

DRAFT 16.12.2010



Being Safe

**A Review of Safeguarding Children and Young People
by a Working Group of the
Children, Young People and Learning Overview &
Scrutiny Panel**



January 2011

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Acknowledgements

The Working Group would like to express its thanks and appreciation to the following people for their co-operation and time. All those who have participated in the review have been thanked for their contribution and provided with a copy of this report.

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Sue Skilton	Designated Teacher for Child Protection, Easthampstead Park Community School
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Simon Bowden	Chief Inspector, Local Police Area Commander for Bracknell Forest
Sarah Austin	Detective Sergeant, Child Abuse Investigation Unit

Local Safeguarding Children Board

Elaine Coleridge Smith	Independent Chair of Bracknell Forest Local Safeguarding Children Board
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1. Executive Summary

I must start this Executive summary by thanking a number of individuals:

First and foremost to the children and young adults we met, for their time and for sharing with us their experiences;

To Penny Reuter and her Team who have been so supportive throughout this review. They have given us their time, encouragement and honest insight into their multifaceted and often sensitive work;

To Richard Beaumont who, as my Lead Officer, brought this Review together. He guided us through a complex and intricate piece of research with great ideas and good will. On behalf of the Working Group and myself many thanks;

To my councillor colleagues who formed the working group. Safeguarding Children is a difficult subject to embark upon and they did it with enthusiasm and good spirit.

We were also most fortunate to have Valerie Richardson (Teacher Representative) and Paula Ridgway (Chair of the Children and Young People Voluntary Community Sector Forum) as part of the Working Group

Thank you Valerie for the Teacher insight, it was most valuable to the Review.

To have the experience of Children's Services and the Voluntary Sector that Paula brought to our Review gave us a whole new dimension on the subject. I cannot thank Paula enough for joining us and adding to her already considerable workload and for sharing her knowledge and wisdom with us.

To John Ainsworth for all those superb graphs.

Last, but by no means least, our partners from the NHS, Thames Valley Police, the Local Safeguarding Children Board, the Headteachers and their designated Teachers for child protection at Kennel Lane and Easthampstead Park School.

The purpose of this review and its resultant report has been to ensure that our arrangements as a Council with regard to Safeguarding Children were and are of the highest standard.

I must stress that this review was not convened through any concerns that our arrangements were in anyway lacking but we must never become complacent and in light of recent national headline cases it was felt both appropriate and timely to revisit our practices and processes.

It is self evident that we each have a duty of care whether as a biological parent or as a corporate parent to safeguard our children. There can in the end be no higher responsibility than the care and well being of a Child or Young Person and their needs should be paramount

Unfortunately this is not always the case and this is when Children's Services become involved.

As can be seen from the report we spent a considerable amount of time with the managers and social workers of Policy and Commissioning, our Under 11's and Over 11's teams, and the Duty and Fast Team. Their professionalism and dedication in the face of such delicate, difficult and often demanding situations was reassuring, complacency is not in their vocabulary.

Equally we also felt it was very important to talk with our partner agencies to gauge their involvement with our Children's Services. We were very impressed by the cohesive manner in which the agencies were able to work together and the regard in which our Children's Services is held.

It may come as no surprise that during our interviews there developed an overwhelming sense that a social workers job is without doubt a vocation. They often have to become involved in the most sensitive areas of people's lives at a time when they are at their most vulnerable. This is especially true of working with Children and Young People who are at risk.

As with so many other areas of the Council the dedication and professionalism of the staff of Children's Services is both gratifying and exemplary.

I speak for my member colleagues when I say that this review has been enlightening, profound and at times highly charged emotionally.

If this review has taught us anything it is that there is no room for complacency, nor should there be, particularly when it comes to the Safeguarding of our Children.

Cllr. Mrs Jennie McCracken
Lead Member

The Working Group members were:

Councillor Mrs Jennie McCracken (Lead Member)
Councillor Mrs Gill Birch
Councillor Mrs Jan Angell
Councillor Trevor Kensall
Miss Valerie Richardson, Teacher Representative
Mrs Paula Ridgway, Chair of the Children and Young People Voluntary
Community Sector Forum

2. Background

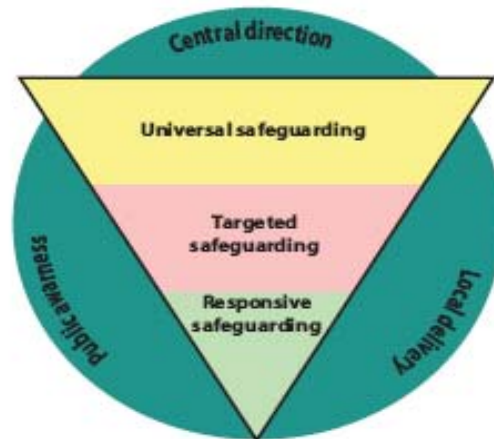
Introduction

- 2.1 The whole country has been struck by the tragic cases of Victoria Climbié, Baby Peter, Khyra Ishaq and other children and young people who were terribly abused and lost their lives, and this has inevitably raised the question, 'could it happen here?'
- 2.2 Recognising the vital need to safeguard children and young people, the Children, Young People and Learning Overview and Scrutiny Panel of Bracknell Forest Council ('the Council') proposed that it should carry out a thorough review of the arrangements to safeguard children and young people in Bracknell Forest, with a particular emphasis on child protection (child protection is the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm). In reaching this decision, Councillors did not have any reason to think that the arrangements are lacking, but decided a review was justified because safeguarding children is one of the most important functions of a local authority, and this previously had not been subject to a focussed overview and scrutiny review. Councillors also considered that the high level of public concern nationally meant that the children of Bracknell Forest and their parents/carers would welcome an impartial and public review of the adequacy of the arrangements to safeguard children and young people.
- 2.3 The Panel's proposals were endorsed by the Overview and Scrutiny Commission, in consultation with the Council's Executive and Corporate Management Team. Our review commenced in May 2010, and this report records the outcome of the review.
- 2.4 This background section of the report sets out the context for, and the base information for the review. Section 3 summarises what we found during the review, and that is used to support the conclusions we have reached in Section 4. Our conclusions have generated a number of recommendations to the Council and its partner organisations, which we set out in Section 5. At the end of the report we have included a glossary of the abbreviations used in the report, and there are a number of appendices containing detailed supporting material we gathered during the review.
- 2.5 Throughout this report, in the interests of brevity we have used the term 'children' as encompassing young people too.

What is Meant by Safeguarding?

- 2.6 Safeguarding and promoting the welfare of children is defined for the purpose of statutory guidance under the Children Acts 1989 and 2004 respectively as:
- protecting children from maltreatment;
 - preventing impairment of children's health or development;
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
 - undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

This is represented diagrammatically, opposite. Safeguarding encompasses a huge range of activity applying to all children (and young people). At its most basic level, safeguarding includes measures to protect all children such as pedestrian crossings on roads, licensing controls to prevent the sale of alcohol and knives to young people, and the Police addressing school assemblies on personal safety. Targeted assistance applies to fewer children: in relation to child protection it is the activity that is



undertaken to protect specific children who are suffering, or are likely to suffer, significant harm. The Council relies upon the 'universal services' such as General Practitioners (GPs) and schools to draw attention to cases exceeding the Council's threshold concerning cases of possible significant harm. When so alerted, the Council considers them and carries out an initial assessment, then moves on to the appropriate action and services to individuals at risk of significant harm. All responsive cases have a Child Protection plan, with a range of different actions depending on the circumstances of each case. In a small number of such cases the action could include applying to the Court for a Care Order.

The Legal Responsibilities of the Council

- 2.7 There are extensive legal duties applying to safeguarding children, as summarised below

a) The Children Act 1989

The Children Act 1989 places a general duty on local authorities (LA) to promote and safeguard the welfare of children in need in their area. The Act's specific requirements encompass: promoting the upbringing of children in need (see paragraph 2.19), by providing a range and level of services appropriate to those children's needs. The Act allows local authorities to request the help of other organisations including: other councils; local education authorities; local housing authorities; the National Health Service; and those organisations have a legal duty to assist local authorities in carrying out enquiries into whether or not a child is at risk of significant harm. Section 47 of the Act places a duty on local authorities and others to decide whether they should take any action to safeguard or promote the welfare of a child in cases where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

Section 53 of the **Children Act 2004** amended the Children Act 1989, to require in each case that before determining what services to provide or what action to take, the LA shall, so far as practicable ascertain and consider the child's wishes and feelings on the action to be taken.

The Act provides for the court to make an **Emergency Protection Order** if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if they are not removed from their home, or if the Section 47 enquiries are being frustrated by access to the child being

unreasonably refused. An emergency protection order gives authority to remove a child, and places the child under the protection of the applicant for a maximum of fifteen days. The Court may include an **exclusion requirement** in an emergency protection order or an **interim care order**. This allows a perpetrator to be removed from the home instead of having to remove the child.

Police protection powers come from Section 46 of the Children Act 1989. Where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, he or she may remove the child to suitable accommodation and keep him or her there; or take reasonable steps to ensure that the child's removal is prevented. No child may be kept in police protection for more than 72 hours.

b) Local Government Act 2000

Local authorities have a corporate responsibility to address the needs of children and young people living in their area. The Local Government Act 2000 sets out a broad cross-government expectation that there should be a concerted aim to improve the wellbeing of people and communities. To achieve this, there should be effective joint working by education, children's social care, housing and leisure, in partnership with health, police and other statutory services, also the voluntary and independent sectors.

c) Education Act 2002

Section 175 of the Act puts a duty on local education authorities, maintained (i.e. state) schools and further education institutions, including sixth-form colleges, to exercise their functions with a view to safeguarding and promoting the welfare of children – children who are pupils, and students under 18 years of age in the case of schools and colleges. The same duty is put on local education authorities, including academies, by Regulations made under s157 of that Act.

d) The Children Act 2004

Section 10 of the Act requires each local authority to make arrangements to promote cooperation between each of the authority's relevant partners and such other persons or bodies working with children in the LA's area as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm or neglect. The Act requires a range of organisations to make arrangements for ensuring that their functions and services are discharged with regard to the need to safeguard and promote the welfare of children. Section 13 of the Act requires each children's services authority to establish a Local Safeguarding Children Board (LSCB). It also requires a range of organisations to take part in LSCBs, and it sets out various requirements for LSCB's. We give further information on the Bracknell Forest LSCB in paragraphs 3.15 – 3.17.

Government Policy and Statutory Guidance

- 2.8 The newly formed government in May 2010 has introduced a programme of change, and we return to this in paragraphs 2.16 and 3.22 below. The cornerstone of government policy on safeguarding children in recent years

- 2.9 Alongside the legislation (summarised above), which was introduced following Lord Laming's report, the Government issued statutory and non-statutory guidance on various aspects of safeguarding children. We have reviewed and summarised in Appendices 4.3 and 4.4 what we regard to be the two main documents relevant to our review: the statutory guidance on Safeguarding Children; and the non-statutory guidance on 'What to do if you're worried a child is being abused'.
- 2.10 In line with legislation and government guidance, the framework for safeguarding children is a threefold one. The roles and responsibilities of the Lead Member (LM), the Director of Children's Services (DCS), the members of the local Children's Trust Strategic Partnership and the members of the Local Safeguarding Children Board (LSCB) all have differing, but complementary roles. The DCS and LM have the lead responsibility for ensuring all children are safeguarded, their welfare promoted and their wellbeing enhanced. The LSCB has the lead responsibility for ensuring that the welfare of all children is safeguarded, and more specifically for ensuring children are actively protected from harm. The Children's Trust Board has the primary responsibility for promoting children's welfare and for generally ensuring vulnerable children, and children in need are receiving support to improve their outcomes and live safe, fulfilled lives. These responsibilities are complex but necessarily overlap and there is the potential for confusion.
- 2.11 The LSCB through its chair is accountable to the DCS. The LSCB however holds the Children's Trust Board accountable for its work on safeguarding children. The DCS is held to account by the Chief Executive of the Local Authority and the Lead Member by the Leader of the Council. The Children's Trust Board is held to account by all the partners together for achieving improvements in overall outcomes for children and young people. In turn Overview and Scrutiny committees hold officers and executive members to account.
- 2.12 Whilst the parts of the system are not always directly accountable to each other, they are responsible for holding each other to account within the system. Strong leadership from the DCS, the Lead Member and the LSCB Chair, working closely together, is required to ensure these responsibilities are discharged effectively.
- 2.13 The consequence of the legislation and guidance is that every agency working with children, young people or families is required to fulfil eight key standards:
1. **Senior management commitment** to the importance of safeguarding and promoting children's welfare;
 2. **A clear statement of the agency's responsibilities** towards children available for all staff;
 3. **A clear line of accountability** within the organisation for work on safeguarding and promoting the welfare of children;

4. **Service development that takes account of the need to safeguard** and promote welfare and **is informed**, where appropriate, **by the views of children and families**;

5. **Staff training** on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families;

6. **Safe recruitment** procedures in place;

7. **Effective inter-agency working** to safeguard and promote the welfare of children;

8. **Effective information sharing**.

2.14 Major developments in government policy and legislation are likely to arise from the Munro Review of Child Protection, which commenced in 2010¹. The context of this review is one of financial constraint across public services, increasing demand for children's social care, and radical plans for the way government approaches public services. In her interim report, Professor Eileen Munro has said that:

- 'Child protection work involves working with uncertainty: we cannot know for sure what is going on in families; we cannot be sure that improvements in family circumstances will last. Many of the problems in current practice seem to arise from the defensive ways in which professionals are expected to manage that uncertainty. For some, following rules and being compliant can appear less risky than carrying the personal responsibility for exercising judgment.
- Social workers are only one of the many groups who work with children and all have a responsibility to protect them, to watch out for signs of difficulty and take responsibility for considering how those difficulties might be tackled. The problem is that the evidence of abuse and neglect is not clearly labelled as such. The causes of injuries are often hard to ascertain; children's distress and problematic behaviour can arise from myriad causes. Fear of missing a case is leading to too many referrals and too many families getting caught up in lengthy assessments that cause them distress but do not lead to the provision of any help. This is creating a skewed system that is paying so much attention to identifying cases of abuse and neglect that it is draining time and resource away from families.
- The Children's Commissioner has provided a wealth of evidence to this review that reveals the distress children feel at receiving an impersonal service where insufficient time is given to helping them understand what is happening to them. They want a social worker who forms an enduring relationship with them and listens to them.'

- 2.15 Professor Munro has said that she finds that processes and procedures, and the unintentional consequences of previous reforms, are getting in the way of social workers spending time with vulnerable children and families. Professor Munro is due to submit her final report in April 2011.
- 2.16 The coalition government has already made a number of changes, and signalled other changes, which have major implications for local authority services, including children's social care. Along with substantial reductions in funding for local authorities, the Government has acted to dismantle many of the controls and restrictions on local authorities. The Government has indicated that they envisage local authorities becoming more accountable and having more discretion to choose what is most important in terms of local services. The Government has also indicated that they will be replacing a number of separate grants with an 'Early Intervention grant'. The overall impact on central government funding for local authorities is not yet clear.

Best Practice

- 2.17 The London Assistant Directors of Children's services have submitted that good social workers possess a range of knowledge, skills and abilities which they utilise to undertake purposeful intervention in the following way: Assessment, analysis, risk assessment, working alongside families problem solving, decision making and planning, building relationships, partnership with other agencies, relationships with looked after children. Underlying all the work that social workers do is a value base which incorporates an approach where empathy and warmth are central, where respectful scepticism is a priority and which is based on an holistic view of the child and family. Social workers act as advocates and at the core is the preservation of human rights for children, and their families, when these are not in conflict.
- 2.18 Bracknell Forest's Local Safeguarding Children Board has issued a 'Safeguarding Toolkit' designed to support all Partners working with children, young people or families in Bracknell Forest to identify their shared responsibilities for safeguarding children and young people. The toolkit also provides tools, and exemplars to support everyone to meet these responsibilities. We summarise the Toolkit at Appendix 4.7.

What Is A Child In Need?

- 2.19 Children who are defined as being 'in need', under the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services (s17(10) of the Children Act 1989) plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health or development without services, and the likely effect the services will have on the child's standard of health and development.

What Is Significant Harm?

- 2.20 Some children are in need because they are suffering or likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make

enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (s47 of the Children Act 1989). To make enquiries involves assessing what is happening to a child. Where s47 enquiries are being made, the assessment (the 'core assessment') should concentrate on the harm that has occurred or is likely to occur to the child as a result of child maltreatment in order to inform future plans and the nature of services required. Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, and discussion between the statutory agencies and with the child and family.

What Is Abuse And Neglect?

- 2.21 Abuse and neglect are forms of maltreatment – a person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.
- 2.22 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children.
- 2.23 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. They may include non-contact activities, such as involving children in looking at, or in the production of, sexual on-line images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.
- 2.24 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born it may involve a parent failing to:
- provide adequate food, clothing and shelter
 - protect a child from physical and emotional harm or danger
 - ensure adequate supervision (including the use of inadequate caregivers)
 - ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

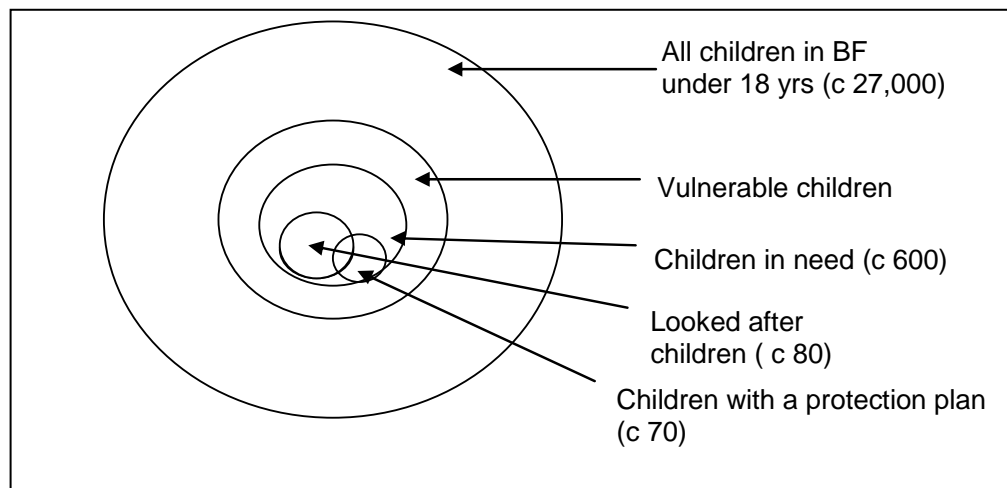
How many Children and Young People Are Involved in the Safeguarding process?

- 2.25 Nationally, there has been a steady escalation of numbers referred to social workers over the decades but there has been a perceptible steep rise in

referrals (11 percent in the 2009/10 year) since the publicity around the tragic death of Baby Peter Connelly. The interim report of the Munro review states that 547,000 children were referred to children's social care in 2008/09. There has been an 11 percent rise to 607,000 in 2009/10. Children receiving social care support are described as 'children in need' and numbered 382,300 in 2009/10 (up 25 percent from 304,400 in 2008/09) according to provisional figures from the latest Children in Need census. These figures are significant, given that there are 12.3 million 0–19 year olds in total in the United Kingdom.

2.26 Professor Munro has commented that managing this high rate of referrals has become so problematic that it is seriously affecting all other aspects of social work. The majority of referrals to social workers are not deemed to warrant a full child protection investigation. The statistics for 2008/09 and 2009/10 show that around 22–23 percent receive a core assessment and 6 percent became or continued to be the subject of a child protection plan.

2.27 The numbers of children involved in Bracknell Forest at May 2010 are shown in the diagram below.



In Bracknell Forest on 31 March 2010, there were 70 children and 41 families subject to a child protection plan, a rate of 26 per 10,000 children. During the year ended 31 March 2010:

- There were 1269 referrals to Children's Social Care;
- 100 children had an initial child protection conference;
- 18% of referrals during the year resulted in S47 (child protection) investigations;
- The Council started care proceedings involving 11 children; and
- There were no serious case reviews.

2.28 We were advised that the numbers of child protection plans had continued to grow, reaching their highest level to date of 80 cases at 30 June 2010. At our meeting on 2 September 2010 we considered the results of a report entitled "Analysis of Increase in Child Protection Plans in Bracknell Forest July 2010". The Working Group discussed the following points.

- a) It was pointed out that fewer children are coming off plans, which may reflect an increase in professional quality of the service or that the plans are not working.

- b) The category of abuse for children subject to a protection plan is now more in line with the national picture, with neglect being the largest category.
- c) We noted that there is no single cause of the increase in the numbers of children subject to a protection plan. As well as reflecting the general increase in children's social care activity, this was probably influenced by the heightened awareness of professionals.
- d) It was interesting to see that cases of children aged 0-4 have doubled between March 2009 and March 2010, partly as a result of former looked after children having children.
- e) It was agreed that the report was a good and thorough piece of work. It was mentioned that a similar piece of work would be difficult to do without the support of GOSE which is to be abolished in the future.
- f) It was suggested that the following recommendations be included in the final report:
 - 1. That funding is provided for the monitoring of the recommendations made in the Analysis.
 - 2. That funding is provided to carry out future analysis in the absence of GOSE.
- g) Overall the Working Group considered that the analysis was very interesting, and thought it was particularly important such a thorough piece of work had been done to establish the reason why demand for services has increased recently.

The Processes For Safeguarding Children

- 2.29 Four key processes underpin work with children in need and their families, each of which needs to be carried out effectively in order to achieve improvements in the lives of children in need. They are assessment, planning, intervention and reviewing. At any stage, a referral may be necessary from one agency to another, or a referral may be received from a member of the public. These steps are spelt out further in the Government's non-statutory guidance on 'What to do if you're worried a child is being abused', which we have summarised at Appendix 4.4.
- 2.30 Best practice emphasises the need for **early intervention and prevention**. The role of universal services (such as schools and GPs) is crucial in the recognition and referral of children in need and children in need of protection. The Children's Social Care teams in local authorities get involved in individual cases of a Child in need or in need of protection through:
- The child protection investigation, which may then require
 - The child protection conference, which can lead to
 - The child protection plan, which in a few cases requires
 - Care proceedings.

The action is informed by the Common Assessment Framework (CAF) form, which is used for non-emergency cases where someone believes there is a cause for concern. We describe the CAF form in more detail in Appendix 4.11. We set out in more detail in Section 3 of this report how the Council has organised itself to carry out the safeguarding functions.

3. Investigation, Information Gathering and Analysis

What did the Working Group do in this Review?

- 3.1 In line with the normal practice of Overview and Scrutiny Working Groups, we determined the scope of our review in some detail at the outset, taking advice from officers and in consultation with the Council's Executive Member for Children and Young People, and Director of Children, Young People and Learning. The scoping document setting out our plans for this review is at Appendix 1. Whilst we did not review any individual cases of children's social care, all members of the working group signed undertakings not to divulge any confidential information on any individuals which we might encounter during the course of the review.
- 3.2 This Section 3 of the report sets out the evidence we have obtained during our review. This comprised: gathering background information (see also section 2 of this report); reviewing Government Guidance and other key documents relating to safeguarding children and young people (which we have summarised in Appendix 4); obtaining written responses from national and local organisations (see Appendix 6); and gathering a substantial amount of evidence through a structured series of meetings with children and adults who had been involved in the Council's safeguarding services, also many other people involved in safeguarding, as set out below.
- 3.3 Discussions were held with:

21 May 2010	Dr Janette Karklins , Director of Children, Young People and Learning. Penny Reuter ² , Chief Officer Children's Social Care. Mairead Panetta , Head of Service: Safeguarding. Sarah Roberts , Policy & Commissioning Officer.
18 June 2010	Sarah Roberts , Policy & Commissioning Officer Fiona Gibbins , Over 11's Team Manager, Children's Social Care. Sonia Johnson , Duty and Fast Team Manager, Children's Social Care. On a further day in November, Councillor Mrs McCracken observed the Council's Duty Team carrying out their daily operations.
2 July 2010	Cllr Dr Gareth Barnard , Executive Member for Children and Young People
2 August 2010	Sheila Davies , Rachael Matthews and Sue Viccars (NHS Berkshire East)
2 September 2010	Elaine Coleridge Smith , Chair of Bracknell Forest Local Safeguarding Children Board.
23 September 2010	Gordon Cunningham , Headteacher Easthampstead Park Community School. Sue Skilton , Designated Teacher for Child Protection: Easthampstead Park Community School.
7 October 2010	Andrea de Bunsen , Headteacher: Kennel Lane Special School. Paul Van Walwyk , Designated Teacher for Child

² Penny Reuter, as the Chief Officer responsible for Children's Social Care and the departmental link officer for our review, attended most of our meetings.

Protection: Kennel Lane Special School.
Chief Inspector Simon Bowden, Local Police Area
 Commander for Bracknell Forest, Thames Valley Police.
Detective Sergeant Sarah Austin, Child Abuse
 Investigation Unit, Thames Valley Police
Gloria King, Children and Families Manager.
 28 October 2010 **NHS Berkshire East Primary Care Trust:**
Dr Pat Riordan, Director of Public Health.
Carolyn Finlay, Assistant Director Commissioning,
 Strategic Lead for Children's Services.
Sarah Parsons, Head of Universal Services and
 Safeguarding.
Elaine Welch, Designated Nurse for Safeguarding.
Dr Katie Caird, Named General Practitioner for
 Bracknell Forest.
 12 November 2010 **Cllr Dr Gareth Barnard**, Executive Member for Children
 and Young People
Dr Janette Karklins, Director of Children, Young
 People and Learning.

The Working Group also took part in the following events during the course of its investigation:

2 July 2010	A meeting with parents involved with safeguarding services
28 July 2010	A meeting with children involved with safeguarding services
19 Oct 2010	Local Safeguarding Children Board Annual Conference Stakeholder Event

3.4 In designing its approach to this review, the Working Group applied the best practice guidance from the Improvement and Development Agency (IDEA) and the Centre for Public Scrutiny (CFPS) on scrutiny of safeguarding children. This guide recognises that safeguarding children and promoting their welfare is one of the key statutory responsibilities vested in top tier local authorities. The guide states that relentless vigilance, with a strong outcomes focus, are the keys to ensuring that local councils and their partners fulfil their responsibilities properly. The guide goes on to state that vigilance requires robust performance and quality assurance mechanisms, clear accountability arrangements and a system of checks and balances that provide effective challenge; and that local Overview and Scrutiny Committees are one of those critical checks and balances.



Safeguarding children
scrutiny guide



3.5 The approach to scrutiny recommended in the IDEA/CFPS guide includes ten 'top' questions to address the core issues that can be looked at in scrutinising safeguarding arrangements. We formally asked the Council's Director of Children, Young People and Learning to answer these questions, and the written responses we received are reproduced at Appendix 5. We reviewed

the Director's responses at our meeting on 2 July. We were reassured by the responses, which we see as a fundamental statement by the Council on how it meets all its important responsibilities to safeguard children.

How does the Council Plan its Safeguarding Activities?

- 3.6 The Council plans for safeguarding children have their basis in the 'Every Child Matters' agenda. The Council's long term strategic plans are contained in the Bracknell Forest Sustainable Community Strategy (SCS) which is agreed with a wide range of partners in the public, voluntary and private sectors as a shared long-term vision for the Borough of Bracknell Forest. The current SCS, for 2008- 2014 has within its top priorities 'A thriving population', and within that, 'Nurturing the next Generation'. Alongside that plan, the Council has a statutory Children and Young People's Plan (CYPP). The Secretary of State has recently announced that he plans to revoke the regulations which require the production of CYPP's in April 2011.
- 3.7 The Council translates its long term strategic plans into six high level priorities, one of which is, 'Create a borough where people are safe and feel safe'. Within that Priority is Medium Term Objective 6: To improve the outcomes for children and families through the Children and Young People's Plan. That in turn comprises a number of key objectives, including, '6.9 Taking all appropriate measures to ensure the safety and wellbeing of children and young people.'
- 3.8 Each of the Council's departments produce an annual Service Plan showing in more detail how the Council's key objectives will be actioned during the year, and sets targets for each of the national and local performance indicators. Performance against these is monitored and published every three months, and we return to the published performance information in paragraph 3.25 below.

How does the Council organise itself to carry out its safeguarding functions?

- 3.9 In the Council, Safeguarding Children is led politically by the Executive Member for Children and Young People, and operational leadership rests with the Director of Children, Young People and Learning, both of whom have specific statutory responsibilities (we have commented on how these are being met, at paragraphs 3.5 and 3.50). The more significant executive decisions are taken by the Executive as a whole. Similarly, major operational issues involve the Council's Chief Executive and the Corporate (top) Management Team as appropriate. Full time operational leadership of safeguarding rests with the Chief Officer: Children's Social Care, whose direct reports include the Head of Service - Safeguarding. The other service areas in Children's Social Care include: the Assessment service for new referrals; Continuing Social Work support for particular children and their families; the Family Placement Service, to support fostering and adoption; the Youth Offending Service, to prevent and manage youth offending; Larchwood Short Break Unit, for children with disabilities; Child Protection Conferences; Family Group Conferences; and Education Support for Looked After Children. In addition to operating safeguarding for children and young people in Bracknell Forest, the Council also operates an Out-Of-Hours Emergency Duty Team for Children's and Adult's Social Care covering the whole of Berkshire, the cost of which is shared by all six unitary authorities in Berkshire.

- 3.10 The Duty and Assessment Team:
- Undertake Initial Assessments and Child Protection (Section 47) enquiries
 - Provide crisis intervention in the form of family support.
 - Plan short term support strategies to enable families to care for their children.
 - Identify the need for a core assessment and undertake these.
- 3.11 The Fieldwork Teams:
- Undertake core assessments
 - Plan and review the needs of looked after children in medium to long term foster care or residential placements
 - Monitor and review children who are subject of a Protection Plan
 - Work with children who are subject to civil proceedings in the courts regarding their welfare
 - Place children for adoption subject to an assessment of their need
 - Provide longer term support to children, young people and families through allocation of continuing social work support and the provision of other community based services
 - Work closely with other statutory agencies and voluntary sector organisations in order to promote and protect children's welfare.

There are three Fieldwork teams

- Under 11 years, which also includes the Family Centre who have a role in carrying out more detailed assessments and supporting families
- Over 11 years, which also includes the After Care Team who provide after-care support to young people who have left care
- Disabled Children's Team (for children who have a chronic and enduring disability).

- 3.12 The Council operates various systems and procedures in line with legal requirements, government policy and best practice. This includes the on-line Berkshire LSCB Child Protection Procedures, and the Common Assessment Framework Form which we summarise at Appendices 4.5 and 4.11. The Council also applies a very usable 'Needs/Risk' matrix setting out generic characteristics of children for each of the 'Every Child Matters' Outcomes, under four levels. The table below gives examples of the matrix, in relation to the 'Stay Safe' outcome.

Priority	Stay Safe - examples
Level 4: Children and families in crisis needing urgent intervention <i>- High level and complex needs requiring immediate or ongoing social care response</i>	Child has suffered or is likely to suffer significant harm(e.g. child suffers serious non-accidental injury, severe neglect or is sexually abused).
Level 3: Children and families needing intensive assistance <i>- where provision of service is needed to prevent impairment of welfare, health and development of the child</i>	Fear and anxiety from high levels of domestic violence. Severe parental mental illness or substance misuse.

Level 2: Children with additional needs (vulnerable children) - Will be assessed under the Common Assessment Framework	Child who experiences bullying, or presenting disruptive behaviour at home.
Level 1: All children and families -Child has no identified additional needs and will receive universal services	Child lives in safe environment. No significant parenting or behavioural problems.

What resources do the Council and its partners deploy to safeguard children and young people?

- 3.13 The Council and its partners have dedicated substantial staff and financial resources devoted to safeguarding children, but in addition there is a huge range of activity which contributes to safeguarding in its widest sense. Examples of such activities include school crossing patrols helping children get to school safely, trading standards officers checking that shops do not sell knives to young people, and every school having a designated teacher for child protection who receives specialised training and spends a significant amount of their time dealing with child protection issues.
- 3.14 Within the Council, the staffing and revenue budgets for Children's Social Care pertaining to safeguarding children and young people are shown in Appendix 2. This shows that currently some 107 (Full time equivalent) staff are employed, and some £7.7 million revenue expenditure is incurred on, directly or indirectly safeguarding children and young people.

The Role of the Bracknell Forest Local Safeguarding Children Board

- 3.15 Local Safeguarding Children Boards (LSCB) were established in April 2006 to replace the child protection arrangements previously undertaken by the Area Child Protection Committees (ACPC). The LSCB's have more authority and a wider, statutory remit. The chairs of the LSCB are either an independent person (this is the case in Bracknell Forest) or a senior officer with a safeguarding background from one of the partner organisations. The functions for the LSCB are defined in The Local Safeguarding Children Boards Regulations (2006) and the government's guidance *Working Together to Safeguard Children*.
- 3.16 The LSCB is expected to take an objective independent perspective in relation to the work of the partner agencies both individually and collectively. It is important for the effectiveness of the LSCB that this independence is maintained despite members having roles and responsibilities within their own organisations and partnership bodies which may come under scrutiny. What is always necessary is a combination of independence and co-operative collaborative work between partners.
- 3.17 In Bracknell Forest, the LSCB has an independent Chair, who is paid a fee. The LSCB Manager (a part-time Council officer): co-ordinates the various LSCB groups (on safety, raising awareness, etc) and the development of policies; produces the LSCB annual report and their business plan. We have summarised in Appendix 4.6 the most recent Annual Report of the Bracknell

Forest LSCB. We note that the LSCB has its own budget, with cash contributions from its partner organisations. The Working Group met the Chair of the Bracknell Forest Local Safeguarding Children Board as part of our review (see paragraphs 3.66 – 3.72 below).

The Role of the Children's Trust

- 3.18 Children's Trusts are local partnership arrangements to improve children's well-being. They are not defined in legislation but are underpinned by a 'duty to co-operate' in section 10 of the Children Act 2004. The Apprenticeships, Skills, Children and Learning Act 2009 amended section 10 by bringing schools, colleges and Jobcentre Plus under the duty to co-operate and requiring all local areas to have a children's trust board, which has to prepare and publish a jointly owned Children and Young People's Plan (CYPP). Children's Trusts (CT) were created to address the fragmentation of responsibilities for children's services by strengthening accountabilities and developing a local strategy in every area for improving children's lives by delivering better services, including their health and wellbeing.
- 3.19 A Children's Trust Board oversees the CT cooperation agreements. CT Boards provide the interagency governance to bring partners together in preparing and monitoring the implementation of the CYPP. Delivering the strategy remains the responsibility of the partners, both individually and together.
- 3.20 Bracknell Forest established its Children's Trust on 1 April 2008, The Children and Young People's Trust Board is one of ten theme partnerships within the Bracknell Forest Partnership. The Children and Young People's Trust Board is the statutory body which provides interagency governance of the cooperation arrangements as a whole. It represents the voice of children, young people and families at partnership level and aims to ensure that outcomes for children and young people and families remain at the centre of partnership working and delivery. It has membership at a senior level and includes young people amongst its members. The board is chaired by the Executive Member for Children and Young People. The Working Group met the Chair of the Bracknell Forest Local Children's Trust as part of our review (see paragraphs 3.46 – 3.51 below).
- 3.21 The Bracknell Forest Children and Young People's Trust Executive is responsible for undertaking and achieving the priorities identified by the board as agreed through the Children and Young People's Plan (CYPP). It steers the flow of business through the Board. This includes taking responsibility for commissioning of services and for performance monitoring the activities of the Board as key mechanisms supporting the Trust. The Executive is chaired by the Director of Children, Young People and Learning. Working Groups report directly to the Executive and represent significant building blocks of the Every Child Matters agenda and operate to strengthen partnership working.
- 3.22 In July 2010, the Secretary of State said that 'Strong local partnerships are crucial to meeting the needs of all children, but a one-size-fits-all approach will not work. That is why this Government intends to remove much of the bureaucracy surrounding children's trusts and allow schools to choose how best they may engage.' The Secretary of State has indicated that he proposes to remove the requirement on local authorities to set up Children's

Performance

- 3.23 The Council's Children's Services have been consistently rated as 'good' in the Annual Performance Assessment (APA) by Ofsted, and were rated as 'good' in the Joint Area Review (JAR) published in 2008. The most recent Children's Services assessment conducted by OFSTED reports that services are 'performing well'. There have been two unannounced inspections of Larchwood, the second of which focused specifically on safeguarding. On both occasions provision was judged as "outstanding".
- 3.24 We summarise in Appendix 4.8 the recent OFSTED reports on safeguarding, including their unannounced inspection of the Council's referral and assessment arrangements in our Children's Services. The reports are positive, pointing to a number of strengths. There are five areas for development identified, as summarised in Appendix 4.8.
- 3.25 The Council's performance against the national indicators relating to safeguarding, also its performance against its service plan objectives, is at Appendix 3. This shows that performance was in line with targets and objectives on almost all areas of activity.
- 3.26 At the Working Group's first meeting on Friday 21st May 2010 the WG met with **Dr Janette Karklins, Director of Children, Young People and Learning, Penny Reuter, Chief Officer Children's Social Care, Mairead Panetta, Head of Service: Safeguarding and Sarah Roberts, Policy & Commissioning Officer.**
- 3.27 In addition to electing a lead member and discussing our approach to this review, the Group received an informative presentation and briefing from the officers on Safeguarding Children, with particular reference to child protection (which we have drawn on in section 2 of this report). The main points arising in the discussion were:
- a. Safeguarding encompasses a huge range of activity. At its most basic level, safeguarding includes issues for all children such as pedestrian crossings on roads, through levels towards targeted assistance and services to individuals at risk of significant harm.
 - b. The three main agencies involved in child protection are the Council, the Police and the Health Service.
 - c. 'Looked after children' are those who have been removed from their family setting, sometimes at the request of their parents, though not all would be placed with foster carers.
 - d. Individual children can and do move in and out of child protection arrangements.
 - e. Most cases of significant harm to children arise within their own family/home setting.
 - f. Neglect is regarded to be the hardest form of significant harm to identify.
 - g. The Council relies upon the 'universal services' such as General Practitioners and schools to draw attention to cases exceeding the Council's threshold concerning cases of possible significant harm.

When so alerted, the Council considers them and carries out an initial assessment, then moves on to the appropriate action. This can lead, for example, to a Child Protection conference and possibly a Child Protection plan, with a range of different actions depending on the circumstances of each case. In a small number of cases the action could include applying to the Court for a Care Order.

- 3.28 The Head of Service: Safeguarding led members through a fictitious case study prepared by officers, reflecting typical aspects of a more serious case dealt with by the service. The case study concerned a single parent living in poverty, with issues concerning alleged sexual abuse, theft and domestic violence. The co-ordinated action included a Section 47 enquiry, a child protection conference, an Emergency Protection Order, and a foster placement. In our discussion, the main points arising were:
- a) Because of loneliness and the inability to socialise outside the home, some parents formed relationships over the internet.
 - b) Final decisions on cases often took a long time due to a range of assessments required.
 - c) In the circumstances of the case study, the child would be in foster care whilst a final decision was being worked towards.
 - d) There is a very thorough assessment process for prospective foster carers, with attendant training and help. The training and support was very extensive, and it continued throughout the foster period.
 - e) Foster carers were appraised of the case history of the children entrusted to their care.

The Chief Officer remarked that there had been a significant increase in child protection cases in the last year, with some 70 children currently the subject of a protection plan. Nationally, there had also been a significant increase. There was likely to be a range of reasons for this, including heightened awareness and possibly societal changes. The Directors of Children's Services in South East England councils had commissioned research on the reasons for the increase, and we comment further on this in paragraph 2.25 above.

- 3.29 On Friday 18th June the Group finalised its approach to the review and met the **Over 11's Team Manager for Children's Social Care Fiona Gibbins, the Under 11's Team, and the Duty & Fast Team Manager for Children's Social Care Sonia Johnson** at their workplace in the Council's Time Square offices.



From left to right; Cllr Mrs McCracken, Cllr Mrs Angell, Sarah Roberts, Fiona Gibbins, Richard Beaumont, Sonia Johnson, Cllr Mrs Birch

- 3.30 Sonia Johnson, Duty and Fast Team Manager for Children's Social Care, explained that the team of 16 includes 3 family workers and 2 part time staff. As well as managing the duty team she is responsible for Family and Adolescence, homeless and accommodation, and record keeping/access to records. The Duty team receive all contacts (around 400-600 each month) where there has been no recent social worker contact, and make decisions to progress contacts to referrals and assessments using a needs matrix. The Common Assessment Framework (CAF) form, is used as a method for referrals for all family support work (children's work force) and a Multi Agency Referral Form (Adult work force). Child protection referrals are also taken over the telephone.
- 3.31 The Group was informed that contacts came from various sources and take various forms. Among the common causes of contacts were: domestic violence; single mothers with alcohol problems, and emotional harm. At the outset, the team endeavoured to obtain as much relevant information as possible on all cases. Each case was looked at and a decision made as to whether to progress it to a referral (where more information was gathered), and if necessary a statutory (Section 47) assessment. The team holds case for a maximum of 4 weeks. The team provide an immediate, short term service and can respond within the same day if necessary. When children are considered to be in danger, they arrange accommodation and find extended family and other solutions to make children safe.
- 3.32 Members met the Duty Team, and had the duty rota including a social worker and family worker explained to them. Members were informed by staff that there is an Out Of Hours Emergency Duty Team, covering adult and children's social care, on a Berkshire-wide basis, and this is based at the depot, alongside the Forestcare team.

The Members met the Over 11's, Under 11's and Duty Teams in their workplace



From left to right; Sonia Johnson, Cllr Mrs Birch, Cllr Mrs McCracken, Cllr Mrs Angell

3.33 Councillor Mrs McCracken spent a day with the Duty and Assessment Team to observe their daily routine. Cllr Mrs McCracken found this to be highly informative and enlightening, and attended the regular Monday morning meeting, during which officers discussed and reviewed with Sonia Johnson their Team Manager the way forward on the caseload, both existing and new referrals. There then followed a Duty Team unannounced visit to existing clients, which had to be rescheduled. Points arising in discussion with the team included:

- a) The emotional aspects of the job, where the team were emphatic that their experiences did not have a desensitising effect on them personally.
- b) The professional approach to their work, their training and the absolute commitment to ensuring a Child or Young Person is safe wherever possible was clearly paramount in the Duty Team's approach to their job. The team saw that applying to everyone who works in the Children's and Young People's Service.
- c) The team said their job is difficult at the best of times and harrowing at the worst, so it is particularly important and obvious that the Team are supportive of one another. Cllr Mrs McCracken found this to be a very tight knit team who also enjoyed the full support of senior management. This gave assurance that as far as we as a Council are concerned we are doing everything that we can to ensure the safety of our Children and Young People.

3.34 During the visit to the Duty and Assessment Team, it was explained that the families referred to or seeking help from Children's Social Care have differing levels of need. Many will be helped by advice or practical services or short-term intervention. A smaller proportion will have problems of such complexity and seriousness that they require more detailed assessment, involving other agencies in the process, leading to appropriate plans and intervention. The

systematic approach that is used on each and every referral was explained as comprising:

- a) For cases that are open to the long-term teams (i.e. Under 11s, Over 11s and the Disabled Children's Team), any new contacts or referrals regarding these cases should be passed directly to the relevant team.
- b) For children and young people who were previously open to one of these long term teams within the previous 3 months, any new contacts or referrals on these children should be passed directly to the relevant team.
- c) Not all initial contacts lead to a referral, for example a request for information or advice. A contact will normally be: a notification from other agencies; a request for general information, advice or assistance (e.g. Childminding list; benefits query, notification of intention to undertake a Statement of Educational Needs); offering a service (e.g. prospective foster carer); or recording significant information on an already open case where assessments are ongoing.
- d) The Team signposts as appropriate to services which Children's Social Care do not provide.
- e) All contacts (and referrals) not previously known or on closed cases are dealt with by the Duty and Assessment Team.
- f) The Team check referrals on receipt, record information on their system, and where the contact or referral refers to an open case, this will be passed immediately on to the allocated worker or their supervisor.
- g) Other agencies can contact Children's Social Care for advice about a child or young person in a consultative capacity, and these contacts are recorded in the Consultation Book by the Duty Worker, together with details of any advice given.
- h) Where it appears that the child or children being discussed might be a 'child in need', the professional will be asked to discuss with the family making a formal referral.
- i) The Duty Senior will decide upon any further action. This will be either: no further action; progress to information and advice received; progress to referral, and this decision is communicated to the referrer in writing and details are entered onto the system. Where action is required, this is passed to the Duty Worker to complete the action identified by the Duty Senior. When the action has been completed, the contact is passed on to the Duty Senior to decide whether to take no further action or to progress to referral. This decision is to be made within one working day. Any completed work on contacts are to be allocated at the end of the day to a named worker.

3.35 Fiona Gibbins, Over 11's Team Manager, explained the role and activities of her team, comprising 8 full time social workers at Time Square and one full time social worker and 3 part time in the After Care Team based at Portman Close. The over 11's are split into the Fieldwork Team (which deals with the statutory work, i.e. looked after children), child protection and family support and the After Care Team. The team uses mobile working, and is equipped with laptop PCs. This team receives all cases from the Duty Team.

3.36 We were informed that 'Child In Need' is a long term programme which works with children from 11-18 years. An approach is designed to suit the circumstances of each case. Cases are reviewed every 3 months. A Social Worker works closely with the child and the family, also with other public agencies such as schools and the Youth Offending Service. A multiagency

approach was normal, and co-operation is good. We were advised that in child protection cases, there is an initial conference, leading to a core group deciding on a plan, which is reviewed every 4-5 weeks. Plans can last for up to 18 months before court action is considered, if no change is achieved. The team endeavour to keep continuity of staffing on each case, as far as possible. As a long term team, Looked After children remain with the team until they reach 18, therefore cases close or move on at a very slow rate, though over time the activity level can vary markedly. Cases are referred to aftercare depending on the circumstances. Aftercare supports people up to the age of 21 (or 24 as long as they are in full time education).

- 3.37 We were told that the Over-11 and Under 11's teams have no option but to take on cases from the Duty Team, which allowed the Duty Team to receive more contacts. The workload had gone up significantly since the Baby Peter case, with referrals of new cases constantly rising, making it harder to manage the workload. The number of child protection referrals remains constant at about 20 cases a month which take priority. Managers supervise staff to make sure the workload is manageable using a points system to allocate workload to staff, with 38-42 points for a senior worker which equates to about 15-20 people each, including around 4 on child protection. It was mentioned that accessibility to children during school holidays is better and referrals from schools decrease, which improves the workload as a high proportion of work received is from schools.
- 3.38 On the issue of caseload, we were told that management are well aware of the pressures involved and hold a caseload weighting meeting where work is distributed among the social workers taking into account certain factors including needs and travel distances. It was mentioned that a lot of time is spent on travel (placements were often well away from Bracknell Forest) and some social workers feel aggrieved that the lower mileage reimbursement rate applies. Social workers work overtime when the workload is too high and claim time off in lieu, as most people work around 50 hours per week. Staffing had increased with a recent addition of a social worker and a family worker. Agency staff were not regarded to be an option and the only solution to an increased workload is to reprioritise and work overtime. The record keeping system was computerised 5 years ago but records are printed out only for use in court cases. The records are only available within the department and are not shared with other agencies unless necessary.
- 3.39 The Group was informed that the service experienced entrenched behaviour in some family groups, where problems are passed down through generations and social workers are finding themselves providing services to the children of people who received services a generation ago. Bracknell seems to be a less transient town nationally, which leads some people being unable to break out of cycles of problems. It was mentioned that some young people requiring services have no aspirations and low self esteem.
- 3.40 We were advised that the Under 11's Team was under much pressure, with more child protection and court cases, and with some children being identified as 'at risk' before they were born. Members were informed that the manager was currently covering the role of another manager, and the team was currently short of 2 full time staff and 1 part time staff member. Staff said there seemed to be a delay in advertising vacancies, and a policy of advertising with a wide ranging title and salary range, so as not to discourage potential applicants. One of the team members expressed her view that she

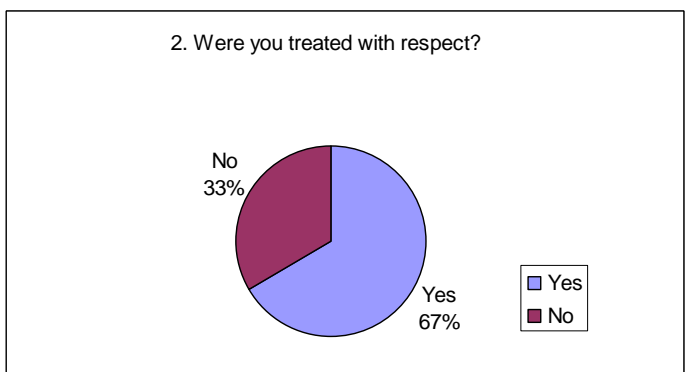
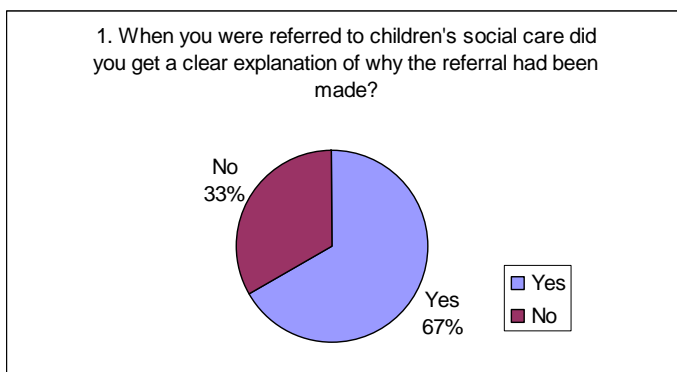
was really worried that they would miss something important because of the under-staffing, and this also put a squeeze on the time spent on training. One member of staff also mentioned that the team were finding themselves writing the same information over and over again when filling out various forms; this also detracted from the time they were able to spend with children directly. We have subsequently been informed by the Chief Officer that the under 11s team was fully staffed by October 2010, and we return to this point in our conclusions at paragraphs 4.11 – 4.12 below.

3.41 The Group was impressed by the professionalism and dedication of staff we met. We return at paragraph 4.25 below to our appreciation of the difficulty of their jobs, and our admiration for what is being achieved by the Children's Social Care teams.

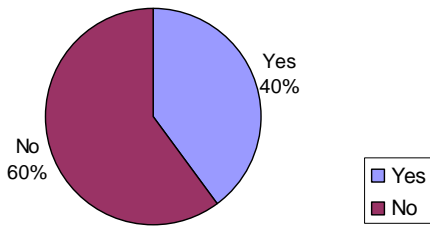
3.42 On 2 July 2010, two members of the Working Group met with some **parents who attended the Bracknell Family Centre** to discuss with them their experiences of Children's Social Care. The Council's Policy and Commissioning Officer was also present. We commenced with asking a set of questions, and confidentiality of individual responses was assured by using 'Quizdom' electronic voting equipment. We then had a discussion with the parents.



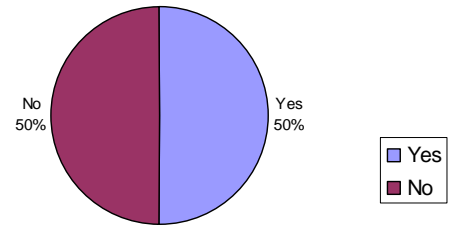
3.43 In addition to the five participants at the working group session a sixth parent was contacted to gain their views on the service. They were asked the same Quizdom questions and the results have been included with the other parents answers, displayed graphically below.



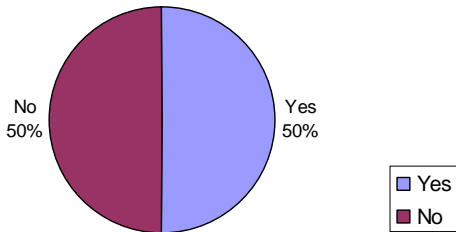
3. Was the worker sensitive to your feelings throughout the process?



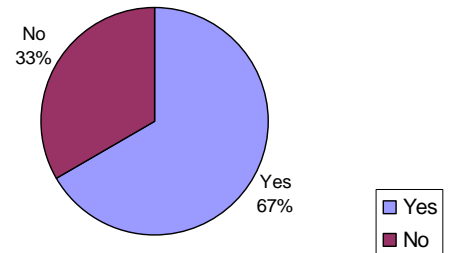
4. Did you feel your views about your child(rens) needs were listened to?



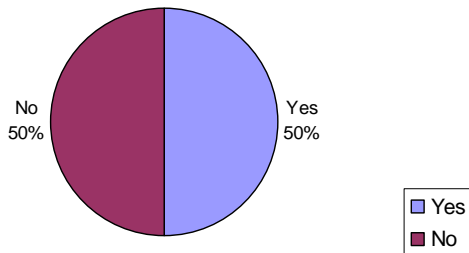
5. Looking back do you feel a fair assessment of your child's need and risks were made?



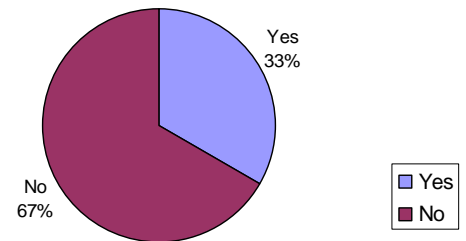
6. Did you understand the purpose of the plan made for your child(ren)?



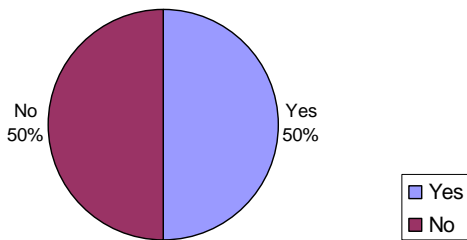
7. Did you have a say in what went into the plan?



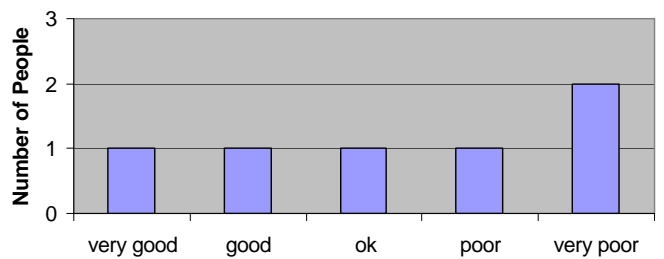
8. Are you given enough information to help you prepare for meetings about your child(ren)?

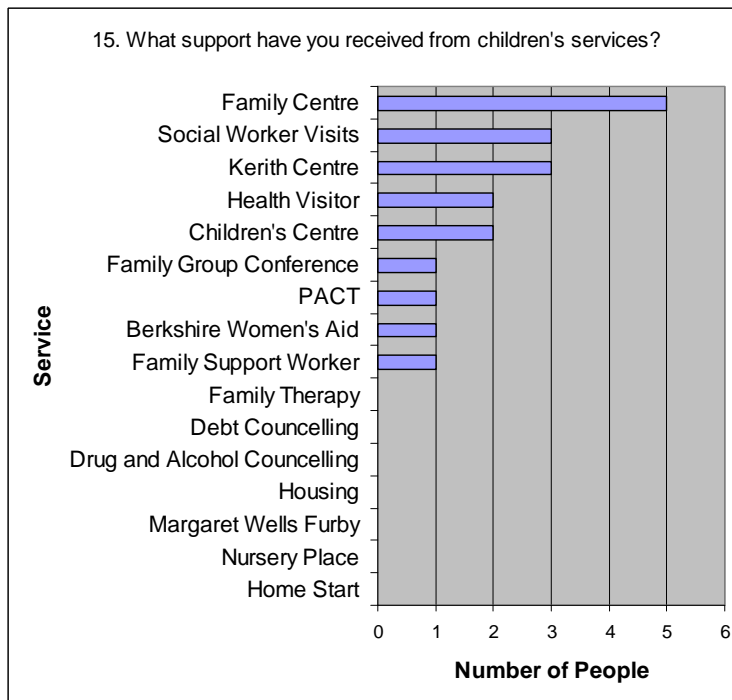
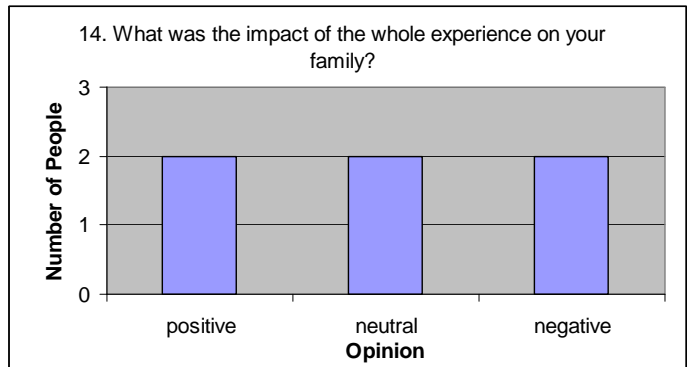
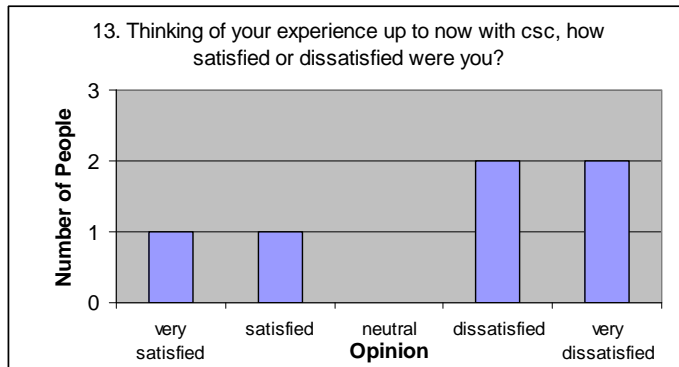
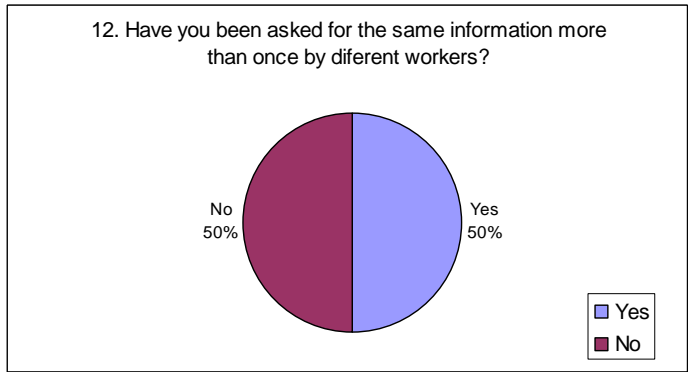
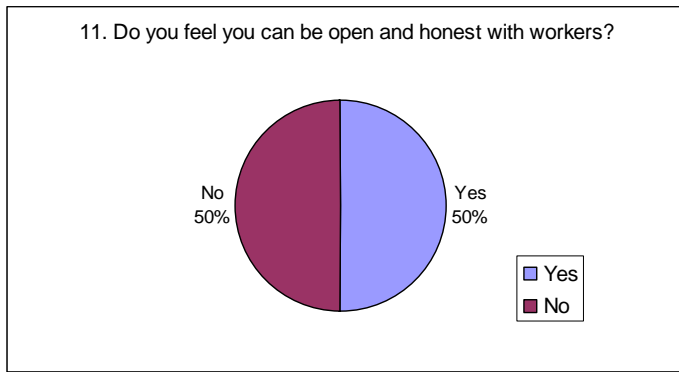


9. At meetings are you able to have a say in how you feel your children/family are doing?



10. Overall how has the communication between you and csc been?





3.44 In the discussion which followed, the main points made by the parents we met were:

- a) In the majority of cases parents had been given an explanation of why they had been referred to Children's Social Care. They thought that in many cases social workers were initially too negative, often implying that the reason they had become involved was that the parent was not good enough to look after their child. Some parents felt that social workers became too involved too quickly without first offering support and advice and services.

- b) Participants agreed that parents were made to feel generally inadequate and they had not been treated with respect. Some parents felt as if they were being judged by the social worker and in cases of young parents that there were assumptions made about the situation, based on them being a young parent.
- c) It was felt that social workers were sometimes not particularly sensitive to the feelings of the parents during the process and did not take into account their views of the whole family's need, instead focussing solely on the welfare of the child. In some cases, decisions about the child and the family situation were made by Children's Services without parents feeling consulted about their views.
- d) It was noted that some parents had experiences of Social Services when they were young and their preconceptions had a bearing on how they viewed social services intervening in their family circumstances.
- e) The parents felt that they would have liked to have been more involved in the decision making process around their child and arrangements made for their family. Some parents felt manoeuvred into situations which they were not completely happy with and then often left to cope by themselves for long periods with no explanation from social services. Parents felt pressured into making decisions before they had been given adequate time to consider them and were given the impression that there would be consequences if they did not agree to the decisions social workers had recommended.
- f) Earlier education and in some cases intervention from Social Services would have been helpful for parents as in some cases they were not fully prepared for what to expect after they had given birth. A greater level of engagement during pregnancy would have meant time to prepare and plan living arrangements and other aspects of care before birth.
- g) Accommodation had made a real difference to the lives of parents. Many had been on the housing waiting list for a number of years before becoming eligible for a property. A secure place to live meant that parents were better able to make plans for their child's' future and not have to worry about where they would be staying, or who they would be staying with, in the future.
- h) Attending sessions at the Family Centre allowed parents to see that they were not alone and that other parents were experiencing similar challenges. Meeting with other parents and social workers at the centre meant that parents were able to see their situation and options from another perspective. Attending the sessions meant that support could be gained from others in a similar situation.
- i) The Family Centre group ran for 14 weeks and allowed parents to have a break for an hour a day from their children as well as working with them in sessions to learn key skills. All parents on the course got on well together and, although they did not socialise together outside the centre, they did occasionally encounter one another whilst 'out and about'.

- j) The parents thought that facilities such as the Family Centres and parent groups provided by Children's Social Care should be better advertised so parents were more aware of what was available to them. A list of all services provided would mean it was easier to see what was available and it was likely that if one service was not suitable then another on the list would provide the facility and/or support that might be needed.
- k) Parents felt that more notice of meetings, sessions and groups which they were required to attend was needed to allow proper planning for childcare. In some instances, it was felt that they had been ordered to attend a session by the social worker rather than given the choice. Parents often felt anxious about the consequences of not being able to attend a session if circumstances such as illness prevented it. It was felt that social workers were often suspicious and did not believe that the parent or child was genuinely unwell.
- l) Parents felt that unannounced visits did not fairly reflect the normal household routine as often social workers came at odd times. This caused disruption to the child's routine and made it look as though the parents were not in control of the situation. Parents felt unannounced visits took place to try and catch them doing something that they should not be doing. The process was intimidating and often social workers contradicted themselves.
- m) The parents felt that social workers need to make plans based on what was best for the entire family and not just focus on the child. Support for the relationship between the parents of the child was needed as well as support for the parent's relationship with the child.
- n) Many of the parents felt that the social workers' time should be spent on looking after children who were in danger as they felt that their child was not at risk as they would never hurt them.
- o) Some of the older parents felt less negative towards children social care and said that their perspective had changed as they had grown up. Many younger parents felt as though Children's Social Services were 'the enemy'.

The Group found it interesting that many of these comments and concerns were reflected on the national level in the Children's Commissioner for England's report on: Family perspectives on safeguarding and on relationships with children's services, which we summarise at Appendix 4.10.

3.45 We asked the Council's Head of Service for Safeguarding for her views on the comments we received from parents, as set out above. She said that it was helpful to have this feedback, as they do not routinely obtain views from current service users; feedback was routinely collected at close of a case and at this time it is often positive. Furthermore, some of the information highlighted by the Quizdom exercise as areas of difficulty, for example the sensitivity of the worker (Q3), and preparation for meetings (Q8), would be useful and would be relayed to social work teams. The officer's specific comments were:

- a) The officer had formed the impression that it was not the current Family Support Group staff that parents were unhappy with but previous social

workers, especially at the referral stage, and even the social workers who had worked with their family during their own childhood.

- b) Families are invariably referred to Children's Social Care (CSC) at a time of crisis when the family's difficulties have become obvious to a professional working with the adults or the children, e.g. a domestic abuse incident, or a child showing signs of neglect in school. Often families feel stigmatised by Children's Social Care involvement and anxious about the extent of officers' powers, and are worried that their children will be removed from their care. Some would much prefer not to be working with officers and some parents would like to be left alone. Some of the families had had or were currently experiencing a high level of intensive compulsory intervention and this could often influence their perceptions of social workers and the service they have received, causing them to be negative in their responses; for example the unannounced visits, which some parents are not happy about, are an important part of a child protection plan, ensuring that the child is kept safe at all times.
- c) Officers also commented that it was not surprising that parents see social workers as focusing on the welfare of the child, as this is the primary purpose of children's social care. The parents, no matter how vulnerable they may be, cannot be the sole focus of the child's social worker's concerns or interventions; however, officers regularly refer parents to adult services who can offer support to parents and meet their needs.

- 3.46 On Friday 2nd July the WG met **Cllr Dr Gareth Barnard, Executive Member for Children and Young People, also Penny Reuter, Chief Officer for Children's Social Care** (who, as the departmental link officer for this review, attended most of our meetings).
- 3.47 Cllr Barnard said it was a time of great change in Local Government and social care, and the full extent of the Coalition Government's policies were not expected to become clear until later in 2010. He explained that the Council had chosen to have two Executive Members for Children and Young People's issues, who work together effectively. He had the statutory duties pertaining to Children's Social Care, and covered special needs, Children's Social Care, and with reference to the Every Child Matters agenda: inclusion, safety, health, enjoying and achieving, and economic well-being (on which there had been a lesser focus). Safeguarding was not treated in isolation. Cllr Kendall, as the Executive Member for Education, covered all main schools issues.
- 3.48 On the adequacy of the arrangements to safeguard children in Bracknell Forest, Cllr Barnard told the Group that the Council's core belief is that, wherever possible and provided the risks are not too great, the Council tries to keep families together. This is because the statistics show that children's life chances are usually best served in that way. He said he has a quarterly safeguarding meeting with the Chief Executive, Director of Children, Young People and Learning, and the Chief Officer: Children's Social Care. This meeting concentrates on key issues. He also chairs the Children's Trust, which has various themes of work, and the Early Years, Child Care and Play Partnership (which is practitioner-led). He receives the minutes of the Local Safeguarding Children's Board (LSCB), and statements of action taken by them. He regularly meets staff in the Children's Social Care teams, and receives presentations from case workers. Cllr Barnard receives the

Independent Reviewing Officer's report, which he regards to be a very important part of the overall framework. He also sees the annual report of statutory complaints concerning Children's Social Care, as well as on-going data on performance and activity levels. He added that he monitored policies and other work to ensure that Criminal Records Bureau (CRB) checks are up to date, also that OFSTED reports are properly actioned. The main points arising in our discussion on this area were:

- a) On the staffing resources in the Under-11's team, the Chief Officer commented that there was some temporary extra help for that team, and other resources were coming on stream too. Cllr Barnard added that managers helped to ensure the continuity of case work.
- b) Some 70% of child protection cases involved under-13's, which had significant workload implications. The majority of Looked-After Children (LAC) are over the age of 11. Cllr Barnard commented that the Council's Larchwood short break care unit does outstandingly good work in this area.
- c) Cllr Barnard acknowledged that the Council could never be sure safeguarding incidents would not occur, but the staffing position was good, with staff feeling respected and valued, there is stability of management, and there is a strong ethos of supporting families. He believed that the Council is doing a good job, within the resources available. This was evidenced by positive benchmarking and good inspection reports.
- d) The Council had fewer safeguarding cases than a predictive model suggested Bracknell Forest should have. There was always a risk of unknown cases, however, the Council and its partners have a high level of contact and engagement with children across the borough, giving confidence that there are unlikely to be unknown cases of children in need. Nevertheless, whatever the Council does, there are always cases of dysfunctional families. The Council's approach is sensitive to the varying social and cultural issues applying. Early intervention and good quality actions gave the best and most cost-effective outcomes for children and young people.
- e) It was noted that the process leading up to adoption decisions by courts can take a great deal of time, and this is linked to the courts requiring a high level of 'proof' to support a decision.
- f) Cllr Barnard was confident that staff balanced risks well with doing the best they could for families. There had been positive views from staff on this in a MORI survey, and it was clear that social workers are effective advocates for children. Information sharing was assisted by the open plan office environment, helped by good supervision, and information is properly shared with prospective adopters.

3.49 In response to our questions on how the Children's Trust (the Trust) and Local Safeguarding Children's Board (LSCB) were performing in relation to safeguarding children, Cllr Barnard said it was not yet clear whether the new government wanted Children's Trusts to continue. He believed that the Bracknell Forest Children's Trust (the Trust) is working well, and it sets and supports the delivery of the Children and Young People's Plan (CYPP), which addresses some key issues. The anticipated pressure on resources would make this partnership even more valuable. The main points arising in discussion on this area were:

- a) Cllr Barnard considered that the Children's Trust (The Trust) is probably too large a group for effective decision-making. He thought it might be better to have this large group act as a 'sounding board' with a smaller group making operational and spending decisions. We noted there were some similarities with the structure of the Bracknell Forest Partnership and the BFP Board. The anticipated reduction in funding may act as a driver on this issue.
- b) The way forward might be for the wider group to meet three or four times each year, and a smaller executive group – accountable to the wider group - to meet more frequently. Any changes to the performance management framework should be determined by the wider group. The Group stressed the need for strong accountability.
- c) There is some tension between the Safer Communities Partnership and the Trust, regarding the approach taken with some youth offenders.
- d) Cllr Barnard regarded the LSCB as doing its job well. In his view, it was a large group and might benefit from being smaller and more focussed, in the same way as the Trust (see above). It is practitioner-led, so there would be no purpose in the Executive Member attending its meetings.
- e) The LSCB has statutory partners including the Strategic Health Authority, Thames Valley Police, CAF/CASS and the Youth Offending Team, also non-statutory partners including adult mental health services.
- f) Cllr Barnard said that when the CYPP is next re-written it will probably be shorter and more focussed.
- g) The role of the voluntary sector in safeguarding children was key, and it must be properly supported.

3.50 Cllr Dr Barnard told the Group that he complied with all the statutory duties applying to the Lead Member for Children's Social Services, which were consistent with the broad purpose of the Executive Member's role. They required him to exercise strategic and political leadership, and to be aware of what the service was doing, without breaching client confidentiality. Operational management rested with the Director and her officers, whom he rated highly, and who are empowered to deliver. Other points arising in our discussion on this topic were:

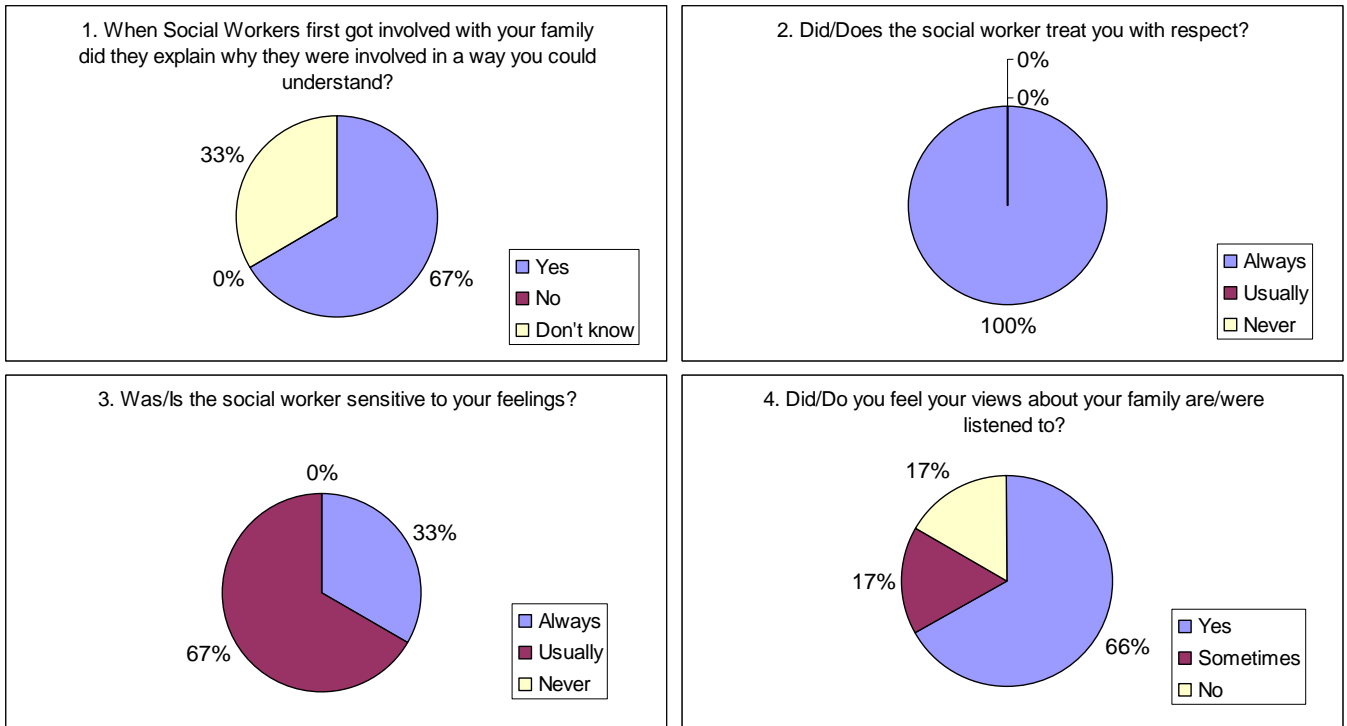
- a) The Executive Member's statutory duty to hold the Director of Children's Services (DCS) to account was principally achieved through the quarterly monitoring meetings with her, the Chief Executive and the Chief Officer.
- b) The Lead Member could not make decisions on individual cases, but makes a strategic input.
- c) The Lead Member, together with the DCS, is accountable to the Secretary of State, as well as to the Council.
- d) Cllr Barnard said there is good trust and understanding between Members and officers at the Council. The last Joint Area Review had complimented the Council's political and managerial leadership.
- e) Self-assessments were carried out routinely, as required.
- f) There were strong links in case management through the transition to adulthood.

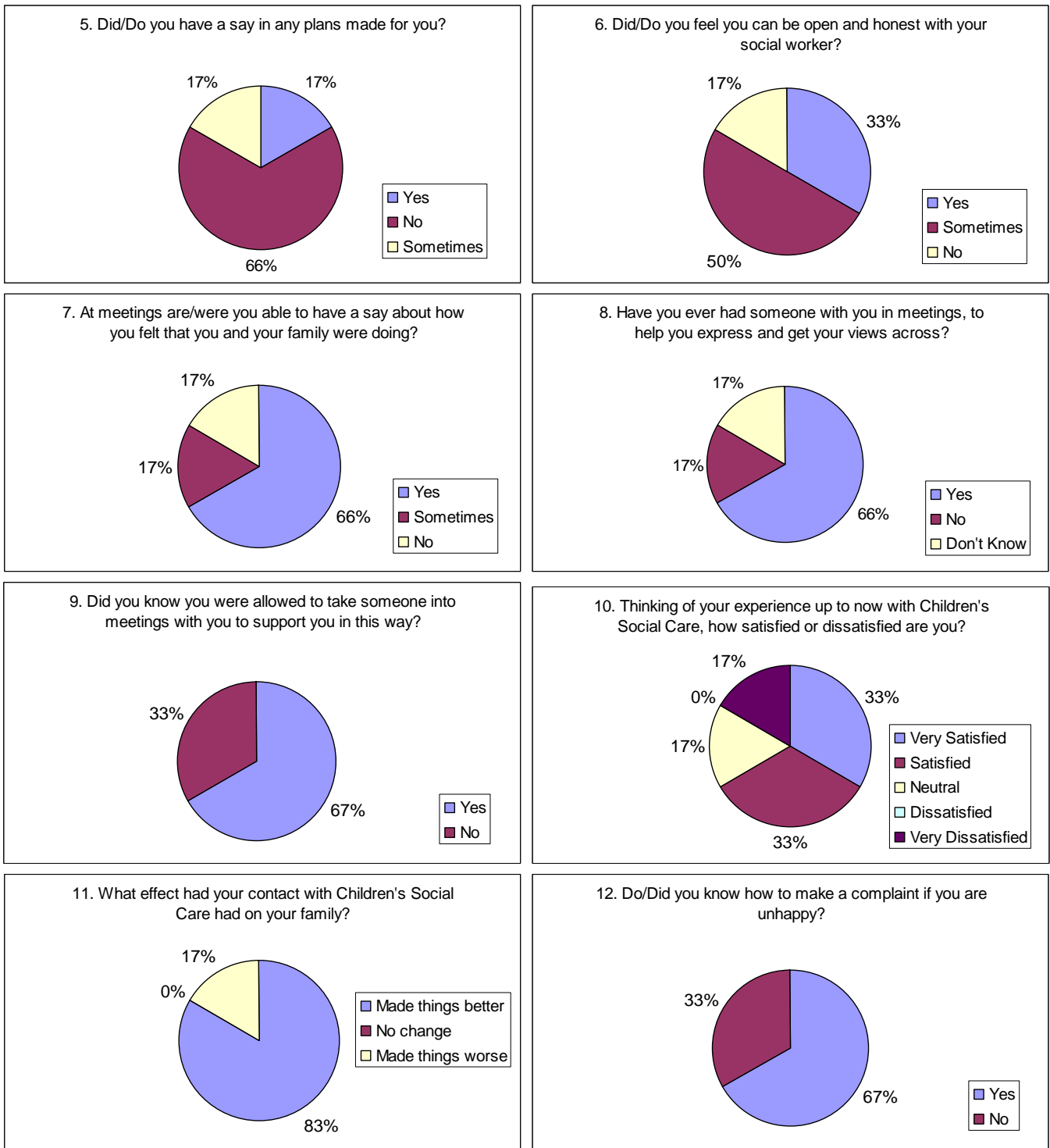
g) There is scope to further improve engagement with young people. For example, he is keen to have a 'shadow' Children's Trust, led by children and young people.

3.51 We asked Cllr Barnard what he regarded to be the future challenges and opportunities in relation to safeguarding children. He told us that it would be useful to define a job specification for the Lead Member for Children's Services. He also said that the recession was having an impact on children, and particularly child poverty, though those extra pressures did not in themselves generate new safeguarding referrals. He regarded the Council to have a good network of contacts with the families in need, and worked closely with the voluntary sector.

3.52 Towards the end of our review, on 28 October the Working Group met again with the Executive Member, Cllr Dr Barnard and Director, Dr Janette Karklins to discuss the provisional main observations and conclusions flowing from the O&S review.

3.53 On 28 July, two members of the Working Group met six **young people who had received safeguarding services**, at Portman Close. In the same way as our meeting with parents (see above), we wanted to hear at first hand their experiences of Children's Social Care. A Council officer was also present. We commenced with asking a set of questions, and confidentiality of individual responses was assured by using 'Quizdom' electronic voting equipment. We then had a discussion with the young people. The results of the Quizdom survey are displayed graphically below.





3.54 In the discussion which followed, the majority of the young people we met said that social workers had explained why they had become involved with their family at an early stage. Social workers talked through the process that would take place and provided leaflets which they discussed with the young people outlining what would happen and why. The leaflets were aimed at adults, however, the young people felt that leaflets specifically aimed at young people were not necessary as the information was explained by a social worker.

- 3.55 All the young people felt that their social workers had treated them with respect and were usually sensitive to their feelings. The young people recognised that there were certain issues that needed to be discussed and that sometimes these were of a sensitive nature that made them feel uncomfortable. The young people felt that in most cases the social worker broke information to them slowly rather than launching into the main focus of the information being given. This gave the young people a chance to take in the information and allowed them time to understand what was taking place.
- 3.56 Some of the young people thought that the Family Group Conferences³ provided a good opportunity to discuss any issues, as everyone was given the chance to express their opinion. The professionals left for part of the meeting which meant that the young people had a chance to give their thoughts without having to do so in front of social workers. The young people felt that there were often too many professionals at meetings which could make them feel anxious and uncomfortable about sharing personal details. Most of the young people felt that they sometimes had a say in any plans which were made for them depending on what the plan was in relation to. Some plans, such as education, had to be undertaken and could not be changed as the young person's choice was not practical or achievable. It was felt that there could be greater explanation of why a particular plan was for the best and why the young person's ideas were not achievable.
- 3.57 The majority of young people we met felt that they could be open and honest with their social worker most of the time. It was felt that if they met with their social worker on a more regular basis it would be easier to build up a relationship which would make it easier to share information and concerns. Currently the young people only met with their social worker once a month at the most, it was felt that a fortnightly meeting would allow a stronger relationship and a greater level of trust. Meetings once a month meant a lot of time was spent on issues that had built up over the period since the last meeting and often reviewing things as not all the details could be remembered. The monthly meetings tended to last for a long time as such a large number of items needed to be covered.
- 3.58 Other points raised by the young people we met were:
- a) Most had the same social worker and were happy with who had been assigned to them. Not all the young people were aware that they could request to change social worker if they did not get along with the one that they had.
 - b) They did not like to be put on the spot by professionals when in meetings, particularly if it was a large group of people. They felt that there were often people attending the meetings that they did not know and it was not fully explained who they were or why they were attending the meeting.

³ A Family Group Conference is a meeting in which family members themselves, including children and young people, design their own plan to overcome identified problems and to respond to the concerns of professionals. It is convened by an independent co-ordinator, not directly responsible for assessing or providing services to the family, who ensures relevant family and friends are invited and adequately prepared. Children are actively encouraged to attend and may be supported by an advocate.

- c) They found that having a number of unknown people attending meetings caused confusion and meant that they had to repeat the same information again and again so everyone was aware of the whole situation. It was felt that people should be fully briefed before the meeting began to prevent the young people from having to repeat the story or having to listen to a worker tell the story for them. Sharing information with new workers that the young people did not know made them feel uncomfortable and nervous about attending meetings. The young people felt that they should be asked before the meeting if they were happy for their personal information to be shared.
- d) They felt that it would be good to have a choice of who attended meetings and that they should be told who was attending before the beginning of the meeting. They felt that they should be able to bring a friend or family member to a meeting for support without having to clear it through the social worker. Having support at a meeting meant that the young people felt more able to have their say. Often people attending to support them helped them answer questions in a way they wanted to.
- e) At times they felt bored at meetings as they could be lengthy and in some cases the adults would talk about the children as though they were not there and not ask their opinion. It was felt that all plans and decisions made should be discussed with the young people and that their opinion should not be dismissed without consideration. If the suggestion was not practical, then the social worker should explain why the idea would not work. Plans should be made with young people rather than for young people.
- f) They felt that social workers tried to change things which did not need to be changed. Often they felt there was nothing wrong with a situation and the social workers were trying to change something for the sake of change. More regular contact and increased explanation of meetings would help young people understand why things were being done.
- g) The majority were aware of how to make a complaint and were given information on how to do this. Some facilities had slips which could be filled out to raise awareness of problem areas. It was felt that making a complaint was seen as too formal a process and would possibly result in serious consequences. It was suggested that a suggestion box which had slips titled 'I have a worry about...' would help young people to feel more comfortable about raising an issue. It was suggested that a text message service could be used to submit worries; however this would cost the young people and they did not often have phone credit. A pre-paid returnable card would allow young people to submit their worries or concerns to the council without having to incur a cost.
- h) The best aspects of social care were the family outings and that when you raised a problem with the social worker issues were dealt with quickly, which made them feel safe.

- i) The young people agreed that it was good that the council were consulting young people on what they thought of the service.

3.59 We asked the Council's Head of Service for Looked After Children for her views on the comments we received from the young people we met, as set out above. She commented that the comments as a whole reflected the findings of national surveys of many groups of young people. Participating in meetings that focus on them can be very difficult for any child or young person and becomes increasingly challenging if, for example, they witness conflict of views between a parent and professional. Considerable efforts are made to minimise the number of adults attending Looked After Children reviews or Personal Education Planning meetings but it is more difficult to limit professionals involved with Child Protection conferences or core group meetings. Other comments made by the officer were:

- a) One striking theme of our consultation was the value that young people place on relationships with a trusted adult. They value a social worker who gives them sufficient time to develop a good working relationship, be consistent and persistent, and listen to a child's wishes. Experience and research confirms that the quality of the social worker's relationship has a significant impact on the outcome of any intervention.
- b) Young people tend to prefer informal (but quiet) settings to discuss sensitive issues. They also appreciate a 'holistic' approach to understanding their lives – hence fun activities go some way to balancing the distress at the exposure to negative aspects of their family life.
- c) The Pledge for Looked After Children provides detailed information about the quality of the service can be expected, including how to complain, the right to ask for a change of social worker and to have an advocate.
- d) Given the other comments made, it makes sense that young people and children value information provided by a trusted adults more than what they could read on 'information leaflets'. To know they have a right to complain, or ask for another social worker, is one thing, it is quite another for a young person to say it. The development of an 'advocate' system, where young people can be supported to say what they really feel, may help address this.
- e) Establishing the views of young people is challenging and complex. The development of the role of the Participation Officer may be a key to developing relationships with the children and young people that we work with to enable future consultations to become part of the culture of participation that the Council aimed to embed.

3.60 On 2 August 2010 the Group met **Sheila Davies, Rachael Matthews and Sue Viccars from NHS Berkshire East** to discuss the roles of Health Visitors and School Nurses.



From left to right: Cllr Mrs Jennie McCracken, Val Richardson, Cllr Mrs Gill Birch, and Penny Reuter. NHS Berkshire East - Sue Viccars, Rachael Matthews and Sheila Davies

- 3.61 The Health Visitors explained their role and services they provide. They have been commissioned to provide an agreed core service, as defined in the 'Healthy Child Programme' issued by the Department of Health. This is not a legally enforceable service - parents are entitled to refuse the service and a few do. There are 3 teams covering Bracknell Forest, each covering a designated geographical area, with some Health Visitors based in children's centres, including The Oaks and The Rowans. These locations allow them better access to parents and their children. The age range for the service is 0 – 5 years, after which the school nurse takes responsibility. There is a named health visitor for each GP practitioner so they work closely with GP's, but due to the large number of recent changes, they are more disconnected from GP's. The Group noted that the role of the health visitors is becoming more targeted and less universal and that the number of referrals from the Health Sector had reduced, for no clear reason.
- 3.62 Health visitors are informed of new births and make a visit in all cases to ensure the health of the baby and the mother. Previously, ante-natal visits may have been carried out, where there were grounds for concern. Another 'universal' visit is made when the baby is 8 weeks old and a development review is carried out for all babies during weeks 9 to 12. Another visit is made at age 2; advice and support is continually available until the child is 5 years old. All babies have access to a 'well baby clinic' and other services. The health visitors liaise with other services and respond to any concerns raised by GP's and others, particularly Children's Social Services. Occasionally, families who may need help make contact themselves. Throughout, safeguarding children is the Health Visitors' top priority.
- 3.63 There are 3 School Nurses working on a part time basis across the borough, supported by three Healthcare Assistants and two Staff Nurses. The teams do not cover private schools, which are responsible for employing their own school nurse. This may be an area of concern. The school nurses' core programme starts with children at age 5 and includes: health screening, height, weight, vision and audiology. Parents are asked if any immunisations have been missed by the child. In Year 6 the national screening programme takes place, which calculates the BMI for children and recommends possible changes to lifestyle. Although it has good intentions, this programme has received some bad publicity recently due to misunderstandings concerning obesity.
- 3.64 The new HPV vaccination scheme for girls (for cervical cancer) has had a really good uptake, and is a very good example of prevention. The scheme

also includes private schools. The school nurses have a good relationship with schools and are involved with PSHE lessons, which is a great platform to communicate with the children. Some private schools have school nurses, often combined with other duties.

3.65 The main points arising in the ensuing discussion were:

- a) A Health Visitor is a member of the 'core group' for any cases of children in need of protection.
- b) The service is very open. Families are told in advance about visits and every opportunity is taken to communicate with the family.
- c) Domestic violence cases are prioritised. The service receives contacts from the general public as well as GP's but their biggest lead is from Social Services, usually on a faxed 'Notice of Domestic Violence' form. The response is immediate. A small discreet investigation is carried out to understand the situation and decisions are made as to the best actions to carry out. Social Services are informed of the situation and a friendly visit is made 2 or 3 days later. The health visitors are not trained to make an analysis of domestic violence so the service is limited in that extent. Social services use a Community Paediatrician or GP to carry out a health assessment in serious cases. The health visitors said that public awareness of domestic violence is increasing, and it is now more openly talked about.
- d) Health Visitors had less time to spend with people than previously, due to financial constraints.
- e) Post natal depression is another issue health visitors provide advice and support for. At 8 weeks, a PND questionnaire is provided for the mother, but it is not a legal requirement and the mother can refuse to take it. Community Nursery nurses run Post Natal Support groups and a new service is currently being introduced for mothers with PND.
- f) Children's Centres had made a big difference to promoting children's health, and their free courses were particularly valued by many mothers.
- g) Records are still kept only in the traditional 'red books' which stay with the mothers. New documentation requirements were due to begin soon, which concerns the health visitors as it will increase their workload. A new computerised database system was to be introduced as well.
- h) Health Visitors were due to transfer to the Berkshire Healthcare Trust in April 2011, as part of the transfer of Community Health Services from NHS Berkshire East.
- i) When asked which group required the most help, it was mentioned that the more affluent professionals do require help with parenting. As professionals it was not unusual for them to have children later in life and some found it difficult adjusting their lifestyle. They tend to also have high expectations for their children to achieve, and many have moved home for career reasons, putting them further away from their own family support.
- j) The workload is fairly consistent because the birth rate in the borough is stable. The three teams support each other in event of a surge in contacts and the office is not left unattended. Management provided additional support as necessary.
- k) In the event a Health Visitor is denied access to children and they have concerns, they send the family a standard letter and report this to Children's Social Services for them to follow up (if necessary with a Children's Paediatrician in support).
- l) The health visitors have a good partnership with the school nurses and generally have good working relationships with other services too. They

- have a dedicated Link Health Visitor who visits the women's refuge run by Berkshire Women's Aid.
- m) There are a growing number of people in ethnic minorities in the Bracknell Forest area, making it more difficult to assess the situation as cultural norms vary. The health visitors have access to translators to avoid misunderstandings, but it does increase the workload slightly. The Sandhurst team make use of a Nepali translator assigned by the Royal Military Academy.
 - n) In the past, health visitors and school nurses received training together which helped build relationships. It was understood that more joint working is needed. There had been less joint training in recent years.
 - o) Overall, the health visitors said that they find their work can be very rewarding, even though it was difficult and complex.
- 3.66 On Thursday 2nd September the Group met with **Elaine Coleridge Smith, Chair of Bracknell Forest Local Safeguarding Children Board and Mairead Panetta, Head of Service: Safeguarding**. Mrs Coleridge Smith described to us her background in safeguarding at a Primary Care Trust and explained the structure and role of the Local Safeguarding Children Board (LSCB). It was noted that the Children, Young People and Learning Overview and Scrutiny Panel routinely received and considered the annual report of the LSCB. It was also noted that Members had received the Safeguarding Toolkit – summarised by the Group at Appendix 4.7 - which can be used by different organisations to assess their own arrangements against statutory guidance.
- 3.67 Mrs Coleridge Smith informed the Group that LSCB's across the UK are organised to deliver the statutory and other guidance in 'Working Together to Safeguard Children', particularly Chapter 3. It is a statutory mechanism to ensure organisations in the local area cooperate to safeguard and promote the welfare of children in the local area. LSCBs are strategic, with the detailed 'doing' work carried out by the partner organisations which are members of the LSCB. The Local Authority is responsible for making sure the LSCB is working but it does not influence the decision making of the Chair. Mrs Coleridge Smith is allocated 25 days each year to work with Bracknell Forest LSCB, designed so as not to have the Chair getting too closely involved in detail. It also allows her to check Bracknell Forest decision making with other LSCBs. She is supported by a part time Business Manager (Andrea King) and some administrative support.
- 3.68 The Bracknell Forest LSCB meets 5 times a year, and it engages in all activities concerning safeguarding children in statutory, voluntary, community and independent settings. It is a partnership which has the responsibility to coordinate and strengthen safeguarding and oversee the effectiveness of each statutory member organisation with regards to safeguarding. The LSCB can and does make requests for information and action. The LSCB also lead on the co-ordinated treatment for children who have been abused or mistreated, holding serious case reviews as required. The partners in the LSCB include senior representatives of: the Council (both Children's and Adults Services), Thames Valley Police, Probation Service, Health Services, Schools, Bracknell Forest Voluntary Action, Broadmoor Hospital and others. The LSCB is not accountable to the Children's Trust Board.
- 3.69 The LSCB try to think ahead and proactively consider national issues in order to be prepared in the local area e.g. e-safety is a national issue which the

LSCB have identified and are addressing. The work plan is 4 years long, it is based on objectives and it is reviewed every year. The LSCB is given a small budget by partners, which is used to run the website and pay for administrative support for the board. Partner organisations meet their own costs of participating in the LSCB. We were informed that the role of representing an organisation in the LSCB requires a high level of seniority. It is a complex role where the representative must prioritise safeguarding children over their own organisation's interests, and be able to implement requests made by the LSCB. They also need to be in a position where they can make a financial contribution on behalf of their organisation.

3.70 The Group was informed that the LSCB Board makes use of sub-groups which carry out detailed work delegated by the Board. The sub-groups are: Quality Standards and Case Review Sub-Group, Raising Awareness Task Group, E-Safety Sub-group, Anti-Bullying Working Group, Serious Case Review Sub-Group, Partnership Performance Group, and Sexual Exploitation Sub-Group.

- The Quality Standards and Case Review Sub-Group carries out the audit and scrutinises actions. It also makes sure the section 11 audit takes place.
- The Raising Awareness Sub-Group engages with the public and professionals. It has done particularly good work recently with a new leaflet on domestic abuse aimed at 13 -19 year olds, and the cue cards. The leaflet highlights different forms of abuse, physical, emotional, sexual and financial abuse. The work of this group was highly commended at the Bracknell Forest Partnership Awards.
- The Sexual Exploitation Sub-Group questions organisations and requests actions to be taken to ensure all arrangements are in place to prevent sexual exploitation. We were told that sexual crimes had increased in Bracknell affecting young white women. No clear reason for the increase had been identified to date. The LSCB also co-ordinate the annual conference with the police, which had included the issue of sexual exploitation of 14-17 year olds. The partnership approach had been particularly valuable, with pooling of useful intelligence and joint working.
- The Serious Case Review Sub-Group meets quarterly. In the case of child death, serious abuse, severe harm or failure of partners, this group initiates the serious case review and tries to understand the issues and learn lessons to prevent the same thing from happening again.

3.71 The other main points of the subsequent discussion were:

- a) The LSCB recently introduced a Whistle Blowing Policy where people can go directly to the LSCB if they have unresolved concerns.
- b) With reference to the recent case in Birmingham Children's social care, Members were told that the LSCB could intervene if problems are identified. The LSCB depends on people notifying it of problems. If necessary, the LSCB meets with the director of the partner concerned to solve the problem, the issue becomes an agenda item if not solved and the Chair can call an extraordinary meeting concerning the issue.

- c) The LSCB is not inspected as such but it is referred to in OFSTED reports and it takes part in scrutiny.
- d) The LSCB is currently working on how to measure its effectiveness better as the current measures are basic, and do not for example touch on prevention. Current measures are based on: how often a partner is challenged; method of scrutiny; and analysis of Data - but there is a very small number of incidents so data can take years to build up.
- e) Whilst Bracknell Forest had a good record, disasters can happen due to children 'falling through the net' between partner organisations, and partnership working is the key to having a finer net.
- f) Mrs Coleridge Smith considered the arrangements for safeguarding children to be more than adequate in Bracknell Forest, where the partner organisations showed they are very willing to work together. The health services have had positive inspection results, and the recent Ofsted inspection of the Children's Social Care Duty Team was very positive. The Duty team is a small but crucial part of safeguarding. The main concern is with whether cases are unknown.
- g) The LSCB considers that the Council and Children's Trust are performing well in relation to safeguarding children, with children being seen promptly. The concerns are that – both nationally and locally - the number of children requiring services is going up with a decrease in the number of cases being closed. This may be due to greater recognition of need for services or actual increase in need.
- h) A particular challenge concerned sexual exploitation as it is on the increase for no clear reason. Another challenge is dealing with the impact of the new changes introduced by the government. The financial pressures on partners may mean that gaps between partners will grow and children may fall through the net.
- i) Opportunities included: working more closely with Slough; the LSCB are looking at the structure of the board and strategic information sharing improvement; and appointing lay members onto the LCSB.
- j) If a serious case review is required, we were told that resourcing and funds would be immediately available. It is the responsibility of the Chair to call a serious case review and it is the statutory responsibility of the partners to carry out their duties.

3.72 Mrs Coleridge Smith considered that the Bracknell Forest LSCB is very impressive compared to others. All partners are proactive and all extraordinary meetings have been arranged and attended. But everyone needed to constantly guard against becoming complacent. If a partner does not respond to their duties, the Chair has a one to one meeting with the representative, which progresses to a meeting with the director and then if necessary the inspectorate of the organisation. No partner has yet needed to be disciplined so the procedure has not been put to the test yet.

3.73 On 23 September the Working Group met with **Gordon Cunningham, Headteacher, and Sue Skilton, Designated Teacher for Child Protection of Easthampstead Park Community School.**

3.74 The Working Group was informed about how the school ensures children are safeguarded and the role as the designated teacher for child protection. The Child Protection (CP) card is given to employees at the beginning of the school year, and all children at the school are told who the Child Protection Officer is. The school holds a fortnightly liaison meeting chaired by the

Assistant Headteacher to discuss any issues that prevent students learning, to include CP issues. The members include all Heads of Houses, the relevant social workers, the school nurse, and police. All these partners work well together. There are 29 children at the school supported by Children's Services, 4 of whom are also looked after children.

- 3.75 The CP teacher receives concerns from children or other school employees, which she investigates by talking to the child or children involved. She aims to inform both staff and students of the outcome of her conversations with Social Services cases later the same day. She fills in the CAF form and contacts Children's Services if she has concerns. Sometimes, children don't feel safe going home after making a report, so Sue stays with the child until they are secure. It takes about 2 hours to deal with a situation when a concern is raised, and these are often on a Friday afternoon. At least two new referrals occur each week, but not all require further services. Parents are contacted after the referral has been made. Very few parents behave inappropriately or angrily, and in some such cases the Headteacher has told parents that any contact with the school must be through him. Most parents do not want to let social services 'into their lives', and have preconceived ideas about children's services.
- 3.76 The Designated CP teacher told us that she has a very good relationship with all partners including Children's Services. She commented on the fast speed of the response from Children's Services and emphasised the excellent relationship she has with the Duty Team. She is allocated extra non-contact time for Looked after Children. The top priority for the school is child protection, and this over-rides teaching commitments. She goes to all training provided by BFC regarding safeguarding children. She also attends the Child Protection Conference in order to keep up to date with the latest rules and regulations, in order to disseminate to other staff and update the school's procedures. The Headteacher commented on the importance of Sue's job. He said that there are few people who can deal with this role as it makes distinct emotional demands and involves working with families, various agencies as well as the regulations and procedures. It requires a broad range of skills and commitment, to do the job well. He described it as a vocation rather than a job. Both the Headteacher and the Deputy Headteacher provide support including absence cover, as it is essential that nothing is left unactioned at the end of each day.
- 3.77 We were told that whilst people are now more trusting of social workers and open about their problems, child protection issues have been increasing steadily for years. The Headteacher stressed that the majority of children and young people are well behaved and have a good social conscience. This is rarely reflected in media comment, which tends instead to paint a gloomy picture, which children tend to believe. The contributory factors for the general increase in safeguarding issues include, in their opinion:
- a) More family breakdowns, also the effect of step sisters and step brothers having to cope with living in the same household.
 - b) Children being much more aware of their rights.
 - c) Children bombarded with too much information.
 - d) Children staying up too late and not getting enough sleep.
 - e) Children are more pressured by society into growing up too quickly.
 - f) Reality TV: encouraging the notion that the worse you behave the more famous you get.

- g) Facebook: cyber-bullying (special assemblies have been run on this, including its dangers and the legal requirements).
- h) Recession: More families re-housed with longer journeys to school, and the impact of reduced incomes causing resentment, for example over fewer holidays.

3.78 The staff said that safeguarding children had improved massively over the years, and the support from the Council's Children's Services was 'fantastic'. In recent years, the staffing position in Children's Services had been more stable and relationships had been allowed to develop. Easthampstead Park School has a Family Support Advisor, an arrangement which works well. The main issues with regard to Safeguarding Children at the school included:

- a) Some children take to bullying in an attempt to avoid being bullied themselves.
- b) 'Grooming' cases had grown, making children more vulnerable.
- c) The CAF Form is not working. It may have to be completed without the parents' cooperation, and effective solutions need parental support.
- d) The incorrect preconceptions of children's social care on the part of many parents are a serious hindrance to the provision of support needed by their children.
- e) It is clear that there are some family trends with 'naughty' children.
- f) The Teenage Pregnancy Co-ordinator's post had been made redundant. This was a big loss as she was an excellent asset to the school. It was noted that this was a budget reduction caused by the Coalition Government ceasing elements of the Council's Area Based Grant mid-year.
- g) The Early Intervention Project has been shut down. The teachers were very sad at this loss as it was a very important project and was essential, particularly for Primary Schools. It was noted that this too was a budget reduction caused by the Coalition Government ceasing elements of the Council's Area Based Grant mid-year. The Council usually consulted before making changes of this sort but the reduction in Government funding had been too sudden to do so.
- h) The staff considered that sensible funding for liaison with families and partner organisations is essential, and the link between the school and social services is essential.

3.79 The Group was advised that the Council's Children and Families Manager is also the lead in child protection and anti-bullying. She acts as quality assurance at the school. She is in regular contact with the school and is very supportive. She was regarded by both the staff we met to be an excellent asset to the school. We subsequently met the Children and Families Manager (see paragraphs 3.89 – 3.90 below).

3.80 On 7 October the WG had a meeting with **Andrea de Bunsen, Headteacher, and Paul Van Walwyk, Designated Teacher for Child Protection at Kennel Lane Special School.**



From left to right: Cllr Trevor Kensall, Cllr Mrs Jennie McCracken, Cllr Mrs Jan Angell, Chief Inspector Simon Bowden, Detective Sergeant Sarah Austin, Gloria King, Val Richardson, Andrea de Bunsen, Mrs Paula Ridgway, Paul Van Walwyk, Cllr Mrs Gill Birch and Richard Beaumont

3.81 The Headteacher and Teacher told us that generally good practices are in place with regard to safeguarding children. They described how Kennel Lane Special School ensures children are safeguarded at their school, and the difficulties they face as a special school. The school takes in a wide variety of children with widely differing impairments and special needs. Some are profoundly disabled. Much research has been carried out but much more is needed in order to understand how everyone can best help the children. Generally, they find it difficult to access support when problems arise outside their area of expertise (and given their extensive experience, this is not too frequent). Kennel Lane cannot exercise the Integrated Care Pathways like mainstream schools. This has led to some confusion with partner agencies, sometimes leading to cases being closed without good reason. A common and important issue for the school is that a child's ability to comprehend a situation can be well below what their language and communication ability suggest, making them far more vulnerable than other children. In expressing the school's frustration with the current arrangements, they were also representing the frustration felt by the children, who are less able to express their own views.

3.82 The other main issues which arose in our discussion with the school included:

- a) Their safeguarding audit had highlighted that some improvements were needed in the arrangements with the Council; and they still had some concerns relating to referral procedures for their pupils and how the CAF is used. The school had had meetings with the Council's Chief Officer on these issues.
- b) The school has at least one issue relating to safeguarding a week as well as regular referrals to social care, some of which relate to open cases, these are quite frequent and termly liaison meetings are held with other agencies on safeguarding.
- c) A doctor visits every two weeks and the school has access to the school nursing community team.

- d) The school has an excellent relationship with the Disabled Children's Team in Children's Services, which has suitable procedures, also with Thames Valley Police (TVP) who were very supportive and helpful.
- e) The Children's Services Duty Team does not always seem to understand the significance of Kennel Lane referrals, though the social workers they deal with are very professional and helpful. The criteria for intervention used by the Duty Team to make decisions on service provision does not take into account learning difficulties and other hidden impairments.
- f) There is confusion with partners, who don't evaluate the risks in the same way the school does. Children's Services don't see learning difficulty as increasing the risk the child is at. People with special educational needs (learning difficulties) are at four times the risk of abuse. The school's experience of the referral to partner agencies has not been uniform and not fully taken account of the impact of their understanding relating to their special educational need, nor a recognition of their journey through the system of child protection.
- g) The Child and Adolescent Mental Health Service (CAMHS) does not work well for Kennel Lane.
- h) Their specific concerns on the CAF form are that: it is for general usage and is unsuitable for pupils who have already been identified as having special needs; It is used as a referral tool rather than an assessment tool, and BFC should be clear what its principal purpose is; also whether it is suitable for use in emergency situations; it is not sufficiently child-focussed; it does not make use of the multi-professional assessment in place for all children at the special school; some children are transported to school from afar making it difficult to get their parents to sign the form; there is an added difficulty when families do not wish to engage. This is partly due to some social workers not having experience or additional skills in relation to the particular issues with children in a special school. Further issues were that: it can take hours to complete the CAF, yet it can result in no action being taken; the school would like to see the CAF trigger a 'Team around the Child' multi-agency meeting to establish accountability for actions; they consider that the Council tends to close CAF's too readily, whereas in their experience other councils use the CAF more to formulate which actions need to be taken by which organisations.

3.83 We invited the Headteacher and Teacher to say what changes they would like to see made, and they told us:

- a) Partner agencies need to understand both the role of the school and the needs of a young person who attends. This could include having new staff from agencies who will come into contact with the school spending a day at the school as part of their induction training.
- b) The school has developed specialised Family Support Worker in partnership with the Disabled Children's Team (DCT), to which some of the Council's social service function could be devolved, with funding.
- c) The CAF form is inappropriate for the school because the school already provides a specialised service and none of the needs at the point when the Duty Team is contacted are at the level a CAF is designed to address. Each child at the school already has a "Statement of Special Education Needs" which required a Multi Professional Assessment.
- d) The school should either have a named Social Worker assigned to disabled children in the Duty Team, or the school should send new referrals straight to the Disabled Children Team.

- e) It would support the closure of cases that a CAF be completed and a "Team Around the Child" meeting be convened prior to case closure in order to support ongoing work from all professionals involved.

3.84 The Chief Officer: Children's Social Care: subsequently told us that the Council valued Kennel Lane School's expertise and flexibility, and they are working with a very particular group of children with additional needs. The officer agreed with the suggestion that partner agencies could benefit from better understanding the role of the school, and including a visit to the school as part of induction for new staff in Children's Social Care (CSC) and other services is something that could certainly be developed. On the specific points, the Chief Officer commented that:

- a) In recognition of the particular needs of the school's pupils and the need to have closer working relationships, a single joint post of ½ time Family Worker in the Disabled Children's Team (DCT) and ½ time Family Support Adviser (FSA) in the school (all funded by the Council, drawing partly on the Extended Schools funding) was set up in 2009. Other schools meet half the cost of the Family Support Adviser. The role had contributed to an increased shared understanding of roles, as well as providing a family support service. The Extended Schools funding currently applies until August 2011; the Council's understanding is that Kennel Lane school will fund that half of the post from that point onwards.
- b) The comments on the CAF were helpful. The CAF is an assessment process that is undertaken with the child and family. It is a more holistic assessment than the multi-professional assessment that is undertaken for a statement of SEN because it covers all needs, not only special educational needs. The CAF develops a multi-agency early intervention plan. The Council considers that the CAF is the best means of evidencing needs and strengths and this evidence supports effective referrals. The CAF co-ordinator had supported the school in completing CAF's and CAF action plans and will continue to do so, and can also provide support in developing the Team around the Child multi-agency approach.
- c) The Integrated Care Pathways (ICP) are organised around age range. Children with learning difficulties are not excluded from the process, but the services they need will sometimes be more specialised in nature and so the ICP process is probably less likely to be used. Services such as CAMHs could be accessed through the ICP by Kennel Lane pupils, as well as referred direct. The Aiming High for Disabled Children programme has developed a tiered approach to parenting programmes for parents of children with LDD and challenging behaviour in close liaison with the school.
- d) Not all the school's pupils would meet the criteria for a service from the DCT, consequently new referrals for social care needed to be referred to the Duty team rather than the DCT. The Duty Team have the expertise and regular experience of undertaking child protection investigations. The Assessment Framework Triangle is used to make an assessment and a judgement is then made as to whether CSC need to provide a service, following the established guidance. A meeting between the Duty team manager, Kennel Lane School and the Children and Families Manager has been arranged to try to resolve the reported difficulties in the referral and assessment process.

- 3.85 On 7 October the Group also met **Chief Inspector Simon Bowden, Local Police Area Commander for Bracknell Forest, and Detective Sergeant Sarah Austin, Child Abuse Investigation Unit, Thames Valley Police (TVP).**
- 3.86 The Chief Inspector outlined the role of the Police in regards to safeguarding children, which includes wide and far reaching responsibilities, particularly in relation to investigating criminal offences of physical and sexual abuse. There is a police officer on both the Children's Trust Board and the LSCB. School officers and Police Community Support Officers (PCSO) regularly visit schools. The Detective Sergeant told us that TVP's Child Abuse Investigation Unit had recently expanded due to an increase in child abuse, greater awareness and greater reporting. The team, comprising 10 Police Constables and 4 Detective Sergeants worked closely with Social Services. For some years, TVP had joint training sessions and carried out joint investigations in parallel with Social Services investigations. The Multi Agency Public Protection Arrangements (MAPPA), with its dedicated Detective Chief Inspector, manages predatory criminals released from prison; registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public. Procedures are in place to make sure they do not present a risk in the area. We were informed that there are not many registered sex offenders in the borough as most of them are in prison and they are monitored regularly. Other issues concerning the Police's role included:
- a) In criminal offences, any of the people involved may need protection; the victim, the witness or the offender.
 - b) Community messaging was used, for example text messaging following the serious sexual assaults earlier in 2010. We warmly commended this.
 - c) Licensing: children who may be exposed to Alcohol, Gaming and Gambling are at risk.
 - d) Emergency powers – the Police have the power to take children into custody where they are found to be in immediate danger.
 - e) Domestic abuse, which leaves children in a vulnerable position.
 - f) Missing children are at particular risk; they are also a target for predators. TVP uses a risk assessment, and the minimum assessment for missing children is 'medium risk'.
 - g) Children who visit relatives in Broadmoor Hospital may be at risk.
 - h) TVP are tackling violent extremism through the Prevent strategy, and through setting up a Supporting Vulnerable Individuals (SVI) Panel, which can involve young people.
 - i) TVP are involved with the Local Safeguarding Children's Board (LSCB) to safeguard young people at risk of sexual exploitation, grooming, and to prevent young people from getting involved in prostitution.
 - j) The Chief Inspector is a member of the Management Board of the Youth Offending Service.
 - k) Detection figures had increased, alongside the increase in referrals of child abuse cases. The Crown Prosecution Service (CPS) are very diligent with child abuse cases, but they do not proceed to prosecute all cases.
- 3.87 The other main points which arose in our discussion with Thames Valley Police were:

- a) Legislation requires local authorities to provide safe and secure accommodation for children (between 10 and 17) who are in custody overnight. The Council does not have any such accommodation, so on the rare occasions that this is required, the child is kept in a detention room or a cell; for minor offences, TVP would often decide to bail the young person.
- b) We were told that partnership work in this area is strong and well developed. The other agencies involved are the LSCB, the Crime and Disorder Reduction Partnership (CDRP) and TVP. The relationships are good and open enough for the partners to challenge each other's decisions. An example of working together has recently been in the CDRP giving a higher priority to domestic abuse and sexual exploitation.
- c) There is a lack of qualified medical examiners in Bracknell Forest. GP's on call provide general Force Medical Examiner (FME) services, but special training is needed for children's FME's, especially in cases of child rape. This had been raised with the LSCB, and we return to this issue at paragraph 3.98 (h) below).
- d) TVP said that funding must be found to maintain the Early Intervention Project.
- e) Youth and alcohol was becoming more of a problem in Bracknell, and TVP were looking at new ways of dealing with this.
- f) Child Protection plans have doubled recently; there are now over 80 children at risk.
- g) There were financial difficulties ahead for the Police and other public sector organisations, which might require a shared risk assessment across the partnership.
- h) TVP considered that, overall, the Borough performed well in terms of safeguarding children and young people. Individual cases are well managed and the partnership is effective.

3.88 The Group received the following comments from the Chief Officer: Children's Social Care on TVP's concern regarding provision of accommodation for young people who have been arrested, who would otherwise be kept in custody overnight. There is usually one case a year where this applies. While there are no Children's Homes in the borough who can take children in this kind of emergency, the local authority does usually have Emergency Foster Carers available or can approach Children's Homes and Independent Foster Care agencies further away from the area. The work needed is to reach agreement between the police and the local authority on what constitutes suitable and safe accommodation in each particular case and this will be unique to each case. There are specific criteria for obtaining secure accommodation (which is children's home accommodation provided for the purpose of restricting liberty); the secure accommodation criteria have to be met, ie the child has committed a serious offence and the public are at risk of serious harm if the child is not held in secure accommodation, and the child has to be over 12.

3.89 On 7 October the WG also met **Gloria King, the Council's Children and Families Manager**, who summarised her role as the lead professional on safeguarding in the Council's Education area and the link to Children's Social Care, and advisor to the Director of Children, Young People and Learning, also the LSCB , on safeguarding issues regarding education. The services included: providing child protection training and advice for school staff and governors; being involved in the recruitment of Headteachers; elective home

education; acting as quality assurance at schools, making sure policies and procedures are in place, up to date and followed, keeping schools updated with a broad array of relevant information and advice; involvement in a special projects for vulnerable children, which has an important safeguarding theme; attending Governors Discipline Committee meetings for excluded pupils; involvement in investigations of allegations of teachers abusing children within schools; and supporting schools in the event of a serious incident e.g. death of a pupil.

3.90 The other main points arising in our discussion were:

- a) A separate team ensured all Early Years settings have a designated member of staff for child protection.
- b) The service area works with schools to make sure they are aware of domestic violence cases, as notified by TVP to the service and to Children's Social Care.
- c) The service area reminds employers of child employment law; no child can work under the age of 13 or between 7 pm and 7 am, and the child must have a licence issued by the Council.
- d) The manager told us that, overall, she did not have any concerns about Children's Social Care. Whilst there is scope for further improvement, the 'rights and respect' agenda in schools is working well, and supporting safeguarding. Schools generally have a good culture and ethos for valuing children and safeguarding them. The work has become increasingly pressurised, but the team of Education Welfare Officers (EWO) were at full strength.

3.91 On 19 October, some members of the Working Group attended the **LSCB Annual Stakeholder Event** : to hear about current best practice; to meet representatives of the wider organisations in Bracknell Forest connected with safeguarding children and young people; and to mention to those present the O&S review, offering those present an opportunity to give their views to the Working Group. The event was run by the LSCB Business Manager, Andrea King, with support from officers in Children's Social Care, the Human Resources Team in Children, Young People and Learning, and Connexions. Around 150-180 people were present from a wide variety of organisations.

3.92 The event was lively and purposeful, with good participation from those present, and it covered:

- a) An LSCB Presentation, covering learning from multi-agency reviews and the statutory S11 process.
- b) Integrated Care Pathway (ICP) and Common Assessment Framework (CAF) Overview Presentation. This included an announcement that the ICP was being extended to Early Years, in addition to the current Primary and Secondary ICP's
- c) A 'Guess the year' exercise – a practical exercise asking people to listen to quotes from information sharing and vote as individuals on what particular year they came from.
- d) Information Sharing scenarios – a practical exercise in which 4 statements were read, attendees are asked to individually vote on whether they would: 1) Share information with consent; 2) Share information without consent; 3) Keep information confidential.
- e) What action would you take? A practical exercise with everyone asked to read and discuss each scenario on tables, individuals voting on

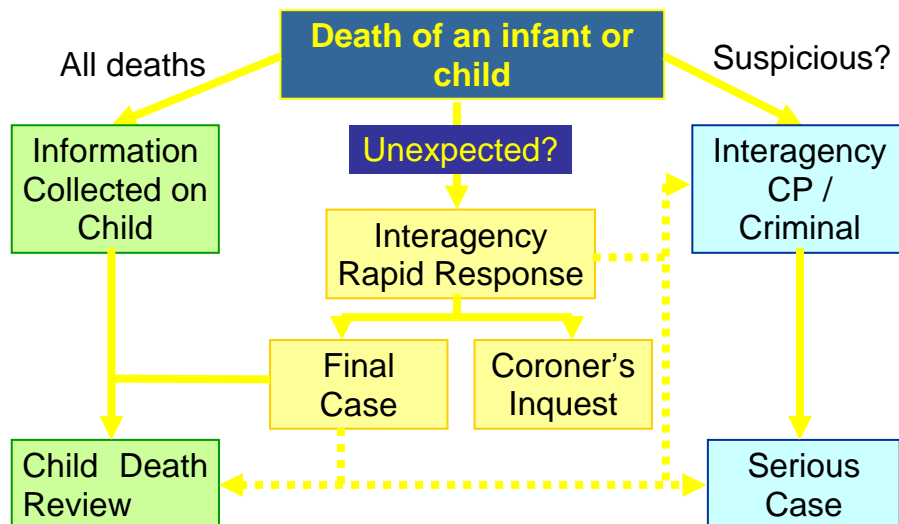
whether they would: 1) take no further action; 2) monitor the issue and record it internally (within their organisation); 3) discuss with a manager or seek advice; 4) Initiate a CAF and/or refer to an ICP; 5) Refer to Children's Social Care.

- 3.93 At the end of the event, Cllr Mrs McCracken addressed the audience to briefly explain the purpose of the Working Group reviewing the arrangements for Safeguarding Children, to stress the value of the successful partnership working that the group had seen, and to invite everyone to contribute their views to the working group.
- 3.94 On 28 October the Group met representatives of NHS Berkshire East Primary Care Trust, including **Dr Pat Riordan, Director of Public Health, Carolyn Finlay, Assistant Director Commissioning, Strategic Lead for Children's Services, Sarah Parsons, Head of Universal Services and Safeguarding, Elaine Welch, Designated Nurse for Safeguarding and Dr Katie Caird, Named General Practitioner for Bracknell Forest.**
- 3.95 The Group was provided with a report to the NHS Berkshire East (the PCT) Board containing an update and review of service developments in relation to Safeguarding Children, and which provided assurance that the organisations commissioned by the NHS Berkshire East (NHS BE) are fulfilling their statutory responsibilities in relation to Safeguarding children. We also received a presentation, which stressed that the PCT's key focus is always on the needs of the child. In relation to Health responsibilities, we were informed that:
- a) There is a six monthly report to the PCT Board concerning the safeguarding of children.
 - b) There is an "Adult & Children Safeguarding Group" and a "Commission & Compliance Governance Group". A "Health Economy Committee" has designated professionals with regard to safeguarding of children.
 - c) The Designated Doctor, Designated Nurse and other Named Professionals are on the LSCB.
 - d) The PCT's Community Health Service is meeting the Care Quality Commission's Outcome 7, and was progressing towards meeting standard 5 of the National Service Children's Framework.
 - e) The PCT acts on recommendations from local Serious Case Reviews and National Inquiries, and all NHS Berkshire East providers have a regular Safeguarding Audit.
 - f) Good record keeping, information sharing and multi-agency liaison practices are in place.
 - g) The Director of Public Health is responsible for PCT Board Assurance. The Medical Director provides strategic overview for Serious Untoward Incidents & Quality standards, also supervises Named Doctors. The Assistant Director for Commissioning reports on any issues regarding safeguarding from all contractors.
 - h) The Designated Doctor has a strategic/supervisory for Child Protection, Serious Case Reviews and is the lead on the Child Death Overview Panel, the LSCB, and on Rapid Response, Legal & Forensic Investigations.
 - i) The PCT's Designated Nurse is responsible for Commissioning, LSCB & sub-groups including training, quality, policy and procedures; and produces Serious Case Review overview reports.

- j) The Named Nurses for Child Protection provide daily advice and support as required by health staff, supervise health visitors and school nurses, attend initial child protection conferences, and deliver local training. They are also involved in the LSCB and Sub-Groups, the Domestic Abuse work Forum, the Serious Case Review Panel, and Partnership Working.
- k) There are quarterly internal provider assurance meetings which deal with safeguarding concerns, share learning points, and consider results of audits and training issues.

3.96 In relation to the NHS input on Prevention through to Child Protection, the PCT told us they commission services for: Looked after children; Welfare checks for asylum-seeking or detained children; children in mental health and secure settings, when placed outside their areas. The Looked after Children's Team's statutory duties included the Integrated Care Pathway; initial Health Assessments and reviews. The Designated Doctor and Designated Nurse advise the PCT, Local Authority, Health Professionals and Foster Carers. They make sure policies and procedures are being carried out, monitor the quality of health assessments, and produce an annual report for the PCT. We were advised that the Preventative and Early Intervention Services includes: Parenting programs with Children's Centers; the Family Nurse Partnership; care plans for Looked After Children and Leavers of Care; Child and Adolescent Mental Health Services (CAMHS) (tier 3 PCT) and tier 4 (Specialist Commissioning Group); and the Specialist Learning Disability Service. They are also involved in drug and alcohol services and young carers support programmes. The PCT told us that safeguarding training for Health Service staff was based on 'Working Together' government guidance and tiered to suit differing needs.

3.97 The Group was shown the following diagram to illustrate the Child Death Review Process. We were told that the number of avoidable child deaths in Bracknell Forest is so small that it is not possible to make any kind of correlations and any generalizations made would be very speculative. The Child Death Overview Panel covers the whole of Berkshire and its main features are: it is an Inter-agency team (Police, PCT, Children's Services, Bereavement Services, LSCB Business Managers); it is notified of all deaths of people under 18 years; it organises data collection, evaluation and classification of all deaths; in-depth review of selected cases. The Panel presents an annual report to LSCBs. The outcomes are improvements in: understanding patterns of childhood death; procedures in responding to childhood deaths; ascertainment of deaths due to child abuse and neglect; interagency working to prevent childhood deaths. Potentially Avoidable Deaths included those from abuse, neglect, accidents, suicides (which are very rare in under-18's).



3.98 The main points arising in the ensuing discussion were:

- a) There have been no suicides of children or young people in Bracknell Forest in recent times; however, there is a relatively high rate among young men nationally which is related to schizophrenia.
- b) We were told it is unclear how the PCT's policies and procedures will transfer to the planned GP Consortia, or which services will be transferred. This is largely dependent on the passage of the Government's Health Bill, based on the NHS White Paper. Public Health will be transferred to local authorities in April 2012 and this may include safeguarding. A Health and Wellbeing Board has been established and will hold to account commissioning of services, but at the moment levels of details are not available. Currently, no GP Consortia has taken on the PCT's responsibilities in regard to safeguarding, which remained a high priority for the PCT.
- c) Members were impressed with the organisation and support provision of NHS BE, but queried how some children still slipped through the net. We were told the PCT work hard to encourage information sharing within the data protection legal framework. Often in a crisis situation, it turns out that not enough information was shared rather than too much. Furthermore, some families are always moving and information doesn't always move with them. Often a crisis occurs in an unpredictable set of circumstances. The 'contact point' initiative had effectively stopped but the CAF enabled sharing of information. 'Disappearing' families were a risk; and the PCT sometimes identified these if and when they register at another GP or present themselves at A&E. They also have health links with shelters. Dentists also identify neglect cases.
- d) Domestic abuse, mental health and substance abuse are regarded as the main causes of harm for children.

- e) Post-mortems do not always take place in the child death review process, for example children can die of extreme prematurity or cancer. The aim of the Child death review is to pool information to ensure the safety of other children. If the PCT believes there are suspicious circumstances, it will act in advance of a post-mortem.
- f) The PCT believe their functions fit in well with the Council's. Commissioning and service providing are fairly sophisticated and rigorous systems are working well in Bracknell Forest. The PCT consider that partnership working and the LSCB in Bracknell Forest work very well. Health workers based in Family Centres are excellent for partnership working, and their turnover is low.
- g) Basing health workers in children's centres has somewhat diminished the knowledge of the GPs, but the PCT has worked at this. The development has meant that communication with GP's has lost some of its informality, but they try to keep their relationships.
- h) On the TVP's concerns regarding a lack of appropriately qualified Force Medical Examiners (FME) for child cases, Dr Louise Watson, Consultant Paediatrician has subsequently advised the Group that, whilst they aware that there have been individual cases where difficulties have arisen, there are in fact clear guidelines for examination, agreed across the Thames Valley with the Police, which if properly applied should mean that no child needs to travel long distances. Very few children require urgent out of hours examinations, and those that do often have acute symptoms which mean they need to go to hospital, where they should be seen jointly by the on-call paediatrician and the on-call FME; for which there is now a full FME rota. We were also advised that there is a Sexual Assault Referral Centre planned which is now imminent. This will also accommodate children.

3.99 The PCT identified the future challenges as including:

- a) The transition of the public health function to local authorities. It is important not to underestimate the challenge and the need to maintain effective safeguarding. The Group noted that additional risk factors were the major transfer of community health services in April 2011, and the substantial reduction in NHS management costs.
- b) The Named GP said that some parents often take their children to a different hospital each time an incident occurs in order to hide the number of incidents.
- c) It is difficult to get information from abroad as there are different structures in foreign countries.
- d) Private fostering remains a risk area.

Written Comments received

3.100 The Working Group sought comments from Bracknell Forest Voluntary Action, the National Society for the Prevention of Cruelty to Children and Victim Support on the current arrangements to safeguard children in Bracknell Forest. The responses we received are at Appendix 6. The responses were generally positive, with some concerns about the CAF process and the future

financial pressures on everyone involved in safeguarding (similar to those reported by others above). The Working Group also invited comments from primary school Headteachers. Their responses are summarised at Appendix 6, and the issues they raised correspond to some extent with the other views we received concerning, for example: capacity; the CAF process; communications and information.

- 3.101 On the basis of the information we gathered, as set out above and in the background section 1 of this report, we have reached a number of conclusions on safeguarding children and young people, which we set out in the following section 4.

4. Conclusions

From its review, the Working Group has drawn the following conclusions.

General

- 4.1 This has been a very extensive review of a matter of the highest importance to the community. We set out with no predetermined notions of whether the services to safeguard children and young people were lacking in any way. We have met some of the children and their parents who have used the Council's safeguarding services, we have met a large number of people from the Council and its various partner organisations engaged in safeguarding; we have taken views of others; and we have researched a lot of the key reports and other information available nationally on safeguarding. All this has helped us to form a well evidenced and comprehensive view of how well the Borough looks after the interests of children and young people who are vulnerable and at risk of abuse.
- 4.2 We adopted a structured approach to this review, following the guidance for scrutiny of safeguarding recommended by the Improvement and Development Agency and the Centre for Public Scrutiny. This included obtaining written answers from the Director of Children's Services to the 'top ten' questions (see Appendix 5). We have endeavoured to put the interests of the Borough's children and young people at the forefront throughout our review, and this has been greatly helped by our Working Group including teachers, parents, grandparents, a representative of the voluntary sector active in this field, and members of the Council's Corporate Parenting Advisory Panel.
- 4.3 We have been struck by the professionalism and commitment of the people we met, the huge importance, size and complexity of the service, and the range of activity. In its widest sense, almost all council services have a contribution to make to safeguarding, from the obvious – such as schools, children's social services, and children's centres - to the somewhat less obvious, such as the action on domestic violence, road safety, and preventing sales of knives and alcohol to underage young people.
- 4.4 The Council's overall approach aims to keep as paramount the interests of children and young people, and we are satisfied that that is being achieved in all important respects. The Working Group strongly endorses the view of the 2010 'Munro Review of Child protection' that 'A dominant theme in the criticisms of current practice is the skew in priorities that has developed between the demands of the management and inspection processes and professionals' ability to exercise their professional judgment and act in the best interests of the child. This has led to an over-standardised system that cannot respond adequately to the varied range of children's needs.' The Council must not fall into the trap of making the top priority pleasing the inspectors – in our view, the needs of children and young people must always be the top priority.

4.5 The review has led to us to reach positive conclusions on the most important aspects of safeguarding children and young people, and we believe that this is a reassuring message for everyone. We have grouped our conclusions under the broad headings below, and these form the basis for our recommendations in Section 5 of this report.

1. Are the Council and its partners throughout the community sufficiently alert to identify new cases of potential safeguarding concerns, and does it follow these up promptly and properly?

4.6 The safeguarding services as a whole are evidently running well, as demonstrated by positive reports from OFSTED and the LSCB, satisfactory performance against national indicators and service plan objectives, and the various information we have gathered from our review. Even with workload pressures on the social workers, the Council and its partners still have the ability to work well. They have coped well with a major increase in the number of child protection cases, but we consider it has not yet been put to a big test, in terms of a serious case.

4.7 We are reassured and impressed by the commitment of the professionals involved in safeguarding, particularly in terms of their alertness to concerns and dealing with them speedily and thoroughly. The Assessment process seems robust, but we do have concerns over the usage and application of the Common Assessment Framework form, and we return to this in paragraphs 4.15-4.16 below. Partners seem to be alert and responsive to specific issues applying to Bracknell Forest, and have for example given targeted attention to the issue of sexual grooming.

4.8 There is good management, and there are cover arrangements. From our questioning, it is clear to us that the statutory roles of the Executive Member and Director are well understood and applied in practice. In addition, there is a quarterly meeting between the Council's Chief Executive, the Executive Member for Children and Young People, the Director of Children Young People & Learning, and the Chief Officer Children's Social Care; the purpose of this meeting is to monitor safeguarding activity and arrangements.

2. Do the Council and its partners have good plans, procedures and resources to achieve effective safeguarding?

4.9 The evidence we have gathered leads us to conclude that there are good plans and processes, regularly updated and improved; for example, we commend the work being done to interview all children who go missing in order to see if any support systems have broken down, family or otherwise and how this may be addressed. The application of these plans and processes is greatly assisted by well-established and successful structures - including the Local Safeguarding Children Board and the Children's Trust - the turnover of social worker staffing being lower than in many other councils, and the good training in place for Council and partner organisations' staff, schools, and the voluntary sector.

4.10 Comprehensive procedures are in place and are evidently in use, with a range of quality assurance mechanisms to ensure safe practice:

- The LSCB undertake and report on multi-agency case analysis on a regular basis

- Child protection conferences are audited by representatives of at least three of the organisations required to attend child protection conferences, including Children's Social Care, to ensure multi-agency decision making. There is also family participation and provision of written reports.
- The Children's Social Care Management Team has a programme of regular auditing of cases.

4.11 The work is very much demand led, and the staff we met seemed quite hard-pressed, particularly in the Under-11's Team. We were told by this team that the main ways of coping with surges in work were staff working considerably more hours than their contracts provided for, and reducing the amount of time spent on the less worrying cases. The Chief Officer has clarified that as the service is demand-led, at certain times staff are required to work late or to work additional hours. The expectation is that staff then take time off in lieu to compensate for this, although this is not always easy to accommodate. When there are above average pressures in particular teams, then action is taken by the management team, as it was on this occasion by: allocation of some of the cases in other teams where there is more capacity, use of short term contracts to employ known and familiar social workers to increase capacity, and rigorous management oversight of cases through regular meetings to ensure that all cases are allocated, and prioritised according to the level of risk. The Under-11s Team was fully staffed by October 2010. In general, the Children's Social Care Service has benefited from low staff turnover and positive team working.

4.12 We are reassured by the active management of resources, but we nonetheless consider these arrangements are unfair on the staff and they are not sufficiently robust. The tragedies which have occurred in children's social care elsewhere show that the greatest danger of mishaps will occur when the system is under stress. We would like to see more contingency arrangements in place, for example for temporary re-deployment of staff between the teams in children's services, but also between them and adult services. We recognise that in practice, taking on new workers places an additional burden on the team as processes need to be explained, and the new workers will take time to develop their knowledge of the families. We also see scope for some sort of reciprocal arrangement for mutual assistance with children's teams in adjoining local authorities. The joint arrangements for the out-of-hours duty team show that BFC can work effectively with other councils. We acknowledge that this arrangement isn't a pooling of resources otherwise deployed within one borough; it is a joint arrangement which is funded by the 6 Berkshire Unitary Authorities, and hosted by the Council who employ the staff as a distinct team.

4.13 The Group is concerned that there should be no lessening of the work on early, integrated and targeted intervention and support. Specifically, the Council should reconsider the reduction in resources for Teenage Pregnancy advice and the Early Intervention Team. We acknowledge that both these changes were effectively forced on the Council by the government's sudden reduction in the Area Based Grant, which funded them. The Working Group received strong representations from the staff of a major school that both these changes were very harmful, and we agree with the Headteacher concerned that this kind of preventative work – in this case, minimising teenage pregnancies when the UK has some of the worst rates in Western Europe, and tackling signs of criminal behaviour in young people – is very

valuable. It not only has a dramatic effect on the life chances of the children and young people involved in the programme, but is highly likely to be economically cost effective when set against the cost to society of unwanted teenage pregnancies and increased criminal activity.

- 4.14 The Bracknell Forest LSCB has issued a very useful and practical 'Safeguarding Toolkit', which we warmly endorse as an excellent resource available, to be used by all agencies to audit their policies and procedures. We observed that Section D of the toolkit is reserved for good practice examples, but this is currently empty. Given that the Toolkit is designed for the use of a wide variety of people and organisations, we suggest that it would be helpful if the LSCB could include 'real life' examples of good practice to illustrate the practical application of the guidance. The safeguarding toolkit is evidently only in the early stages of roll-out in the voluntary sector, and there is a need for completion of the self-assessment audit and its return with a plan of action. It is hoped that with the Children and Young People's Voluntary Community Sector Development Worker – who will be employed by the BFVA in support of the sector - being in place this will be facilitated in the voluntary sector, especially among the smaller groups.
- 4.15 We are concerned with the unresolved issues raised by Kennel Lane Special School concerning the Common Assessment Framework (CAF) Form, and the related processes as being unsuitable for their needs. We note that there is a differing view on this by Council officers, but we are cognisant of the school's comment that other councils appear to operate the CAF system better. We also note Bracknell Forest Voluntary Action's comment that the CAF process is very patchy and not given the priority it once had, particularly from social services and the NHS. CAF forms have been filled out but then no response is forthcoming. BFVA told us that there was an ongoing issue of needing more capacity for safeguarding issues and processes in the voluntary sector. The Council's partners have a responsibility too in relation to the CAF process. We had similar concerns about the CAF expressed by others, including in the latest report from Ofsted (see Appendix 4.8) and it is clear to us that the CAF form is not applied consistently in the community. We note this has also been referred to by the LSCB in their recent annual report, and we are encouraged that the Chairman of the Children's Trust has acknowledged the need for action.
- 4.16 We note that there have been some positive aspects to the development of the CAF process. The Council has worked hard to introduce and embed the CAF, including having a dedicated CAF Coordinator. The number of CAF's has increased significantly in the last two years; an increasing amount of time has been spent by officers advising people on CAF's; and training events have been held on the usage of CAF's.
- 4.17 Thames Valley Police told us that legislation requires local authorities to provide safe and secure accommodation for children (between 10 and 17) who are in custody overnight. The Council does not have any such accommodation, so on the rare occasions that this is required, the child is kept in a detention room or a cell. We are reassured to have been told by the Council that incidents requiring safe and secure overnight accommodation are very rare and a satisfactory solution is always found to them, but we would like to see this important issue formally resolved.

- 4.18 Thames Valley Police also told us that there is a lack of qualified Force Medical Examiners (FME) that can assess children in Bracknell Forest. The Chief Inspector has taken this issue to the LSCB. The Working Group has also raised this point with the PCT's Director of Public Health and other senior staff involved in safeguarding. The PCT's Consultant Paediatrician has subsequently advised us that whilst there have been individual cases where difficulties have arisen, there are in fact clear guidelines for examination agreed across the Thames Valley with police and health, which if properly applied should mean that no child needs to travel long distances. There is now a full FME rota.
- 4.19 We are impressed by Berkshire East Primary Care Trust's (PCT) commitment and expertise on safeguarding, but we are greatly concerned that the huge changes looming in the NHS should not result in a reduction in that service. The NHS White paper proposes that the public health function in PCTs – which includes the commissioning role on safeguarding - is to transfer to local authorities before 2013, and in the case of the Berkshire East PCT, this will involve a set of transfers to three unitary authorities including BFC. At the same time, there is to be a cut of some 50% in the PCT's management costs. A further major issue is the transfer of the community health service – which includes the 'provider' service on safeguarding – from the PCT to the Berkshire Healthcare Trust in 2011. During these massive changes, it will be vital not to divert attention from effective safeguarding. We see this as a huge risk to be managed jointly by the PCT, the Healthcare Trust, the GP Consortium for BF, and the Council.
- 4.20 Plans and procedures are only as good as their application in practice. We are reassured by the indications of good supervision, management, and review. Above all, safeguarding is highly dependant on the prevailing culture, and on this too we were reassured by what we saw.

3. Does the extended partnership work well together?

- 4.21 Effective safeguarding of children and young people depends on a lot of people in many different roles and organisations working together in partnership. All have an important contribution to make, and the chain can only be as strong as its weakest link. The Working Group has met a wide variety of people in the Council and its partner organisations during this review. We have been impressed by their commendable sense of partnership, and the universal commitment of everyone to do their very best to safeguard children and young people in the Borough. Whilst no system, however well resourced, can guarantee there will never be instances of children and young people being harmed, we are greatly heartened by what we have seen during this review.
- 4.22 Within Bracknell Forest we are fortunate in having an extensive voluntary sector to deliver services and activities to the children and young people sector. We see it as a positive strength to have the LSCB Annual Conferences draw together all the partners concerned with safeguarding throughout the borough.
- 4.23 We were advised that the Children's Trust also the LSCB have too many members for it to be effective and agile. Both could usefully consider whether it might be better to have the wider group meeting less frequently with a smaller subset of that group operating in an executive capacity and meeting

more frequently, with full accountability to the wider group. This has a close similarity to the successful arrangements in the Bracknell Forest Partnership.

4.24 We were encouraged to hear from both schools we met that they have good relationships with Children's Social Care, and Thames Valley Police. However, we think there needs to be a fuller understanding and appropriate adaptation of procedures in the Council to take account of the particular circumstances and safeguarding issues involved with Kennel Lane Special School. We particularly draw attention to the School's views that:

- Partner agencies need to be better educated on what the school does. This could include having new social care staff spend a day at the school as part of their induction training.
- The school has developed specialised social work independently and consider that some of the Council's social service function could be accordingly devolved to the school and funding be provided.
- Either a named Social Worker should be assigned to disabled children issues in the Duty Team (to build understanding, and to give a 'familiar face' with the children), or arrangements are made so the school can send new referrals straight to the Disabled Children Team.

The primary school Headteachers raised issues around capacity, the CAF process, communications and information.

4.25 Social Workers generally have had a bad press in recent years, nationwide. This is often unfair, for example the recently released Serious Case review reports on Baby Peter showed that there were failures by all the organisations – including the NHS and the Police - involved in ensuring he was protected. The Working Group met some of our Council's Social Workers and we were very impressed by them; they are doing a challenging and highly responsible job, often in difficult circumstances. They do not deserve to be vilified and we, on behalf of all Councillors, cannot thank them enough for what they do to protect some of the most vulnerable people in our society today.

4. Has the Council learnt and applied the lessons from OFSTED, Haringey and Birmingham?

4.26 We consider that the full extent of these lessons has yet to be fully appreciated and applied across the country. To the extent that new national requirements were put in place by the government in the light of these tragic cases, and the Council has complied with all national requirements, the lessons have been applied. Similarly, we consider that the council has acted appropriately on reports from OFSTED.

4.27 Our concern here is not on what has happened in Bracknell Forest, it is instead how well conditioned everyone is for what might happen. The lack of a crisis in Bracknell Forest certainly does not mean we should assume a tragedy will not happen. On this, it seemed to us in our review that the Council and its partners are ready to 'think the unthinkable', and they should continue to do so.

5. What do the service users think of the service from Children's Social Care?

- 4.28 The Working Group gained a good understanding from our face to face meetings with service users, though as both groups we met were small in number we cannot know whether their views are representative of everyone. The children we met were very appreciative of and had great faith in their social workers. The young adults with children were not positive; they generally felt that they did not require social services. The adults felt the social workers were intrusive but the children felt that they could relate more easily.
- 4.29 The adults met by the working group reported much lower levels of satisfaction with the service than is the norm for other Council services. The Group has considered this carefully. On the one hand, any reports of low customer satisfaction need to be followed up, but on the other hand, the social care service is by its nature going to be unpopular with some or even many service users and it will be controversial. We should neither hide from nor be fearful of that as an organisation. While taking into account the views of parents, what we must bear in mind is that the needs of the child must be paramount, and the feelings of parents secondary to that. The WG's overall view is that – just like the council's regulatory services - some dissatisfaction with the service by the parents of children receiving care services is unfortunate but inevitable, and it should not distract the children's social care service delivering the services which they believe are necessary for the children's well-being.
- 4.30 A common view among people we met was that parents tended to see the Council's social services team as a threat, likely to result in their children being taken away from them. The Council should take every opportunity it can to stress that the social services team is there to provide support in the first instance, and whilst putting the interests of the child first, the emphasis is on helping them to stay with their families wherever possible. In reality, few children are taken away from their families, and this can only be done with the approval of the Courts. In communicating this message, the Council could usefully take account of the very helpful report by the Children's Commissioner on family perspectives and relationships with children's services, which we summarise at Appendix 4.10.

6. Has this review built Members' knowledge and understanding?

- 4.31 This has been a challenging, positive and very interesting Overview and Scrutiny review, and it has greatly added to the knowledge and understanding of the members of the Working Group. Given also that some of us are teachers or otherwise involved in safeguarding – for example as members of the Council's Corporate Parenting Advisory Panel – this leads us to think that more information on the vital issue of safeguarding could usefully be made available to all councillors. For example, the key messages from the LSCB annual reports and the outcome of the quarterly formal meetings of the Executive Member, Chief Executive, and Director of Children's Services should be openly communicated. We believe the value of this wider communication was demonstrated by the very positive response from Councillors when everyone was issued with the new 'cue cards'.
- 4.32 The tragic cases at Haringey, Birmingham and elsewhere have resulted in increased Member understanding and interest in those councils and to some extent, nationally. No council should wait for a tragedy before it gains

sufficient understanding and commitment to safeguarding. Safeguarding is complex. Members cannot be expected to have full knowledge or understanding of this or indeed any of the Council's wide range of specific activities. However, the huge importance of safeguarding demands that all Members are equipped with an up to date understanding of the main safeguarding principles and practice. We are encouraged to see that an all-member briefing was arranged on safeguarding for January 2011, and we encourage the Council's leadership to use this and other means to build and maintain Members' understanding of safeguarding. We would also see merit in:

- (i) The Group's report being sent to all Councillors and the Town and Parish Councils for their consideration too.
- (ii) As part of their induction, all Councillors should be given the LSCB cue card. They should be required to sign a statement of their safeguarding responsibilities, both for adults and children, also a summary of the Council's safeguarding policies.

7. Overall, has the Council done all it reasonably can do to safeguard children and young people from harm and abuse?

- 4.33 In overall terms, in all major respects we are very satisfied that the Council and its partners have done all they reasonably can to safeguard children and young people. This is notwithstanding the observations and recommendations made elsewhere in this report, which point out the need for constant improvement. It behoves everyone not to be complacent or relax their efforts for one moment.
- 4.34 Almost everything the Council does has some impact on safeguarding children and we must build on this, making it more explicit.
- 4.35 We are impressed by the weight of effort put into identifying and addressing individual cases of children and young people suspected or known to be at risk of harm, but we query whether an appropriate balance of effort is going into universal prevention measures; for example, we see excellent parenting support at Children's Centres, but not much of a 'universal' offering beyond that. In this regard, we welcome the emphasis being given by the Crime and Disorder Reduction Partnership to tackle cases of domestic violence, not least because these cases often have a bearing on child abuse too.
- 4.36 Everyone can take great assurance from the fact that cases of children being seriously abused and harmed are extremely rare in Bracknell Forest; however, we cannot be certain that all cases of possible abuse are known about, and there is always scope for improvement. We must not succumb to the risk of complacency, and our vigilance must be constant.

5. Recommendations

It is recommended to the Executive Member for Children and Young People that:

- 5.1 The Council should continue to ensure that it provides the necessary profile, resources and support for safeguarding children and young people, which we see as among the most important responsibilities of a local authority.
- 5.2 Reflecting Lord Laming's encouragement for local authorities to put children at the heart of everything we do, all Council service areas could usefully look to see how their contribution towards safeguarding children could be more explicitly recognised. Similarly, to improve universal awareness and understanding of the vital business of safeguarding, we recommend that the Council raises the profile of safeguarding where possible, for example in adopting a job specification for the Lead Member for Children's Service, reflecting their statutory duties (paragraph 3.51), also articles in 'Town and Country' (paragraph 4.30).
- 5.3 Better arrangements should be made for dealing with unforeseeable increases in Social Services workload, since experience of tragedies elsewhere shows this to be a great risk to effective safeguarding. This could include larger contingency arrangements – both financial and staffing – and developing more reciprocal arrangements with other local authorities nearby (paragraph 4.12).
- 5.4 Whilst we recognise the positive progress made with the important Common Assessment Form in various ways, we recommend the CAF processes should be reviewed in the light of differing views as to its purpose, and the criticisms expressed to us. In particular, there is a lack of universal understanding about what the CAF process is actually for. The review should determine whether the processes could be improved to give a more appropriate and effective method for assessment and referral of cases (paragraph 4.15), particularly in relation to Special Schools, and feedback to those utilising the forms.
- 5.5 The Council and its partners should consider how to improve joint working and communication with schools, both on individual cases and on increasing schools' knowledge of thresholds and the appropriate use of the CAF.
- 5.6 The Executive Member should review whether an appropriate balance of effort is going into universal prevention measures (paragraph 4.35).
- 5.7 The highly necessary work on early, integrated and targeted intervention and support must be properly resourced. This particularly applies to teenage pregnancy advice, alcohol abuse, and early intervention. This could usefully be co-ordinated with the planned transfer of the Public Health function from Primary Care Trusts to local authorities, which will include sexual health issues (paragraphs 4.13 and 4.19). If the resources could be found, we would particularly like to see the reinstatement of an officer post to give full-time, focused attention to teenage pregnancy issues.

- 5.8 This Overview and Scrutiny report should be presented by the Lead Member of the Working Group to the Local Safeguarding Children Board, for their information and interest.
- 5.9 To strengthen the success of the Local Safeguarding Children Board and Children's Trust:
- a) The Council's website should give clearer links to the role and activities of the LSCB and the Children's Trust.
 - b) The LSCB should be asked to include 'real life' examples of good practice in their safeguarding Toolkit.
 - c) The Council should continue to actively promote the Toolkit and support the Voluntary sector in their take-up of it.
 - d) We support the view of the Executive member for Children and Young People that there is scope to further improve engagement with young people, for example, in terms of a 'shadow' Children's Trust, led by children and young people.
 - e) The LSCB Safeguarding Cue Cards are an excellent idea, and should remain freely available to all, and promoted at every opportunity.
 - f) The structure of the Children's Trust also the LSCB should be reviewed, in particular to determine whether it might be better to have the wider groups meeting less frequently with a smaller subset of each group operating in an executive capacity and meeting more frequently, with full accountability to the wider group.
- 5.10 The Council should consider giving more effective publicity to facilities such as the Family and Children's Centres and parent groups provided by the Council and its partners, to increase uptake, in view of the comments we received from parents that they are valued and more people needed to be aware of what facilities and support are available (paragraph 3.44 (j)).
- 5.11 A formal understanding be made between the Council and Thames Valley Police demonstrating how the Council meets its legal responsibility to provide safe and secure accommodation for children who are in custody overnight (paragraph 4.17).
- 5.12 During the massive changes planned by the Government for the NHS, the Executive Member should work closely with the Executive Member for Adult Services, Health and Housing to ensure that there is an orderly transfer of the Public Health and related functions from the PCT to the Council and the GP Consortium, such that the NHS's current role in safeguarding remains effective (paragraph 4.19).
- 5.13 The Council should obtain feedback occasionally from parents and children, along the lines of the two surveys we carried out (see paragraphs 3.42-3.44 and 3.53-3.58), in addition to routinely obtaining views from individual service users at the close of cases.
- 5.14 The Council should actively promote putting the interests of the child first. We recommend that the Council should take every opportunity it can to stress that the social services team is there to provide support in the first instance. The emphasis is on helping children to stay with their families wherever possible, and very few children are taken into care. This is to counter the reported views of many parents seeing social workers as a threat, likely to result in their children being taken away from them (paragraphs 4.28-4.30).

- 5.15 We think it was important for the Council to have analysed the significant increase in the number of child protection plans. We recommend that funding is provided for the monitoring of the recommendations made in the analysis and for future analyses as necessary (paragraph 2.28).
- 5.16 The young people we met thought the complaints system could be more user-friendly and made some suggestions, which we ask the Executive to consider. These included: having a suggestion box which has slips entitled 'I have a worry about...' More publicity needs to be given to the Council's text message service and the pre-paid returnable card which allow young people to submit their worries or concerns to the Council without having to incur a cost (paragraph 3.58(g)).
- 5.17 The Executive Member should consider how the commitment of, and regular flow of information to councillors on the vital issue of safeguarding might be usefully enhanced, specifically through the proposals we set out in paragraph 4.32.
- 5.18 The Executive Member is asked to convey to the Council's social workers the Working Group's appreciation that they have a challenging and highly responsible job to do, often in difficult circumstances. We think we speak on behalf of all councillors by saying we cannot thank them enough for what they do to protect some of the most vulnerable people in our society today.

It is recommended to the Children, Young People and Learning Overview and Scrutiny Panel that:

- 5.19 The Panel should continue to receive and review the annual report of the Local Safeguarding Children Board, and in future this should include a discussion on the report with the Chair of the LSCB, in the Panel's public meeting.

6. Glossary

A&E	Accident and Emergency
ACPC	Area Child Protection Committee
BF	Bracknell Forest
BFVA	Bracknell Forest Voluntary Action
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
CDRP	Crime and Disorder Reduction Partnership
CEO	Chief Executive
CfPS	Centre for Public Scrutiny
CP	Child Protection
CYPL	Children Young People and Learning
CYPP	Children and Young People's Plan
CT	Children's Trust
DCS	Director of Children's Services
DCT	Disabled Children's Team
DOH	Department of Health
ENT	Medical and surgical treatment of head and neck, including ears, nose and throat
EWO	Education Welfare Officer
FAST	Funding and Adolescent Support Team
FME	Force Medical Examiner
GOSE	Government Office for the South East
GP	General Practitioner
H&WP	Heatherwood and Wexham Park Hospitals NHS Foundation Trust
ICP	Integrated Care Pathway
ICT	Information and Communication Technology
IDEA	Improvement and Development Agency
LAC	Looked After Children
LSCB	Local Safeguarding Children Board
LM	Lead Member
NHS BE	The NHS Primary Care Trust for Berkshire East
NHS	National Health Service
OFSTED	Office for Standards in Education
O&S	Overview and Scrutiny
PCT	Primary Care Trust
RBH	Royal Berkshire Hospital
SCS	Sustainable Community Strategy
'The Council'	Bracknell Forest Council
TVP	Thames Valley Police
WG	Working Group
YOS	Youth Offending Service

BRACKNELL FOREST COUNCIL

CHILDREN'S SERVICES AND LEARNING OVERVIEW AND SCRUTINY PANEL

WORK PROGRAMME 2010 – 2011

SAFEGUARDING CHILDREN OVERVIEW AND SCRUTINY WORKING GROUP

Purpose of this Working Group / anticipated value of its work:

The overall **purpose** is to review whether the arrangements by the Council and its partners provide reasonable assurance and confidence that children at risk of significant harm in Bracknell Forest are properly safeguarded, with particular reference to child protection. The exact focus of the review will be refined following the meetings with service users.

The anticipated **value** of this work is:

- 1) To build Member's knowledge and understanding of safeguarding children arrangements
- 2) To demonstrate publicly the great importance attached by the Council and its partners to safeguarding children
- 3) To identify any obstacles to effective safeguarding, and to make recommendations for action as appropriate
- 4) To demonstrate to officers in Children's social care positions that they are valued and that their work is crucially important
- 5) To engage with service users and partner organisations
- 6) To reach an overall conclusion on whether the Council and its partners have done everything they reasonably can do to prevent tragedies like the Victoria Climbié and Baby Peter cases occurring in Bracknell Forest.

Key Objectives:

1. To build Member's knowledge and understanding of safeguarding children arrangements (with a specific emphasis on child protection)
2. To gain direct knowledge of the experience of service users, assisting the development of the Children and Young People's Plan
3. To consider the adequacy of those arrangements, particularly on any obstacles to effective safeguarding/child protection
4. To promote the value and importance of children's social care
5. To report publicly the findings of the review, including recommendations for action as appropriate

Scope of the work:

Child safeguarding (with particular reference to child protection) arrangements by Bracknell Forest Council and its partners, including the statutory duties of the Executive Member for Children and Young People, and the Director of Children, Young People and Learning

Not included in the scope:

Detailed practice and procedures on child protection

Terms of Reference prepared by: R M Beaumont

Terms of Reference agreed by: The Working Group

Working Group structure:

Councillors Mrs Angell, Mrs Birch, Mrs McCracken, Kensall, and Harrison⁴; and Miss V Richardson. Possibly a co-optee (TBC)⁵

Working Group Lead Member: Councillor Mrs McCracken

Portfolio Holder: Councillor Dr Barnard, Executive Member for Children and Young People

BACKGROUND:

The Council's Overview and Scrutiny Members have chosen to carry out a review of safeguarding children in Bracknell Forest, not because they have any reason to think that the arrangements are lacking, but because:

- (i) Safeguarding children is one of the most important functions of a local authority, and this has not previously been subject to a focussed overview and scrutiny review;
- (ii) The children of Bracknell Forest and their parents/carers would benefit from an impartial and public review of the adequacy of the arrangements to safeguard children.
- (iii) In the major aftermath of the 'Baby Peter' case at Haringey, the Government has legislated to strengthen the Children's Trust arrangement, also other safeguarding arrangements, and have clearly indicated they want a much stronger emphasis on scrutiny.
- (iv) Critically, the Lord Laming report sets out an extensive series of recommendations. Scrutiny needs to ensure that the report's recommendations are implemented, to reinforce the Council's operational arrangements to ensure the safety and well-being of children. Scrutiny would build an additional and useful safeguard for the borough's children.
- (v) The aftermath of the Victoria Climbié and Baby Peter tragedies has included some perceived 'demonisation' of social care staff, nationally. This has exacerbated the existing, country-wide difficulty of recruiting and retaining social care staff. O&S Members are keen to reassure social care staff in Bracknell Forest that their work is very important, and that they are valued.

The Children's Services and Learning Overview and Scrutiny Panel has met the Chairman and Lead Officer of the Children's Trust as part of its review of the Bracknell Forest partnership during 2009. The Panel also routinely reviews the annual statutory report of complaints received by service users of Children's Social Services, and the annual reports of the Local Safeguarding Children's Board. This review builds on that strong foundation of Overview and Scrutiny in this area.

Safeguarding encompasses a very wide range of actions and activities, many parts of which are worthy of an O&S review in their own right. In the interests of completing the review in a realistic timescale, this review will have a principle focus on Child

⁴ Cllr Harrison was subsequently replaced by Cllr Mrs Angell

⁵ Mrs Paula Ridgway was subsequently co-opted onto the group

Protection, being one of the most important areas. In carrying out this review, Members do not want to replicate the role of OFSTED or any other inspectorate or agency, instead we want to add value by making an original and constructive input to the continuous improvement of this most vital aspect of safeguarding. To that end, and in keeping with Lord Laming's stressing the importance of placing the child at the centre of all that we do, the Working group intend refining the scope of this review only after meeting – with their agreement - some children who have been subject to the child protection process, together with their parents/carers. We will ask them about their experience of the service, and use that to decide on which issues to concentrate our attention on in this review.

Before meeting the service users, the working group will receive a factual briefing from officers on safeguarding arrangements, building members' understanding from that and from background reading, and firm up on our plans for those aspects of the review which can be planned in advance.

Viewing information and meeting named people on individual cases raises important issues of confidentiality, sensitivity of handling, and of being able to cope with possibly harrowing information. Advice will be sought from the Council's legal team on any confidentiality requirements, and all these issues will need airing with Members at the first meeting.

SPECIFIC QUESTIONS FOR THE PANEL TO ADDRESS:

1.	The 'top ten' questions from the IDEA/CFPS guide on scrutiny of safeguarding (attached)
2.	Other questions for individual witnesses to be developed, to meet objectives for the review as set out above. The over-riding themed question for the Working Group's review will be, 'do the arrangements for safeguarding/ Child protection in Bracknell Forest reasonably prevent the risk of a tragedy like Baby Peter or Victoria Climbié?'
3.	Do officers and partners have the resources, training and facilities they need for their roles?
4.	Are service users content with the services provided to them?

INFORMATION GATHERING:

Witnesses to be invited

Name	Organisation/Position	Reason for Inviting
A group of children who have been subject to the child protection process by the local authority, together with their parents/carers	Bracknell Forest service users	To hear at first hand the experience of safeguarding arrangements by children who have used the service
Councillor Dr Gareth Barnard	Bracknell Forest Council/ Executive Member for Children and Young People	To review the Executive Member's application of his statutory duties, and to exchange views on the arrangements for safeguarding children
Dr J Karklins	BFC/ Director of Children,	To review the Director's

	Young People and Learning	application of her statutory duties, and to exchange views on the arrangements for safeguarding children
Penny Reuter	BFC/ Chief Officer: Children's Social Care	Responsible Chief Officer and Link officer for review
TBC – A representative	The organisation which has taken over the functions of the National Safeguarding Delivery Unit ⁶	To ascertain the national government's perspective on Safeguarding Children in Bracknell Forest
TBC – representatives (to be refined after meetings with service users) to include Front Line Health Visitors	Thames Valley Police, NHS Berkshire East and Bracknell Forest Schools	To exchange views with key partners on the arrangements for safeguarding children
Elaine Coleridge Smith	Chair, Bracknell Forest Local Safeguarding Children's Board	To establish the role and activities of the LSCB and exchange views on the Children's Trust and arrangements for safeguarding children
Mairead Panetta and Sarah Roberts	Head of Service: Safeguarding Policy & Commissioning Officer	For detailed information on safeguarding, and to arrange the questionnaires and meetings with service users
TBC	NSPCC, Victim Support and Bracknell Forest Voluntary Action	To obtain the views of voluntary organisations on child protection in Bracknell Forest

Site Visits

Location	Purpose of visit
TBC - Children's Social Care Duty Team	To gain a first hand appreciation of safeguarding/child protection from service practitioners

Key Documents / Background Data / Research

<ol style="list-style-type: none"> 1. Safeguarding Children Scrutiny Guide, IDEA and Centre for Public Scrutiny 2. BFC Children and Young People's Plan 3. Local Safeguarding Children Board Annual Report 4. Latest OFSTED report on safeguarding at Bracknell Forest 5. Statutory guidance on safeguarding children 6. TBC - Other documents and research

⁶ The National Safeguarding Delivery Unit and Government Office for the South East were abolished by the Government before a meeting could be arranged

TIMESCALE

Starting: May 2010

Ending: January 2011

OUTPUTS TO BE PRODUCED

1. A report summarising the outcome of the review, with practical recommendations designed to assist further improvement of safeguarding children in Bracknell Forest
2. Visible Member recognition of the value and importance of the arrangements for safeguarding children

REPORTING ARRANGEMENTS

Body	Date
Children's Services and Learning Overview & Scrutiny Panel	At each public meeting
Draft report to Overview and Scrutiny Commission	At conclusion of review
Report to Council's Executive (and Partners as necessary)	At conclusion of review (estimated – January 2011)

MONITORING / FEEDBACK ARRANGEMENTS

Body	Details	Date
Children's Services and Learning Overview & Scrutiny Panel	Progress reports to each Panel meeting, culminating with draft report	30 June 2010 27 October 2010 12 January 2011
Overview and Scrutiny Commission	In six – monthly reports on O&S activity	28 October 2010 and subsequently

Children's Social Care Staffing April 2009 – June 2010





Children's Social Care	Staffing Levels	Establishment Posts	Staffing Full Time	Staffing Part Time	Total Posts Full Time Equivalent	Vacant Posts	Vacancy Rate
April - June 2009	Quarter 1	125	81	48	108.96	4	3.1
July - Sept 2009	Quarter 2	130	79	46	111.34	5	3.84
Oct - Dec 2009	Quarter 3	130	82	48	111.34	4	3.07
Jan - Mar 2010	Quarter 4	129	81	48	110.53	3	2.32
Apr - Jun 2010	Quarter 1	126	79	47	106.92		


Children's Social Care Budget for the year 2009- 2010 and Quarter 1 April - 30 June 2010

2009 - 2010	Approved Budget	Spend to Date
	£000's	£000's
CO - Children & Families: Social Care		
Children's Services & Commissioning	1,515	1,498
Children Looked After	4,235	4,663
Family Support Services	893	854
Other Children's and Family Services	1,141	1,144
Management and Support Services	71	45
	<u>7,855</u>	<u>8,204</u>
Quarter 1 2010 - 2011	Approved Budget	Spend to Date
	£000's	£000's
CO - Children & Families: Social Care		
Children's Services & Commissioning	1,623	238
Children Looked After	4,106	697
Family Support Services	774	9
Other Children's and Family Services	1,142	133
Management and Support Services	47	6
	<u>7,692</u>	<u>1,083</u>


Source – PMR for Children, Young People and Learning Quarter 4 2009 -2010, and PMR for Children, Young People and Learning Quarter 1 2010 -2011.

Performance Indicators For The Year Ended 31 March 2010





Measure	Current Actual	Current Target	Previous Actual		Comments & Improvement Action	MTO
NI062- Stability of placements of looked after children - number of placements (Annually)	19.3%	12.0%	13.4%		This indicator provides a snapshot of data for looked after children, as at 31/03 in any given year, and the number who have moved placement three or more times.	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI063- Stability of placements of looked after children - length of placement (Annually)	56.3%	50.0%	52.4%		This indicator provides a snapshot of data for looked after children under 16, as at 31/03 in any given year, who have been looked after continuously for at least 2.5 years and who were living in the same placement for at least 2 years.	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI064- Child Protection Plans lasting 2 years or more (Annually)	0.0%		1.6%		This indicator provides a cumulative result as at 31/03 in any given year and is based on the number of children deregistered during the course of the whole year. There are currently five children who have now been subject to a Child Protection Plan for 2 years+	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI065- Percentage of children becoming the subject of a Child Protection Plan for a second or subsequent time (Annually)	14.1%	10.0%	10.9%		This indicator provides a cumulative result as at 31/03 in any given year and is based on the number of children registered throughout the course of the whole year.	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI066- Looked after children cases which were reviewed within required timescales (Annually)	96.5%	96.0%	92.8%		It should be noted 100% is not our target as reviews will be postponed if key people are not available	MTO 06 - To improve outcomes for children and families through the Children and Young People's

						Plan
NI067- Percentage of child protection cases which were reviewed within required timescales (Annually)	100.0%					MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI068- Percentage of referrals to children's social care going on to initial assessment (Annually)	66.2%	57.0%	59.4%		Provisional actual outturn data for 2009/10 and may change	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI069- Children who have experienced bullying (Annually)	33.5%		52.6%		Sourced from the TellUs 4 Survey. Results from Tell Us 3 and TellUs 4 are not directly comparable due to changes in the question in TellUs 4. In light of this, the advice from GOSE is that the DCSF (DfE) have deemed this LAA target to have been met.	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI070- Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (Unclear - Annually)	97.2					MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan

Performance Indicators – For Three Months Ended 31 July 2010

Measure	Current Actual	Current Target	Previous Actual		Comments & Improvement Action	MTO
NI067- Percentage of child protection cases which were reviewed within required timescales (Quarterly)	100.0%		100.0%		All Child Protection reviews have been held on time. This indicator provides a snapshot of data for children subject to Child Protection Plans, as at 31/03 in any given year, and the timeliness of all their reviews held during the year.	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI068- Percentage of referrals to children's social care going on to initial assessment (Quarterly)	75.5%	60.0%	76.0%		The cumulative total for this indicator for quarters 1 and 2 is 75.7%	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan
NI071- Children missing from home or care (Quarterly)	13		10		The outturn provided is based on a pre-liminary self-assessment in 5 discrete areas submitted end of Jul 2010. Next data submission due end of Oct 2010.	MTO 06 - To improve outcomes for children and families through the Children and Young People's Plan

Extract from Children, Young People and Learning Department's Performance Monitoring Report, April – June 2010

Detailed Action	Due date	Status	Comments
6.9.2 Implement new guidance in 'Working Together' focusing on the Children's Social Care response to referrals from other professional agencies	31/03/2011		This is currently being implemented by the Children's Social Care duty team and will be audited by the team manager and the independent child protection chair at the end of July 2010
6.9.3 Implement the Domestic Abuse Pilot Project, intended to improve information sharing and a co-ordinated multi-agency response to early signs of domestic abuse	31/03/2011		The multi-agency group are meeting quarterly to review and monitor the progress of this project.
6.9.4 Safer recruitment/workforce training to be provide to managers across the children's workforce	31/03/2011		Training has started and will continue throughout the year
6.9.5 Lead on the implementation of the Vetting and Barring Scheme	30/11/2010		Ongoing due to changes in the Vetting and Barring Scheme.

The Working Group's Reviews of Key Documents

As part of our review, we considered the implications of a number of key documents nationally and locally in Bracknell Forest, and summarised them as below.

- 4.1 Lord Laming's recommendations to local authorities (2003 and 2009) and the Government's action plan
- 4.2 Bracknell Forest Council's Children and Young People's Plan
- 4.3 Government's statutory guidance on Safeguarding Children
- 4.4 Government's non-statutory guidance on 'What to do if you're worried a child is being abused'
- 4.5 Berkshire LSCB Child Protection Procedures
- 4.6 Bracknell Forest Local Safeguarding Children Board Annual Report
- 4.7 Bracknell Forest LSCB Safeguarding Children Toolkit
- 4.8 Latest OFSTED reports on Bracknell Forest safeguarding
- 4.9 Birmingham City Council, O&S Report on 'Child Victims of Domestic Abuse', and 'Who cares - protecting children and improving Children's Social Care'
- 4.10 Children's Commissioner's report on family perspectives on safeguarding
- 4.11 Common Assessment Framework Form.



Various published documents regarding safeguarding were considered as part of the review

A Summary of Lord Laming's Recommendations and the Government's Action Plan

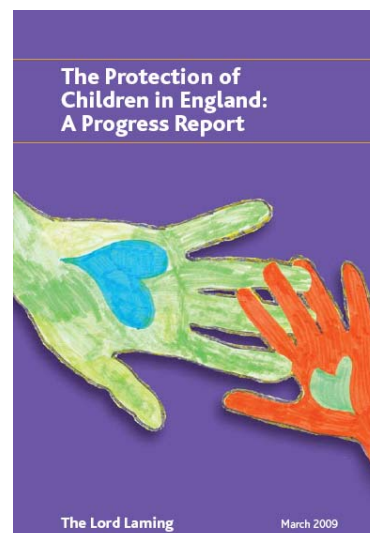
Lord Laming's Report 2003⁷

Lord Laming's inquiry, report and recommendations were prompted by wide public concern at the death of Victoria Climbié, aged 8 on 25 February 2000 at the hands of her Aunt and her Boyfriend. She had been placed by her parents in their care to further her education in England. Despite prolonged abuse and the fact that her situation was known to four social service departments, police child protection teams, a NSPCC Centre and the NHS, Victoria failed to receive the protection she needed.

THE
VICTORIA CLIMBIÉ
INQUIRY

Chairman: Lord Laming

REPORT



In April 2001 the Government instigated an Inquiry into Victoria Climbié's death under the chairmanship of Lord Laming, former Chief Inspector of Social Services. The Report on the findings of the inquiry, in January 2003, was searching and wide ranging. Lord Laming concluded that services on over a dozen occasions failed to intervene and employ the basic good practice that could have saved her life. Although the Children Act 1989 was found to be basically sound the Report called for a comprehensive overhaul of policy and organisation to ensure that good practice was applied consistently throughout the agencies and services to protect vulnerable children. 108 broad recommendations were identified which were each allocated a time scale of three, six or twenty-four months for implementation.

Seventeen recommendations were concerned with revising roles and responsibilities in the care of children and families at national, regional and local levels, including the creation of the new post of Children's Commissioner whose responsibilities would include reporting annually to Parliament on the quality and effectiveness of services in particular on the safety of children

Lord Laming also made recommendations aimed at ensuring that services to children and families were coordinated and inter agency links were managed effectively, which included replacing the Area Child Protection Committees. Stronger links were to be developed with community based organisations contributing to local services for children and families.

Lord Laming also recommended that: the Government should review the law regarding the registration of private foster carers; the government inspectorate

⁷The Full Text of The Victoria Climbié Inquiry and The Protection of Children in England: Progress Report can be found respectively:

<http://publications.education.gov.uk/eOrderingDownload/CM-5730PDF.pdf>
<http://publications.education.gov.uk/eOrderingDownload/HC-330.pdf>

should inspect the quality of services and the effectiveness of inter-agency arrangements in providing services to children and families; and frontline staff in each of the agencies must record basic information about the child in each new contact.

Confidentiality was addressed in the request for the Government to issue guidance on the Data Protection Act 1998, the Human Rights Act 1998 and common law rules. The Government was required to issue guidance as to how these impact on information sharing between different professional groups where there are concerns about the welfare of children and families. The Government was advised to actively explore the benefit of setting up a database on all children under 16 with the aim of strengthening the safeguarding of children.

Social care services received 46 recommendations. These were very specific and comprehensive in their aim to radically improve the flow of communication, sharing information and the whole process of giving care so that children and their families were not failed.

Training

Directors of social services were to ensure that intake teams and all staff working with children have the appropriate training and receive any necessary induction training in local procedures. No social worker should undertake section 47 inquiries unless they have been trained to do so.

Communication and the transfer of information

This was a major focal point and covered many situations from ensuring a child who does not have English as a first language has the use of an interpreter to employing one electronic database system for recording information to facilitate sharing of information across the council and its workers. Other recommendations concerned the transfer of cases, accessing information regarding vulnerable children, and explaining the role of a child protection adviser to all those working in children's services.

Working Systems

Recommendations here were very specific. They covered line management so that responsibilities and arrangements were clear in situations such as in staff absence, incoming information, and the "allocation" of casework, maintaining contact with the child, supervision of cases was to be tightened. Clear steps were put forward for each case from the very first involvement of services with the child and family to the closing of a case, including:

- taking information and actioning newly reported concerns
- specialist services and provision of a 24 hour referral telephone service
- case files and maintaining a clear chronology
- protocol and timescales for discussions with children and carers
- procedures for child found not to be attending school and for those in temporary accommodation
- Systems for tracking children in their care and the outcomes of their care
- protocol regarding home visits and recording visit in case files
- procedures for strategy meetings
- the welfare of hospitalised children due to return home
- cooperation between social services and hospital employed social workers
- provision to review all levels of work and systems and procedures for closing a case
- children's services should be included the operational plans of local authorities

Healthcare was subject to 27 recommendations which were very specific again in respect of information gathering and sharing, training, day to day practice with children where deliberate harm was suspected and documentation and follow up procedures. These included support by designated child protection doctors and consultant paediatricians in their ongoing training; ensuring that all GP'S receive training in recognising deliberate harm.

Specific recommendations applied to care of the child where there is suspicion of deliberate harm, concerning admission arrangements, examinations, documentation, discharge, follow up and monitoring procedures.

There were eighteen recommendations for the Police. Some of these were to raise the profile of child protection issues in the context of other serious crimes. They covered: a national training programme for child protection; proper prioritisation of child protection policing; child protection investigations; the integration and training of child protection teams. Other recommendations concerned systems, practice and protocol, including liaison with social services, a review of systems for taking children into police protection; and ensuring an effective child protection IT system.

All these comprehensive recommendations required a rethink of roles and responsibilities. Communication was seen to be a vital: there was a strong thread of improving the flow and accessibility of information but also checking the reliability of that information, filling in the gaps and omissions and - perhaps most importantly - questioning that information and the professionals who provided it. Training and monitoring were also key. The most outstanding message was rigorously converting policy into effective systems and the best everyday practice to protect children.

This report was welcomed and supported by the government, which stressed eight main causes of concern from the report which required an immediate responses and the following actions, around a new 'Every Child Matters' agenda:-

- Monitoring by the inspectorate to improve standards of the North London local services which had failed Victoria.
- An increased profile and priority to be given to child protection by the police, social services and healthcare including reflecting its importance in budgeting.
- Training for members in these services with emphasis on good communication and cooperation with other services. A review of training by professional training bodies to better focus on inter-agency training.
- A new set of common standards to be produced to address the lack of good standard practice evidenced in the report.
- A clarification of guidance based on the Children Act so it could be accessible to all staff
- A checklist of recommendations to raise standards for the three services and to be in place within three months
- Inspectorates to extend their monitoring its to verify that good practice is being implemented with further powers of intervention
- The development of Children's Trusts where health, social services and other local services could work together.

The recommendations for the police force were also underlined with reference to information sharing, training programmes, investigative work and legal requirements. Developing Preventative Strategies and tracking systems were to be promoted.

Baby Peter Connolly

In November 2008 the public shock at the fate of Baby Peter, which again showed failures in systems and standards of care, caused the government to ask for an urgent review of the progress in safeguarding arrangements nationally to be led by Lord Laming. His report *The Protection of Children in England: A Progress Report* was published on 12 March 2009.

In his report Lord Laming acknowledged that Every Child Matters reforms were well supported and moving care work in the right direction and that there were strong legislative, structural and policy foundations in place. He made very positive comments about progress but was explicit that an urgent drive to achieve a step change in the arrangements to protect children from harm was still needed. He set forward 58 recommendations to push forward progress and remove boundaries to success in child protection.

In its interim response the government announced increased budgets for social care and accepted most of the recommendations. This was followed by a detailed action plan. These followed broadly the same issues and principles as the 2003 Report but with some change of emphasis to cover updates and new initiatives. The government grouped points under several headings:

National Leadership and Accountability

A new post of Chief Adviser on the Safety of Children was created to advise the Government on policy and priorities, and to report the progress on delivery of Lord Laming's recommendations. A Cabinet Sub-Committee on Families, Children and Young People was to be established in May 2009, to ensure that all government departments that impact on the safety of children should adopt a comprehensive approach to child centred care. The government also outlined the establishment of a new National Safeguarding Delivery Unit; this was disbanded by the new coalition government. The Government also undertook to introduce new statutory targets for safeguarding and protection. We report on the Council's performance against these national indicators in paragraph 3.25.

Local leadership and accountability

At this level there was less detail on basic procedures than in the 2003 Report but many references to revising the Working Together guidance in terms of:

- regular reviews of referral points, where there was a safety concern
- automatic referral where there was domestic violence or drug or alcohol abuse
- all police, probation, adult mental health and adult drug and alcohol services to have well understood referral processes which prioritise the protection and well being of children
- all directors of children's services if they had no experience in safeguarding and protection to have a senior manager to fill that gap
- regular training on safeguarding and effective leadership for political leaders and managers in front line services
- guidance for every Children's Trust on general and protection needs
- clarification for intake/duty teams on points dealing with referrals
- the detail to be maintained in children's records
- early access to specialist services for 'Children in Need'
- the delivery of high quality supervision of casework, challenge and professional development, with reviews and casework decisions to include all agencies involved with the child

- formal procedures for management of differences of opinion among professionals and to cover absence of relevant parties

There were special references to reflect the importance and responsibilities of the Children's Trust:-

- the Children's Trust and the Local Safeguarding Board were not to be chaired by the same person, and the chair was to receive training in their role
- the responsibility of the Children's Trust to promote good communications
- Each Children's Trust was to ensure named representatives from the police service, community paediatric specialists and health visitors are active partners within social work departments
- monitoring by Children's Trusts of the application by partners of Information Sharing Guidance from the Government

The Local Safeguarding Boards were to publish an annual report on effectiveness of safeguarding in the local area.

There was also a move to tighten line management and accountability in Social services, with codes of conduct for senior management.

Supporting the front line – Health

The Government stated that recruitment and professional development for health visitors would be prioritised, and they would clarify their contribution in working with vulnerable families and safeguarding. The Family Nurse programme was to be extended in a drive to support young families and prevent maltreatment of young children through pregnancy to 2 years.

GP training and development in protection issues was to be enhanced, and there were proposals to increase GP involvement in Children's Trusts. The NHS would take stock of current training programmes dealing with safeguarding and child protection issues and put forward actions for a national training programme. This was to cover the full range of the children's health workforce. Further measures included assisting staff in Accident and Emergency Departments to deal effectively with children who may need protection.

Police Service

The Home Office was working to develop a new Strategic Framework for delivering Protective Services, with Child Protection one of the first priorities. Updated Specialist Training was to be made available, to include the child protection teams, child protection supervisors and Senior Investigating Officers. Every Police Force would ensure it has the right levels of resources in place locally to protect children and young people from abuse.

Social Services

Social services were the focus of some very specific recommendations concerning:

- recruitment and retention of social workers
- professional development and career progression for social workers
- establishing manageable caseloads for workers on protection cases
- new models for social work
- effective supervision of the social work workforce

- consideration of reforms to the social work education, including specialisation and development of a practice based Masters programme
- language tests and conversion qualifications for recruits from abroad and access for them to a support package

The handling of Serious Case Reviews, the government's decisions included:

- reviews should be a real tool for improving multi-agency working and also in learning lessons to improve individual agencies
- revision of the framework so that the Panel chair has sufficient documents and staff to conduct a thorough and effective learning exercise
- focus on implementations of findings and timely changes to protect children
- panel chairs and overview authors to be independent of Local Safeguarding Children Boards with serious scrutiny and challenge integral to the review process
- high quality detailed publicly available reporting on reviews
- The Serious Case Review Evaluation framework was to be revised
- Other responsibilities of Ofsted in the field of sharing information.
- Training programmes for Chair panels and authors and the task of ensuring there were enough of these in their regions

Inspections

In line with the general focus on review and assessment more rigour and close working was called for in the inspectorates responsible for the main services, including Ofsted, the Care Quality Commission (CQC), Her Majesty's Inspectorate of Constabulary (HMIC), and Her Majesty's Inspectorate of Probation (HMIP). These bodies were to review training and frameworks for inspections.

An Ofsted led 3 year rolling programme of safeguarding inspections was to start from June 2009, including the arrangements for looked after children. The new school inspection framework was to be applied from September 2009, with schools graded on safeguarding arrangements from 1-4. The lowest grade of 4 would affect overall grading and trigger urgent improvement.

Legal Proceedings and Court Fees

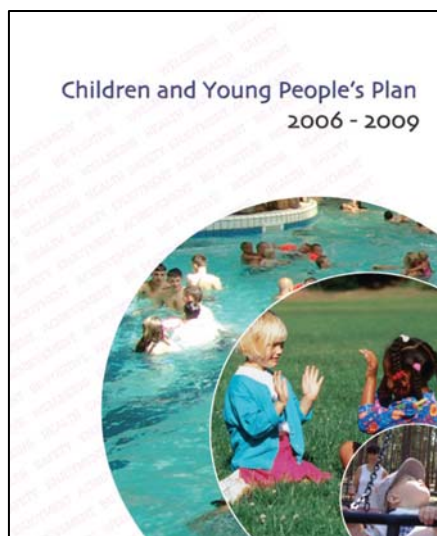
The Ministry of Justice was charged to work with the Department for Children, Schools and Families to reduce delays in care proceedings. Concern about whether court fees deterred local authorities from commencing care proceedings was to be reviewed.

Children and Young People's Plan

In 2003 the Government launched its 'Every Child Matters' (ECM) agenda with 5 key outcomes for children:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

The Council's long term plan for safeguarding Children and Young People forms part of the statutory Children and Young People's Plan (CYPP)⁸, which is produced by the Children's Trust. The CYPP is the defining statement of strategic planning and priorities for children, young people and families in the Borough. The current plan, for 2006-2011, has the following references to safeguarding children and young people.



The 'Stay Safe' outcome is expanded on in the Plan's Vision for Children and Young People, for them to 'Live in a safe, secure and tolerant community where they are protected from harm, abuse, harassment and neglect.' The Plan adopts a number of principles, it gives a profile of the borough and its population, and it explains how the plan was developed with widespread consultation.

The plan sets out what the Council and its partners will do to improve outcomes for children and Young People, grouped under the five ECM headings. In relation to 'Stay Safe', the plan describes the position in 2006, and sets four priorities around: safety from crime and anti-social behaviour; bullying; looked after children and young people having security and stability; and safeguarding in an ICT environment.

The plan describes the resources available and how performance will be monitored. It outlines the services provided, and how they are organised, including the roles of the LSCB and working group. This is expanded on in an annex which sets out in more detail the actions to support the achievement of the Plan. In relation to safeguarding, this includes: setting up the LSCB; strengthening performance management; better data sharing; implementing the Common Assessment Framework (CAF); and workforce improvements. The planned actions in the Children and Young People's Plan are then taken into the more detailed departmental service plans, which are published and progress against them is reported regularly.

In 2010, the Council published a review of the CYPP. This recognised that the 2006-2009 plan had been extended as a result of new legislation being introduced, which would change the way the plan is developed and managed from April 2011 onwards. The review provides a brief overview of the new legislative requirements and highlights that in this final year there will be an impact on the delivery of the CYPP due to the new Coalition Government coming into power, with some changes in policy, and reductions in funding. The review confirmed that the vision was unchanged. It summarised progress, it

⁸ The Children and Young People's Plan can be viewed on the Council's website at <http://www.bracknell-forest.gov.uk>

updated the earlier CYPP, including adding actions relating to access to services, and supporting parents and carers. The review noted that the Bracknell Forest LSCB had been recognised as a national and regional example of best practice in a number of aspects, also that the rating given by OFSTED to the Council's Children's Services in 2009 was '3, Performs Well' (out of a maximum of 4). This has been maintained in 2010.

The 2010 review listed a number of areas for development, including:

- Children and young people at risk of sexual exploitation/sexual crime.
- Further research on bullying, where levels reported remain higher than the Council's statistical neighbours.
- The increase in the numbers of Looked After Children putting strain on the capacity of the Independent Reviewing Officer.
- Placement of looked after children.
- Analysing the increase in children subject to a Protection Plan.
- Safer workforce training.
- Links with family work to be developed.

The 2010 review described the arrangements for the production of a new CYPP against a background of significant budget pressure across the public sector.

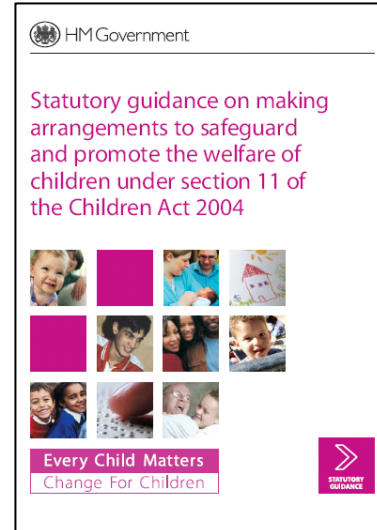
The Working Group observes that the influx of children from abroad raises issues around communication and accessing necessary records.

A summary of the Government's Statutory Guidance on Safeguarding Children⁹

Section 11 of the Children Act 2004 places a duty on key people and bodies to make arrangements to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. The application of this duty will vary according to the nature of each agency and its functions.

The key people and bodies that are covered by the duty are:

- Local Authorities
- Police
- Probation Services
- NHS bodies
- Connexions Service
- Youth Offending Teams
- Governors of Prisons and Young Offender Institutions



These key people and bodies must make arrangements to ensure two things. Firstly, that their functions are discharged having regard to the need to safeguard and promote the welfare of children, and secondly, that the services they contract out to others are provided having regard to that need.

The duty does not give agencies any new functions, nor does it over-ride their existing functions. It, however, requires them to carry out their existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

Safeguarding the Welfare of Children is defined as

Protecting children from maltreatment;

Preventing impairment of children's health or development;

Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

⁹ The full text of the document can be found on the following website:
<http://publications.education.gov.uk/eOrderingDownload/DFES-0036-2007.pdf>

A Clear line of accountability within the organisation for work on Safeguarding and Promoting the Welfare of Children.

It should be clear who has overall responsibility for the agency's contribution to safeguarding and promoting the welfare of children and what the lines of accountability are from each staff member up through the organisation to the person with ultimate accountability for children's welfare.

It should also be clear with whom each staff member should discuss, and to whom they should report, any concerns about a child's welfare.

Information Sharing

Effective information sharing by professionals is central to safeguarding and promoting the welfare of children. This sharing of information makes an important contribution to the shift to addressing children's needs at an early stage rather than when serious problems have developed. This applies both to the 30% or so of children who require targeted or specialist services to ensure they achieve their optimal developmental outcomes, and to the much smaller numbers of children in need, including those who have suffered harm or are likely to suffer harm.

The safeguarding arrangements should ensure that:

- A. All staff in contact with children understand what to do and the most effective ways of sharing information if they believe that a child and family may require particular services in order to achieve their optimal outcomes.
- B. All staff in contact with children understand what to do and when to share information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm.
- C. Appropriate agency-specific guidance is produced to complement guidance issued by central Government and such guidance and appropriate training is made available to existing and new staff as part of their induction and ongoing training.
- D. Guidance and training specifically covers the sharing of information between professions, organisations and agencies, as well as within them, and arrangements for training take into account the value of multi-agency training as well as single-agency training.
- E. Managers in children's services are fully conversant with the legal framework and good practice guidance issued for practitioners working with children.

The Role of Local Authorities in Safeguarding Children

Cultural and Leisure Services

The LA (Local Authority) provides a wide range of facilities and services for children such as libraries, play schemes, sport, parks and leisure centres, museums and art centres. Their staff, volunteers and contractors have different levels and types of contact with children who are users of these services.

Appropriate training for staff should be provided, including training on the issues of safe working practices and on creating safe environments for children.

Staff should be alert to any indications that a child may need to be safeguarded from harm and know who to contact if they have concerns. They should also be aware of the important contribution they make to children obtaining their full potential.

Early Years and Childcare

These include family centres, children's centres, nurseries, childminders, playgroups and holiday and out of school schemes.

All early years' staff should be aware of possible signs of children at risk of harm.

Early year's staff have a wider responsibility to identify and pass on any general or specific concerns that they may have about the safety, welfare or development of children.

Education and schools

All people working in education contribute to the welfare of children. All schools and further education institutions have a statutory duty to safeguard children. Consequently, staff in these establishments play an important part in safeguarding children from abuse and neglect by early indication of children who may be at risk of harm and by educating children, about managing risks and improving their resilience through the curriculum.

Housing Authorities

Housing and homelessness staff have access to family homes/temporary accommodation, in some cases in a time of crisis in the course of their work they are, therefore, likely to identify initial concerns regarding children's' welfare that will need to be referred on to another agency. These concerns might relate to what they have observed or witnessed happening to a child, the physical conditions within the home/accommodation, the family's reactions to a crisis or inconsistencies in the information given to them

Youth Services

Youth and Community workers work closely with children and young people. They play an important role in offering young people opportunities to extend and enjoy themselves in a safe environment. They **are** in an ideal position to be confided in as a trusted adult, and should be alert to signs of abuse or neglect and know how to act upon their concerns about a child's welfare.

Child Employment

Young people's development through legitimate employment should be encouraged, however, it must be ensured that work is done in a safe environment and within sensible constraints. Local authorities are responsible for administering child employment legislation and local bylaws.

Guidance issued to local authorities on the role of Directors of Children's Services states that Directors must have effective oversight of local authority functions relating to child employment as part of their remit.

Connexions

The leaders, managers and staff of connexions services have an individual responsibility for ensuring that young people are always in a safe, healthy and

supportive environment when using services. In addition, appropriate risk assessments should be undertaken to ensure that children and young people are not exposed to undue risk from unsafe or unstable situations, whether they are with the Connexions service or its subcontractor or referred to other organisations providing services, learning or employment opportunities. Vetting arrangements for existing staff and recruits must comply with current Government guidance.

The Connexions personal advisor is responsible for carrying out a systematic and comprehensive screening of each individual's needs. This lays the vital foundation for subsequent work to safeguard and promote the welfare of that individual.

Making Arrangements to Safeguard and Promote welfare in the NHS - roles and responsibilities of different NHS organisations

With the exception of Strategic Health Authorities, all the NHS organisations covered by section 11 deal directly with children. Strategic Health Authorities manage the NHS locally and are responsible for:

Improving health services in their local areas;

Making sure local health services are of a high quality and are performing well;

Increasing the capacity of local health services – so they can provide more services;

Making sure national priorities are integrated into local health service plans.

The role of Strategic Health Authorities in relation to section 11 is therefore to work with local health bodies to help them meet the core standard on child protection and work towards delivery of standard 5 of the National Service Framework

The Role of the Police in relation to Safeguarding and Promoting the Welfare of Children

The police service has a number of key contributions to make in safeguarding and promoting the welfare of children. Whilst their principal role is the investigation of child abuse allegations, they also have a key role in preventing crime against or involving children and minimising the potential for children to become victims.

The police service contribution should also include:

- Identifying vulnerable children in domestic violence cases;
- Using police powers to take children into protective custody when appropriate;
- Protecting the needs of children as witnesses or victims;
- Working with partner agencies in the criminal justice system dealing with youth offenders to divert children away from crime;
- Working with partner agencies to educate children and young persons on issues such as substance misuse and the prevention of crime.

In dealing with these issues, the aim of the police service is to protect the lives of children and ensure that the welfare of the child is paramount.

The Probation Service

The probation service understands its contribution to safeguarding children to be in the:

- Management of adult offenders in ways that will reduce the risk of harm they may present to children through skilful assessment, the delivery of well targeted and quality interventions and risk management planning;
- Delivery of services to adult offenders, who may be parents or carers, that addresses the factors that influenced their reasons to offend, for example, poor thinking skills, poor moral reasoning, drug/alcohol dependency;
- Recognition of factors which pose a risk to children's safety and welfare, and the implementation of agency procedures to protect children from harm through appropriate information sharing and collaborative multi-agency risk management planning.
- Seconding staff to work in youth offending teams;
- Providing a service to child victims of serious sexual or violent offences;
- Providing a service to the woman victims of male perpetrators of domestic abuse participating in accredited domestic violence programmes. In practice, this will mean having regard to the needs of any dependent children of the family.

Youth Offending Teams

YOT's are central to the youth justice system – they have a statutory duty to deliver youth justice services including advising courts, administering community sentences and interventions, and working with juvenile custodial establishments. YOT's are responsible for the statutory supervision of children and young people.

The statutory aim of the youth justice system, and of YOTs, is to prevent offending by children and young people.

Children and young people with whom the YOT works are carefully assessed. The primary assessment method for the majority of children and young people in contact with YOTs is the Youth Justice Board's Asset assessment tool. This assessment process examines a range of factors:

- Living arrangements;
- Family and personal relationships;
- Education, training and employment;
- Neighbourhood and community factors;
- Lifestyle factors;
- Substance misuse;
- Health (physical, emotional, and mental);
- Vulnerability, including risk of harm to others or to themselves.

Everybody in the YOT should be clear about their responsibilities for safeguarding children. The need to have effective communication arrangements that ensure that all staff are aware of the priority given to safeguarding children and also their lines of accountability.

YOTs should act in accordance with local arrangements for the sharing of information between key agencies, including raising concerns about safeguarding and welfare to appropriate agencies and will contribute to common processes as appropriate.

Prisons

Governors/Directors understand their contribution to safeguarding children, in practice, to be in the development and implementation of policies and arrangements designed to:

- Protect the children committed to their custody from significant harm, including self-harm or suicide, harm from other children (bullying and other potential forms of abuse which may occur in prison), and harm from staff and other adults, e.g. visitors;
- Safeguard the children who are not in the Service's custody but with whom the Service has routine contact – when in contact with those children, i.e. children visiting the establishment, and prisoner's children who are resident in Mother and Baby units;
- Minimise the risks of harm to children in the community by prisoners who have been identified as presenting such a risk, which could occur during any form of contact with a child, including correspondence, telephone and visits.

And finally;

Education

It is clear to everyone in the Education Service that they share an objective to help keep children and young people safe by contributing to:

- Providing a safe environment for children and young people to learn in educational settings.
- Identifying children and young people who are suffering or likely to suffer significant harm, and taking appropriate action with the aim of making sure they are kept safe both at home and at school.

Summary of 'What to do if you're worried a child is being abused'¹⁰

This non-statutory practice guidance from the Government was developed to assist practitioners to work together to safeguard and promote children's welfare. It is for anyone whose work brings them into contact with children and families, but particularly those who work in early years, social care, health, education, schools and criminal justice services.

The guidance recognises that people are likely to be involved in three main ways:

1. You may have concerns about a child, and refer those concerns to children's social care or the police. School staff have local procedures to be followed for reporting concerns about a particular child.
2. You may be approached by children's social care and asked to provide information or to be involved in an assessment.
3. You may be asked to provide help to the child or their family as part of an agreed plan, and contribute to reviews.

The guidance includes flow charts to illustrate the processes for safeguarding children:

1. Referral - Concerns are raised about a child and the child is referred to a statutory agency that can take action to safeguard the child.
2. An initial assessment of the child's situation and what happens after that.
3. Taking urgent action to safeguard children, if necessary.
4. The strategy discussion and the child protection conference.
5. What happens after the child protection conference, the child protection plan, and the review process.

The guidance stresses that everyone working with children and families should:

1. Be familiar with and follow their organisation's procedures and protocols for safeguarding the welfare of children, and know who to contact in their organisation to express concerns about a child's welfare.
2. Remember that an allegation of child abuse or neglect may lead to a criminal investigation, so don't do anything that may jeopardise a police investigation.
3. If you are responsible for making referrals, know who to contact in the police, health, education, school and children's social care to express concerns about a child's welfare.
4. When referring a child to children's social care you should include any information you have on the child's developmental needs and their parents'/carers' capacity to respond to these needs.
5. When contributing to an assessment or providing services you should consider what contribution you are able to make. Specialist assessments, in



¹⁰ The full text document as well as the summary can be found on the following website:
<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00182/>

particular, are likely to provide information relevant to a specific dimension, such as health, education or family functioning.

6. See the child and ascertain their wishes and feelings as part of considering what action to take in relation to concerns about the child's welfare.
7. Communicate with the child in a way that is appropriate to their age, understanding and preference. This is especially important for disabled children and for children whose preferred language is not English.
8. Where concerns arise as a result of information given by a child it is important to reassure the child but not to promise confidentiality.
9. Record full information about the child at first point of contact, including person(s) with parental responsibility and primary carer(s), if different. Record in writing all concerns about the child, decisions made, and the reasons for those decisions.
10. The child's records should include an up-to-date chronology, and details of the lead worker in the relevant agency – for example, a social worker, GP, health visitor or teacher.

The guidance stipulates that if people have concerns about a child's welfare, everyone should:

1. Discuss their concerns with their manager, or designated member of staff. If they still have concerns, to discuss these with senior colleagues in another agency.
2. If, after these discussions, concerns remain, consider whether the child and their parents would benefit from further services.
3. If you consider the child may be a child in need or at risk of significant harm, you should refer the child and family to children's social care. In cases of significant harm, the police and the NSPCC have powers to intervene.
4. In general, seek to discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to children's social care unless you consider such a discussion would place the child at an increased risk of significant harm.
5. When you make your referral, agree with the recipient of the referral what the child and parents will be told, by whom and when.
6. If you make your referral by telephone, confirm it in writing within 48 hours. Children's social care should acknowledge your written referral within one working day.

The guidance specifies that social workers and their managers, in responding to a referral, should:

1. Following a referral, decide on the next course of action within one working day and record this decision.
2. Further action may include undertaking an initial assessment, referral to other agencies, provision of advice or information.
3. If the decision is to take no further action at this stage, tell the referrer of this decision and the reasons.
4. If the child's case is open, and there are concerns that the child may be suffering harm, then a decision should be made about whether a strategy discussion should be initiated, and to undertake a core assessment, to understand the child's current needs and circumstances.
5. If this information causes you concern about a child's safety then discuss it with your manager. Decide whether it is appropriate to hold a strategy discussion without undertaking an initial assessment.

6. You and your manager should consider whether a crime may have been committed. If so, discuss the child with the police at the earliest opportunity, as it is their responsibility to carry out any criminal investigation.
7. When you have received a referral from a member of the public, remember that personal information about referrers should only be disclosed to third parties with the consent of the referrer. If the police are involved, discuss with them when to inform the parents about referrals from third parties, as this will have a bearing on the conduct of police investigations.

The guidance specifies that Police officers should:

1. Where they become involved with a child about whom they have child welfare concerns, refer to children's social care and agree a plan of action.
2. Where they are contacted by children's social care about a child, consider whether to begin a criminal investigation.
3. Undertake the evidence gathering process whilst working in partnership and sharing relevant information with children's social care and other agencies.
4. Take immediate action where necessary to safeguard a child, consulting with children's social care and agreeing a plan of action as soon as practicable to decide what should happen later in the child protection process.
5. Investigate any allegations of crime or suspected crime.
6. Use the information gained to assist other agencies in understanding the child's circumstances.
7. Investigate the criminal history of any known or suspected offender and where appropriate refer to the multi-agency public protection arrangements (MAPPA).

The guidance specifies that Social workers and their managers should:

1. Lead on the assessment and planning processes, ensuring planned interventions are carried out, and the child's developmental progress is reviewed.
2. Provide support or specific services to the child or member of the family as part of an agreed plan.

The guidance specifies that everyone else should:

1. Provide relevant information to children's social care or the police about the child or family members.
2. Contribute to initial or core assessments and undertake specialist assessments, if requested, of the child or family members.
3. Provide support or specific services to the child or member of the family as part of an agreed plan, and contribute to the reviewing of the child's developmental progress.

The document also highlights six key points on information sharing with the following basic principals.

1. Be open and honest with children and families receiving services about the sharing of information, and seek their agreement.
2. The child's safety and welfare must be the overriding consideration.
3. Respect the wishes of the child concerning information sharing wherever possible.
4. Seek advice when in doubt.

5. Ensure information you share is accurate, up-to-date, necessary and shared securely.

The guidance also lists the extensive legal provisions relating to safeguarding children and young people. These are summarised in the Working Group's report.

Berkshire Local Safeguarding Children Board Procedures¹¹

This on-line manual has been adopted for the use of all local authorities in Berkshire, also their partner organisations involved in Child Protection. It is very informative, regularly updated and is formatted in a pragmatic and useful fashion for practical usage. It is based on the law, government guidance and best practice. It contains a wealth of information drawn from a very wide variety of sources.



Agreed Policy

Production of these multi-agency procedures reflects a significant consensus about best practice across Berkshire's Local Safeguarding Children's Boards and amongst the partner agencies that contribute to the: Prevention, detection and investigation of abuse or neglect; Risk management of offenders; and Support and treatment of those affected by abuse or neglect

Encapsulating those agencies' principles and values

The manual is designed to cover all work to safeguard and promote the welfare of children. This includes organisational intentions, commitments, and it stresses that the purpose of all interventions should be to achieve the best possible outcomes for each child recognising each is unique.

Key Outcomes of the procedures are aimed to be supportive of the Every Child Matters agenda: Stay safe; Be healthy; Enjoy and achieve; Make a positive contribution; and Achieve economic wellbeing

The structure of the main part of the manual is:

- Introduction
- Policies, Principles and Values
- Agency Roles & Responsibilities
- Information Sharing & Confidentiality
- Recognition & Response
- Recognising Vulnerability of Children in Particular Circumstances
- Referral and Assessment
- Section 47 Enquiries
- Child Protection Conference
- Planning & Implementation
- Additional Procedures (e.g. abuse by children)
- Strategic Management (e.g. serious case reviews)
- Seven Appendices, e.g. on the Statutory framework
- Documents for consultation

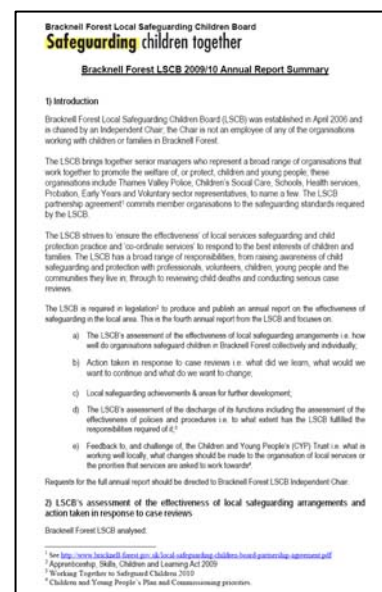
The procedures manual is essential reading regarding Safeguarding Children. To read please follow the link below.

¹¹ The online resource is available at the following website:
<http://proceduresonline.com/berks/>

Summary of Bracknell Forest Local Safeguarding Children Board's Summary 2009/10 Annual Report¹²

All LSCB's are required to produce an annual report on the effectiveness of safeguarding in their local area. This report from the Bracknell Forest LSCB for 2009/10 focuses on:

- a) How well do organisations safeguard children in Bracknell Forest collectively and individually;
- b) Actions taken in response to case reviews i.e. what did we learn, what would we want to continue and what do we want to change;
- c) Safeguarding achievements and areas for further development;
- d) Assessment of the discharge of the LSCB's functions;
- e) Feedback to, and challenge of, the Children and Young People's Trust i.e. what is working well locally, what changes should be made to the organisation of local services or the priorities that services are asked to work towards.



LSCBs assessment of the effectiveness of local safeguarding arrangements

The LSCB assessed the following:

- Child deaths and local multi-agency case review;
- Reports on specific areas of safeguarding activity e.g.
 - a. Domestic abuse,
 - b. Sexual offences,
 - c. Bullying,
 - d. Licensing,
 - e. Workforce strategy;
- Safeguarding practice in a sample of individual cases;
- Safeguarding incidents;
- Performance management information.

Following these assessments the LSCB made recommendations to the Children and Young People (CYP) Trust regarding:

- Resources and support available to organisations
- Information sharing training
- Targeted youth support with specified reference to providing more individualised and focussed support
- The use of the Common Assessment Framework (CAF) and Integrated Care Pathways (ICPs) to reduce repetition or duplication
- Safeguarding priorities

¹² The summary report can be found on the following webpage: <http://www.bracknell-forest.gov.uk/lscb-annual-report-summary.pdf>

Local Safeguarding achievements and challenges

Several areas of work were highlighted as regional or national examples of good practice. The LSCB annual conference was well attended and successful. The LSCB sub-groups achievements included:

- Raising awareness of local issues i.e. sexual offences, bullying and e-safety;
- Establishing that none of the child deaths in the borough were preventable
- Developing new training to respond to requests for information or support from professionals/volunteers
- Ensuring the policies and procedures are updated or amended as new research is completed.

The LSCB highlighted the following challenges for the CYP Trust:

- The number of the children in the borough experiencing bullying
- The need to identify and support children/young people who may at risk of sexual offences.
- The need to redesign safeguarding training in light of new national research and offer a new range of training programmes.

On this issue the LSCB recommended to the CYP Trust regarding:

- Child Poverty
- The impact of reduction in resources on safeguarding

LSCB's assessment of the discharge of its functions

Bracknell Forest LSCB works with neighbouring LSCBs in Berkshire to ensure that the Berkshire Child Protection Procedures are regularly reviewed and updated. The LSCB introduced a safer workforce training programme that has been attended by about 300 managers. The LSCB have also introduced a new whistle-blowing policy to enable any member of the children's workforce to approach the LSCB Independent Chair directly to raise concerns if:

- a member of the workforce has raised a concern that has an impact of safeguarding in their organisation that has not been resolved to their satisfaction;
- a member of the workforce believes that their Employer's ability to safeguard children is compromised.

Feedback to, and challenge of, the Children and Young People's Trust

In summary Bracknell Forest LSCB's feedback to the CYP Trust was as follows:

Area of Consideration	Action Required
Section 11 development areas	To ensure that sufficient support/ resources are made available and promoted to support organisations with development needs in information sharing and safer workforce processes
Commissioning priorities - Multi-Agency review of a child death	That the CYP Trust reviews Targeted Youth Support with specific reference to providing more individualised and focussed support to vulnerable young people; That the CYP Trust actively promotes the use of CAF and ICP, and the Lead Professional role, by all sectors of the children's workforce, That the CYP Trust seeks to ensure that parenting course are actively promoted and advertised to the workforce
Child Death Overview Panel	That the Child Poverty Strategy considers the need to reduce social and health inequalities for disadvantaged children, in the context of the Joint Strategic Needs Analysis.
Sexual Offences	That the CYP Trust notes that Bracknell Forest has a slightly higher than expected rate of sexual offences against young people and takes this into account in decisions re: commissioning and decommissioning of services. The recommendations from the

	sexual offences analysis work will be shared with the CYP Trust to inform a local preventative approach.
Performance Management	That the CYP Trust note the safeguarding priorities identified in LSCB exception reports and take this into account in strategic planning and commissioning.
Challenges	That the CYP Trust gives specific attention to the LSCB's concerns about whether reductions in resource (i.e. public service budgetary pressures) may reduce the workforce's capacity to identify safeguarding needs, contribute to assessments and monitor/support families. In particular the LSCB recommends that the workforce's potential capacity to safeguard children is risk assessed when services are planned or commissioned and embedded in service specification requirements.

Summary of the Local Safeguarding Children Board Safeguarding Toolkit

The Safeguarding Toolkit produced by the Bracknell Forest LSCB in 2009¹³ is designed to support all Partners working with children, young people or families in Bracknell Forest to:

1. Clearly and simply identify their shared responsibilities for safeguarding children and young people;
2. Provide tools, and exemplars to support everyone to meet these responsibilities.



The safeguarding toolkit was launched by the LSCB at its annual stakeholder event in 2009, and all the indications are that it has been well-received, and viewed as practical and helpful. It is designed to be used by different types of organisations within Bracknell Forest. The Toolkit ensures that a partner is in compliance with Section 11 of the Children Act 2004, (and the accompanying guidance document 'Working Together to Safeguard Children') using simple clear language in context of Bracknell Forest. The LSCB imagine that partners may wish to use the Toolkit to inform, audit or prepare for inspections.

Every agency working with children, young people or families is required to fulfil eight key standards.

1. **Senior management commitment** to the importance of safeguarding and promoting children's welfare;
2. A **clear statement of the agency's responsibilities** towards children available to all staff.
3. A **clear line of accountability** within the organisation for work on safeguarding and promoting the welfare of children.
4. **Service development that takes account of the need to safeguard** and promote welfare and **is informed**, where appropriate, **by the views of children and families**.
5. **Staff training** on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families.
6. **Safe recruitment** procedures in place.
7. **Effective inter-agency working** to safeguard and promote the welfare of children.
8. **Effective information sharing**.

The toolkit is divided into 2 main sections – Section A is broken down into the 8 key standards. Section B contains 10 safeguarding exemplars from Bracknell Forest LSCB. Section C gives the contact details of key Contact people in the Council who

¹³ The full version of the safeguarding Toolkit can be downloaded at <http://www.bracknell-forest.gov.uk/living/liv-children-and-families/liv-local-safeguarding-children-board/liv-lscb-safeguarding-toolkit.htm>

can provide further support. Section D is reserved for good practice examples, but this is currently empty.

Each key standard section is set out in a table, which is designed to be an audit tool, it includes:

- A statement of the Requirements to ensure each standard is met – these are set out as a list of questions the partner needs to demonstrate progress against. The questions are designed to be answered with a clear ‘yes’, ‘partially’ or ‘no’ answer.
- Evidence - A section is provided to list evidence.
- Action Plan – This prompts an action plan to be made in order to meet requirements which were answered with ‘partially’ or ‘no’.
- Links to Guidance – These are useful resources relevant to the standard being addressed. The resources are divided into two categories;
 - Toolkit Resource – These resources are found in the annexes of the toolkit and the LSCB website. They include exemplars, policy and procedures specific to the local area. These are useful as they can be used as templates for partners to develop their own documents.
 - Government Resource - A list of government guidance/resources are provided for further information and reference.
- Audit trail – This is used to keep a record of completion of an organisation’s self-audit of each standard; it is signed and dated so the next audit can be planned and completed within the deadline.

The completed audits of the standards can be used in discussions with inspectors and submitted to the LSCB when the partner is asked to complete the section 11 Audit.

The toolkit provides a link to the LSCB website where further resources can be found including electronic versions of all the documents in the toolkit. It provides contact details (Phone number, e-mail address) for the lead contact person of each sector in Bracknell Forest to support partners in using the toolkit.

Safeguarding Toolkit Resources

Annex 1: Exemplar Child Safeguarding Policy

This is an example of a Child Safeguarding Policy which can be used as a basis for organisations in the Public, Private, Independent, Voluntary, Community and Faith Sectors. It covers various principles and procedures including: responding to disclosure, acting on concerns, acting on allegations, staff conduct, unaccompanied children in public settings, training, recruitment and e-safety. It also includes a template risk assessment form which can be used for processes, procedures and events. These topics can be cut down according to the activities of the specific organisation.

Annex 2: Exemplar Safeguarding Contractual Legal Clause

This provides a set of standard contractual clauses concerning safeguarding children. It includes a useful list of minimum requirements any contractors must fulfil in order to work with the organisation.

Annex 3: Safer Workforce Practice Checklist

This provides a checklist of good working practices which can be expanded upon to ensure the workplace itself is not compromised and the employees are willing and capable of undertaking the activities of the organisation. The checklist is under the following categories: designing a job description, selecting an employee, supervision and training, and managing concerns about an employee's suitability to work with children.

Annex 4: Information Sharing Protocol

This is the formal information sharing protocol between the Council and its public sector partners in safeguarding children and young people. It includes information sharing procedures within the following headings: depersonalised data, personal data, data protection, designated officer, disclosures, subject access, guidance notes, complaints, indemnity, and mechanisms for sharing information and contractual agreements, and references to the law.

Annex 5: Information Sharing Pocket Guide

This gives a web link as well as a postal address and phone numbers to obtain the pocket guide. The guide itself is an excellent resource which explains the key principles of information sharing clearly. It gives a very useful flow diagram which helps to decide which circumstances to share information in.

Annex 6: Information Sharing Cue Card

This is a summary of the information sharing protocol; it covers the main requirements for information sharing. Its format allows it to be printed on one double sided page so it can be kept on a table for quick reference.

Annex 7: Safeguarding Cue Card

This contains brief and highly practical guidance for people who are concerned that a child/young person may be at risk of harm or neglect. It includes the most essential information such as basic advice and contact details of the Children's Social Care Duty Team, including the Out of Hours team.

Annex 8: Multi-Agency Needs/Risks Matrix

This table provides a useful tool to allocate a priority level to children so that appropriate action can be taken. It includes a set of indicators grouped under the 'Every Child Matters' themes of: Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution; and Economic Well Being.

Annex 9: Guidance to children's services professionals on making a referral to Children's Social Care

This guidance is to be used in conjunction with Multi-Agency Needs/Risks Matrix and the Common assessment Framework (CAF) Guidance. It defines the action needed in 3 different referral situations; referral where child is at immediate risk at level 3 or 4, referral where concern for the child has increased from 2 to 3, referral where concern for the child has increased to from 3 or 4. It also provides some key principles when dealing with referrals.

Annex 10: Bracknell Forest Multi-Agency Protocol on Safeguarding Young People at Risk of Sexual Exploitation

This local protocol has been produced in response to 'Safeguarding Children Involved in Prostitution', Supplementary Guidance to 'Working Together to Safeguarding Children'. This protocol is to be used along with any other protocol which relates to this area. The aims of this protocol are to:

1. Establish the basic principles of working with young people involved in prostitution.
2. To assist agencies in recognising circumstances where they should contact Children's Social Care and/or Police about their concerns.
3. To outline the responsibilities of key agencies in protecting young people and acting against those who are abusing and exploiting young people in order to empower them to exit from prostitution or to prevent their involvement in prostitution.

OFSTED Report on Bracknell Forest Borough Council Children Services¹⁴

Ofsted is the Government's Office for Standards in Education, Children's Services and Skills. They regulate and inspect, aiming to achieve excellence in the care of children and young people, and in education and skills for learners of all ages. The Education and Inspections Act, which established the new Ofsted, specifically requires that in everything we do they should promote service improvement and ensure services focus on the interests of their users.

In their last Annual rating of December 2009, Ofsted judged the Council's Children's Services¹⁵ to be level 3 'Performs well - An organisation that exceeds minimum requirements'. Ofsted also noted that in the joint area review in 2008, they had judged safeguarding and provision for looked after children as being good.

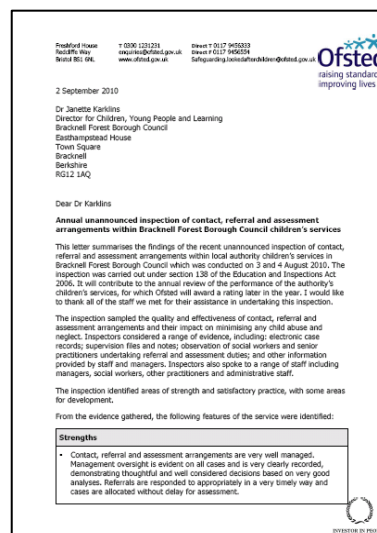
Ofsted's most recent report on safeguarding at Bracknell Forest resulted from an unannounced inspection of contact, referral and assessment arrangements conducted on 3 and 4 August 2010.

The summary that has been provided as part of the OFSTED report covering the referral and assessment arrangements within our Children's Services articulates the areas that were under inspection.

It also provides a clear indication of the outcomes of the inspection in terms of our strengths (Ofsted pointed to five areas of strength) and satisfactory practices (Ofsted pointed to 14 areas of satisfactory practices).

More particularly it highlights areas for development. In all there are five such areas and these will need to be addressed and they will be subject to specific attention in any future inspection.

- Evidence that children have been seen alone by social services, and the consistency of recording their views.
- Identification of needs in some initial assessments undertaken by family support workers.
- The use of the common assessment framework (CAF) is not consistent or fully established.
- A lack of clarity between the recording of contacts and referrals.



¹⁴ The full report can be found at the following website:

[http://www.ofsted.gov.uk/oxcare_providers/la_download/\(id\)/5799/\(as\)/UAV/uav_2010_867.pdf](http://www.ofsted.gov.uk/oxcare_providers/la_download/(id)/5799/(as)/UAV/uav_2010_867.pdf)

¹⁵ The Ofsted letter can be downloaded at

[http://www.ofsted.gov.uk/oxcare_providers/la_download/\(id\)/5804/\(as\)/CAR/car_2009_867.pdf](http://www.ofsted.gov.uk/oxcare_providers/la_download/(id)/5804/(as)/CAR/car_2009_867.pdf)

- The role of assistant team managers to hold cases, in terms of the boundaries between the social worker and the managerial role.

Child Victims of Domestic Abuse¹⁶ Birmingham City Council December 2009

This report highlighted the shocking scale and widespread impact of the problem of domestic abuse in Birmingham with a clear focus on the impact on children and young people.

The consequences of such abuse can follow them through their lives; physically, socially, emotionally, economically, educationally, and sexually.

The report highlighted that large proportions of children on the at risk register are living in households where domestic abuse occurs. These children are likely to require significant support to stay safe and alive.



Not all victims of domestic abuse have access to timely and appropriate support. Particular concern was raised for:

- Victims with no recourse to public funds;
- Child victims living in temporary accommodation;
- Child victims who may benefit from council services;
- Child victims who continue to live with abuse but have been identified as being at low risk;
- Teenagers experiencing domestic abuse who might be a parent themselves but fall between service remits.

The report also highlighted that children may have wide ranging and conflicting emotions in relation to their domestic abuse experiences, and could need help and support to make sense of them. The Young People and Families Directorate did not have a Lead Officer to promote work around domestic abuse, or ensure appropriate information sharing internally or with partners.

There was only one city-wide domestic violence co-ordinator and she did not have sole focus on the child victims of domestic abuse.

Funding for a one year post to support the Domestic Violence Co-ordinator had been established, but this needed to go through the moderation process which can take up to three months.

Despite having its own representative on Birmingham Domestic Violence Forum, Birmingham Safeguarding Children's Board had encountered difficulties in receiving an update on the implementation of the Pan Birmingham Domestic Violence Strategy.

¹⁶ The full text of the document can be found at the following website:
<http://www.birmingham.gov.uk/democracy/Pages/GetDoc.aspx?DocumentID%3D6DEASRG4QK0%253d%26MimeType%3Dapplication%2Fpdf%26DocName%3DChild+Victims+of+Domestic+Abuse+Scrutiny+Report.pdf>

The lack of staff to cover leave and the insufficiency in staff resources within the Safer Birmingham Partnership to co-ordinate domestic abuse work had had a detrimental impact on the relationship between the organisations.

It is also important to note that despite clear links between domestic abuse and child protection that neither the chair of Birmingham Domestic Violence nor the Safer Birmingham Partnership was represented on Birmingham Safeguarding Children's Board.

All of the areas listed below could be impacted because of domestic abuse:

- Pregnancy / Birth
- Health
- Neglect
- Psychological Development
- Disruption / Bullying
- Enjoyment of Life and Long Term Consequences

We could also add to the above an atmosphere of fear, tension, intimidation and confusion.

It follows that children living with domestic abuse could directly observe physical or sexual violence; emotional violence and abuse. They could also be directly threatened, injured or abused themselves.

These children often live with secrecy and shame and feel that it is in some way their fault that this is happening. All too often this leads to them trying to intervene and becoming a victim themselves.

It is essential that children who are victims of domestic abuse have help and support in relation to their experiences.

A 2008 Treasury Report stated that The Outcome of Poverty Today can also be the cause of Poverty Tomorrow thus perpetuating a vicious cycle which can only escalate if the help needed is not there and the cost of funding that help can only become greater.

Domestic abuse is mentioned in over half of the published Birmingham Serious Case Reviews that have taken place following a child's serious injury or death when abuse or neglect is known or suspected.

This demonstrates the potential risks of domestic abuse to children and their families and the importance of intervention to prevent problems escalating.

There were sixteen recommendations' to come out of the 2009 Child Victims of Domestic Abuse report.

Six months later the progress towards achieving these recommendations was reported to the Birmingham Vulnerable Children's Overview and Scrutiny Committee in June 2010.

There was an OFSTED Report in July 2010. It was found that the services were still inadequate and had failed to protect vulnerable children.

This announcement came just weeks before a Serious Case Review into Khyra Ishaq's death from starvation. Khyra weighed just 2st 9lb when she was found.

Ofsted Inspectors contacted Children and Young People's Receiving Services, Front Line Managers, Health Professionals, and Senior Officers including the Director of Children's Services as part of their report.

They also reviewed forty two course files for children and young people.

The conclusion that was drawn from the inspection was that the quality assurance systems failed to identify the major weaknesses in casework in many areas.

Other areas the inspectors highlighted as serious deficiencies were in management and practice, as well as the sharing and availability of information across the partnerships.

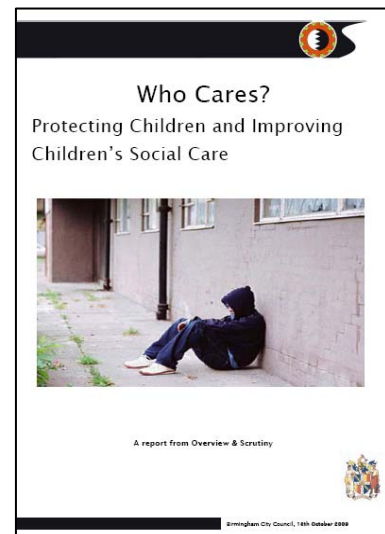
The OFSTED report said: although some improvements had recently been made in some key areas including most of those areas required by the Government Improvement Notice that was issued in 2009, some key and important deficiencies remained.

To finish this summary it is clear that we cannot go far enough ever to safeguard children. However much we might feel that we have got it right there must always be room for improvement.

We must strive as a Council to always be better.

Birmingham City Council - “Who Cares? Protecting Children and Improving Children’s Social Care”¹⁷

On 17th December 2008, the Annual Performance Assessment (APA) of services for children and young people, judged Birmingham city council to be ‘inadequate’ in the area of ‘Staying Safe’. A number of issues were highlighted and recommendations were then put in place. The Leader of the Council then established a Task Force to drive through improvements in children’s social care services. The issues did not emerge overnight, as there had been a history of underperformance in delivering children’s social care – particularly safeguarding services in Birmingham. During the last 10 years, the service had been in special measures. The main issues that were the main reason for concern were – Human Resources, Finance, and accommodation.



HUMAN RESOURCES – It emerged that Social Workers were extremely over-worked and that some of their tasks could be undertaken by skilled graduates who are not yet qualified. This would free up the Social Workers to devote more time to the children and their families.

The Inquiry had recommended a Graduate Support Scheme. This involved the recruitment of Children’s Practitioners who do not have a social work qualification but are graduates with a good first degree who have the ability and skills to do many of the tasks previously done by social workers.

The inquiry found a lack of reliable staffing information, no trend data and no site specific sickness information and a lack of support to managers in tackling individual poor performance. There was a lack of expertise in dealing with disciplinary issues and a need to address sickness levels by applying established Council policy.

There was also a need to improve the provision of training and development in all areas of management.

There was no indication that pay was a significant reason for not being able to recruit staff.

Human Resources are now in conjunction with Aston Business School to undertake a survey of new starters, post holders and recent leavers to establish a base of employee opinion on factors affecting attraction, retention and leaving.

ACCOMMODATION – The working environment was highlighted as insufficient as workers in children’s social care were dispersed across different buildings in different locations, this hampered working together effectively. Also, basic maintenance requirements were not responded to e.g. insufficient and unclean facilities, overcrowding and a lack of essential storage capacity for files, etc.

It was felt that teams needed to have a good working environment for them to work as teams and together with the issue of caseloads would have a more serious impact on the ability to recruit and retain staff than pay.

¹⁷ The full text of the report can be found on the following website:
<http://videos.icnetwork.co.uk/birminghampost/birminghamcouncilreport.pdf>

IT – IT equipment and access that required urgent upgrading was a key factor having a negative impact on performance improvement. Up to 75% of the computers currently used required urgent upgrade.

FINANCE – Managers were unclear about which budgets they were responsible for. There was a need for clear accountability of budgets and training, but there was no evidence how many people attended the training. Investment was urgently needed in IT, accommodation and training.

CONCLUSIONS - There was clear competency and capacity issues at the front line, middle and senior management. These issues were addressed and the appointment of 3 Assistant Director posts and a new Service Director would strengthen the leadership team.

This was no quick fix .Determined Management effort was needed to address the long –standing issues.

The Children's Commissioner for England's report on: Family perspectives on safeguarding and on relationships with children's services¹⁸ June 2010

This research study was commissioned by the Office of the Children's Commissioner as they were interested in exploring ideas around resistance from families receiving child protection services and the type of practice which would be most effective.

The size of the study needs to be kept in mind as there were only four focus groups were held with 19 family members and individual interviews with a total of 16 different people, including five young people. Interviews were held with five professionals and a focus group involved four family conference group organizers.

The review writers addressed the link between perceived barriers to gaining help and the development of resistance. It is suggested that some apparent resistance may be understood as resulting from inadequacies in services and in the way they are provided, often arising from the mismatches in the perception of needs and problems. A number of practice messages emerge for the 'helpful practitioner'; including confirmation of the need for a greater focus on the child's experience.

This study addresses the experience and views of those engaged with social work services, with the intention of providing insight into how they perceived the notion of resistance and it proved to be a contentious topic for the families, especially in those whose previous experience had led to mistrust.

While there are many negative reflections, it is also clear that family members appreciated the help of social workers who were open, involved them in unraveling the problems and demonstrated understanding.

The key messages which came out time and again were:

- The perceived failures of understanding by professionals and disagreement about their needs lay behind the family members' perception of resistance. Yet similar feelings were common to both the families and the workers, as both groups felt they would be pre-judged and both could feel defensive from the outset.
- The fear of the consequences of being involved in the child protection system, the sense of suspicion and mistrust and the formality of the processes were clearly expressed by the families.
- The barriers to using services, which the families and young people identified, were the fundamental issues of respect and the experience of a double standard in



¹⁸ The full text of the document can be found on the following website:
http://www.childrenscommissioner.gov.uk/content/publications/content_405

behaviour, in how they were to behave as opposed to how the social workers behaved, which reinforced powerlessness and stigma. Good support also would be undermined by frequent changes of social worker, with consequent changes of plan. Not all the barriers concerned quality of individual practice: frustration with not getting a service sufficiently early led to anger and difficulty for families, as did the premature removal of support. They all agreed that it was this process which has made them critical and at times angry, rather than individual workers.

- Both families and young people and social workers valued relationship based practice, for the personal attributes of social workers were more important than the agency. The view of the social workers was that they found providing social work services in the current climate was complex and, because of the many child death enquiries, they had to work hard to gain the trust of family members. They also felt pressure to work in partnership with people who they saw to be in very real need, whilst being suspicious about what they might be hiding.
- All the young people and the family members interviewed said that they did not understand the system they had been drawn into. This was despite many of them having two generations with such experience. This lack of knowledge created fear and a sense that anything could happen. This lack of understanding of their rights led to a perceived lack of fairness on the part of the families.

What style of social work practice with children and families is most likely to result in positive engagement:

- Demonstrating respect by social workers in actions, not just words
- Understanding the barriers
- Working in partnership
- Social workers who care
- Good communication and being open and honest on both sides

How can the services and structures within children's social care be organised to maximise the likelihood of engagement:

- Family focused services
- A more informal approach
- Separating support work from the child protection process
- Listening to all family members
- Family Group Conferences
- Giving practical support
- Services which are not crisis led
- Providing advocacy, particularly for those who are recognized as being more vulnerable
- *Local and accessible services

Conclusions and messages from this research:

The impact of having a social worker in your life is intensely personal. Individuals felt the stigma and shock of it, and worried that it reflected upon them as people. This fed into already existing feelings of low self-esteem. These concerns were compounded by images of social workers as all powerful, and able to make decisions, which they are, in reality, not able to make. People talked about fear, which was again compounded by most not knowing the system they were in and not knowing what their rights were, or who to ask. For families where there was domestic abuse, parental learning disability, child and parental disability, refugee status, poor mental health and drug and alcohol problems, there was even greater uncertainty.

This consultation highlights how important it is that social workers and managers

understand the impact of these experiences and are knowledgeable about effective responses.

Social work training and supervision needs to take account of the impact of poverty on children and family in the child protection process so that this understanding can inform the work with families.

The views expressed here point to the importance of young people and other family members being provided with information about the child protection system and their legal rights within it.

The current “think family” agenda fits well with family members’ views of what is helpful: that agencies see the family as a whole and that there is a good connection between children and adult services.

Common Assessment Framework Form

The Common Assessment Framework (CAF) form assists and informs a standardised process by practitioners across children's services for assessment of children's needs and strengths; taking account of the roles of parents, carers and environmental factors on their development. This assists practitioners to agree with children and families about appropriate modes of support. It promotes earlier identification of additional needs, particularly in universal services and is designed to improve integrated working by promoting coordinated service provision. The following headings are used in the layout of the form.

CAF assessment summary: strengths and needs

1. Development of unborn baby, infant, child or young person
 - a. Health
 - i. General health
 - ii. Physical development
 - iii. Speech, language and communication
 - iv. Emotional and social development
 - v. Behavioral development
 - vi. Identity, self-esteem, self-image and social presentation
 - vii. Family and social relationships
 - viii. Self care skills and independence
 - b. Learning
 - i. Understanding, reasoning and problem solving
 - ii. Participation in learning, education and employment
 - iii. Progress and achievement in learning
 - iv. Aspirations
2. Parents and cares
 - a. Basic care, ensuring safety and protection
 - b. Environmental warmth and stability
 - c. Guidance, boundaries and stimulation
3. Family and environmental
 - a. Family history, functioning and well-being
 - b. Wider family
 - c. Housing, employment and financial considerations
 - d. Social and community elements and resources including education

Conclusions, solutions and actions

1. What are your conclusions?
2. What needs to change?
3. Action plan
 - a. Who will do this?
 - b. By when?
4. Agreed review date
5. How will you know things have improved?
6. Child or young persons comment on the assessment and the actions identified
7. Parent or carer's comment on the assessment and the actions identified

Response from the Director of Children, Young People and Learning to the ‘top ten’ questions from the IDEA/CFPS guide on the scrutiny of safeguarding

Partnership	
<p>1. Is the LSCB effective in holding individual agencies to account and ensuring effective multi-agency working through the safeguarding children procedures and operational performance oversight?</p>	<ul style="list-style-type: none"> • The LSCB has the required statutory partners as Board members and the way in which partners are required to operate within the LSCB is laid out in legislation [Section 14 of the Children Act 2004, and the LSCB Regulations 2006]. • The requirements of being a member of the LSCB are clear to all Board members and this is discharged in a number of ways, firstly through the Business Plan [which is reviewed annually], through reporting on a regular basis by individual agencies on safeguarding progress and issues, and through set activities and processes, such as Child Death Overview Panel, Serious Case Review Group, Quality Standards and Case Review Group, and Policies and Procedures Group. • The LSCB is responsible for two primary strategic functions; ensuring the effectiveness of local safeguarding activity and coordinating safeguarding activity. • The LSCB is not accountable for operational practice of individual partners; this remains the responsibility of partner agencies under the Children Act 2004 and the Children, Schools and Families Act 2010. • The LSCB has areas of key activity designed to assess the effectiveness of local safeguarding practice: <ul style="list-style-type: none"> • The LSCB conducts detailed reviews of specific cases that have been identified as providing the potential for learning i.e. serious case

	<p>reviews, reviews of child deaths, multi- agency reviews.</p> <ul style="list-style-type: none"> • Requiring partner agencies to formally self-assess their safeguarding policy and practice against national or local requirements, and submit to the LSCB for review and comment, i.e. Section 11 audit, post Laming report assessments, safer workforce assessments. The Section 11 audit is a toolkit provided to partner agencies which allows them to self-assess against the requirements for safeguarding in Section 11 of the Children Act 2004. • The LSCB requests updates on progress made by individual partners relating to safeguarding action plans e.g. monitoring implementation of serious case review or multi-agency review action plans, requesting updates on self-assessment action plans. • The Quality Standards and Case Review sub-group analyses multi-agency practice by reviewing work with individual children and young people and the LSCB summarises the strategic learning and recommendations based on this analysis.
<p>2. Does your LSCB have the resources, both financial and human, to undertake its role effectively and deliver the LSCB business plan?</p>	<ul style="list-style-type: none"> • The scope of safeguarding is very broad and it is necessary for the LSCB to ensure it is able to prioritise its activity, and plan and manage its resources effectively. • The LSCB pays for an Independent Chair and a full time Business Manager who both ensure that the business plan is implemented. • Section 15 of the Children Act 2004 sets out that statutory Board Members may make payments towards expenditure and provide goods, services, accommodation or other resources for purposes connected with an LSCB. • The LSCB receives payments from partners agreed at the beginning of each

	<p>year and a business plan enables the Board to clearly lay out the priority areas for each financial year, and again there will be statutory priority activity which the Board is required to undertake.</p> <ul style="list-style-type: none"> • Partners additionally contribute resource in kind i.e. time, resources and expertise to the activity of the LSCB, including chairing and leading groups, sitting on a group, participation in key activity such as audits.
<p>3. Is the relationship between the LSCB and the Children's Trust clear and working effectively to improve outcomes for children?</p>	<ul style="list-style-type: none"> • This is an area of development within this year. New Guidance on Working Together to Safeguard Children, and Children's Trust Guidance strengthens and makes clear the requirements of the two Boards. The Coalition Government has indicated that they may make changes to the current requirement to have a Children's Trust. • The CYP Trust has a responsibility to ensure that the five outcomes for all children and young people are achieved to their best potential, and that agencies cooperate under Section 10 of the Children Act 2004, whilst the LSCB maintains a specific focus on staying safe and its role in ensuring the effectiveness of arrangements made by individuals and wider partnership to safeguard and promote the welfare of children and young people. • This year will see the first annual report from the LSCB to the CYP Trust, with the content of this informing the development of the priorities in the Children and Young People's Plan in 2011. • It is the intention to create a robust dialogue across the two Boards, and to enable effective challenge to be made when there is concern that an outcome is not being achieved to its full potential. • The relationship between the two Boards is highlighted in the Governance document of the CYP Trust Board, and this will be reflected in the Governance of the LSCB.

	<ul style="list-style-type: none"> • The Independent Chair of the LSCB is also a member of the Children and Young People's Trust and the Director of Children, Young People and Learning Services is also on both Boards.
Quality and performance	
<p>4. How does your LSCB perform its quality assurance role? Is there evidence it leads to service improvement at system and frontline practitioner level?</p>	<ul style="list-style-type: none"> • The LSCB facilitates self-evaluation across a range of safeguarding issues, a recent Section 11 Audit programme asked agencies to self-assess safeguarding practice within their organisations against the minimum standards identified in Section 11 of the Children Act 2004, for review and comment by the LSCB. Although these requirements relate specifically to statutory partners the LSCB has extended the assessment to partners in the PVI sector, including Early Years settings and Leisure providers who provide valuable services to children and young people in the local area. • The LSCB has developed a data set along with partners across Berkshire which enables the Board to maintain an overview of the progress made against outcomes using key national indicators, where there appears to be an issue the LSCB can identify further investigation to determine whether further preventative action should be taken. • The LSCB receives reports from partner agencies on an annual basis in relation to key business functions; this includes for example a report on the activity of the Child Death Overview Panel, various reports from Health Partners in relation to key safeguarding achievements and priorities, the Annual Licensing Report etc. • The newly established Serious Case Review Sub-Group seeks to provide strategic recommendations from child deaths and cases where local learning has been identified. The group also seeks to use national learning from serious case

	<p>reviews and establish where local changes to policy and practice would be in the interest of children and young people.</p> <ul style="list-style-type: none"> • A recent Multi-Agency Review into the death of a young person in Bracknell Forest has recommended a series of changes to local policy and practice. The LSCB set six months in which to implement the recommended changes, progress is monitored regularly. • It is a challenge to evidence the direct impact, there is no systemic measurement available and this has been identified as an area for development in the 2010 /11 Business Plan.
<p>5. Is the LSCB gathering and using the experience of children, young people and families to inform improvements to safeguarding arrangements?</p>	<ul style="list-style-type: none"> • The LSCB has a Raising Awareness sub-group and through this group targets groups or individuals for engagement. Examples of the activity include: <ul style="list-style-type: none"> • Young people designing a safeguarding resource for other young people across the Borough, which provides contact details for sensitive safeguarding services that young people were sometimes reluctant to make enquiries about with adults. This process has been highlighted as a national example of best practice by the former NSDU and shared in LSCB resources nationally. • Young people designed, wrote and performed a series of monologues on “risky behaviours” they were given a slot on the programme of the annual LSCB Conference to present their perceptions of risky behaviours to a multi-professional audience and inform the LSCB identification of and response to local concerns. GOSE have requested a presentation of this work at a regional LSCB forum. • Primary aged children have recently submitted a series of entries to the LSCB capturing pictorially their concerns about safeguarding. Three winning entries have been selected and will feature as part of a new

	<p>resource for primary age children in the borough with the aim of promoting safe messages to children of this age.</p>
<p>6. Is there a robust needs assessment process in place and are the trends in demand and outcomes well understood?</p>	<ul style="list-style-type: none"> • There is a robust needs assessment that has been undertaken by the CYP Trust Board, looking at all five outcomes for children and young people living in the Borough. This was updated in 2009, to include where available data broken down to ward level to assist the CYP Trust Board and the LSCB in planning and monitoring services. Examples include identifying areas where there is a higher number of children with a child protection plan, or a higher number of children who become looked after by the local authority. • The implementation of the requirement for the CYP Trust to receive an annual report from the LSCB will strengthen the link between the two Boards and will ensure the LSCB has a range of opportunities to contribute to the needs assessment and ongoing development and prioritisation of services. • The LSCB provides quarterly analysis of partnership performance against safeguarding indicators, a highlight report seeks to focus discussion on areas of local performance in which we fall behind statistical neighbours on national comparators, or in which we exceed our comparator authorities' performance. For example recent higher than expected number of under 18 victims of serious sexual offences had led to the LSCB commissioning local analysis of cases of serious sexual offences against under 18 victims in 2009 /10. • GOSE have contributed to the analysis of the increase in children with a Child Protection plan, Children's Social Care have arranged a follow up meeting to discuss the findings and draw up an action plan. Further work on the increase including data analysis and a survey of professionals is underway.
<p>Practice</p>	

<p>7. Are universal services supporting vulnerable children well and are there adequate and effective early intervention or prevention services in place for children and families? What safeguards are there to protect children and families from inappropriate child protection interventions?</p>	<ul style="list-style-type: none"> • The LSCB requests periodic reports on a wide range of needs and processes, i.e. Common Assessment Framework, Working Together to Safeguarding Children 2010 places new responsibilities on the LSCB to have oversight of thresholds in the local area. • The Common Assessment Framework is well developed in Bracknell and widely used, a range of agencies provide intensive support to families including Children's Centres and Outreach workers, BST, HomeStart, PACT, Kerrith etc. • All child protection investigations are signed off by a senior manager in CSC or the Independent Chair and any Child Protection interventions considered inappropriate can be addressed. • This is an area that the LSCB are looking at developing further to provide more information about thresholds and early intervention and prevention.
<p>8. Are services reaching the most vulnerable groups e.g. children with disabilities, children in families affected by substance misuse, domestic violence or parental mental illness and children from refugee and asylum seeking communities?</p>	<ul style="list-style-type: none"> • Much of the LSCB routine activity requires consideration of the impact of provision on vulnerable groups e.g. quality standards work on the analysis of cases regularly considers the needs of vulnerable children, the recent multi-agency review identified particular needs associated with specific vulnerability. Annual reports are requested on particularly vulnerable groups for whom the LSCB has statutory responsibility for maintaining strategic oversight e.g. privately fostered children. • Many of the children with Child Protection Plans are from families where there is domestic violence, substance misuse, mental illness. There are not significant numbers of refugee or asylum seeking communities in Bracknell. Children with disabilities are well supported by the Disabled Children's Team.
<p>9. Do all Child Protection Plans contain specific, achievable, child focussed outcomes intended to safeguard and promote the welfare of the child. Are</p>	<ul style="list-style-type: none"> • Child Protection Conferences use the Signs of Safety model this is outcome based with specific, achievable and child focused outcome. This format has been independently reviewed on two occasions by GOSE.

these measurable and are those protection plans independently reviewed?	
10. What is the quality and frequency of supervision and training given to frontline staff? Does supervision routinely address safeguarding practice and performance?	<ul style="list-style-type: none">• Supervision arrangements vary across the workforce. Working Together to Safeguard Children 2010 presents the new expectations for supervision arrangements and the LSCB is reviewing the requirements with a view to supporting partners to respond/adapt to the requirements.• Within Children's Social Care 3 weekly supervision sessions are provided to all social workers, and regular high quality training is also provided.

Comments from Primary School Headteachers and External Organisations Regarding Safeguarding Children and Young People in Bracknell Forest

Written submission from Primary Headteachers

This is a summary of the themes from written responses from 14 Primary School Headteachers covering 16 schools, gathered at a meeting of the Primary Heads Association for Bracknell on 9th December 2010 in response to two written questions. The responses were written individually, but following some group discussion about safeguarding, which will have influenced the nature of the responses. The headteachers welcomed the opportunity to give their views.

The two written questions were:

1. The overall adequacy of the arrangements to safeguard children in Bracknell Forest;
2. Your views on future challenges and opportunities in relation to safeguarding children in Bracknell Forest.

Similar answers were given in response to both questions so the common themes have not been separated under the two headings.

- Family Support Advisers in schools have been a success: *"We value the role of our FSA and are very aware of the ever increasing responsibilities and expectations they fulfil"*, but there was also concern about the future: *"FSAs are now a vital part of the school but budgets are tight."*
- While some headteachers were clear about the thresholds for a service from Children's Social Care, there was some concern about whether the threshold was too high; *"Social Services threshold for intervention means children at risk of neglect could be missed"*. Some headteachers wanted more information about thresholds, and felt that they did not always get a consistent response from the Duty Team.
- The highest number of comments were about the need for a joint approach to information sharing and to improve communication. Schools particularly wanted to know when Social Care were working with families *"are there families Children's Social Care are working with I don't know about?"* and to be included in the decisions about when the case was to be closed.
- Where headteachers felt they had not had a positive response from Children's Social Care, they thought that more was needed to develop good trusting working relationships. *"Build stronger links between Duty Team and Schools."*
- Queries about the CAF were raised such as whether it was appropriate always, and *"we need more work on what happens once a CAF exists and an old problem comes back"*.
- The need for more provision was identified by some: *"appears that social services are overstretched"* and a plea for *"the development of services to meet the counselling needs / play therapy for vulnerable pupil."*, *"Increased capacity for training"* was another request.
- One headteacher noted that schools were trying to address issues within their school such as procedures, which could benefit from being worked on collaboratively, and there were some comments that working in clusters might help with resource problems.

Extract from an e-mail response from Martin Gilman, Chief Executive, Bracknell Forest Voluntary Action, 15.10.2010

- 1) The CAF process is still very patchy, it was very good in its early days but in the last twelve months or so it seems not to be very high on people's agenda. As you may know we run the Young Carer's project here at BFVA and Angela Evans still frequently gets referrals from other agencies without a CAF form and has to start that process from here. Most of the schools are OK, but Social Services and health are particularly bad at initiating the process.
- 2) As you know the VCS is not one organisation and whilst we can advise and try to support the rest of the sector we have very limited resource in getting the Safeguarding Tool kit and doing face to face work with the groups and this work tends to get tagged on to other work. This obviously affects the speed of distribution of the tool kits. We have been trying to get a dedicated Young People's VCS worker in post for about 18 months. We are about to advertise for a 9 month post courtesy of some CDWC funding, and this will help with that process, but it is a short term answer to an ongoing problem of capacity in the sector to support the safe guarding issues and processes.

Extract from an e-mail response from Linda Darrall, Divisional Manager, Victim Support, Thames Valley

In response to your letter regarding the above. If I first detail what we in Victim Support operate regarding safe guarding children: All of our staff and volunteers have an enhanced CRB check before they have access to any clients or any client data, and all volunteers and staff complete mandatory safe guarding training. We have a designated officer nationally, regionally and locally to support any member of VS who suspects that a child may be at risk, and have a policy to follow if such a thing is identified. (A copy of our policy can be made available if required.)

Our Victim Care unit and managers in Bracknell are aware of who to contact if the need arose, and for this reason can deem the arrangements adequate, (fortunately in my 5 years with VS we have not had to use this.)

I think the future for safeguarding children continues to be challenging; with the need to share accurate information, support staff and volunteers who come into contact with a vulnerable child or adult and of course support and protect the child themselves.

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20th September 2010

Dear Mr Beaumont

Thank you for your letter dated 20th August 2010 and addressed to Andrew Flanagan, Chief Executive of the NSPCC. As the Regional Head of Services for the region covering Bracknell Forest I am responding on Mr Flanagan's behalf.

The NSPCC currently has a project that is based in Slough and offers therapeutic intervention for children across the Berkshire authorities. Some of those children are in the Bracknell Forest area however regrettably the numbers are of insufficient size to provide accurate on which to be able to reliably generalise. I am not aware of any specific issue or difficulty that the project has encountered in its safeguarding work with Bracknell Forest agencies.

With regards to your second question I believe that the current financial and economic climate in which we work is likely to present significant resource challenges throughout the social care field. Those responsible for public services will need to ensure that safeguarding of children remains of paramount importance. The climate is likely to increase opportunities for collaboration and shared resources. This is both within LSCB areas and across them.

As you may be aware, I wrote recently to both LSCB Chairs and Directors of Children's Service in all the local authorities in the region. The purpose of my letter was to introduce myself and explain something of the NSPCC Strategy to 2016 which is very much focussed on sharing learning. I subsequently had a useful meeting with Dr Karklins and Penny Reuter. The NSPCC is re-locating its 100 projects into larger Service Centres over the next 3 years. The exact location of what will be your nearest service centre is not yet known but I will continue to keep colleagues informed.



I am sorry that have been unable to help further with your review. You may wish to know that the NSPCC Consultancy Service is available and may be able to add independence to your review should this be considered desirable. If you like further details about this service please feel free to contact me at the above address and I will be happy to put you touch with the right people.

Yours sincerely



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