

Inspection of safeguarding and looked after children services

Royal Borough of Windsor and Maidenhead

Inspection dates: 5 – 16 March 2012

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 children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, 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 87 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, referral and assessment services undertaken in August 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Berkshire, which consists of the NHS Berkshire Primary Care Trust cluster, Berkshire Healthcare NHS Foundation Trust and Heatherwood and Wexham Park Hospitals NHS Foundation Trust.

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. The Royal Borough of Windsor and Maidenhead has a resident population of approximately 36,064 children and young people aged 0 to 18, representing 25% of the total population of the area. In January 2012, 30% of the school population was classified as belonging to an ethnic group other than White British, compared to 22.5% in England overall; 16% of pupils speak English as an additional language. Punjabi and Urdu are the most recorded commonly spoken community languages in the area; 7% of pupils are of Pakistani background and 5% of pupils are of Indian background.
5. The Royal Borough of Windsor and Maidenhead has 64 schools comprising 45 primary schools, 13 secondary schools (including four middle schools), three nursery schools, one special and two short stay schools. Early years service provision is delivered through the private, independent and voluntary sector in over 78 settings; together with the local authority maintained nursery schools and classes.
6. The Royal Borough of Windsor and Maidenhead Children and Young People's Partnership (RBWMCYPP) (formerly the Children's Trust) was set up in 2008. The Partnership includes representatives of Royal Borough of Windsor and Maidenhead Council and NHS Berkshire. Other representatives include Thames Valley Police, other statutory agencies, representatives from the community and voluntary sector, and representatives of local schools and colleges. The Royal Borough of Windsor and Maidenhead Safeguarding Children Board (RBWMSCB) became independently chaired in 2006, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. Social care services for children have 44 foster carers, no children's homes and 42 externally commissioned services. Community-based children's services are provided by a single referral and assessment team and a children in need team, supported by borough-wide teams for family support, children with a disability, youth offending, adoption, fostering and teams for looked after children and young people leaving care. There is an emergency out of hours service providing cover for Royal Borough of Windsor and Maidenhead as well as five other Berkshire Unitary Authorities. Other family support services are delivered through nine children's centres and extended services in schools.
7. At the time of the inspection there were 98 looked after children. They comprise 19.8% (19) children less than five years of age, 67.7% (65) children of school age (5–16), 12.5% (12) post-16 young people and a

total of 72 with care leaver status. The Royal Borough of Windsor and Maidenhead uses a virtual school approach in its support of the learning of looked after children. At the time of the inspection there were 89 children who were the subject of a child protection plan. This is an increase over the previous two years. These comprise 42 (47.8%) females and 47 (52.2%) males (11 were unborn children). Some 36.7% (33) of these children are aged under 5, 43.3% (39) are 5 to 11 and 20% (18) are 12 years or older. The highest categories of registration were emotional abuse at 42.2% and neglect at 41.1%, physical abuse at 8.9% and sexual abuse at 5.6%, and multiple categories at 2.2%.

8. Commissioning and planning of national health services and primary care are carried out by NHS Berkshire, which consists of the former Berkshire East and Berkshire West Primary Care Trusts (PCT) working together as an NHS Cluster. The main providers of acute hospital services are Heatherwood and Wexham Park Hospitals NHS Foundation Trust, with some paediatric facilities also provided through St Marks Hospital, Maidenhead. Universal community health services (health visiting and school nursing) are provided by the Berkshire Healthcare NHS Foundation Trust, as are child and adolescent mental health services (CAMHS). For children with learning disabilities and difficulties and who have complex health needs, services are also provided by Berkshire Healthcare NHS Foundation Trust.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

9. The overall effectiveness of safeguarding services is adequate. The local authority and its key partners have made some progress and improvements in identifying, enabling and monitoring targeted and specialist services for safeguarding children and young people. The safeguarding and protection of children from harm has been a clear commitment and priority at all levels of key partner agencies. This is robustly expressed in the priorities of both the Children's Partnership Board (RBWMCYPP) and Local Safeguarding Children Board (RBWMSCB). Ambition is clearly articulated and performance is extensively monitored, with a range of indicators showing achievement at least in line with similar areas, although more progress is needed towards improved qualitative evaluations of the impact of services. Priorities are identified and acted upon, although the pace of achieving necessary improvements requires increasing.
10. Arrangements for the overview, scrutiny and the championing of the safeguarding needs of children are well evidenced with the necessary commitment from local authority elected members in place. Challenge and support are provided in appropriate measure. The commitment to sustaining the funding of specialist social care services has been achieved over recent years, although demands have increased in each of the last five years. A good example of constructive and necessary investment has been in achieving a qualified and stable social worker workforce. Performance management and quality assurance arrangements are focused on quantitative monitoring, although the accuracy of some performance data, the timeliness of assessments for example, is not assured. Quality audit activity takes place frequently with managers sampling work as well as thematic audits being undertaken. Some audit tools emphasise compliance with processes rather than on the achievement of outcomes, although there have been recent improvements.
11. There is an emerging commissioning culture, and the local authority is driving forward the improved targeting of early intervention services. The recent focus on reviewing the role and function of children's centres exemplifies the commitment to this. There have been some improvements in the past year in giving a better focus to services commissioned from the voluntary and community sector. However attention is needed to ensure a more timely delivery of contracting arrangements to enable the sector to offer sustainable services. Improvements are required in the quality of risk assessments from the police in relation to notifications of incidents, particularly those concerning domestic violence. Improvements are also needed to ensure the full participation of universal health practitioners and

of all schools in undertaking the role of lead professional within the agreed early intervention framework provided by the common assessment (CAF).

12. Operationally, children's social care services fulfils its lead role in protecting children and is well supported by almost all partner agencies in undertaking child protection enquiries. Performance in most key aspects of child protection has shown improvement over at least the last two years. Children most in need of protection are identified and their needs are recognised in a timely way. All key partner agencies understand the thresholds for referring concerns about children. Immediate risk is assessed in conjunction with core statutory agencies and protective action takes place when needed. Significant improvements are noted in the performance of the pan-Berkshire out of hours (emergency duty) arrangements, with effective communication and assured activity between services.
13. The quality of assessments and plans is acknowledged by managers as variable. Operational managers and reviewing officers do not consistently provide effective oversight and monitoring of performance, or a focus on timely, evidence-based implementation of plans. While there is evidence that the views of children are routinely sought, there is limited evidence of the impact of these views in most individual plans. Parents spoken with during the inspection expressed variable views about services received. Those who particularly valued the services provided were those with children who have learning difficulties or disabilities. While ethnicity and communication needs are mostly accurately identified and prioritised, the impact, strengths and needs of culture and diversity are inconsistently evaluated. Lines of accountability are clear for all and practitioners in social care express high regard for their immediate managers. Policies and procedures are appropriate in safeguarding children and staff and partner agencies have access to sufficient training, with a recent and particularly strong emphasis on communicating messages from serious case reviews.

Capacity for improvement

Grade 3 (Adequate)

14. Capacity for improvement is adequate. A solid platform has been established through the refreshed strategic frameworks and plans for developing and monitoring coordinated service improvement. The RBWMCYPP and RBWMSCB have, over the past year, adopted more targeted approaches enabling clear prioritisation towards safeguarding children. Supported by the updated Joint Strategic Needs Assessment (JSNA) the area is in a potentially strong position to drive further service improvement. A number of key partner agencies, notably Thames Valley Police and the PCT, face additional challenges in working across several local authority boundaries, making coordinated and timely agreements and activity proportionately more difficult to achieve. Improvements have been achieved across a range of performance indicators, although more targeted qualitative and evaluative approaches are still needed to fully

understand what is working, or where greater efforts are required. While the pace and focus of service improvement has increased, senior managers recognise that this still needs to be increased further in order to drive further outcome-related improvements.

15. Improvements identified as required in previous unannounced inspections have resulted in some changes although some elements are yet to be fully addressed, for example the under-development of the Common Assessment Framework (CAF). Capacity in children's social care, and the recent commitment to maintaining investment overall in early intervention services, are sufficient to meet current needs. However, if demand continues to rise as it has consistently done in recent years, this is likely to pose significant pressures and challenges to this capacity. Partner agencies express continued commitment and support for the safeguarding priorities of the area with sufficiently senior officers contributing to both the RBWMSCB and the RBWMCYPP. They each have their own challenges, which have led to reduced attendance by some schools and health community representatives at the RBWMSCB. A vibrant voluntary and community sector, with local organisations delivering valued and flexible services are well supported through new commissioning arrangements, but require further support through improved and assured contractual arrangements to enable business continuity and planning beyond the short term.
16. There is an extensive array of data monitoring systems, along with an increased use of practice audits. These have been further supplemented recently by a framework of regular senior manager meetings, with tight reporting requirements, throughout the local authority and across a wide spectrum of indicators and targets. This is valued by members and senior officers as a mechanism for understanding and scrutinising areas of risk and comparisons with statistical neighbours. Operational performance management and quality assurance is, however, less robust and the move toward outcome focused measures is yet to be achieved. This requires a stronger focus on qualitative measures.
17. There is currently sufficient and stable capacity in social care to address current needs and risks. Management oversight of work and supervision in social care is consistently undertaken although records do not always direct activity to ensure timeliness of completed assessments, or drive the implementation of plans. Current workloads are manageable, although there has been a sustained increase in the volume and complexity of work within the referral and assessment part of the service and with court proceedings. This relates to a legacy of some children who had previously not had their safeguarding and protection needs sufficiently, or sustainably, addressed earlier in their lives.

Areas for improvement

18. In order to improve the quality of provision and services for safeguarding children and young people in the Royal Borough of Windsor and Maidenhead, the local authority and its partners should take the following action.

Immediately:

- ensure that operational managers, particularly those within children's services and across the health communities, exercise sufficient oversight and provide robust direction as well as support to practitioners in the implementation of child protection plans

Within three months:

- ensure assessments of need contain a robust analysis of risks as well as social, emotional and developmental needs of children, and that the quality of these are overseen by the respective managers in children's services and local health agencies
- ensure that child protection plans are sufficiently detailed, time bounded and are objective related, along with clear contingency arrangements
- develop safeguarding specific performance information systems sufficient to support managers within children's and health services in evaluating the achievement of objectives, targeting priorities and in monitoring compliance with expectations
- ensure effective commitment from all members to enable the Local Safeguarding Children Board to operate to greatest effect as a champion for the safeguarding of children in the area
- ensure ambitious drive, direction and guidance of service improvements are promoted by the Children's Partnership Board, in conjunction with the Local Safeguarding Children Board, including through a review of timescales for the implementation of action plans

Within six months:

- review the arrangements for notification of incidents from the police service to children's social care, incorporating learning from a pilot scheme within the Thames Valley Police area and ensuring that all such notifications are sufficiently risk assessed and managed prior to notification
- ensure a focused, robust prevention and early intervention framework is fully implemented by all statutory agencies, enabling

practitioners in universal and targeted services, including primary health care practitioners, to undertake the role of lead professional

- develop more effective consultation arrangements by children's safeguarding services and health care providers with children and parents, and learning from complaints and representations, to inform service improvement and planned outcomes
- develop more effective arrangements for local authority commissioning and contracting of services from the voluntary and community sector, enabling business and continuity planning to take place more efficiently
- develop effective and coordinated health, Children's Partnership and Safeguarding Children Board's strategies and delivery of services targeting the high level of teenage conceptions, particularly amongst those most vulnerable young people within the area.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

19. Safeguarding outcomes for children and young people are adequate. The management of allegations against people who work with children is effective, they are concluded promptly, and appropriately reported to registered bodies. However, some agencies have not notified any cases. Complaints are managed well, but there is limited evidence that services have been improved as a result of learning from these. Processes for safe recruitment meet statutory requirements and where there are concerns appropriate action is taken.
20. There is insufficient support for children to attend their own child protection conferences but some examples of sensitive individual support were seen by inspectors. While ethnicity and communication needs are identified, the impact, strengths and needs of culture and diversity are not always fully explored, evaluated or used to inform the plans for children. There are, however, some notable exceptions to this with active, sensitive and positive direct work being undertaken. There is some effective targeted work with minority and other hard-to-reach and vulnerable groups and families; for example, work in children's centres and very successful work with Traveller families.
21. Children and young people are safe in schools. Schools are highly alert to safeguarding concerns, making prompt referrals and receiving good advice. While the prevention of bullying is a high priority across the sector, the strategy does not fully integrate with the work undertaken by schools although the local authority coordinates work in this area. Considerable work has been undertaken to address findings of surveys that have shown young people are more worried about bullying than nationally. This has involved young people well in the development of policies, such as for the prevention of cyber-bullying. Successful initiatives include restorative approaches, a helpline and guidance for parents, strategies for peer mediation and training for all schools on emotional literacy.
22. A strong and effective behavioural support service and a highly rated counselling service for young people and their families contribute significantly to the prevention of exclusion of children and young people. An elective home education policy, comprehensive guidance, and information for parents, establish clear roles and responsibilities for securing suitable provision and ensuring the safeguarding of children and young people educated at home.

23. Missing children are appropriately identified and well supported as individuals, but there is no current overview of all missing children. Schools tenaciously track children and young people at risk of missing education, or missing from education and identify good access to training and specialist advice where concerns arise. While the local authority's children missing education policy provides clear guidance to schools and other professionals for the notification of children missing or at risk of going missing from school, this does not provide sufficient guidance for oversight of their welfare, such as for those who may be at risk of sexual exploitation.
24. There is good support for older children affected by domestic abuse but less for young children and there is insufficient community based therapeutic support for men who are perpetrators. However, the multi-agency risk assessment conference (MARAC) works well in identifying and coordinating activity across agencies where domestic violence is persistent and poses a risk to children within families. Surveys indicate that children feel safe and that almost all know where to access help and advice if they need it.

Quality of provision

Grade 3 (Adequate)

25. The quality of provision for safeguarding children and young people in Windsor and Maidenhead is adequate. Multi-agency early help and prevention work, using the CAF and team around the child (TAC) approaches, is being strengthened. Parents who spoke to inspectors were positive about the help they receive from the services involved. CAF arrangements are clearly established as an access route to, and framework for facilitating, multi-agency interventions. Thresholds have been clarified; a 'step up/step down' protocol and audit tool is in place, although not yet fully embedded. Mentors now work alongside early years practitioners and in multi-agency early intervention panels to support further development of the approach. Concerted action shows increasing use of the CAF in early years settings, including children's centres, and for younger children in schools, but uptake from health partners and some schools remains low. Assessments seen were at least adequate with many better, showing good analysis, plans and engagement of children and their families.
26. Families receiving support from the Family Intervention Project (FIP) show positive outcomes and this is being developed further as an intensive family support service. Children's centres also deliver parenting programmes that show some success in improving parental skills and promoting positive attachments.
27. Safeguarding and child protection concerns are responded to promptly and allocated to suitably qualified and experienced social workers. In the scrutiny of children's social care files selected for the inspection, there

were no cases where children or young people were judged to be unsafe. Thresholds for referrals are appropriate, agency checks are requested although responses from some agencies are not always timely. Where there were notable gaps in providing reports these were disproportionately from adult and child mental health services and GPs. Child protection enquiries are appropriately prioritised and children are seen promptly. Strategy discussions and meetings take place, although the recording of these is inconsistent.

28. Inspectors saw some examples of creative direct work with children and regular visiting, but it was often unclear whether children were regularly being seen alone. In some cases seen, good work was undertaken to ensure the safety of children but in a significant number there had been drift and delay following a lack of effective previous intervention despite the making of referrals to social care. In some cases there had been a previously over-optimistic focus on the needs and aspirations of the parents than on the realistic risks to the child. The quality and analysis of assessments is variable with male partners not always sufficiently considered. Initial and review conferences are held within timescales.
29. Children are remaining subject to a child protection plan for a longer period but few children are subject to a plan for a second time. Reports to conferences are not consistently shared with parents within timescales but the content of social work reports has improved and these are mostly adequate. Child protection plans are acknowledged by managers as lacking specificity about what needs to change, and by when. They are not always reviewed or adapted within the core group arrangements in the light of potentially significant changes in the lives of the families. Likewise, there is limited evidence of reflective practice in considering the history of families, with the effective use of chronologies hindered by too many references to agency processes. There is prompt recording of decisions and management instructions, although timely recording is not being achieved by many practitioners.

The contribution of health agencies to keeping children and young people safe

Grade 3 (Adequate)

30. The contribution of health agencies to keeping children and young people safe is adequate. Gaps in representation of senior managers and their attendance at the RBWMSCB have been recently addressed although work remains to be undertaken in evaluating the impact of health agencies in keeping children safe. Strategic planning to support new agendas in health, including the integration of safeguarding children's arrangements, with the work of the new local clinical commissioning groups and shadow health and wellbeing board, is at a relatively early stage of development. The designated doctor and nurse provide effective leadership in strengthening safeguarding children arrangements. Gaps in the capacity and sustainability of current arrangements have been identified and work

is progressing to engage more child health specialists in the delivery of responsibilities. Lead and named professionals in NHS provider organisations are actively engaged in improvement work to address actions identified in recent serious case reviews and recent inspections across Berkshire. Further work is required to embed new working practices and to assure a stronger shared culture of safeguarding across the wider partnership. Training, quality assurance and appraisal systems are in place to proactively address gaps in staff knowledge and competencies.

31. Inspection of child health records identified no child left unsafe, with some examples of effective work in identifying and reducing the risk of harm. However, the quality of records did not sufficiently reflect the voice of children, the assessment of their health and wellbeing was too narrow, with insufficient focus on their social relationships and emotional wellbeing. Analysis of risk and of the impact of work undertaken was underdeveloped in some cases seen. Good engagement of young people is evident in shaping the design and delivery of some health services with consent to care and treatment is sensitively managed and is responsive to the age, competence and personal circumstances of young people. Access to interpreting and translation support is good, supporting the engagement of people whose first language is not English.
32. While rates of teenage conception are relatively low, the conception rate amongst some vulnerable young women, particularly care leavers is high. Termination rates are also relatively high. While the Chrystal midwifery team provides specific support to vulnerable pregnant women, including those with mental health or substance misuse problems, or who are exposed to domestic violence, the impact of its work has not been formally evaluated. The work of family nurses has been evaluated as providing good outcomes including prevention of family breakdown and enhanced opportunities for young people. Inspectors found examples of creative and effective preventative work by the Healthy Minds, CAMHS, and the young person's substance misuse teams, in conjunction with the Family Friends voluntary sector organisation. However, the use of the CAF is not well established among health visitors and midwives.
33. Accident and emergency and urgent care staff, health visitors and school nurses give high priority to safeguarding children, participating in most child protection conferences and core groups. Appropriate arrangements are in place for the medical examination of children, including those who have been sexually assaulted. Gaps in health visitor capacity have been identified with funding secured. However, school nurse capacity remains limited in some areas resulting in a reduction in health promotion work. The role, capacity and skill mix of the school nurse health team has yet to be reviewed. The contribution of adult mental health and GPs is not well embedded, including submission of reports and attendance at child protection conferences.

Ambition and prioritisation**Grade 3 (Adequate)**

34. Ambition and prioritisation of safeguarding services are adequate. The local authority and its partners provide effective leadership to safeguard and promote the welfare of children across all services. The RBWMCYPP provides a sufficient focus on the key safeguarding and other challenges for children in the area, identifying local needs appropriately. The consequent commitments and detailed action plans are monitored in their implementation through sufficiently senior partner agency officers, including statutory as well as the voluntary and community sector. The expressed ambition is thorough and constructive, although timescales for detailed implementation are lengthy. The needs and circumstances of the diversity of the local population are strongly represented in strategy, and analysed differentially in the provision of services, with examples of the sustained priority to deliver early years speech and language services and appropriate planning of a more targeted approach using intensive family support for small numbers of 'high cost, high harm' families. Not all partner agencies actively contribute resourcing to such developments.
35. There is a strong commitment by local authority elected members to champion the needs of vulnerable children with, for example, active engagement in consultation on redeveloping arrangements to targeted services towards those families most likely to need help. The lead member for children and the elected member with specific responsibilities for looked after children, meet regularly with senior officers. However, the approach is one of enquiring, being kept informed and promoting development rather than specifically challenging performance. The aspirations of the local authority present are for the effective and efficient management of risk and the delivery of core statutory responsibilities to children and their families in the area. There is recognition that the voice of the child has previously not been effectively sought, with a range of efforts and activity taking place during 2011 targeting all children as well as those with specific needs. However, there remains limited evidence of how these views have informed local priorities and targets.

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

36. Leadership and management of safeguarding services are adequate. Effective action within the local authority's safeguarding services has resulted in considerable improvements in the recruitment and retention of qualified staff; there are almost no agency staff, few newly qualified social workers and low levels of turnover. The composition of the workforce in children's social care and health broadly reflects the diversity of the area. Social worker caseloads are manageable in most teams, although some practitioners within the referral and assessment team have high numbers of children allocated. Social workers report that morale is high; they feel safe in their work and value the support from their colleagues as well as from accessible senior practitioners and local managers.

37. Training and staff development needs are identified and staff at all levels are required to undertake mandatory child protection training, and encouraged and enabled to undertake more specialised development objectives. A significant and extensive range of training, briefings and other improvements have also taken place following a recent serious case review. While there have been some unavoidable delays in implementation of some recommendations of the agreed action plan, those others that could have been implemented during the course of the review were promptly addressed, with others currently being implemented.
38. The council and partner agencies have a keen awareness of the changing profile of the area, particularly in relation to the growing proportion of younger families from ethnicities other than white British. Recent efforts have been made to use equality impact assessments in more meaningful ways and actively targeting consultations towards black and other minority ethnic communities through the One Borough group. Children's centres make a strong contribution to offering programmes of support that are seen as relevant and valued to local communities through, for example, an Asian women's support group. Targeted support, assisted by the use of bi-lingual workers, is seen as having been particularly helpful in establishing communication and trust.
39. The refresh of the JSNA in 2011 is providing substantial data and intelligence to local agencies, being used to support the recent progress review of the partnership plan for children and young people. Added to this, there are proportionately limited numbers of highly vulnerable children and families, enabling opportunities for targeted action to provide support, assistance and direction. The role of children and parents in contributing to shaping service improvement has begun to emerge in the past year. Some parents, notably those with children who have disabilities, particularly valued consultation and communication with them over service development. Others had felt less well engaged and listened to.
40. Young people meeting with inspectors described having had limited impact on decision-making or exercising direct influence or impact around matters of importance to them. Members of the youth council, disabled youth council, young carers and others (including those looked after by the local authority) felt that they were beginning to be listened to but are yet to see changes to issues of particular importance to them. These issues include the high cost of local transport, limited education in life skills, tackling bullying, and the charges for some hospital facilities (television viewing). Those young people were aware of how to make complaints and several had used the systems. There is, however, no process for the outcomes of complaints to feed into service redesign.
41. Within children's services there is a balanced approach to efficiency alongside effectiveness and service access but commissioning is relatively underdeveloped in areas other than the procurement of services for

looked after children. Improved service agreements and monitoring of contracts are beginning to be used with the voluntary and community sector, although the timing of reviews, short term contracts and late contract confirmations pose real challenges to business planning and service continuity for local groups.

Performance management and quality assurance

Grade 3 (Adequate)

42. Performance management and quality assurance are adequate. Performance against most national indicators has been good or improving and extensive monitoring results in a comprehensive understanding of which indicators require particular attention. The substantial range of data provides good descriptive information on trends but contains more limited analysis, evaluation or explanation. It is differentially analysed at a general level in relation to the diversity of population in the area. Scrutiny of data for this service area is undertaken by senior managers and a members committee as well as the application of a specific audit scrutiny function across all areas of council activity. A more recent development, incorporating comparators from statistical neighbours and a commentary on risk are beginning to prove helpful developments. The local authority and the RBWMSCB undertake or commission case audits, both regular and issue based, across a range of compliance matters across all teams and in child protection cases. The number of cases audited in each team varies which makes any comparison difficult. The case audits produced by the council for this inspection considered most cases satisfactory or better, although some were rightly identified as poor. Some were overly positive about the quality of practice. The focus tended to be on compliance with process requirements rather than the quality of outcomes, although clearer quality focus was seen in some of these.
43. Team and assistant team managers provide regular supervision to their staff and their knowledge of specific cases is good. However, there is limited evidence of managers consistently driving the implementation of plans. Findings of recent audits have also confirmed that there is a lack of a reflective approach within supervision. While managers use the regular, system generated reports from the database and recording system, the management information provided is insufficiently focused to support them in their operational and management responsibilities. For example, in the accuracy of the timeliness of initial and core assessments.

Partnership working

Grade 3 (Adequate)

44. Partnership working is adequate. There is effective communication between partner agencies at each level in the chains of command. While many statutory agencies do not share the same boundaries, additional arrangements have been put in place to maximise communication and efficiency of decision-making. The voluntary and community sector is

effective in its engagement and many organisations are well respected for their positive and flexible approaches through, for example, Family Friends in providing early intervention and support.

45. The RBWMSCB is appropriately constituted and independently chaired. Representation of minority ethnic and faith groups is weak, and there has been inconsistent attendance over the last year by some schools and parts of the health community. However, the RBWMSCB has endorsed a very good guide to safely parenting children and young people and, in recognition of the diverse demography of the area, has worked with some faith communities on safeguarding issues. The priorities of the RBWMSCB do focus, almost exclusively, on its core child protection responsibilities, with more limited attention being given to some broader safeguarding matters. These are being addressed, however, through the RBWMCYPP in an appropriate way.
46. Operationally there is effective communication and joint working in relation to child protection concerns. Thresholds for access to services are understood by partners. The police service is well engaged in child protection enquiries, through Multi Agency Public Protection Arrangements (MAPPA) and the MARAC, although a recent service restructuring has led to additional work for children's safeguarding services. Notifications of incidents, mostly involving domestic abuse, from Thames Valley Police are no longer sufficiently risk assessed prior to informing the local authority, resulting in social care having to undertake additional work to identify what, if any, is the level of risk to any associated child. There is evidence of active engagement by schools, and cooperation from primary health practitioners, although the quality of information and analysis from them was not always strong. Inspector's case file audits identified that access to assessment and decision making in the most recent episode of intervention has been appropriate, although too high a threshold had been applied to earlier referrals.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

47. The overall effectiveness of services for looked after children is adequate. The local authority and key partners have prioritised and made progress in identifying, enabling and monitoring improvements for looked after children. The RBWMCYPP provides a sufficiently strong platform from which to articulate clear, shared ambitions to prevent children becoming looked after and to improve the life chances of those that are. Appropriate priorities and action plans are identified, although the pace of development needs to be increased. Local authority elected members identify fully with their corporate parenting responsibilities and provide strong championing of this group of children, evidencing a sustained commitment. Performance monitoring is well established, although performance management and quality assurance arrangements require further development in relation to qualitative evaluations of the impact of services. Positive exemplars are evaluations produced by the virtual school and the leaving care tracking toolkit, although the latter is at an early stage of implementation. There is an emerging commissioning culture and developing efforts toward the improved targeting of some early intervention services and the procurement of generally high quality, performance monitored placements for looked after children.
48. Many outcomes for looked after children are at least in line with, and often better than similar authorities, particularly well supported by the relative stability of safe and well supported and overwhelmingly high quality placements. Further strengths include sustained progress for those receiving education, timely support for their emotional well-being and mental health needs, and an effective commitment to engaging with looked after children from individual plans to strategic developments. Many improvements are recently in place and are yet to show clear or unequivocal outcomes for children. Examples of this include the development of the children in care council, foster carer recruitment, changes resulting from the adoption of the pledge, and the coordination of health care plans. Care leavers are less well supported in relation to employment, training or employment and some, who exhibit high vulnerability and high demand, are being poorly served with regard to achieving safe, sustainable accommodation. The council and partners are aware of the key issues and have plans to address these, but progress has been slow.
49. Quality assurance at an individual level is understood, including some use of audit, with suitable policies and procedures in place. Supervision takes place and is seen as helpful and supportive. Practitioners have access to sufficient training, with a recent robust communication of important messages for looked after services from a recent serious case review.

Operational managers and reviewing officers are yet to provide consistently effective oversight and the driving forward of timely, evidence-based implementation of plans.

50. Partnership activity around the prevention of children becoming looked after is a clear commitment with support services being strengthened and appropriately led by the local authority. The slow pace of development using the CAF or other approaches prevents a strong response to some families experiencing stress in relationships. Once looked after, children do experience significantly placement stability, within safe environments, and increasingly being placed closer to their home communities. Ethnicity and culture are recognised as important with appropriate matching made to carers, although these key features of identity do not always inform subsequent detailed plans. Lower levels of local placement capacity results in a high proportion of children placed through private or independent organisations, enabling a wider range of choice, but at a greater financial cost.

Capacity for improvement

Grade 3 (Adequate)

51. The capacity for improvement is adequate. There have been significant improvements in the focus on looked after children over the past year at a strategic level, through the RBWMCYPP producing a sharper children and young persons plan, articulating clear priorities towards children on the verge of being, or who do become, looked after. Local authority elected members show a strong and increasing passion in owning their corporate parenting responsibilities, and in enabling looked after children to have the best opportunities to succeed. There is a clear articulation of aspirations and ambitions for this group of children. Managers at all levels are aware that many of these might have been achieved earlier through an increased pace of improvement.
52. Across a range of national indicators the area has achieved at least in line with, or exceeded, the performance of similar areas. However, many indicators are unreliable due to the small numbers year on year, causing seemingly wide fluctuations. Individual looked after children are well supported and tracked in many key aspects, notably relating to their health and education needs. The use of individual tracking is shown to be an effective approach, helpfully adopted by the virtual school and, more recently, by the RBWMCYPP in relation to care leavers. These provide a more useful qualitative and multi-faceted approach to the whole child. Health records are yet to follow suit in this level of coordination.
53. Capacity in social care specialist services is sufficient, with the priority given to work with looked after children or receiving leaving care services being well supported and protected. Caseloads are manageable, enabling children to be visited and their circumstances reviewed in line with requirements. Some key partner agencies provide strong support for

looked after children with high quality and sustained outcomes being achieved in partnership activity with the virtual school, the looked after children health team and, where necessary, with the Youth Offending Team. The improved focus on the pursuit of suitable family or other connected people is a welcome approach which has already seen a recent substantial increase in the making of higher numbers of special guardianship orders.

54. There remains a legacy of some children who have not benefited from previous children's social care interventions, particularly some longer term looked after children and care leavers. Additionally, while most children's plans are being appropriately pursued, with a high priority given to achieving stability, there are some children currently whose plans drift without being vigorously pursued or, where appropriate, changed in the light of risk assessed changes of circumstances. While the pace and focus of service improvement has increased, senior managers do recognise that this does need to be stepped up in order to achieve further, more sustained outcome-related improvements.

Areas for improvement

55. In order to improve the quality of provision and services for looked after children and young people in the Royal Borough of Windsor and Maidenhead, the local authority and its partners should take the following action.

Immediately:

- ensure that all current young people leaving care live in safe, stable and sufficiently supported accommodation, and that there is no planned recourse to bed and breakfast accommodation as a suitable alternative
- ensure that all looked after children are seen alone, have their wishes and feelings identified and recorded.

Within three months:

- ensure that access to advocacy, consultation, participation, representation and complaint processes are promoted for all children and young people
- ensure managerial supervision, support, direction and quality assurance responsibilities are consistently implemented, incorporating the use of reflective approaches to challenge practice and improve outcomes for looked after children

- ensure social care and health assessments for looked after children identify and take full account of children's ethnicity, culture and religious needs
- NHS Berkshire in conjunction with the Royal Borough of Windsor and Maidenhead and Berkshire Healthcare NHS Foundation Trust to implement a sustainable response to existing staffing capacity challenges of the looked after children health care team
- ensure care plans are evaluative of parenting capacity, benefit from timely parenting assessments where indicated, ambitious to achieve sustainable arrangements for children, and robust in identifying contingency arrangements
- ensure all care, pathway and healthcare plans for young people preparing to leave care or in transition to adult services take full account of their capacity and likely vulnerabilities with regard to accommodation needs, substance misuse and teenage pregnancy as well as their emotional and mental well-being
- ensure the roles and responsibilities of reviewing officers are implemented to reflect duties to champion permanent solutions for children, set ambitious, yet realistic, timescales for plans and report robustly on individual cases and on thematic basis.

Within six months:

- secure sufficient stable, supported and affordable accommodation for care leavers and ensure they receive sufficient and suitable preparation for full or supported independence
- increase local placement capacity, maximising the provision of family based care as close to home communities and schools as possible
- develop further targeted support, assessment and intervention services for those children identified as at risk of becoming looked after. These should, wherever possible, adopt joint and coordinated approaches by all key partner agencies to addressing risks and needs.

How good are outcomes for looked after children and care leavers?

Being healthy

Grade 3 (Adequate)

56. Adequate arrangements are in place to assess and maintain the health of looked after children and young people. Managers and practitioners have a clear shared vision and drive to promote continuous improvement in the quality of support and outcomes for looked after children. Practice is compliant with statutory guidance. The team's performance has been recently evaluated against the National Institute for Clinical Excellence good practice guidance, and work is progressing well to address areas for further improvement. Information sharing and joint working relationships are well established across the partnership. All looked after children benefit from timely assessment and regular review of their health needs. Arrangements are effectively managed by the looked after children specialist health team including support for children placed out of area. Outstanding performance is evident in ensuring children are up to date with their immunisations and access regular dental, sight and hearing tests. Attention is paid to ensuring children with complex health needs and disabilities receive the care and support they need to keep safe and well. Local capacity and expertise is deployed to ensure they continue to benefit from good access to specialist support and monitoring of their well-being in recognition of their additional vulnerability when placed out of area. Young people's growth and development is sensitively monitored, with appropriate checks made of their safety, including sexual health and substance misuse.
57. CAMHS services give high priority to addressing the needs of looked after children and all are seen within two weeks of referral. However, children's health care plans and reviews currently provide insufficient detail of children's emotional and mental health, with limited analysis of the impact of specialist support in addressing risks to their well-being. The need to strengthen co-ordination of assessment activity between children's social care, CAMHS and specialist health and school nursing staff has been recognised, and joint working protocols have been amended to address gaps in practice in this area. Assessments and care plans would benefit from further exploration of children's faith, culture and identity. Also further work is required, including through joint future commissioning arrangements, to ensure the capacity of the looked after children health team reflects the demands and complexities of young people's needs. A draft service specification to ensure a sustainable response to capacity challenges is yet to be confirmed. Health outcomes for some care leavers are poor with relatively high numbers becoming pregnant or reporting emotional, mental health or substance misuse difficulties. Gaps in provision for care leavers have been identified with planned additional short term resource approved to identify unmet needs.

Staying safe**Grade 2 (Good)**

58. Practice in relation to ensuring that looked after children are safe, is good. Risk is managed well to ensure that all children and young people who need to be looked after are in care. Children are safe and well monitored and arrangements for the monitoring of care placements, including those outside of the local area are good. All looked after children have a qualified and experienced social worker allocated. Statutory visits and reviews are undertaken on a timely basis in the cases seen. Services for fostering and adoption, managed through the local authority, are judged at least good for staying safe and arrangements in place for monitoring the well-being of children placed with parents or subject to Special Guardianship Orders. However, case recording does not always indicate whether children are seen alone and unannounced visits are not routinely made to see looked after children. Almost all looked after children responding to a survey during the inspection describe feeling and being very or fairly safe in their placements. In contrast, many care leavers in the area feel comparatively unsupported, uncertain about their future and a small number describe feeling vulnerable and isolated in their independent accommodation.
59. Support for children on the edge of care is adequate with a recent commitment to strengthening intervention services through the Intensive Family Intervention Project, although there is no specific crisis intervention service for children on the edge of care. Placement stability is a key commitment and a priority area for further improvement for the local authority. Performance has been strong against national and neighbouring authorities with short term placement stability continuing to improve, although, longer term stability has recently shown some deterioration. There are clear arrangements in place for children who go missing from care, but there is limited attention given to whether there are any underlying themes or triggers for these events.

Enjoying and achieving**Grade 2 (Good)**

60. Outcomes for looked after children and young people to enjoy and achieve are good, with some outstanding features. Looked after children in schools and in other settings for learning both in and outside of the borough, receive good provision and strong support for their education. They are in safe, suitable and stable educational placements and their achievements are recognised and celebrated well. High aspirations permeate the work of the well-established and effective virtual school, set up following consultation with young people. The experienced team secures positive outcomes for the education of many. Combined with robust scrutiny of comprehensive data and good sharing of information the consequences are carefully considered and well targeted personalised support. Looked after children make good progress from their starting points, in part from effective personal education plans (PEPs), exhibiting well-targeted multi-

professional interventions and good involvement of young people, including those with learning difficulties and/or disabilities, and of carers. Targets for learning and development are appropriately challenging.

61. The attendance of looked after children is subject to regular and robust monitoring and review. Where children fall below the demanding local measure of attendance, personalised support arrangements address concerns promptly. No permanent exclusions have been made in the past four years and fixed term exclusions have fallen rapidly in the last two years. Performance indicators are variable, affected by very small numbers eligible for national tests, although good support and good progress are evidenced. Access to recreation and leisure is promoted strongly with children attending a wide range of after-school and holiday activities of their choice. They also have free access to leisure facilities in the area. The highly successful Buddy Group youth club for older children offers good opportunities for socialisation.

Making a positive contribution, including user engagement

Grade 3 (Adequate)

62. Arrangements for looked after children and young people to make a positive contribution are adequate. A genuine commitment to listen to their views and to take these seriously underpins developing support for looked after children. However, while young people have influenced some service provision, they do not routinely inform strategic planning or service evaluation. The development of a website for young people is also at an early stage, not yet enabling effective consultation. Young people in care within and outside of the area take part in a range of highly valued social events, enhancing feelings of self worth and confidence. There is a clear commitment to their participation in the review of their care plans, and young people report feeling listened to well, but their contributions are not consistently recorded in assessment and planning. Looked after children know how to make a complaint and those that had done so historically felt that their concerns had been addressed appropriately and in a timely way.
63. The children in care councils, 'Kickback' for those aged over 11 years and 'Kickback Kids' for younger children, suitably engage them in a range of activities, events and consultations but forums do not yet function effectively as a formal mechanism for communication and consultation within the council and most young people spoken to were unaware of the existence and purpose of 'Kickback'. Consultation with the groups has included priorities for looked after children in the council's plans, establishing the Pledge, provision for care leavers and steering of an annual achievement event. The council acknowledges the need to further raise awareness of the Pledge and evaluate its impact. Looked after children expressed satisfaction with the quality of services offered to them in a survey during the inspection and speak very highly of support from their social workers. However, this is not the same for small number of

care leavers responding to the same survey, most of whom are dissatisfied with their services. Significant gaps in provision identified are for their emotional health and well-being, preparation for independence and a lack of suitable accommodation. Strong partnerships with the Youth Offending Team offer support to young people at risk of or those involved in offending, with impressively low numbers who commence offending or who re-offend.

Economic well-being

Grade 4 (Inadequate)

64. Looked after children and young people's economic well-being outcomes are inadequate. Not all care leavers are in safe or suitable accommodation, with some care leavers and professionals concerned that the safety and well-being needs of some are not being met. Resources to prepare care leavers for independent living are not sufficient and contribute to the failure of some in their tenancies. Although a joint housing panel, including the looked after and leaving care team, agrees appropriate packages of support, during the inspection there were some young people in bed and breakfast accommodation and others placed in a multi-function setting, leaving many feeling vulnerable or unsafe. There is an expressed joint commitment through housing and children's services to provide additional, separate and improved capacity during 2012, these needs remain unaddressed for a critical few during the inspection.
65. The relatively recent amalgamation of the looked after children and care leavers team and increasingly effective cross-service and recent multi-agency work has been constructive in the support of care leavers. All care leavers have an up to date Pathway Plan, with good contributions from young people, but contingency planning is weak, often relying on hastily arranged meetings. Even transition for care leavers with highly complex needs or disabilities is not without difficulties for young people. Until recently, care leavers have not been prepared well for transition to further education after the age of 16. PEPs now identify and support learning needs at an early stage and more active work between the virtual school, the Care Leaving Team, schools and colleges is securing increasingly stable learning placements. Although the local authority maintains contact with all care leavers and the progress of young people who are not in education, employment or training (NEET) is tracked, over a quarter of all care leavers are still NEET.

Quality of provision

Grade 3 (Adequate)

66. The quality of provision for children and young people in the Royal Borough of Windsor and Maidenhead is adequate. There are clear and well established procedures for decision making to determine whether a child should be looked after. Thresholds for becoming looked after are well understood and applied and consistency of decision making is successfully achieved. The council's focus on early intervention with families and

parent support programmes and partnership working with parents has led to improved outcomes enabling children to remain at home with their parents. The use of Family Group Conferencing is well embedded and is effective and well targeted; however there is evidence that this process is not consistently initiated in a timely manner. Social workers and team managers are well supported by an experienced legal team and access to legal advice is both timely and of high quality.

67. The quality of assessments and, consequently, of some plans is variable with managers identifying that some plans are out of date or incomplete. The analysis of needs and the contribution of children themselves being insufficiently clear in many cases seen. Assessments are not consistently timely and, in a small number of cases, have led to drift in establishing permanent arrangements for some looked after children. Likewise, chronologies are of variable quality, not always providing an accessible and concise account of significant events and interventions, limiting their value in informing assessments.
68. Children who are looked after are accommodated appropriately and live in suitable placements, although this is not the case for all care leavers, as noted above. Statutory visits to looked after children are carried out in line with required timescales. However, children are not regularly being seen alone with limited evidence of this being challenged by managers or reviewing officers. Unplanned changes of placement are mostly avoided, but there is a lack of clear contingency and effective parallel planning for some looked after children. The arrangements and timeliness for statutory reviews of looked after children are good and the number of looked after children participating reviews is very high, with reviewing officers proactive in maintaining this. The views of both looked after children and their parents and carers, as appropriate, are reflected in the consequent plans.

Ambition and prioritisation

Grade 3 (Adequate)

69. Ambition and prioritisation for looked after children and young people are adequate. There is good ambition for the life chances of looked after children and care leavers, and a clear commitment to these children from the council in implementing their corporate parenting responsibilities. Elected members and corporate parents know the needs of, and challenges for, looked after children and the corporate parenting group has clear links with the children in care council, enabling views to be well understood and considered. Reducing the numbers of looked after children is a firm priority for the RBWMCYPP, with the aspiration to be an 'excellent corporate parent'. However, the current children and young people's plan outlines standard expectations rather than the highest aspirations described. The completion of the sufficiency assessment has also informed the efforts at recruitment of local foster carers taking place at the time of the inspection.

70. While the strategic framework is in place it is yet to be fully embedded in evidenced outcomes rather than structural arrangements. A consequence of this is the absence of evidence of significant impact of the views of looked after children which do not routinely inform service planning and development. The move from establishing a framework and listening to implementation and service improvement is yet to take place, leaving this aspect as underdeveloped. This is exemplified by the number of planned improvements for care leavers that have not yet taken place. Priorities for this group, through to 2014, include the critical issue of ensuring sufficient safe, high quality accommodation for care leavers, improving work opportunities for care leavers through internships within the council, as well as apprenticeships in the community. All are yet to produce outcomes for too many of these young adults.

Leadership and management

Grade 3 (Adequate)

71. The leadership and management of services for looked after children and young people in the Royal Borough of Windsor and Maidenhead are adequate. Preventative services for children on the edge of care are in development, with the local authority implementing a programme designed to strengthen existing services by increasing targeted service and capacity within the intensive family support service, following the success of a small family intervention project. Although a small family group conferencing capacity has become established there remains no specific crisis intervention service for children and young people on the edge of care or specific support for children with emotional and behavioural difficulties following witnessing domestic violence. There are limited contributions from partner agencies in this area of activity.
72. The profile and trends of the looked after population are well known and effectively used in planning for sufficiency and targeting localised recruitment of carers and prioritising the promotion of special guardianship orders. Placement commissioning and procurement arrangements are robust and improving, ensuring children in care are placed only in safe environments. Utilising both the pan London and South East consortium arrangements have contributed well to this, including for the spot purchase of foster placements. The area relies heavily on externally procured capacity, which it is currently attempting to address; assessment and approval processes mean that it will be some time before there are substantive outcomes to these efforts. Capacity and quality of accommodation for some care leavers is insufficient, as referred to earlier. Those young people seeking asylum are placed in culturally sensitive placements, and within communities more likely to support identity needs. Local authority housing provision for vulnerable young people is known to be limited, with a relatively slow pace of improvement, although a joint statement of intent to provide more, and more suitable, accommodation by autumn 2012 was provided during the course of the inspection.

73. Workforce planning and development is prioritised for the stable, appropriately qualified and experienced workforce. Training needs are appropriately identified, support to attend is assured, and the provision is valued by practitioners. The workforce is generally reflective of the diversity of the local adult population. Financial management is adequate with an effective focus on value for money, although the quality of placements purchased remains an overriding consideration. Resources for looked after children's service provision have been maintained and protected for a number of years. The persistent increase in numbers being looked after and the duration of episodes have reduced slightly over the current year, although the challenges of ensuring placement costs remain within allotted budgets remain substantial.

Performance management and quality assurance

Grade 3 (Adequate)

74. Performance management and quality assurance arrangements are adequate. Considerable recent efforts have been to develop and implement performance management systems and arrangements for monitoring. One consequence is a clear framework of regular meetings between senior managers that deliver data analysis, using a corporate 'scorecard' approach, across a wide spectrum of indicators and targets. These are subsequently reported to a range of monitoring and scrutiny arrangements. Performance is monitored against a range of outcome proxy measures with achievement against most being in line with, or better than, similar authorities. Audit activity is yet to be fully embedded as part of performance management arrangements. Examples of well focused evaluations on specific issues, down to individual child level, are in place, with the annual evaluations of learning and achievement at KS2 and KS4 and the 'life chances tracker' for those leaving care meriting further development.
75. Practitioners describe accessible and helpful support from their operational managers. Case files examined demonstrate regular management oversight of decision making, although it is acknowledged by senior managers, that the impact of this is limited with regard to challenge and rigour of management direction in some cases. It is accepted that some cases are subject to drift in implementation of care plans, and these matters are beginning to be addressed. While reviewing officers do ensure that plans are reviewed in a timely way, the approach adopted is one of monitoring rather than the active championing of the implementation of plans.

Record of main findings:

Safeguarding services	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Partnership working	Adequate
Equality and diversity	Adequate
Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
How good are outcomes for looked after children and care leavers?	
Being healthy	Adequate
Staying safe	Good
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Adequate
Economic well-being	Inadequate
Quality of provision	Adequate
Ambition and prioritisation	Adequate
Leadership and management	Adequate
Performance management and quality assurance	Adequate
Equality and diversity	Adequate