

Inspection of safeguarding and looked after children services **West Berkshire Council**

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Reporting inspector: Paul d'Inverno

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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 four of Her Majesty's Inspectors (HMI), an additional inspector, a local authority secondee 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 39 children and young people receiving services and 36 parents and carers, 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 partnership's plans, 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*' 2006
 - a review of 56 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 December 2010
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Berkshire (the PCT), Royal Berkshire NHS Foundation Trust and Berkshire Healthcare 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. West Berkshire has a resident population of approximately 38,600 children and young people aged 0 to 19, representing 25% of the total population (ONS Census 2011). In 2011, 12% of the school population was classified as belonging to an ethnic group other than White British compared with 22.5% in England overall. Polish, Portuguese and Bengali are the most recorded commonly spoken community languages in the area and 3.8% of pupils speak English as an additional language.
5. The Children and Young People's Partnership (formally known as the Children and Young People's Trust Board) was established in 2006. This local Partnership brings together organisations from statutory, private and voluntary sectors which are responsible for providing services for children, young people and their families in the district. The West Berkshire Safeguarding Children Board (WBSCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in West Berkshire to deliver safeguarding services.
6. Early years child care and nursery education are provided by 270 childminders; 23 day nurseries; 10 children's centres; 28 out of school care; 39 pre-school play groups; five independent nursery units; 11 private nurseries, two maintained nursery schools, 14 nursery classes within primary schools, and two special schools.
7. Primary and secondary education is provided by 66 primary schools; six secondary schools; four academies, two special schools and six pupil referral units. There is a virtual school for looked after children. Post-16 education is provided by one general further education college, four secondary academies, six maintained secondary schools with sixth forms and one Pupil Referral Unit.
8. Commissioning and planning of children and young peoples' health and primary care services is carried out by NHS Berkshire. Universal services such as health visiting, school nursing and paediatric therapies are delivered primarily by the community services of Berkshire Healthcare NHS Foundation Trust (BHFT). BHFT is also the provider of child and adolescent mental health services (CAMHS) in the area. Children and families access primary care services via 11 local GP practices and the urgent treatment/minor injury unit located at West Berkshire Community Hospital.
9. Social care services are provided by one referral and assessment team, two locality teams and a district-wide specialist team for disabled young

people. There is also an out of hours service run by Bracknell Forest Borough Council on behalf of all six Berkshire unitary authorities.

10. At the time of the inspection 68 children were the subject of a child protection plan.
11. At the time of the inspection there were 127 looked after children. This total breaks down as follows: 24 under five years of age, 91 children and young people of school age (5-16) and 12 looked after young people between ages 17 to 18. The council and its partners support 66 care leavers. Children's social care services have 71 fostering households and run one respite unit for children and young people with learning difficulties and/or disabilities. Residential services and additional foster placements are commissioned from registered and approved independent providers. Looked after children are supported by workers within the two locality teams as well as the disabled children's team. There is also a district-wide leaving care service.
12. Services to children and young people who have offended are provided through the West Berkshire youth offending team. Services for those at risk of offending are provided by a separate early intervention team that sits alongside other preventative services. There are no Young Offender Institutions in the area.
13. There are 250 voluntary and community sector organisations known to be actively working with or on behalf of children and young people across the district. These organisations receive supportive information via the local CVS organisation, *Empowering West Berkshire*.

Safeguarding services

Overall effectiveness

Grade 3 (Adequate)

14. The overall effectiveness of safeguarding services is adequate. There is a timely and effective response to situations where children and young people are at immediate risk of harm and cases seen during the inspection found no children to be unsafe. In some cases where emotional abuse or neglect have been long standing, with minimal improvement seen in parenting despite intensive packages of support, there has been delay in legal intervention. This has led to some children and young people being left too long in situations that do not meet their needs. The quality of child protection and child in need plans is variable and management oversight is not sufficiently robust to ensure that all interventions are effective. The majority of areas for development identified in the unannounced inspection of contact, referral and assessment arrangements at the end of 2010 have been tackled.
15. There is good communication between partner agencies and they work well together to safeguard children and young people. Multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conferences (MARAC) are good and robust partnership arrangements are in place to ensure an effective response to children who go missing. The contribution of health agencies to keeping children and young people safe is good and effective joint working between health and children's social care leads to robust pre-birth planning.
16. Strong political leadership is evident with a good commitment to the delivery of effective safeguarding for children and young people. Safeguarding is the key priority among the council and its partners and the council has protected the budget in this area. Mature partnerships have a good understanding of local needs and they have developed an effective range of commissioned services, particularly with regards to the highly valued early intervention services.
17. Performance management and quality assurance systems are in place and quantitative analysis is generally well developed and used to improve service responsiveness. Quality assurance is less well developed and qualitative audits of children's social care casework are inconsistent and do not lead to improved practice quickly enough.
18. The social care workforce is generally stable with good morale and there is a strong focus on the training and development of staff. Nevertheless, the council still faces challenges in respect of recruiting and retaining experienced permanent social workers and managers. Health visiting capacity is stretched although the local expansion of health visiting capacity is planned, in line with national targets.

19. Arrangements for managing safe recruitment are in place. There is clear reference to maintaining safer recruitment policies and auditing files to ensure good practice is sustained in relation to equality of opportunity and safeguarding requirements.

Capacity for improvement

Grade 2 (Good)

20. The capacity of safeguarding services for improvement is good. The partnership has very strong ambition and is able to clearly articulate appropriate priorities. The referral and assessment service has improved significantly following the first unannounced inspection of the council's contact, referral and assessment service, which led to additional resources being allocated to the service and has largely met the recommendations following its last inspection.
21. There has been a notable improvement in delivering early intervention services through a range of developments, including the establishment of the domestic abuse response team (DART) which is a new service to work with families who are at risk of domestic abuse. The children with disabilities team offer a good service. The quality of work provided by a range of family support services is of good quality and demonstrates effective partnership working. Similarly, there are examples of good practice within social work teams, although practice is variable and adequate overall. During the inspection, the council has responded quickly and reflectively to issues raised with an appropriate and deliverable action plan put in place.
22. The council's workforce strategy is effective and current social work staffing levels are sufficient. Its focus has been on growing and carefully developing staff, using experienced locums where gaps arise. A career progression structure is being developed to enable more experienced staff to remain as senior practitioners rather than managers.
23. A significant challenge remains for the partnership with regard to developing the skills, knowledge, confidence and working practices to enable the vision of fully integrated early intervention to be realised. For example the common assessment framework (CAF) is not consistently used to its best effect and front line professionals still vary in terms of their view of the role of the CAF and willingness to use it.

Areas for improvement

24. In order to improve the quality of provision and services for safeguarding children and young people in West Berkshire, the local authority and its partners should take the following action.

Immediately:

NHS Berkshire together with the local Clinical Commissioning Groups and the LSCB should take action to:

- strengthen the contribution of GPs to safeguarding children work, including ensuring medical reports are of high quality and routinely provided

NHS providers, including GPs should take action to:

- ensure the views and experience of young people and their families are routinely used to support the way local services are provided.

Within three months:

- ensure that comprehensive up to date assessments are in place for children in need and children with child protection plans that give due weight to historical information, robustly assess risks, needs and strengths including the capacity of parents/carers to change and improve the child's situation
- ensure that children in need and child protection plans are specific, outcome focused, contain appropriate timescales and that parents are clear about what needs to be achieved by when, and what contingency plans are in place if progress is not made
- ensure that core groups and child protection conferences effectively monitor cases to ensure that where there is a lack of progress in improving a child's situation that this leads to robust action
- ensure that management oversight is both reflective and challenging and focuses on the child's experience, current risks, needs and strengths and the effectiveness of the current plan and interventions
- ensure that legal advice is sought when necessary and that this leads to appropriate and timely legal intervention.

Within six months:

- ensure that there is systematic monitoring and evaluation of services including the CAF which leads to improvements in service provision
- ensure that systematic and robust quality assurance processes are put in place and that both case and thematic audits have a greater focus on the experience of children and the impact and outcome of interventions for families and that this analysis is used to improve both practice and service provision

- ensure that the integrated workforce strategy leads to front line staff across the partnership having the skills, knowledge and confidence to deliver effective early intervention to families including the effective use of the CAF

BHFT and RBHT should take action to ensure:

- all relevant staff are appropriately trained and supported to fully embed CAF in the delivery of local health care arrangements

NHS Berkshire together with West Berkshire Council, Berkshire Healthcare Foundation Trust and local Clinical Commissioning Groups should take action to:

- review the provision of services for adolescents with emotional, mental health and behavioural needs, to ensure there are sufficient good quality services for this group of young people.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 3 (Adequate)

25. Safeguarding outcomes for children and young people are adequate. Most young people seen during the inspection report that they feel safe and know where to access help and advice if they need it. Multi-agency understanding and awareness of safeguarding responsibilities is satisfactory. Whilst there is an effective response to situations where children and young people are at immediate risk of harm, some children and young people do not receive a timely service where concerns are not as clear. In some cases where emotional abuse or neglect have been long standing there has been a delay in legal intervention. This has led to some children and young people being left too long in situations that do not meet their needs.
26. The out of hours service is good and meets the child protection and wider safeguarding needs of children responsively and efficiently. It has access to the council's electronic recording system and ensures good continuity and information sharing with daytime services. Staff have access to a good range of placement options where the need to accommodate a child is required. In specific cases where there are higher levels of concern about children's safety, the out of hours service will undertake unannounced visits to assess whether the welfare of children is being appropriately safeguarded. The use of police protection powers is limited and appropriate.
27. The Local Authority Designated Officer (LADO) service has well established and effective procedural and operational links with the police and other partners to ensure efficient operation of the process. LADOs provide information, training and advice to the full range of partners. The level of recorded referrals to the service is rising and in proportion to the size of the local authority. The system for recording referrals, strategy discussions and correspondence is integrated with the electronic recording system and is robust. Statutory guidance in relation to staff working with children is followed consistently.
28. Arrangements for managing safe recruitment procedures are in place and are robust. There is clear reference to maintaining safer recruitment policies and auditing files to ensure good practice is sustained in relation to equality of opportunity and safeguarding requirements. The council has recently implemented a more efficient online data system for keeping and updating recruitment records.

29. Educational outcomes are positive and good joint work helps to safeguard children and young people. For example, good partnership work between schools and pupil referral units with the police results in appropriate and targeted work on increasing the awareness of children and young people on how to keep safe. Effective anti-bullying strategies are in place and used to reduce incidences of harassment and anti-social behaviour. Children and young people are trained as peer mentors or buddies and the local authority's lead teacher for mentoring works well with other partners to promote this work. A range of service providers such as the behaviour support team and the special educational needs forum ensure that staff in schools are well equipped with appropriate skills to handle bullying incidents. Key features of this work include the planned launch of an anti-bullying award in September 2012 and the anti-bullying e-bulletin which is used to share good practice, update schools about national and local initiatives and highlight priorities and resource materials.
30. There are good systems and practice in place to secure the safety of children and young people who are missing from home, education or placement. The Missing Children Protocol is well established with effective monitoring and panel review arrangements for children and young people. There are strong partnership arrangements and networks which enable all agencies to be responsive, aware and committed to providing safe systems and support and there is good understanding of sexual exploitation and child trafficking.
31. The inspection of the adoption service in 2011 judged that arrangements to ensure that children are safe are outstanding and the inspection of the fostering service in 2008, judged the service to be outstanding. Inspections of children's centres have judged them to be outstanding. The council's residential children's home was judged to be good.
32. Awareness and service provision for children who are privately fostered is satisfactory. Significant awareness raising activity has taken place particularly with schools. However, impact is still limited as currently there are only three private fostering arrangements. Good coordinated work with neighbouring councils has taken place to further raise awareness.
33. Effective procedures are used to ensure that the individual needs of children and young people who are educated at home are fully met. Monitoring is regular and there is attention to guarantee that their safety, learning and social needs are met.
34. The council has a good and well established service to provide for the safeguarding needs of young carers and their siblings and currently works individually or within a group with 27 children and young people between the ages of 8 and 16. Over 100 more young people are involved in a range of other activities. The service offers both therapeutic support and respite. The young people involved with the inspection said that they

value the support the service provides them with and the staff delivering it, as well as the opportunities for peer support. There are good links with adult social care services and arrangements for the coordination of holistic support packages for families.

35. There are a good range of local services for children with disabilities which leads to relatively low numbers of children using out of area provision. There have been delays in access to diagnosis for children with Autism or Attention Deficit Hyperactivity Disorders (ADHD). A new care pathway has been developed and is resulting in reduced waiting times. Overall transition arrangements work well. However a few parents of children with learning difficulties and/or disabilities stated that there was poor communication and insufficient information about which services were available and how to access these. In addition, parents stated that their experience of transition arrangements have not always been effective or timely. Action has been taken by the council to improve transitional arrangements by ensuring there is sufficient staffing within adult services.

Quality of provision

Grade 3 (Adequate)

36. The quality of safeguarding provision is adequate. Threshold for levels of intervention and services are understood by agencies and followed.
37. West Berkshire has a good and wide range of well established and well integrated services with partners, including the voluntary sector, to provide early intervention and family support. There is a good early intervention offer provided through universal and targeted services. The family resource service has four elements: family support, family intervention partnership, early intervention (for those at risk of offending) and DART (focusing on domestic abuse). The co-location and close interrelationship between these teams enables individual agencies, or a combination of relevant agencies, to support families to meet their specific needs. Agencies, which provide higher tier, targeted support, also work closely with universal services (for example children's centres and family support workers in schools) so that relevant information can be gathered about a family and also to ensure effective 'stepping down' of services, where that is appropriate. A good range of training is provided for professionals and good support for families.
38. Children's centres provide good support to families and there is continuity of involvement when families leave the centre. Targeted courses make a difference to the lives of parents and carers such as increasing their self-esteem and the confidence to assert their views when making decisions and coping with day to day living. However, too few of the parents seen understand the purpose of CAF's. Sound preparatory work with children prepares them with developing basic language and numeracy for entering the Early Years Foundation. However, centres are at the early stage of

collecting and analysing data to identify the full impact of the pre-teach work on outcomes.

39. The quality of analysis within CAFs is adequate providing general detail of needs and strengths and the range of services involved in providing appropriate support. However, action plans are not sufficiently detailed and focus primarily on processes or provision rather than on measurable outcomes, and do not include timescales. There is a lack of continuity between CAF meetings, reviews and locality network updates, so that it is difficult to see how much progress has been made on a particular case and the impact of the Team Around the Child (TAC). Quality assurance of CAFs has yet to be developed. In addition there is no systematic evaluation of the CAF in place, therefore its effectiveness has not been fully assessed. Frontline professionals understanding and engagement in the CAF is variable.
40. The quality of work in the referral and assessment team is variable. Quality assurance and performance monitoring systems are in place but management oversight is not always effective and this has led, in some cases, to drift and variation in the quality of work. However, a significant proportion of good work was also seen by inspectors. Some parents met stated that they did not feel involved or their situation was not always accurately recorded in the assessment process. In cases where the outcome was to close cases or to step down to universal provision, the referral and assessment team are providing good assessments with sound judgements. In the main the decision to close some of these cases was appropriate, although in a few cases the initial referral did not fully consider parents unwillingness to engage with recommended universal help provision in their decision making. Re-assessments are prompt and satisfactory with appropriate onward planning. The referral and assessment team has clear systems in place to safely receive referrals or assess and transfer casework and there is no unallocated work. However, there is distinct variation in caseload sizes, linked to case complexity and worker experience. The increase in referrals and child protection cases produces ongoing challenges for the team, however, there is evidence that this is now becoming more stable.
41. The referral and response to domestic abuse incidents which involve children and young people are handled appropriately. Referrals which have serious implications for child safety are assessed quickly by the referral and assessment team. Similarly those notifications presenting lower concerns are now passed on to the new DART which has been in place since October 2011. There is evidence that DART is providing responsive engagement and assisting positive early help from a good range of effective resources. There is good multi-agency engagement in raising awareness of domestic abuse and its effects on children, as well as a strong strategic commitment to further integrating operational responses to improve outcomes for victims and engaging perpetrators in

interventions which promote the recognition and change of abusive behaviour. However, a survey undertaken by WBSCB in November 2011 found that there is significant variation in the level of confidence and knowledge of professionals in identifying domestic abuse, working directly with these families and of relevant policies. A comprehensive action plan has been implemented which includes monitoring the level of confidence and knowledge of professionals with regard to domestic abuse.

42. The quality of social work assessments overall is adequate. Some assessments seen were of good quality with clear analysis and explicit identification of families strengths, needs and risks. For example, the quality of assessments seen in the children with disabilities team were good overall with evidence of clear planning and sensitivity to the need of children and parents and prompt and effective child care planning. However, the majority of cases seen lack sufficient depth of analysis and are not always focused on outcomes for children within appropriate timescales. The quality of child protection reports to initial and review child protection conferences is again variable. Regular updating of assessments is also not routinely done and not always undertaken within the locality teams as part of child protection investigations.
43. The views and feelings of children and young people are generally evident and taken into account in assessments and planning. There is also evidence that children are being regularly visited within required timescales and seen alone, although this is not always clearly recorded. Ethnicity and diversity are recorded although a fuller account of the impact of these factors is not consistently recorded in assessment and planning.
44. There is evidence of good collaborative planning and integrated work between agencies to support parents and children. However, the effectiveness of core groups is variable. Communication between agencies is good, although child protection plans are not always sufficiently developed when the current plans fail to impact on reducing risk and improving the child's situation.
45. Parents whose children have been subject to child protection and children in need plans seen as part of focus groups described difficulties in accessing help and were negative about their experiences with social workers. They said that social workers visited regularly but in their view were monitoring them, rather than interacting with the family and undertaking direct work. However, intervention from the family resource service was seen as supportive and improved their situations.
46. Child protection plans are not always sufficiently specific and contingency plans are not robust. Children in need plans are not always put in place in a timely manner and the quality of plans are too variable and some plans are not specific and sufficiently outcome focussed. Where children have been on children in need plans, insufficient progress in improving the

child's situation has been made in some cases. The partnership recognises the need to improve work with children in need particularly for children who are no longer subject to child protection plans and ensure that clear contingency arrangements are in place. The partnership has recognised that the combination of over optimism, and lack of effective children in need planning and intervention in some cases, has led to an increasing number of children becoming subject to a plan for a second time. A significant proportion of plans end within three or six months. Evidence of managers involvement is not always clear and in a few cases there is a distinct absence of recorded direction. Management oversight in a number of cases seen has been insufficient leading to significant drift in some cases and a lack of clarity about interventions.

47. Independent chairs have manageable caseloads and good support. They have learnt from the recent internal audit in March 2012 which highlighted drift in some child protection case planning and are taking appropriate action. Planning in some review child protection conferences is not sufficiently focused on the child's needs and timescale for change with regard to parenting improvements, particularly those involving emotional abuse and neglect. Attendance is generally high and efficient transmission of minutes and child protection plans takes place. There is a high level of conference and core group participation from children families and their advocates who are well prepared and supported. Issues about practice are raised directly and if appropriate raised for further scrutiny and action.
48. Recording overall is adequate and usually up to date although some core group meetings, visits and assessments are not recorded in a timely way and chronologies are not consistently up to date. In addition chronologies of significant events are not consistently included in child protection reports.
49. The electronic recording system is not user friendly and documents are not always correctly filed. In many core assessments and other key documents, details of individual children are often copied with that of their siblings which makes the individual child's need and story difficult to understand or follow.

The contribution of health agencies to keeping children and young people safe **Grade 2 (Good)**

50. The contribution of health to keeping children and young people safe is good. Governance arrangements and accountabilities for safeguarding children are clear and effective. Senior health managers, designated and named safeguarding professionals, have a thorough understanding of their improvement agenda and are working closely and effectively with the LSCB and their front line teams to ensure lessons learned from previous inspections and serious case reviews (SCRs) are fully addressed. The Child Death Overview Panel is effective and ensures child death investigations

are promptly and sensitively managed. NHS Berkshire has developed clear and appropriately challenging commissioning targets to strengthen approaches to early intervention and prevention, assure high rates of satisfaction with local services, and secure the full delivery of the Healthy Child Programme. Arrangements for the delivery of safeguarding supervision have been strengthened and are adequate. Training targets have largely been achieved and are closely monitored.

51. Consent is well managed and young people are encouraged to be involved in decisions about their care and treatment appropriate to their age and understanding. Children and young people's views were clearly recorded on some health records seen, however there is limited evidence of how this informs the way the service is provided. Commissioning frameworks give high priority to ensuring the '*You're Welcome*' quality criteria are embedded in the practices of NHS providers. However, inspectors found inconsistencies in the extent to which young people's views and experiences shape the development of local health services.
52. Front line health staff, including adult mental health services and hospital based staff, work closely with children's social care and school staff in sharing information and monitoring risks to the safety and well-being of local children. However, the contribution of health staff to some child protection plans seen was not specific enough to enable effective evaluation of how their involvement supports change and the delivery of improved outcomes. Recent reports to conference are of a much better standard and provide a comprehensive picture of children's well-being, parenting capacity and social and environmental factors.
53. Health leadership of CAF activity has been recognised as an area for further improvement to strengthen their engagement in wider partnership working. Whilst practice is developing well with specialist disability staff taking the lead professional role where appropriate, and adequate levels of engagement of most health staff in TAC and locality network meetings, leadership by health visitors and midwives could be stronger in some cases. The new commissioning for quality and innovation (CQUIN) targets provide positive impetus to strengthen practice. Health and social care staff work well together in protecting unborn and new born children including where parental alcohol or substance misuse is a concern. The Poppy midwifery team and teenage pregnancy health visitor provide good support to vulnerable women prior to and following the birth of their babies. NHS Berkshire has recently commissioned a family nurse partnership for West Berkshire that provides additional capacity to support teenage parents and improve outcomes for them and their children. Risks to the well-being of disabled children on child protection plans are clearly identified. Keep safe work with young people with disabilities under the age of 16 is not yet sufficiently developed. The new sexual health strategy under development should improve the focus on the diverse needs of

young people including those who are lesbian, gay, bisexual or transgender.

54. Direct work by CAMHS in supporting young people with complex emotional and mental health needs, including self harming behaviour, is good. Comprehensive support is provided by The Edge to young people who misuse substances or are at risk of being harmed by alcohol and substance misuse within families. However, there remain some gaps in preventative work, particularly for adolescents with emotional, mental health and behavioural needs.
55. The current capacity of front line community health teams is adequate and priority work is generally delivered in a timely way. Improvement work outlined in '*Tomorrows Community Health*' provides a comprehensive change programme to make best use of existing resources and further strengthen the quality and responsiveness of local services. Recruitment of a designated doctor has been a challenge for the local area. New solutions are being implemented to address gaps in capacity and build the skill base and involvement of a wider team of paediatricians and GPs. Whilst urgent work has been adequately covered on an interim basis, the early appointment of a named GP is essential in consolidating the leadership and the engagement of primary care in safeguarding children work. GPs have good access to safeguarding training and there are lead GPs in all local practices. However, their attendance and provision of medical reports to child protection conferences is limited and this is recognised as an area for improvement
56. Arrangements for the examination of children who have been sexually abused are satisfactory and examinations are undertaken by appropriately trained and experienced medical staff. There are good arrangements at the Emergency Department at Royal Berkshire Hospital to identify children who are on child protection plans. The new electronic patient record recently introduced provides important capacity to efficiently check the status of children and outcomes of previous attendances. The nurse led minor injuries unit located at West Berkshire Community Hospital and the out of hours GP arrangements (West Call) have clear safeguarding procedures to identify risks of harm and are vigilant in raising concerns about vulnerable children.

Ambition and prioritisation

Grade 2 (Good)

57. Ambition and prioritisation of safeguarding services are good. There is very strong ambition for safeguarding children and young people across the partnership. Safeguarding children is the council's key priority. There is strong cross party political support and involvement with regard to safeguarding children which has led to council budgets being protected in this area. The Chief Executive, Lead Member, Director of Children's

Services and senior managers are highly visible and take opportunities to meet with staff. Staff state that this makes them feel valued.

58. Strategic partnership arrangements have been streamlined to ensure that there is no duplication and ensure greater clarity. There is good evidence of commitment and challenge from partners with a practical focus on prioritising and commissioning effective services which offer the best use of resources and integrating the whole resource available to the partnership. The council and its partners have undertaken significant needs analysis which informs its child poverty strategy, Joint Strategic Needs Assessment, early years sufficiency strategy and has recently undertaken analysis of the needs of minority ethnic children in West Berkshire. There is very strong commitment and prioritisation of enabling children to stay with their families through intervening at an early stage. There has been clarity about the development of an early intervention service and a clear vision established across the partnership. This prioritisation has led to the establishment of an effective range of early intervention services, for example through the creation of the DART, an early intervention service for children experiencing domestic abuse.
59. There is good involvement of children and young people in developing priorities and the partnership is undertaking work to further improve the participation of children and their parents in service development. The improvement in the quality of information that is available to inform strategic priorities and ensuring a full understanding of vulnerable groups and equality and diversity issues is enabling more focused planning and delivery of services. However, the development of qualitative information that provides clear evidence of the impact of services is recognised as an area for development.

Leadership and management

Grade 3 (Adequate)

60. Leadership and management of safeguarding services are adequate. Reviewing the risks of harm to children in need and in need of protection has not been consistently applied. The inspection has identified variability in management recognition and responsiveness to some cases. However, senior managers in children's social care have an informed understanding of weaknesses in service delivery and resource deficits and have responded quickly to the inspections specific findings with an appropriately detailed and realistic action plan.
61. The Children and Young People's Partnership is becoming increasingly effective, albeit is still developing. A decision has been made not to have an overarching plan for children's services across the partnership in order to streamline processes. However, there is not yet sufficient clarity about the relationships between current plans, the assessment of need in West Berkshire and the partnerships priorities.

62. The local authority workforce strategy has been successful in its focus on growing and carefully developing staff. For example, the good arrangements for students and newly qualified social workers (NQSWs) and a positive reputation for its supportive ethos towards staff. Recruitment of social workers remains a challenge and a number of strategies are in place to address this, including 'growing their own' social workers through good links with educational establishments. It has identified an imbalance in demand between its two locality teams and currently manages this by moving cases across boundaries although it will be reviewing the longer term arrangement within the Munro Implementation group. However, the council recognises the need to develop a stronger career progression structure for its social workers to enable them to stay in practice longer, rather than see their career pathway as being solely into management.
63. Effective joint commissioning with health has provided a good range of services to children with disabilities. In addition, good joint commissioning with neighbouring authorities has ensured more effective use of resources. Commissioning arrangements with the voluntary sector are improving. There is good use of resources in re-aligning services and the commissioning strategy for universal and safeguarding services specifically addresses the priorities of the partnership. For example, in the light of budget pressures, family resource services have been moved to provide more targeted services and some children's centres have taken on some group work activities. DART was developed to address an unmet need in responding to domestic abuse.
64. Diminishing resources have impacted on the ability to deliver CAF training across the partnership and agencies have to purchase this training. The number of professionals undertaking CAF training has declined although e-training has now been developed.
65. Although there have been no serious case reviews in West Berkshire for some time, there is regular consideration of the learning from other high profile cases which are carried out through the WBSCB and disseminated through all partner agencies and integrated into training and development events.
66. A consistent and systematic process for collecting the views of service users has yet to be established. However, where children's views are gathered they have a significant impact. For example consultation with children led to transport becoming one of the partnerships key priorities. Parents interviewed expressed some negative views about social workers they have come into contact with, although family support staff were, without exception, well regarded.
67. The complaints procedure is well established and an annual report is produced detailing a summary of learning. Complaints leaflets and an e-

complaint response are widely available. However, the investigation of complaints at stage one is not always timely and responses are not of a consistently high quality or always sufficiently child-focused.

Performance management and quality assurance

Grade 3 (Adequate)

68. Performance management and quality assurance arrangements are adequate. Quantitative performance monitoring systems are in place to measure activity and process outcomes in children's social care. This information is used well to compare performance against national and locally developed indicators and is routinely used to monitor and improve performance. A good example of this information being used effectively is that following the identification that an increasing number of children were being placed on child protection plans for a second time, a thematic audit was undertaken, which led to a better understanding of the issues and an action plan being put in place.
69. Although there is evidence of routine case audits their focus has largely been on processes. With the exception of some thematic audit activity, audits are not routinely or sufficiently focused on the quality of outcomes for children and young people, management oversight and improving practice. Multi-agency audits undertaken as part of the inspection are of a better quality and have identified a significant amount of learning. A comprehensive framework for quality assurance is being developed that includes the WSCB and children's social care. The WSCB auditing action plan shows a range of activity, however auditing of re-referrals, child protection enquiries and the quality of child protection plans have not been reviewed by the WSCB since the end of 2010.
70. Consistent systematic evaluation of services to inform service development is not yet fully developed, for example the impact of the CAF has not been evaluated. However, there is evidence of some good and improving evaluation of services. For example the Partnership have undertaken innovative work with parents to evaluate more effectively the impact of early intervention. Interviews with 30 parents highlighted significant learning about the service. Overall, the services had had a positive impact on their lives stating that what was important was having someone to listen to them and talk to and support and guidance from someone who understands and doesn't judge. An audit is currently being undertaken of assessment work that includes interviews with service users.
71. Overall management oversight is regular with social workers reporting both good support and good access to managers. However, the quality of management oversight varies from inadequate to good. Management oversight is not sufficiently focused on the impact and outcome of

intervention and the current risk to the child. There is insufficient evidence of challenge and reflection where the current plan for a child is not improving their situation.

Partnership working

Grade 2 (Good)

72. West Berkshire has good effective partnership working arrangements in both the Children and Young People's Partnership, Safer Communities Partnership and the WSCB and can demonstrate good commissioning outcomes. The council and its partners work collaboratively to protect key resources and develop cost effective solutions to service delivery. The council also maintains very effective partnership arrangements with schools and effective relationships with the voluntary sector. These good strategic working relationships are mirrored at the front line.
73. The voluntary and community sector are well represented at key strategic groups. Partnerships are described as good by the voluntary and community sector and they report that they participate in groups and are listened to. However, the voluntary and community sector state that their contribution is limited by their own resources.
74. The Safeguarding Board has good mature partnership arrangements which sponsor good representation, regular attendance and challenge. The Board has developed appropriate priorities and are well aware of the importance of close partnership and collaboration in the current financial context, to assure the best use of resources. Pan-Berkshire Safeguarding Board arrangements enable reduction of duplication of Safeguarding Board activities and focused use of resources and expertise. Governance arrangements between the Safeguarding Board and the Children's and Young People's Partnership Board are clear although there is some uncertainty about the detail of the future interface with the Health and Wellbeing Board. Multi-agency sub-group arrangements work effectively and there is an extensive programme of joint quality auditing. Qualitative assurance priorities are being developed in relation to the findings of the inspection.
75. MAPPA and MARAC meetings are held regularly with generally good attendance with the exception of community mental health team representatives who rarely attend MARAC meetings. There are effective arrangements in place at these meetings to share information, form clear risk assessments and develop protective plans on high risk cases. A good and responsive public protection partnership relationship exists between the police, children's social care and other partners at both an operational and senior management level.
76. Effective partnerships policy and developmental work has enabled safe arrangements to respond to incidents where children are missing from home, school or care, or where they are at risk of exploitation.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

77. The overall effectiveness for looked after children is good. Strong ambition and prioritisation has ensured that looked after children and care leavers needs are effectively met. All outcomes are good with the exception of being healthy, where the quality of health assessments is of a variable standard and communication between children's social care and health teams is not as effective as it should be. A robust action plan is in place to address these deficits. A good range of responsive services are available to support parents and prevent family breakdown. Placement stability is good and excellent work has ensured that only a small proportion of children and young people have three or more placements. However the recruitment of sufficient local long term foster carers remains a challenge and information provided to foster carers about children placed with them is too variable.
78. Corporate parenting is well embedded across the partnership. The corporate parenting panel has strong cross party support, where it acts as a champion for looked after children. The panel effectively monitors performance and effectively challenges and holds the partnership to account. Elected members take the views of children and young people who make regular presentations to the corporate parenting panel seriously.
79. Good prioritisation of looked after children leads to improvements for them in a number of areas. A strong multi-agency partnership through the Life Chances virtual team ensures that the holistic needs of children that are looked after are met. The quality of educational provision is good and strongly improving. The proportion of care leavers in education, employment or training is above the average of similar councils and nationally. Care leavers have access to a good range of accommodation and are provided with effective support. A range of opportunities exist for looked after children and care leavers to express their views. A good independent visitor scheme and access to advocates effectively supports children. However, the quality of response to complaints is too variable. Pathway planning is effective with good involvement of young people. Children are seen regularly and in the majority of cases are seen alone, where it is appropriate. The quality of case recording, assessment and planning is inconsistent and comprehensive up to date assessments are not consistently in place which does not enable sufficiently robust care plans to be developed. In cases seen by inspectors, there were examples of children and young people who became involved with the criminal justice system because of minor offences.

80. The workforce is stable and well supported with access to good quality training. Performance information is used well to monitor and track performance. However, there is not always sufficient scrutiny of this information to fully understand trends.

Capacity for improvement

Grade 2 (Good)

81. The capacity to improve services for looked after children and care leavers is good. There is a consistent track record of improvement across most outcomes. The partnership has given a significant priority to meeting the holistic needs of individual children and young people. Strong ambition for looked after children is supported effectively by elected members. There is good awareness of areas for improvement and strong and effective leadership from the Director of Children's Services and Head of Service means that where deficits are identified, actions are taken promptly to deliver improvements. Family support services work well to enable children to remain in their families. The adoption and fostering services are outstanding and overall children live in stable, high quality placements. Children are well supported educationally and most care leavers are assisted well to enter full time education, employment or training.
82. Workforce planning is improving, though challenges remain with regard to recruiting and retaining experienced social workers and reducing the numbers of agency staff in locality teams. Good work is undertaken to train existing staff to qualify as social workers. A good range of training and support is in place for staff which leads to high morale and staff reporting feeling valued. The leadership team work in an open culture of continuous learning with good communication between the leadership team and staff. Service users contribute well to service developments.

Areas for improvement

83. In order to improve the quality of provision and services for looked after children and young people in West Berkshire, the local authority and its partners should take the following action.

Within three months:

- ensure that there is effective monitoring of children on the edge of care which leads to timely decisions about their safety
- ensure that responses to complaints are of good quality, child centered and accessible
- ensure that there is robust sharing of information with foster carers so that children's needs are effectively met

- ensure that comprehensive up to date assessments are in place for children and young people that lead to specific, measurable and outcome focused care plans
- ensure that the role of parents is more explicitly considered in cases where children and young people are voluntarily accommodated and that this leads to greater clarity about how children's needs will be met
- ensure that strategic planning effectively analyses current information so that service planning and delivery can be more responsive to the changing profiles of children on the edge of care, looked after children and care leavers
- ensure that effective monitoring and clear expectations of providers and professionals leads to a reduction in the proportion of children and young people who commit offences.

NHS Berkshire together with local Clinical Commissioning Groups and West Berkshire Council should take action to:

- ensure local arrangements fully comply with statutory guidance for meeting the health care needs of children who are looked after and deliver the promises outlined in the Children's Pledge
- ensure children who are looked after and care leavers have a comprehensive assessment and joint review of their needs, with full involvement of young people and their carers in shaping their individual health care plans
- promote effective information sharing and tracking of the health outcomes for all children who are looked after.

Within six months:

- ensure that there are sufficient local long term foster carers so that children and young people can be matched to long term carers in a timely way
- ensure that permanency planning consistently considers the use of Special Guardianship Orders so that care planning leads to the most appropriate permanency arrangement for children and young people.

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

Being healthy

Grade 3 (Adequate)

84. The health of looked after children is adequate. CAMHS give priority to addressing the needs of children who are looked after, and there are good outcomes for young people referred, but the number of children who benefit from direct work is relatively low. In recognition of this, the council has commissioned additional psychology input that offers additional capacity and is effective in meeting children's specific needs. Low numbers of young people who are looked after are teenage parents, and although the numbers of care leavers who have become pregnant has recently increased, numbers remain relatively low. A small number of young people access support and intervention services for those at risk of substance and alcohol misuse (The Edge) with good outcomes in terms of harm reduction and improving their emotional and mental well-being. There is good awareness of and support for children with disabilities and complex health needs who are looked after.
85. Children and young people and their carers are able to choose where their annual health assessment takes place. Looked after children health records seen overall demonstrate a mixed picture of the effectiveness of communication between local social care and health teams. There are some gaps in information sharing and joint review of the health outcomes for all looked after young people, including those placed some distance from West Berkshire or living at home or in kinship care arrangements. The quality of initial health assessments undertaken by GPs is of a variable standard. Some initial and review health assessments seen did not sufficiently explore children and young people's feelings, their faith and ethnicity, emotional and mental well-being, sexual health and safety. Strengths and Difficulties questionnaires (SDQs) are not consistently undertaken or used to inform a comprehensive assessment of the needs of children and young people. Training and supervision of community health staff is being strengthened to support improved practice.
86. During 2011-12, there was a significant fall in performance in the timeliness of initial and review health assessments of children due to shortfalls in local staffing arrangements, and a few children did not have an annual health assessment of their needs. Senior managers have responded positively to the findings of an inspection of a neighbouring authority and have a clear vision and are effectively building their capacity to transform the quality of local provision. A significant programme of improvement work has been implemented across the partnership and performance is now tightly monitored. Its impact is beginning to be evidenced through improved levels of compliance with statutory timescales and timely adoption medicals. The enhancement of the

capacity of the looked after children health team has supported a fresh drive and improvements in the quality of local arrangements. Recent training and support provided by the designated and named looked after children nurses to adoptive and foster carers and teaching staff is highly valued and supports a better understanding of the health and development needs of children.

Staying safe

Grade 2 (Good)

87. The arrangements to safeguard looked after children and young people are good. Looked after children and young people who were seen as part of the inspection told inspectors that they felt safe where they were placed and had someone who they could confide in and the majority felt safe in the areas where they live. A good range of responsive services are available to support parents and prevent family breakdown. The family resource service offers a wide range of programmes and individual support to families that is available at evenings and weekends and family support workers are used well to support families in crisis. The Family Intervention Project (FIP) provides highly effective intensive support to a small number of families with multiple challenges and is recognised by parents in making a significant impact on their ability to appropriately care for their children. Family group conferences are well established and encourage family and friends to consider ways of supporting children and families within their communities. Cases seen by inspectors showed some good outcomes for families who had taken part in conferences, including kinship care arrangements, but some parents seen as part of the inspection were unclear how family group conferences could have supported them and therefore had declined to take part in the process.
88. Where children need to be accommodated by the local authority, a specialist family placement team ensures that the individual needs of the child or young person are prioritised in the decision-making process. Where possible, children are placed in the area and particular attention is given to minimising the disruption to their lives through maintaining school placements and ensuring contact is kept with important people in their lives. The monitoring of the quality of in-house placements is effective. The recently developed South East Consortium ensures that the monitoring of external placements is regular and robust and all providers working with the consortium have been judged good or better in inspections. Commissioning arrangements ensure that there are effective safeguarding standards in place for all contracted services for looked after children and careleavers. The inspection of the adoption service in 2011 judged that services to ensure that children are safe are outstanding and the inspection of the fostering service in 2008 also judged this service to be outstanding.
89. Staff and foster carers are aware of the importance of ensuring that children can remain in their placements. There has been excellent

performance with regard to ensuring only a small proportion of children and young people have three or more placements. Despite a recent drop in long term placement stability, levels have generally been above national and regional comparators. Fragile placements are well supported by offering packages of family support and respite. The fostering service offers an evening and weekend on call service to offer advice to foster carers to provide advice and guidance. This service is valued by foster carers.

Enjoying and achieving

Grade 2 (Good)

90. The quality of educational provision for looked after children and young people is good and improving strongly. Educational provision for looked after children is given a high priority to give them greater opportunities to achieve their potential. The virtual headteacher provides clear and strategic direction and is very well supported by an outstanding team, comprising the looked after children's education services (LACES) and the life chances team to support and guide schools in engaging looked after children in their learning. Additionally, a very good range of reading resources has been produced to signpost and update all services about requirements and expectations when a child or young person enters the service. The educational managers form a cohesive and dedicated team around looked after children and care leavers.
91. School placements are carefully considered before a looked after child is enrolled in a school or college and clear selection criteria are used. For example, priority is given to the school's effectiveness, and as a result, very few children in care are placed in a school unless the quality of provision is good or better and can be matched to the needs of the individual child. However, although there are few breakdowns in school placements, occasionally there is a lapse and actions are not taken quickly enough which prevents a young person from achieving the best possible outcomes, because there have been too many changes.
92. The reintegration services provide good quality support and re-engages children and young people in their education very well. Similarly, the creation of a dedicated teaching assistant for unaccompanied asylum seekers has led to services being carefully tailored to meet their needs. Consequently, young unaccompanied asylum seekers are enabled to make good progress from their starting points.
93. Over the last three academic years, the attendance of looked after children has been better than the average for this group nationally and above average for similar authorities. Their attendance is kept under review and good partnership work with the education welfare service and schools ensure that the vast majority of looked after children attend school regularly. The local authority has recently introduced 'Welfare Call', a more robust system for monitoring and tracking attendance. This

recently introduced system provides immediate alerts and leads to robust actions being taken to ensure that persistent absentees are rare among looked after children.

94. Good preventative systems and procedures are applied rigorously to prevent permanent exclusions. As a result, no looked after child has been permanently excluded over the last four academic years. When exclusion occurs, Pupil Placement Panel is used to support managed moves within the local authority. Conversely, fixed term exclusions are higher than the national average and that of similar authorities. All looked after children and young people on a fixed term exclusion or requiring extended support beyond the provision in mainstream school are very well supported and appropriately placed in a choice of provision in the reintegration service units.
95. A high proportion of looked after children have special educational needs; this is well above that of similar authorities and the national average. However, most make sound or better progress because of the good range of support strategies that are used. Additionally, targeted intervention work and partnership work between the inclusion officer and LACES team ensure outcomes are improving for looked after children in Early Years Foundation Stage. For instance, resources such as the nursery grant, pupil premium, and dowry funding and the personal education plans are used to identify actions that will support the development of identified skills, such as literacy or social and emotional needs.
96. Over the last five years, very few looked after children in primary schools have taken the Key Stage 1 and 2 National Curriculum tests at the end of Year 2 and Year 6. The cohorts have been either too small or have not been eligible to take the tests because of their specific learning difficulties. Of the very few who took the national tests over the last three years, their achievements in English and mathematics have been broadly in line with the national average and similar authorities. In 2011, they were above in English and high in mathematics.
97. Children and young people in care for 12 months with specific learning needs have been supported to gain entry level and/or GCSE examinations. In 2011, results in the GCSE examinations were in line with expectations. Targets for 2012 indicate that care leavers will achieve their targets with a few exceeding them. When the starting points of individual children and care leavers are taken into consideration, achievement is good and better for a minority. Overall, the local authority is successfully narrowing the attainment and achievement gap for individual children and care leavers year on year.
98. Good procedures are used to hold other authorities to account for children placed out of county. Procedures for monitoring the progress of children in care are good. Assessment data on progress over time are collected and

analysed to identify trends. As a result, remedial action can be taken quickly.

99. Personal education plans are generally good. Planning for improvement is regular and exceeds the expected six monthly meetings. The new personal education plan format provides a clear and detailed overview of progress made since the last meeting; actions and impact are evaluated and informative updates are provided in relation to background information and academic achievement. However, targets are not specific about next steps and do not include measurable criteria. Although children and young people attend the personal education plan meetings, their views are not routinely recorded to indicate that they are engaged in the process and have a voice in relation to influencing decisions about their lives. Children and young people have good access to a wide range of leisure activities. Looked after children also have opportunities to attend an annual residential with other looked after children and staff to build self esteem and develop skills. The council encourages children and young people's engagement in sport.

Making a positive contribution, including user engagement

Grade 2 (Good)

100. Opportunities for looked after children and care leavers to make a positive contribution are good. The Children in Care Council (R:VUE) is the representative body of all children in care, staff work with young people and enable them to develop a good range of organisational, leadership and management skills. They make presentations on issues that affect their lives and prepare briefings for senior managers and staff. The R:VUE has two groups for younger and older young people. These groups meet regularly and have the skills to determine and manage their own priorities as they relate to junior and senior members. Members of R:VUE are enthusiastic about the support and opportunities they are given not only to work with other looked after children in the authority but also to liaise with their counterparts regionally and nationally and make representations to key officers. Children and young people have been involved in the development of a Pledge and there is evidence that independent reviewing officers (IROs) refer to the Pledge to ensure that it is being adhered to. The Pledge has been disseminated effectively to looked after children and young people by a variety of means including through a DVD.
101. The R:VUE members are generally satisfied with the service they receive. However, they feel that more could be done to improve the quality of meetings with social workers, particularly as appointments are occasionally cancelled at short notice. In addition, they would like their social workers to spend more time with them. Young people spoken to were happy with where they are currently living. Most spoke highly about

the intensive support they receive in schools that has enabled them to make the next steps. The council uses the 'Hear by Rights' standards as a tool to measure the extent to which children and young people in care participate in decisions about their lives and to enable children and young people to have the opportunity, skills and support to actively participate in influencing service development and delivery.

102. Various approaches are used to promote children in care having their voice heard, including regular presentations to the corporate parenting group. Elected members are very committed to hearing the voice of children and young people. Elected members also meet children at social events and at the annual celebration event.
103. Young people know and understand the established complaints system and all children are offered an advocate to support them when making a complaint. However, complaints are not always investigated promptly and the results are not always timely. Furthermore, letters are not child centred. However, lessons from complaints are appropriately compiled and circulated to teams for review and action.
104. An effective advocacy and independent visitor scheme is provided by a voluntary organisation who recruits and trains volunteers from a wide range of backgrounds. As a result, children and young people are well-matched with independent visitors who can meet their needs and can gain access to an independent advocate. However, work with children with disabilities is underdeveloped and the project is working to improve access for this group by offering training to volunteers.
105. Children and young people participate well in their reviews, often chairing their own reviews and are encouraged in deciding who to invite to the review. The attendance of children at their reviews is monitored and this demonstrates that significantly more children and young people are now attending their reviews.
106. Young people who are looked after are encouraged and enabled to participate in school councils and the Youth Parliament and take part in interviews for staff within the council, including the appointment of the Head of Children's Services. Young people are also involved in planning of the annual residential trips for looked after children.
107. The number of children and young people in care who were either cautioned or convicted was higher than similar councils and the national average in 2010/11. .

Economic well-being

Grade 2 (Good)

108. The impact of services in enabling children and young people in care to achieve economic well-being is good. In 2009/10, almost all care leavers were in education, employment or training. This proportion fell to two

thirds last year but remained above the averages for similar areas and across the country. The leaving care, LACES and life chances teams work very closely with schools and other partners to maintain young people's engagement with education and to prepare them for further and higher education or the world of work.

109. The work of the 14-19 Strategy Group is underpinned by a clear strategic vision in relation to preparing schools and young people, including those in care for staying on in education, as part of the drive to 'Raising the Participation Age'. The local authority has worked creatively with various partners to ensure that provision for care leavers is inclusive and matched to their needs. For example, those working with the youth offending team and others whose circumstances make them vulnerable, such as teenage mothers and those with specific disabilities or learning needs, find that they can gain recognised accreditation because they are offered a good range of curriculum pathways.
110. Most care leavers are assisted well to enter full time education, employment or training. Currently there are nine care leavers at university. Potential university students are identified early and receive considerable encouragement and support in selecting and applying for courses. They are provided with good financial advice before and during their time as students. Through regular contact with their social workers they also receive the necessary personal and emotional support. Good support is also provided for young people in further education. The local college has a dedicated tutor for care leavers who liaises very closely with the leaving care team. Although the authority tracks the courses that care leavers follow after the age of 16, it does not monitor or report on the progress that they make on those courses.
111. The Connexions intensive worker provides careers advice specifically for looked after children. Care leavers with disabilities are provided with continuing support, including help in developing independent travelling skills. Young people living in isolated communities also receive support with travel, including help in gaining a driving licence, so that they can take advantage of employment opportunities beyond their immediate area.
112. Last year, the council started its own apprenticeship scheme. Care leavers are guaranteed an interview for posts, one of which is ring-fenced for them. However, because of insufficient publicity, no care leavers applied for these apprenticeships in the first year. The authority is working with the Connexions service to improve communications and rectify the situation. An increasing number of apprenticeships are being made available by local companies.
113. The proportion of care leavers with up to date pathway plans has fluctuated. It rose from 24.8% in 2008/09 to 87.5% in 2009/10, but fell in

the following two years, with the most recent figure being 79.7%. This was mainly the result of staff vacancies which have now been filled. The pathway plans seen are of good quality. They have been produced in a timely way, have been completed in collaboration with the young people and have been regularly reviewed and updated. The young people interviewed by inspectors are satisfied with their pathway plans and found them useful.

114. Care leavers have access to a good range of accommodation, including 'Stay Put' arrangements, supported accommodation, supported lodgings, social needs properties and private accommodation. These offer varying degrees of independence to suit individual needs and preferences. A few care leavers who spoke with inspectors feel that they should be given the opportunity to have a 'short practice run of living independently' before it becomes formal, particularly as some do not feel they are ready to take this major step. The authority also has accommodation facilities for those who suddenly become homeless. Young people are provided with appropriate support in developing independent living skills, including money management. The housing panel conducts risk assessments to determine the level of support required by young people and to prioritise resources. Very occasional use is made of bed and breakfast accommodation but only for a single night where there is no alternative. Arrangements are made through a service level agreement with providers who have been checked by the authority. Appropriate accommodation and support are provided for teenage mothers.
115. Care leavers who are unaccompanied asylum seekers have access to appropriate courses to developing their literary and communication skills and gain recognisable qualification. However, there is still more to do to ensure that the service is consistently responsive to those whose circumstances make them vulnerable. Although there are good transition arrangements in place for young people with disabilities, there is no formal handover between all relevant professionals.

Quality of provision

Grade 3 (Adequate)

116. The quality of provision for looked after children and young people is adequate. Almost all children enter care in a planned way and where children and young people enter the care system through emergency measures these are used proportionately and appropriately. However, delays for a small number of children and young people becoming looked after has resulted in their needs not being met in a timely manner. All looked after children and young people are allocated to suitably qualified social workers. Although permanence is recognised as important to ensure good outcomes for children and systems are in place to ensure that timely permanency plans are in place, in some cases these are not consistently implemented with sufficient rigour. Access to appropriate legal advice is readily available through regular legal surgeries and individual legal

planning meetings. However, not all cases are progressed promptly. Overall, court work is of good quality. Adoption is appropriately considered as an option and the councils performance as measured by the adoption scorecard is good. However, numbers are low as this is such a small authority, and the council recognises that there needs to be a greater focus on placing older children for adoption. The use of Special Guardianship Orders is underutilised as a means of securing permanence, but the authority is aware of this and is taking action to improve this.

117. Placement stability is a priority for the authority and the majority of children and young people live successfully in long term placements. A wide range of providers, including specialist placements with high levels of support, are used so that their needs are properly met. Where long term care is the plan for the child or young person, effective systems are in place to ensure that the placement fits the individual need of the child. However, the lack of long term foster carers within the authority has proved a challenge. This is being addressed through a number of short term carers becoming registered for long term placements for children who are already placed with them. However, some children, whose care plan is for long term care, are not in placements that meet this need. Foster carers receive good additional training and support to manage challenging behaviour. However, in cases seen by inspectors, children and young people became involved with the criminal justice system because of minor offences in their placements and some social workers were not sufficiently aware of the impact of police involvement on the child or young person. Following this being brought to their attention the authority took immediate action to address this deficit.
118. Planning and preparation of children for moves of placement is effective. Where possible, introductory visits and stays are used to help the transition. Foster carers prepare a profile of themselves and their families so that children know something about them before they meet them. Children and young people seen as part of the inspection felt that their placements met their needs and that they were well cared for. However, information provided to foster carers about children placed with them is variable and sometimes does not include important information which would impact on their care or their behaviour on placements.
119. As social workers hold generic caseloads, some children and young people have consistent social workers over an extended period of time, however, this is not the case for all, as some children and young people and parents spoken to reported too many changes in social workers. The authority are aware of this issue and it has been included as part of the Pledge for looked after children and young people as a key priority. Transfer to the leaving care team is planned and undertaken sensitively and takes into account the specific needs of the young person. Care leavers report good levels of support to help them develop independence skills, particularly in

budgeting and living independently. Children are seen regularly and in the majority of cases are seen alone where it is appropriate.

120. The quality of case recording, assessment and planning is too variable. Recording is not always up to date and the practice of including visits to siblings within case notes makes it difficult to track the contact with the individual child. Assessments are not updated to recognise the changing needs of the child or young person and current assessments of risk are not always sufficiently robust. Risk assessments of unaccompanied asylum seekers do not always sufficiently address the inherent risk of placing young people, where there is no prior knowledge of their background in foster placements with other vulnerable children. The work with older children was not as robust as that seen with younger children, due in part to comprehensive up to date assessments not always being in place, which does not enable sufficiently robust planning and intervention. However, there is significant monitoring of children and young people through the two life chances teams (pre 16 and leaving care) a virtual team of relevant professionals from across the partnership. A RAG rating system is in place so that the activity of the group focuses on the most vulnerable children and young people. Life chances offers effective challenge and support to social workers.
121. Management oversight is recorded on case files but often acts to summarise the work undertaken, rather than act as a sufficient challenge to the worker, particularly in preventing drift. Initiatives have been put in place to begin to address this, through the introduction of a practice mentor within the team and, in one team, critical case meetings have been introduced on a weekly basis to focus on cases where progress has been too slow.
122. The role of the independent reviewing officers (IROs) is well-established and workers and foster carers thought that they challenged plans effectively to ensure that the well-being of the child was paramount. Review meetings are timely and focus well on engaging the child or young person in an age appropriate way. However, where children are accommodated on a voluntary basis, there is insufficient recognition of the role and responsibility of the birth parent in the life of the child and the impact of their continued parental responsibility on the plans for the child.
123. The promotion of equality and diversity is variable and not always fully taken into account in assessments and in planning or in information provided to foster carers to ensure that needs are properly met. The training and preparation of foster carers in advance of the placement is limited. However, inspectors saw examples of considerable efforts made by carers to ensure that children's equality and diversity needs were met which were supported by the local authority.

Ambition and prioritisation

Grade 2 (Good)

124. Ambition and prioritisation of looked after children and young people is good. The Children and Young People's Partnership and the WSCB prioritise looked after children and robustly scrutinise information to ensure that the best outcomes for looked after children are met. Senior managers give a clear priority to ensuring that the needs of looked after children are identified in service development and delivery.
125. Strong cross party political support for looked after children and care leavers and good prioritisation from senior managers is leading to an increasingly responsive service which meet their needs, with finances protected for this vulnerable group. Elected members are trained in their responsibilities as corporate parents and there are annual updates to all elected members. Looked after children and young people's successes are celebrated, including an annual celebration event. The corporate parenting panel has cross party support and includes the portfolio holder for children's services who ensures that their needs are addressed at a corporate level. For example, deficits in health provision are being monitored by the health scrutiny panel and a strong focus on young people's education has led to more young people attending university. Performance is scrutinised well and, where deficits are highlighted, effective challenge takes place to both the authority and partnerships.
126. A number of separate strategies are in place and all identify the priorities for looked after children and young people, but these are not sufficiently coordinated or systematically reviewed to ensure that the changing needs of this group are appropriately met. However, where deficits are identified effective and prompt action is taken.

Leadership and management

Grade 2 (Good)

127. The leadership and management of services to children who are looked after is good. The Chief Executive, Director of Children's Services, Head of Service and senior managers are highly visible. They communicate well with staff and this has led to the workforce feeling valued and well supported. Strong leadership ensures a service that is responsive to the individual needs of children and managers and staff have good knowledge of the children and young people they work with. A strong multi-agency partnership through the life chances virtual team ensures that the holistic needs of looked after children are met. The priority of the authority to keep children with their families is well understood by staff. The joint placement panel ensures that children who need the most intensive support are properly targeted and resources made available. Continuing efforts are made to recruit new local foster carers to prevent children being placed too far from their homes. The partnership of the South East

Consortium of Local Authorities has begun to work effectively to reduce placement costs and improve quality of placements.

128. Overall, the workforce is stable, although there is an over reliance on agency staff in the West Locality team. Good work is undertaken to develop the knowledge and skills of staff and appropriate action is taken where developmental issues are highlighted. Foster carers have access to high quality and specialist training and are encouraged to attend by payment of an annual bonus if they attend more than 20 hours training.
129. Well established commissioning arrangements are in place with other Berkshire authorities to maximise the authority's capacity to offer a range of placements to meet the differing needs of children and young people. The recent implementation of the South East consortium will further enhance this provision. Some effective joint commissioning has been undertaken with health to provide short breaks. A sufficiency report was completed in 2010 to review the provision of the authority and the majority of the deficits highlighted have now been addressed. For example, good work has been undertaken to ensure that the needs of unaccompanied asylum seeking children are better met within the authority. However, the sufficiency strategy has not been updated to consider the changing needs of the looked after children population.

Performance management and quality assurance

Grade 3 (Adequate)

130. Performance management and quality assurance arrangements for services to looked after children are adequate. The key performance indicators are mostly in line with statistical neighbours. The 'red book' of performance information is used well to monitor and track performance. However, there is not always sufficient scrutiny of performance information to properly understand the trends and use this to plan and develop services and practices. Local indicators are being developed, for example it is good that children's attendance at reviews is monitored. Good monitoring of children's educational progress has led to improvements in educational progress being made by looked after children. Performance has recently improved with regard to the health of looked after children, performance is now robustly monitored and agencies are effectively held to account.
131. Although some services are evaluated for effectiveness, this is not yet systematic and therefore evaluation is not used consistently to improve service provision. For example in considering the impact of programmes provided through the family resource service and family group conferences.

132. Case auditing is becoming increasingly used but its role as a tool for improvement is not fully utilised in the service. Case auditing is not focused sufficiently on the experience of the child and outcomes and the impact of intervention. Case audits are not collated to highlight themes and develop action plans. Thematic audits have been undertaken but have not been sufficiently comprehensive and challenging.
133. In the majority of cases seen, there was evidence of management oversight, but these records indicated a summary of the work undertaken with insufficient evidence of consistent challenge and reflective management oversight, and in some cases a lack of focus on the effectiveness of the current care plan.

Record of main findings:

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