

Inspection of safeguarding and looked after children services

Wokingham

Inspection dates **19 – 30 July 2010**
Reporting inspector **Brendan Parkinson**

Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:

- discussions with 23 children and young people receiving services, 30 parents and carers, front line managers, senior officers including the Director of Children's Services, the Chair of the Local Safeguarding Children Board, the Chair and Chief Executive of Berkshire West Primary Care Trust (PCT) and other health representatives from Royal Berkshire NHS Foundation Trust and Berkshire Healthcare NHS Foundation Trust, elected members and a range of community representatives.
- analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision, and the evaluations of a serious case review undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2010.
- a review of 25 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken.
- the outcomes of the most recent annual unannounced inspection of local authority contact, assessment and referral centres undertaken in September 2009.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements

Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Wokingham Borough has a resident population of approximately 40,500 children and young people aged 0 to 19, representing 25% of the total population of the area. In 2010 20% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall; 10% of pupils speak English as an additional language. Urdu and Panjabi are the most recorded commonly spoken community languages in the area; 1.4% of pupils are of black African background. There are 110 school age children from a Gypsy, Roma or Traveller heritage background who are currently in school and a further 27 who are educated other than at school.

5. Wokingham has 62 schools comprising nine infant, nine junior and 31 primary schools, nine secondary schools (reducing to eight from 2010) two special schools and two pupil referral units. Early Years service provision is delivered predominantly through the private and voluntary sector in over 400 settings; there is one local authority maintained nursery.

6. The Wokingham Children and Young People Trust was set up in 2003. The Trust includes representatives of Wokingham Borough Council and Berkshire West Primary Care Trust services. Other members include the Youth MP and Deputy Youth MP, and representatives from Thames Valley Police, Royal Berkshire NHS Foundation Trust, Job Centre+, Connexions, the Early Years Forum and local schools, the local third sector umbrella body and other partners. The Wokingham Safeguarding Children Board has been independently chaired since 2007, and brings together the main organisations working with children, young people and families in the area that provide safeguarding services. There are 35 in-house foster carers and 37 placements are commissioned in the independent sector. Community-based children's services are provided by a referral and assessment team and three area teams, supported by borough-wide teams for children in need, children with a disability, adoption, fostering and teams for looked after children and young people leaving care. There is a combined emergency out of hours service providing cover for Wokingham and five neighbouring local authorities, including cover for adult social care responsibilities. Other family support services are delivered through the developing Think Family team, Children's centres and extended services in schools. Integrated youth support services are delivered through the youth service, the youth offending service, sexual health outreach service, young people's substance misuse team and Connexions. A new management structure is being implemented from September 2010 that

will integrate delivery of area based youth, health and children's centres with the work of the neighbourhood teams.

7. At the time of the inspection there were 81 looked after children. This includes 16 children less than five years of age, 59 children of school age (five to 16) and six post-16 young people. There are 21 young people with care leaver status. Wokingham uses a virtual team approach in its support of the learning of looked after children. At the time of the inspection there were 46 children who were the subject of a child protection plan. This is a decrease over the previous two years. The largest category was neglect at 85% followed by physical abuse at 9%, emotional abuse at 4%. No children were registered under the category of sexual abuse.

8. The commissioning of national health services and primary care are carried out by Berkshire West PCT. The main provider of acute hospital services is The Royal Berkshire Foundation NHS Trust. Community-based specialist Child and Adolescent Mental Health Services (CAMHS) are provided by Berkshire Healthcare Foundation Trust. In-patient CAMHS is provided by the Berkshire Adolescent Unit. The Community Provider Unit of Berkshire West PCT provides community health services.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

9. The Joint Area Review, published in January 2009, found safeguarding provision to be inadequate. Following a direction by the Secretary of State, the Council chose to replace the entire senior management group of children's services in Autumn 2009. Since then substantial and rapid improvements in safeguarding services have been secured. Whilst these cannot yet evidence a sustained track record, improvements have nonetheless been achieved in many core areas of safeguarding practice and performance. These have included bringing practitioners under closer management oversight and ensuring lines of accountability are improved significantly. This determined management action has made a marked impact although establishing good quality performance management and monitoring arrangements at all levels has yet to be fully achieved. Quality assurance at an operational level is adequate, notably within the referral and assessment team where the database and case recording system has been improved. The focus and direction given by the external Improvement Board has supported Wokingham in achieving the improvements made particularly in key performance indicators. At present no safeguarding services are deteriorating.

10. The objectives and targets of the Children and Young People's Plan have recently been reviewed by the Wokingham Children's Trust which is now more appropriately targeting improvements through the increased engagement of partner agencies. However, detailed implementation is at an early stage. Whilst partner agency commitment is beginning to be apparent, though uneven, at a strategic level the Children's Trust has achieved agreement and support from partners to prioritise the targeting of resources and services towards those children and young people most in need in the area. Partnerships between statutory agencies are adequate overall and are characterised by co-operative and collaborative approaches at practitioner level with incremental improvements being achieved. A particularly positive development has been the rapid service improvement made in children's social care contribution to MAPPA and the increased capacity of Thames Valley Police to conduct child protection enquiries. Health commissioners have been responsive in this area with the appointment of a specialist nurse practitioner and specialist midwife for domestic abuse. Health partners and commissioners are aware of the need to build on those current positive partnerships. Health service managers work hard at improving performance in commissioning and governance.

11. Service users report that they are heard, and most that they are treated with dignity and respect. Children and young people and their parents and carers are routinely involved in child protection planning through core groups and reviews. In some of the cases examined the views of children and young people and their parents and carers have made a difference to outcomes. Their

contribution to strategic development is beginning to develop although it is not yet possible to identify significant impact. However, in health the implementation of the 'Juice' as a place for health consultation, advice and health promotion is a direct response to the views of young people. Many children's services users report satisfaction with the quality of current safeguarding services and acknowledge the useful support of behaviour and counselling support services. Basic ethnicity and identity characteristics are identified, though there is insufficient understanding of their meaning and impact in specific assessments and case plans.

12. Strategic and operational managers have achieved considerable success in tackling previously serious workforce difficulties within social care. A combination of manageable workloads, managerial support, and guaranteed continuous professional development along with targeted recruitment of practitioners with particular skill sets has enabled the area to achieve much in a brief period. Operational performance and quality assurance arrangements have improved markedly, although the resulting improvements in the quality of individual work remains inconsistent with a number of measures yet to be systematically established. Adequate supervision, support, guidance and direction for staff are now evident within children's social care. Health managers have been slower to respond to workforce issues and service provision. The current PCT leadership team have a clear development plan and have a review and development work programme to improve service provision. Development of the 'Healthy Child' programme later in 2010 is one example and there is an aspiration to use joint appointments to improve partnership working.

13. Core service funding allocations are confirmed by the council and there is substantial prioritisation of continued budget provision to deliver further improvements in children's social care services. However, the local authority has insufficiently detailed information on which to base its strategic service development plans. In particular the children's commissioning panel lacks sufficient focus in mapping current and emerging need and in developing a broader commissioning strategy.

Capacity for improvement

Grade 3 (Adequate)

14. The children's social care service has delivered a range of substantial and urgently needed improvements in the conduct of its core responsibilities in recent months. This has in part been driven by both the Improvement Board and peer review through the Local Government Improvement and Development (IDeA). Attention has thus far been given to achieving progress in relation to key performance indicators. The emphasis placed on these indicators has contributed to the uneven development in driving improvement through formal local arrangements – the Wokingham Children's Trust and the Wokingham Safeguarding Children Board. However the council acknowledges that the challenge is to move from reliance on external monitoring of performance to sustained internal improvement and scrutiny. The Wokingham Safeguarding

Children Board (WSCB) has commenced active promotion and awareness of safeguarding in the area, and is developing its leadership role although there remains some distance to travel in this regard. The Executive of the Board has begun to deliver more effective leadership. It has an appropriate membership of senior officers and an independent chair. However, more effective working relationships between the WSCB and the Wokingham Children's Trust are yet to be fully and firmly established though many senior officers are executive members of both. The Children's Trust is yet to deliver on its recently refreshed Children and Young Persons' Plan. Budgets are yet to be effectively pooled within and between agencies, and strategic joint commissioning remains some way off.

15. The council is providing stronger, more visible, leadership in protecting children. The requirement for further work is acknowledged and the planned strengthening of the children's overview and scrutiny function is yet to take full effect. Partner agencies increasingly demonstrate understanding of their key role in this regard. The contribution of primary health care services is not yet fully developed and a more sustained, productive relationship with the third sector is still being progressed. For example, while there is a lead health commissioner there is currently no designated doctor in post supporting improvements in both safeguarding and looked after children services. Similarly, although there is motivation and capacity to develop joint commissioning implementation is currently weak in some areas, notably in relation to meeting the emotional mental health needs of children.

16. Out of hours services do not provide adequate services for children and young people. It is accepted that more effective arrangements for ensuring that children are not unnecessarily detained in police custody overnight are required as well as the assured availability of forensic medical capacity for children suspected as having been harmed and that access to suitable local inpatient hospital care for 16-18 year olds with acute mental health needs to be strengthened.

17. The immediate safeguarding and child protection needs of individual children have, over recent months, been addressed within a considerably more assured operational framework. The pace and quality of improvement in this area of children's services responsibilities has been as impressive as it has been essential. Quality assurance and performance management systems are in place, most having been recently developed, although some are yet to be firmly established. Senior managers have been active in driving essential improvements and are aware that further improvements remain necessary, particularly in the quality of work undertaken. Improvements in the quality and content of case recording for those with child protection plans is evident, supported by a recently installed social care data and recording system although this single data platform is yet to be fully implemented across the council and the out of hours Emergency Duty Team. Access to, and take up of, basic inter-agency training are well embedded. Although this

is valued by practitioners, access and capacity to deliver more specialist training remains limited. There is some evidence of emerging improvement attributable to diversity and equality strategies. For example through the use of equality impact assessments and the corporate equalities steering group but the need for further improvement is acknowledged. Training provision and uptake in the trusts inspected have increased substantially over the past year. A large majority of the workforce have undertaken level one child protection training. Uptake of training by General Practitioners (GPs) has been good with the provision of focused and funded time last year. Many dental practitioners have not yet received training.

Areas for improvement

18. In order to improve the quality of provision and services for safeguarding children and young people in Wokingham the local authority and its partners should take the following action:

Immediately:

- Further improve the quality of initial and core assessments, focusing on planning the timely delivery of services and on specific outcomes for children in need of protection
- Health partners to ensure that out of hours emergency access to service provision enabling children in need of forensic medical examination and local in-patient mental health provision is met appropriately.
- The council and Thames Valley Police to minimise the need for children to be detained overnight in police custody.

Within three months

- Ensure that the council's scrutiny and oversight functions of children's services are fully established and effective.
- Ensure effective agreed joint commissioning arrangements, notably between the local authority and the commissioning arm of the Berkshire West Primary Care Trust are established.
- The PCT to ensure that dental practitioners are offered and undertake accessible safeguarding training.
- The Wokingham Children's Trust and Safeguarding Children Board develop clear specifications for commissioned services and engage more effectively with the voluntary and community sector.

- Improve the identification and assessment of the needs of young carers across the area, including through adult social care, with more effective implementation of their support plans.

Within six months

- Further improve multi-agency provision for prevention and early intervention using the common assessment framework (CAF).
- Child and Adolescent Mental Health services to implement planned service improvements to decrease waiting times and improve treatment outcomes for young people, particularly those children between 16 and 18 years and who are not in education.
- Wokingham Children's Trust and the Wokingham Safeguarding Children Board to improve coordination of respective plans and implement these effectively.
- Wokingham Children's Trust and the Wokingham Safeguarding Children Board to strengthen the links between quality assurance, performance management reporting and the development of joint commissioning.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe **Grade 3 (Adequate)**

19. Many case files examined provide evidence that the safeguarding needs of children are increasingly being identified at all stages of involvement, and are being more effectively addressed at the initial response stage. Interventions are becoming more effective in addressing identified risks of harm across a range of settings in social care and disabled children's services. Similar improvements are also noted in current CAF developments. Many partner agencies state that social care is increasingly responsive in identifying and addressing the safety needs of children. There is however recognition by managers that there are children in the area who until recently have had insufficient action taken in relation to their safeguarding needs.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe **Grade 3 (Adequate)**

20. Children's views are primarily obtained during reviews of their individual service needs. These are, however, yet to be fully taken into account and inform assessment and planning within the CAF, child in need and child protection arrangements. Although there is practitioner and managerial commitment to develop consultation with children and young people, and whilst some examples of improvement are noted, it is yet to become routine practice.

Children and young people interviewed say they feel safe, know how to access help and advice if needed and generally have more than one person they can go to if they have concerns. Surveys conducted show that almost all children who responded feel safe and inspections of services and organisational settings have been judged at least as adequate in this regard.

The quality of provision

Grade 3 (Adequate)

21. Substantial and effective improvements have taken place in the area of referral and assessment services. The threshold for referral to the child protection services is now appropriate and increasingly understood and accepted by many partner agencies having previously been inappropriately high. Many schools have commented on the significance of this in improving relationships with social care. However it is accepted that inter-agency improvements in consistency of approach to the interface between the CAF and children needing referral to social care services is yet to be achieved. The recent review of the CAF should assist in this regard. Communication and liaison between relevant agencies is increasingly effective at practitioner level although further improvements are acknowledged as being required between primary healthcare and children's social care services. Health visitors and school nurses consider that thresholds are still set high and report limited response from social care colleagues. Similarly it is acknowledged that a range of improvements are also required in out of hours emergency duty services across partner agencies to ensure children receive a consistently satisfactory level of service, at least in line with that during the daytime: for example in forensic medical examination capacity, suitable acute local adolescent mental health provision, and in reducing significantly the numbers of children subject to overnight detention by the police.

22. Child protection referrals are now appropriately prioritised and allocated promptly. Child protection investigations are timely and always conducted by qualified and, increasingly, by experienced social workers. Strategy meetings are timely and result in clear decision-making, although the police acknowledge that a capacity shortfall within the Child Abuse Investigation Unit (CAIU) has impacted on their ability to undertake all appropriate investigations jointly. A substantial increase in the capacity of the CAIU has been agreed which inspectors were told will take effect immediately. Improved arrangements are in place to identify, trace and recover children and young people missing from education, home or care.

23. The arrangements for meeting the mental and emotional needs of vulnerable children and young people in a timely way are inadequate, specialist Children and Adolescent Mental Health Services (CAMHS) provision has been restructured and capacity issues, whilst considered, have not resulted in clear agreement regarding the adequacy of provision. Since the recent restructuring children have been offered an initial appointment within an 18 week target. However, intervention is reported by partners as being of variable quality when provided. A new draft service specification has been drawn up but it remains

unclear whether there is sufficient service capacity to deliver this. Despite this consultative support to other professionals in meeting and supporting their service users' therapeutic needs has been welcomed by some social work practitioners.

24. Although some recent improvements are noted, assessment of children's needs remains inconsistent. Many assessments contain an inadequate analysis and evaluation of strengths, vulnerabilities and the impact of chronic emotional and neglectful parenting, on children. There is evidence of good managerial involvement and ownership of work particularly in the early stages of intervention. However, child protection plans are of variable quality, with those not within legal proceedings being less well focused. There is often a lack of precision in assessments and plans as to how risks will be reduced within specified timescales for children. Children subject to child protection plans are visited regularly and are seen alone by social workers, although the purpose of these contacts is insufficiently clear with regard to the agreed protection plan. Partner agency involvement in plans is variable, though some good examples of effective coordinated and sensitive involvement are evident. The quality of recording is also variable although it is generally up to date. The transition to a single electronic recording system is in train; the current dual system is not appropriate and does not ensure a reliable single source of information or ensure that sufficient data on children is available to the out of hours service.

Leadership and management

Grade 3 (Adequate)

25. The council provides strengthened and visible leadership to protect children. Whilst senior managers have, necessarily, focused on the establishment of safe practice in social care, there has been significant improvement in the engagement of key elected council members, through emerging children's services overview and scrutiny arrangements. The role of partner agencies is developing' through improved engagement though further work is acknowledged as required. Substantial and rapid improvements have been made in ensuring up to date procedures and policies are now in place across all agencies. Increasingly robust lines of accountability have been improved in all parts of children's social care but these arrangements have yet to become fully effective in all parts of the service. Senior and other operational managers have also achieved considerable success in addressing the wide range of workforce problems in social care. A broadly based workforce strategy has been highly successful to date, with almost no agency social workers being employed, although several social work staff are on fixed term contracts. Attention continues to be focused on improving stability and the skill base of practitioners, as well as developing sustainability in relation to developing the next generation of social workers and first line managers. Robust child protection supervision is in place in health trusts with named professionals having a high profile. The team of named professionals meet regularly to share information and develop best practice. Staff express confidence in the named

professionals' support, although the lack of a designated doctor is a notable gap.

26. Performance and quality assurance arrangements have improved although the resulting improvement in the quality of individual work remains inconsistent and some mechanisms are yet to be systematically embedded as routine managerial practice in all teams. Adequate supervision, support, guidance and direction for staff are increasingly evident within children's social care. Almost all staff in children's social care express high regard for, and confidence in, senior managers to establish safe working environments and promote the continued professional development of the workforce.

27. Child protection case work is suitably allocated and is reviewed in a timely way. Workloads are manageable across all social care teams including for those practitioners working with disabled children. Staffing resources are sufficient to meet need although resource re-distribution is a likely future consideration as the council adjusts to a changing needs profile and the implications of strategic developments towards prevention and early intervention. The needs and vulnerabilities of young carers are not consistently identified and services are not consistently applied, particularly where children undertake extensive and/or intimate care responsibilities for a parent, potentially impacting on their potential development.

28. Children and young people and their parents and carers are routinely involved in child protection planning in formal settings, such as child protection core groups and reviews. In some cases the views of children and their parents and carers have made a noticeable difference to outcomes. Many service users report satisfaction with the quality of safeguarding services, acknowledging some good support provided by behaviour services and some of the counselling provision. There is an improving emphasis on the involvement of children and young people in service development, although this aspiration is yet to deliver tangible improvements. Health surveys regularly consult users leading, for example, to improvements in access to maternity services. Some service users report that their wishes and feelings are heard, although most say that they are treated with dignity and respect. There is adequate recording of ethnicity, culture, identity, religion and language although the likely impact of these issues on the way services are delivered is less well recognised.

29. Partnerships are adequate overall with some good levels of operational working. There is emerging evidence of partner agency commitment at strategic levels with the Thames Valley Police particularly noted. This is based on extending the professional relationship, not just at practitioner level but through the respective agencies up to head of service level. This has produced substantial improvement in service accessibility, timely communication, clear individual outcomes, as well as extended information, data and intelligence sharing. This has extended to further planned developments to identify and support those experiencing Domestic Abuse. Improvements have been supported, particularly through a range of specialist posts (including the

recently appointed domestic abuse practitioner and specialist midwife) and plans to 'triage' all episodes notified to the police in order to be more effective in targeting services. Staff in Accident and Emergency (A&E) report improved partnership working.

30. The contribution of primary healthcare across a range of services is insufficiently robust. Clear systems are in place for recognising and flagging risks in the acute health care setting. However, such systems are not in place in many community service areas. For example GP's, dental practitioners and mental health services would not necessarily be aware if a child had a child protection plan. A lack of suitably qualified nursing staff in A&E has been identified with additional children's nurses being employed later in 2010. There is also a shortage of middle grade medical staff and the acute trust is recruiting emergency nurse practitioners to fill this gap. Young people who self harm are admitted for their own safety and are appropriately referred to CAMHS to manage risk. Young people 16 - 17 years have no local alternative provision out of hours to being admitted to an adult ward. Presenting individuals are risk assessed by the on-call mental health doctor. There is currently no local provision for forensic medical examination of children suspected of being sexually abused. An interim arrangement is in place and the trust is in discussion with the Strategic Health Authority (SHA) to ensure more appropriate provision. School nurse capacity and skill mix is limited. The vaccination programme has been delivered and is up to date and some health promotion has continued with support to teachers on request, and continuing to provide health education and support in special needs schools. Vacancies in school nurse and health visiting teams have led to targeted service provision only and no time for the universal services of health promotion and prevention.

31. Whilst the area has not conducted any serious case reviews recently it has contributed an individual management review to that of an adjacent area. The learning from this was judged to be adequate with good analysis and an extensive and appropriate range of recommendations which have been disseminated to practitioners across partner agencies by WSCB.

32. Resources are currently sufficient to deliver statutory requirements. While there is a focus on the core elements of financial and budgetary planning children's services has yet to develop a more sophisticated strategic approach in linking budgets, service developments, and shared partner and corporate objectives. A recently developed commissioning panel has a future role in developing its focus to aggregate need and a better contribution to a broad purchasing and commissioning strategy.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (Adequate)

33. Managers have made improvements in service provision and no services for looked after children are deteriorating. The recent creation of a looked after children team in social care with the aim to provide children in medium and long term care with safe, stable upbringings is appropriate. It is positive that it will include services for those leaving care. The refresh of the Children and Person Plan 2010-2013 has identified the need for important improvements, stating that looked after children are now a priority group of children for the Children's Trust partners. There are some important contributions made by partner agencies in supporting the health needs of looked after children and improving their educational attainment and ambition. However, the former is diminished by capacity difficulties in some areas, notably CAMHS provision, in which looked after children are not identified as a priority group as well as the limited capacity of the looked after children nurse. Sustained, universal support and encouragement for the looked after children nurse is yet to be achieved across the area. This is an important weakness as Wokingham continues to have a large proportion of its looked after children cared for a considerable distance outside of the Borough as well as living in residential care.

34. Systematic quality assurance and performance management processes are now in place with additional resources and are effective in ensuring compliance with statutory requirements. The quality of case planning is also beginning to improve and there is less drift and greater placement stability. Pathway planning for care leavers has been inconsistent and rudimentary at times, although the leaving care team are now producing better quality plans. Establishing a new organisational framework has supported improved management oversight, gate-keeping and allocation of resources for looked after children. This improvement has included the creation of the Children's Service Commissioning Panel which oversees the key role of individual planning and placement commissioning. The panel is still in the early stages of implementation and has yet to look beyond the needs of individual children. Systems to enable the views of looked after children and care leavers to contribute to the evaluation and development of service effectiveness are being developed, although in significant areas there remains much work still to be done.

35. Staffing resources are sufficient to deliver service priorities. Workloads are manageable with evidence of a gradual improvement in skill and expertise mix amongst the staff group. Processes for recruitment of social workers are sound and improved retention of social workers has been achieved over recent months. Management supervision is now regular, appropriate to levels of experience, more focused on guidance and support and valued by most social workers. Knowledge, learning and development meet the development needs of

most social workers; access to post-qualifying training is good and support packages for staff undertaking individualised continuing professional development are increasingly effective.

Capacity for improvement

Grade 3 (Adequate)

36. Some significant changes have been implemented over a relatively short time. These have begun to bring improvements through focusing on quality assurance and performance management. Whilst these have improved service provision, further work is needed to ensure that the quality of assessment and direct work are improved, care planning for looked after children is more effective and drift within the care system is avoided. Those responsible for the leadership and management of services for looked after children and care leavers have identified a range of improvements that are currently being sought. The children's services leadership team acknowledge that the position of the service is embryonic in terms of the development of its quality assurance processes. Arrangements to enable the views of looked after children and care leavers to contribute to evaluating and developing the effectiveness of provision are under-developed and much work remains to be done particularly making a reality of both the Pledge and the Children in Care Council.

37. The recent establishment of the Children in Care Team has already led to some service improvements and a greater awareness of where future priorities lie. Pathway planning and an improved approach to transition into adulthood are accepted as areas requiring significant further improvement. Services to disabled children are managed outside children's social care and, whilst appropriately multi-agency in nature, are yet to benefit from the full range of improvements being made within the social care teams. The analysis and use of aggregated information for planning, forecasting and a more sophisticated approach to commissioning are developments yet to take place through the Children's Service Commissioning Panel.

38. Services for children on the edge of care are adequate and improving. The impact of the prevention framework through the CAF and the use of a Team Around the Child (TAC) approach has been slow in development, though recently emerging more strongly, particularly within a number of health and school settings. A review carried out on behalf of the Children's Trust, completed in June 2010, has identified a range of further necessary improvements. It is acknowledged that key partner agency engagement requires further development to ensure a smooth transition particularly where children's needs indicate more targeted specialist services. This is important for children on the cusp of care, or as part of a rehabilitation plan. Sustained primary healthcare service engagement is also essential, particularly in ensuring that continuity of function is assured, for example, in relation to the designated doctor and clinical psychologist roles, as well as sufficient capacity of the role of the looked after children nurse.

Areas for improvement

39. In order to improve the quality of provision and services for looked after children and care leavers in Wokingham the local authority and its partners should take the following action:

Immediately:

- Ensure that practice within the disabled children's team is consistent with current requirements and statutory guidance for children in need of accommodation and maintenance.
- Improve the quality of assessments and focus on planning for the timely delivery of services and identification of outcomes for children looked after.

Within three months:

- The PCT to ensure primary healthcare capacity is appropriate for looked after children through the availability of a designated doctor and a review of looked after children nurse capacity.
- The PCT to ensure that looked after children are identified as a priority group and have good access to mental health support and counselling services.
- Prioritise the commissioning and provision of family based looked after placements close to children's home communities.
- Ensure timely and realistic pathway plans are in place, particularly ensuring transition to employment, further education or training, as well as to adult social care services, where appropriate

Within six months:

- Increase the impact of the council's corporate parenting responsibilities in conjunction with partner agency services.
- Improve the integration of needs and cost analysis in commissioning placements for looked after children.

Outcomes for children and young people

40. The health of looked after children is adequate. Initial health assessments are undertaken in a timely manner with almost all completed within the time frame. They are, however, completed by a range of practitioners with no or limited specific training, leading to variable quality. The looked after children nurse has direct personal involvement with children both locally and with a number beyond the PCT boundaries, although there is limited capacity to carry

out this role. The service has seen improvement in 14 plus age group engagement and attendance at review health assessments through an increasingly flexible approach to seeing young people. Weekly meetings with care leavers at a lunch club with the looked after children nurse and other professionals support the development of a consistent, trusting relationship. Whilst there is adequate support for speech and language therapy, there is no preventative work being provided around emotional health and well being. Young people's mental and emotional health needs are not being prioritised or met in a timely manner. There remain concerns about both capacity and prioritisation of these needs despite the recent reorganisation of the service and a new draft specification for commissioned services. Drug, alcohol and sexual health prevention services are actively promoted. There is good representation of health professionals in the drug and substance misuse team, through the presence of the looked after nurse as well as a primary mental health worker who assists team members in the management of relationships with the young people.

41. There are adequate arrangements for looked after children to stay safe. Almost all live in stable and appropriate placements that provide generally good quality care and support. Looked after children and care leavers report feeling safe in their placement. Placement quality is regularly monitored by both placing social workers and reviewing officers. A range of services for looked after children support placements and aim to prevent breakdowns or placement disruption. Foster carers are provided with additional training and support from health services as required. The arrangements to address allegations against carers are adequate. The local authority designated officer (LADO) is active in this respect, directly linked to the advocacy worker and complaints arrangements. There is a good approach to prioritising and supporting special guardianship for children. However, delay has been noted when placing some children with family and friends in ensuring that safe caring responsibilities have been ensured at an early stage, for example the timely acquisition of Criminal Record Bureau (CRB) checks. Looked after children also report that where they have expressed concerns about their safety previously these have been quickly addressed. Looked after children have a suitably qualified social worker allocated who visits regularly and consults children about their wishes and feelings although the frequency of staff changes undermines the ability of some young people to form longer term trusting relationships with their worker.

42. Services to enable looked after children to enjoy and achieve are adequate overall. Partnership working to raise the aspirations and attainment of looked after children and young people is improving and outcomes in terms of educational achievement are in line with national figures, although numbers each year are small and rates of attainment subject to variation. The role of the virtual headteacher and looked after children team have helped to raise the profile of looked after children. The progress of each child at school placed both within and outside of Wokingham is effectively tracked and recorded. This data is, however, not used by the council to benchmark the progress made by looked after children relative to the overall standards achieved by all children

and young people in the Borough. As a consequence under-performance is neither systematically recognised nor challenged. This is recognised by the council and action is being taken to strengthen the school improvement partner role to enable greater consistency in the challenge to schools. Action to reduce exclusions is good and attendance is effectively monitored by the Children's Trust with targeted interventions improving attendance rates for individual pupils. Where children have had to move placements they report that priority has been given to maintaining their existing educational placement where appropriate. A number of children are in placements which are designed specifically to meet their care and educational needs. The plans made by other external placement providers adequately promote children's learning needs. Effective use is made of personal educational allowances and other targeted funding to meet needs, such as one to one tuition, the provision of laptops and individual support. There is, however, inconsistent recording of educational needs on social care files. In particular the needs of some children with special educational needs are not clearly explained and, as a result, some reviews of progress are inadequate.

43. Arrangements for looked after children to make a positive contribution are adequate. Positive interventions by the youth offending service are good with the rate of looked after children entering the youth justice system continuing to be low. Children have personal education plans with the majority recording some relevant contextual information. It is not always clear, however, how their contribution has led to specific improvement in outcomes. Children and young people's views are not gathered systematically or used to inform service developments in either health or social care. Only one young person interviewed had participated in any formal consultation with the council about service delivery. Children and young people were positive about independent reviewing officers (IROs) and speak positively about the children in care awards. There are good examples of where targeted funding has enabled looked after children and young people to participate in leisure and other activities. A specific post within the youth service for looked after children actively supports the improvement of partnership working. However short, medium and long term targets for the aspirations of individual children within their Personal Education Plans still require improvement. There is no evidence that alternative means of communication are used to ensure the participation of those children and young people with special educational needs.

44. The impact of partnership working to support and improve care leavers economic well-being is adequate. The quality of pathway plans is inconsistent and responsibilities have not always been fully understood by practitioners. There has been a recent overview of all currently eligible young people with the aim of ensuring that improved arrangements are in place. Some good examples are noted where young people most likely to be at risk of not being in sustainable further education, training or employment (NEET) have been targeted, particularly through support from a dedicated Connexions personal adviser. Transition planning for looked after children with learning difficulties and/or disabilities receiving services is not sufficiently effective and these are

not always regularly evaluated to ensure smooth transition to adult services and further education, employment or training. Most care leavers have access to decent, affordable and permanent accommodation and there are no young people in bed and breakfast accommodation.

The quality of provision

Grade 3 (Adequate)

45. The profile of looked after children and care leavers is known and managers are aware of changes over time, although the numbers are too small to support any extended analysis of trends and variations. Individual placement commissioning arrangements ensure that looked after children live in good quality placements, but further work is required to ensure that best value for money is achieved. Children and young people are accommodated in good quality placements where the majority of their needs are well met and there are very few unplanned changes of placement. There is variable support from statutory partners, although some examples of coordinated, sustained intervention are noted. The higher quality of commissioned placements has been of particular benefit in ensuring that care plans are fuller and many identified needs are being met, especially where children are placed a long way from Wokingham. The proportion of children placed for lengthy periods outside Wokingham, and often at considerable distances from the area, is too high. Children's Services have acknowledged that further efforts are required to return some of these children, for whom it is in their best interests and with their agreement, and to commission more localised placements. Similarly the area should focus on reducing, at an appropriate point for each child, the numbers of those children in residential care.

46. Many assessments are too descriptive and lacking in analysis. They fail to demonstrate adequately how key background factors, including identity and cultural issues, have been used to inform assessments. The use of core assessments to identify need and direct care planning is not well embedded across children's services and the quality of care plans consequently remains variable. Recent auditing by IROs has begun to introduce challenge into care planning, although this is at an early stage. Few care plans contain evidence of robust contingency planning. Reviews are consistently held within statutory timescales. Some disabled children exclusively receiving residential education as a service are also identified as looked after children. This practice should be reviewed to ensure compliance with guidance differentiating between children assessed as requiring continuing looked after children services, from those needing short breaks, and those benefitting from other children in need services.

47. Looked after children and care leavers are aware of how to complain and they have access to a small but energetic advocacy provision, managed appropriately within the same part of the service as the LADO. There is evidence that children are regularly seen and that the views of children are consistently sought by IROs and the looked after children nurse. There is also

some evidence that these views are sometimes influential in making a difference to care plans and outcomes for children. An observation consistently made by looked after children and their carers is that frequent staff changes undermine the ability of a number of young people to form longer term trusting relationships with their social worker. It has been fortunate that so many placement providers have been of good quality and have ensured compensatory stability of relationships with children.

48. File recording is generally up to date, and in many cases is comprehensive. Supervision is regular and increasingly focused. Audit and review activity increasingly underpins and, in some cases, drives performance improvement. Where legal advice is sought, this is appropriate, and it is clear that involvement within the framework of the Public Law Outline provides a necessary focus and impetus to the implementation of assessments and permanency planning. Such legal advice is active, assertive and identifies next steps within clear, suitable timescales. There is also evidence that effective support has been put in place to enable some children to return home where appropriate.

Leadership and management **Grade 3 (Adequate)**

49. The current children's services senior management team provides stronger, more visible leadership to safeguard looked after children and care leavers. Within recent months more effective lines of accountability, additional specific service manager posts, and an integrated structure have all been established and these have begun to secure improved outcomes for increasing numbers of looked after children. Good quality placements are frequently secured. However the local commissioning of services for looked after children and care leavers, including joint agency funded arrangements, remains under-developed. Whilst there is evidence of some good practice, the impact overall of partner agencies in general, and the local authority as corporate parent in particular, is limited. The Corporate Parenting Board has the ambition to become more effective champions for looked after children. It has undertaken a review of current arrangements, supporting the development of the Children in Care Council, and invited looked after children to join the Corporate Parenting Board. The board has also commissioned a series of training events designed to enable them to better understand the needs of looked after children. Through these initiatives corporate parents aim to develop a secure base from which to better hold services to account. Currently much of this remains aspirational.

50. Performance targets are met and achievement is in line, and in some cases better than, similar areas and/or with national figures. The service has begun to identify weaknesses in service delivery and has taken action to improve performance and outcomes in many areas. It is acknowledged by senior managers that the quality of social work assessments and direct work with children and young people needs improvement. Some action has been taken in this regard but sustained further work is needed before assessments and planning become of a consistently good enough standard. Processes to ensure

that safe recruitment and commissioning comply with statutory minimum requirements and that the service takes robust action where performance concerns are in place. Training and staff development arrangements are in place to support sufficient capacity and to enable staff to acquire more specialist skills, such as the promotion of attachment in children and use of specific questionnaire schedules to deliver service priorities for looked after children and care leavers. There is some evidence of positive impact on outcomes.

51. In general service users report that they are satisfied with the quality of services that they receive, and confirm that they are treated with dignity and respect. However, a consistent concern is raised regarding the number of social workers individual children have had allocated to work with them in recent years, and the negative impact that this has had upon their relationship with, and trust in, their social worker. The profile of children has been used in a limited way to inform some service planning and delivery: for example, foster carer recruitment has led to an increasing number and, consequently, a more diverse pool of foster carers. Whilst background factors including culture, ethnicity and religion are usually recorded on children's files these are not then consistently taken into account within assessments and so are likely to have a limited impact on services commissioned and delivered. A number of participation and consultation events have been held and these have led to improvements for some children and young people. However, there is still much work to do before the views of children and young people are used systematically to inform strategy and service development. In particular a clear focus and much energy are required to ensure that looked after children are meaningfully engaged with their corporate parents.

52. There is increasingly positive inter-agency support for, and focus on, children on the cusp of care. This is notable amongst front line community health practitioners and many schools. However, specific partner agency prioritisation and support for looked after children is inconsistent. This is particularly noted in an insufficient prioritisation of looked after children in CAMHS, inconsistencies arising from GPs conducting initial looked after medical examinations without specific training, and the failure to fill vacant roles of designated doctor and specialist clinical psychologist working from the Oaks Centre (providing counselling and behaviour management support, particularly for children in care). There is good access to inter-agency safeguarding training and appropriate practitioner contributions are often made to looked after children reviews. Some cross-boundary partnerships are also in place and are effective in improving outcomes. Children's Services commissioning of the Berkshire Adoption Advisory Service has helped to ensure that suitable adoption matches are made and facilitate access to good post adoption support services. Despite these individual initiatives further work is needed to ensure that there are secure multi-agency partnerships to commission and deliver more local services for looked after children and care leavers with high levels of need.

53. Good quality services are purchased and placements for looked after children are made with services where their needs are met. This has led to many strong outcomes not least with regard to placement stability. Funds are made available to secure the most appropriate individual placements and in purchasing additional services where needed. The establishing of the Commissioning Panel within children's services, since November 2009, has delivered more effective oversight and challenge to individual practitioners and is beginning to ensure that improved value for money is achieved. Further work is required to ensure that the work of this panel is firmly linked to the contracting and commissioning arrangements for the area to ensure delivery of desired outcomes, at best value.

Record of main findings: Wokingham

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Adequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
Quality of provision	
Service responsiveness including complaints	Adequate
Assessment and direct work with children and families	Adequate
Case planning, review and recording	Adequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Adequate
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Adequate

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Outcomes for looked after children and care leavers	
Being healthy	Adequate
Staying safe	Adequate
Enjoying and achieving	Adequate
Making a positive contribution	Adequate
Economic well-being	Adequate
Quality of provision	
Service responsiveness	Adequate
Assessment and direct work with children	Adequate
Case planning, review and recording	Adequate
Leadership and management	
Ambition and prioritisation	Adequate
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Adequate
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Adequate
Equality and diversity	Adequate
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