

Inspection of safeguarding and looked after children services

Slough Borough Council

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Reporting inspector: Derek Churchman

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Contents

About this inspection	2
The inspection judgements and what they mean	3
Service information	3
Safeguarding services	6
Overall effectiveness	6
Capacity for improvement	6
Safeguarding outcomes for children and young people	11
Children and young people are safe and feel safe	11
Quality of provision	11
The contribution of health agencies to keeping children and young people safe	12
Ambition and prioritisation	15
Leadership and management	16
Performance management and quality assurance	17
Partnership working	19
Services for looked after children	23
Overall effectiveness	23
Capacity for improvement	23
How good are outcomes for looked after children and care leavers?	26
Being healthy	26
Staying safe	26
Enjoying and achieving	27
Making a positive contribution, including user engagement	28
Economic well-being	29
Quality of provision	31
Ambition and prioritisation	32
Leadership and management	34
Performance management and quality assurance	35
Record of main findings	38

About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line 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
 - analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance *with 'Working Together To Safeguard Children', 2010*
 - a review of 51 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
 - consideration of the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
 - information arising from interviews and focus groups with front line professionals, managers and senior staff from Berkshire East Primary Care Trust, Berkshire East Community Health Services including Slough walk-in health centre, which is managed by a social enterprise community interest company called Slough CIC, Heatherwood and Wexham Park Hospitals NHS Foundation Trust, Berkshires 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. Slough is characterised by an expanding and highly diverse community. There has been unprecedented growth in the population including a combination of people from Eastern European and Black African backgrounds, in addition to increasing numbers of families from Pakistani and Indian backgrounds and people moving from other parts of the UK to live in Slough. Many families live in overcrowded housing, including high levels of private landlord housing, houses of multiple occupation and furnished garden sheds. The combination of the increasing birth rate and international and UK inward migration has resulted in a large number of families with children and a high demand for services.
5. Slough has a resident population of approximately 30,800 children and young people aged 0 to 18, representing 24% of the total population of the area. In January 2011, 73.9% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. English as an additional language is spoken by 49.6% of pupils. Punjabi and Urdu are the most recorded commonly spoken community languages in the area. Pupils of Pakistani background make up 22.3% of the school population.
6. Slough has 42 schools comprising 28 primary schools (22 of which also have nursery provision), 11 secondary schools (including Academies), and 3 special schools and short stay schools. Early Years services are delivered predominantly through the private and voluntary sector in over 25 settings; there are five local authority maintained nurseries.

7. The Slough Children's Trust (now known as the Slough Strategic Children's Partnership Board) was set up in 2006. The Slough's Local Safeguarding Children Board (LSCB) has been independently chaired since its inception in 2006, bringing together the main organisations that provide safeguarding services for children, young people and families in the area.
8. Social care services for children have 40 foster carers, two children's homes and 27 externally commissioned services. Community-based children's services are provided by the referral and assessment team, family support team and the pathways team for looked after children and care leavers. They are supported by teams for children with a disability, youth offending, adoption and fostering. There is an emergency out of hour's team providing cover for the Borough and five other local authorities. Other family support services are delivered through 10 children's centres and extended services in schools. Some services are provided or coordinated through children and young people's services, such as health improvement, covering substance misuse and teenage pregnancy, youth services and Connexions.
9. At the time of the inspection there were 167 looked after children. They comprise 51 children less than five years of age, 106 children of school age (5–16), 10 post-16 young people and a total of 81 with care leaver status. Most (143) children are placed in foster care, 67 placed in house and 76 with independent fostering agencies. Other placements include nine children placed in adoptive placements, 10 placed in children's homes (of which six are placed in in-house children's homes), three placed in supported lodgings, one placed in a residential care home and one placed in a residential school. At the time of the inspection there were 143 children who were the subject of a child protection plan. This is an increase of 21% over the number of children who were the subject of child protection plans at the end of March 2010. These comprise 71 females and 69 males (three were unborn children). Some 45% of these children are aged under 5, 33% are age 5 to 11 and 20% are 12 years or older. The highest categories of registration were neglect at 66% and emotional abuse at 27%, with physical abuse at 4%, sexual abuse at 1% and multiple components at 3%.
10. Commissioning and planning of national health services and primary care are carried out by NHS Berkshire East Primary Care Trust (PCT). The main provider of acute hospital services is Heatherwood and Wexham Park Hospitals NHS Foundation Trust. Community-based services and child and adolescent mental health services (CAMHS) are now provided by Berkshire Healthcare NHS Foundation Trust (community services moved under the management of Berkshire Healthcare NHS Trust mid way through the inspection). In-patient CAMHS is provided by the same agency. There are three general

practitioner (GP) consortia in the area covered by NHS Berkshire East, one of which is coterminous with Slough Borough Council and is a pathfinder. Children and families in Slough access primary care through one of 16 GP practices.

Safeguarding services

Overall effectiveness

Grade 4 (Inadequate)

11. The overall effectiveness of safeguarding services is inadequate. Statutory requirements are not met. The inspection found significant failings in the contribution made by Slough Borough Council Children's Service to child protection work, particularly with regards to children who had already been identified as suffering, or at risk of suffering significant harm and are the subject of child protection plans. Inadequate practice was found in the level of robustness of quality assurance arrangements, systematic managerial oversight and challenge in casework and the quality of ongoing risk assessment and care planning. Practice in these cases had been insufficiently child focused, assessments and plans did not reflect the full range of risk indicators and had failed to achieve sustained improved outcomes for the children concerned. Core assessments are not being used to review and reflect changing family circumstances and professionals and parents were unclear about the consequences should the plan fail to deliver sustainable change for the children involved. These significant shortfalls in practice were identified through the random selection of cases by inspectors throughout the inspection process. In five of these cases, children are likely to have remained at risk of significant harm and the social work practice and response was inadequate. Inspectors were informed that immediate review and action was taken by the council during the inspection to ensure that these children are safe and/or protected from future harm.
12. The council has satisfactorily addressed the two areas for development identified in the unannounced inspection of the contact referral and assessment arrangements that took place in November 2010. No areas for priority action were identified. This earlier inspection found the front line duty and assessment service to have met the requirements of statutory guidance in a number of areas, including the processing of contact and referrals within timescales and appropriate follow up of child protection investigations by qualified social workers. It also noted some strengths.
13. This inspection, however, found that in most of the child protection cases randomly selected there were significant failings in statutory work with children subject to child protection plans and the ongoing assessment of risk in longer term work. There is a systematic failure of some managers and independent reviewing officers to identify un-assessed risk, drift and a lack of contingency planning for children subject to child protection plans over a number of months. Some elements of practice have been very effective, for example the

consideration given to equality and diversity issues in the assessment of need and the steps taken to improve safeguarding in its widest sense through promoting community and social cohesion. However, this has not translated into improved safeguarding outcomes for all children in Slough, which are inadequate overall. Although the inspection has found significant failings with regards to social care, the contribution made by health agencies to the safeguarding of children is good.

14. The action taken by managers to address the areas for development identified by the unannounced inspection had resulted in some positive change. The early intervention strategy and the multi-agency triage system has been developed with children's social care staff with the aim of providing a seamless service for children, with fewer transfer points and opportunities for social workers to carry cases through to permanency. Improved systems and transfer processes for statutory and lower level work has reduced caseloads for social workers and led to a stronger focus on targeted work.
15. The views of children and young people are derived from a range of sources, including surveys, questionnaires and Youth Cabinet. They are appropriately engaged in evaluation of the effectiveness of provision and have informed service developments in some areas. The cultural, gender and religious needs of children and young people are considered well in the assessment of their needs. However, the direct contribution they make at a strategic level is under developed.
16. Partnership work across key agencies and commissioned partners is clearly underpinned by a shared understanding and commitment to improving outcomes for the safeguarding of children and their families. Clear priorities have been identified in the Children and Young People's Plan 2011 -14 and business plan for the LSCB. The LSCB and the Strategic Children's Partnership Board are developing their strategic working relationship supported by a clear joint protocol. The clarification of the inter-relationship between these two boards is an activity identified in the draft strategic plan for the LSCB for 2011-2014. The partnership has prioritised and very successfully delivered a comprehensive range of services to promote social and community cohesion for children and young people and families within the diverse population of Slough.
17. Staffing resources are sufficient to deliver the service area priorities across the partnership. The local authority, health and partners have been able to achieve this despite an unprecedented growth in Slough's highly diverse population. However, high staff turnover and permanent vacancies in the children's social care teams has led to some discontinuity and tenure particularly in the front line service.

Vacant posts have been covered by agency staff and a number of interim management appointments.

18. Financial plans are in place to tackle the policy and funding changes faced by the public sector organisations in Slough. The impact of the comprehensive spending review has been significant for Slough and has resulted in a substantial reduction in revenue and capital funding through the formula funding grant. This has been exacerbated by significant reductions in grant aid and some grant strands ending. However, in view of the increasing demands on front line social work services for children and young people, the council members have taken the decision to protect these services for the financial year 2011/12.

Capacity for improvement

Grade 4 (Inadequate)

19. The capacity for improvement is inadequate. During the inspection, a detailed recovery action plan was drawn up by senior managers in children's social care in acknowledgement of the failures and as a response to the serious shortfalls identified in social work practice, managerial oversight and challenge, and quality assurance processes. While it is recognised that the plan was developed in a short period of time, the immediate actions identified need to be further prioritised and sufficient resources secured to ensure the necessary improvement. This is particularly the case in relation to the stretched capacity of front line social work services.
20. Slough has experienced a difficult and challenging time in relation to its population growth particularly the inward migration of vulnerable children and families which has resulted in significant increased demand for services. This, together with the impact of high profile national serious case reviews, has contributed to a significant increase in the number of referrals to social care and children subject to child protection plans. High staff turnover in 2010/2011 has put significant pressure on the service.
21. Additional resources have been identified to improve capacity within the duty teams through the establishment of a multi-agency triage system. Initial contacts are taken through this system, which enables earlier intervention to be offered to vulnerable children and families through the integrated common assessment framework (CAF) process. Sure Start funding has been secured for five, full time equivalent outreach worker posts to provide support to vulnerable families. Despite pressures on the service, some improvement in performance has been noted, for example in the completion of timely assessments, which is better than comparators. However the deficiencies found in the quality of risk assessment and plans for children subject to child

protection plans is of serious concern and has led to children being inadequately protected.

22. The performance management information provided by the council to the partnership and used at all levels within the organisation is detailed. However, quality assurance undertaken by managers and independent reviewing officers was found to be inadequate in the cases identified during this inspection. Although case file audits are conducted regularly by managers these have failed to identify the significant themes and weaknesses in social work practice.
23. Recruitment to fill vacant permanent social care posts is underway now that the base budget for this year has been set. The recovery plan to address the findings of this inspection has identified the need for immediate action to improve the skill base of both managers and social workers through training and development. In health, there remains a shortage of health visitors, although long term plans are being introduced to try and remedy the situation, review skill mix and give stability to the workforce. The designated nurse for safeguarding post remains vacant despite efforts to recruit, although the role is currently being effectively covered by other staff from the public health team.

Areas for improvement

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

Immediately:

- ensure that the recovery plan to address the findings of this inspection is prioritised and fully resourced to reduce any impact upon the capacity of the front line service
- undertake a comprehensive audit of all children who are on the threshold of risk and/or subject to child protection plans to ensure that these children are being protected from serious harm
- ensure that the serious shortcomings in quality assurance arrangements are addressed by strengthening management oversight and challenge in case work and the effectiveness of the independent reviewing officer service
- ensure that the serious shortfalls in risk assessment, contingency and care planning are addressed and improved through appropriate staff development and training

- ensure core assessments are regularly used and updated to reflect and evaluate the impact of changing family circumstances
- ensure child protection plans and written agreements with parents clearly identify what needs to change and what action is required to address any drift
- ensure children in need plans are consistently drawn up following assessment and are regularly reviewed

Within three months:

- ensure that safeguarding priorities are clearly agreed and understood between Slough's LSCB and the Strategic Children's Partnership Board and reflected in the Children and Young People's Plan (CYPP)
- ensure that multi-agency audits are undertaken by the LSCB to reflect areas of specific significance and the priorities of the partnership
- ensure that the process for identifying private fostering arrangements is robust, including the checks made by professionals to confirm the relationship between the child and those caring for them
- ensure that adult mental health services are effectively engaged in work with children services in families where parents or carers have mental health problems
- NHS Berkshire East should ensure that there are effective communication channels for the dissemination of information, including service delivery changes and referral pathways in order that staff can ensure that changes in practice to safeguarding children and young people can be implemented

Within six months:

- NHS Berkshire East and Slough's LSCB should ensure that there is effective monitoring of the outcomes and impact of safeguarding training within health care organisations.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 4 (Inadequate)

25. The effectiveness of services in ensuring that children and young people are safe and feel safe is inadequate. During the course of this inspection, eight child protection cases were randomly selected from the current list of open cases held by social workers and five of these were found to be inadequate. Significant failings were identified by inspectors with regards to the protection of children and young people who had already been identified as being at significant risk of harm being subject to child protection plans. The quality of assessment, including the identification of risk, care planning and quality assurance by managers and independent reviewing officers had consistently failed to identify ongoing harm to children and ensure appropriate action is taken to secure their immediate or longer term protection.
26. Slough's CYPP needs assessment of 2011 shows that comparatively, fewer young people report that they have been bullied in school and the number of racial incidents is small. Interagency arrangements aimed at improving behaviour in schools are effective and have led to a reduction in the reported levels of bullying and a reduction in exclusions. Young people in secondary schools are protected through good Police engagement and a Police presence before and after school in the local community. Although numbers are small the majority of children who responded to the Care4me survey as part of the inspection feel safe. Thames Valley Police identify and work with young people in danger of being radicalised, which has successfully led to a change of their views. 'Cohesive Adhesive' provides a safe space for young people to voice their opinions.
27. Safe recruitment processes meet statutory minimum requirements. There is good tracking and follow up of staff that require renewed Criminal Records Bureau (CRB) checks and General Social Care Council registration. Risk assessments are undertaken in circumstances where staff begin their employment prior to CRB clearance being obtained. Agency staff are recruited through a single preferred provider. All health staff are CRB checked.
28. The two residential children's homes managed by the local authority were rated by Ofsted as satisfactory or better in the area of staying safe in 2011. Private fostering arrangements were judged as satisfactory by Ofsted in 2008. There are only two private fostering cases that are currently being monitored. The council and its partners do not have a unified approach at the first point of contact with

families to establishing the relationship between children and those caring for them.

29. The work of the Local Authority Designated Officer (LADO) is good. There is clear evidence of impact in respect of the reporting and investigating of concerns regarding the conduct of members of the children's workforce. In addition there are clear and appropriate links to complaints about staff with demonstrable evidence of effective working arrangements.
30. The direct work carried out with children and young people who are young carers is good. They report that the individual and respite support provided by Crossroads is readily accessible, respectful and their views are listened to. They feel involved in decision making in relation to activities, as a consequence the young people feel safe, supported and valued, however they are very concerned at the impact of the spending review and the outcome of any national budget cuts on their service. There are no planned council budget cuts for this service.
31. A greater number of children who use voluntary sector services are cared for by staff who have committed to the Slough Quality Protects award, endorsed by the LSCB, Children's Partnership Board and local authority. This ensures participating voluntary organisations improve safeguarding skills in their workforce.
32. Out of hours support to vulnerable children and families and working arrangements with day time services is satisfactory. The EDT has access to Slough's electronic integrated children's system that contains relevant information about vulnerable children and families known to day time services. However, records are not always fully up to date and case conference reports are often sent late to EDT. The electronic alert system is used consistently by social workers to provide EDT with relevant information about families who may come to their attention. On call managers are available from children's' social care if EDT needs to consult about the outcome of their intervention, including accommodating a child.

Quality of provision

Grade 4 (Inadequate)

33. The quality of assessments and direct work with children is inadequate. Inspectors found serious and significant shortcomings in the safeguarding and protection arrangements for children subject to a child protection plan. In all of the cases found to be inadequate, the children involved are under five years of age and at least one review case conference had taken place. Over optimism by professionals and managers involved in these cases, combined with insufficient focus on the needs of the child in assessment, contributed to the significant failures in safeguarding. The monitoring of risk did not lead to

appropriate action being taken to protect children. This was drawn to the attention of senior managers, during the inspection, and the cases scrutinised by inspectors were all reviewed. Risks have been re-assessed and immediate action taken to address these, including the use of legal proceedings to ensure children are appropriately protected from harm.

34. In some other cases seen by inspectors, delays in looked after children being appropriately safeguarded and accommodated were found. The practice issues were not identified in the council's audit of these cases.
35. The ongoing use of core assessments in long term casework to fully record and evaluate the history and current circumstances of the child and family is underdeveloped. This significantly impacts on the quality of risk assessment and care planning. Case recording is generally up to date although the quality of recording is variable. It is not always possible to establish whether children have been seen within time scales. Discussions with managers are not always evident and recording does not always reflect the work undertaken.
36. Case conferences take place on a timely basis and core agencies are generally well represented, with health staff reporting that they receive good notification of meetings. Thresholds are applied consistently and are understood by health and partner agencies and lead to appropriate decisions being made at case conferences for a child to have a child protection plan. Parents and carers are encouraged to attend meetings but do not always have an opportunity to read the social workers' conference report beforehand, particularly prior to initial conferences taking place. Child protection plans do not routinely have contingency arrangements attached to them and it is unclear to those working with the plan, including parents, as to the potential consequences if parents or carers fail to deliver sustainable change for the children involved. This reduces the effectiveness of core group meetings in the monitoring of plans and outcomes for children and families.
37. The complaints service is effective and provides a timely response to complaints from service users, which are often resolved at an early stage. Learning from complaints is routinely shared with staff at all levels and learning from national serious case reviews has been effectively incorporated into service delivery. Quarterly performance reports are distributed to senior managers for monitoring purposes.
38. Thresholds are well understood across the partnership to access children in need services. However inspectors found that work with children in need in social care is not always sufficiently focused

through children in needs plans. These plans are not routinely drawn up, reviewed and updated by Family Support Meetings.

39. Early intervention and prevention services are effective. Strong links between the multi-agency triage service and the statutory social work teams allow lower level 'step down' support to be achieved at the conclusion of formal social work intervention. In addition, these arrangements allow for effective 'step up' to take place when thresholds reach a higher level where statutory intervention is required. The family intervention project provides intensive support to vulnerable children and families together with parenting support workers who provide parenting support programmes. Family group conferences are used effectively to secure positive outcomes for children and their families. This resource is responsive to children in need and is used imaginatively by children's services across all levels of casework. The Family Group Conference team has outreach workers who offer translation and support for family conferences. They also effectively work with the community on issues such as Muslim and Sikh relations, female mutilation and approaches to chastisement.
40. The use of the CAF is good and supported by an inter-agency protocol for Common Assessment and Integrated Working, including the role of the lead professional. Over 500 staff have been trained in the use of CAF and eCAF. There are regular multi-agency meetings about children where concerns have been raised and parents have been involved in the process. An evaluation was conducted in August 2010 of the use of eCAF focusing on a small sample of practitioners and families. Those families who responded felt their situation had improved as result of CAF. eCAF is enabling better identification and resolution of needs for families of children with learning disabilities.
41. The partnership is well engaged in work with cases of domestic violence across the borough. The multi-agency referral and assessment conference (MARAC) is effective and its action planning and links with multi-agency public protection arrangements (MAPPA) ensures that children and young people are safe.
42. Appropriate procedures are in place to respond to missing children that include agreed definitions and escalation processes. High risk children are identified and responded to appropriately. However, it is less clear as to the process for referring to children's social care those cases where risk has increased and return interviews are not carried out by the Police. Learning from national serious case reviews that is relevant to missing children is disseminated, although there is no clear strategy for capturing themes and learning from local operational practice.

43. The response to children educated at home is well established. A clear system is in place to track children, provide advice to parents and share relevant information about the welfare of children. There are appropriate links with missing children arrangements and there is evidence of learning from serious case reviews.

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

44. The contribution of health agencies to keeping children and young people safe is good. There is a sustained reduction in both teenage conception including second conceptions and pregnancy rates which are lower than the England average and statistical neighbours. Good levels of engagement with the young people by the local authority and the family nurse partnership scheme (FNP), are enabling young people's aspirations to improve. However the rates of those young mothers returning to education and employment remain low.
45. Partnership working between Tiers 2 and 3 in CAMHS and adult services for transition work is good, with referrals reviewed on a daily basis and at the weekly comprehensive CAMHS 'hub' meetings. This is supported by good multi-agency assessment, which has improved communication and sharing of intelligence related to the families. All emergency referrals to CAMHS are seen within 24 hours. There is good access to tier 4 day and inpatient beds. However CAMHS 'Did Not Attend' (DNA) rates, although below Trust target, remain high at 14%. Initiatives were introduced in September 2010 to improve the DNA rate, such as reminder calls and texts, and the choice appointments and partnership approach (CAPA) system, are starting to impact with non-attendance rates now reducing.
46. The sexual assault and referral centre (SARC), which is the first in the Thames Valley area, opened on 1 April 2011 at Upton Hospital in Slough. Prior to this young people and children, traumatised by sexual assault, were being transported and seen out of borough. The referral pathway still needs to be disseminated and embedded.
47. An effective sexual health promotion outreach service provides support and advice to young people in reducing risk taking behaviours, along with good integrated working with substance misuse services. Good, targeted work through the integrated youth support service is ensuring timely and easy access for young people to the full range of sexual health services. There is effective dedicated sexual health and substance misuse provision for Asian, Afghanistan, and Somalian young people which is culturally sensitive to their needs. Staff report services are highly valued by young people. There are good, dedicated sexual relationship education programmes run within special schools, specifically designed to meet the needs of children

and young people with learning disabilities and those that are disabled.

48. All the designated and named nurses and doctors are highly valued by health staff, providing good support and supervision. They themselves have a number of good supervision and peer supervision opportunities within the authority and region. However, the staff at Slough walk-in health centre report no engagement with these staff. All health staff seen during the inspection are up-to-date with their safeguarding training with the exception of the externally contracted portering service staff at Wexham Accident and Emergency (A&E) who have received no training. Training records show high levels of compliance with safeguarding training. GPs are well engaged, with effective use of protected learning time to maintain high rates of compliance with safeguarding training. There is good reporting and attendance at child protection meetings.
49. Unscheduled care notifications are sent to community and primary care, although there is variability in the follow-up of these within services and with children and young people to ensure that children are protected and safe. There is good joint working with the ambulance service and A&E regarding safeguarding notifications and the sharing of information to ensure that children are safeguarded. The information management system at the Slough walk-in health centre does not allow an early interrogation of the data and cannot ascertain the number of visits to the centre by a child or young person.
50. There are no children's qualified nurses within the Slough walk-in health centre, despite the increasing number of children (including under two year olds) now being seen within the service. There are also no children's qualified nurses on duty when the children's A&E service closes overnight in Wexham Park Hospital Whilst there are agreements in place with the children's ward staff to support A&E, the lack of capacity, especially at night, means that the service for children are not robust.

Ambition and prioritisation

Grade 3 (Adequate)

51. Ambition and prioritisation are adequate. Slough CYPP 2008-11 identifies broad objectives for improving outcomes for the safeguarding of children. Underlying outcome plans based on each of the Every Child Matters areas, including staying safe, hold members of the Strategic Children's Partnership Board (formerly the Children's Trust) to account for their delivery. A range of performance indicators is used to monitor the effectiveness of service delivery, although it has

only been very recently that the performance information provided by health services and the Police has been specific to Slough. Some good outcomes have been achieved, for example, fewer children involved in road traffic accidents and admitted to hospital through accidental or deliberate injury. Safeguarding is a high priority for the next plan 2011–2014, which is currently being developed. A thorough needs assessment was undertaken in 2011, focusing on the Every Child Matters outcome areas, and this informs planning decisions and commissioning priorities across the Partnership.

52. The independent chair of the Slough LSCB came into post in late 2009 and initially reviewed the membership, terms of reference and working arrangements of the LSCB including the sub groups and their functions. Strategic prioritisation has been under developed, although the independent chair of the board indicated that key priorities are in the process of being confirmed in the forthcoming business plan. A clear strategic steer for the safeguarding of children in Slough has yet to be formalised between the LSCB and Strategic Children's Partnership Board.
53. The chair and committee members of the Educational and Children's Scrutiny Panel are well informed about the issues facing social care and provide challenge to officers on performance matters. For example, the LSCB chair has been invited to the educational and social care panel to account for the work of the LSCB and health colleagues have been invited to comment upon the safeguarding arrangements in A&E. The health scrutiny panel provides effective challenge and monitoring of health action plans. Good performance management information is provided to councillors to assist them in their scrutiny role. The lead member is an observer on the LSCB and meets regularly with the Director of Children's Services and the senior management team to discuss safeguarding matters.
54. Councillors have received training and briefings on their safeguarding role and what to do if they are worried if a child is being abused.
55. The local authority and its partners work very closely and successfully together to ensure social cohesion and access in the widest sense. At a strategic level partnership work has focused on the following key themes, which includes diversity, engagement, integration and barriers to accessing services. This is robustly reflected in service development and delivery across the partnership to very effectively promote and strengthen social and community cohesion.

Leadership and management

Grade 4 (Inadequate)

56. Leadership and management of safeguarding services are inadequate. Inspectors found that children and young people are inadequately protected from significant harm. The serious shortfalls in practice have

given rise to significant concerns about leadership and management within the social care children's service, particularly as these issues had not been identified prior to the inspection taking place. The failures in managerial oversight meant that poor practice was neither identified nor challenged and led to children experiencing ongoing risk of serious harm. In one case immediate action had to be taken to remove an abusive parent from the home. Case file audits are of variable quality and in some instances have failed to identify significant risk in cases.

57. The strategy for integrated workforce development is currently being updated by Slough Strategic Partnership Board and will be completed when the priorities for the Children and Young People's Plan are agreed for 2011–14. A workforce mapping exercise is to be carried out in 2011–2012 to replace the mapping that was undertaken two years ago. Good multi-agency training is provided to develop core skills and competence in the workforce. Staff members across the workforce have access to excellent translation and interpreting services and new staff are trained during their induction on how to use these resources effectively. The LSCB commissions a wide range of training and delivers mandatory child protection training across the partnership. However, the monitoring of impact is underdeveloped across the workforce.
58. The views of young people and service users have directly influenced service delivery in a number of areas including the advocacy service, children's centres and in social care. Service user feedback has directly influenced the practice of social workers providing draft child protection plans immediately after case conferences, so that families and professionals can begin work on achieving change without delay. Consultation with young people resulted in the creation of a young people's booklet for case conferences. This has increased their contribution and participation. The advocacy service has a very strong focus upon equality impact and user engagement and children's centres have detailed data on the demographics of their service delivery area and are proactive in providing sensitive services to all sections of the community. There is a wide range of service user feedback in health to inform service commissioning and development, including CAMHS, Family Nurse Partnership, sexual health services and children with disabilities and complex health needs. For example, young people were involved in the decision to move sexual health clinics to make these more accessible and have led to improvement in attendance rates. However, there is variability in the degree to which consultation with young people takes place in the areas with higher teenage conception rates. Consultation is underdeveloped in the Chalvey Ward.

59. Slough's response to the significant budget reductions has been to focus on reducing support services and to protect front line services. Work has focused on developing CAF and the early intervention strategy and multi-agency triage system to ensure that vulnerable children and families are managed through earlier intervention and signposting to services. The creation of an integrated youth support service bringing together former youth services and Connexions workers has been developed to strengthen targeted work with vulnerable young people at Tiers 2 and 3, although it is too early to evaluate impact. Sure Start funding has been used to supplement social work posts in the duty and assessment team and children centres, the funding of family group conferences and cost of services for children in need under five years of age. Schools have pooled some of their budgets in cluster groups in order to maintain services and use their resources efficiently. The partnership is developing its relationship with the voluntary sector to create greater capacity in service provision.
60. The council is developing work to commission services through private and voluntary sector providers, including Family and Parenting work commissioned through Barnardo's to deliver parenting work for the most vulnerable families across the borough. The Council for Voluntary Service actively promotes social cohesion in the widest sense for people of different races, sexual orientation, age and disability. Very effective targeted work is being undertaken, for example with young Asian Muslim women to help them access outdoor activities. A specialist Art and Media Centre effectively focuses on race, identity and generational issues in promoting social cohesion. Over 100 languages are spoken in Slough and translation and interpretation services are commissioned from three main providers that provide highly accessible support to professionals in working with children and families.

Performance management and quality assurance

Grade 4 (Inadequate)

61. Performance management and quality assurance arrangements are inadequate. There are significant failings in quality assurance arrangements and in the failure to put in place systematic managerial oversight and challenge in casework. The quality of case audits undertaken by the local authority and other relevant partners on the randomly selected cases was variable. The council acknowledged that one of the four initial safeguarding audits that they had produced was of poor quality, had failed to identify weak assessment of risk, and was overly optimistic in prognosis. As a result of this, inspectors selected four additional cases for scrutiny. These cases had serious shortcomings in the identification of risk assessment and planning. The quality assurance procedures applied to these cases was not

robust. There was weak managerial oversight and challenge in casework, as well as insufficient monitoring at case conferences by independent reviewing officers as to the impact of ongoing risk for the child and the development of child protection plans.

62. In some cases seen, there was evidence of appropriate quality assurance processes being applied by both independent reviewing officers and line managers. This resulted in positive change and outcomes for children in these cases. All front line managers and senior managers at all levels carry out file audits on a monthly basis and report upon their findings. However, there are no themed audits to address areas of specific significance or weakness identified through the quality assurance or case audit process.
63. Detailed performance management information based upon key performance indicators is disseminated to all levels of the organisation. These indicators are used by managers and members to monitor performance and improve service delivery. Whilst performance management information is made available to the LSCB and there is evidence of single agency audits, multi-agency auditing of safeguarding work has not been undertaken in the last 12 months. The commissioning of this work has been delayed due to the timing of the inspection and is currently being commissioned to take place in 2011-12.
64. Whilst social workers report that their managers are available and supervision takes place regularly it is not clear as to how supervision influences practice and achieves improved outcomes for vulnerable children. The impact of supervision is not evident on some case files. There is good and highly valued supervision in place for frontline health staff. There is good CAMHS support to the FNP with regular case supervision and support for ongoing referrals.

Partnership working

Grade 3 (Adequate)

65. Partnership working is adequate. Although there is evidence of effective partnership working in a number of service areas, some significant shortfalls are identified particularly with regards to work with children and young people whose parents and carers have mental health problems
66. The co-location of staff from a range of multi disciplinary backgrounds in the multi-agency triage service has had a number of benefits. The application and understanding of roles and thresholds has greatly improved across the safeguarding partnership. The location of child protection social workers at Wexham Park Hospital has improved the collaborative working between health and social care colleagues. This is evident in pre-birth assessments and the exchange of safeguarding information between the partners. The multi-agency triage service

works very effectively with the Youth service on developing greater social and religious cohesion.

67. There is good awareness of the impact that domestic violence has on children and young people. The multi-agency response to reports of domestic violence is effective and good support is provided to victims, perpetrators and their children. Appropriate referrals are made to social care by health and other partners and direct work with children subject to domestic violence is good. Service provision is culturally sensitive and interpreting services are immediately accessible.
68. There is clear evidence of the positive impact of multi-agency work by partners addressing antisocial behaviour within Slough. Strong collaboration between children's social care, the youth service and Police has resulted in targeted work aimed at achieving sustainable change and greater community cohesion. The youth service effectively brings together different groups through a range of activities including sport, dance and cooking. A group call 'Blag it' gives support for lesbian, bisexual, gay and transsexual young people and for those who are unsure of their sexual orientation.
69. Sure Start children's centres provide very good support for parents and, increasingly, grandparents, to learn English as a second language. Courses are provided in at least five of the 10 centres. 'Slough Talk Week' raised awareness and recognition of children who speak a range of languages. Family learning support is provided by 60 front-line staff who between them speak over 20 languages.
70. There is good attendance by appropriate senior health staff at both LSCB and the Pan-Berkshire Child Death Overview Panel (CDOP) meetings. There has been good involvement and support by the Strategic Health Authority (SHA) at the LSCB, which is enabling lessons and good practice to be identified and shared. This includes a newly developed protocol, throughout the SHA area, aimed at improving the reporting and monitoring of serious incidents and revised reporting arrangements for child deaths and clarification of the roles of designated professionals. However, communications from CDOP to frontline staff are not robust.
71. Learning from serious case reviews is considered well across the partnership and there are clear examples of learning embedded in practice. This includes the creation of named health visitors for each GP surgery, training in relation to the use of interpreters for universal services and learning from national serious case review research in relation to complaints.
72. Safeguarding partnerships with adult services and in particular adult mental health are underdeveloped. In some case files seen by inspectors, practitioners had been unable to involve colleagues from

adult mental health in key assessments. Social care managers confirmed that this is a significant problem, although work is underway with colleagues from adult care to improve liaison and exchange of information . However, it is too early to measure impact of this and social workers are still finding it difficult to involve professionals from adult mental health teams in multi-agency protection plans for vulnerable children.

73. Joint commissioning with health partners is underdeveloped, although the council has already taken initial steps to engage with GPs in working more closely with targeted services.

Services for looked after children

Overall effectiveness

Grade 3 (Adequate)

74. The overall effectiveness of services for looked after children and young people are adequate. Outcomes for looked after children are adequate or better. In the areas of staying safe and helping children to enjoy and achieve the outcomes are adequate. Looked after children receive good support to be healthy, to make a positive contribution and achieve economic well being. Although all looked after children receive advice and support from a qualified social worker there is some variability in the quality of assessment and case planning.
75. Looked after children are provided with services, across the partnership that are highly effective and sensitive to their diverse range of needs and has led to improved outcomes, for example in their opportunity to make a positive contribution. CAMHS and the emotional health and well being service have received national acclaim and Ofsted's regulatory inspections of council services are satisfactory or better.
76. Of the looked after children who responded to the Care4me survey the vast majority said they felt very safe. Most young people in the After Care survey said they had someone to tell if they were being harmed.
77. Opportunities for looked after children to have a say in the way in which their needs are met is good. The Children in Care Council is well established and has produced the Children in Care Pledge in consultation with members and officers, although the Care4me survey indicates that the looked after children who responded are not generally aware of these developments. Looked after children contribute to evaluating the effectiveness of services; however young people's involvement in strategic decision making is underdeveloped.
78. Strategic planning and the development of priorities and targets for looked after children are adequate. The partnership is not yet specific enough about the outcomes it is seeking for looked after children and how priorities will be met. Performance management is adequate. The information provided to managers for monitoring performance against key national indicators is regularly scrutinised, although the quality assurance of work together with managerial oversight and challenge is inconsistent. While regular case audits are undertaken by managers in social care, the quality of these audits is variable.
79. The council's commissioning arrangements are at an early stage of development. Joint commissioning with health and other partners is

under developed and needs to be underpinned by clear strategic objectives. The CYPP for 2011-14 will provide an opportunity to reflect the priorities, policy changes and financial reductions affecting the partnership in Slough.

Capacity for improvement

Grade 3 (Adequate)

80. The capacity to improve services for looked after children and young people is adequate. The rise in the number of looked after children has placed considerable strain on the resources of all agencies across the borough. Despite these pressures the partnership has been able to maintain a commitment to improving outcomes for looked after children, which are adequate or better. The local authority monitors all placements to ensure children are appropriately accommodated.
81. Although the partnership is committed through its strategic planning to improve outcomes for looked after children, the CYPP for 2008-11 and Every Child Matters (ECM) outcome plans are not sufficiently specific about the priorities and targets for looked after children. There is an opportunity in the new plan for 2011-14, currently under development, to improve this position and ensure that these priorities are clearly linked to strengthen the work on commissioning and workforce development strategies in Slough.
82. The council's commissioning strategy for looked after children, March 2011, is underdeveloped and includes no specific measurable targets, for example in achieving a better balance of internal and external family placement provision. While most looked after children and care leavers are placed in suitable accommodation, there are gaps in the response to some young people, particularly those who do not have access to public funds and are not eligible to apply for housing. Work on the strategy has been delayed due to the timing of this inspection. The local authority has not yet identified responsible officers to take forward the strategy.
83. The recent redesign of children social care services has resulted in the reconfiguration of the looked after children service and the creation of a 16+ team. The establishment of a 16+ service is particularly welcomed by professionals because it provides specialist provision for Children in Need and Care Leavers. However it is too early to evaluate the full impact of these changes for looked after children.
84. Recruitment is now taking place to fill key social care posts within the front line service and longer term teams, including the service manager post which has been vacant for some months. Some aspects of the post have been covered by another manager and this has led to pressure points elsewhere in the service. A high turnover of social workers and team managers over the last year, with posts filled by

temporary staff, has detracted from the continuity of casework in some cases.

Areas for improvement

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

Immediately:

- the authority should monitor the use of the Personal Education Allowance, to ensure that this money is being used effectively and that every looked after child has equal access to it.

Within three months:

- strategic planning should make explicit the specific priorities and targets for improving outcomes for looked after children and are used to underpin commissioning arrangements across the partnership
- Slough Borough Council and NHS Berkshire East must ensure that care leavers receive copies of their health histories to equip them to make effective future health choices.
- ensure that the system for social care notifying health of the changing circumstances of looked after children is effective and timely.

Within six months:

- the local authority should undertake a comprehensive review of the accommodation needs of looked after children and care leavers to inform future commissioning priorities and decision making and to ensure that there is sufficient supported accommodation available to meet their needs
- the local authority should increase the number of internal foster carers recruited locally to meet increased demand and reduce reliance on high cost independent fostering agencies (IFAs) for placements.

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

Being healthy

Grade 2 (Good)

86. The impact of services in enabling children and young people in care to be healthy is good. All health files seen comply with statutory guidance. There are clear arrangements for the designated doctor and nurse to undertake initial medicals and annual health assessments. The weekly health assessment clinics operate a flexible appointment system ensuring that there is good opportunity for health assessments and reviews to be undertaken at a time suitable for the young person. Health assessments are above England and statistical neighbours at 94.7% in 2009 to 2011; however the current cumulative monthly rate has seen a drop to 80.8%. This drop in the assessment rate aligns to the increasing number of children and young people who become looked after. There is good access and 'take-up' of dental assessments for looked after children with rates above England and statistical neighbours. Immunisation and vaccine rates for looked after children are good overall.
87. The implementation of health assessment action plans is not effectively monitored by social care and independent reviewing officers. Of the four cases reviewed, two had incomplete actions which were outstanding for more than 12 months. The monitoring of out of area health assessments is improving.
88. There is a dedicated looked after children CAMHS service, providing good support to children and young people and their foster carers. Referral rates have increased throughout the year and most looked after children are seen within two weeks of referral. However, at the point of referral the status of the young person is not clear. This also applies to children subject to child protection arrangements. Strengths and difficulties questionnaires are not routinely shared with looked after children health and CAHMS staff, or used to good effect in informing health assessments. Health staff can refer directly to Tier 3 CAMHS.
89. The communication process between health and social care with regards to the notification of a new looked after child and any change in placement or status is not effective. Health staff for looked after children do not receive notifications from A&E and the walk-in centre of looked after children. However they occasionally receive ad hoc notifications if the child has been admitted to hospital. This inconsistency leads to delay or insufficient information for future assessments. Care leavers do not currently receive a copy of their health history although this process is currently being reviewed. All

care leavers seen by inspectors were registered with a GP and dentist and know where to go to get health information.

90. There is a good range of health related training for foster carers and new adoptive parents which is accessed well and is contributing to placement stability. A family therapist from CAMHS is based in social care and provides therapeutic support to vulnerable placements.
91. There is very good use of interpretation services for health assessments, for example, in the case of sexual health with some interpreters receiving additional training to support the assessment process. Dedicated support and training is provided for the interpreters for unaccompanied asylum seekers.

Staying safe

Grade 3 (Adequate)

92. The impact of services in ensuring children and young people are safe and feel safe is adequate. Early intervention arrangements for vulnerable children and their families who may be on the cusp of care are good. There are clear processes in place to determine whether children are appropriately accommodated by the local authority. Ofsted's last inspections of the local authority's fostering and adoption services in 2008 are both judged to be good. One residential special school has improved and, in its most recent inspection achieved 'outstanding' in all outcome areas.
93. In most of the cases seen by inspectors, looked after children are adequately safeguarded. All looked after children and care leavers are allocated a suitably qualified social worker and most cases seen have up to date care and pathway plans. The children who met with inspectors were very positive about the support they received from their social workers whom they see regularly. In most cases reviewed by inspectors, the frequency of social work visits accorded with statutory requirements. However, the quality of assessment, case planning and reviews was variable and the reasons for decision making not always made clear.
94. Most looked after children and young peoples' needs are reviewed on time through the statutory review process. Most of the children spoken to reported they had met with their independent reviewing officers and knew how to contact them.
95. The majority of looked after children are placed in foster placements or placed for adoption. A high number are placed with independent fostering agencies. All placements are with preferred providers and are monitored regularly. The number of children in stable placements has recently improved on last year's figures.

96. Strong partnership arrangements between the Police, health and social care ensures an effective and timely response when children go missing from care. This is underpinned by a good strategy.

Enjoying and achieving

Grade 3 (Adequate)

97. The impact of services on enabling children and young people in care to enjoy and achieve is adequate. The authority's analysis shows that most looked after children make satisfactory progress in relation to their starting points. Data on the educational results for looked after children are collated centrally. The cohort of looked after children at the end of Key Stage 2 in Slough has been traditionally small and has recently has been as low as one. Therefore, it is not possible to make meaningful comparisons with the performance of looked after children elsewhere. The proportion of looked after children gaining at least one GCSE pass at grades A*–G was above the national average in 2008 and in 2009. There has been a very slight improvement in the proportion gaining one or more A* - C passes. Overall, however, as in the rest of the country, results for looked after children are very low compared with the rest of the school population.
98. The attendance of looked after children in Slough is better than that of their counterparts elsewhere. It is better at primary than at secondary level.
99. No looked after child has been excluded for the last five years. This reflects the good partnership work and effective early intervention strategies. Staff in schools provided several very convincing case studies which showed how individual looked after children had been helped to continue to engage with education despite a deterioration in their behaviour and attitudes. Close cooperation between schools in arranging managed moves, good use of the CAF and strong behaviour support ensure that appropriate and effective culturally-sensitive support is provided by a range of partners to help keep young people engaged with their education. Fixed term exclusions have increased but are still lower than for looked after children nationally, however the figures are worse than for all children in the authority and elsewhere.
100. The authority makes appropriate efforts to minimise disruption to the education of looked after children by ensuring that, wherever possible, they continue to attend the same school, even when they move placements. Children who have moved outside the borough are provided with transport to enable them to attend Slough schools. The majority of looked after children attend schools that have been judged good or better by Ofsted. Almost a fifth are at outstanding schools and very few at schools that are inadequate.

101. The authority makes appropriate use of personal education plans (PEPs) to establish targets and to review the progress of looked after children within and outside the borough. Of the children in the care of the authority, 97% have a plan. The PEPs seen were of good quality, were reviewed regularly and placed an appropriate emphasis on children's academic as well as their social and emotional development.
102. The authority has clear policies for the use and allocation of the personal education allowances (PEAs) for children in care. Discussions in schools showed that individual children had received good support through this grant, ranging from the provision of laptops to payment for trips, clothing and equipment to enable them to take a full part in social activities. However, information on all children has not been brought together in a way that allows a rigorous analysis of how the money is being prioritised or to ensure that all children in care are receiving their full entitlement.
103. Good efforts are made to ensure that looked after children are included in all aspects of school life. The primary aged children who spoke to inspectors were particularly enthusiastic about their experiences, describing how they all had a number of friends and enjoyed school.
104. Looked after children have access to a wide range of leisure and recreational activities to enrich their experiences and provide enjoyment. These include free swimming lessons, sports sessions, outward bound residential weeks, theatre workshops, self defence classes, canoeing, rowing, photography, drama, dance and drumming lessons. Children living outside the authority are provided with transport to enable them to take part in these activities. A central directory informs young people and their carers of what is available and appropriate risk assessments and checks are conducted to ensure that providers meet safeguarding requirements. This also includes information for parents and carers of children with learning disabilities and those that are disabled. The children who met with inspectors were very enthusiastic about the activities in which they took part and staff were able to describe the positive impact that involvement had had on the behaviour and attitudes of a number of young people.

Making a positive contribution, including user engagement

Grade 2 (Good)

105. The impact of services in enabling children and young people in care to make a positive contribution is good. The children and young people who met inspectors were articulate and gave a clear account of their experiences as looked after children and care leavers and the quality of the provision they received. Experienced interpreters help them to express their views.

106. The Children in Care Council is well established and its members have collaborated with officers and Councillors in producing 'Slough's Pledge for Children in Care'. This document sets out the promises to children in care and care leavers. The impact of the Pledge is monitored by the young people themselves as well as by the Corporate Parenting Panel. The chair of the Children in Care Panel is an effective representative and has successfully presented the views of young people to the Corporate Parent Panel. This representation has resulted in a revised pocket money policy and currently young people are collaborating on redesigning the logo for the 'Big Up' newsletter.
107. As well as these channels, young people have influenced aspects of provision. For example, they have worked with officers to shape the programme of leisure activities available to them and helped prepare a successful bid for funding from the Youth Opportunities and Youth Capital Fund.
108. Looked after children of primary age who spoke to inspectors were positive about their experiences and satisfied with the services they received. Of the young people who responded to the most recent Care4me survey, most reported that the standard of their care was good; they received a healthy diet; were provided with all the help they needed; and that the place where they were living at the moment was right for them. Of the care leavers seen, the majority were satisfied with their current accommodation; were in education; and spoke positively about their current workers. However only a few had seen their pathway plans, were fully aware of their entitlements as care leavers, knew how to make a complaint or how to gain help from an independent advocate. The majority reported that they had experienced a high turn over of social workers.
109. Complaints are dealt with in a timely way; however there is insufficient focus on identifying and disseminating the lessons to be learnt. There is no evidence that the authority analyses feedback from looked after children to identify differences in responses according to gender or from different groups of young people. However, services are clearly very sensitive to children's cultural and religious backgrounds and make every effort to provide individualised interpreting and language support. The independent advocacy arrangements are good and reflect the diverse needs of looked after children and care leavers. Access to the service is promoted through the statutory review process. A Barnardo's-trained coordinator acts as an advocate for looked after children and enables them to express their views on service delivery.
110. The Council's Participation Service is well established and adopts an impressive range of communication methods to encourage children to take part in the Children in Care Council, statutory reviews and wider

corporate events. However, this has not included health services, where there is limited engagement of young people in service provision and design. The Council has a clear policy for the appointment of independent visitors for looked after children. The criteria for gaining access to this service are clear and based on the individual needs of the child.

111. The authority and its partners collaborate effectively in identifying and managing looked after children who are at risk of offending. The inclusion of a Police officer within the youth offending team is a significant contributor to effective joint working and helps to divert young people away from crime and engage them in positive activities. Individual cases are carefully tracked and appropriate support provided for those young people who are in custody or about to be discharged. The authority has good policies and procedures for looked after children who offend. The number of first time entrants into the youth justice system is falling. The offending rates for looked after children are consistently low.

Economic well-being

Grade 2 (Good)

112. The impact of services in enabling children and young people in care to achieve economic well-being is good. The proportion of care leavers in education, employment or training more than doubled from 40% in 2006/07 to 86.4% in 2009–10. It has been consistently better than the national figures for children in care but lower than for all young people locally and nationally, however the gap is closing.
113. During their time in school, looked after children are given a range of work experience opportunities to help them extend their horizons and develop the skills and attitudes that will make them more employable. Most care leavers within the authority go on to further and higher education. The 10 who are at university receive their full financial entitlement and are able to stay with their carers or enter supported lodging provision. Young people are given advice and support in writing applications and preparing for interviews and are supplied with technical equipment or specialised clothing where required.
114. The range of apprenticeships available to care leavers is being extended through a pilot programme which includes opportunities to work within the council. Trained mentors from the Prince's Trust, the education business partnerships and the private motor vehicle project 'Pit Stop' have also made important contributions in this area. The move by local colleges to provide an increasing number of courses with flexible starting dates and multiple points of entry ensures that young care leavers who wish to change courses do not have to wait a whole year before doing so. The provision of more crèche facilities in

colleges is also enabling young mothers to continue with their education.

115. The care leavers who spoke to inspectors had high aspirations which they attributed to the emphasis placed on education and employment by their carers and the local authority. Pathway plans are reviewed by personal advisers and signed off by managers. Of the care leavers who met with inspectors, not all had seen their pathway plans or were aware of the review process. Most of the pathway plans seen included a comprehensive analysis of young people's needs, including those relating to race, gender and disability. An impressive feature was the sensitivity to the traumas that many had experienced earlier in their lives. Not all plans included young people's views. Few had been formally agreed with the young people and only a minority included details of financial arrangements.
116. The protocol to support the transition to adulthood is good and focuses clearly on provision for those with learning difficulties, disabilities or complex health needs. The care leavers who met with inspectors were generally very positive about the support they received.
117. The Council has difficulty in meeting the diverse accommodation needs of care leavers, particularly those who do not have access to public funds and are not eligible to apply for housing. Access to accommodation through the housing panel is a protracted process. This does not meet emergency needs and results in a small number of young people having to be placed in bed and breakfast accommodation. Care leavers who are unaccompanied asylum seekers are not always eligible for accommodation arranged by the housing department and are placed in private accommodation.

Quality of provision

Grade 3 (Adequate)

118. The quality of provision for looked after children and young people is adequate. The number of looked after children and young people in Slough has increased steadily over the past three years. The establishment of the looked after children placement panel enables children at the edge of care to remain within the community, so that resources can be effectively targeted at those most in need. Inspectors saw evidence of extensive efforts to support children and young people on the edge of care to enable them to live with their families as appropriate. Decisions about children and young people being accommodated in the care of the local authority are appropriate and, in most cases, are linked to the risk of significant harm around neglect and parents' inability to meet children and young people's needs.

119. The quality of case planning, reviews and recording is variable. In a few cases seen the quality of planning was weak and the rationale for decisions made not always recorded. Some care plans lacked detail and did not always include the wishes and views of the young person. In a number of cases where plans for placement with a permanent family were agreed, life story work had not been completed but there were arrangements in place to rectify the situation. Some case files included examples of effective inter agency work on permanency planning, however in some instances there was insufficient communication with parents about changes to the care plan. Although scrutiny by Independent Reviewing Officers was effective in some instances, in other cases there was insufficient challenge in tackling the delay in implementing permanency plans and some aspects of care planning.
120. The quality of assessments is variable. Although some assessments seen were good, in other cases risk was not always appropriately identified and assessed in a timely way, leading to a delay in decision making about whether children needed to be accommodated. Effective joint working featured in a few assessments seen and most included the views of children and their parents. The majority of the assessments seen reflected a high sensitivity to social inclusion, disability, ethnicity and cultural issues and informed the matching and placement choices in the provision of services.
121. Overall, recording and chronologies on case files were up to date and it was clear that the children were seen by their social worker within statutory timescales. There were some good examples of review reports that reflected the wishes and views of children and parents.
122. The post-adoption service is well established and provided by the Berkshire Consortium. Support is available for all adults affected by adoption, including birth mothers, adoptees and adopters. There are appropriate systems for monitoring and evaluating the provision of post adoption services. Parents are provided with good counselling and support to inform their decision making about adoption for their children. Appropriate steps are taken to ensure that the child's history is complete in order to inform the adoptive family.
123. The ready availability of interpreters and translation arrangements is an important strength of provision. Staff have a detailed understanding of the particular challenges faced by the high proportion of unaccompanied asylum seekers in the borough. Support for looked after children also reflects a clear understanding of the needs of those who have learning difficulties and/or disabilities.

Ambition and prioritisation

Grade 3 (Adequate)

124. Ambition and prioritisation are adequate. The Children and Young People's Plan for 2008 -11 identifies the need to strategically narrow the gap between vulnerable children and other children in the community. This focuses on the safeguarding of children and young people, but insufficiently defines key priorities and targets for looked after children in outcome planning. The Plan was reviewed in 2010. The Strategic Children's Partnership Board is developing the Children and Young People's Plan for 2011 -14, which provides the opportunity to make more explicit the priorities and targets for looked after children in Slough.
125. Service redesign has been initiated to respond to increased demand, and in order to focus on the implementation and development of the Early Intervention Strategy. The redesign of the social care front line service places priority on reducing the number of transition points and changes of social workers experienced by children who are then accommodated by the local authority.
126. The council's looked after children outline commissioning strategy, March 2011, has not yet been formalised at a strategic level. In its current form, the commissioning strategy document is insufficiently detailed to be able to effectively measure progress and timescales, as well as how the identified priority areas for change and development will be achieved.
127. Councillors are aware of their role as corporate parents and have received training to strengthen their contribution in this area. Members of the Education and Children's Services Scrutiny Panel are well informed about the issues for looked after children through the use of detailed performance management information and meetings with the Director of Children Services. Members also visit the council's managed Children Homes and meet with foster carers. Members hold officers effectively to account for their work with looked after children. For example, scrutiny members and the Lead Member at Cabinet and the corporate management team successfully promoted the need for a contingency budget to compensate for overspend due to rising demand and placement expenditure.
128. The Lead Member chairs the Corporate Parenting Panel, which carries out regular performance monitoring of outcomes for looked after children. The Children in Care Council (CICC) has made a positive contribution to the corporate parenting panel, although CICC representatives are not core panel members. The Chair of the Strategic Children's Partnership Board has identified the need to make more explicit the link between the Partnership Board and Corporate Parenting Panel.

Leadership and management

Grade 3 (Adequate)

129. Leadership and management of services for looked after children, young people and care leavers are adequate. Senior managers are committed to improving outcomes for looked after children although in some key outcome areas improvement is needed, including staying safe, enjoy and achieve and the quality of provision.
130. Partnership work for looked after children is contributing to improved outcomes for looked after children on a number of fronts. The dedicated CAMHS service provides timely access for looked after children with emotional and mental health concerns. Referral rates have increased throughout the year. The use of the drug use screening tool (DUST) by the youth offending team and attendance at their statutory reviews ensures that there is a consistent approach to treatments and in maintaining placement stability. The inclusion of a Police officer within the youth offending team is a significant contributor to effective joint working and helps to divert young people away from crime and engage them in positive activities. Looked after children who have offended and are placed in out of area placements are closely monitored and reviewed. The arrangement for joint working between social care and health in the completion of health assessments remains a challenge in ensuring all health notifications and reviews are dealt with in a timely way. Partners report improved communication and practice within acute services since the establishment of the monthly meeting between social care and the named nurse for safeguarding. An area for development identified within the partnerships is the need to strengthen the arrangements and planning for the long term needs of looked after children and care leavers.
131. Strategic children's partnership workforce strategy is currently being reviewed in line with the CYPP for 2011–14. The previous plan set out broad priorities for workforce development, including monitoring the sufficiency of the workforce. In children's social care, a training programme was commissioned following a detailed training needs analysis undertaken with managers and staff at the beginning of 2010. Training opportunities are well regarded by staff and the council has committed to the Early Professional Development programme. Social work staff are actively encouraged and supported to undertake post qualifying awards. Training is made available to foster carers and is valued. A number of foster carers deliver training to new carers as part of the council's recruitment strategy. Slough's confined geographical area and population result in fostering and adoption recruitment needing to take place both within and outside the borough boundaries to meet the needs of the children placed. The council's recruitment strategy includes a target of recruiting 20 new foster carers by July 2011, and so far 10 foster carers have been

recently recruited with a further six waiting approval. Financial rewards are being offered to existing foster carers who recommend new foster carers who become approved.

132. The use of resources has been significantly affected by the Comprehensive Spending Review and rising demand in referrals, children with child protection plans and the increase in looked after children. To assess best value in high cost volume services, the council belongs to the Chartered Institute of Public Finance and Accountancy (CIPFA) benchmarking club that enables Slough to compare expenditure and value for money against other authorities. This shows that Slough's use of external fostering provided by others was higher than comparators but lower for residential care and schools. However, the heavy reliance on IFAs results in a significant cost pressure on the local authority's budget.
133. Internal foster care payments were recently reduced when it became apparent through benchmarking that these were being paid at a higher level than in other local authorities. The foster carers seen by inspectors indicated that this reduction and withdrawal of the out of hours dedicated support service has resulted in low morale. While a few carers have left, the local authority has successfully recruited more foster carers at the new rate, which is now more in line with other local authorities. Out of hours support is now provided by the EDT. Arrangements to establish a foster care association is being supported by the council and is a move that is valued by foster carers.
134. A Sufficiency Strategy for 2011-12 has recently been developed to ensure sufficient and appropriate accommodation for looked after children, outlining the priority areas for action. All cases where children have been accommodated, including those in an emergency, are screened through the monthly multi-agency placement Panel. A monthly internal purchased placement panel scrutinises all existing external placements for appropriateness and value for money. However, it is too early for the impact of the strategic sufficiency measures and targeted support for children on the edge of care to be fully realised.
135. Commissioning arrangements for the local authority include membership of the Pan-London fostering consortium for IFAs and the consortium for residential provision. Compliance with IFA contracts is overseen by the contracts manager. All IFAs used by members of the consortium have to be good or outstanding in their Ofsted assessment, which is a position that the council supports. Slough Council's Education and Children Services Strategy for Looked after Children aims to deal with the causes of the increases in children coming into care and sets out the measures in place to ensure no looked after child is inappropriately accommodated. Although the need

for placements is too small for Slough to enter into a preferred provider arrangement for residential care, placements are monitored by the purchased placement panel for their effectiveness in meeting the child's needs and value for money.

136. Post-16 placements in supported and semi supported accommodation for young people in Slough, are commissioned, tendered for and reviewed annually with local providers. Individual arrangements are made for young people placed outside of the borough as part of their Pathway Plan. Bed and breakfast placements, which are used in emergencies, are commissioned through a preferred provider. However insufficient analysis of accommodation needs detracts from the quality of the planning and the council has not met its target for increasing the supported lodgings provision. Several young people told inspectors that they did not feel ready to move to independent living and should be allowed to stay in care longer; a view that echoed the responses to a recent survey on housing. These discussions take place with young people at their review meetings to inform the planning and preparation for transition to independent living and adult hood.

Performance management and quality assurance

Grade 3 (Adequate)

137. Performance management and quality assurance arrangements for looked after children and young people are adequate. Performance management information based upon the national data set is detailed and used at all levels of the council and across the partnership to monitor performance and identify areas of concern. However, the quality assurance of cases by managers has not led to consistency in the overall quality of assessments and care planning.
138. Access to managerial supervision of staff is mostly good across health and social care. Although social workers receive regular supervision, challenge and reflection is not always recorded.
139. Case file audits enable analysis and overview of practice around the Every Child Matters outcomes and are used by a range of key partners. The audit tool allows for the identification of areas of concern and of good practice across agencies. However the quality of these audits is variable in both social care and health.

140. Record of main findings:

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