

# Inspection of safeguarding and looked after children services

Bracknell Forest Borough Council

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**Inspection dates:** 31 October – 11 November 2011

**Reporting inspector:** Derek Churchman HMI

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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) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - 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 39 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 June 2011
  - interviews and focus groups with front line professionals, managers and senior staff from Berkshire PCT, Frimley Park and Heatherwood and Wexham Park Hospitals and Berkshire Healthcare Foundation Trust.

## The inspection judgements and what they mean

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

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

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

## Service information

4. The Borough's population is 116,500 (mid-year 2010 estimate), of which almost 30,000 (26%) are children and young people aged 0-19 years. Bracknell Forest is one of the least deprived areas of the country (ranked 291 out of 326 local authorities in England on the Index of Multiple Deprivation 2010). These headline figures mask significant pockets of deprivation. For instance, there are six wards in the borough with child poverty rates higher than the national average, with the highest ward rate being 23%. In January 2011 just over 16% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall.
5. English as an additional language is spoken by 8% of pupils, with 78 different languages being spoken in the schools, many of which are in small numbers. English and Nepali are the most commonly spoken languages in the area. The presence of the Ghurkha regiment at the Royal Military Academy in Sandhurst has led to the development of a significant Nepali community in the south of the Borough.
6. Bracknell Forest has 31 primary phase schools of which 25 are primary (5–11 years), three infant (4–7 years) and three junior (7–11 years). Of the 21 community schools, four are voluntary controlled and six are voluntary aided. There are six comprehensive secondary schools in the Borough (five community and one academy) all with sixth forms. There is one Special School and one Pupil Referral Unit. Approximately 15,800 pupils are on roll in primary, secondary and special schools in Bracknell Forest. There is some cross-border movement of pupils between Bracknell Forest and neighbouring authorities, primarily Wokingham, Windsor and Maidenhead, Hampshire and Surrey.
7. Early Years service provision is delivered predominantly through the private and voluntary sector in over 52 settings; there are 16 local authority maintained nurseries. There are eight children's centres, of which four are delivered from central buildings and four are delivered from a range of community locations.
8. The Children and Young People's Partnership (formerly the Children's Trust) has provided focus for partnership working and development in Bracknell Forest. The Partnership includes representatives from a range of agencies, which include the local authority, health, Police, voluntary and community sector, leisure, Job Centre Plus, Local Safeguarding Children Board (LSCB) and local schools.

9. The Bracknell Forest Safeguarding Children Board became independently chaired in autumn 2009, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. A new chair started in September 2011.
10. Children's social care services consists of one duty and assessment team, a social work team for children over 11 and under 11, a family placement team, an after care team for care leavers, a disabled children team and SEN team, and a family and adolescent support team. Children's social care also has one family centre and the youth offending service. There are 84 foster carers in 46 fostering households, one children's home (providing short break respite care to children with learning difficulties and/or disabilities) and 34 externally commissioned placements. Other services which are provided or coordinated through children's social care include family group conferencing and the Family Intervention Project. Other support services are delivered through a range of providers including the behaviour support service, family support advisors in schools, Connexions service, youth service, and providers within the voluntary and community sector. Bracknell Forest hosts and manages the emergency out of hour's team (EDT) which provides cover for the Borough and five other unitary authorities (from the former Berkshire County Council area).
11. At the time of the inspection there were 97 looked after children. Of these 20 are less than five years of age, 57 are of school age (5–16), and 20 are over 16. There are also 51 young people with care leaver status. A large majority of looked after children are placed in council foster care (52.6%) and with independent foster agencies (16.5%). Other placements include; 18.6% in residential placements; 6% in independent living; 3% in adoptive placements and 2% placed with parents. Bracknell Forest uses a virtual school approach in its support of the learning of looked after children.
12. At the time of the inspection there were 80 children who were the subject of a child protection plan. These comprise 48 females and 32 males. Some 51.3% of these children are aged under five, 26.8% are 5–11 and 13.4% are 12 years or older. The highest categories of registration were neglect at 53%, emotional abuse at 46% and physical abuse at 1%. There has been an increase of children subject to a child protection plan over the previous three years of 77% (March 2009 – March 2011).
13. Commissioning and planning of national health services and primary care are carried out by the Primary Care Trust (PCT), which has recently moved from a Berkshire NHS East PCT to a Berkshire Cluster combining the former East and West Berkshire Primary Care Trusts. The main providers of acute hospital services are Frimley Park and Heatherwood, and Wexham Park Hospitals. Community-based child and adolescent mental health services (CAMHS) and the provision of community health

services including school nursing and health visiting are provided by Berkshire Healthcare Foundation Trust.

## Safeguarding services

### Overall effectiveness

### Grade 2 (Good)

14. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children and young people is good. Good quality services are provided by the partnership to help children and young people feel and keep safe with appropriate joint action to respond to identified concerns and needs. The Children and Young People's Partnership and Bracknell Forest Local Safeguarding Children Board (LSCB) are well established and provide clear strategic direction on safeguarding matters. The health contribution to improving safeguarding outcomes for children and young people is good.
15. The unannounced inspection of contact, referral and assessment arrangements in June 2011 identified no priority areas for action. Strengths were identified with regard to the way in which the council responds to the views of children and young people and their parents and the high quality training and development for staff. This ensures a skilled workforce is able to respond well to the rising number of referrals. Assessments undertaken within the duty and assessment team are at least adequate, some are of high quality and informed by relevant research. Where children and young people are identified as being at risk, appropriate and prompt action is taken to safeguard them. The local authority has moved promptly to address the one area of development that was identified through the unannounced inspection by auditing Police notifications of domestic violence. The audit found that while the presence of children is always recorded, the impact on children is not always clear except in cases where children are at immediate risk. Where information is less than clear the duty and assessment team follow up with the Police and/or the parents involved.
16. In April 2011, *Creating Opportunities* – the joint strategic plan for children and young people 2011–14 - sets clear and ambitious priorities for safeguarding, informed by a comprehensive needs assessment and consultation with children and young people. These priorities are closely monitored through a good range of performance information available to the Children and Young People's Partnership and LSCB. There is a strong ethos of partnership working in Bracknell Forest, including the third sector, evidenced through the strong and effective operation of the Children and Young People's Partnership and LSCB. Safeguarding is considered to be 'everyone's business'. Thresholds for service access are clearly defined and widely understood. Schools are playing an active role in monitoring the welfare of children and young people, in supporting inclusion and raising safeguarding awareness. A wide range of effective services are available to support children, young people and families in need. Services such as the Parenting Early Intervention Project (PEIP) and The Family



Intervention Project (FIP) provide evidence of improvements in parenting skills and children's behaviour and learning. For example, the FIP works with neglectful families who may be at risk of losing their housing tenancy and by utilising multi agency support, has achieved sustainable change. Since October 2009, evaluation of the project cohort shows that school attendance has increased by 75% and antisocial behaviour decreased by 100%.

17. Direct work with children, young people and families is judged as good and performance is appropriately monitored by children's social care in respect of quality, timeliness and safe outcomes. Visits to children and their families subject to child protection plans are being made within timescales. However, case recording does not always make clear whether children have been seen alone or indicate when announced and unannounced visits to children and young people are being made. Although assessments are generally of high quality and identify risk factors appropriately, child protection and contingency plans are not always specific and measurable. Health staff who have concerns about a Bracknell Forest child act promptly to access information about children who may be subject to child protection plans through social care and the EDT. Liaison between acute services at Wexham Park hospital and EDT is improving though the identification of a named link EDT worker with whom the trust's named nurse is meeting and liaising regularly.
18. Workforce planning and development are good. Established recruitment and retention processes are subject to regular review. Investment in staff training and personal development is very good. Staff supervision and management oversight is regular and well regarded by staff and enables clear decision making to take place on cases. However, decisions on cases and reflective supervision are not always consistently recorded. Social care staff are encouraged to pursue post qualifying awards and a high proportion of managers are supported well to achieve additional qualifications.
19. Users of services are increasingly contributing well to planning, and services are appropriately sensitive to the needs of children and families from different cultures. The council has successfully met the achieving level of the Equality Framework, which helps local authorities improve their performance in equality and diversity matters. The Community Engagement and Equalities Team effectively bring together the work on equalities, community cohesion and community engagement. The local authority has a very strong commitment to inclusion. Children with disabilities have access to a particularly wide range of mainstream activities which enhance their lives, and their parents receive regular and helpful information about services. The authority has enhanced the monitoring of diversity to meet all aspects of its duty well, and has close links to faith groups to develop their understanding of their responsibilities in this area. Although social workers know their children well, the equality

and diversity need of children and young people are not always well evidenced in case records.

## Capacity for improvement

## Grade 2 (Good)

20. Capacity for improvement in safeguarding is good. The high prioritisation of safeguarding is clearly demonstrated through strategic plans and the robust leadership of the Children and Young People's Partnership and LSCB. This is leading to improved outcomes for children and young people and most of the key performance indicators are good or better, demonstrating an improving and sustained trend of performance. Ofsted inspections of schools, early years settings, residential settings and colleges in the local authority judge the arrangements for keeping children and young people safe as being at least satisfactory with a high proportion judged good and some outstanding. Prompt and decisive action is taken in respect of issues raised through inspections and internal self-assessment. The council's overview and scrutiny process is outstanding and has led to a thorough and comprehensive review of safeguarding in 2011 with clear and measurable recommendations. While performance monitoring is strong at a strategic level, the use of thematic audits at an operational and service level is underdeveloped. This limits the ability to identify wider trends and themes that may influence service improvement and development.
21. Safeguarding priorities are effectively underpinned by the provision of sufficient resources. Children's services currently have no social worker vacancies and all cases are appropriately allocated to suitably qualified staff. The workforce is well trained and supported by an effective workforce development strategy which in turn is responsive to changing demands. The Partnership is active in learning from serious case reviews and strengthening safeguarding activity.
22. Financial management is robust. The council has been able to reprioritise resources in a number of key areas focusing on building capacity in the workforce. Additional financial resources have been committed in order to strengthen aspects of services, for example, through the focus on early intervention and prevention, and by increasing capacity in the workforce in order to sustain improvement.

## Areas for improvement

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

**Immediately:**

- ensure that all records of visits to children and young people subject to child protection plans make clear whether visits are announced or unannounced and whether the child or young person is seen alone
- ensure that child protection and contingency plans clearly identify what specific actions are to be taken, including contingencies, by whom and when, so that progress at subsequent reviews can be more accurately measured and any shortfalls addressed.

**Within three months:**

- ensure case conference and review meeting minutes are consistently prepared and distributed within timescales.
- ensure management oversight of cases is consistently recorded and that required actions are specific and measurable
- NHS Berkshire and health provider trusts must ensure that children and young people have access to paediatric trained nurses when attending acute services out of hours.

**Within six months:**

- ensure that the evaluations of services demonstrate objective and measurable impact on outcomes for children and young people
- ensure the outcomes from audits of performance are systematically and consistently drawn together across children's social care and evaluated to provide an overview of service improvements.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 2 (Good)

24. The management of allegations against people who work with children is good with robust processes and procedures in place. The importance of managing allegations against members of the workforce and the local authority designated officer (LADO) role is consistently promoted in safer recruitment training sessions and at multi agency safeguarding training. Consequently, the role of the LADO is well understood across the partnership and is used appropriately. Clear arrangements are in place for contacting the LADO, for holding formally minuted strategy meetings and for reviewing plans.
25. The complaints procedure is well established and used effectively. The majority of looked after children and young people who responded to the pre-inspection questionnaire know how to make a complaint. Formal complaints, although few in number overall, are treated seriously and in a timely fashion. Of the 22 complaints considered by the council during 2010-11, none were made directly by children or young people. However, many issues raised by a child or young person are made directly to their social worker and resolved immediately without recourse to the formal complaint process. The findings from complaints are not routinely collated and limit the ability of the service to identify wider trends and themes that may influence service improvements.
26. Satisfactory processes are in place to ensure practice is compliant with safe recruitment guidance. The inspection of randomly selected personnel records confirms that robust safeguarding checks, including Criminal Records Bureau (CRB) checks, are carried out effectively and in a timely manner to ensure that staff who work with children and young people are appropriately vetted. CRB checks for social workers and renewal of registration with the General Social Care Council are repeated every three years. Contracting arrangements across the partnership for safeguarding children and young people are robust and include a requirement for all vetting checks to be undertaken by the service provider.
27. The partnership has developed a range of services and activities to help children and young people become aware of risk and keep themselves safe. For example, a survey of Year 6 school children identified that they were feeling intimidated by older young people 'hanging around' in some areas. The Police responded through 'operation Lion Club' which helps young people find a place to meet where they will not intimidate others. The survey is continuing so that progress can be monitored.

28. Bracknell schools work well with other agencies to keep pupils safe. Nearly all have been graded good or better by Ofsted with regard to safeguarding. The incidence of bullying is low, and the authority has developed more sophisticated systems which log episodes and analyse them. Parents and children report that the well established peer mediation system leads to safer playgrounds. Long standing peer mentoring schemes in secondary schools have reduced the incidence of bullying on and off site. Some 50 young people have been trained to become cyber mentors in secondary schools to enhance the peer mentoring scheme. Children participate enthusiastically in anti-bullying week each year, and almost all schools have prize winners in the competition. The innovative Play Rangers scheme makes children feel safer in parks while encouraging them to play creatively in the open air.
29. A majority of children in care who responded to the pre-inspection survey said that they feel safe and know who to talk to should they need help or advice on staying safe. The work undertaken in schools and other settings by the behaviour support team has been very effective in improving behaviour and attendance. School visits by a good range of professionals and voluntary agencies help pupils to understand how to keep themselves healthy and safe. A particularly effective programme identified 170 children in Year 6 who were particularly at risk of exclusion because of disruption due to the transfer to secondary school. One third of these were still highly anxious after intensive sessions and these continue to receive individual support, which has enabled them to settle well.
30. Good attention is paid to equality and diversity work to promote community cohesion. The Traveller education service is well established and successful in ensuring that children receive a full education, both within settled and mobile families. Home educated children are supported sensitively with the provision of good advice, which often results in reintegration into special or mainstream schools. For those pupils who do not reintegrate, the service ensures that families can take advantage of the range of leisure facilities, including respite care for disabled children. The English as an additional language (EAL) service supports schools and settings well to develop children's understanding of their culture and achieve well, including in early years' settings. EAL staff have worked well with teachers to help them to support isolated groups in their schools. For example, observations of teachers identified that their body language is important in ensuring that children from minority groups are comfortable, and has helped staff with their strategies for improving discipline.
31. Arrangements for responding to children and young people missing from education, home and care are good. The Police rigorously investigate reports of missing children and return home interviews are undertaken routinely, where possible by the person who knows the child best. There is good evidence that this process is identifying children and young people who are in need of a targeted service and is therefore providing earlier

intervention and diversion from statutory intervention. However, not all 'return home' interviews are routinely recorded. This means that trends and themes in relation to why children or young person go missing cannot be readily identified.

## Quality of provision

## Grade 2 (Good)

32. Early preventative services are effective in safeguarding children and diverting them from statutory provision. The council and partners have a good and wide range of services in place to deliver support and safeguarding learning to families, ranging from early preventative services to interventions for those on the 'edge of care'. At the time of the inspection, 542 children and young people with specialist needs and at some level of risk were receiving specialist prevention and support services to help them remain living safely within their families and community. There is a good focus on families that are isolated, and on vulnerable and minority groups. For example, since 2008 there has been a significant increase in the Nepali population. The training of Nepali women as peer educators in healthcare and the provision of English for speakers of other languages (ESOL) courses is helping families to have a better awareness of and access to services.
33. Children's centres, voluntary and community groups deliver a wide range of services that demonstrate a good level of effectiveness in enabling children and young people to be cared for in a safe environment. For example, the Webster Stratton 'Incredible Years' parenting programme has gained in popularity through its positive reputation and recommendation from earlier participants. A success for the programme has been the increased participation by men. Post programme feedback from parents indicates they have benefitted from these services and feel they have improved their parenting skills enabling them to avoid or reduce crisis situations.
34. The common assessment framework (CAF) is effective and has been used extensively but not consistently across all areas since 2008. The number of completed CAFs has shown a steady increase with 409 completed assessments during 2010–11. Of significance is the increase in a higher percentage of CAFs requiring a multi agency approach, which resulted in a referral to children's social care. Informal feedback from families suggests that they benefit in many ways from the decisions taken in the meetings, and that the meetings are well attended. Some schools are not yet making effective use of the CAF resulting in the lack of a holistic family assessment.
35. Out of hours service provision is good. Changes to further improve the service will commence on 14 November 2011, the date by which the EDT will have the capacity to undertake, by arrangement, some pre-planned welfare check visits and ensure agreed safeguarding arrangements are

being adhered to by parents or carers. Additional resources are available to the EDT to provide intensive out of hours support, thereby enabling a child or young person to remain living safely at home during times of family crisis. There is an appropriate very low use of Police powers of protection and legal advice is available to the EDT out of daytime hours and at weekends.

36. Effective management oversight ensures that where section 47 strategy discussions are undertaken they are held promptly with decisions and appropriate safeguarding actions clearly evidenced. Although children and young people are seen routinely as part of the investigation it is not always clear whether they have been seen on their own.
37. A small, independently managed, team of conference and review managers oversees the child protection conference and review service. Initial child protection conferences and reviews are undertaken within statutory timescales. A 'Signs of Safety' approach is used which ensures high levels of active parental participation in the conference and review processes and parents feel well engaged in the process. Detailed child protection plans are drawn up at the conference or review and distributed within 24 hours which is good practice. Child protection conference chairs exercise their responsibilities for challenging practice but do not consistently evidence this in records. There is a clear escalation policy in place to tackle any shortfalls in practice. Those case files that were seen demonstrate that core groups work effectively to ensure children and young people are appropriately safeguarded. In most cases parents receive copies of reports in sufficient time before their meetings to enable them to prepare and contribute to future plans. Conference and review meeting minutes are not consistently prepared and distributed within timescales.
38. A high proportion of initial and core assessments are thorough, of good quality and appropriately identify risk and protective factors. In some cases research is used well to inform assessment. However, not all subsequent action plans are sufficiently specific or measurable. This makes it difficult for workers and managers to track progress in a timely manner. Case conference, core group and review minutes, although detailed, child-centred and mostly of good quality, also lack a more robust approach to the identification of specific and measurable outcomes. While management oversight and decision making is evidenced in assessments and in the case records these issues have not been appropriately identified as areas for improvement. Contingency planning is evident in the cases reviewed but in most cases formulated as a standard generic statement and is not case specific. For example, the generic statement does not make clear what specific action would be taken, if the original plan breaks down, other than the need to seek legal advice.

39. Children subject to child protection plans are visited in accordance with statutory requirements and most are seen alone by social workers. However, it is not clear from case records whether child protection visits to families are announced or unannounced, or whether the child is seen alone. Social workers interviewed were very knowledgeable and articulate about the children and young people they were working with and the outcomes they are working towards. Although recording is up to date the views and wishes of children and young people are not routinely or clearly evidenced in the case files reviewed and do not always show how they have been incorporated into their plans. Similarly, equality and diversity needs of families are not always sufficiently evidenced in the case records.

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

40. Health agencies make a good contribution to keeping children and young people safe. Staff at all levels have a clear understanding of their safeguarding responsibilities, how to identify risks and make referrals and are participating effectively in formal child protection procedures. There is good cooperative working to safeguard children across health disciplines and acute and community services. Designated and named professionals and the named general practitioner (GP) provide strong leadership and are well regarded across the partnership. Multi-disciplinary practice continues to be strengthened through the application of lessons learnt from serious case reviews and sharing of good practice. Relationships with social care, education and the Police are very positive and health governance of safeguarding performance is sound. Health visitors and school nurses prioritise child protection work, always attend child protection case conferences and submit reports as required.
41. Safeguarding training and supervision is in place and subject to clear monitoring arrangements. Although clinical staff have formal opportunities to reflect on their practice, similar opportunities for non-clinical staff are less available. Safeguarding training for agency employed porters at Wexham Park Hospital, which was identified as a recommendation for improvement in the Slough inspection, is being delivered and will be fully completed at the end of this year. Concerns about children's access to paediatric trained nurses outside paediatric accident and emergency service opening hours, which were also raised by that inspection, have not yet been fully addressed despite significant numbers of young people aged under 18 accessing the services.
42. The engagement of GPs in safeguarding arrangements is improving. Although GPs do not routinely attend child protection conferences, they nonetheless always submit conference reports. The named GP has led the development of the report template, ensuring that there is a consistent approach and that sufficient medical information is made available to the



case conference. The improved provision of information is now facilitating more open dialogue with the parents who attend the conferences.

43. There is a wide range of good quality health services for young people, many being run in partnership between health, education and the youth service. These include sexual health services, CAMHS, the family nurse partnership, support for substance misuse and others. Services for children with disabilities are of high quality, particularly in multi-disciplinary planning for invasive health procedures. In schools there is good awareness and identification of the potential for hidden harm to children is good. Pathways to support for adult substance misuse and mental health and social care services are clear. Approaches to follow up for non attendance at appointments across services are robust.
44. Arrangements for children and young people who have been subject to sexual assault are established and effective, most being seen by the consultant paediatrician who is also the designated doctor. The sexual assault referral centre (SARC) opened in April 2011 in Upton Hospital in Slough, commissioned by NHS Berkshire on behalf of authorities across the Thames Valley. Children of all ages are able to access this service which is available at all hours. Since opening, it has provided services to eight Bracknell Forest young people. Use of the facilities over weekends and bank holidays demonstrate the pathway is effective for young people of all ages. Children are well supported to access on-going sexual health services after engaging with SARC. They are seen immediately on presentation, and there is good follow up support from the SARC crisis team for as long as the young person wants this to continue.
45. The CAMHS are of good quality. The CAMHS A&E protocol, which is compliant with National Institute for Clinical Excellence (NICE) guidance, operates effectively in Wexham Park and Frimley Park Hospitals with clear separate arrangements for over and under 15s. Out of hours protocols are also clear, operating across a number of authorities engaged with the acute trusts. Young people are encouraged and supported to measure their own progress and evaluate outcomes using a range of tools, including the strengths and difficulties questionnaire (SDQs) and patient evaluation tools (PETS) before and after intervention and contribute to evaluation at the point of discharge about their experience of the service.
46. There is a good evidence of sensitive work by midwifery services with young people and their families from local minority ethnic communities groups, including work in the Nepalese community in Bracknell Forest.

## **Ambition and prioritisation**

## **Grade 2 (Good)**

47. The council and its partners have set ambitious targets for safeguarding children and young people and have ensured that services are closely monitored and scrutinised for quality and performance. The Children and Young People's Partnership Board and Forum, and LSCB provide effective

and joined up leadership in respect of safeguarding. The Children and Young People's Joint Strategic Plan has been recently reviewed and updated based on a comprehensive understanding of need. Joint priorities are agreed and shared within partnerships to ensure effective targeting. For example, domestic violence has been identified as a key priority in the LSCB business plan, the Children and Young People's Joint Strategic Plan and community safety strategy.

48. Political leadership of the council is strong and elected members have ensured, alongside key partners, that safeguarding priorities are underpinned by the provision of resources. Staffing capacity has been increased in the children's social care service and the independent chairs conferencing service, although capacity issues have been identified in the community nursing service, which are being addressed. The children's duty and assessment service is operating effectively in dealing with increasing volumes of contacts to children's social care. In addition, good links with preventative services, including the Family Adolescent Support Team (FAST) and housing liaison worker are improving outcomes for children and young people. There is ongoing investment in developing information and recording systems which are fit for purpose.
49. The LSCB is chaired independently and maintains effective lines of communication with the Children and Young People's Partnership Board and Forum. Representation is good, leading to a strong sense of commitment to safeguarding and children's service provision generally. Strategies for safeguarding and children's services are robust and targets are closely monitored through the provision of good quality performance information. The prioritisation of safeguarding within schools has had good impact in helping to keep children and young people safe, for example by reducing exclusion. It has also led to the introduction of sexual health drop-ins in all schools.

## **Leadership and management**

## **Grade 2 (Good)**

50. Leadership and management of safeguarding are good, with some outstanding features. Senior and local managers across the partnership provide robust leadership in safeguarding and ensure that service priorities are explicit and understood across the whole workforce. Councillors play an active and significant role in setting and policy direction and developing services and support for children. The Overview and scrutiny process is outstanding and has resulted in a recent comprehensive and detailed review of safeguarding, with clear and measurable recommendations. The Executive Member now attends the LSCB to ensure clear discussion, communication and information exchange. Leaders have responded appropriately to increased demands through the provision of additional staffing resources in key areas in social care. There are good examples of joint working at strategic and individual

case levels and effective use of early intervention and CAF approaches to improve outcomes for children in need. Financial control, budget setting and monitoring processes are all robust.

51. The quality of user engagement is good. This is exemplified through the LSCB's work with young people to develop the young person's safeguarding cue card. It has been highlighted by the Department for Education as one of three national examples of good practice. Over 7,000 copies of the safeguarding cue card have been distributed to local children and young people with young people undertaking responsibility for directly distributing the cards to their peers and taking opportunities in schools and community or youth provisions to talk about what had led to the card being developed. Although it is too soon for impact to be fully evidenced, informal feedback received by the LSCB from some of the safeguarding services listed in the cue card indicates that an increase in self-referrals is already noticeable. A number of young people from the Youth Council contributed effectively to the LSCB conference on the theme of domestic violence. They produced a DVD and gave a presentation from a child's perspective of witnessing domestic violence. Young people are increasingly involved in staff recruitment, which has included the appointment of the Director of Children's Services, although this is not occurring routinely across the Partnership.
52. Joint workforce planning and development are good. Work is allocated according to the need, qualification and experience of staff involved. Workforce planning and development are clearly prioritised. Professional development opportunities are very good and based upon continuous improvement. A high number of managers and social workers are completing or have obtained post qualifying awards. An employee health check has been recently completed and shown high levels of satisfaction amongst social workers with their supervision and team meetings. Long working hours and workload management are being tackled through additional social workers and tighter management control. Although turnover of staff has been higher this year this has been due to a number of retirements in social care and improved management of performance and sickness levels. Effective local authority leadership and partnership with head teachers in schools is helping to improve attendance, exclusion and inclusion. There are capacity issues within the health visiting and school nursing services, which impact on other frontline community services, but a workforce plan is in place which commissioners are confident will deliver national workforce targets by 2015. However, it is too early to evidence any impact.
53. Good processes are in place for the commissioning of services. To ensure safeguarding has a high priority in commissioning, the LSCB has asked the Partnership to ensure that all internal commissioning and grant arrangements include a clause that specifies responsibilities for safeguarding children, based on the LSCB's safeguarding toolkit. If any

organisations are non-compliant and do not take remedial action then the ultimate sanction of having funding withdrawn or not granted will be instituted. Where appropriate, some services have been decommissioned and recommissioned in favour of improved services. Following an independent review, a new provider has been commissioned by the council to expand the service and to improve targeted support to address issues specific to the needs of young carers and their families. However, this is a new service yet to become established and therefore impact and outcomes cannot be evidenced.

## **Performance management and quality assurance**

### **Grade 2 (Good)**

54. Performance management and quality assurance are good. The council effectively monitors performance through quarterly reporting on the progress of the service plan. The reports are routinely made available to council committees and Partnership Boards and ensure that political leaders and managers have up-to-date information on performance trends. The internal scrutiny of performance is outstanding, with strong evidence of senior managers being held to account for service quality, performance and the actions to be taken in order to meet specific targets.
55. The LSCB seeks to identify and act on any weaknesses in service areas. For example, quarterly reports about all key indicators of performance are prepared for the LSCB. These reports lead to thematic enquiry and action. For example, the response following an identified increase in sexual offences within Bracknell Forest during 2009-10 led to the commissioning of a Police led review of the issues. In addition, targeted work has been undertaken with vulnerable young people to minimise risk. This has proved effective with a 25.5% reduction in reported incidents. This initiative makes a positive contribution to keeping children safe by raising the awareness of professionals and increasing their ability to recognise potential harm at an early stage.
56. At an operational level, case audits and child performance data are monitored and reviewed regularly by the senior management team in conjunction with team managers. Where shortfalls in performance are identified, action plans are implemented to address any performance issues. Recent examples include a focus on the quality of analysis within assessments and work around attachment and drift in casework. However, implementation activity takes place at an individual team level and identified topics are not always systematically re-audited to ensure outcomes have changed practice. Similarly, the absence of an established and systematic approach to evaluating the impact of the CAF and preventative services results in the lack of a directorate wide overview of the success or otherwise of the activities. A programme of themed audits is being developed in children's social care to focus on specific performance issues, as well as the prospect of additional resourcing to

improve coordination of the audit work taking place across the service, although it is too early to evaluate the impact of these measures.

57. Social workers report good engagement and support from senior managers who attend monthly duty allocation meetings. There is in place a rolling programme for every individual social worker to meet with the Director of Children's Services and Chief Officer for Children's Social Care to present a case for discussion. Workers who met with inspectors report positively on this activity feeling it is a useful exercise for senior managers to understand the pressures workers are under as well as workers benefitting from reflecting on their practice when discussing their case. Case file audits take place regularly and performance issues are addressed in supervision, although the focus on quality rather than process is recognised as an area that needs to be strengthened.

## Partnership working

## Grade 2 (Good)

58. Partnership working is good and in some areas outstanding. Most partners, including the voluntary and community sector, work well together at all levels to promote and deliver effective safeguarding. At an operational level a wide range of partnerships exist across the authority delivering well evidenced, good quality and effective intervention services that are keeping children and young people safe, reducing offending and promoting their health and emotional well-being.
59. There is appropriate representation on the Children and Young People's Partnership Board and the LSCB although currently there is no military representative on the LSCB. Given the number of children from military families living in the Bracknell Forest area this is an omission which is now being addressed. The LSCB fulfils its statutory duties well and provides highly effective and consistent community and professional leadership in relation to universal, targeted and specialist safeguarding services. Appropriate challenge is provided to all partners through the implementation of the business plan which addresses the breadth of the safeguarding agenda. The business plan promotes a strong awareness and high standards of safeguarding work and fosters a culture of continuous improvement. For example, under the auspices of the LSCB, a safeguarding toolkit has been developed and distributed to 7000 organisations, early years childcare settings and faith groups, clearly setting out eight safeguarding standards that all organisations and voluntary bodies working with children and young people are expected to meet. This has had a direct impact on improvements to the quality of safeguarding work across the partnership. Where shortfalls are identified, advice, guidance and support is offered to help the organisation or setting to raise its standards.
60. Multi agency action to reduce the impact of domestic violence is good and effective in keeping children safe. Core agencies are regular attendees at

Multi Agency Risk Assessment Conferences (MARAC) and report that information sharing in this area is very good. Thresholds for referrals to MARAC are well understood across the partnership and are appropriately used. Cases are prioritised to ensure those whose lives are seriously disrupted by domestic violence and are at the highest risk are considered at the MARAC. Adult services and in particular the community mental health team supports are well engaged. Children and young people who arrive at the local refuges are well supported by designated health visitors and local schools.

61. Multi Agency Public Protection Arrangements (MAPPA) are effective in ensuring registered sex offenders and those who present a risk to children and young people are appropriately assessed for the level of risk they present to children. Monthly meetings are co-chaired by Police and probation representatives with good cooperation and attendance from all relevant agencies. Close partnership working and robust monitoring arrangements are in place to ensure that identified actions to keep children safe are delivered in a timely way.
62. LADO referrals are appropriate and come from a wide range of agencies including the voluntary and business sector. Good multi agency working is evident in the response to children who have gone missing. Information is shared by partners and this enables them to target needs well. For example, a service commissioned from Barnardo's effectively supports four young people who have been missing and at risk of being sexually exploited by adults.

## Services for looked after children

### Overall effectiveness

### Grade 2 (Good)

63. The overall effectiveness of services for looked after children and young people is good. Outcomes in respect of being healthy, staying safe, enjoying and achieving and making a positive contribution are all good. Management and leadership, including political leadership, are effective in securing good quality services. There is evidence of good partnership working to meet the health needs of looked after children. Most looked after children who responded to Ofsted's Care4me survey reported that they feel safe living in the Bracknell Forest area. Children and young people take part in a wide range of activities to make a positive contribution. There is good evidence of multi agency action to prevent offending, and this achieves positive outcomes for young people. While some aspects of achieving economic well-being are good and improving, outcomes overall are adequate. Care leavers' attainment is low and some accommodation is of insufficient quality.
64. Corporate parenting arrangements are robust and members are well informed about their responsibilities to looked after children and young people. Targets set across the partnership are ambitious and demonstrate a good impact in most areas on the inclusion of looked after children and young people, their attainment and increasing their life opportunities.
65. Workforce development and safe recruitment strategies are well established and effective. Performance management and quality assurance processes are firmly established and ensure that accurate information is available to relevant boards and panels on outcomes and improvement trends. The quality of care provision is good overall and improving. Independent reviewing officers provide effective oversight and monitoring of direct work and planning for looked after children. Looked after children and young people live in safe placements. Placement stability has been prioritised by the Children and Young People's Partnership as an area for improvement and is now improving at a significant rate. Commissioning arrangements are robust and out of borough placements are well monitored by health and social care.
66. Statutory requirements for visiting and reviewing the needs of looked after children are well met and the quality of case reviews is good overall. Although assessments and plans are satisfactory or better, some variation in quality was apparent in the cases seen by inspectors. For example, care planning is not always sufficiently specific and measurable, and case recording at times omits whether a child is being seen alone. Good arrangements are in place to support care and transition planning for looked after children with disabilities. Improvements to the pathway planning process for young people leaving care have been introduced but

it is too early to evidence impact. However, all care leavers contribute to their pathway plan reviews and are supported well in doing so. Complaints systems are well established and help to ensure that children and young people are able to comment on the quality of the services they receive. The majority of those commenting in the Care4me survey know how to make a complaint. Similarly, most children and young people are aware of the Children's Pledge, which explicitly sets out commitments to looked after children and young people. The take up of advocates and independent visitors is low although looked after children at times make their own arrangements if they need support at meetings.

67. Good attention is paid to the race, culture, language, religion and disability of looked after children and young people. This means that unaccompanied asylum seeking children are placed wherever possible in placements that can meet their ethnic or religious needs. All staff undertake equalities training with additional specialist training available, for example in relation to unaccompanied asylum seeking children. Interpretation and translation services are used to aid effective communication with children and young people and their carers. However, there are some variations in the quality of analysis in assessment particularly when the family are of White British origin.

## **Capacity for improvement**

## **Grade 2 (Good)**

68. Capacity for improvement is good. The council and its partners have good ambition for services and the promotion of the welfare of looked after children and young people. The effective working of the Children and Young People's Partnership and Corporate Parenting Advisory Panel and the outstanding overview and scrutiny process ensures targets are being met and sustained. Looked after children and young people are increasingly involved in contributing to service development reflecting the Partnerships ambition in this matter. They are supported well through the Children in Care Council - Say It Loud Say It Proud (SILSIP) and the children's participation officer. However, more needs to be done to ensure the consistency of their contribution overall in health. There is a good track record of continuous improvement evidenced through trends in most key indicators and inspection findings. Prompt and decisive action is taken in respect of issues identified through self-audit or inspection.
69. Performance management is adequate overall. Monitoring at a strategic level is effective and leading to improved outcomes for looked after children and young people in most areas. However, at an operational level better monitoring and attention to care leavers' attainment is needed to ensure sustained improvement and improved outcomes for this group of young people. The use of themed audits and re-auditing is underdeveloped across the children's social care service.



70. Workforce planning and development is robust and ensures the partnership as a whole has capacity to deliver effective and good quality services. Capacity has been increased in key areas to enhance quality or to respond to changing needs and demands. Financial management is robust. All reductions in funding of services have been screened for an equality impact assessment and where appropriate a full assessment is undertaken. Support for children's services has been secured with additional investment in key services, including family finding and the independent reviewing officer service to respond to the rising numbers of looked after children. However, the availability of specialist foster placements is insufficient.

## Areas for improvement

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

### Immediately:

- ensure that all records of visits to looked after children and young people make clear whether visits are announced or unannounced and whether the child or young person is seen alone
- ensure that care plans consistently and clearly identify the specific actions to be taken, by whom and when and fully reflect the views of children and young people.

### Within three months:

- establish a system for tracking the attainment of care leavers to evidence sustained improvement and improved outcomes for this group of young people
- ensure that case recording and chronologies provide an accessible and concise picture of intervention with families and critical events for children and young people.
- NHS Berkshire and Berkshire Healthcare Foundation Trust to ensure that support to care leavers is fully developed and health outcomes for care leavers are measured and routinely reported
- NHS Berkshire and Berkshire Healthcare Foundation Trust to ensure that children and young people who are looked after are fully involved and actively contribute to service development
- ensure the systematic use of auditing across the children's social care service to identify trends and themes that may influence service improvements and impact for children and young people.

**Within six months:**

- ensure that sufficient high quality accommodation is made available as a priority for care leavers
- ensure that children and young people are provided with a well publicised and accessible independent visiting service
- ensure that sufficient specialist foster placements are available to meet the needs of looked after children and young people.

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

### Being healthy

### Grade 2 (Good)

72. Health outcomes are good. Good arrangements are in place to ensure that looked after children receive timely and good quality assessments and reviews of their health needs. In 2010/11, 95.3% of looked after children had the reviews of their health needs within the required timescales, which was higher than comparator groups. Health assessments and reviews are comprehensive and child focused and recorded well in a locally developed format. Health plans are well documented and are outcome focused as well as being personalised to reflect the individual child. Areas of potential risk to the safety and well-being of children such as stranger danger and road safety are routine areas for discussion in health reviews and are then addressed within the health plan. E-safety is not routinely addressed at health reviews however, although there is growing attention to this issue among partner agencies.
73. Good attention is paid to meeting the equality and diversity needs of children and young people. For example, children have some choice in the gender of the health staff member who undertakes their health assessment and good effort is made to ensure that their linguistic needs are met, such as the use of a Farsi interpreter for health assessments and reviews.
74. The designated doctor and nurse for looked after children are effective in their roles and are known and respected across services. The designated looked after children nurse combines a strategic role acting as consultant for partner agencies while also holding a caseload of the more complex children. Although there is no health membership of the corporate parenting board, the designated nurse does attend by invitation and delivers an annual looked after children health report to the board.
75. The notification process for social care to inform health of children coming into care, parental consent documentation and changes to placements are clear. Practice has significantly improved over recent months but is not yet consistent. The health looked after children team and social care managers are working closely to ensure that systems are in place to facilitate effective information sharing. Introduction of the health record system has contributed to improvement, as has use of secure e-mail between the agencies but there is more to do. Once notification is received, all initial health assessments are offered or undertaken within five days which is well within expected timescales. Health plans are developed fairly promptly, but timeliness of notifications needs to be consistent.

76. There is effective operational work between health, social care and education providing a multi-disciplinary approach to delivering positive outcomes for looked after children. Children are fast tracked into a range of health services, including good quality specialist services, to address identified individual health needs and outcomes are positive. All Bracknell Forest children have their health needs addressed when placed out of area. Where these cannot be met by local providers, private services are commissioned. The new Life Chances multi agency meeting is a positive development to ensure that looked after children's needs are well met.
77. Health outcomes for young people who have left care is insufficiently evaluated by the looked after children health team. Engagement with young people to develop care leaver support and other aspects of the Being Healthy agenda is at an early stage of development. For example, young people were not involved in the recent recruitment of the new looked after children doctor which is a missed opportunity, although they do participate in other areas of health staff recruitment.

### **Staying safe**

### **Grade 2 (Good)**

78. Safeguarding arrangements for looked after children and young people are good. Most looked after children who completed the Ofsted Care4me survey describe feeling safe in Bracknell Forest They have a good understanding of self protection techniques relating to e-safety, travelling alone and stranger danger. For care leavers the picture is less positive, although most of those who were surveyed felt at least fairly safe. Where care leavers have felt unsafe the council has taken appropriate action to address these issues.
79. Risk is well managed to ensure that all children and young people who need to be looked after are in care. Looked after children are placed in appropriate settings that are well matched to their needs, including kinship placements. Statutory visits are often undertaken with greater frequency than required and in all cases looked after children are visited and reviewed on a timely basis. However, children are not always seen alone and unannounced visits are not routinely made. These shortfalls are identified and challenged by managers and the independent reviewing officers, although intervention is not always recorded.
80. Arrangements for the monitoring of care placements, including those outside the local area, are good. All young people are living in settings where arrangements for safeguarding are judged to be good or better. Significant work and development within the fostering and adoption team has led to well evidenced improvements in service delivery, for example, increased placement choice, more timely assessments, effective decision making and swifter permanent placements for looked after children. The proportion of children being adopted has been low, although this is now improving. The council state that they anticipate meeting their improved

adoption target for this year. Placements are well matched to the assessed needs of looked after children and young people, with suitable priority given to religious and cultural identity. However, there are insufficient specialist foster placements for looked after children, for example in remand cases and mother and baby placements.

81. Foster carers report a strong commitment from the council regarding keeping looked after children safe through a wide range of measures, including raising awareness, early intervention and training through SILSIP, or information sharing through newsletters and support groups. Where possible the council has made individual arrangements for foster carers to continue to care for the younger people beyond their 18<sup>th</sup> birthdays.
82. A contracts and commissioning manager coordinates the database of external placements, ensures contracts are in place and monitors the quality of placements through inspection reports. The council run children's home in Larchwood that provides respite care for children with disabilities has been recently inspected by Ofsted and found to be outstanding in the quality of care provision. Regulation 33 visits to the home are undertaken appropriately and in a timely manner.
83. Placement stability has been a priority area of improvement for the Council, which has improved by 10% this year. Some of this improved outcome is due to the nature of the cohort. As the number of younger children becoming accommodated has increased; the percentage of teenagers has reduced. However, the matching of placements is now closely managed and potential disruptions are identified quickly and acted upon. The development of effective intervention services, for example, the FAST has contributed to this improving picture.
84. There are clear processes in place when looked after children are missing from care and after 24 hours this is escalated to the Chief Officer for Children's Social Care and the Director of Children's Services.

## **Enjoying and achieving**

**Grade 2 (Good)**

85. The impact of services to enable looked after children and young people to enjoy their learning and achieve well is good. While small numbers of looked after children make it difficult to measure trends, there is clear evidence that educational outcomes for looked after children in Bracknell Forest are improving. This year, four of the 11 who took GCSEs achieved five A\*–C grades and this is a good result given the high percentage of children with statements of educational need. Good communication between teams eases transitions between settings so that children settle in quickly.
86. Work with school staff through the targeted mental health in schools project has assisted in their understanding of emotional well being and

behaviour patterns and has helped them to provide more effective support in school. No looked after child has been permanently excluded for some time. Fixed term exclusions have reduced, while attendance has risen through effective and well understood alert systems and partnership working both in and out of borough.

87. The well established looked after children educational service (LACES) team provides very useful advice to heads and designated teachers and works effectively with them to plan and monitor children's education. Children of all ages and abilities are supported well to participate in this process. Personal education plans (PEPs) are well focused and updated frequently. Looked after children are provided with a copy of the plan. Staff visit children regularly to review progress, including those placed out of borough, increasing the frequency if necessary.
88. The virtual school head is relatively new to his post and now has an assistant head to develop more rigorous monitoring and improve the analysis of the progress of looked after children, particularly with respect to their starting points. However, it is too early to evaluate the impact of these new arrangements.
89. The local authority has maintained a dedicated resource so that looked after children enjoy a wide range of interesting and creative activities. It works hard to ensure that its leisure facilities can be accessed by children of all abilities. The local authority also provides equipment such as laptops and books.

### **Making a positive contribution, including user engagement**

#### **Grade 2 (Good)**

90. Opportunities for looked after children and young people to make a positive contribution are good. The Children in Care Council - Say It Loud Say It Proud (SILSIP) is strong and effective, whose representatives have provided training to the Corporate Parenting Advisory Panel (CPAP) members. This group has clear channels of communication with CPAP and the Youth Council. The council encourages looked after children to celebrate their achievements, for example, through the annual Education Awards ceremony.
91. Good effort is made to ensure that children and their carers are aware of the significance of the Bracknell Forest's Pledge for looked after children and young people. Credit card sized information leaflets have been developed in consultation with SILSIP to promote both the Pledge and the complaints process. SILSIP is well supported by a Children's Participation Development Officer who is well regarded by looked after children.
92. Looked after children and young people are involved in a wide range of participation opportunities. Looked after children have participated in recruitment and selection processes for staff, including the Children's

Participation Development Officer and other health and social care staff appointments. Young people have been consulted in developing policies, for example, the leaving care policy and sufficiency duty plan. This is acknowledged by the council as an area for further development, for example including young people in the training of new staff, foster carers and to participate in the induction of new members.

93. The council makes every effort to listen to what looked after children have to say, which can be demonstrated in a number of ways. The policy for computers has been reviewed and updated to ensure that all looked after children have access to a computer and the web where appropriate, and this is monitored through each young person's PEP meetings. Young people have expressed concern through SILSIP and their links to the CPAP that there may not be adequate funding to continue the offer of residential participation opportunities in the new financial year. As a result the Lead Member has invited SILSIP members to participate in discussions around budget setting for the council at the end of the year.
94. There is a clear commitment to maintaining the high participation of children and young people in their statutory reviews and evidence of creative approaches to enable children and young people to participate. Looked after children are briefed by their independent reviewing officers before and after their reviews and report that their needs and wishes are well understood. There are clear consultation processes in place to obtain feedback from looked after children regarding the reviewing process and this feedback is used to inform service development and planning through findings in an annual report and subsequent action plan.
95. Looked after children are clear on the ways in which they can make a complaint and of those spoken to, most were happy with the process and outcomes. There is a good commitment by staff, across the partnership, to the promotion of advocacy services for looked after children. However, only 60% of looked after children surveyed by Ofsted knew how to access an advocate. There is a low take up of independent visitors by looked after children, although the council recognises the need to develop this service.
96. The rate of offending of looked after children is improving and has reduced to 6.7% from 11.5% last year. Preventative services offer a range of targeted and universal services to offenders as well as those identified as at risk of offending, for example one-to-one work has been undertaken to prevent siblings becoming involved in criminal activity and this has had good results. The youth offending service has developed a domestic violence programme for young men based upon the findings of themed audits to assess risk factors in offending.

**Economic well-being****Grade 3 (Adequate)**

97. Arrangements to promote the economic well being of looked after children and care leavers are adequate. Care leavers receive appropriate support to access further education and training and the proportion in education, employment or training is close to the national average at 57.9%, but much lower than the general population in Bracknell Forest. Children under 16 have good opportunities to study vocational options in partnership with the local college, and the education business partnership arranges a good range of useful work experience placements. Connexions provide much appreciated individual support which begins when children are 14. The newly created multi agency participation group has good representation from local 14–19 training providers and is working to reduce the risk of disengagement for all vulnerable young people.
98. While the local authority monitors the educational destination for care leavers, it does not collate information about care leavers' achievement in further or higher education. As such, it is impossible to make a judgement on how well young people achieve. However, in most years, the authority supports at least one person to progress to university, and three of the 25 young adults who left care in 2011 are on degree courses. Most care leavers attend local colleges when they leave school. Retention at college fluctuates and a significant group of young people drop out of their courses early.
99. Transition and pathway plans for most care leavers are insufficiently detailed, but arrangements for those with disabilities are particularly good, with early involvement of adult services in pooling resources to get the best possible services to promote independence. All care leavers contribute to their pathway plan reviews and there are good arrangements to support them to do this. There is insufficient high quality affordable accommodation, and despite good levels of visiting and direct support from the after care team some care leavers did not feel safe in the sheltered housing scheme that had been provided for them. The local authority is aware of this and is taking immediate and appropriate action to address the matter. The council acknowledges the need to develop a wider range of options for care leavers.

**Quality of provision****Grade 2 (Good)**

100. The quality of provision is good. There are clear and agreed processes for determining whether a child or young person needs to be taken into care leading to consistency of decision making. Partner agencies are clear about thresholds and report that these are appropriate and applied in a timely way.
101. Families with young children at risk of coming into care have access to a range of good quality and targeted support services. The focus on early intervention with families and parent support programmes and partnership



working with parents has led to good outcomes enabling children to remain at home with their parents. Services for children on the edge of care are wide ranging and effective. For example, the FAST provides effective intervention services to children and young people aged 11 and over where there is an assessed risk of family breakdown. The impact of this work is clearly reflected in the significantly lower numbers of children accommodated following FAST involvement, as well as ensuring children on the edge of care maintain their education placement. The impact of family group conferencing in preventing children becoming looked after is effective and well targeted.

102. Social workers know their children well and care about them. Looked after children are routinely seen. Children's views are sought but not always recorded and it is difficult to establish in some cases how their views are being taken into account in assessment and planning. The quality of assessments is improving and in the cases seen is at least satisfactory and some are good. Risk assessments are routinely undertaken, are of satisfactory quality and undertaken on a timely basis. Most assessments are regularly updated and reflect the changing needs of looked after children. However, whilst social workers record the ethnicity and religious needs of looked after children these are largely unexplored by the social worker if the looked after child is White British. There are some very good examples of work with asylum seeker children, with one individual commenting very highly on the support they receive from the social worker and foster carer.
103. The quality of care planning is variable but concurrent case planning is consistently effective with clear targets and contingency plans in place. Good use is made of a consultant psychologist in offering reflective supervision to assist social workers in case planning. However, care plans are not always specific and measurable with clearly identified outcomes and timescales. The regularity of visiting undertaken is not always stated although in all cases seen statutory visits are undertaken in a timely way. Social workers and team managers are well supported by the Joint Legal Team and access to legal advice is timely and of high quality. The Joint Legal Team provides a bi-monthly legal clinic where social workers can discuss cases that are assessed as likely to need legal intervention. Independent reviewing officers provide effective oversight and monitoring of direct work and planning for looked after children, to ensure that care plans are progressed in a timely way.
104. Arrangements for statutory reviews of looked after children are good. The timeliness of reviews has improved and all now take place within the required timescales. Social work reports submitted to independent reviewing officers are of good quality and incorporate all relevant areas. Children and young people are given the opportunity to chair their own review, although there is only a very small proportion who choose to do this. The views of looked after children and parents are reflected in the

reports seen, although social workers do not routinely share their reports with children and parents before each review meeting.

105. Children who are looked after live in placements that meet their needs well. Unplanned changes of placement are avoided and children at risk of experiencing placement disruptions are assessed within the Placement Planning Meeting and Referral Panel. This ensures the provision of preventative services as well as identifying possible alternative placements should the placement breakdown.
106. Chronologies are of variable quality and do not always provide an accessible and concise account of social work intervention in cases. Although there are some examples of good recording the level of detail is variable, for example, in the quality of analysis.

## **Ambition and prioritisation**

## **Grade 2 (Good)**

107. Ambition and prioritisation are good. The council and partners have a good shared ambition for looked after children and care leavers in Bracknell Forest. This is demonstrated through strong, effective management culture which drives service improvement and reflects the priorities set out within strategic plans. The Children and Young People's Joint Strategic Plan prioritises looked after children appropriately and sets out the key issues well, for example, in improving placement stability.
108. Targets to improve service provision are clear and are closely monitored through corporate parenting arrangements and the Children and Young People's Partnership. Political commitment to improving outcomes for looked after children and young people is high and suitably underpinned by the provision of resources. The engagement of voluntary sector organisations in the delivery of services across the range of outcome areas is good. Health services demonstrate good ambition and are ensuring looked after children and young people are given priority access to key health services including ongoing health promotion and support. Most education provision for looked after children and young people up to the age of 16 is good and is firmly committed to inclusion, leading to an improving trend in school attendance, attainment and achievement. Improvements in the services for care leavers are underway including improved pathway planning. Transition planning for children with disabilities is very good.
109. Looked after children and young people have contributed well to the development of services through a wide range of mechanisms. Elected members meet informally and formally with young people to get their views on the services they receive. The engagement of SILSIP, use of consultation events and effective corporate parenting has significantly contributed to a shared sense of ambition and aspiration. This is now demonstrated through improving outcomes for looked after children and

young people across most outcome areas and the mainly good or better overall inspection grades achieved within regulated services.

## Leadership and management

## Grade 2 (Good)

110. Leadership and management of joint services for looked after children and care leavers are good. The Children and Young People's Partnership provides clear direction and performance management for looked after children and young people's services. Political leaders are well informed and undertake robust scrutiny based on a wide range of performance reports, including the annual report by the independent reviewing officer service. Decisive action is taken where performance is seen to be adversely affected, for example, in the recent scrutiny review of placement stability. Cases are suitably allocated to trained staff and there is no unallocated work despite the increasing numbers of looked after children. Users of services are increasingly informing service developments with some good examples of young people's views contributing to strategic and individual planning.
111. Commissioning arrangements for placements are robust and ensure children and young people are only placed in suitable and safe environments. Bracknell Forest collaborates with two neighbouring authorities to commission cost effective and good quality independent fostering agency (IFA) placements. Following a study of the cost effectiveness of residential provision in Bracknell Forest the council joined with other commissioners from local authorities to tender for developing a local range of residential units for children with highly complex social and emotional needs, which has resulted in one home opening in Maidenhead. However, the use of IFAs is high and the local authority is aware of this and taking active steps to increase capacity for family finding locally. Financial management is robust with an effective focus on value for money. Additional resources have been secured for children's services and have been protected.
112. Workforce planning and development across the Partnership is effective. However, children's social care has found recent difficulty in recruiting experienced social workers and health in the recruitment of some community health staff. These issues are being robustly evaluated and addressed. Workforce plans are monitored and reviewed to ensure that the workforce is fit for purpose.
113. Staff across the Partnership express strong commitment to the priorities set by strategic planning groups. Good quality services are available to support families at risk of breakdown and to return children and young people home quickly and safely once they have become looked after. A multi agency life chances team has been recently launched and provides a clear focus on improving the life chances of young people who are looked after or adopted.

114. Focused attention is given by all agencies to safeguarding looked after children and young people. All regulated services are at least adequate and most show good or better overall performance, including the fostering service and the outstanding council run children's home. When last inspected by Ofsted, private fostering arrangements were judged to be good.

## **Performance management and quality assurance**

### **Grade 3 (Adequate)**

115. Performance management and quality assurance are adequate. Targets for looked after services are clearly stated and are routinely monitored leading to improvements for looked after children in most areas. Additional resources have been identified and secured to build capacity locally. However, in some important areas performance monitoring is underdeveloped. For example, the absence of an established and systematic approach to evaluating the attainment progression for care leavers is resulting in a failure to fully evaluate whether there is sustained improvement in outcomes for this group of young people.
116. Quarterly and monthly performance monitoring reports are used by leaders and managers at all levels of the organisation to effectively monitor activity across the service and in teams. However, the use of themed audits and re-auditing is under developed across children's social care to inform and to determine the impact of practice and service development.
117. Social workers and other key staff are provided with very good quality training and development opportunities, are well supported by their managers and receive regular supervision. This leads to overall good outcomes for looked after children in the quality of provision they receive.

## Record of main findings:

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