

# Inspection of safeguarding and looked after children services

Bedford Borough

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**Reporting inspector:** Nicholas McMullen HMI

**Age group:** All

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives
  - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluation of a serious case review undertaken by Ofsted in accordance with *'Working Together To Safeguard Children'*, 2010
  - a review of 75 case files for children and young people with a range of need. This provided a view of services delivered over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment arrangements undertaken in May 2011
  - interviews and focus groups with front line professionals, managers, senior staff and executive directors from NHS Bedfordshire, South Essex Partnership University NHS Foundation Trust (SEPT), Bedford Hospital NHS Trust and Luton and Dunstable Hospital NHS Foundation Trust.

## The inspection judgements and what they mean

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

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

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

## Service information

4. Bedford Borough Council is a relatively new authority, becoming a unitary authority in April 2009, taking over the responsibility for children, schools and families from Bedfordshire County Council. Bedford Borough Council area has approximately 35,600 children and young people up to and including 17 years of age. This equates to 22.1% of the local population. The overall population within the Borough has grown considerably since 2001, increasing from 148,100 to 160,800 by 2010. It is expected that a total of 16,000 new homes will be constructed within the Borough (between 2001 and 2021), many of which have already been completed and occupied. This means the overall population is projected to increase further by an additional 7.6% by 2021, compared to 2010. Of the 2,119 births in 2010, over a third of children were born to mothers who were born outside the UK.
5. Bedford Borough has a very diverse community and this is reflected by 35.6% of children attending schools within the Borough coming from non-White British backgrounds. For 20% of children at school English is not their first language. Of children and young people aged under 18, 20% are living in poverty; this is higher than the comparator average of 17.6%. The Income Deprivation Affecting Children Index shows that nine areas within Bedford Borough are amongst the 10% most deprived in England.
6. Since Bedford Borough became a unitary authority, the number of children subject to a child protection plan has risen by 46% (from 91 to 133, with a peak in January 2011 of 180). The number of looked after children has risen by 45% (from 135 to 196). As a result of these rises, Bedford Borough is now broadly in line with comparator averages. At the time of the inspection the 196 looked after children comprised 55 young children aged 0-4, 94 school age children, and 47 young people aged 16 and over. Additionally, the leaving care service currently works with 78 care leavers.
7. Bedford Borough operates two children's homes, both of which provide short breaks for children with disabilities and one provides three long term care places. There are 15 children's centres.
8. In total there are 29,785 children of statutory school age attending Bedford Borough schools, of which 5,970 (20%) have a special educational need. In 2010 a Department for Education publication showed 44.3% of children looked after in Bedford Borough for 12 months or more had a statement of special educational need, this was one of the highest figures in England. Education in Bedford Borough is delivered by a complex range of school provision across 79 establishments, of which

three are nursery schools, 50 are lower schools (11 with designated nursery units), one primary school, 14 middle schools, seven upper schools, three special schools and one pupil referral unit. Ten of the above total of 79 are academies. Post-16 years education and training are provided by one university and one college of further education, and all seven upper schools provide sixth form facilities.

9. The Bedford Borough Children's Trust Board was established in 2009. In 2009 the functions of the Local Safeguarding Children Board were delivered through a shared service arrangement. In April 2010 Bedford Borough Council with partner agencies established its own Bedford Safeguarding Children Board (BSCB) Executive Board with an independent chair. Social care services for children are delivered by a contact referral and assessment team, two social work and safeguarding teams, a looked after children team, a children with disabilities team, a leaving and after care team and an intensive family support service. Fostering and adoption, asylum services, youth offending services, family group conferencing and the emergency duty team are provided through shared service arrangements with Central Bedfordshire.
10. Commissioning and planning of children and young people's health services and primary care services are undertaken by NHS Bedfordshire, and universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by South Essex Partnership University NHS Foundation Trust. The acute hospital providing accident and emergency services for children, as well as maternity and newborn services, is Bedford Hospital NHS Trust. Children and families access primary care services through one of 56 general practitioner (GP) practices in Bedfordshire including; Putnoe walk in centre and the out of hours service provided by Bedford Doctors on Call (BEDOC). Child and adolescent mental health services (CAMHS) are provided by South Essex Partnership University NHS Foundation Trust. Children with learning disabilities and who have complex health needs are primarily provided by South Essex Partnership University NHS Foundation Trust. There are a number of other trusts dealing with a smaller volume of cross border activity with contractual arrangements in place. These include The Luton and Dunstable Hospital NHS Foundation Trust and The Lister Hospital in Stevenage. Prior to September 2011, all community health services locally had been provided by Bedfordshire Community Health Services. These services were transferred to South Essex Partnership University NHS Foundation Trust, under the transforming community arrangements. Commissioning arrangements are in place with South Essex Partnership University NHS Foundation Trust for looked after children health service provision.

## Safeguarding services

### Overall effectiveness

### Grade 3 (Adequate)

11. The overall effectiveness of safeguarding services in Bedford is adequate. Services have faced considerable challenges and these have led to the quality of provision of social care services being insufficiently robust. There have been concerted efforts to address these challenges and significant progress achieved, leading to a demonstrable recent improvement in the quality of services being provided and improving outcomes for vulnerable children. Overall safeguarding outcomes for children are adequate with some examples of good practice and no children found to be left inadequately protected during the inspection. Senior managers and leaders and elected members are fully committed to securing the safety of children within the borough. This commitment is reflected in their resource prioritisation in the context of significant financial constraints.
12. The Police are making a strong contribution to the effectiveness of local safeguarding services and joint working with local schools has improved in recent months. The contribution of health agencies to keeping children safe is adequate. There are good relationships at the strategic level and examples of good partnership working, for example with the midwifery service. However, the quality of joint working with health visitors and community nurses is too variable and impaired by capacity and recruitment issues in this service.
13. The unannounced inspection of contact, referral and assessment arrangements in May 2011 identified five areas for development and no priority actions. In the relatively short period of time since the inspection, progress has been made in most of these areas. The common assessment framework (CAF) has been re-launched and a new electronic recording system introduced. However in both cases it is too early to assess the impact of these changes. The quality and consistency of supervision have improved recently in the contact, referral and assessment team. Case file reading and discussions with social workers evidenced an improvement in the quality of work being undertaken. However, considerably more work is required to consolidate these changes and ensure that processes for identifying and analysing risk are consistently rigorous.
14. No services are deteriorating and recent improvements mean that statutory requirements are being met. Plans are in place to further improve services and outcomes, backed by the necessary financial resources, but these are at an early stage of implementation. The BSCB was established in 2010 but it is well developed, ably led and has good partner engagement. It fulfils its statutory duties and the action plan from the recent serious case review has been well managed and implemented.

15. Some good early intervention services are provided in Bedford, particularly by its children's centres, but preventative services are insufficiently targeted and coordinated and the re-launch of the CAF has not yet led to it being used effectively. As a result, not enough children are receiving coordinated early support which might prevent them becoming at risk of significant harm.
16. Where risk of harm is identified it is now being responded to swiftly and robustly, often supported by effective multi-agency strategy meetings. All child protection enquiries are undertaken by suitably qualified and experienced social workers. However, child protection planning has not been effective enough at reducing risk. In a number of cases seen by inspectors, children with multi-agency child protection plans had not received a sufficiently analytical assessment or an adequately focused intervention. As a result, they had been left in situations of continuing risk of harm for too long. In all these cases the authority had already identified these deficits prior to the inspection and provided a more robust response which safeguarded the child.
17. Gaps in staffing and management, staff turnover and the consequent over-reliance on agency workers have significantly impaired the functioning of social work teams. This has meant that until recently they have lacked the capacity, competence and continuity to provide a satisfactory service. Processes for the recruitment and retention of staff have become more effective and all teams are now close to having all permanent social workers and managers.
18. There is evidence of some good partnership working, particularly between children's social care and the Police, but partnership working is not consistently effective, particularly at an operational level. Child protection core groups, for example, are not being used consistently to develop and deliver multi-agency child protection plans.
19. Performance management and quality assurance arrangements are adequate overall. Performance management information is regularly considered by senior managers and members and during the inspection some examples of good quality case auditing were seen. However, management oversight of casework has been inadequate, albeit with clear indications of recent improvements. Children and young people's views have informed some service developments and there is good young people's participation within the Children's Trust arrangements. There is less evidence of user views informing the development of child protection services.

## Capacity for improvement

## Grade 3 (adequate)

20. The capacity to improve is adequate. There is evidence of sound improvement in some areas, linked, for example, to the learning from serious case reviews. There is also clear evidence of identification of



problems and then improvements in the last few months in key areas such as decision making, management oversight and casework practice. This is, however, very recent and more work is required to embed and extend these improvements.

21. A key challenge to sustained improvement is workforce capacity, particularly in the areas of health visitors, social work, administrative support and intensive family support. This is recognised by senior managers and plans are either in place or being put in place to ensure sufficient capacity in these key areas. The local authority has a sound record of financially prioritising safeguarding services in a challenging resource climate. It understands its current needs and priorities and has a firm commitment to resourcing the necessary increases in capacity for social work and family support services. Senior managers and members, including the Chief Executive, have a hands-on approach and are strongly engaged with, and committed to, improving safeguarding services.
22. Significant progress has been made in reducing the level of vacancies and the use of agency workers in front line social work teams. These are both now at a low level. Effective workforce planning, including support for newly qualified social workers, an 'apply anytime' scheme, the promotion of evidence based practice and succession preparation and planning are improving the supply of social workers and managers and providing opportunities for continuous professional development.
23. The new intensive family support service is already proving effective in providing individual support packages to children and families, including those at risk of harm, and is improving outcomes for children in these families. Service user engagement in the development of this service and the family group conference service has been good. The local authority and its partners are not, however, currently using the views and experiences of children and families to review and develop other key child protection services.

## Areas for improvement

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

### Immediately:

- review the quality and quantity of administrative support available to the social work team to assist with the pressure of current caseloads
- review the multi-agency visiting requirements on all current child protection plans

- put in place plans to further reduce social work caseloads and ensure sufficient capacity to meet the demands on the service.

**Within three months:**

- ensure that thresholds are clearly understood across the partnership and are consistently applied, monitoring this through regular auditing of decisions made on contacts and referrals
- ensure that assessments are timely, up to date and analytical, and that they robustly identify risk, needs and protective factors, focusing on the experience of the child
- ensure effective and regular management oversight of cases within children's social care services
- ensure all cases receiving social work support have an up to date chronology
- ensure consistent feedback to referrers about the outcomes of referrals
- establish robust multi-agency arrangements to monitor the regularity and quality of core groups
- agree, implement and monitor clear standards and expectations for partner agency involvement in child protection plans
- review the capacity requirements of the intensive family support service to ensure that children with child protection plans requiring this service can access it immediately
- review the range of requests requiring the agreement of the Bedford allocation panel with a view to increasing efficiency and team manager autonomy for lower level resource requests.

**Within six months:**

- develop and implement a multi-agency early intervention strategy, including clear commissioning plans, agreed service thresholds, use of the CAF, structures for coordinating and providing social work support and advice to those providing early intervention services and processes for monitoring and evaluating the impact of the strategy
- NHS Bedfordshire and South Essex Partnership University NHS Foundation Trust to ensure that there are sufficient numbers of health visitors and health staff in the 0-19 teams, to provide the healthy child programme and ensure that children and young people are protected from harm.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 3 (adequate)

25. The effectiveness of services to ensure that children are safe and feel safe is adequate. The initial response when child protection concerns are identified is timely and strategy discussions enable good information sharing with the Police and other relevant agencies. Where children have been identified as being at future risk of harm and so requiring a multi-agency child protection plan, processes for reviewing and reducing the risks have not always been sufficiently robust or consistent. As a result some children had been left too long in situations where they may be suffering harm. However, actions over the last few months have led to service improvement and a safer service. During the inspection no cases were seen of children being currently inadequately protected.
26. The Local Authority Designated Officer (LADO) role is undertaken effectively. Statutory guidelines in response to complaints made against adults working with children are consistently followed. Allegations are responded to in a timely way and cases demonstrate good joint working with the Police. The progress of cases is carefully monitored to minimise delay. The service has identified that health agencies are not sufficiently aware of the process and is working to improve engagement but this has yet to have an impact on the number of referrals. There is evidence of ongoing awareness raising with partner agencies of their responsibilities when allegations are made.
27. The number of identified private fostering arrangements remains low, with only three known arrangements in place at the time of the inspection. These were being adequately monitored. Although there has been a range of awareness raising activity for private fostering, this has had limited impact. The BSCB receives annual reports on private fostering as part of its monitoring role.
28. Recruitment processes are robust. Criminal Records Bureau (CRB) checks are undertaken every three years for all relevant permanent staff. Paper files are well managed and contain appropriate evidence of identity, qualifications, CRB checks and references. When concerns are raised as part of the CRB process, clear and robust systems are in place to ensure that decision making safeguards children. Designated safeguarding staff have good access to training and good arrangements are in place to support partner agencies to safeguard children, for example through training for school governors.

29. Arrangements for children missing from school are adequate. However communication issues with social care services and the Missing Education Officer are not consistently effective. A strategic group is now actively monitoring the number of children going missing from home, care and schools, however health providers are not yet effectively engaged in this group. A clearer definition, combined with better assessment and intervention, has led to a 30% reduction in the number of episodes of children going missing from their homes. Effective work is taking place with children who are looked after, with good and improving engagement of children's homes in the area to prevent children going missing.
30. A larger than average proportion of schools in all categories was judged good or better in Ofsted inspections for their safeguarding arrangements, except for maintained secondary schools, which had a profile slightly below statistical neighbours. Special schools and primary schools were all judged good or better for safeguarding. The council has implemented very effective strategies to reduce exclusions, particularly amongst ethnic minority groups. It has a very low exclusion rate and a highly effective fair access panel. The pupil referral unit is highly successful in reintegrating children into mainstream school. A good range of alternative provision is in place for children at risk of exclusion. Family support workers in schools are highly valued by staff and parents. Those local children's centres which have been inspected have all been judged good or better for safeguarding. The adoption service which serves Bedford has also recently been inspected and its safeguarding arrangements assessed as good. The fostering service has not yet been inspected.
31. Although the population of Travellers is small, engagement is good, especially for the settled population in the south of the borough, whose children stay on into secondary education. Children whose parents choose for them not be educated at school are well supported. Arrangements to reduce bullying are effective and there has been a particularly strong focus on cyber bullying. Restorative justice is well used in schools.

## **Quality of provision**

## **Grade 4 (inadequate)**

32. The quality of provision is inadequate. A combination of structural factors has undermined the quality of service being provided in the recent past to children and their families. In the view of the inspection team these include insufficient capacity, social work vacancies and high turnover, over reliance on agency staff, insufficient administrative support, inefficient electronic recording systems, lack of management oversight and variable engagement and support from partner agencies. As a result some children have not had an adequate service and some had been left too long in circumstances where they were at risk of harm. However, recent, significant improvements have been made to staffing levels, management and the quality of oversight and decision making. Robust action has now

been taken to protect a number of children who had been too long on ineffective child protection plans.

33. Children and their families are not all currently able to access a sufficient range of preventative services which could promote their safety and welfare at an early stage. Providers of more universal services lack knowledge of services available and referral routes are not always clear. This impacts on families accessing services at an appropriate time. Children's centres deliver a good service and are highly valued. A good range of parenting programmes is in place, with evaluations that demonstrate their effectiveness. However the CAF is underdeveloped and its impact has been limited. There are significant barriers to the effective use of the CAF, including a lack of support for professionals undertaking the lead professional role, resulting in a lack of confidence. It has been recognised that the CAF has not been sufficiently effective and therefore it has been re-launched, but this re-launch has yet to have any significant impact on practice. Professionals spoken to during the inspection demonstrated an inconsistent knowledge of the purpose of the CAF. The under development of the CAF means that there is a lack of a coordinated multi-agency approach for children who do not meet the threshold for children's social care.
34. Thresholds for referral to children's social care are not well understood by partner agencies, and are not consistently applied. Decisions on contacts and referrals have not always been appropriate and this has led to missed opportunities to assess, support and protect children. The Police and children's social care recognised that they had not sufficiently risk-assessed domestic abuse referrals. This has led to the development of a triage system with the Police and children's social care, which was being implemented at the time of the inspection. A number of agencies reported to inspectors that contacts and referrals are inappropriately closed with no further action taken, including referrals concerning multi-agency public protection arrangements (MAPPA). Inspectors saw evidence that the screening of contacts and referrals is beginning to improve, however this is not yet sufficiently robust. Referrers are not routinely informed of the outcome of the decision made on the contact or referral. Recent, but significant, improvements have been made to the staffing and management of the contact, referral and assessment service, leading to more consistent and robust management oversight and timely decision making. Senior managers have good awareness of the further improvements that are needed and appropriate action is being taken; for example training has been rolled out to social workers and other involved professionals on the assessment of risk.
35. Where child protection concerns are identified these are prioritised and there is a timely response. Strategy discussions are prompt and the majority of strategy discussions are held face to face on the same day, with appropriate representation from other agencies. This is good practice.

In addition there is an improvement in the gathering of historical information about the family. This means that information can be shared quickly between agencies so that a more informed decision can be made about whether the threshold has been met with regard to undertaking a Section 47 enquiry. Good partnership working is in place between the police child abuse investigation unit (CAIU) and the contact, referral and assessment team and visits are undertaken in a timely way.

36. The quality of the majority of assessments examined by inspectors ranges from inadequate to adequate. The quality of analysis is variable and risks, needs and protective factors are not sufficiently explicit. Some assessments are based on limited visits and observations of children, with little evidence of children's views and insufficient focus on the experience of the child. A significant number of assessments seen by inspectors for children in need were not timely and in a few cases there were delays in seeing children. Ethnicity and diversity are not consistently taken into account in assessment, planning and intervention, although some good examples of practice were seen. Inspectors saw a few very recent assessments which were of good quality, including appropriate use of research. Performance monitoring of assessments has been inadequate. At the time of the inspection a large number of assessments were recorded as incomplete on the electronic recording system. Immediate action was taken to rectify this and more consistent practice has now been introduced to improve the performance monitoring information available to managers. The appointment of a new manager in October 2011 and the successful recruitment of permanent staff are leading to very recent improvements in practice. Ineffective transfer arrangements to longer term teams have led to substantial drift in some cases held in the contact, referral and assessment service. However, significant recent improvements have been made.
37. The outline plans developed by initial child protection conferences are mostly adequate although some are not sufficiently focused on identifying and minimising risk. Contingency plans are generally not sufficiently specific in identifying what families have to achieve by when, and what the consequences are if improvements are not achieved. In too many cases core groups have not been effective in monitoring and progressing plans. Attendance by partner agencies has been inconsistent, core groups are not always sufficiently frequent, minutes are not always produced in a timely way and partner agencies state that some are cancelled with short notice. This has been recognised by the BSCB and appropriate action is being taken to improve the functioning of core groups.
38. Partner agencies do not consistently take on their roles and responsibilities sufficiently in core groups and child protection conferences and are not always effectively held to account. Agencies do not consistently share full information, which impacts on the ability to assess risk. Attendance at conferences by some partner agencies is variable. Although attendance is

monitored at each conference, this has not been collated, which has not enabled a full understanding of agencies' contribution to conferences or facilitated effective challenge through the BSCB. Partner agencies do not routinely provide written reports to child protection conferences and parents state that when they are produced, they are not shared with them before the conference. Parents and professionals spoken to by inspectors state that their experiences of child protection conferences are variable. Some are very positive. However, some parents and professionals do not always feel that their views are heard.

39. Child protection plans do not consistently identify the frequency of visiting of children on plans. In a significant number of cases seen there was insufficient visiting and direct work undertaken by social workers, which impacted on the ability of social workers to build relationships with families. Case notes do not demonstrate that basic practice is routinely followed. Children are not consistently seen alone, children's views are not recorded and there are limited observations about the child and their family. The frequency and quality of visits means that it is not always possible for professionals to fully understand the experience of the child. Although there are some examples of effective challenge, child protection reviews have failed to consistently address significant drift for children and ensure that plans are effectively progressed.
40. Social work caseloads are high, and in some cases too high, for workers to have sufficient capacity to ensure that plans are effectively progressed so that risks to children are reduced. Child protection plans are influenced too much by social work and other agency capacity rather than the needs of the child. Cases show that some families have had a significant number of social workers. Social workers interviewed by inspectors show very strong commitment and describe working long hours including weekends to deal with work. Progress is hampered by the inefficiencies of the electronic recording system and lack of effective administrative support. Some social workers describe the service as being reactive to crisis rather than being able to undertake planned interventions with families. Managers are described as supportive and accessible but at times over stretched. Workers report improvements in the regularity of supervision, although this is not true for some. Parents have had variable experience of the service they have received from children's social care. Some were frustrated by the number of changes in worker they had been subject to, while others had had good experiences of social workers, which had impacted very positively on their lives.
41. Overall the quality of recording is inadequate. The electronic recording system does not support social workers in their practice. The system is slow and hard to navigate, making it difficult to establish a clear picture of a child's history and casework intervention. This is compounded by the limited use of good chronologies. This makes it difficult for new workers to gain a thorough understanding of a case and ensure all relevant



information is taken into account. The council has worked hard to address this and invested substantial resources in a new system, but there is not yet evidence of significant improvement. In a number of case files, recording was too limited and there were a few examples of some events not being recorded. Case recording is not consistently up to date. The quality of recording of home visits is much too variable with the purpose, content and outcome of the visit often not clear.

42. Families who receive a service from the intensive family support service report a much better experience. Quotes included, 'I don't know what I would do without them', 'Really good', 'Made a lot of difference', 'Motivated me'. This service provides an intensive individualised service to vulnerable children and their families including those with child protection plans, with good evidence of improving outcomes. At the time of the inspection the service was working with 56 families and operating at full capacity and therefore unable to take on any new referrals.
43. Social workers have good access to legal advice which they highly value. However, legal advice has not been sought at a sufficiently early stage in a number of cases leading to delays in initiating Public Law Outline processes. The emergency duty service is responsive and well regarded by partner agencies. Its effectiveness is impaired by not being able to access all the information on the electronic recording system and this can lead to families receiving a disproportionate response. Plans are in place to enable improved access.

### **The contribution of health agencies to keeping children and young people safe**

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

44. The contribution of health agencies to keeping children and young people safe is adequate. There is strong engagement from health executives and a good level of challenge from the range of strategic boards, including the BSCB, the shadow Health and Well Being board, and with individual trust boards. All of these strategic boards effectively scrutinise annual safeguarding reports and action plans including the quarterly updates. Good use is made of dashboard data monitoring systems to monitor the impact and delivery of strategic service changes. However, effective contribution to child protection processes at an operational level is less strong.
45. All health safeguarding policies are current, although the evaluation of impact in practice is not consistently measured across all health providers. There has been a range of health records audits but these have not addressed all areas covered within the policies or the application in practice; this is a missed opportunity.
46. Health commissioning is improving the level of accountability of providers through the use of quarterly monitoring and quality schedules and through



the commissioning and quality innovations (CQUIN), which are viewed as being key drivers for change. Clinical commissioning groups (CCG) are becoming increasingly involved with safeguarding arrangements, with the commissioning Director of Quality and Nursing reporting directly to the CCG on safeguarding matters.

47. Designated and named health professionals are highly valued and have good capacity to fulfil their roles. However, succession planning for these roles is not robust. All designated and named professionals report to, or have direct access to, executive safeguarding leads. A good range of supervision and development opportunities for designated and named staff enables them to improve their skills and competencies, helping them to provide good support and supervision to other health professionals. There is good involvement with the BSCB and the subgroups. Safeguarding supervision within SEPT is accessible and improving, with examples of changes to practice, including raising child protection concerns, leading to a child protection plan as a result of supervision. This, however, is not yet fully rolled out across children's community services.
48. User engagement is not consistent across all health providers. There have been some examples of good engagement in the child and adolescent mental health services (CAMHS), a programme of work to gain the 'You're Welcome' accreditation, and information leaflets designed by young people. These leaflets aim to provide some tips and tools for young people, for example to help them manage their anger and emotional health and well-being.
49. The sexual assault referral centre (SARC) only provides services for young people aged 13 years and older and referred by the Police. Children under the age of 13 now have an agreed pathway to attend Peterborough SARC, however it is too early to measure the effectiveness of these arrangements. In cases that involve children with learning disabilities and/or difficulties, where the alleged assault occurred some time ago, examinations take place at the child development centre, which is a familiar environment for them and helps reduce their anxieties. There is no provision in the SARC for victims to self refer, or for other professionals to refer to the service without Police involvement. There are plans in place to implement a service, however this is dependent on employing sufficient crisis workers.
50. The Child Death Overview Panel (CDOP) has good, conscientious partnerships and engagement with all relevant agencies, including strong involvement by the Police and ambulance services. At the time of the inspection CDOP was recruiting lay members. Monthly meetings are held to review child deaths, with detailed annual reports presented to and challenged by the BSCB. CDOP has good links with the BSCB serious case review sub-group, including the sharing of the overview and summary reports.

51. Bedford Hospital NHS Trust accident and emergency department (A&E) has dedicated child waiting and treatment areas. A&E identify children with a child protection plan. However, there are insufficient registered children's nurses to ensure that there is a registered children's nurse on duty at all times when children are seen. Unscheduled care liaison forms sent to primary and community services for information are of variable quality and are not subject to quality assurance or quality control. Children are sometimes used inappropriately within the A&E department to translate for parents, rather than using the readily accessible interpretation services.
52. Compliance with safeguarding training is variable. Rates for the majority of health providers are mostly over 80%, and rates are improving in all health organisations, including GPs, although the impact of training on improving practice is less apparent. A named GP is in post and the 56 practices in the borough all have a practice lead for safeguarding, of which 90% are trained to Level 2 in safeguarding and are completing Level 3 training.
53. Safeguarding referral thresholds are mostly well understood, although community and primary care staff report that there remains some difficulty with referrals being accepted, most notably in cases of emotional neglect and some domestic violence. Feedback on referrals and progress of cases is inconsistent and not systematic. The BSCB escalation process is well used, however cases are frequently not resolved until they reach assistant director level in social care. Health staff interviewed by inspectors reported variable experiences of case conferences and core groups, with some being cancelled at short notice, and delays in minutes being circulated. However, there is good communication and information sharing from strategy meetings, enabling timely action to take place. Good use is made of the learning from serious case reviews and significant incidents, both within Bedford and from health providers in neighbouring authorities, with good monitoring of health action plans. Learning has been embedded into training programmes, with evaluation showing that practitioners are sharing learning within their teams, although application to practice is less evident.
54. Maternity services have good capacity and demonstrate good pre-birth planning, with effective use of the maternity notification networks. Good engagement with multi-agency risk assessment conferences (MARAC) and effective screening of domestic abuse, stalking and harassment, and honour based violence (DASH) forms by maternity services ensure that risks to women and unborn babies are identified and addressed. There is a poor level of engagement at a strategic level with domestic violence arrangements by the community health service although practitioners do attend MARACs. Health professionals are not yet fully involved in missing children processes and monitoring. Health visiting services are carrying high vacancy rates, and along with the changes in service delivery this is

having an impact on the level of service that can be provided, with cases having to be prioritised and based on known risk. However, risks are not subject to frequent review. The CAF is not being used effectively by most health staff.

55. The core CAMHS has recognised gaps in provision which include CAMHS preventative services and comprehensive family assessments. A work programme is currently underway, looking at the service specification for CAMHS. The new Tier 2 service commenced in November 2011, which aims to address the gap in provision, however it is too early to assess the impact of this service, although early feedback is positive. Bedford has no Tier 4 (intensive inpatient) beds. There are two allocated beds with Essex, although this is too far for family members to travel, resulting in the young person being isolated. Repatriation is well planned through the use of the care programme approach. Staff attend discharge planning meetings and shared care commences prior to discharge. Transition to adult mental health services is not always smooth or well planned although it works better for young people with complex learning disabilities.
56. Teenage conception rates are below England averages and rates of decline are significantly better than England averages. There is highly valued access to sexual health and contraceptive services, including support should young women decide to terminate their pregnancy. Young people's evaluation and young inspector programme outcomes show that the Brook service is highly valued by young people, especially the flexibility of approaches, including the male and female outreach workers. The Brook outreach service continues to support young women and those who have failed to attend their contraceptive, sexual health or maternity appointments, including those that are not in employment, education or training. There is increasing flexibility of delivery of the condom distribution service as a result of consultation with young people. Contraception and sexual health services are viewed as highly accessible, with long acting reversible contraception implants being provided in a range of settings, including the young person's own home. However, the role of the 0-19 health team in providing sexual health and relationship education and/or support for education staff is too variable.

## **Ambition and prioritisation**

## **Grade 3 (Adequate)**

57. Ambition and prioritisation are adequate. Safeguarding has been accorded high priority by the local authority and its partners. This is reflected in their financial prioritisation and in the strong engagement of the Mayor, Chief Executive and other senior leaders. The authority and its partners have recently reviewed and streamlined their Children's Trust arrangements and Children and Young People's Plan priorities. Previous arrangements had not had a discernable impact on improving

safeguarding outcomes for children. The new arrangements are as yet unproven but there is a firm commitment to delivering high quality services which safeguard children, tempered by a realistic understanding of how much is still to be done to achieve this.

- 58. The chair of BSCB is well respected and provides strong independent leadership and challenge. Elected members are well engaged in the work of the board and champion the needs of vulnerable children.
- 59. Local priorities have been identified and acted on. Improvements have been achieved in some areas such as social work recruitment and the development of intensive family support. In other key areas such as use of the CAF and the revised electronic recording system, activity has not yet had any clear impact on safeguarding outcomes.

## **Leadership and management**

## **Grade 3 (adequate)**

- 60. Leadership and management of safeguarding services are adequate. There is appropriate financial prioritisation of key services and examples of some good commissioning of new services, such as the intensive family support service, based on a good understanding of need and of existing service evaluations. Weaknesses in services are understood and plans are in place to tackle these deficits. Strategic relationships between key partners are positive and there has been some constructive joint commissioning and development of integrated service pathways in areas such as children's mental health, although this has yet to be fully implemented. There is not a coherent and comprehensive joint approach to the commissioning of preventative services.
- 61. The local authority has been slow to develop a clear understanding of its capacity needs for social work services. This has now been grasped, with plans in place to provide the necessary additional capacity. The authority has also recognised the need to provide more efficient and consistent administrative support to its social workers. Workforce planning has improved and delivered improved performance in social work recruitment. Newly qualified social workers are well supported and social workers have access to a good range of development opportunities including Post Qualification awards, evidence based practice case clinics and individual coaching for potential future managers. There is some evidence of this training improving practice, although this has been constrained by current capacity issues. The children's workforce is diverse and reflects to a reasonable level the diversity of the local population.
- 62. The complaints process is well established and complaints are well managed but there is low usage within safeguarding services. Remedial action is taken when necessary following individual complaints and efforts are made to learn from complaints, with appropriate collation and annual reporting, but learning is hampered by the low numbers of complaints. The authority has sought to gather user feedback on its assessment

service but with so far limited success. Similarly there is little evidence of children's and family's views and experiences being used to inform the development of child protection services. User engagement is stronger within children's centres and other family support services, and the development of services such as family group conferences reflects users' positive experiences of these services. There is a well established Youth Parliament, with good links to and representation on the Children's Trust Board.

63. Bedford has an ethnically and culturally diverse range of communities and examples were seen of this being considered and taken into account in the planning and delivery of services. Disabled children benefit from some good services and inspectors saw sensitive and, where required, robust responses to the issue of forced marriage. There was also substantial engagement and planning around the needs of families from the Yarls Wood Detention Centre when children were still being placed there. Needs arising from ethnicity and culture are not, however, clearly being considered in all relevant service planning and opportunities to focus on these issues via equality impact assessments are not always taken.
64. Action planning in response to the learning from the recent serious case review has been robust and thorough. This had led to clear improvements in service delivery, through, for example, better quality strategy meetings.
65. Access to resources in individual cases is largely managed through a weekly allocation panel. This provides challenge and promotes consistency in resource allocation and inspectors saw and heard about a number of creative resource packages being agreed. Social workers understand the need for a panel but expressed frustration with its functioning and felt the expectations on them to provide information was sometimes disproportionate to the resource being requested, for example for small amounts of Section 17 payments or when the need for a resource was being reviewed.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

66. Performance management and quality assurance are adequate. Most key performance indicators are in line with or above national averages. Well presented performance management information is regularly considered by senior managers and elected members. A challenging approach has been taken to performance issues and trends identified from this data. The complexity of the electronic recording system, workload pressures on social workers and variations in inputting practice have created challenges in ensuring data accuracy, although significant work has been undertaken on data cleansing. There has also been too much emphasis on quantitative measures and until recently, insufficient attention to assessing

the quality of services. This has been recognised and more consideration is now given to information about quality in key service areas.

67. A comprehensive quality framework has been introduced which includes thorough arrangements for good quality case auditing and clear audit cycles to evaluate and assure the impact of case audits. The audits undertaken by the local authority and partner agencies as part of the inspection process were of a good standard and demonstrated a sound understanding of the required standards for safeguarding work. As part of the authority's quality framework, front line managers and child protection chairs have begun to meet regularly to review the audit process and emerging findings. These meetings have the potential to raise service standards but it is too early to identify impact. The action plan arising from the serious case review has been well managed. Its impact has been thoroughly evaluated and has led to service improvements.
68. The consistency and quality of supervision of social work staff have been inadequate. As a result workers have not received sufficient direction or challenge and their casework has not been subject to adequate management oversight, leading to drift in some cases. Practice in this area has improved recently with the establishment of permanent experienced team managers in each of the teams undertaking child protection work. All workers spoken to by inspectors reported having access to management advice and direction, with most reporting that they were now receiving regular supervision.

## **Partnership working**

## **Grade 3 (adequate)**

69. Partnership working is adequate. Strategic relationships between key safeguarding agencies are generally strong and positive but strategic intent is not yet being translated into consistently effective partnership working at the operational level. The BSCB in the relatively short period of time since its creation has become established and well functioning. It fulfils its statutory duties and provides good independent professional leadership. Nearly all key agencies are well engaged with the board. The BSCB has managed the action plan from a recent serious case review effectively and this has led to service improvements in a number of key areas across the partnership and to additional capacity within the public protection function of the Police service. It has a clear business plan with appropriate priorities which recognise the need to have more impact on the quality of front line services and partnership working. There has been recognition of some of the key areas for improvement such as the effectiveness of core groups. The BSCB is working to improve this area of practice including delivering training. There is good involvement of agencies in the BSCB sub-groups, which are effectively monitored by the main Board. The BSCB works well with neighbouring Local Safeguarding Children Boards (LSCB) in areas of common interest or shared services



and coordinates its work effectively for agencies servicing more than one LSCB.

70. The voluntary sector is engaged in strategic planning and their distinctive role is understood and valued by partners, although recent resource challenges and uncertainty about future commissioning have had a negative impact on some of these relationships. Voluntary sector providers value their free access to BSCB safeguarding training. There are particularly strong relationships between Police and children's services at a strategic level, which has led to improving joint working with Police, particularly between the CAIU and the contact, referral and assessment team. Joint working with other agencies is much more variable. Schools report a significant improvement in their relationship with children's social care and the quality of responses they are receiving, and pre-birth planning between health and social care professionals is good. This aside, however, health and social care professionals do not consistently work effectively together in child protection planning and there is also inconsistent engagement from adult mental health services.
71. Thresholds for services are not well embedded, understood or accepted with some partners also reporting significant inconsistencies in their application. Early intervention services are not well coordinated and there is generally poor engagement in and use of the CAF. As a result there is not a common understanding of which children can be supported without direct social care involvement or effective processes for preventing children's circumstances deteriorating. Appropriate information sharing protocols have been agreed and implemented but inspectors saw a number of examples of information not being effectively shared between agencies. There is good sharing of Police notifications with the midwifery service. However this is not the case for the community health provider, which does not ensure that health visitors are always informed where there has been domestic abuse within a family. Partners are working to improve joint working through the development of the triage process to screen Police notifications. The triage is initially involving the Police and children's social care services, however there are plans to involve other agencies in the future.
72. The independent domestic violence service provides good support to victims of domestic abuse. However it only works with families who have been referred to the MARAC. There are limited resources for families who do not reach the threshold for intervention by the MARAC. The MARAC is well led and effectively tracks agreed actions by partners so that children are appropriately safeguarded. However the effectiveness of the MARAC is impacted by the lack of attendance by some partner agencies. There is improving awareness of the MARAC, but this is not consistent and leads to a limited number of referrals from some agencies, such as children's social care, health and housing.

## Services for looked after children

### Overall effectiveness

### Grade 3 (adequate)

73. The overall effectiveness of services for looked after children is adequate. There is no designated nurse or doctor for looked after children which contravenes statutory guidance. This aside, statutory requirements are met and most children are benefiting from good quality placements which meet their needs. Most looked after children with disabilities receive a good service. The shared adoption service hosted by Central Bedfordshire is good, leading to Bedford children being placed in well supported adoption placements. However, current provision to promote the health of looked after children is inadequate and there are other weaknesses within the service which require addressing. These include the effectiveness of corporate parenting, the impact of the service pledge to looked after children, monitoring of young people in employment, education and training, the quality and consistency of management oversight and supervision, the electronic case recording system, the quality and timeliness of care planning and social work and administrative capacity within the looked after team.
74. The local authority has a good understanding of these challenges and has made some progress in service provision and outcomes. No services are deteriorating. Significant recent progress has been achieved in key areas such as staffing, decision making and management oversight. The local authority is suitably ambitious and recognises much more work and improvement are required. Performance management processes have had some positive effect and are currently being strengthened through implementation of the local authority's quality framework.
75. The views of looked after children have been sought and have had a significant influence on some key budgetary decisions, but the pledge to looked after children has not been monitored or had any clear impact. There are good opportunities for the professional development of staff although capacity issues limit some workers' ability to take advantage of these.

### Capacity for improvement

### Grade 3 (adequate)

76. The capacity to improve services for looked after children is adequate. Some outcomes for looked after children have improved significantly and the general trend is positive, although a number remain below national averages. Some important improvements have also been achieved recently in service quality with more stable staffing and management, the success of the intensive family support service and the adjustments in management decision making around admission into care. There is good evidence of financial prioritisation in terms of protecting front line services and funding additional placement capacity.



77. A key obstacle to further improvement is social work and family support capacity. The local authority understands this and has firm financial plans in place to increase capacity. There is strong personal engagement in the agenda for looked after children from the most senior leaders and elected members and a commitment to do, and resource, what is required to achieve the necessary improvements.

## **Areas for improvement**

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

### **Immediately:**

- review the quality and quantity of administrative support available to the social work teams to assist with the pressure of current caseloads.

### **Within three months:**

- take action to ensure caseloads within the looked after team are realistic and manageable
- improve the quality of care plans and ensure all plans are informed by an up to date assessment of the child's needs
- in partnership with the Children in Care Council review the current service pledge to looked after children and ensure that progress in delivering the pledge is regularly reviewed by senior managers and elected members
- audit the quality and regularity of supervision to social work staff
- establish an effective monitoring system for all 16+ looked after young people and care leavers' placement and progress in employment, education or training
- establish a clear outcome focused work plan for the corporate parenting panel
- ensure that all care leavers are given a copy of their health history and receive appropriate health care provision
- ensure that a designated nurse and doctor are appointed for the looked after children service
- ensure that those health staff involved with the care of looked after children and young people have access to supervision to improve practice

- ensure that all looked after children receive age appropriate health improvement education and information and that interventions are recorded in their health assessments.

**Within six months:**

- agree and implement a clear multi-agency plan to improve outcomes for looked after children and children on the edge of care, setting out key priorities and commissioning action plans to achieve these.

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

### Being healthy

### Grade 4 (inadequate)

79. The arrangements to maintain and promote good health for looked after children and young people are inadequate. There is no designated doctor or nurse for looked after children; this is not in accordance with statutory guidance. Whilst health files seen during the inspection were well ordered and reasonably comprehensive in terms of documentation, the content of health assessments was not robust or inclusive, with no evidence of the assessment of emotional well-being or use of strength and difficulties questionnaires. Files also contained no evidence of supervision. Looked after children are not reliably provided with health improvement information and there is no targeted comprehensive health promotion activity for looked after children. There is no health provision for care leavers or an after care service, and care leavers are not given a copy of their health history.
80. All initial assessments of looked after children are undertaken by a medical practitioner. Since September 2011 a change in procedure has attempted to reduce the delays in adoption medicals, however the impact is yet to be fully demonstrated.
81. The outcome data for 2010-2011 shows health assessments at 71.4%, (a decline since 2010), immunisation rates at 77.1% (an increase since 2010) and dental assessment rates at 81% (similar to 2010); all rates are below England averages. The specialist nurses undertake some out of area health assessments but have limited capacity to provide support to the 0-19 teams who undertake the review health assessments in borough. There is no quality monitoring of the health assessments or reviews or subsequent action plans to ensure that health needs are being met and addressed. Health staff do not consistently attend looked after children reviews and there is no engagement with independent reviewing officers.
82. Foster carers do not receive specific training on meeting the health needs of looked after children, although there has been some training by the substance misuse services to residential care home staff and social workers. Looked after children who are pregnant are reliably identified by maternity services although this is not the case in A&E and the ascertaining of who has parental responsibility is not robust. Audits that have been undertaken to monitor consent have not included looked after children, only those where there has been a safeguarding concern; this is a missed opportunity.
83. There is a dedicated CAMHS for looked after children and young people. However there is limited support provided to promote resilience in looked

after children and maintain placement stability. This has reduced further since funding for primary mental health workers ended and the gap has not been addressed by other services. Plans are in place to improve access to CAMHS for looked after children but these have yet to have a significant impact.

## Staying safe

## Grade 3 (adequate)

84. The arrangements for ensuring that looked after children and young people are safe are adequate. The local authority has recently reviewed the application of its thresholds in a number of child protection cases. As a result, in a number of cases, looked after services have been appropriately provided to safeguard and promote the welfare of vulnerable children. Numbers of looked after children have increased significantly in response to this adjustment and are continuing to rise.
85. Most children enjoy stable placements, and short and long term stability is improving. Short term stability is now better than the national average while long term stability is currently just below the national average. All placements are monitored through statutory visits and looked after children reviews. Most placements are well matched. The majority of looked after children are placed within 20 miles of the local authority boundary. All looked after children and young people spoken to reported that they felt safe in their placements and that they had someone to talk to if they had concerns. Some however, including disabled children, reported that they did not feel safe in their schools, and others stated that the town centre and bus travel did not feel safe. All Bedford children are placed in provision which is judged by Ofsted inspections to be at least satisfactory, and most is good or outstanding. This includes Bedford's residential services for disabled children, which have recently been reconfigured to provide more long term provision.
86. In nearly all cases seen by inspectors, looked after children had a care plan. Though most are adequate, these plans vary in quality from good to inadequate and some are not up to date, and therefore do not fully reflect the child's current needs. Care planning considers how best permanence can be achieved and adoption is appropriately identified as the right option for some children, but the speed with which these plans are being progressed is too variable, with avoidable delays in some cases.
87. Arrangements for responding to children missing from care are of good quality and there is evidence of good practice, including social workers routinely undertaking return interviews in accordance with policy. There is a clear understanding of the link between children going missing from care and possible child sexual exploitation. The local authority has managed a number of complex cases involving multiple children going missing and being vulnerable to exploitation. There was evidence of regular strategy meetings and information exchange between agencies in

these cases, although the impact of this work varied and it was not always clear what actions had been agreed and whether these had all been followed through.

## Enjoying and achieving

## Grade 3 (adequate)

88. The impact of services on enabling children and young people who are looked after to enjoy and achieve is adequate. Schools in Bedford know their looked after children well and are keen to support their progress. The virtual school has been highly effective in helping them to do this. The flexible individual support it has provided has demonstrably improved children's engagement and achievement in education. Schools appreciate the professional partnership with the virtual school, especially the way it focuses attention on the looked after children and meets a diverse range of needs.
89. Progress is monitored closely at an individual level, but the authority recognises that it has not yet developed systems to collate and track this information strategically. The virtual school monitors achievement for all looked after children up to 16, but the collation and analysis of data for older young people is very patchy, particularly for those placed out of borough. Work has begun on systems to facilitate better and more consistent monitoring, extending the range to anticipate the imminent raising of the participation in education age.
90. Most looked after children attend well at school, and this has improved recently due to effective interventions by schools and virtual school staff. Permanent exclusion is extremely rare and fixed term exclusions are low, and well managed through the fair access panel and a good range of individual packages of alternative education. The authority makes every effort to ensure that children have stability in their education when their care arrangements change, providing good transport arrangements so that children living out of area can learn in familiar surroundings. In 2011 some 16-year-olds experienced considerable anxiety when their care was transferred from the looked after team to the care leaving team, close to important exams. The authority has changed its procedures to ensure this problem is not repeated.
91. All looked after children have personal education plans but these do not always continue into further education. Nearly all review meetings are within timescales, and children are encouraged to participate in setting their goals. Some targets are very helpful and precise, but others are insufficiently detailed and do not set clear milestones for achievement, which limits the ability to review and record progress.
92. The performance gap between looked after children and their peers has narrowed in the past few years, although small numbers mean that statistics are unreliable indicators of overall performance. Achievement is still very low when compared with other Bedford children. The proportion

of looked after children with special educational needs is higher than for similar authorities.

93. Schools and the local authority have responded well to ensure that looked after children continue to have access to extra funds for a range of activities and resources, following the replacement of the pupil educational allowance with pupil premiums. Children have access to a good range of leisure activities, although it is difficult to know how many take them up because this is not monitored. An annotated directory of leisure facilities helps carers of children with disabilities to choose appropriate provision, and there are inclusive clubs and sports sessions.

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

#### **Grade 3 (adequate)**

94. The impact of services on enabling children to make a positive contribution is adequate. Looked after children receive good support from advocates to ensure their views are heard in meetings with professionals, and to articulate their opinions and wishes on decisions which affect them. All children and young people who are looked after have access to advocacy on request, and those in residential care receive regular visits which sometimes lead to individual requests for advice and guidance. The welcome pack for children in care includes leaflets about this service, but not all children and young people interviewed by inspectors knew about it. The authority has noted that the demand for advocacy remains steady despite increasing numbers of children in care and has plans to promote the service better to staff, children and carers. Independent visitors provide a well managed, carefully matched and very stable service for looked after children. They take them out to a wide range of activities, including a variety of sports, trips and meals, mentor them and listen to their concerns. Children and young people are closely involved in recruiting these volunteers.
95. The Children in Care Council is well established. It has developed a pledge for looked after young people, has contributed to well-attended awards events and participated in local and national consultations. The young people have been consulted and have had significant influence on some key budgetary decisions such as changes in the participation service. However survey results and interviews indicate that children and young people have insufficient awareness of the Children in Care Council or the pledge. The pledge commitments have not been monitored or reviewed and are not sufficiently focused to enable their success to be realistically evaluated. Until recently children were not routinely involved in training for staff working with looked after children or recruiting foster carers, but some progress has been made in this regard. The local authority recently commissioned an assessment by leading improvements for looked after children (LILAC) to gain an independent young people's perspective on its approach to participation. The assessment found that services met four

out of LILAC's seven standards and the local authority has developed an action plan to meet the three remaining standards including the accessibility of senior leaders.

96. Most looked after children spoken to by inspectors were satisfied with the services they receive although they are concerned about the disruption when social workers change, and the drift in actions that are not completed. However care leavers report that they do not always get a response when they leave messages for their social worker. The complaints procedure is clear but the number of recorded complaints is low. Some young people interviewed were unhappy about responses to complaints that they or their parents had made. The LILAC report found that a higher proportion of children than average knew how to complain, but recommended that this be improved further.
97. Agencies work together productively to prevent children from entering the justice system and to reduce offending and reoffending. The number of offences committed by looked after children fell significantly in 2010–11 compared with the previous year, to a rate similar to that of statistical neighbours. Restorative justice approaches have been successful in reducing incidents in residential settings and in preventing young people from entering the justice system. For those in custody, the integrated resettlement and support worker attached to the youth offending service provides very flexible individual support both in and outside young offender institutions to make sure young people have positive plans in place.

### **Economic well-being**

### **Grade 3 (adequate)**

98. The contribution of services to supporting looked after children and care leavers to achieve economic well-being is adequate. The local authority does not record or monitor the achievement of all care leavers so it is not possible to make a judgement on their achievement. Most care leavers stay on in education after the age of 16. Bedford has a college that has been judged by Ofsted to be outstanding, and a number of outstanding special schools which support young people until they are 19. The new bursary system provides an incentive for care leavers to identify themselves when enrolling at college, so tracking their progress and supporting them has become easier. The proportion of care leavers who are not in education, employment or training (NEET) is high when compared to their peers, but not when compared to other local authorities. Some 12.7% of those aged 16 or 17 are NEET, which is 5% above mainstream young people. For care leavers aged 18 and 19 this rises to 27%. Figures are only collated systematically for young people living within the borough.
99. The borough has provided effective support to the small number of unaccompanied asylum seeking young people. This has included



appropriate accommodation, support with education and training and in some cases access to specialist counselling.

100. The authority provides good financial support to enable young people to continue in education, and five care leavers are currently at university. A wide range of vocational provision is available for young people aged 14-19 in universal settings, but there is no targeted work experience or mentoring to raise aspiration in looked after young people or care leavers. The youth service provides accredited training in independent living to prepare some young people to leave care.
101. All care leavers have pathway plans and these are of a satisfactory standard, addressing needs holistically and clearly. Care leavers are encouraged to contribute to pathway plan reviews. However their format does not make this easy and the electronic system to produce them is very cumbersome. The local authority has plans to implement a more user friendly version.
102. Support for transition to adulthood for children with disabilities, who make up a quarter of care leavers, is good. Planning begins early and the new transition tool, which has been developed from existing processes, has enhanced the capacity to forecast need in good time, while improving the young people's ability to contribute meaningfully to choose their future path. A good range of post-16 educational provision for those with learning difficulties and/or disabilities includes expanding opportunities for work based training, which the council provides.
103. The council has a good record in responding to housing issues for young people and has made recent improvements to ensure that young people leaving care are safely and appropriately accommodated. It has improved procedures to ensure that young people can stay on in their foster placements beyond 18 to finish their education. A new protocol for accommodating homeless 16 and 17 year olds clarifies roles and ensures that the seconded youth offending team worker can help young people in this situation. A new scheme has developed a good range of emergency accommodation, and the authority makes care leavers a high priority in commissioning a variety of supported and independent housing. Another recent improvement is the guarantor bond scheme which supports care leavers to access private rented accommodation. Connexions provides support in borough with applications for benefit, and some out of borough young people have received guidance on this from the advocacy service. Appropriate supported accommodation is available for single parents.

## Quality of provision

## Grade 3 (adequate)

104. The quality of provision for looked after children and young people is adequate. In some cases seen during the inspection, decision making regarding the need for children to be looked after had not been sufficiently timely or well planned. Partner agencies are also not always



clear about the threshold that is applied around accommodating children and young people. The local authority has, however, recently conducted a robust review of its decision making in a number of cases and is now taking a more consistent approach. All current cases examined during the inspection had been subject to appropriate decision making on whether they needed to be looked after.

105. The authority makes appropriate use of, and supports, special guardianship and kinship care arrangements and is working to enhance support arrangements to reduce the need for these children and young people to become or remain looked after. Family group conferences are effective in engaging extended family networks to support children and prevent the need for them to become or remain looked after. When a return to family is not viable the authority considers and pursues adoption as an appropriate permanent option. Timescales in achieving permanency through adoption or permanent fostering placements are too variable with some avoidable delays. Causes of delay include lengthy court proceedings, workload pressures on social workers and a sequential rather than parallel approach to care planning activity. In some cases placement search and matching is not sufficiently timely, but once this commences children benefit from good quality matching and well prepared and supported adopters.
106. Most looked after children benefit from stable, good quality placements which meet their needs including those arising from disability, ethnicity, culture and religion. Most report strong and supportive relationships with their carers. A number of children have experienced too many changes of social worker but where these relationships are stable, most children have a good relationship with their social worker.
107. When children are received into care, planning is usually informed by a comprehensive core assessment. This assessment, however, is not routinely updated either via the core assessment or reports to the looked after children review and, as a result, most looked after children do not all have a comprehensive, up to date assessment on their records. Staff spoken to by inspectors did demonstrate a reasonable understanding of the needs of their looked after children. Issues around culture, ethnicity and religion are recognised well by social workers, but are not always fully reflected in assessments or case recording. Most care plans seen were at least adequate.
108. Although most social workers have a good relationship with their looked after children and are clearly committed to trying to meet their needs, high caseloads, inefficient recording processes and a lack of effective administrative support mean that some workers have difficulty in prioritising time for direct work with children. This means that some important aspects of case development and planning including life story work are delayed.

109. Staff report frustration with the current electronic case recording system, which is time consuming and is not supporting effective practice. Recording on children's case files seen by inspectors was not always up to date and in some cases relevant documents could not be found. Chronologies are prepared during care proceedings but are not routinely updated. Statutory visits are generally clearly recorded and meet requirements. Looked after children reviews take place within timescales and are adequate in overseeing the delivery of care plans although the quality of recommendations is variable, with some, but not all, recording timescales for action. Most looked after children and young people report that they see their independent reviewing officer before their meetings, and say that their views are recognised and respected in review meetings. Foster carers and children appreciate having a consistent independent reviewing officer who stays involved with their case and offers continuity, and although not always achievable, this is especially important where there is a change of social worker.

## **Ambition and prioritisation**

## **Grade 3 (adequate)**

110. Ambition and prioritisation for looked after children are adequate. Services for looked after children are appropriately prioritised. The recent increase in the number of looked after children, whilst creating significant budgetary pressures for the council, has been supported financially and has not led to placement quality being compromised. Senior managers and elected members are engaged and suitably ambitious in their aspirations for looked after children.
111. Elected members, senior managers and partners understand corporate parenting and are keen to champion the needs of looked after children. There is good multi-agency engagement with the corporate parenting panel and some examples of it providing robust challenge. Overall, however corporate parenting is underdeveloped and has not had consistent impact. The Children in Care Council is represented on the panel but looked after children and young people do not feel they have strong links with senior managers or elected members.
112. Local priorities have been identified and acted upon with some evidence of impact and improving outcomes. There is not, however, an overarching plan for looked after children and as a result key priorities are not sufficiently clear or explicit. There has been insufficient focus on some key issues such as partnership working with health services, social work capacity and performance management of post-16 attainment and achievement.

## **Leadership and management**

## **Grade 3 (adequate)**

113. The leadership and management of services for looked after children are adequate. The local authority has a good understanding of the needs of its

care population and a developing understanding of what is required to move children away from the edge of care. In the last year it has developed some good and effective provision to enable children to safely remain within their families. This intensive family support service is, however, currently at maximum capacity. There has been a robust analysis of the profile of children and young people and some predictive work has been undertaken as a basis for identifying gaps in provision and future placement requirements. There are particular challenges in identifying permanent placements for teenagers and for children with a range of additional needs awaiting adoption. Specifically commissioned placements such as supported lodgings and specialist carers for teenagers are beginning to meet these needs, although plans to target recruitment of a wider range of adoptive carers are at an early stage. Recent activity has had success in identifying efficiencies and driving down some placement costs without impairing quality.

114. Partnership work has been undertaken, for example to review and develop CAMHS for looked after children, but there is no clear strategic approach to the joint commissioning of services for looked after children or for services for children on the edge of care. Placement commissioning is integrated and promotes a holistic and efficient approach to educational and social need but this does not include health, where cases are considered on an individual basis. This can result in protracted negotiations around continuing care needs and responsibilities. Joint working to improve outcomes for looked after children is too variable. There are examples of some good and productive arrangements, for example to support school age children within the borough. Joint work with youth offending services is also leading to a reduction in offending by looked after young people. In other service areas, however, such as health promotion and support for education, employment and training, partnership commitment has not been translated into effective services or improving outcomes for looked after children.
115. The local authority has experienced considerable challenges in ensuring there are sufficient numbers of qualified and experienced social workers in both its safeguarding and looked after teams, with high turnover and over reliance on agency workers of variable quality. It has implemented a number of successful strategies in response to these challenges. As a result the looked after children and disability teams are fully staffed with mostly permanent staff with an appropriate balance of experience and they are led by experienced team managers. In response to caseload pressures in safeguarding teams, cases in court proceedings are now transferring at an earlier stage to the looked after team. This work is appropriately located in this team but as a result a number of workers now have very demanding workloads. This is impacting on the timeliness of achieving plans for children.

116. Foster carers indicate that they are well prepared by induction, and some have had contributions from young people during preparation training. There is a good range of training opportunities for foster carers, who feel very well supported by their link workers. However, because of their caring responsibilities, they are not always able to attend training. Youth carers have been recruited and prepared successfully to support teenagers.
117. Statutory guidelines in relation to complaints made against staff working with children are consistently followed. Children making complaints are well supported and their issues are treated seriously, but the complaints process is not known about or valued by some looked after children.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

118. Performance management and quality assurance for looked after children's services are adequate. Performance against national indicators is variable with some indicators above the national average but some significantly below. The general trend is one of improvement, however, with most indicators now close to or above that of statistical neighbours. Performance information is regularly scrutinized by senior managers and in a number of areas improvements in performance and outcomes can be linked to management activity. Some indicators have been considered too much in isolation, for example the monitoring of cases to ensure that they are all allocated has not fully considered the consequences of large caseloads. The local authority is expanding its range of indicators to address this and also taking greater account of qualitative measures such as the findings of case audits. Management information does identify issues relating to the diverse needs of Bedford's looked after population but this is not always analysed or used to drive service improvement.
119. The authority's quality framework has introduced a robust process of case auditing including looked after work and this is already contributing to a more sophisticated understanding of current service weaknesses, for example around care planning. It has not yet, however, had a significant impact on service quality. The potential of the audit programme to more rigorously assess how services respond to needs arising from ethnicity, culture and religion, has yet to be realised.
120. Performance monitoring of important specific outcome measures is too patchy and in some areas inadequate. The local authority, for example, is not monitoring its performance in supporting and maintaining looked after young people post-16 in employment, education or training and does not collect information on the achievement of these young people. Similarly, weaknesses in health assessments have not been subject to effective performance management.

121. Social workers in teams working with looked after children and young people have access to support and oversight from experienced and knowledgeable team managers. The accessibility of managers to staff, means that staff can readily seek advice and direction for particular cases and social workers report having regular supervision. The recording of case discussions and supervision both in case records and on supervision files is inconsistent. Case records do not demonstrate regular management oversight and a sample of supervision files seen indicates that the monthly supervision standards set out in the Bedford Borough policy are not being met. Records seen do not reflect regular monthly discussions, and not all contain regular appraisals of staff performance.

## Record of main findings:

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