

Note – This copy excludes the appendices



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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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. Foreword

I must start this Foreword 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

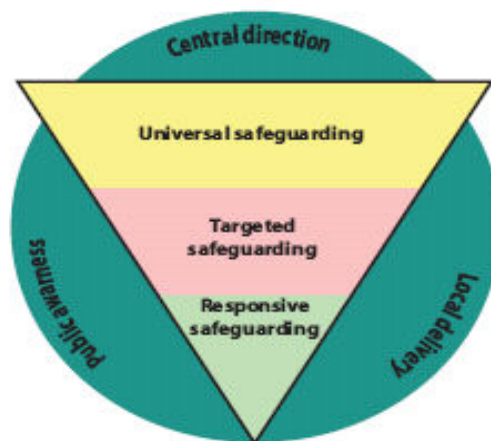
Introduction

- 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 has been the 'Every Child Matters' agenda, formed from the report by Lord Laming following the tragic death of Victoria Climbié. We have reviewed the report by Lord Laming and summarised it, together with Lord Laming's further report following the death of Baby Peter, at Appendix 4.1.

- 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.'

1

<http://www.education.gov.uk/childrenandyoungpeople/informationforprofessionals/a0065082/pofessor-munros-review-of-child-protection-analysis-of-the-problems>

- 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

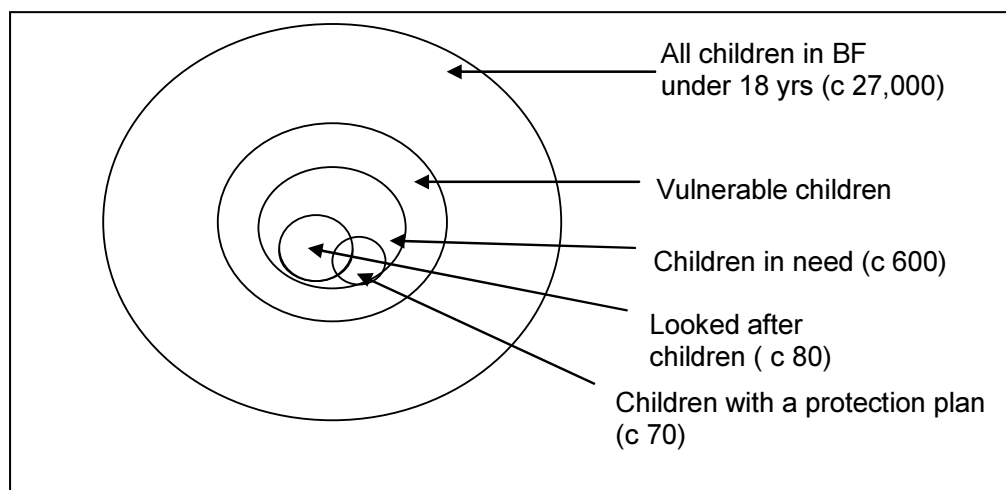
harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (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 care-givers)
 - 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

Trust Boards and the requirement on those Boards to prepare and publish a joint Children and Young People's Plan, at the first available legislative opportunity.

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

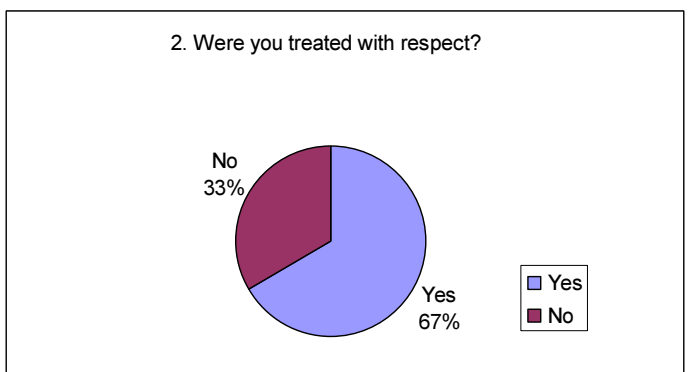
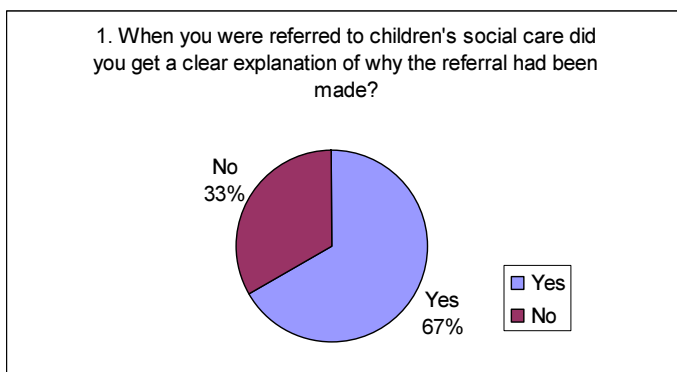
was really worried that they would miss something important because of the under-staffing, and this also put a squeeze on the time spent on training. One member of staff also mentioned that the team were finding themselves writing the same information over and over again when filling out various forms; 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.

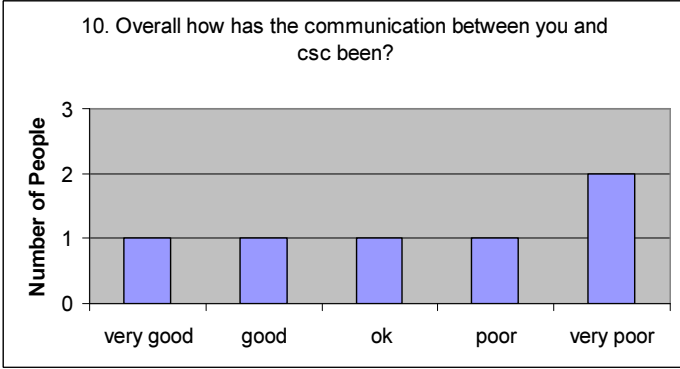
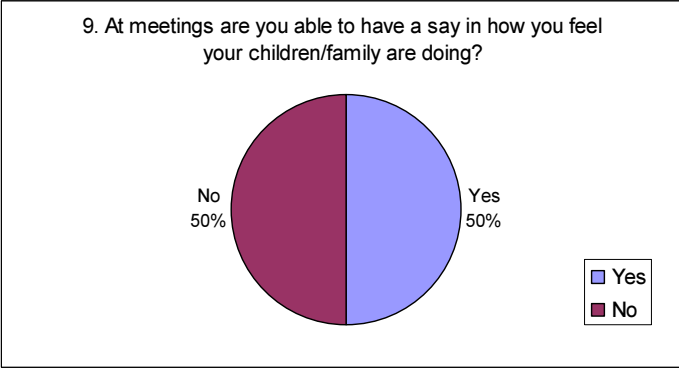
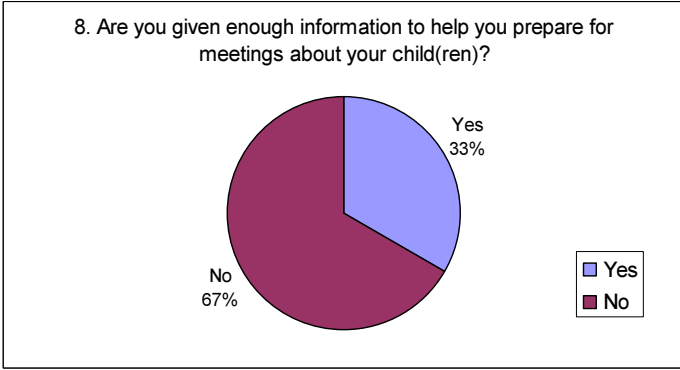
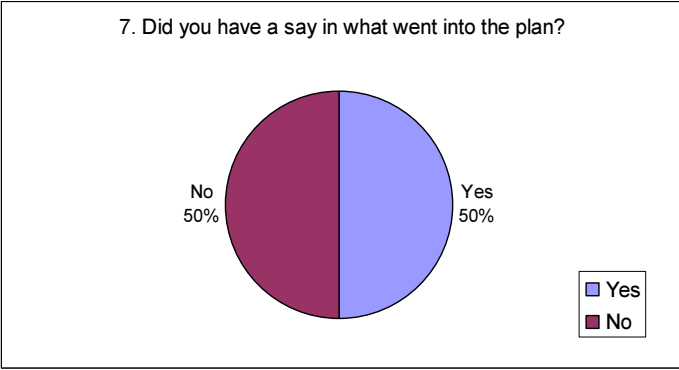
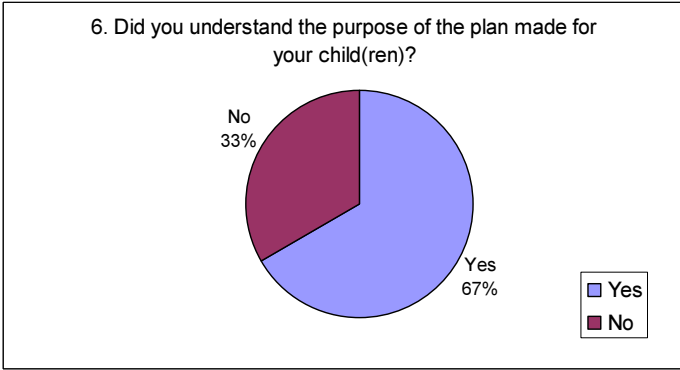
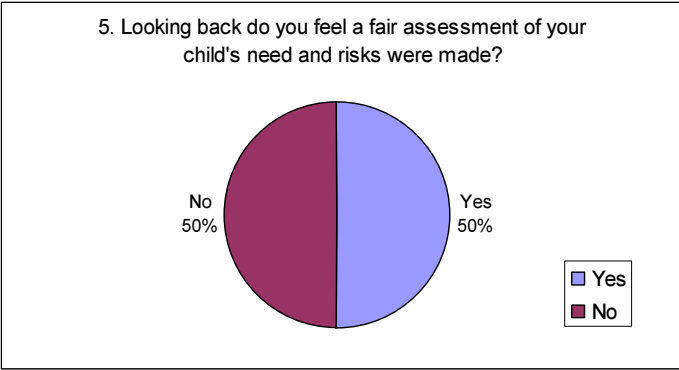
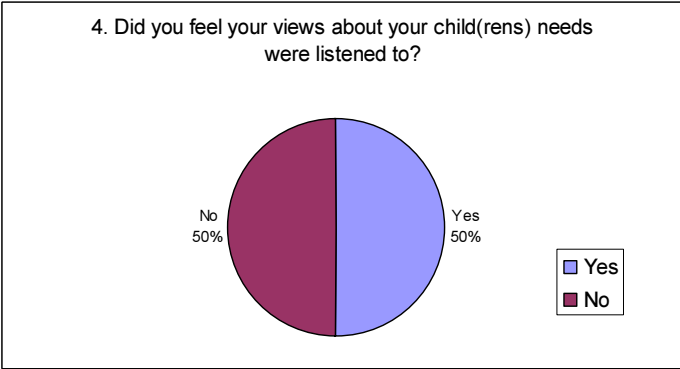
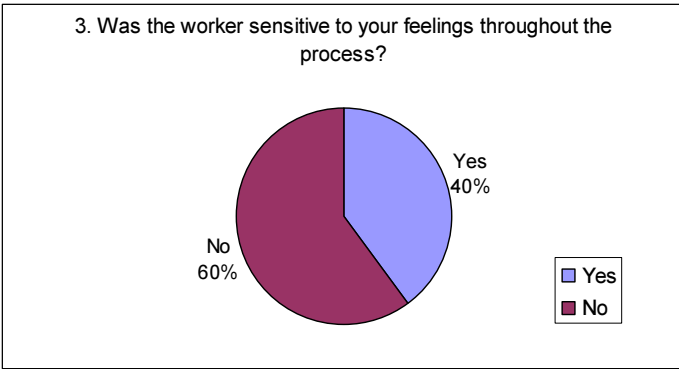
3.41 The Group was impressed by the professionalism and dedication of staff we met. We return at paragraph 4.25 below to our appreciation of the difficulty of their jobs, and our admiration for what is being achieved by the Children’s Social Care teams.

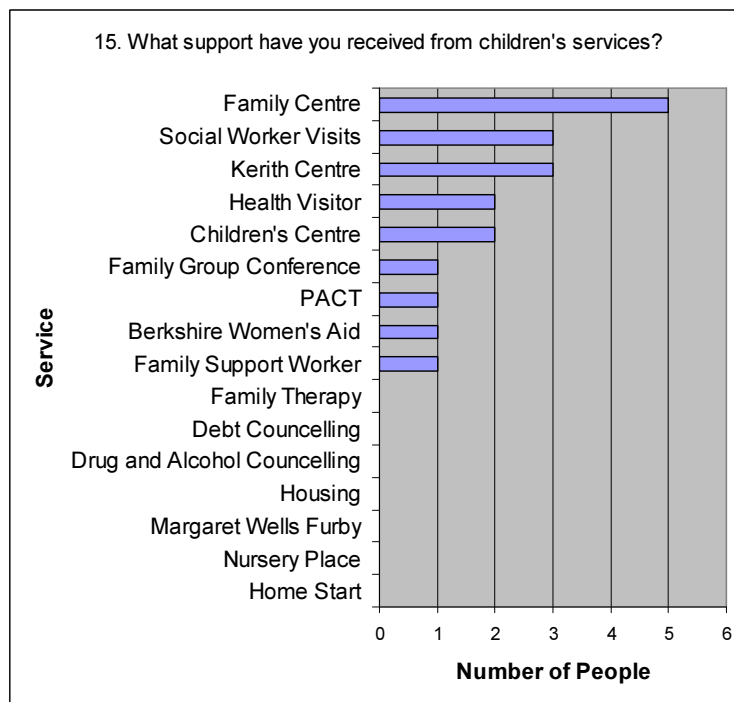
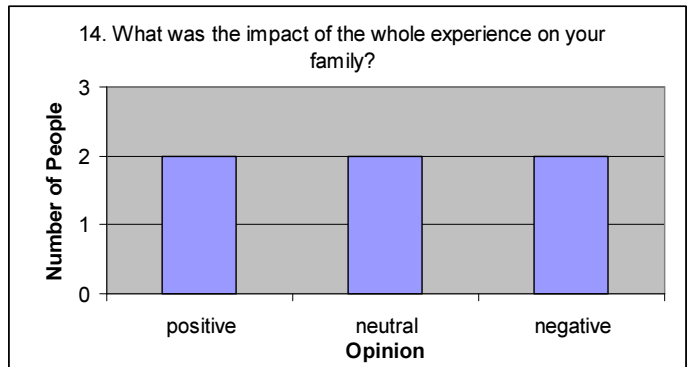
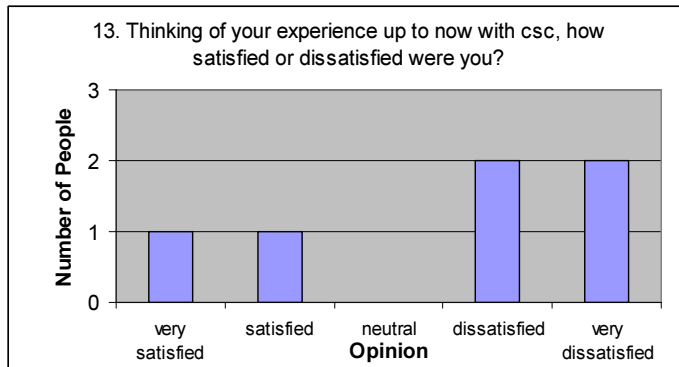
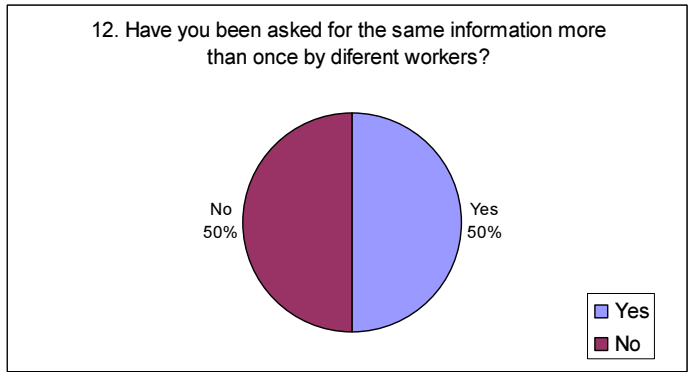
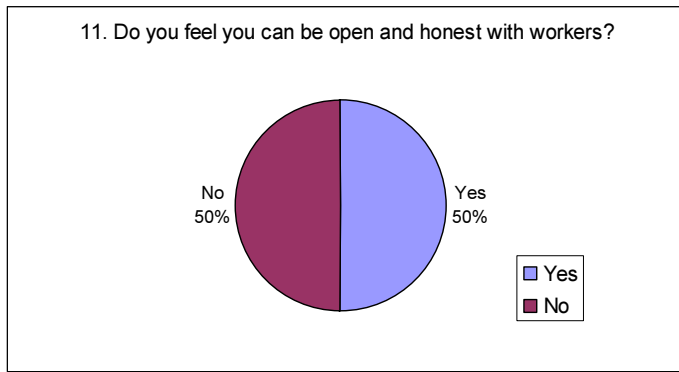
3.42 On 2 July 2010, two members of the Working Group met with some **parents who attended the Bracknell Family Centre** to discuss with them their experiences of Children’s Social Care. The Council’s Policy and Commissioning Officer was also present. We commenced with asking a set of questions, and 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.







3.44 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:

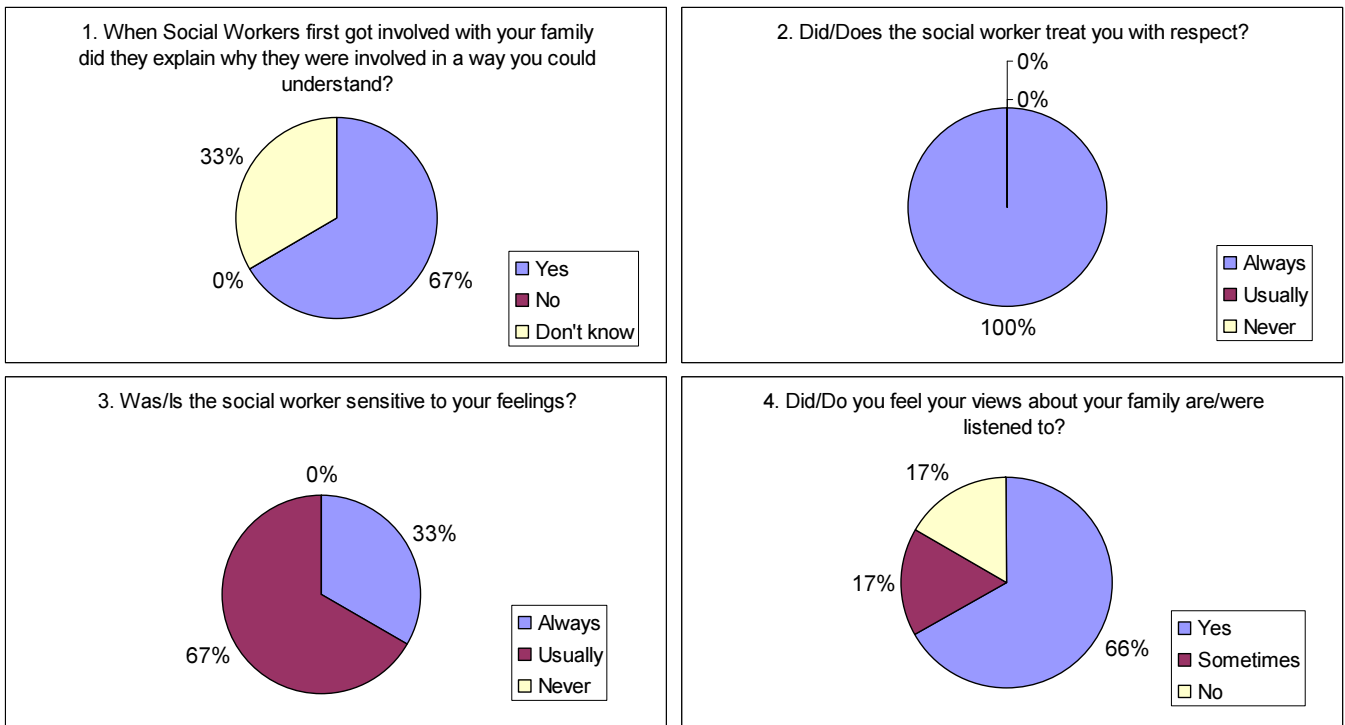
- a) The Executive Member's statutory duty to hold the Director of Children's Services (DCS) to account was principally achieved through the quarterly monitoring meetings with her, the Chief Executive and the Chief Officer.
- b) The Lead Member could not make decisions on individual cases, but makes 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.

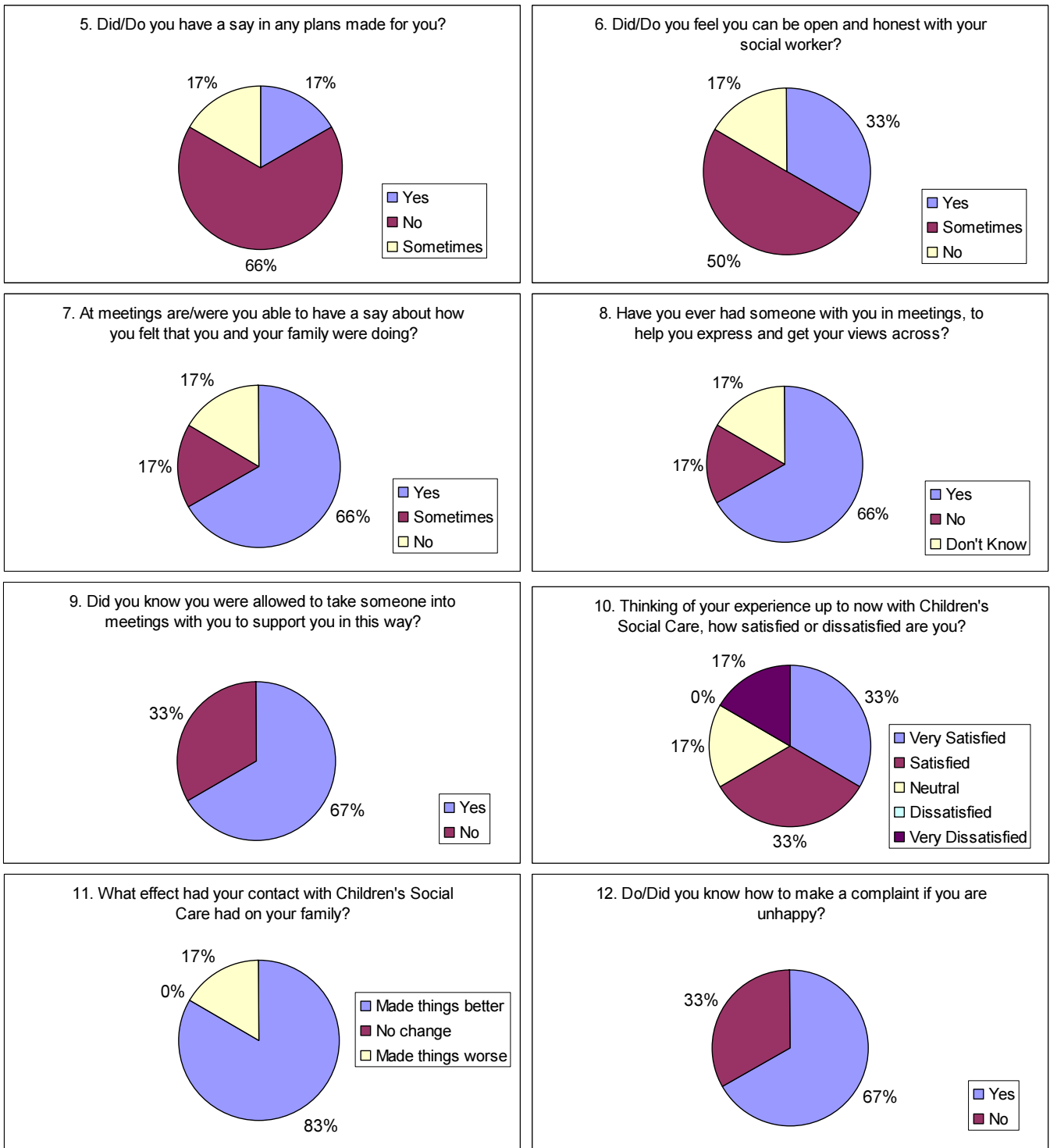
- g) There is scope to further improve engagement with young people. For example, he is keen to have a 'shadow' Children's Trust, led by children and young people.

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 (MAPPAs), 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

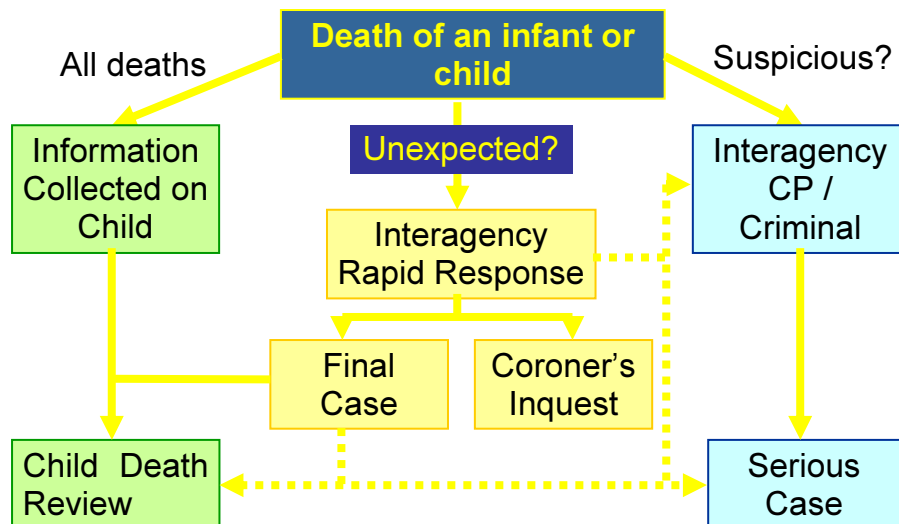
whether they would: 1) take no further action; 2) monitor the issue and record it internally(within their organisation); 3) discuss with a manager or seek advice; 4) Initiate a CAF and/or refer to an ICP; 5) Refer to Children's Social Care.

- 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.

This is supported by achieving an understanding of factors influencing workload, and in that regard we think it was important for the Council to have analysed the significant increase in the number of child protection plans (paragraph 2.28).

- 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 children also made some helpful suggestions concerning the arrangements for making complaints and suggestions (paragraph 3.58 (g)). The young adults with children suggested more effective publicity be given to facilities such as Children's Centres (paragraph 3.44(j)). 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 appropriate action.
- 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 4.28).
- 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 4.10).
- 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 4.28).
- 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