a false impression and that it was only for children. The dads had also commented that initially walking into a children's centre had made them feel uncomfortable as in their understanding of children's centre's they thought they were only for mothers and children. Which they found intimidating (once they had attended they felt a lot more comfortable). This could possibly cause an issue for future users of the programmes.

Other things that could be considered could be new ways to promote the programmes that are available. Some of the parents from the focus group felt that there was not enough promotional material available and that the sessions could be promoted as a social activity and an opportunity for parents to get together rather than a course. All of the parents agreed that they would like to be involved in helping publicise the programmes and that this could be done using positive case studies from their personal experiences though this would have to be done anonymously to protect the parents and children.

The parents also felt that the parenting buddies was a great way to keep the parents involved and that it made them feel like they were giving something back to the community. The parenting buddies could be expanded and they could be consulted on future developments to courses as their input would be beneficial to other parents who feel uncomfortable attending courses.

Recommendations

- Consider wider advertisement within schools, other services and information i.e. the primary times, heartbeat and any other local magazines or leaflets.
- Consider changing the name of children centres to family centres.
- Set up a committee group of parents/young people to continue to evaluate the parenting programmes and plan social events.
- Offer more opportunities for fathers to access support.

Hartlepool Youth Offending Service Consultation

Purpose of Report

The Young Inspectors were asked to gather feedback from both young people and parents regarding their experiences and involvement with the Youth Offending Service. This covered both pre-court and post court interventions and programmes. The aim of the feedback was to understand where the strengths lie within the programmes and also possibly identify areas of improvement. It was clear that this may not be an easy task in the sense that young people are not always willing participants on a non-voluntary programme, however it was felt that peer to peer consultation may uncover a more honest reflection from young people and parents as opposed to workers directly involved in the Youth Offending Service.

Background Information

In order for the Young Inspectors to get a balanced view from the young people who had accessed Youth Offending Service (YOS) it was decided that telephone interviews with both young people and parents would be conducted and all young people interviewed would be invited to attend a focus group to discuss their experiences further. To obtain a good understanding of how Youth Offending had impacted on the young people and parents it was decided that information would be needed from both pre court and post court users. In order to get clear answers the Young Inspectors set questions that they felt would get the most information possible from both the young people and parents (one set of questions for young people and one set for parents). The same questions were used for both post court and pre court. The interviews involved the Young Inspectors ringing the young people and introducing themselves with a short explanation of why they were contacting them before asking them the set questions. Once they had spoken to the young people the Young Inspectors asked if it would be possible to speak to the young person's parents.

4 Young Inspectors were involved in the consultation (3 males & 1 female).

Post Court – 16 names were put forward by YOS (4 females & 12 males) 2 of which were in secure units (1 male & 1 female) and 6 parent's names.

5 young people responded (2 female & 3 male)

6 parents responded

Pre Court - 12 names were put forward by YOS (4 females & 8 males) and 2 parent's names.

3 young people responded (3 males).

1 parent responded and 1 parent refused to answer any questions as they did not recognise the number.

None of the young people volunteered to attend the planned focus session.

Questions asked with responses

How did you feel about first entering the youth offending service?

- "I didn't really know what it was about at first but staff explained"
- "Wasn't bothered about being in trouble at first but they helped me understand"
- "Alright, was a bit worried"
- "Scared cause I was in trouble, know now that it's horrible getting into trouble"
- "Alright, I wasn't really bothered"
- "Alright, wasn't bothered at first"
- "Don't know, was a bit bothered, really happy for the support"
- "I was an immature teenager then but after a while I realised it was lovely"

How did the staff treat you throughout your experience?

- "Alright"
- "Alright, got along with them, my caseworker is lovely"
- "Alright, they treat me with respect"
- "Treat me well and supported me, I really like them"
- "Get treat really well by all of them"
- "At first we didn't get on, but it was me I was just angry but now we're right as rain"
- "Lovely"

Did the youth offending service help you through your experience?

- "Yes, I gained confidence and got back on track. I'm in training now, at college I wasn't confident enough before. I'm doing well for myself"
- "Drug work has helped a lot, I used to take tablets but don't anymore as I have a better understanding of what they can do"
- "Yeah, they helped me"
- "Yeah they made sure I kept going to my appointments, and were really supportive and contacted my social worker whenever I needed them"
- "They helped a lot and with everything, always someone to rely on and help me if I need it"
- "Yeah, they helped with court and I still talk to them now"

How have things changed for you?

- "I've kept out of trouble, I have better relationships and made friends through YOS"
- "I never used to be bothered about the future but now I'm motivated"
- "Been good, haven't got into trouble cause I know now what could happen"
- "I know how to control myself better from anger management and my workers really supportive"
- "At first kept out of trouble for about a year and a half but then things changed with my family and I've ended up back offending"
- "Helped a lot as I haven't offended as much"

What can be put in place by the service to improve things?

- “Nothing, it met all my needs”
- “Nothing, the staff were really helpful”

Where do you think you would be without the service?

- “Definitely still be getting in trouble, it helped me learn what I want to do with my life and how to get there, I didn’t know before”
- “I’d be in jail, I might be going anyway but if it wasn’t for the service I would have been ages ago”
- “I’d probably be in jail or sectioned and I’d still be taking tablets”
- “I’d be in more trouble”
- “I’m still in trouble, but it me that’s bad I need to listen, I need to start trying”
- “Would be in jail”
- “Maybe probation”

Do you think your outlook/attitude has changed after your experience with the youth offending service?

- “Yeah I think twice before I do things”
- “Yeah, I’m more positive now and a bit happier, sort of”

Do you think any relationships have improved since the experience/ have things changed at home?

- “Yeah, I’ve been taught manners, I’ve been taught about my mam’s point of view and we get on better”

Do you think the youth offending service has changed/improved your son/daughter’s outlook/attitude?

- “Yeah, they’re much calmer now and more positive about self, think anger management has worked as a lot more laid back”
- “Not sure, he wasn’t there long; he hasn’t been in any trouble since though”
- “They do what they can to help, they’re really supportive, would probably have been put in the loony bin if it wasn’t for them. They’re there for me when I’ve got no one else to talk to”
- “They’re more wary now about getting into bother”
- “Yes, he’s more aware of advice and support available”
- “No because they wouldn’t complete it, so no it hasn’t really helped”

Has your relationship improved with your son/daughter since their work with the youth offending service?

- “Yes, he’ll speak to me now as he wouldn’t before now he opens up to me and it’s helped build our relationship”
- “He only went for 2 hours so can’t really say”

- “Not at the moment, but it has helped me to understand him more”
- “Slightly, in a bit of a pickle at the moment so don't want to say”
- “Although he didn't work well with programme, they did everything they could to help”
- “They were very supportive”
- “The staff have been really supportive to me as well as my son, very good in every way”
- “They do what they can to help, they're really supportive, would probably have been put in the loony bin if it wasn't for them. They're there for me when I've got no one else to talk to. They couldn't do anymore for me I only have to pick up the phone and they'll bend over backwards to help, I can't praise them enough”
- “Staff are out of this world, supports me as well as him, would have cracked up ages ago without them”

Conclusion

Overall the feedback from both young people and parents was positive. Key points made were that the young people felt that the staff had been very supportive throughout the process and that their needs were met at all times. A lot of the young people commented that their confidence and self-esteem was raised and how this helped them look forward rather than focusing on the negative issues in their lives. The court process had made a lot of the young people understand the seriousness of their actions and some had commented that they hadn't reoffended or weren't offending as much as they had previously and many were more motivated to attend college and look to the future. All of the young people told us that they feel that they would be in more serious trouble or in jail without the support of the youth offending team.

Parents commented that they felt that the support they received while their child was going through the process was very good and that it had helped them develop better relationships with their child. It was also noted that although the programme didn't work for all of the young people the parents felt that the service did everything they could to help the young people.

Obviously, we have to bear in mind that we only got to talk to those parents and young people who had experienced a positive engagement with the service, and others chose not to talk to us, so their opinions could be more negative. Due to the small number of young people and parents taking part we feel that further consultation work would need to be done to gain a more reflective overview of the youth offending service. A recommendation therefore would be to involve young inspectors to carry out consultation work on behalf of the Youth Offending Service whilst young people are actually on the programmes and orders and this would provide a much more in-depth and comprehensive analysis.

SCHOOL NURSE REVIEW

Purpose of Report

The Hartlepool Young Inspectors were tasked to consult with young people and find out their views and what they expected from the school nurse.

Background Information

In order for the young inspectors to get a balanced view of what young people expected from a school nurse the same set of questions were used for each group (see appendix A) from 10 topics along with a prompt sheet set by the public health service (see appendix B). To obtain a good understanding of how young people felt it was decided that the young inspectors would visit various youth settings across the town to speak to young people.

All of the young people questioned were aged between 11-19 years were told that their names would remain confidential.

5 young inspectors were involved in the consultation (4 males & 1 female).
The groups that took part in the consultation were;

- Rossmere Youth Centre
- Teens United
- Throston Youth Centre
- Youth Parliament
- Grant Givers
- Hartgables
- Duke of Edinburgh
- Children in Care Council
- Young Inspectors
- Burbank Youth Centre

Results

Overall the responses we got from the young people were quite similar with many agreeing that two of the topics from the diamond 9 could be joined up, these were — sexual health and relationships and – offer advice about the dangers of smoking, drugs and alcohol and prevent health problems thus turning the diamond 9 into the diamond 7.

The order the young people felt most important when visiting the school nurse were;

1. Confidentiality
2. Easy Access
3. One to one support
4. Sexual health and relationships
5. Offer advice about mental and emotional health
6. Offer advice about the dangers of smoking, drugs and alcohol

7. Specialist health services

The young people felt that the topic weight management, keeping fit and healthy eating was important to them but the other topics had more priority.

Confidentiality

The young people felt that confidentiality is extremely important and that they wouldn't visit the school nurse if they felt that their issues were being discussed with other member of staff including teachers and parents. The young people were aware that in certain situations where the young person was at risk with a safeguarding issue that the school nurse must report it.

Easy Access

The young people felt that the school nurse should be easy to access and that everyone in the school should be made aware of where the school nurses room is and what they are there for. Though many felt that the room should not be in a busy area of the school as this would put them off using the service as other young people would question them on why they had visited the school nurse if they had been seen entering the room. A large group of the young people we spoke to did not know where the room was, how they could access the school nurse and times when the school nurse would be available. Many of the young people didn't realise that they had a school nurse and this was often confused with the first aider.

One to One Support

The young people told us that having one to one support was top in their priorities and that it was important for them to have access to the school nurse without having to be accompanied by a teacher or a parent as many young people suffer from low self esteem. This would help them build a good relationship with the school nurse which would help them have more trust which would then in turn help them open up more about their problems.

Sexual Health and Relationships

The young people believed that advice about sexual health is an important issue that the school nurse should be clued up on due to the high rates of teenage pregnancy in Hartlepool and many of the young people admitted that they were sexually active. Many believe more education needs to be done in schools regarding delay message, protection and being honest about the risks and implications of unprotected sex and if they could discuss this with the school nurse young people would take the information on board more seriously. The young people also felt that sexual health should be joined up with relationships and it would be helpful if they could discuss relationship issues with the school nurse.

Offer Advice About Mental and Emotional Health

The young people discussed mental and emotional health in great detail and felt school was the main thing in their life and this led to a lot of young people feeling stressed due to the pressures of school life and what is expected of them. The young people were very aware of the issues of self harm and most of them new of someone who had experienced it. Because of this they felt that the school nurse should be able to offer information and advice on any mental and emotional health issues. This would help the young people before they left school and the issues turned into life time problems.

Offer Advice About the Dangers of Smoking, Drugs and Alcohol

The young people felt that smoking, drugs and alcohol were a huge part of young people's culture and peer pressure was a big issue alongside this. The young people felt that if they could go and talk to the school nurse in confidence and get information and advice from them knowing that the school nurse would not judge them but help them this would be really beneficial to many young people in school before their issues spiralled out of control.

Specialist Health Services

The young people felt that it would be ideal if they could visit the school nurse to get advice and information on other services without having to speak to teachers. They also felt that it would be good if the school nurse could refer the young people to specialist services if the school nurse wasn't able to deal with the issues.

Conclusion

Overall the feedback from the young people was quiet negative as many of them did not know or understand what the school nurse was there for and how they could access the school nurse if they had any issues.

Key points made by the young people were how they felt concerned that teachers and parents would have access to confidential information if they visited the school nurse and this put them off disclosing any information. On a positive note many agreed that with the topics discussed they would use the school nurse if more information was provided about what was offered by the school nurse. The young people suggested that information about the school nurse should be promoted around the school with information on when, where and times made clear. The young people also suggested that all teachers in schools should be aware of the school nurse and promote them in school assemblies and classes. They felt that if the school nurse attended the assemblies and introduced themselves to the young people this would make it easier to recognise them which would help them visit them if needed. Many felt that if they could contact the school nurse by text message or email this would help with the process.

It was also concerning that the young people felt that mental and emotional health was a big issue in school because of the expectations of young people and that they recognised that self harm, stress and depression was high among young people of school age. With this in mind some of the young people suggested that alongside the school nurse a professional counselling service (not teachers) should be offered in school which young people could access by referral of the school nurse. The young people felt that it was important that the service was offered in school premises and that all young people should know about this service.

The young people felt that advice and information on healthy weight, keeping fit and healthy eating was important but this should be the schools overall responsibility and not the school nurses.

Recommendations

- Consider working with school councils on promotion material for school nurses.
- Consider offering a joined up on site service in schools with a professional counselling service and school nurse.
- Consider setting up a website for school nurses and work with the school councils to promote this.
- Offer more opportunities for the school nurse to be involved in school assemblies and build relationships with school teachers and young people.

CHILDREN'S SERVICES COMMITTEE

30 September 2014



Report of: Director of Child and Adult Services

Subject: PRIVATE FOSTERING ANNUAL EVALUATION
REPORT 2013/14

1. TYPE OF DECISION/APPLICABLE CATEGORY

For information.

2. PURPOSE OF REPORT

- 2.1 To provide Children's Services Committee with the annual evaluation of local private fostering arrangements and awareness raising activity undertaken during the 2013/14 year

3. BACKGROUND

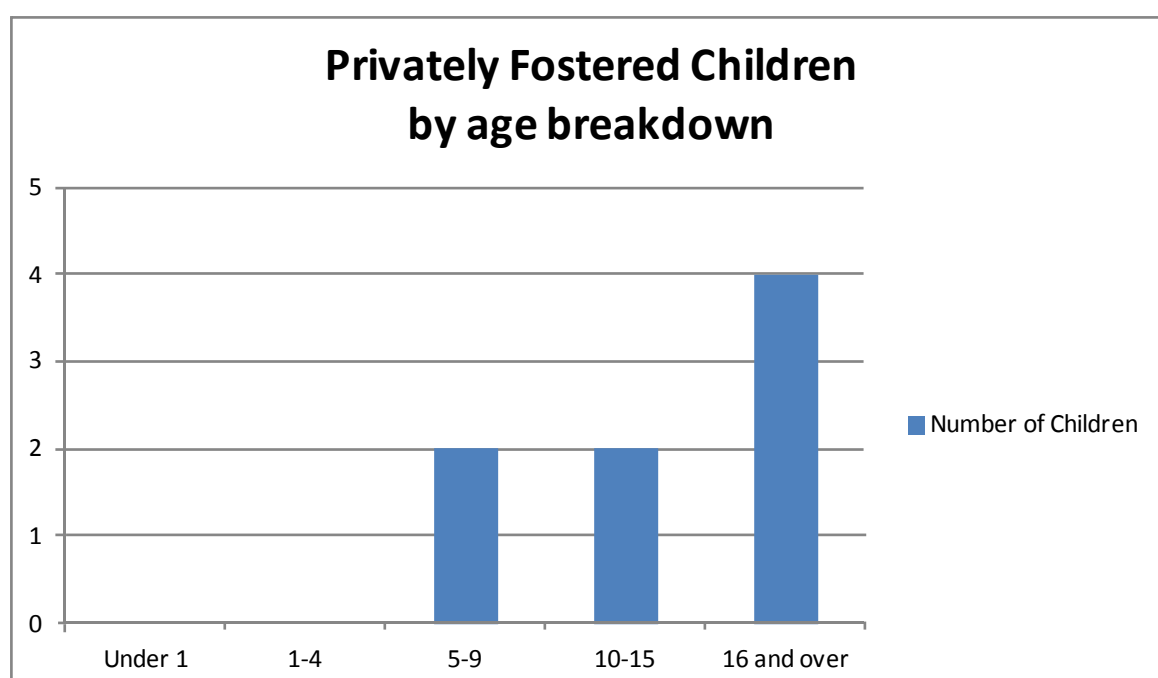
- 3.1 The Children (Private Arrangements for Fostering) Regulations 2005 make provision concerning notification to local authorities about private fostering arrangements, and about the action to be taken by local authorities when such notifications are received. They specify the people who must notify local authorities about any private fostering arrangements and what information has to be given in those notifications. They also set out the requirements to be met by local authorities when satisfying themselves that the welfare of children who are, or are proposed to be, privately fostered is being, or will be, satisfactorily safeguarded and promoted. The Regulations require local authorities to monitor the way in which they discharge these functions.
- 3.2 A private fostering arrangement is when a child under the age of 16, (or 18 if s/he is disabled), is cared for by someone who is not their parent or a close relative. This is a private arrangement made between the parent and a carer for 28 days or more. Many private foster carers and parents are not aware of the notification requirements. As a result, many private fostering arrangements remain unknown about by the Local Authority, leaving the child potentially vulnerable to abuse and neglect. The Children Act 2004 places a duty on local authorities to promote awareness in their area of the notification requirements.

4. NOTIFICATIONS

- 4.1 From the 1st April 2013 to 31st March 2014 Hartlepool Borough Council received eight notifications of new private fostering arrangements however one was recorded as a private fostering arrangement in error as the child was placed by the local authority with a grandparent therefore was not privately fostered.
- 4.2 No notifications were made to Children's Social Care from private foster carers or parents wishing to notify of the private fostering arrangement as per the legal requirements. In January 2014 Ofsted published a report entitled '*Private fostering: better information, better understanding*' which identified that there was little evidence that awareness raising campaigns had any impact on self-referrals by the public and self referrals nationally remained low.
- 4.3 Six of the eight private fostering arrangements ended during the 2013/14 year.
- 4.4 As of the 31st March 2014 two children remained privately fostered.

5. STATISTICAL INFORMATION

- 5.1 Six of the eight children notified to be in private fostering arrangements were female and two children were male. There were no sibling groups. Four children were recorded as white British and four children recorded as Chinese. None of the children had a disability.
- 5.2 The table below shows the breakdown of children notified to be in private fostering arrangements by age.



- 5.3 The numbers of children who are privately fostered in the Teesside area overall remains consistently small. Below is a comparison of Hartlepool's data against those of our Tees neighbours.

Local Authority Area	Number of children privately fostered
Hartlepool	2
Middlesbrough	5
Stockton-on Tees	0
Redcar and Cleveland	2

6. RAISING AWARENESS

- 6.1 Hartlepool Safeguarding Children Board has continually sought to raise the awareness of Private Fostering and the requirements to notify the local authority. Information about private fostering was sent to every primary and secondary school in Hartlepool for inclusion in their school newsletters to parents and carers. An information briefing regarding private fostering was prepared and sent to all Elected Members. Private fostering remains an integral part of the Introduction to Safeguarding Children training for all multi agency practitioners who may be coming into contact with children due to the nature of their work, including, for example school dinner supervisors; school admin; and transport staff. Practitioners also have the opportunity to take away a leaflet about private fostering for future reference. In addition private fostering is also incorporated into the new Multi Agency Safeguarding and Child Protection training offered collaboratively with health. This training is for practitioners offering direct services to children and families who will be part of a multi agency team identifying and analysing a child's needs and formulating and reviewing plans having an integral role to play in addressing risks and vulnerabilities e.g. health visitors; school nurses; social workers; family support workers; and probation staff.
- 6.2 In 2013/14 a Statement of Purpose outlining relevant information and guidance for professionals, the public, council members and partner agencies was endorsed by the HSCB and made available on the LSCB website as well as being published in the LSCB newsletter and distributed to agencies. In addition to this a Practice Guide for Social Care staff which set out the duties and requirements in relation to assessing and supporting private fostering arrangements was implemented with all social care staff.
- 6.3 The Ofsted '*Private Fostering: better information, better understanding*' report highlighted some excellent work having been undertaken with the schools admissions' service in another area. The private fostering officer has met with the school admissions service in Hartlepool to raise awareness of private fostering during the course of her work. This includes a question on the admissions forms asking about the relationship of the person caring for the child in order to identify potential private fostering arrangements. Further work is required in respect of schools enrolment and admissions process and requesting annual returns from schools to clarify the numbers of children not

living with their parents. In addition Ofsted recommends GP's, during practice appointments, verify that children are, in fact, living with their parents.

- 6.4 Ofsted, during their inspection of Hartlepool Children's Services and the Local Safeguarding Children Board in November 2013, commented that they believed the communication strategy to be 'good'. They identified a child who was currently privately fostered had had a timely and appropriate assessment of their needs and situation and that case records demonstrated that staff were suitably alert to a range of situations where private fostering may be an issue.

7. RECOMMENDATIONS

- 7.1 Children's Services Committee is asked to note the contents of this report and the work of HSCB to safeguard children living in private fostering arrangements.

8. BACKGROUND PAPERS

- 8.1 Ofsted (2014) '*Private Fostering: better information, better understanding*'

9. CONTACT OFFICER

Elisa Arnold, HSCB Business Manager
Civic Centre,
Hartlepool,
01429 284116

CHILDREN'S SERVICES COMMITTEE

30 September 2014



Report of: Director of Child and Adult Services

Subject: YOUTH ENGAGEMENT FUND

1. TYPE OF DECISION/APPLICABLE CATEGORY

1.1 For Information.

2. PURPOSE OF REPORT

2.1 The purpose of this report is to inform members of a funding application which will be submitted by Tees Valley Unlimited on behalf of the five local authorities for the Government's Youth Engagement Fund.

3. BACKGROUND

3.1 On 30 April 2014, the Deputy Prime Minister announced a package of measures to help address youth unemployment and homelessness. These include a new Youth Engagement Fund of over £16 million over three years which will be delivered on a payment by results basis.

3.2 The funding aims to help disadvantaged young people aged 14 to 17 to participate and succeed in education or training whilst also tackling the attainment gap. This will improve their employability, reduce their long term dependency on benefits, and reduce their likelihood of offending.

3.3 The funding will be provided through social impact bonds (SIBs) with investors funding innovative initiatives to prevent young people from becoming NEET (not in education, employment or training). Government will only pay if the initiatives are successful and lead to positive outcomes. The Youth Engagement Fund was officially announced on Monday 14th July 2014 and is jointly funded by the Cabinet Office, Department of Work and Pensions (DWP) and the Ministry of Justice.

- 3.4 The new Youth Engagement Fund will build on the existing DWP Innovation Fund to improve outcomes for young people. It will also engage local stakeholders through local financial contributions to projects; support the development of the social investment market by building the capacity of social enterprises and charities; and contribute to the evidence base for the increased use of social impact bonds.

4. TEES VALLEY PROPOSAL

- 4.1 Youth unemployment and NEET reduction remain a key priority across the Tees Valley area. The sub-region currently has the highest youth unemployment rate in the country at 7.8% or 4,780 young people as well as one of the highest NEET rates at 8.1% or 2,020 young people.
- 4.2 If the bid was successful, the proposed project will be led by Tees Valley Unlimited in partnership with the five local authorities who will commission specialist providers from the public, private and third sector to employ dedicated Transition Education Mentors who will work within a multi-disciplinary team framework. They will provide intensive bespoke support packages to those young people who have already been identified, through local intelligence, as being the most disadvantaged in society and who are or at risk of becoming NEET.
- 4.3 The new and innovative model will provide a single overarching programme with multiple specialist interventions that offers three key strands, *prevention, transition and re-engagement* for those young people identified as most in need.
- 4.4 The Transition Education Mentors (TEMs) will be responsible for working intensively with a young person to develop their Personalised Action Plan which will set goals and identify effective routeways to appropriate training and employment. Personalised programmes will be offered which are tailored to the individual rather than 'one size fits all' and TEMs will have small caseloads to reflect the intensity of support.
- 4.5 The project will work with between 1,500 and 2,000 young people aged between 14 and 17 years old over three years (dependant on the funding received). The length of time each young person spends on provision will be dependent on their individual need; however the average time will be one year.
- 4.6 As part of the project development, Tees Valley Unlimited will consult with key stakeholders, commissioners and delivery partners including 11-19 Teams, Youth Services, schools, colleges and post 16 providers to map the range of existing provision, identify gaps in service and design the delivery model.

5. FUNDING

- 5.1 There is no minimum funding requirement for Youth Engagement Fund bids; however the Government will not consider projects with a financial liability in excess of £2 million per year.
- 5.2 All bids under the Youth Engagement Fund need to include a financial contribution to the project from at least one other source. This may be from schools, academies, local authorities or other organisations interested in supporting projects. Contributions from local sources will be explored as part of the consultation process. However, any local contribution will not receive any return on its investment.
- 5.3 Tees Valley Unlimited is proposing a project value of £4,500,000 for a three year period. This funding amount will include social investment and local contributions.
- 5.4 As the funding for the project will be predominantly through SIBs on a payment by results basis, Tees Valley Unlimited together with the five local authorities are currently sourcing social investors.

6. TIMETABLE

- 6.1 There will be one Youth Engagement Fund bidding round with the Government expecting to award between 4 and 10 contracts in total. This will depend on the quality of bids, the financial liability of the outcome payments and the level of local contributions.
- 6.2 Contracts will be awarded through a competitive bidding process over two stages: the initial application form and then the invitation to tender for shortlisted bidders.
- 6.3 The deadline for the first stage application was 10am on 18th August 2014 with Tees Valley Unlimited successfully submitting an application on behalf of the five local authorities. The successful shortlisted bidders who are being invited to the next stage will be informed in the autumn with final contract awards being made in early 2015.

7. LEGAL AND FINANCIAL IMPLICATIONS

- 7.1 There are currently no legal or financial implications however if the funding application is successful an additional report will be submitted to Children's Services Committee detailing all of the implications in the delivery of this project.

8. IMPACT ON CHILD / FAMILY POVERTY

- 8.1 This potential project will positively contribute to tackling the longer term causes and consequences of child and family poverty by preventing young people from becoming long term NEET by providing individuals with access to provision that enables them to reach their aspirational goals and become economically active.

9. SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 9.1 This potential project will positively contributed to Section 17 by improving employment routeways for young people. It will also provide early interventions to intensive support for individuals who may have been identified as high risk of offending.

10. EQUALITY AND DIVERSITY CONSIDERATIONS

- 10.1 This potential project will support young people, regardless of their background, to achieve their career aspirational goals, particularly amongst vulnerable groups such as the seven priority groups shown below:

- Looked after children and care leavers;
- Young offenders (including those leaving the secure estate);
- Teenage parents;
- Young carers;
- Young people with specific learning difficulties and/or disabilities;
- Young people with mental health issues; and;
- Young people with drug and alcohol misuse issues.

11. CONTRIBUTION TO OTHER COUNCIL PROJECTS AND PERFORMANCE INDICATORS

- 11.1 If successful this project will benefit other Council employment initiatives, such as the Hartlepool Youth Investment Project and Think Families, Think Communities.

- 11.2 Also, the initiative will positively contribute towards the following key indicators: -

- Improving the Overall Youth Employment Rate;
- Increasing the Pupil Attainment Rates;
- Reducing the Youth Unemployment Rate, and;
- Reducing the number of young people who are not in education, employment or training (NEET).

12. CONCLUSION

12.1 This funding will provide the Council with an opportunity to: -

- Develop additional resources to tackle youth unemployment and NEET reduction across the Tees Valley;
- Potentially support the expansion of the existing Hartlepool Youth Guarantee Scheme, and;
- Contribute to the long term aims, objectives and outcomes of the Hartlepool Youth Investment Project.

13 RECOMMENDATIONS

13.1 Members are recommended to note the contents of this report.

13.2 A further report will be submitted to Children's Services Committee once a decision has been made on Tees Valley Unlimited's funding application.

14. CONTACT OFFICER

Dean Jackson
Assistant Director (Education)
Level 4
Civic Centre
Hartlepool
TS24 8AY

Tel: (01429) 523736

E-mail: dean.jackson@hartlepool.gov.uk

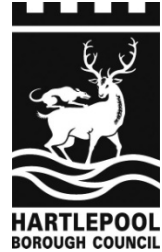
Patrick Wilson
Principal Employment Development Officer
Hartlepool Enterprise Centre
Brougham Terrace
Hartlepool
TS24 8EY

Tel: (01429) 523503

E-mail: patrick.wilson@hartlepool.gov.uk

CHILDREN'S SERVICES COMMITTEE

30 September 2014



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL SAFEGUARDING CHILDREN
BOARD ANNUAL REPORT 2013/14

1. TYPE OF DECISION/APPLICABLE CATEGORY

For information only

2. PURPOSE OF REPORT

- 2.1 To highlight the work of the Hartlepool Safeguarding Children Board (HSCB) and share the HSCB Annual Report 2013/14 (attached at **Appendix 1**) with Children's Services Committee.

3. BACKGROUND

- 3.1 Each year HSCB produces an annual report on the effectiveness of safeguarding and promoting the welfare of children in the local area. The annual report is a published document and is submitted to the Chief Executive, leader of the Council; the local Police and Crime Commissioner; and the Chair of the Health and Wellbeing Board as well as the Children's Services Committee. The 2013/14 Annual Report will be the 9th Annual Report from the Hartlepool Safeguarding Children Board.

4. HSCB ANNUAL REPORT

- 4.1 The 2013/14 report is set out in five parts. Chapter 1 focuses on safeguarding children and young people in Hartlepool and considers the child's journey through services. Chapter 2 provides information about the governance and accountability of HSCB, identifying HSCB members; the HSCB sub groups and the income and expenditure of HSCB during the 2013/14 year. Chapter 3 highlights the achievements and challenges posed during the 2013/14 year based on the agreed priorities in relation to child neglect; domestic abuse and its impact on children; children and young people being supported to make safer choices; and ensuring staff are

adequately trained to meet the needs of children and young people. Other aspects of work completed by HSCB are also included in this chapter along with highlights from the November 2013 Ofsted Inspection of the Board when the Board was judged as '*requiring improvement*'. Chapter 4 concentrates on the learning and improvement of the children's workforce in Hartlepool whilst chapter 5 identifies the priorities for HSCB moving into the 2014/15 year.

- 4.2 The Annual Report was presented to HSCB on the 9th September 2014 for ratification and will be published on the HSCB website www.lscbhartlepool.org in the near future. It will also be included in the next HSCB Newsletter to multi agency practitioners and disseminated widely within partner agencies for information.

5. RECOMMENDATIONS

- 5.1 That Children's Services Committee notes the contents of the annual report and recognizes the work that has been completed by HSCB during the 2013/14 financial year.

6. CONTACT OFFICER

Elisa Arnold
HSCB Business Manager
Civic Centre
Hartlepool,
01429 284116



HSCB Annual Report 2013/14

FOREWORD

HSCB INDEPENDENT CHAIR

May I first thank you for taking the time to read the Hartlepool Safeguarding Children Board 2013/14 Annual Report. I am both honoured and delighted to have recently been appointed to the position of Independent Chair.

The report details the Board's achievements in the last year and I would like to commend the hard work, dedication and professionalism of all the staff and volunteers across the agencies for these positive outcomes. The quotes from young people and families contained in the report are powerful and evidence positive outcomes by working together.

We all face significant financial challenges and therefore the work of the Board becomes even more important to ensure that all partners work closely together in the most effective and efficient manner to continue to safeguard the children and young people of Hartlepool.

The Ofsted Inspection of the Board in 2013 highlighted good practice, but also areas where improvement is required. As a Board we are actively addressing these areas by agreeing a new vision;

'We will work together to allow children and young people in Hartlepool to grow up in an environment in which they are safe from harm and given the best possible chance to reach their potential.'

This will be delivered by:

1. All partners and members agreeing a positive and challenging contribution to the business of the Board.
2. Setting of the priorities in relation to Neglect, Domestic Abuse and Vulnerable, Exploited, Missing, Trafficked children and young people for delivery detailed in this report and how they will be achieved.
3. Development of a multi agency performance management framework to both recognise success and challenge activity where appropriate.
4. A closer working relationship with the Hartlepool Strategic Children's Board, Safer Hartlepool Partnership and the Health and Wellbeing Board.
5. Sharing best practice and influence across the region and nationally.

I shall look forward in the next year's report to detail our progress against the above and am confident that with your support the Board will succeed in ensuring the delivery of our vision.



CHAPTER 1

SAFEGUARDING CHILDREN AND YOUNG PEOPLE IN HARTLEPOOL

Local Demographics of Hartlepool

Approximately 20,370 children and young people under the age of 18 years live in Hartlepool. This is 22.1% of the total population in the area. Approximately 31% of the Local Authority's children are living in poverty. The proportion of children entitled to free school meals in primary schools is 26.7% (the national average is 18.1%) and in secondary schools is 22.9% (the national average is 15.1%).

Children and young people from minority ethnic groups account for 4.2% of all children living in the area with the largest minority ethnic groups of children and young people in the area being Asian (1.9%).

The proportion of children and young people with English as an additional language in primary schools is 3.6% (the national average is 18% and in secondary schools is 2.7% (the national average is 13.6%).

"Hartlepool Borough Council is committed to keeping children and young people safe from harm. Collaborative working with all our partners who have any dealings with children and young people helps to ensure that policies on safeguarding are properly aligned and that safeguarding has a high profile and a sharp focus not only in the council but in all of the organisation's with which we work"

Chris Simmons, Lead Member for Children

Early Intervention and Prevention

In 2013/14, 456 common assessments were completed, of which, 121 were completed on eCAF, the electronic database for common assessment implemented in June 2013. This compares with 330 CAFs completed in 2012/13, and represents an increase of 38% in the last year. Currently the eCAF database is only accessible to local authority staff. Within the local authority, work is being undertaken to seek to resolve this issue.

With the development of the Early Intervention Strategy for Hartlepool, a needs analysis was undertaken which identified 5 'hotspot' areas of the town where data indicated that children were the most vulnerable to poor outcomes. 74% of CAFs completed in 2013/14 were for children living in those 'hotspot' areas, an increase of 7.3% on 2012/13. This would indicate that common assessment is being effectively targeted to vulnerable children and the 'hotspot' areas continue to reflect the areas of most need in the town.

The majority of common assessments were being completed by the local authority early help services (locality prevention teams, children's centres and youth support service) (35%) and schools (32%). 26% of common assessments were completed by professionals from health services.

The majority of common assessments completed relate to behavioural development and this has been consistent over the last two years. There has been a substantial increase in the number of assessments relating to basic care, ensuring safety and protection, indicating, as has been identified in social care, that the level of need and vulnerability for children in Hartlepool is high. Family and social relationships and emotional and social development are the third highest reason for completing an assessment with family history, functioning and wellbeing also increasing in 2013/14.

"I have nothing but praise for the Early Intervention Locality Team. We were struggling to cope. The support we have been given has helped me and my family understand the concept of attachment with adoptive children" - **Parent**

The table shows the Common Assessments completed per agency		
Name of referring agency	2012/13	2013/14
Attendance	15	15
CAMHS	0	2
Localities, Youth Support Services & Children Centres	69	158
Community Nursery Nurse	7	3
Family Nurse Partnership	0	4
Harbour	5	2
Health Visitor	85	48
Housing	0	1
Midwife	11	53
Nurse / therapist	0	3
Nursery	6	0
Other Voluntary and Community Orgs	0	4
Parenting (AfC)	1	0
Police	1	1
Probation	2	0
School Nurse	4	1
Schools	113	147
Social Worker	4	6
Speech and Language	3	6
Teacher for Vulnerable Pupils	1	0
Visual Impairment service	1	0
Drug Services Lifeline/Disc/Hyped	2	0
YOS	0	2
Total	330	456

Case Study

A Young person, 15 years old, was referred into the Early Intervention Locality Team for support. The Young person had difficulties with managing anger and emotional outbursts which had led to negative school experiences. There were also issues with relationships within the family. Support was offered over 7 month period which included a referral into CAMHS where 1-1 support was offered to the young person to help her deal with feelings and emotions. Family support worker (FSW) offered 1-1 support in school and at home to allow the young person to voice her wishes and feelings. Coping strategies around anger and feeling distressed were discussed with the young person being encouraged to talk to her mother, father, sister or FSW rather than lashing out. The FSW, using value cards and goals, worked with the whole to increase family values and understanding of one another; and the school offered support to assist the young person to settle in to the school.

Through multi agency working outcomes for the young person were improved. The young person has developed a good relationship with all family members and is able to talk about her feelings openly and honestly with them; She feels she is able to manage her anger and feelings more appropriately. CAMHS are no longer required to offers support due to the positive progress made. The young person completed her final year at school and sat 10 GCSE's – predicted grades of B's and C's. The young person accessed positive activities at the weekend such as horse riding which significantly boosted her confidence and she has enrolled into college to start qualifications in working with animals, her aims and goals are to work for RSPCA. Through direct work with the family using values and goals cards the father was able to identify areas where he was controlling the family and he made positive changes which has led to the young person developing a closer and more understanding relationship with her father.

'Without the Family Support Worker my family would have fallen apart...I appreciate the support I had from Team Around the Child meetings and I now feel in control of my life.'
Young Person

Contact and Referrals

In Hartlepool the First Contact and Support Hub provides the “front door” to children’s services and deals with all information received with regard to children. There are various pathways information can follow once received by the Hub including signposting to other services, adding risks, notifications and information to the database, as well as processing requests for a service from early help locality teams and social care. From 1st April 2013 to the 31st March 2014 6830 contacts were received with regard to children, this represents a 30% increase on the figure for 2012/13. 1247 contacts (18%) progressed to referral for social care services. Information is ‘sifted and sorted’ within the First Contact and Support Hub (FCSH) to determine the best way to proceed. If information is received that would lead the team to believe that an assessment is appropriate, officers will make a judgement based on the information as to where the referral should be sent. This can include the local authority prevention locality teams; another identified professional requesting a Common Assessment, a Team Around the Child meeting; or referral for a social work assessment.

The Ofsted inspection examined the decision making in the First Contact and Support Hub in November 2013 and made the following comment:

‘Where concerns escalate and early intervention help is no longer sufficiently effective, children are appropriately referred to social care. Thresholds for statutory services are well understood, so referrals received by the initial response social work team (IRT) are appropriate and lead to an assessment of the child’s circumstances by a social worker.’

In 2013/14, HSCB ratified the revised access to services document **‘How to Get the Right Services for a Child at the Right Time’** and introduced the Safer Referral Form. Evidence would suggest that this document is supporting practitioners to make informed decisions about referrals to Children’s Services and are providing good information to enable the referral to be appropriately processed.

Children in Need

There are children whose health and development may be impaired significantly if services are not provided to meet their needs. These children are determined to be Children In Need of support under S.17 of the Children Act 1989 and they require an assessment of their needs by Children’s Services, working alongside other professionals who may be offering support to the child and family or have information to share about the child and family. If assessment determines the child requires support to improve their circumstances then a child in need plan should be devised co-ordinating an appropriate multi agency package of support and this should be reviewed regularly in conjunction with the family, for progress made.

At the 31st March 2014 there were 895 children assessed as children in need. During the 2013/14 year 1,107 initial or single assessments of need were undertaken. 629 resulted in the child being offered support on a child in need basis.

Prior to February 2014 the social work teams were made up of an Initial Response Team, three under 11’s team and one under 11’s team. From February 2014 the teams were reconfigured into six 0-18 teams (excluding Disability and Through Care Teams which are mentioned further in this chapter). This was to complement the introduction of the single assessment framework. The six teams pick up referrals on a rota duty basis and offer short, medium and long term social work support for children in need and children in need of protection and children looked after (until plans are finalised regarding their long term care).

Children in Need of Protection

Children who have a protection plan are children who are considered to be in need of protection because they have suffered, or are likely to have suffered, significant harm due to physical, sexual, or emotional abuse or neglect. The protection plan outlines the needs of the child, the outcomes that are required for the child, and the actions that will be taken to address the child's needs to meet the desired outcomes. Protection plans, as with all children's plans, should be SMART (Specific, Measurable, Achievable, Realistic, and Timely). The plans should outline who is going to do what, how, and by when. Protection plans are reviewed regularly at multi agency meetings which include parents and carers and the child, where appropriate.

During 2013/14, 127 children were subject to an Initial Child Protection Conference, and of those, 107 children became subject to a child protection plan. In the same year, 117 children ceased to be subject to a child protection plan. As at 31st March 2013, 126 children were subject to a child protection plan. Hartlepool has significantly higher numbers of children subject to child protection plans when compared with the national average but is in the middle range when compared with statistical neighbours and this may be attributable to the high deprivation and high child poverty levels in the town. Over recent years, the number of children receiving a social care service has increased by 30%.

Neglect continues to be the main category under which children become subject to a child protection plan, HSCB has, for the past three years, identified neglect as a priority area for oversight and scrutiny and work has been undertaken to develop initiatives to address the prevalence of neglect in Hartlepool. More information about this can be found in Chapter 3.

"I feel I was well prepared for the review case conference, I received the reports days before the conference so they were fresh in my mind. I had been prepared for what would happen in the conference and I was treated appropriately by all who were there. I knew what I had to do to improve the situation." - Parent

The number of children who became subject to a protection plan for a second or subsequent time in 2013/14 is below 4% compared with 21% in 2012/13 which demonstrates a significant improvement in performance and is well below the national average.

Where children are considered to no longer meet the threshold for a child protection plan, this does not necessarily mean that they no longer have unmet needs for which they require support. The majority of children will continue to receive services as children in need to enable the family to sustain improvements in the child's circumstances. 79% remain active cases for a minimum of three months with some cases (23%) continuing as children in need for over two years.

"I always see my social worker and she always wants to know how I am feeling. At the first conference I was unhappy (-100 out of 10) but now things are better at home I am much happier, now it would be 10/10."
Child (11)

Children Looked After by the Local Authority

Wherever possible it is always in the child's best interests to be cared for within their own family. Every effort is made to support the child and family to enable the child to remain safely at home. Where children are unable to remain in the care of their parents the Local Authority will always seek to place the child with another family member, where it is appropriate and safe to do so and following assessment of the suitability of this arrangement in meeting the child's long term needs. Where there is no one in a position or able to care for the child in their own family then the child may become Looked After by the Local Authority. Children may be looked after by the Local Authority with parental agreement or by a court granting a Care Order in respect of the child which means the Local Authority shares parental responsibility with the parent for the child. In these situations the Local Authority becomes a 'corporate parent' to the child. The Through Care Team provides support, advice and guidance to children and young people whose long term plans are to remain looked after. They will support a child and young person through to independence and beyond, until they reach the age of 21 years.

- During 2013/14, 157 children became looked after and 82 children were care leavers.
- At 31st March 2014 there were 192 children looked after by Hartlepool Borough Council., this is a decrease from 2012/13.
- 64 of these children are in placements outside of the Hartlepool area.
- In early 2014 Hartlepool opened its new residential home, accommodating up to 4 young people of either gender at any time.

The safeguarding of children is of utmost importance. The work of the Hartlepool Safeguarding Children Board is critical to ensuring effective inter agency working to keep Hartlepool children safe and to continuously improve performance'
**Dave Stubbs, Hartlepool Borough Council,
Chief Executive**



Participation of Looked After Children

In June 2013 a participation worker was appointed to develop and extend the current participation opportunities that are available to children looked after and those leaving care. There has been a volume of work completed already to develop projects initiatives and opportunities for children and young people. Children in care council have linked with other councils in the area, supported planning of events including Celebrating Success, sparked ideas of campaigns that they would like to be involved in and also working with other participation groups to consolidate their work. They have been involved in consultation work for partner agencies, led consultation for looked after children and young people and worked with Independent Reviewing Officers.

The participation team have led a number of consultations including sexual health, alcohol and substance misuse and they were involved greatly in the entitlements inquiry for children and young people in care and leaving care.

The junior inspectors' initiative involves juniors aged 8 – 12 inspecting services in relation to social care, gathering information, providing feedback and reviewing the service after a 6 month period. The project allows the juniors to say how they believe care services can be improved from their perspective.

The Young Inspectors' programme has also being implemented. The programme allows the young people to have their voice heard regarding how services can be enhanced to improve children and young people's experience when in care.

The participation team have been working with the safeguarding unit manager to develop training resources involving children and young people looking after and how the voice of the child can be implemented and represented through initial child protection conference and core group meetings.



Think Families, Think Communities (TFTC)

The government's Troubled Families Programme aims to turn around the lives of 120,000 families by 2015. In doing so, the government hopes to reduce the cost to the public purse and break the cycle of inter-generational issues such as crime, unemployment and low aspirations, thereby improving the quality of life of those families and their communities. Under the programme, Hartlepool has committed to work with 290 families over the three-year period until the end of the programme in 2015. The TFTC team is made up of 1 Youth Offending Worker, 1 Family Support Worker, 2 Probation Officers, 1 Attendance Officer and 1 Housing Officer. There are also a number of professionals that have dedicated time to work alongside the team and are part of the 'virtual TFTC team'; 3 Anti-Social Behaviour Officers, 1 Substance Misuse Worker and 1 Domestic Violence Worker. Each identified family has a dedicated worker who works to engage with the family, develop a family plan with the family and looks to 'walk the journey' with them to achieve the outcomes identified in their plan. Family plans are written with the family and identify what the family and its individual members would like to achieve to make their lives better. They are written in plain English and any actions are clearly identified.

Disability Team (0-25)

The team work with children and young people with a wide range of additional needs and disabilities. At the 31st March 2014 there were 161 children/young people up to the age of 18 years being supported by the team with a further 47 over the age of 18.

The team proactively supports individuals using person-centred, solution focused, and early intervention models. Care Co-ordination supports children with the most complex needs in bringing together the team around the child/young person and supporting them along their life pathway promoting an excellent level of multi-disciplinary working. Children and Young People are supported through their life journey particularly in planning for key transitional changes in their lives. The main focus of the intervention is to promote the health and welfare of the children and young people/adults and addressing any safeguarding concerns as they arise. Although the safeguarding principles are the same for children as those for adults the additional challenges for the team are in the complexities of the different legislation and procedures. In intervening early and supporting the child/young person as part of their family the team are increasing the resilience and confidence of parents/carers in meeting their children's needs and identifying stress factors early reducing the risk of abuse or harm. The introduction of direct payments as part of the personalisation agenda offering individuals more choice and control in how and what services are provided appears to have a direct correlation with the increase for the demand on the service for assessment and support.

Private Fostering

Sometimes a parent may ask someone else to care for their child. This arrangement is agreed between the parent and the person who is to care for the child, without local authority involvement. However the local authority does have a duty to assess the suitability of the care arrangements in meeting the child's needs if the child is to be cared for by someone else for longer than 28 days.

The number of children who are privately fostered in Hartlepool remains very low and this is the same of all local authorities in the country. During the 2013/14 year there were eight notifications of private fostering arrangements in Hartlepool. Six of these arrangements ended during the course of the year, as either the child returned to the care of their parent or turned 16 years of age.

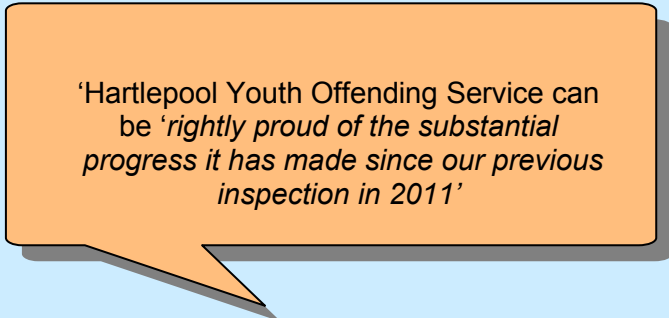
Hartlepool and Stockton on Tees CCG remains a committed partner of Hartlepool Safeguarding Children Board. A key priority for the CCG is to ensure the services we commission can effectively identify and respond to the needs of vulnerable children and young people. Safeguarding Children in Hartlepool is our business'

Youth Offending Service

The primary functions of Hartlepool Youth Offending Service are to prevent offending and re-offending by children and young people and reduce the use of custody. The service operates within the National Standards for Youth Justice Services and the Tees Child Protection Procedures to ensure that day to day practice is effective in safeguarding children and young people who come into contact with youth justice services, whilst protecting the public from the harmful activities of children and young people who offend.

In recent years, Hartlepool Youth Offending Service and the broader youth justice partnership have placed a significant emphasis on the prevention of young people's involvement in crime and anti-social behaviour and this has had a notable impact upon the numbers of young people entering the Youth Justice System.

The service was the subject of a Short Quality Screening Inspection in 2013 – 2014 undertaken by Her Majesty's Inspectorate of Probation who found that:



'Hartlepool Youth Offending Service can be 'rightly proud of the substantial progress it has made since our previous inspection in 2011'

In 2013-2014 Hartlepool Youth Offending Service worked with 71 individual young people who were in receipt of First Tier and Community Orders in comparison to 84 in 2012-2013.

By contrast, the service worked with 563 individual young people in 2013-14 in a preventative/diversionary capacity in comparison to 290 in 2012-2013.

The number of custodial sentences reduced from 4 in 2012-2013 to 1 in 2013-2014. However, the number of young people remanded to custody (whilst awaiting trial or sentencing) increased from 1 in 2012-2013 to 10 in 2013-2014.

Analysis highlights that the service is now regularly dealing with a small number of young people who regularly re-offend; often in line with broader lifestyle choices relating to substance misuse and the need to generate income to maintain substance misuse levels. These young people are often the most socially excluded and present with complex and deep rooted health and social problems.

Hyped

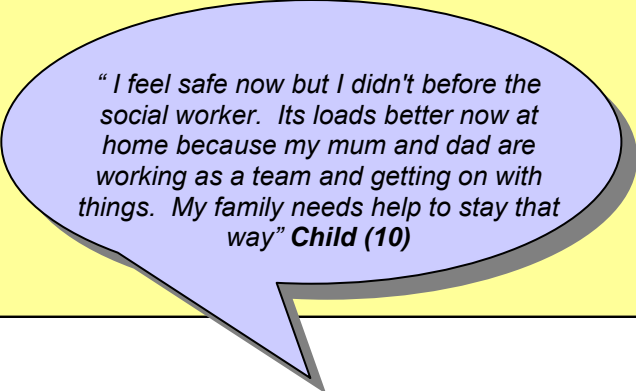
Hyped is the specialist young person's substance misuse team for Hartlepool. Support is provided to any young person in Hartlepool up to the age of 18 (21 if the young person is Looked After and 24 if the young person has a disability). Each young person will be assessed by a qualified key-worker to ascertain the level of intervention that they need.

From 1st April 13 to 31st March 14 Hyged received 123 new referrals from a range of sources including education, social care, YOS, parents etc and have offered over 2000 appointments to young people and their families. This is the same number of referrals as the previous year.

49 referrals required targeted (Tier 2) support which is just over a 100% increase from the 2012/13 figure of 24. This is a positive outcome as it clearly depicts that other professionals are identifying substance misuse issues with young people at a much earlier level in Hartlepool. This increase has been supported by the Hyged team delivering drug and alcohol awareness training to 106 professionals as part of the LSCB workforce development training programme.

There was a reported increase in the number of young people requiring early intervention and targeted support in 2013/14 and Hyged delivered 2726 universal and early identification interventions through information stalls, group work sessions, awareness talks in school assemblies and community events.

All of the young people who received support from Hyged either early intervention, targeted or intensive treatment showed signs of abstinence or reduction. 61% left the service drug/alcohol free and 39% left the service as an occasional user (not Class A drugs). This is significant improvement on the 2012/13 figures of 54% and 26%.



*"I feel safe now but I didn't before the social worker. Its loads better now at home because my mum and dad are working as a team and getting on with things. My family needs help to stay that way" **Child (10)***

CAMHS

Hartlepool Child and Adolescent Mental Health Service (CAMHS) provides assessment and appropriate treatment or intervention for children and young people up to their 18th birthday who are experiencing mental health problems, with the aim of positive mental health promotion.

The team has three main functions:

- Assessment and treatment of children and young people up to 18 years old with mental health disorders.
- Advice, support and consultation for family, carers and workers from health, social services, educational and voluntary agencies.
- Promotion of positive mental health in children and young people.

Treatments/interventions offered are evidence based and vary from individual, group and family approaches.

At the end of March 2014 570 children from Hartlepool were receiving a service from CAMHS. This is a 2.51% increase from 2012-2013 year.

During the period 1st April 2013 to 31st March 2014, 1323 children from Hartlepool were provided with help by CAMHS. This is a 24.19% increase on the previous year.

During the period 1st April 2013 to 31st March 2014 96.67% of children were seen within 6 weeks; 99.33% were seen within 9 weeks, and all were seen within 13 weeks.

CHAPTER 2

GOVERNANCE & ACCOUNTABILITY

HSCB is a statutory body and its function is to ensure that agencies with responsibilities towards children will co-operate and work together to safeguard and promote the welfare of children and for ensuring that this work is effective. HSCB seeks reassurance from agencies that they are committed to keeping children safe from harm and they are working to improve outcomes for children. Alongside the Ofsted inspection of Children's Services in November 2013 HSCB was also inspected in line with the new framework. The inspection judged that HSCB 'required improvement' and set out areas where improvements needed to be made along with the identified strengths of the Board. This will be explored further in Chapter 3 of this report.

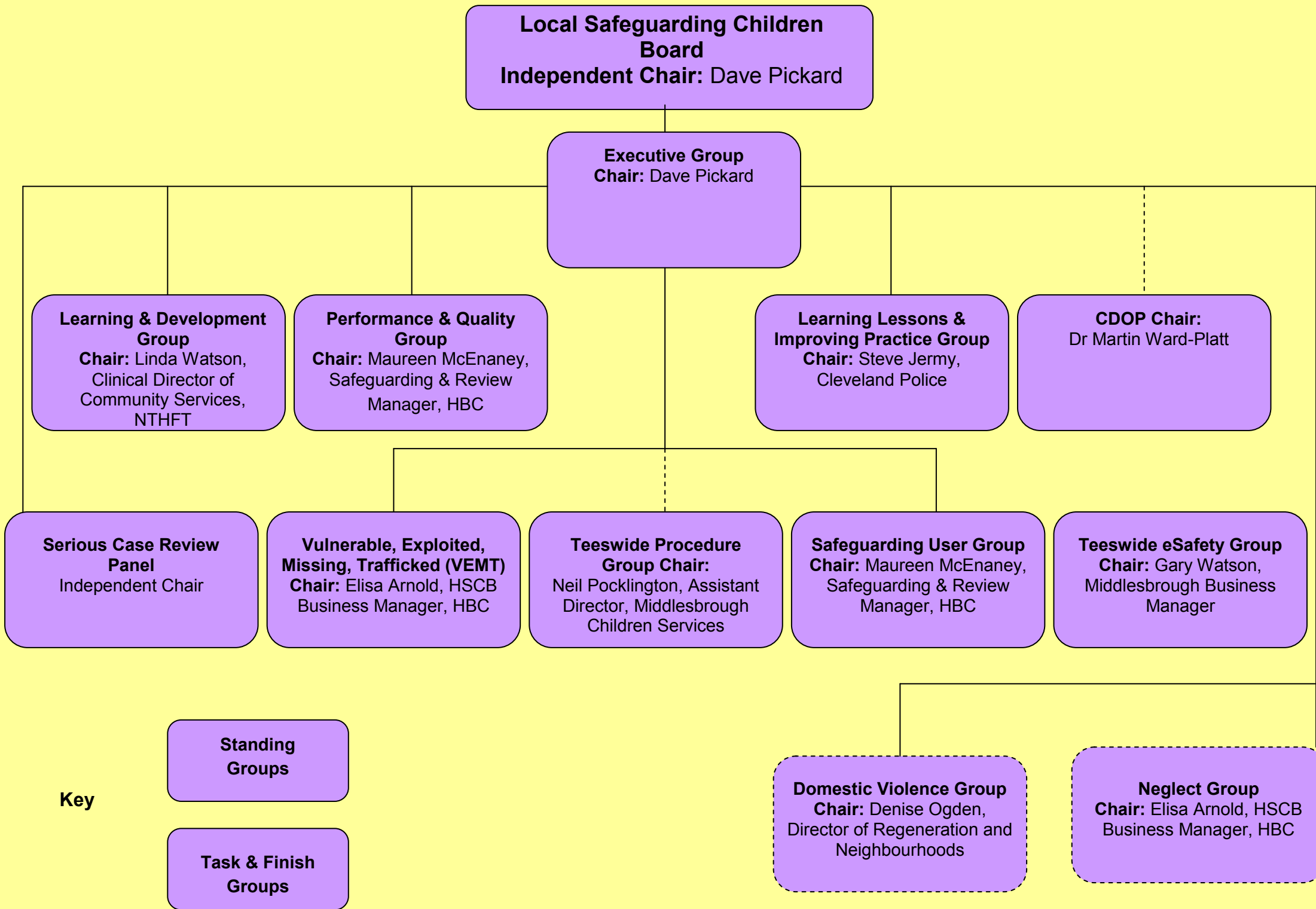
The HSCB has a range of roles and statutory functions including developing local safeguarding policy and procedures and scrutinising local arrangements.

Functions of HSCB

- Assess and evaluate the effectiveness of help being provided to children and families by the authority and their Board partners, individually and collectively, to safeguard and promote the welfare of children and advise them on ways to improve.
- Assess whether HSCB partners are fulfilling their statutory obligations.
- Quality assure practice through joint audit of case files and identifying lessons to be learned.
- Monitor and evaluate the effectiveness of training provided by the HSCB to safeguard and promote the welfare of the child.
- Deliver training.
- Participate in planning of services.
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
- Produce an Annual Report on the effectiveness of safeguarding and promoting the welfare of children in the area.
- Develop a Business Plan identifying priorities for action by HSCB for the year ahead.

Hartlepool Safeguarding Children Board Membership





Governance Arrangements

A critical activity for successful partnership working is clarifying accountability for key roles and groups within a partnership. The Governance Arrangements and Scheme of Delegation was endorsed by the Board in November 2013. The purpose of the arrangements is to make clear the remit and responsibilities of HSCB and its associated sub groups; how the Board and sub groups will manage their business; and agreed expectations of members of the Board and sub groups. This clarity will enable organisations to be assured of strong governance arrangements.

Memorandum of Understanding

The Memorandum of Understanding was signed by all HSCB partners in November 2013 with the aim of ensuring that children and young people in Hartlepool are safeguarded from harm; that their welfare is promoted; and their outcomes are improved. By signing the Memorandum HSCB partners acknowledged their commitment to:

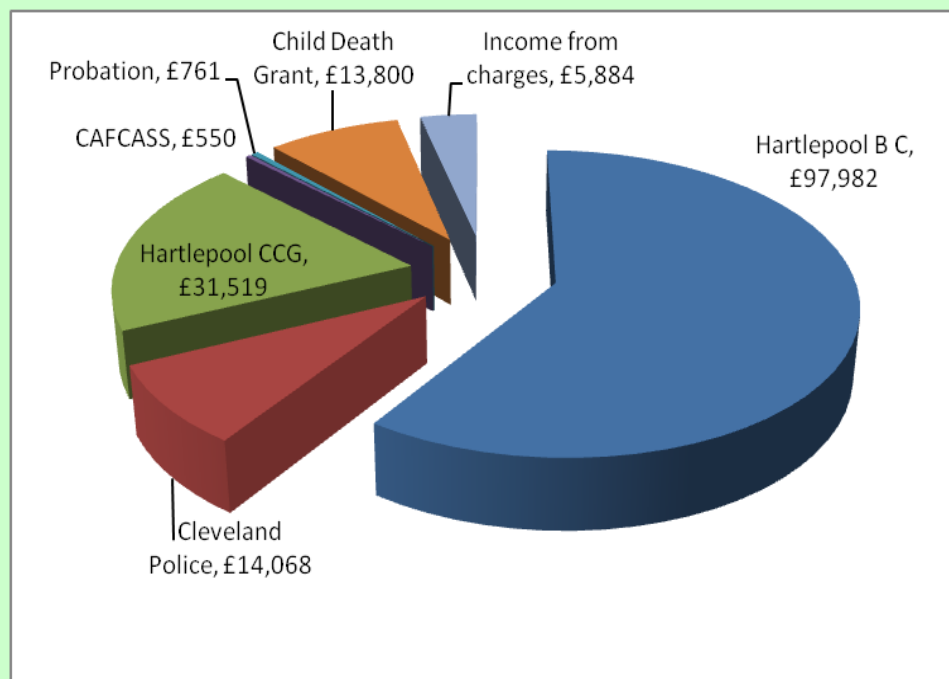
- Ensuring that all HSCB member organisations are effectively and continuously engaged in the children's safeguarding agenda.
- Embracing the notion, at both strategic and operational levels, that safeguarding children is dependent on effective interagency working.
- Ensuring that all members of the HSCB understand their roles and responsibilities and act upon them.
- Ensuring that attendance and participation in the Board and all of the Board's subgroups are stable and active.
- Ensuring that all frontline professionals have a clear understanding of their roles and responsibilities in relation to safeguarding children.
- Boosting the skills and performance of all staff working in children's services.
- Ensuring the dissemination of information from the Board within the member agencies/organisations.
- Ensuring required resources to fulfil the functions of the Board are identified, ensuring the financial stability of the HSCB.
- Ensure that the views of children and young people of Hartlepool help to shape the work of the Board.
- Ensuring that effective training, relating to the safeguarding of children, is devised, delivered, and reviewed.
- Ensuring that significant issues arising from Serious Case Reviews, either locally or nationally are reviewed and appropriate measures taken to improve the safety of Hartlepool children and young people.
- Ensuring that any recommendations arising from Learning Reviews conducted locally are fully implemented to improve the welfare and outcomes of Hartlepool children and young people.

Protecting Vulnerable People in particular children will always be a high priority for Cleveland Police. We will continue to work with statutory partners; voluntary agencies and the community to protect children who are at risk and we will take robust action against those who exploit or abuse children.

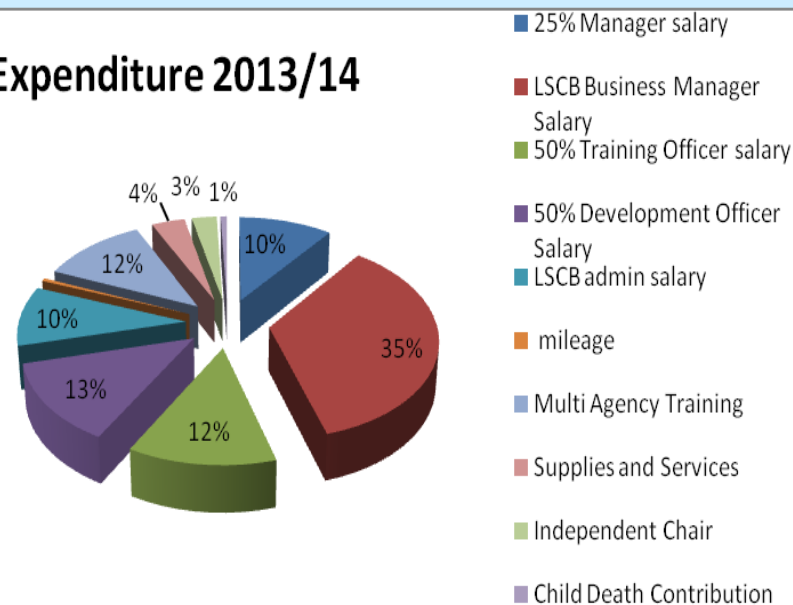
Financial Arrangements

Board partners continue to contribute to HSCB either by provision of financial support to ensure the continued functioning of the Board, or by providing resources 'in kind'

Total contributions from partner agencies in 2013-14 was



Expenditure 2013/14



Training costs remain low through the continued use of in-house trainers and the use of local authority premises where there is very little hire cost. Work has commenced on joining together some of the learning and development processes between HSCB and Stockton on Tees Safeguarding Board which will continue to help reduce overall costs.

Professional fees expenditure remains low as most work such as web site maintenance is undertaken in house. Similarly, there has been no Commissioned work initiated in the last few years.

CHAPTER 3

ACHIEVEMENTS & CHALLENGES 2013/14

Achievements and Challenges

2013-14 brought a host of new developments and challenges to the Board. In April 2013 a new Business Manager, Elisa Arnold, was appointed following the retirement of the outgoing Business Manager. Eileen Hinds, HSCB's Independent Chair, left her role in October 2013 to take up new opportunities and Hartlepool Borough Council appointed a new Director of Child and Adult Services, Gill Alexander. Shortly thereafter Ofsted's unannounced inspection of Children's Services and the LSCB took place. In February 2014 HSCB appointed a new Independent Chair of the Board, Mr Dave Pickard. During the course of the year new Board representatives have joined us from the Clinical Commissioning Group and Cleveland Police and they have contributed fully to the priorities and challenges of the Board.

Priorities

HSCB priorities for 2013-14 were:

1. Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect.
2. Children and young people live free from the impact of Domestic Violence.
3. Children and young people are supported to make safer choices and are safeguarded from significant harm particularly those who go missing and who are at risk of sexual exploitation.
4. Staff working with children and young people are suitably trained to meet their needs.

1. Children and young people live in households where they are properly cared for, all of their needs are met and they are free from the impact of neglect.

In the 2013/14 year the Neglect Task & Finish Group continued to meet. Tasks of the Group have included a discussion paper on neglect which was presented to the Board and subsequently made available on the HSCB website and E bulletin. This generated a discussion at a Board meeting about the Board's understanding of neglect. The Group reviewed the Graded Care Profile to transform it into a Hartlepool document and it has been re-launched to the workforce. Training remains available on a rolling programme for multi agency practitioners.

A report was completed by the HSCB Business Manager regarding the numbers of children subject to protection plans for neglect in the region and what work regional LSCB's were undertaking to tackle the prevalence of neglect to gain a greater understanding of the issue regionally and the LSCB responses to this.

Young inspectors completed their evaluation of the Action for Children Parenting Programme in making a positive difference to parenting behaviours and improving children's lives. They have also been working with the Safer Hartlepool Partnership to raise awareness of the dangers of alcohol use to other young people that will be presented in schools.

A learning review was undertaken in respect of a family where neglect was the primary concern over a number of years. This action plan relating to the outcomes and recommendations as a result this review is detailed in Chapter 4 of this report.



2.Children and young people live free from the impact of Domestic Violence.

The Safer Hartlepool Partnership Domestic Violence & Abuse Group was reconvened late in 2013. The group is chaired by the Director of Regeneration and Neighbourhoods and is well attended by a range of statutory agencies and voluntary and community sector organisations.

In terms of prevention and early intervention the Group has supported the delivery of the Healthy Relationship Programme. Targeted towards children and young people, the programme aims to raise awareness and understanding about what makes a healthy, non-abusive relationship. Delivered in nineteen primary schools, three secondary schools and at the Anti-social Behaviour Awareness Day (ASBAD), the programme has reached more than 2,000 young people in Hartlepool.

Other key areas of work includes the rollout of the Teen to Parent Abuse course 'Lets Get Along', a targeted intervention delivered by the Youth Offending Service aimed at children and young people who have been identified at risk of becoming perpetrators of domestic violence. Whilst the project enters its second phase of delivery participants numbers are low and the Group have recognised the need to strengthen the identification process of young people who could benefit from the intervention and the subsequent referral pathway.

In relation to raising awareness of domestic violence and abuse amongst frontline staff and voluntary organisations, the HSCB have continued to offer multi-agency training sessions in respect of Domestic Abuse Awareness & Impact on the Child.

The increased use of the Common Assessment Framework (CAF) is a HSCB objective applying across all types of families where there is a risk to children. To support this objective a series of awareness raising sessions have been delivered to Domestic Violence Specialist Support Services to increase CAF completion rates and family assessments.

3. Children and young people are supported to make safer choices and are safeguarded from significant harm particularly those who go missing and who are at risk of sexual exploitation.

In 2013 HSCB established the VEMT (Vulnerable, Exploited, Missing, and Trafficked) Sub Group and VEMT Practitioners Group.

LSCB VEMT Sub Group

This Group is attended by Heads of Service and Strategic leaders for those agencies that provide services to children. The LSCB sub group drives forward and reviews the action plan in place and takes responsibility for specific actions on the plan which includes audit and review; development of policy, procedures and best practice within agencies based on research and government recommendations; and addressing any concerns regarding effective multi agency practice; and awareness raising amongst multi agency partners.

VEMT Practitioners Group (VPG)

This group is chaired by a Team Manager and is attended by frontline practitioners from the agencies providing services to children. The VPG focuses on specific young people, highlighting those most vulnerable due to going missing or at risk of/involved in exploitation or trafficking; highlighting any specific themes or trends relating to young people such as hotspots and identifying potential facilitators or perpetrators of young people running or being exploited; and ensuring that service provision for these young people is adequate and identifying gaps in service provision. The chair of this group reports to the LSCB Sub Group.

Multi agency attendance at both meetings is strong and attendees demonstrate a clear commitment to being active participants of the Groups. The action plan devised is a two year plan, 2013-2015.

Achievements

The LSCB VEMT Group have disseminated the CSEGG risk indicators and the DfE Step-by Step Guide to staff within their own agencies. A CSE risk assessment tool and pathway identifying appropriate actions to take once level of risk is identified has been drafted for LSCB approval. Discussions have taken place with Hartlepool Borough Council Licensing Department about promoting awareness of the risks of young people's involvement in sexual exploitation to licensed premises, hotels and B&B's, taxi firms and takeaway establishments. The 'Say *Something* if you see *Something*' campaign will be launched in the summer of 2014.

Since the development of the LSCB VEMT Sub Group and VPG there has been demonstrable impact in relation to disruption of potential perpetrators which came as a direct result of information being shared and professionals taking responsibility to take action. More children are being identified as being at risk of or involved in VEMT, information is being shared about the level of risk and if interventions in place are appropriate and effective in reducing risk.

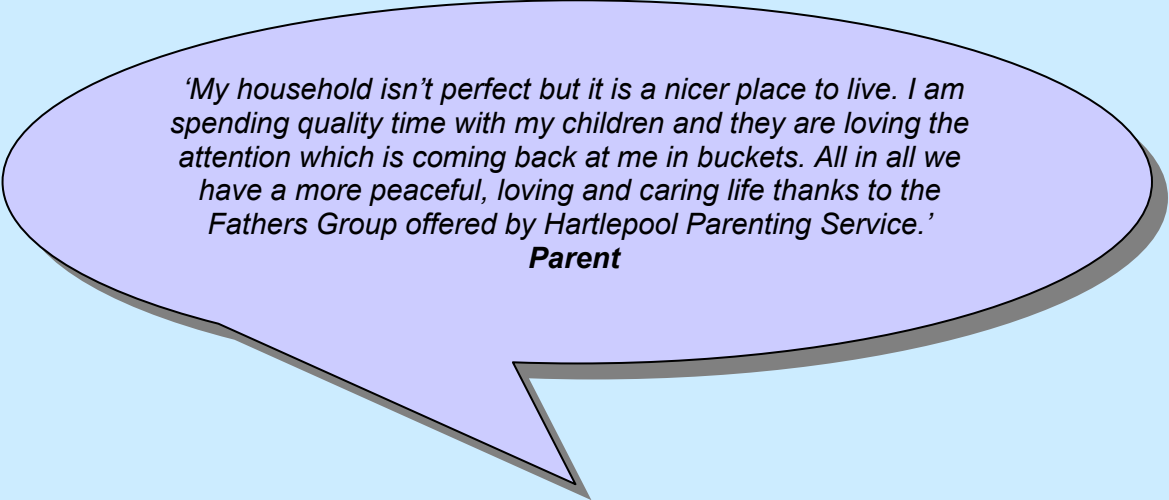
Actions are identified and followed up at the next meeting to hold people to account and to provide an audit trail of what has been achieved. Any significant issues identified at VPG are escalated to the LSCB VEMT Sub Group to address.

4. Staff working with children and young people are suitably trained to meet their needs.

HSCB Learning and Development group planned, developed, commissioned and delivered their annual multi-agency safeguarding and child protection learning and development programme for 2013/2014 which was made available to all agencies via the workforce development representatives in their agencies.

In January 2013, HSCB introduced a monthly e-bulletin, which replaced face to face multi agency staff briefings, to update the Hartlepool workforce on local, regional and national guidance and also the work of HSCB. Distribution of these e-bulletins has continued throughout the 2013-14 period. The Ofsted inspection of HSCB in November 2013 was complementary of the work of the HSCB Learning and Development group.

Further information and developments in respect of staff training is explored in detail in Chapter 4 of this report.



'My household isn't perfect but it is a nicer place to live. I am spending quality time with my children and they are loving the attention which is coming back at me in buckets. All in all we have a more peaceful, loving and caring life thanks to the Fathers Group offered by Hartlepool Parenting Service.'

Parent

Other achievements include:

Private Fostering

HSCB is committed to raising awareness of private fostering in Hartlepool. During the 2013/14 year HSCB developed a Communication Strategy which sets out what will be undertaken to increase awareness to the public and professionals in respect of private fostering and the local authority's responsibilities. Information leaflets for parents, private foster carers, children and young people, and professionals were updated.

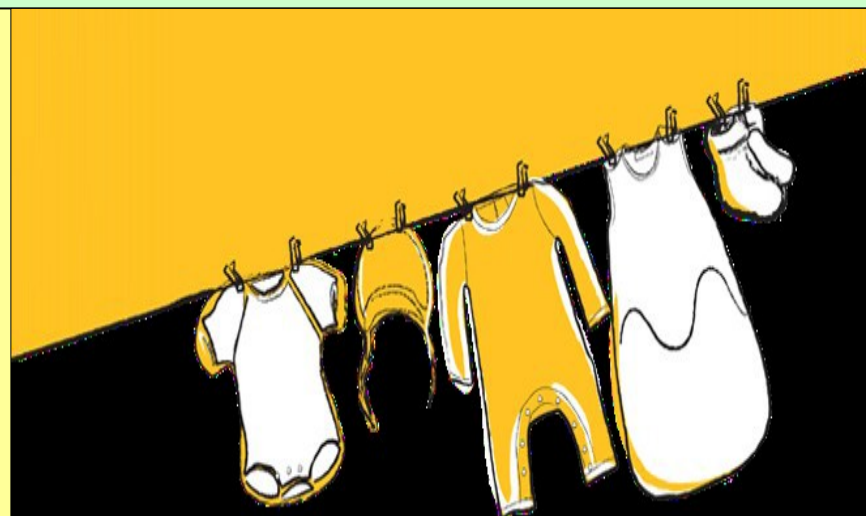
A Statement of Purpose is in place complying with the National Standards for Private Fostering, which provides relevant information and guidance for professionals, the public, council members and partner agencies. It provides a description of private fostering arrangements including the assessment process and the advice and support provided to privately fostered children and their parents/private foster carers and those with parental responsibility within Hartlepool. In addition a Practice Guide for Social Care staff outlining their duties and responsibilities relating to privately fostered children was implemented in January 2014.

Information about Private Fostering was incorporated in school newsletters across the town in September 2013 and information to Elected Members of Hartlepool Borough Council was provided in December 2013.

Private Fostering continues to be incorporated in both the Introduction to Safeguarding and Child Protection training and the Multi Agency Safeguarding and Child Protection training to raise awareness amongst practitioners.

Safer Sleep for Babies

In November 2013 HSCB devised and published a public information leaflet entitled 'Safer Sleep for Babies' which was disseminated to Midwives, health visitors and GP surgeries to provide to new parents, in addition to the professional advice offered by health practitioners. The aim of the leaflet is to help raise awareness of the safest way to put babies to sleep to reduce the risk of Sudden Infant Death Syndrome (SIDS). The leaflet was reviewed and endorsed by the Child Death Overview Panel.



Joint Reports to Child Protection Conferences

The provision of written information to child protection conferences is essential in order to allow the evidence on which decision making will be based to be available in advance to parents and to ensure they have had the opportunity to read and consider the content of the reports. It is anticipated that the introduction of a joint report for review conferences will achieve the following objectives:

- Provide one report with written contributions from involved practitioners
- To use the core group which precedes the review conference to produce the joint report
- To promote increased accountability from the core group members with regard to the implementation of the protection plan
- To actively promote parents participation in the discussion with regard to the content of the report and to record their views and opinions.
- To provide information in a more timely manner to the review conference
- To streamline the flow of work from initial conference to core group to review conference

The joint report will be implemented for all new cases proceeding to initial child protection case conference from April 2014.

eSafety

In October 2013 a Tees wide conference 'Safeguarding Children in a Cyber World' was held. The planning, development and delivery was undertaken by representatives of all four Tees LSCB's who sit on the Tees wide eSafety Group. The focus of this event was to provide a multi agency audience with information about preparing for future technologies and social media, looking at what it means in relation to eSafety; Social Networking; Cyber bullying; protecting on-line identity; practitioner's behaviour/ protection.

An audit of how eSafety breaches are recorded and dealt with in the schools across Hartlepool was submitted to HSCB in July 2013, 33 out of a possible 38 schools had responded to the audit and there was learning for all schools highlighted in the recommendations of the report. The contents of the report were further discussed with all the Head teachers from schools across Hartlepool. The Board agreed this audit would become annual, to ensure lessons are being learnt and good practice shared by all schools.

Work continued throughout the year to embed the eSafety Strategy and promote the use of the eSafety Standards, across all organisations working with children and young people. Ashleigh's rules continue to be distributed at all eSafety awareness sessions and is available on the HSCB website to download.



Section 11 Self Audit Questionnaire

Section 11 of the Children Act 2004 places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children. In meeting the Board's responsibility to ensure that agencies are compliant with section 11, agencies were asked to complete a detailed questionnaire covering all aspects of safeguarding and return it to the Board with an action plan to address any shortfalls identified. A Performance Clinic was held in May 2014, where agencies presented the information of their safeguarding performance and were subjected to a peer type review to scrutinise that performance. Generally, there were no serious gaps or areas of risk identified.

Performance and Quality

The first quarterly performance report on the effectiveness of safeguarding practice was provided to the Board in November 2013. This provided a useful start to the Board having access to performance information in order to scrutinise the safeguarding activity of the partner agencies.

A significant amount of data on which the report was based however, was derived from social care records and this has highlighted the need for the establishment of a multi agency performance management database.

A number of conference improvement events were carried out during the latter part of 2013 and delivered to a multi agency audience of nearly 100 practitioners. These events sought to promote a move towards more solution focussed meetings and a greater emphasis on the production of an outcome focussed protection plan with clear actions and timescales.

The following multi agency case file audits have been carried out by the LSCB P&Q Group:

- September 2013 – Multi Agency Case File Audit – report with findings and recommendations brought to the Board in March 2014.
- January 2014 – Multi Agency Audit of Protection Plans – report with findings and recommendations to be brought to the Board in May 2014.

It is anticipated that all partner agencies will be carrying out systematic internal audits to provide feedback on what is working well and where improvements need to be made and these will be submitted to P&Q in order to produce collated findings. It is essential to have in place a dissemination process to ensure that findings from audits reach the appropriate staff including managers and senior managers, and that action planning and review is a key part of the process.

The recent Ofsted Inspection identified that HSCB should develop an effective multi agency dataset and routinely scrutinise partners performance, challenging and auditing were necessary. This action needs to be included in the action plan for the P&Q Group going forward.

Young Inspectors

In April 2013 the Young Inspectors took part in some consultation work with children and young people aged 5-18 years on issues around neglect. This included questions on what they felt was important, healthy and safe (look, feel and sound) in the home, school, neighbourhood, community and services. Due to the sensitivity of the work the young inspectors found that children and young people felt more comfortable discussing issues in schools, communities and services rather than home life, although the sessions did help them recognise what a healthy and safe home life should be like. On completion of the work the young inspectors presented their findings at the HSCB development day.

The young inspectors were also involved in consultation with Hartlepool's Parenting Support Service which started in September 2013. In order to do this the young inspectors consulted with parents, staff and young people and observed parenting programme sessions. The consultation process found that all of the parents who attended the courses felt that they had had a positive effect and help build better relationships within the home with their families. On completion of the consultation in February 2014 the young inspectors presented their findings to the neglect task and finish group.



Ofsted Inspection of HSCB 2013

The Ofsted inspection judged HSCB as
‘requiring improvement’.

Strengths of HSCB

- Implementation of the multi agency joint report for review case conferences.
- Development of Vulnerable, Exploited, Missing, Trafficked Practitioners’ Group.
- Clear Governance Arrangements and attendance at Board meetings by multi agency partners.
- Improving knowledge about private fostering and information sharing.
- Teeswide Child Protection Procedures and the updated Access to Services Document ensuring the right service for a child at the right time.
- Training, Learning and Improvement Strategy and Action Plan.
- HSCB Rough Guides and E-Bulletin to staff.
- Effective dissemination of learning from Serious Case Reviews.
- Links with the Child Death Overview Panel.

Areas for improvement:

Child Sexual Exploitation

- Implementation of the child sexual exploitation risk assessment tool for practitioners and implementation of the CSE strategy to identify, assess and intervene for children and young people who may be at risk of/or are being exploited.

Domestic Abuse and Substance/Alcohol Misuse

- Progress and implement strategic action with a focus on children experiencing domestic violence and who abuse drugs or alcohol to ensure a positive impact on outcomes for these vulnerable children and young people.

Participation

- Work with young inspectors should inform planning and evaluation of service delivery. This should include feedback from children and families who have received help and services.

Performance and Influence

- Development of an effective multi-agency data set and regular scrutiny of partners’ performance including challenging and audit.
- Increase influence and effectiveness through improved strategic arrangements with the Health and Wellbeing Board and Family Justice Council.

In response Hartlepool Borough Council developed an action plan to address the areas for improvement identified within Ofsted’s inspection of Children’s Services and HSCB. The full report and action plan can be accessed here:

<http://www.lscbhartlepool.org/ofsted-inspection-november-2013>

CHAPTER 4

LEARNING & IMPROVEMENT

Hartlepool Safeguarding Children Board (HSCB) has a responsibility under Working Together to Safeguard Children 2013 to ensure appropriate safeguarding and child protection training and development is accessible to the children's workforce in Hartlepool.

Development and delivery of an inter-agency training and development programme:

Successful planning, development, coordination and delivered of a Comprehensive multi-agency safeguarding and child protection training and development programme, which incorporates the wider safeguarding agenda. Each course has been reviewed and redesigned to ensure that it presents up to date, localised information. The Board's priorities and recommendations from local Serious Case Reviews, Learning Reviews and Management Reviews have been incorporated within all safeguarding and child protection learning and development activities.

HSCB Learning and Improvement Strategy 2013-2015:

Development of a multi agency Learning and Improvement Strategy and Learning and Improvement Framework in line with the requirements of Working Together to Safeguard Children 2013.

Maintaining a multi agency team of front line practitioners to support the delivery of safeguarding and child protection learning and development:

Several front line practitioners from different disciplines are supporting the delivery of safeguarding and child protection learning and development thus ensuring that delivery is provided on a multi agency basis whenever possible.

Communication:

Delivery of an e-bulletin to notify the children's workforce of the work of HSCB, highlighting key documentation relevant to the development of the workforce and to promote relevant organisations and training in relation to safeguarding and child protection.

Supporting the development of an appropriate safeguarding and child protection learning and development programme for schools and childcare settings:

The group has developed a programme of learning and development by working in partnership with the local authority and Headteachers to provide childcare settings and all Hartlepool Schools with a proposed plan of accessible safeguarding and child protection training. This programme assists them in meeting their Ofsted Inspection criteria and the requirements of Working Together to Safeguard Children.

Impact evaluation of safeguarding and child protection learning and development on working practices:

Impact evaluation feedback from practitioners on all multi agency learning and development activities has been received and analysed in order to review how learning from this programme has been incorporated into their working practices. The responses received were positive and highlighted awareness raising and improvements made to working practices.

Development of a Quality Assurance Toolkit:

HSCB have adopted the NESCT Quality Assurance documentation for all aspects of learning and development activities (1 – trainers; 2 – single agency training; 3 – multi agency training) and the possibility of across region peer evaluations and will be utilising these tools during the 2014/2015 period.

Delivery of a themed Conference:

HSCB has commissioned, coordinated, developed and delivered a Teeswide Conference on Safeguarding Children in the Digital World which was supported by Northern Grid for Learning; Police; Barnados; North Tees and Hartlepool Foundation Trust and Normanby Primary School.

Attendances at Training Sessions

Course Title	No of Attendees
Bullying Awareness	44
Child Sexual Exploitation Awareness	70
Domestic Abuse Awareness & Impact on the Child	71
eSafety Awareness	52
Effective Multi Agency Working in Safeguarding & Child Protection	1011
Graded Care Profile Tool	63
Launch of Core Group & Access Document	34
MAPPA Awareness	23
Multi Agency Conference Improvement Event	94
Practice Issues when Safeguarding Teenagers	18
Safeguarding & Child Protection for Managers & Designated Officers	64
Serious Case Reviews Interacting Risk Factors	23
Safeguarding Children Neglect	18
Safeguarding Children with Disabilities	23

Conference Title	No of Attendees
Neglect/Graded Care Profile Launch	67
Safeguarding Children in a Digital World	90

Serious Case Review Interacting Risk Factors

'Parents do require support as their Actions and behaviours have a direct impact on the child in their care. Identify the problem but then look at moving the family forward'.

Child Sexual Exploitation Awareness

'Share knowledge with parents in relation to useful websites to raise awareness and be more vigilant and check for the signs of if a young person is being groomed or sexually exploited'.

Running, Missing from Home/Care
'Knowledge of the process will allow me to provide guidance to others in terms of completion. I also gather information for my attendance at VEMT'.

Safeguarding Children with Disabilities

'Broadened my view of potential safeguarding issues when children have additional needs. Also, to consider if the environment is disabling, i.e. social model and what can be done to address this'.

Graded Care Profile

'My examination of home conditions when checked in each home visit is now based on what was learned from the Graded Care Profile Training. As a result, each check has greater focus on the parent's perspective of conditions.'

Neglect

'It was a good insight in to how Neglect impacts and effects the child now and on the rest of their lives. I came away from the training with the mind-set that it is important to keep the child as the focus, not getting caught up in the difficulties and barriers you can come across as a professional working with a neglect case'.

Priorities

In 2014/2015 HSCB's Workforce Development Priorities will be to:

Develop a joint HSCB and SLSCB Training and Development Group which will come into effect on 1st November 2014 with all aspects of both LSCB's multi agency training and development being combined.

Work with partner agencies to ensure they hold a Safeguarding and Child Protection training policy, highlighting how their workforce access safeguarding and child protection training.

HSCB will continue to apply a culture of continuous learning and improvement that identifies opportunities to draw on good practice across all organisations that work together to safeguard and promote the welfare of children, identifying

Continue to build on our success by monitoring, reviewing and evaluating existing single and multi-agency safeguarding and child protection training and development whilst ensuring it is accurate; up to date, localised and the content is appropriate to the target audience.

Incorporation of the Board's priorities and learning from Serious Case Reviews; Learning Reviews; Management Reviews and Performance and Quality Audits undertaken by HSCB is incorporated into learning and development activities and delivered on a multi agency basis.

Ensure that recommendations from the Young Inspectors' Report to the HSCB are considered when working with all agencies in relation to safeguarding and child protection learning and development activities and workforce

Commission Action for Children for delivery of a conference on research into neglect.

Serious Case Reviews and Learning Reviews

When a child dies or is seriously injured as a result of abuse or neglect, and there are concerns about the way in which agencies have worked together to safeguard the child, a serious case review will be undertaken to establish how effective interventions were in providing support to the child and family to reduce risk and improve outcomes. The aim of serious case reviews is to examine the actions of agencies to determine if anything could have been done differently and to identify areas for learning to improve future practice.

There may be situations that arise that do not meet the requirements for a serious case review but it is identified that learning could be gleaned from the way in which professionals have worked together. In such instances a local authority may wish to conduct a learning review.

There were no serious case reviews in Hartlepool during 2013/14 year however HSCB did decide to undertake a learning review on a case with long standing professional involvement over a number of years where neglect was identified as a concern. The main findings from the learning review were as follows:

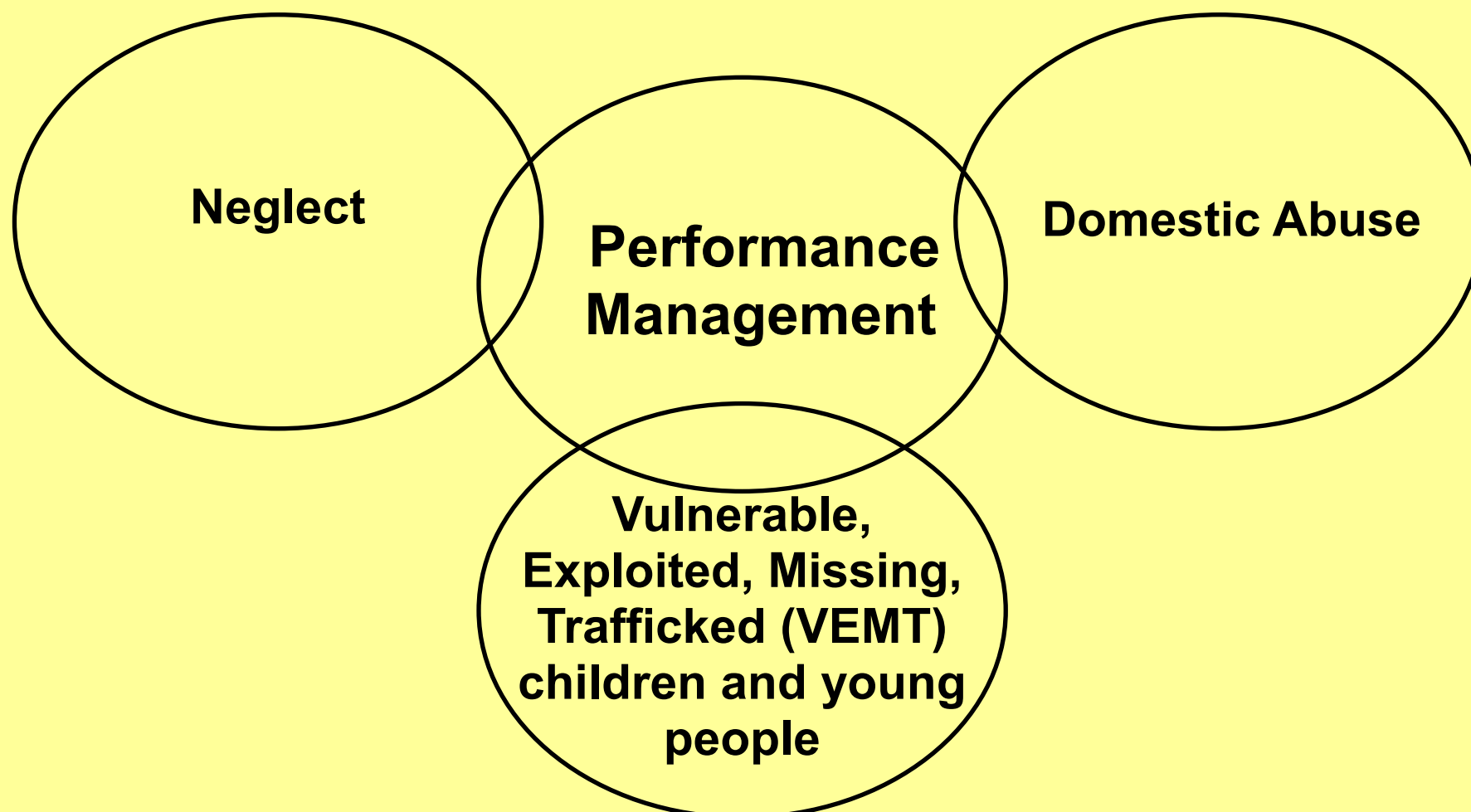
- **Assessments lacked analysis and did not clearly identify children's needs and lacked firm recommendations to inform planning.**
- **Supervision practice varied across the agencies and was of mixed quality and effectiveness.**
- **Professional relationships with the family became difficult and challenging. In addition there was confusion at times between involved professionals as to what was expected of them.**
- **The quality of case recording was varied and it was not sufficiently linked to the outcomes to be achieved and did not track the progress being made.**

Following the findings of the review HSCB delivered an action plan to address the areas for improvement which is now being implemented.

CHAPTER 5

CHALLENGES & PRIORITIES 2014/15

HSCB has identified its priorities for the next two years 2014 – 2016 as:



Neglect

Ensure children and families are helped early enough to reduce the impact of neglect

What do we need to know?

- How many children in Hartlepool are experiencing neglect?
- How many children are affected by neglect due to parental substance and/or alcohol misuse and/or parental mental health?
- How many children are known to early help services with needs arising from neglect?
- How many children are being referred to Children's Services due to concerns about neglect? What does this neglect look like? How does it impact upon the child?
- How many children are becoming looked after due to neglect?
- What services are available to support children experiencing neglect? What do these services do? How do they help the child?
- What works in helping neglectful families?
- How effective is early help in identifying, assessing and intervening to make a difference in tackling the prevalence of neglect? How many families are helped and child's circumstances known to have improved?
- What skills do practitioners need to work with neglectful families and how can we up skill the workforce?
- How has the Graded Care Profile been implemented? What has been the impact on the prevalence of neglect?

How will we know a difference has been made?

- There will be more children receiving help earlier to reduce the harmful effects long term neglect can have on health and development.
- There will be a reduction in the number of children referred for a single assessment from Children's Services due to more children receiving effective early help.
- There will be a reduction in the number of children becoming looked after due to neglect.
- Children and parents/carers will tell us what has helped them to improve the lives of their children.
- Where a child experiences significant harm as a consequence of neglect there will be a reduction in the length of time taken to implement a plan for permanence.

Priority actions:

- Increase practitioners' understanding and use of CAF assessment tool to prevent children from experiencing neglect.
- Embed use of Graded Care Profile within universal, early help services, and targeted and specialist services.
- Implement recommendations from the A Family Learning Review and develop means to measure impact on practice and children's experiences.
- Identify, from multi agency case file audits, examples of effective multi agency working in improving outcomes for children where neglect is a concern and implement multi agency practice clinics to support workforce development around responding to child neglect.
- Update the substance and alcohol misuse toolkit to aid assessments.

Outcomes:

By 31st March 2015 we will:

- Have an increased understanding of how many children we think are affected by neglect in Hartlepool.
- Have more knowledge of the issues that lead children to be neglected in Hartlepool.
- Have an increased understanding on how best to respond to the needs of children who are suffering neglect and use this information to inform workforce development plans.
- Improved practice and practitioner interventions with families at a much earlier stage.
- Be able to identify children receiving early help as a consequence of neglect and delivered interventions to prevent problems from becoming acute.
- See evidence of effective use of Graded Care Profile in universal, targeted, and specialist services to inform assessment, planning and interventions to support families for all children where there are concerns about neglect.
- Have improved joint working between agencies to reduce the impact of neglect and improve outcomes for children in all cases where there are concerns about neglect.
- Have a skilled and confident workforce who have a greater understanding of what neglect is and how it impacts on the physical, social, emotional, educational development and health of children and take action through targeted and specialist support to reduce continuation and severity of neglect.
- Have an updated substance and alcohol misuse toolkit and be ready to launch this with practitioners for implementation across the children's workforce.
- Have implemented learning from the A Family Review and be able to demonstrate how the learning has influenced practice.

Vulnerable, Exploited Missing, Trafficked (VEMT) children and young people.
Children are kept safe from the risks associated with running/missing from home/care and child sexual exploitation

What do we need to know?

- Effective collation of information on children who are at risk of or involved in CSE and be assured of the effectiveness of interventions to reduce risk.
- Know where and how children in Hartlepool are most at risk of CSE and target LSCB resources accordingly
- Data on patterns of running and missing from home/care
- Understand the reasons why children go missing from home/care
- How many children are receiving support to reduce their risk taking behaviours from early help and specialist services?
- What work is being undertaken to improve practice in responding to risk factors associated with VEMT?
- The quality and consistency of return interviews in identifying and addressing risks.

How will we know a difference has been made?

- Have identified, assessed and safeguarded more children at risk of CSE earlier in order to reduce their vulnerability and risk of further harm.
- Reduced the number of children who repeatedly go running/missing from home/care.
- Have obtained feedback from children identified as VEMT about what helped them make safer choices.
- Have been able to identify and disrupt alleged perpetrators or hotspots identified as contributing towards CSE.
- Annual Report on children who go running and missing from home/care to determine patterns and prevalence.

Priority actions:

- Effective implementation of CSE risk assessment tool for practitioners and update the running/missing from home/care procedure and Tees protocol and CSE procedures.
- Ensure return interviews are undertaken in accordance with statutory guidance and improve practice in relation to quality and consistency of return interviews to inform the delivery of services and commissioning intentions.
- Development of VEMT training to the workforce to increase awareness and understanding of the issues.
- Development of a regional cross boundary protocol for information sharing regarding children who go missing from care placed out of their home authority area.
- Development of a regional cross boundary protocol for information sharing regarding children who go missing from care placed out of their home authority area.

Outcomes:

By 31st March 2015 we will:

- Have a clear idea of how many children have been identified as at risk of or involved in CSE and if interventions in place to reduce risk have been effective.
- Have an understanding of why children go missing or runaway so we can work to reduce further incidents.
- Have evidence of use of the CSE screening tool by practitioners where children are identified as potentially being at risk of CSE.
- Children, young people, parents, carers and the public including licensed premises, takeaways, taxi firms, and hotels and B&B's will have an increased understanding and awareness of the indicators of CSE and will have reported any concerns.
- Have increased the numbers of return interviews undertaken and seen a demonstrable improvement to the quality of the interviews and how they are utilised to provide appropriate services and interventions to the child.
- Be assured of the effectiveness of risk management strategies for those young people deemed to be at high risk of VEMT.
- Have a cross boundary protocol in place for children looked after who go missing from a host authority and early indications of effective use in practice.
- Have more practitioners that feel confident in identifying children who may be at risk of being VEMT and will know what to do to ensure the individuals are safeguarded.

Domestic Abuse

Contribute to reducing incidences of domestic abuse and the impact this has on children

What do we need to know?

- How many children in Hartlepool are living in homes affected by domestic abuse?
- How many children living with domestic abuse are receiving support through common assessment and specialist services?
- How many children are referred to children's services due to concerns around domestic abuse?
- How many children become looked after due to domestic abuse?
- What services are available to support children experiencing domestic abuse? What do these services do? How do they help the child?
- The effectiveness of MARAC arrangements in identifying children at risk of harm due to domestic abuse and taking steps to ensure these children are effectively safeguarded.
- What skills do practitioners need to work with children affected by domestic abuse and how can we up skill the workforce?
- 'what works' when engaging and intervening with families where domestic abuse is a concern.
- How many repeated incidences of domestic abuse take place in households with children?

Priority actions:

- Develop a common understanding of what is domestic abuse and the harmful effects this can have on children.
- Review research materials and tools that have been developed to improve assessment, planning and support to families affected by domestic abuse to determine what can usefully be implemented locally.
- Increase school take-up of the healthy relationships programme, deliver a healthy relationships workshop to all Year 8 pupils in Hartlepool, deliver a targeted 'This is Abuse' campaign.
- Strengthen links and information sharing across all agencies with a responsibility towards children with the development of a North Tees Multi Agency Safeguarding Hub.
- Identify, from multi agency case file audits, examples of effective multi agency working in improving outcomes for children where domestic abuse is a concern and implement multi agency practice clinics to support workforce development around responding to domestic abuse.

How will we know a difference has been made?

- A reduction in the number of repeated domestic abuse incidences reported to the Police, Harbour and Children's Services.
- More children referred to services due to experiencing domestic abuse.
- Feedback from children about what support has helped them to feel safe.

Outcomes:

By 31st March 2015 we will:

- Have a greater understanding of how many children in Hartlepool are affected by domestic abuse and the impact this has on their social, emotional, developmental, educational wellbeing.
- Identified good practice in assessing and supporting families affected by domestic abuse and commenced a programme to implement learning across the children's workforce.
- Be assured that effective information sharing and joint decision making is leading to effective safeguarding arrangements for the child.
- Have empowered children in Hartlepool to make safe choices about healthy relationships and to speak out for help if suffering or witnessing domestic abuse.
- Have assurances that services provided to children and their families where domestic abuse is a concern are providing effective interventions and reducing the impact of harm caused by domestic abuse.

Performance Management

Ensure the effectiveness of the arrangements to safeguard and promote the welfare of children in Hartlepool

What do we need to know?

- Range and effectiveness of safeguarding activity within individual organisations
- Are HSCB partners fulfilling their statutory obligations?
- Effectiveness of local child protection procedures
- Is risk being effectively managed and reduced?
- What is the quality of safeguarding practice on a single and multi agency basis
- Are children and their families better off as a consequence of a safeguarding intervention?
- What we need to do to continuously improve local safeguarding practice?
- How effective is the HSCB training programme?
- What information should HSCB receive and how frequently to reassure itself of the effectiveness of local arrangements?
- Benchmark local performance against recommendations from regional and national SCR;s.

Priority actions:

- Develop and implement HSCB Performance Management Framework
- Determine the HSCB methodology for undertaking learning and serious case reviews
- Develop and implement a multi agency dataset linked to the Board priorities
- Implement Family A action plan
- Undertake multi agency case file and themed audit
- Agree and implement arrangements for reports on a single and multi agency basis on safeguarding activity
- Evaluate the effectiveness of HSCB training programme
- Undertake deep dive review of inter agency working where safeguarding has been highly effective
- Receive the views of service users to inform continuous improvement and service development.