

Inspection of safeguarding and looked after children services

City of Bradford Metropolitan District Council

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Reporting inspector: Sheena Doyle HMI

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty’s Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.

2. The evidence evaluated by inspectors included:
 - discussions with children and young people receiving services, front line staff and managers, senior officers including the Director of Children’s Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives

 - 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 evaluations of a serious case review undertaken by Ofsted in accordance with *‘Working Together To Safeguard Children’, 2010*

 - a review of 101 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken

 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010

 - interviews and focus groups with front line professionals, managers and senior staff from NHS Bradford and Airedale, Bradford Teaching Hospitals NHS Foundation Trust, Airedale NHS Foundation Trust and Bradford District Care 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
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Service information

4. Bradford Metropolitan District Council (MDC) has a resident population of approximately 129,500 children and young people aged 0 to 18, representing 25.3% of the total population of the area. In January 2012, 54.8% of the Bradford school population (including nurseries and academies) was classified as belonging to an ethnic group other than White British compared to 22.5% (20.1% in 2010/11) in England overall. Some 40.78% of pupils are registered as speaking English as an additional language. Punjabi and Urdu are the most recorded commonly spoken community languages in the area.
5. Bradford MDC has 199 schools comprising 155 primary schools, 19 secondary schools, seven special schools, nine academies (of which eight are secondary and one is for all ages), two free schools and seven pupil referral units (PRUs). Early years service provision is delivered predominantly through the private and voluntary sector in over 750 settings; there are seven local authority maintained nursery schools.
6. The Bradford Children's Trust was set up in 2009 from the former Champions for Children Board, which commenced in 2006. The Trust includes representatives of the NHS, West Yorkshire Police, Probation, Jobcentre Plus, Connexions, and representatives of local schools and colleges. The Bradford Safeguarding Children Board (BSCB) was established in 2006, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services. It has been chaired independently since 2010.
7. Children's social care services have 526 foster carers, nine children's homes and 54 externally commissioned placements. Community-based children's services are provided by four assessment teams, 14 long term teams for children and young people, five teams in the looked after children service (for looked after children aged over 10), and four teams in the leaving care service. They are supported by teams for children with a disability, youth offending, adoption and fostering. An emergency out of hours service covering the district is provided by the council. Other family support services are delivered through five family centres and extended services in schools. Some children and young people's services are provided or coordinated through services such as Youth Services and Connexions.
8. At the time of the inspection there were 900 looked after children and young people. They comprise 259 children less than five years of age, 585 children of school age (5–16), 56 young people over the age of 16, and a total of 128 with care leaver status. Bradford uses a virtual school approach in its support of the learning of looked after children and young

people. At the time of the inspection there were 363 children and young people who were the subject of a child protection plan. This is a decrease of 7% over the previous two years. These comprise 167 females and 193 males (three were unborn children). Some 42% of these children are aged under five, 40% are 5-11 and 18% are 12 years or older. The categories of child protection plans are: neglect at 51%, emotional abuse at 29%, physical abuse at 17%, and sexual abuse at 3%.

9. Commissioning and planning of health services is carried out by NHS Bradford and Airedale (the Primary Care Trust/PCT). The main providers of acute hospital services are Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust. Community-based child and adolescent mental health services (CAMHS) are provided by the Bradford District Care Trust. CAMHS is also commissioned from external NHS and private providers. Bradford District Care Trust provides community health services including school nurses and health visitors.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

10. The overall effectiveness of safeguarding services in Bradford district is good. The strategic leadership of the council and its partners ensures that safeguarding is given high priority. Elected members rigorously scrutinise safeguarding services and there is good reporting and communication between key elected members and senior officers. This ensures that local politicians are well informed and take an active role in progressing priority areas. Elected members have invested heavily to protect children's social care services relative to other council departments, with an additional investment of £900,000 each year between 2008 and 2011 provided in order to meet the increased demand for social work services. This has resulted in increased capacity in social work teams and in intensive 'edge of care' services. Careful fiscal management has enabled children's services to deliver a balanced budget for the last five years.
11. The Bradford Safeguarding Children's Board (BSCB) and other strategic partnerships, such as the Children's Trust, includes senior representatives from health, education, adult services and voluntary agencies, and there is a strong track record of effective multi-agency work. There has been sustained improvement in safeguarding services underpinned by good quality management information, audit and challenge. The establishment of a multi-agency integrated assessment team (IAT) within children's social care services is widely regarded by statutory and voluntary partner agencies as a positive development. While this is a relatively recent development, it has been well planned and informed by good research evidence. Early indications are that professionals and members of the public are able to access good quality advice and information about services. Referrals to children's social care services are also responded to swiftly by conversion of contacts to referrals or signposting to alternative services.
12. Significant protection of funding by the council and some additional targeted investment has enabled the expansion of early intervention and preventative services across the district. These services are increasingly measuring their effectiveness of working with families, such as through the children's centres' use of family support plans. There are also effective targeted preventative services for families with complex needs that are effective in reducing the number of children and young people in need of statutory services. There has been some opportunity for children, young people and their families to influence the services they receive, but the council acknowledges there is more to do to ensure that their views are heard when involved in safeguarding arrangements. Similarly, the BSCB recognises the need to ensure the views of children, young people and

their families are more systematically gathered and used to influence its priorities.

13. All child protection work is undertaken by a stable workforce of qualified social workers with manageable caseloads. They are well supported by accessible line managers who provide staff with regular supervision. The skills of social workers and other front line staff in children's social care are continuously developed through good access to relevant training.
14. The council has taken appropriate action since the unannounced inspection in 2010 of the contact, referral and assessment arrangements to ensure all identified areas for development are being effectively addressed. There have been improvements in the quality of assessments and casework across the service over the past year, as supported by the council's own audits and ongoing performance monitoring. Children and young people at immediate risk of significant harm are identified and responded to in a timely way to ensure that they are safe. Inspectors identified some cases where there was insufficient attention paid to historical factors in children's lives which limits the effectiveness of current plans to address their needs. In some cases, concerns about a child or parent were not considered sufficiently in respect of whether the same concerns were impacting on other siblings in the family. These cases were the exception, however, and most casework was of at least adequate, with some good and some exemplary examples of practice. Case recording is generally good with children and young people's views evident, although more care is needed to ensure that only information pertinent to an individual child or young person, within a family with multiple siblings, is recorded on their file. There is also more to do to make clear how these views influence plans for children and young people. Understanding the child's journey would be improved by better use of chronologies, particularly given the challenge of two complementary electronic recording systems.
15. Safeguarding concerns are responded to promptly by convening child protection conferences where necessary and these are timely, informed by good quality reports in the main, with issues of concern recorded well. However, there is insufficient access to advocacy services for children and young people to enable them to express their views and influence decision making. Child protection plans are mostly clear and set out measurable targets and timescales which are understandable to the family, but this is not yet a consistent feature of all plans.
16. Issues of particular concern in the district, such as child sexual exploitation and domestic abuse, are responded to effectively by all relevant partners. This leads to service re-design, careful targeting of support and good monitoring, ensuring services are effective in reducing risk to children and young people and tackling perpetrators. The youth offending team (YOT) works well to ensure community safety and child safeguarding issues are

balanced and addressed. However, vulnerability management arrangements for young people would benefit from an evaluation of their effectiveness, particularly whether the pathways to safeguarding services are sufficiently robust.

17. Services for disabled children and young people have seen considerable investment. For example, £5 million of capital funding has extended residential and short breaks services so that children currently placed at distance can be cared for closer to home. Whilst parents of disabled children and young people have been heavily involved in consultation and design of these services, the council and its partners are clear that there is more to do to improve services for disabled children and young people including transition arrangements. Parents who spoke to inspectors described other areas of concern to them, including the need to 'start again' when requesting a further service for their child/family. This requires them to proceed through the referral and assessment process as a new family would, thereby having to retell their story, undergo unnecessary repeat assessments, and incur delay in service provision.
18. Health services make a good contribution and are effective in providing services to keep children safe. There is good leadership from senior health managers who promote a strong culture and ownership of professional accountabilities at all tiers of health organisations, and make considerable contributions to work streams within strategic partnerships such as the Children's Trust and the BSCB. NHS reforms are being implemented sensitively locally, ensuring that children and young people remain central within emerging commissioning arrangements. Up to date policies, procedures and training opportunities are in place to support staff in community and hospital settings, and most have safeguarding supervision. However, there is more to do to check the effectiveness of arrangements by auditing of safeguarding practice and to improve the use of chronologies to facilitate easy review of children and young people's progress, particularly those at risk of neglect. Health staff demonstrate effective communication with children, young people and their families which is recorded well, and young people are effectively engaged in helping to shape health provision, such as young person-friendly mental health services. Managers ensure that lessons learned from practice and serious case reviews lead to improvements in services and ways of working, for example, the shift towards 'think family' within health services for both adults and children. Health visiting and school nursing services have been strengthened but there is more to do with school nurse staffing still being below required levels. This impacts on their capacity to engage in early intervention and prevention work. CAMHS are effective and valued but there is scope for further coordination of emotional health and well-being services at a lower level to reduce demand on specialist provision. Health staff are alert to safeguarding needs of children and young people with complex health needs or disabilities. However, there are currently gaps in service provision and inconsistencies in assessment arrangements

of disabled children and young people which require attention and this is recognised as an area for priority attention across the partnership.

Capacity for improvement

Grade 2 (Good)

19. Capacity for improvement in safeguarding children in the Bradford district is good. The council and its partners have a track record of delivering sustained improvements to services that result in improved outcomes for children and young people. This includes: promoting the health of vulnerable children, expanding children's centre provision, responding to child sexual exploitation and keeping children safe within educational faith settings, and ensuring children and young people have good opportunities for recreation and development. The council and its partners are aware of their key areas of greatest challenge such as improving the educational attainment of all children and young people. The recent transfer of responsibilities for educational services from a private company back to the local authority is accelerating the pace of integrated working across the partnership, and is widely welcomed and seen as a long-awaited opportunity to progress matters.
20. The strong local political commitment to improving outcomes for the most vulnerable children and young people has been underpinned by protected spending on children's social care services and increased spending on preventative services. There is good forward planning to ensure future effective use of resources. The council and its partners continue to clearly articulate high ambitions and priorities for children and young people, whilst being conscious of ever-constraining financial resources. Nevertheless, ambitions are realistic and achievable, being based on detailed needs assessments which are regularly updated to ensure priorities reflect emerging needs, such as the growing population of eastern European residents and an overall shift to a growing younger population. Analysis and service provision is sensitive to the ethnic origin of children and families in the district ensure the widest possible access to services. Good use is made of audits to identify strengths and areas for improvement in services. Improvement processes are put in place and monitored, and good quality performance information ensure that partners have a clear understanding of areas that require further development. The BSCB has a detailed work plan, based on local and national priorities, which is effectively improving safeguarding arrangements across the partnership. Improvements have resulted from rigorous implementation of actions plans emergent from serious case review recommendations.
21. Multi-agency early intervention services have ensured that referrals to statutory social work teams has remained fairly steady, supported by agreed thresholds and referral arrangements. However, the new IAT is generating increasing levels of contacts, alongside partners reporting satisfaction with these arrangements. This is likely to be an indication of the value placed on the ready access to advice and support this service

now offers, reducing the need felt by agencies to request social work intervention. Plans to extend this model of working across the whole district once all initial problems are addressed are also widely welcomed by partners. The effectiveness of preventative services is kept under close review by senior managers. Further refinements such as the need to improve the use of the common assessment framework (CAF) tool, alongside the use of the existing family support plan arrangements in place in children's centres, are being carefully considered by the CAF development board.

22. There has been an appropriate increase in child protection inquiries and core assessments and the district is now closer to its statistical neighbours in terms of the number of these undertaken. The numbers of child protection conferences convened has been thoroughly reviewed and the council's audit indicates that these are being held appropriately; this was also confirmed with those cases seen by inspectors, indicating good identification and management of risk to children.
23. There has been effective oversight of social worker's caseloads to ensure they remain manageable. Their input, coupled with that of community resource workers, enables children and young people to benefit from quality time with experienced staff, and workers confirm they are able to spend sufficient time with the children and young people on their caseloads. Improved working environments for staff, coupled with accessible management support and an effective recruitment strategy, demonstrates a continuing commitment to improving the services provided by children's social care.

Areas for improvement

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

Immediately:

- health commissioners, together with Bradford District Council, should take action to review outcomes and to strengthen the coordination of emotional health and well-being services in order to reduce demand on specialist mental health provision
- health commissioners, together with Bradford District Council, should take action to address gaps in service provision and inconsistencies in assessment for children and young people with complex health needs or disabilities
- Bradford District Care Trust should take action to improve use of chronologies to support robust review of children's needs, particularly those at risk of neglect

Within three months:

- health commissioners, together with local NHS providers, should take action to strengthen their auditing arrangements to provide robust review of the quality of safeguarding practice and outcomes
- health commissioners, with Bradford District Care Trust, should take action to address gaps in school nursing capacity to enable their wider engagement in early intervention and prevention work
- ensure that children and young people's views are routinely included within assessments of their needs and in plans for their future
- ensure that where work is being undertaken in families with siblings that the plans and assessments focus on each individual child or young person
- ensure that all disabled children and young people and their families, particularly those children and young people who have received a service in the past, are not required to have unnecessary repeat assessments in order to access further services, and to reduce delay in accessing these
- ensure that child protection plans set out measurable targets which are understandable to the family and that timescales for taking action and achieving improvements are clearly specified in order to enable changes to be properly reviewed.

Within six months:

- ensure that all children and young people have access to independent advice and support to enable them to express their views and influence decision making in child protection reviews and planning
- ensure that all children's social care records contain up to date chronologies which clearly cross-references to information stored on the two complementary electronic client recording systems to enable the child's journey to be clearly seen
- ensure that the YOT vulnerability management arrangements are evaluated to consider their effectiveness, particularly with regard to effective links and pathways with children's safeguarding services.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

25. The extent to which children and young people are safe and feel safe is good. The Local Authority Designated Officer (LADO) role is effective with support provided by the child protection coordinators to assist with investigative work regarding individuals subject to allegations of abuse. Pressures on this service are recognised by senior managers and additional resources to support this work are agreed and currently being sought. There are effective links with other agencies including the police, health and adult safeguarding services. There are well-established safe recruitment procedures with all relevant staff being subject to reference, qualification and enhanced Criminal Records Bureau checks.
26. The quality of assessments and reports for child protection investigations and initial child protection conferences is good. Responses are timely and risk factors clearly identified.
27. Complaints from children, young people and families are addressed well and in an increasingly timely manner. There has been a significant reduction in complaints escalating to stage two, due to the customer care unit having developed better complaints' resolution processes.
28. Private fostering arrangements were judged as satisfactory in 2009. Awareness-raising in the wider community has been assisted by an effective and widespread multi-media campaign. The number of known and assessed private fostering arrangements at the current time is eight. Performance has improved with over 84% of children and young people being assessed within timescales in 2011-2012 compared with 57% in 2010-2011, and 92% of six weekly visits being timely in 2011-2012 compared with 70% in 2010-2011. Whilst the numbers of known private fostering arrangements are low, partners demonstrate a strong commitment to continuing to identify cases and raising awareness.
29. Children's centres are working effectively with children and families. There is a good range of outreach work with families and the introduction of family support plans provides an effective way of measuring the positive impact of these services, with the number of plans increasing year on year.
30. There are well established and highly effective multi-agency working arrangements regarding child sexual exploitation (CSE). This has recently been enhanced with the establishment of a multi-agency co-located team

which is demonstrating good effectiveness in responding to, and preventing child sexual exploitation

31. The domestic abuse partnership is strong, supported by an integrated strategy to tackle violence against women and girls and to promote safeguarding of children in families where domestic abuse is prevalent. Men who experience domestic abuse are also considered in the strategy and service provision. This work is supported by regular multi-agency risk assessment conference (MARAC) panels which ensure risks are responded to appropriately. A national quality assurance assessment undertaken in 2010 described Bradford's MARAC as well-established with evidence of good practice.
32. There are appropriate mechanisms to ensure that the children of Gypsy, Traveller and other migrant families are identified and supported to gain school places and be maintained in them. Absences from education establishments are proactively followed up to ensure children and young people's ongoing welfare needs are being met. There is effective dedicated police officer time focused specifically on combatting forced marriages which is linked well to wider safeguarding arrangements across the district.
33. There is a well established emergency out of hours team with good arrangements to ensure effective and timely sharing of information with day time staff. The YOT coordinates a monthly vulnerability management meeting for young people who show high levels of vulnerability. Although the system has been in place for about two years, there has been no evaluation of its effectiveness to ensure that there are appropriate links with safeguarding referral arrangements.
34. There is a good range of services to respond to families with complex needs, where children and young people might be at risk of exclusion from the family home. For example, the adolescent crisis response service (ACReS) which aims to prevent children and young people becoming looked after, has good impact with the most recent figures showing that 88% of children and young people return home following the intervention, with 7% moving to live with other family members. Similarly, the family intervention project offers effective targeted intensive services to families with multiple difficulties and is externally evaluated.
35. A clear continuum of support is provided for children and young people at risk of exclusion from education including: in-school support such as nurture groups; outreach support from the social and emotional behaviour team; support at a behaviour centre; and placement at a pupil referral unit. There is a strong emphasis across the partnership on combating bullying, including cyber-bullying, within the overall focus on safeguarding. The diversity and cohesion team monitors all forms of bullying as well as

racist incidents, and this information is used to inform anti-bullying work and ensure it is being deployed appropriately.

Quality of provision

Grade 3 (Adequate)

36. The quality of provision is adequate. Within children's social care services, the number of referrals and repeat referrals continues to demonstrate a downward trend due to more effective oversight of contacts and an improved understanding of thresholds by partner agencies. The number of initial assessments completed within timescales continues to improve with over 96% being completed within 10 days.
37. A large majority of more recent initial and core assessments seen were of good quality. There is evidence of satisfactory management oversight of activity. However, in some instances there was insufficient consideration of children's identity needs, and insufficient recording of children and young people's views. In some cases, inspectors saw inappropriate copying of information from sibling assessments, resulting in some assessments not identifying individual children's needs sufficiently well.
38. The integrated assessment team, launched in January 2012, has already led to noticeable improvements in performance. The number of contacts has risen, but the number of contacts leading to referrals has decreased due to more consistent application of thresholds, provision of advice, and signposting to appropriate alternative provision. The multi-agency team demonstrates good practice and consideration of risk and protective factors.
39. Parents and carers of disabled children and young people who met with inspectors identified significant areas of dissatisfaction. While acknowledging that some services, such as short breaks, are good, once assessments are completed, parents expressed a number of concerns. These included: insufficient information about inclusive services, insufficient sensitivity within education provision towards individual target setting, delays in transition arrangements, re-assessments required when making further requests for services, frequent changes in social workers, the poor quality of some social workers, and an ineffective complaints procedure.
40. The CAF is not sufficiently embedded across the partnership. This is acknowledged by partners, although it is well embedded within early years settings, and is used effectively within the pupil referral units and for teenage mothers. More work is needed to improve CAF arrangements and this is underway, led by the CAF project board.
41. The quality of case file recording within children's social care services is variable. In some cases seen, recording of children and young people's views and needs was included within case notes but did not appear to be considered in assessments or child protection plans. The dual electronic

child recording systems of ICS and CIVICA means that cross-referencing of documents stored on the two systems is required to establish the child's journey, and this is not always clear to the reader. The local authority accepts that better use of chronologies is required to help alleviate these difficulties.

42. Child protection interventions show some good work in long term planning, that the right children are on plans, and that they remain on a plan until positive outcomes have been achieved. However, the quality of child protection plans is too variable. In more than half of cases seen there were good plans, but in others seen, plans lack clear targets and timescales, and the effectiveness of interventions was not recorded. This results in actions and needs not always being met in a timely manner. Child protection coordinators acknowledge that there needs to be a clearer focus on outcomes for children and young people.
43. Child protection coordinators now use a checklist prior to initial and review child protection conferences which is intended to promote contributions from parents and children. However, despite its stated availability, there is no evidence of advocacy services being used to support children and young people to ensure that they are able to express their views and influence decision-making, and this is a shortfall. The local authority plans to extend the use of the electronic questionnaire 'Viewpoint' to children and young people involved in safeguarding services later on this year to address this issue.
44. There is good decision-making regarding requests for initial child protection conferences, including consideration of a range of factors such as the effectiveness of any previous child protection plans, and what alternatives have been considered. All 'step downs' from child protection plans require a recorded and monitored child in need plan. This ensures effective mechanisms to protect children and young people through all stages of assessment and intervention.
45. Team managers provide regular supervision to social workers and other staff, and this is well supported with clear guidelines and protocols for supervision and appraisal arrangements.

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

46. The contribution of health agencies to keeping children and young people safe is good. Senior health managers, designated and named safeguarding staff provide effective leadership, direction and challenge in promoting a strong culture and ownership of personal and professional accountabilities for keeping children and young people safe. They are effectively engaged in, and make an excellent contribution to, the work of the BSCB and its sub-groups. The Health Safeguarding Group led by the

PCT is a key driver in raising standards and sharing learning across local health teams and organisations. Safeguarding children and adult issues are increasingly woven into the day to day business of all local health organisations, with appropriate reporting, tracking and monitoring of improvement actions by senior managers and commissioners. Good progress has been made in learning lessons from serious case reviews, with a significant shift in practices toward 'think family' methodology that supports improved recognition of the complexity, diversity and levels of need experienced by some children and families.

47. Safeguarding practice is secured by clear and up to date policies and procedures. Auditing of safeguarding practice is developing well within health organisations, however, current arrangements are not sufficiently developed to provide robust review of the quality of safeguarding practice and outcomes. Front line community health staff are actively involved in, and make an effective contribution to, child protection and core group meetings and reviews. They have good access to a range of training to support advanced practice. Safeguarding supervision is in place for most health staff and gaps in supervision and training are routinely identified and monitored. Training and supervision of the safeguarding practice of clinical and medical staff including GPs is developing well, but is not yet fully embedded. Named GPs are well positioned to take forward safeguarding children arrangements within the new clinical commissioning groups. GP lead and deputy roles for safeguarding are developing well, with key staff identified in almost all GP practices. Good progress is being made to develop information sharing systems to support ease of reporting and flagging of concerns, including out of hours, to enable safe transfer, management and review of confidential information. There is clear recognition of areas where further work is required at an operational level, including strengthening of GP reporting to child protection conferences. Additional dental capacity has been procured to improve access and support for children on child protection plans and those who are looked after.
48. The health inequalities experienced by local people are well understood, and a number of health promotion and improvement programmes support the delivery of better health outcomes. A Well Child pathway provides a clear framework to meet the requirements of the Healthy Child programme. Good attention is paid to addressing high infant mortality rates. The Child Death Overview Panel (CDOP) works well. The backlog of cases is being tackled and the engagement of partner agencies and its focus on prevention is effective. Very good performance has been achieved in ensuring wide coverage of childhood immunisations.
49. Health visiting and midwifery capacity has been strengthened in recognition of the increasing birth rate and need for longer term and intensive work with some children and families. Work undertaken by midwives in partnership with specialist substance misuse, mental health

teams and voluntary sector organisations promotes safe management of risk and improvements in maternal health and the care of unborn and new born babies. The work of school nurses is valued by partners and the nurse led family support clinics provide good support to children and their families. However, school nurse staffing is currently below required levels which impacts on their capacity to engage in early intervention and prevention work.

50. CAMH specialist services are valued by young people and partner agencies and the recent establishment of a dedicated out of hours team has resulted in a significant reduction in hospital admissions and length of stay. There is timely follow up and review of children admitted to hospital. However, some children and young people have to wait a long time before they can access specialist support. Further work is required to review outcomes and to strengthen the coordination of emotional health and well-being services to reduce demand on specialist provision.
51. Partnership working between health services and children's social care services is generally good and improving. However some health staff report having to pro-actively follow up social workers to find out the outcomes of referrals. Escalation procedures are used when dissatisfaction regarding the response to a referral remains. Action is being taken to further clarify professional accountabilities across the partnership and embed a shared understanding of thresholds of risk. Improved use of chronologies is required by community health staff to support robust review of children and young people's needs, particularly those at risk of neglect. The new integrated assessment team is seen as helpful in promoting a stronger culture of working together. Health staff commend the support provided by the council's emergency out of hours team in supporting safe decision making.
52. Health partners demonstrate effective communication with children, young people and their families. Care is taken to ensure young people and their families understand and are encouraged to participate in, and give feedback about, their care and treatment. There is a good range of information provided with easy access to interpreting services. Case records of health staff denote care is taken to see children and young people alone at home, school or in the emergency department, and a clear record is made of their views and feelings. Children and young people are effectively engaged in championing young person-friendly mental health and safeguarding services. Innovative work is promoting better understanding of young people's experiences, enabling their voice to be heard and drive service improvements, including the re-provision of mental health services.
53. Teenage pregnancy rates have significantly reduced in recent years, with levels now below national and similar areas. Young people under the age of 16 are effectively supported by a teenage pregnancy midwife who

works closely with local children's centres in helping young women and their partners prepare for parenthood. There is recognition of the increasing numbers and vulnerability of young women and additional capacity has been secured through the expansion of the family nurse partnership (FNP). There is evidence of good outcomes from the work of the FNP including young people successfully completing their school and college courses and increased skill and confidence in meeting their children's developmental needs. Sexual health services are well developed, with appropriate arrangements in place to protect vulnerable young people.

54. Front line health staff are alert to, and responsive in, raising concerns about the safety and well-being of children with complex health needs or disabilities. Action is being taken to improve recognition and support for families from minority ethnic communities who may not be aware of services or may be reluctant to ask for help. New developments include work to enhance methods of communicating with children with limited speech or other communication needs. The role of health facilitators is valued in developing health action plans that identify future care requirements for young people who transition to adult services. However, increasing levels and complexity of need coupled with a legacy of disjointed commissioning has led to gaps in service provision and inconsistencies in assessment for children and young people with complex health needs or disabilities. This is recognised as an area for priority attention across the partnership.
55. Adequate arrangements are in place to ensure children and young people who have been subjected to alleged sexual abuse are examined in a suitable environment by appropriately trained staff. There is recognition of areas where further improvements are required including the need for a review of this pathway for children and young people. Emergency care staff have clear and effective systems for identifying and reporting abuse. Checks are routinely made of risks to children and young people and whether they are known to children's social care services. Practice in this area in both acute hospital trusts is good and is regularly audited. Local safeguarding forums are effective in promoting strong oversight of children and young people's safety and experience from their point of admission to discharge. Hospitals provide good information to community health and social care staff about risks to children and young people and outcomes of medical examination and treatment. The emergency department safeguarding post provided by Bradford District Care Trust shared between the two hospital trusts is working well, but the capacity of this post holder would benefit from further review.

Ambition and prioritisation

Grade 2 (Good)

56. Ambition and prioritisation with regard to safeguarding issues are good. Senior officers and members clearly articulate their priorities and key

challenges for improving services for children and young people in Bradford. They are very well aware of historical weaknesses, such as educational attainment, and these are targeted with specific improvement boards which include high level representation to emphasise the importance of priorities. There are clear plans and targets in place to achieve the desired improvements. The Lead Member and Chief Executive are appropriately challenging in their contributions to strategic planning forums and in their communication with senior managers to ensure that services are working to their satisfaction and in the interests of children.

57. The Children's Trust has the lead role in integrating children's services, and its priorities are based on a detailed needs analysis which is regularly updated. This ensure the Trust is well focused on improving outcomes for all children and young people, but with particular emphasis on the most vulnerable, with safeguarding being one of three priorities. Progress against targets is closely monitored.
58. The council and its partners have ensured that children and young people's issues remain high on strategic and operational agendas, while mindful of the significant changes underway within the NHS. There is effective future planning to support the shift to localities linked to new CCG commissioning areas, with, for example, consideration of the need to maintain services such as CAMHS notwithstanding the status of the Bradford District Care Trust as a provider that has yet to achieve Foundation Trust status. The shadow 'Health and Wellbeing Board' (HWB) sits within the structure of the Children's Trust, encouraging children and young people's issues to be given sufficient priority as the future unfolds. This is further supported by the Director of Children's Services being a member of the HWB and proactively liaising with the new clinical commissioning groups to ensure their awareness of children and young people's issues and that these are properly considered in future commissioning arrangements.
59. A key local priority for both the Children's Trust and the BSCB is the issue of safeguarding in mosques and madrassah with a model of good practice having been developed at one centre and now being used as an example to encourage wider take up.

Leadership and management

Grade 2 (Good)

60. Leadership and management in safeguarding arrangements are good. There are clear lines of accountability between the Lead Member, the Strategic Director, and the overview and scrutiny committee. The Children's Trust reports to the Bradford District Partnership and there are effective links with other relevant partnerships, for example the community safety partnership. This means that issues of common interest such as tackling domestic abuse are addressed well.

61. Members and attendees at the overview and scrutiny committee are knowledgeable and suitably experienced, and provide effective scrutiny of children's services including a focus on value for money. There is cross-party political consensus on the need to promote good children's social care services. Regular attendance by the Director of Children's Services and her team, and frequent attendance by the Lead Member, ensures a wider understanding of issues within children's social care services. The committee also closely monitors social worker workloads to ensure there are sufficient staff to meet demand on an ongoing basis.
62. The Children's Trust, chaired by the Lead Member for children's services, sets out clear priorities to promote outcomes for all children and young people, but with appropriate emphasis on those most vulnerable. Both the Trust and the BSCB have streamlined their operational arrangements to ensure they function more effectively and make best use of scarcer resources. There are effective links between both strategic bodies. This ensures, for example, that the lessons learned from serious case reviews lead to real changes and improvements to services, such as improved consideration of children and their safeguarding needs by adult mental health services provided by the Bradford District Care Trust. Accountability is further supported by formal weekly meetings between the Strategic Director and the Lead Member for children's services, and the Strategic Director also meets with leaders of the political parties on a monthly basis.
63. The senior management team in children's social care services are experienced and stable, with a clear commitment to driving improvements, and there have been significant results, such as core assessments always being undertaken where necessary and in a timely manner. Clear priorities are established and systems are in place for these to be cascaded and implemented throughout the service. Senior managers are visible and are regarded as supportive and approachable by the workforce. Children's safeguarding services know there is more to do to ensure that the views of children and their families are captured and that they inform plans and service development.
64. There is continuing investment in early years' preventative services in recognition of the long term benefits from this approach, resulting in another children's centre being opened recently. This also provides evidence of strong political support and understanding of children's developmental needs. The range of preventative services for families with the most complex needs are effective in preventing the numbers of children and young people who need to become looked after from rising.
65. There are extensive opportunities for training for staff at all levels across the partnership. Within children's social care services there is good training and support for both experienced and newly qualified social workers, and good career progression opportunities for community resource workers. The BSCB sponsors a wide range of multi-agency

training which is helping staff in different agencies work better together and there are shared training and briefings attended by staff from all sectors. The social worker workforce is stable and experienced, with no requirement for agency social workers which is a positive benefit for children and families. There is also a coherent programme to provide development opportunities for managers and this is continuing to improve.

66. Services users have some impact on shaping service delivery, for example, the disabled young people's peer support group has been enabled to influence disability services, and has developed a number of resources. These include a DVD designed to raise awareness of the issue of bullying of children and young people with disabilities. The group has influenced short break services by developing a checklist for providers to promote listening to young people, and they also contribute to disability equality awareness training and staff recruitment. Other young people's views have been sought via surveys undertaken by the youth service and these have been used to inform, for example, activity to tackle cyber-bullying.
67. Parents spoken to by inspectors described different experiences of social workers, community resource workers and wider children's services. Some reported good experiences which have helped in keeping their children and young people safe. Other parents reported not being kept informed well enough, insufficient specialist understanding of issues such as autism, and their views not being considered sufficiently.
68. There is effective collaborative work with the Muslim community to ensure that children and young people are safe in mosques and madrassah. Models of good practice have been developed and are being disseminated widely within the community, although BSCB partners are not complacent and recognise this work needs to continue and expand its reach. A further event to maintain this momentum is planned for next month.
69. Funding for safeguarding children and young people in Bradford has largely been protected alongside children's social care service reshaping and a flatter management structure is currently being implemented to achieve savings while protecting front line services. Some areas have seen increasing investment, such as the police increasing the number of staff within their district safeguarding units from 11 to 20 officers, and additional children's social care staff to improve adoption activity is planned.

Performance management and quality assurance

Grade 2 (Good)

70. Performance management and quality assurance in safeguarding services are good. A range of approaches are in place to ensure performance across the partnership is monitored, and that services are continuing to improve. For example, the multi-agency challenge panels supported by

the BSCB, have looked at a range of child protection issues such as children and young people on child protection plans, domestic violence, and the impact of family group conferences. Joint audits of activity of mental health arrangements and services have been undertaken, and these confirm the joint protocol between children's social care and Bradford District Care Trust is working well, resulting in significantly more joint assessments, visits and professionals meetings. These audits also found that that jointly planned interventions were having a positive impact on the safety and welfare of children, young people and their families, and there was improved attendance and reporting to child protection conferences.

71. The Assistant Director for safeguarding has instigated a strong performance management culture within children's social care services, leading to clear improvements in safeguarding outcomes. Notwithstanding the improvements that have already been achieved, the service is not complacent and is aware of areas where further improvement is needed. These include the need to improve child protection plans and case recording to ensure that plans are 'SMART' and measurable, and that the views of children and young people are properly recorded and taken into account in planning for them.
72. Service and team managers in children's social care services make good use of performance data to monitor individual team activity and undertake case file auditing although there is more to do to shift the focus of file auditing from compliance with processes to consideration of the quality of practice with children, young people and families.

Partnership working

Grade 1 (Outstanding)

73. Partnership work across Bradford district is outstanding. The development of council-wide strategies to address key issues such as equality and diversity, child poverty and disabled children link well to the overarching strategies of the council in its vision and values, and corporate plans. These demonstrate a strong commitment to partnership working across both statutory and voluntary sector agencies, strengthening of the partnerships to improve outcomes for children and young people, and to ensure effective use of resources.
74. Partnership working is strongly embedded across the district. This results in partners being ready to respond to the wider changes that are underway within, for example, health, education and police services. Good partnership working has facilitated relatively swift responses to emerging issues of concern such as the 'front door' arrangements in children's social care services, the response to child sexual exploitation, and responses to child accident prevention. These arrangements include voluntary as well as statutory services, ensuring that services are sensitively configured to respond to children, young people and families in very complex situations.

75. Effective partnership working is supported by effective information-sharing arrangements, ensuring that confidentiality is maintained with respect to individual families, whilst robust responses to child concerns are delivered. The wider impact of safeguarding concerns is considered well across the partnership, and contributes to effective strategies to maintain community cohesion.
76. Strong partnership working is evident in preventive work in schools, with vulnerable children being proactively tracked and supported. Effective collaboration between the council, the voluntary sector and colleges has resulted in the creation of the 'collective' district pupil referral unit for the most vulnerable young people in the area and there is close cooperation between agencies in tackling bullying. Similarly, there is effective partnership working including with the Council for Mosques and other community groups in ensuring wide awareness and joint work in, for example, addressing issues such as physical abuse prevention.
77. Multi-agency public protection arrangements (MAPPA) are well established and supported through effective partnership working, including senior police staff, according to risk and links to specialist police such as counter-terrorism. Closer links are being developed with adult safeguarding services and sharing of information. The service clearly prioritises safeguarding children in managing risk and understands well the risk that children themselves can pose.
78. The MARAC arrangements are effective but continue to be strengthened, for example police child protection staff being incorporated into the safeguarding divisional teams and the creation of domestic violence 'hubs' for joint working. There are also effective integrated offender management services, and good joint work within the Bradford District Health Community Strategy to tackle violence against women and girls.
79. A strong partnership exists between children's social care services and the probation service to ensure that the needs of children and young people are considered as part of their offender management role. There is a dedicated parenting worker who works with offenders, and family group conferences have been used in prisons to consider the impact on a family of the potential release of a parent from custody. Good joint working on the family intervention project and in the planning of the 'Troubled Families' initiatives have further strengthened arrangements to ensure children and young people's needs are central in plans for parents who offend.
80. Missing children and young people are given high priority in the district. There is good monitoring and reporting to the BSCB. There is a rapid response to each episode of a child or young person going missing from care, home or education, and good proactive follow-up to ensure their

safety and future welfare. Intelligence is used well to identify patterns and respond to these appropriately.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

81. The overall effectiveness of services for looked after children in Bradford is good. Multi-agency approaches to promoting looked after children and young people's participation are well developed and effective. The views of looked after children, young people and care leavers routinely inform service developments, as well as their own care arrangements and plans, and they are enabled to critically comment on the quality of provision. Looked after children and young people are actively involved in training programmes, such as for foster carer applicants, and in recruiting staff. Progression to permanency is good and improving, and children and young people have good access to advocacy services.
82. Thresholds for children and young people becoming looked after are appropriate and there are good arrangements to review decision-making at sufficiently senior levels. There is an effective range of services to prevent children and young people becoming looked after, where it is safe and in their best interests to do so. Crisis services are available and these are effective at keeping or returning children and young people to the community where appropriate. Looked after children and young people benefit from good residential and fostering placements and children and young people seen and surveyed reported feeling safe and are seen regularly. Their arrangements are overseen by an experienced and proactive group of independent reviewing officers (IROs) who provide sufficient challenge when necessary. Placement stability is good.
83. Social workers and community resource workers undertake a range of good work, including therapeutic interventions, with looked after children, young people and care leavers. However, in some cases seen by inspectors, children and young people with complex needs were allocated to community resource workers when allocation to a social worker was warranted, and allocation procedures would benefit from a review of criteria. Case recording is up to date and includes clear evidence of children and young people's views and feelings, but sometimes lacks other key information including records of supervision discussion of outcomes. The needs of children and young people are accurately assessed in most cases, however, the impact of historic events is not always sufficiently well considered in relation to current and future planning and support arrangements. Reviewing is timely and plans mostly support the needs of children and young people, but there is more to do to ensure they all contain specific targets. In most cases, the promotion of equality and diversity is strong.
84. Health services make a good contribution to ensuring the holistic health needs of looked after children, young people and care leavers are met.

There are good communication routes between hospital and community health staff. The looked after children's health team is extremely knowledgeable and experienced, and has a strong focus on ensuring children and young people's own views inform their health plans, and that they are able to influence their own health assessment and planning processes. The team ensure health care of looked after children and young people is timely, and children and young people are able to benefit from a high level of consistency regarding the health professionals they see. Health commissioners are aware of increasing pressure on this service, and the need to ensure it is able to meet both current and future demands, which include meeting the needs of children and young people from other local authorities placed within the district. The named nurse for care leavers has a heavy workload and capacity to support care leavers requires reviewing. Safeguarding is strongly embedded in the arrangements for looked after children and young people, and there is effective working with other agencies and staff including foster carers, education and children's social care staff. However further attention is needed in relation to children and young people's emotional and mental well-being as this was lacking in some cases seen by inspectors. More systematic recording of consent to health assessments and treatment in children and young people's files is also required. CAMHS ensures children and young people who are looked after receive timely support, however, the capacity of the team would benefit from further review to strengthen preventative work.

85. The education of looked after children and young people is closely scrutinised by the council and this is recognised as a priority area for improvement. Considerable extra funding for the pupil premium has been made available to support the education of looked after children and young people, and clear progress was seen by inspectors as a result of this. The rate of school absenteeism has significantly reduced and there are no permanent exclusions and improving performance in respect of fixed term exclusions. Performance at Key Stage 2 has fluctuated somewhat, and at Key Stage 4, the proportion gaining GCSE grades A* to C in five or more subjects including English and mathematics, has remained virtually unchanged over recent years. Most looked after children and young people have up to date personal education plans (PEPs) but there is more to do to improve the level of detail in these. As part of its improvement plan, the council is developing a detailed education database for looked after children and young people. However, it does not always receive information from schools on children and young people's progress. Similarly, the council is not routinely provided with information on the progress made by young people attending educational establishments after the age of 16, which detracts from its capacity to support improvement and attainment.
86. The council has a clear intention to minimise disruption to children and young people's education resulting from changes of placement, and

reducing the numbers of looked after young people sitting GCSE examinations who experience school moves. However, the council has not calculated the average number of school changes for all looked after children and young people which would enable it to assess the effectiveness of its plans.

87. There are good and sensitive efforts to encourage looked after children and young people, including disabled children and young people and those from all ethnic backgrounds, to experience a wide range of leisure, sporting and cultural activities. Good arrangements are made to promote their confidence and security in trying things out, such as supporting the accompaniment of family members. Multi-agency arrangements to divert looked after children and young people from the criminal justice system are proving to be increasingly effective, for example, in 2010-2011, 66 young people committed 128 offences and in 2011-2012, 45 young people committed 66 offences.
88. Economic well-being outcomes are good. Care leavers have pathway plans and are able to articulate the value these have for them in their transition to adulthood. The council ensures that looked after children and young people are in accommodation appropriate to their needs, although there is some use of bed and breakfast accommodation for emergency placements. The council has taken steps to ensure that these establishments have been vetted and comply with agreements to provide additional support and liaison. Work is well advanced to increase the range of emergency and other types of accommodation that is intended to improve choice and resources later on this year.
89. There is good monitoring of performance against targets by senior managers which enables areas of weaker performance to be addressed swiftly with progress being kept under close review, such as the timeliness of looked after children reviews and their educational progress.
90. Careful budget management has enabled spending on out of district placements to be reduced in 2011 by £1m to £5m. The council has good joint commissioning arrangements with partners in the region to promote high quality external placements and maximise value for money. There is a rigorous system in place to ensure that placements of children and young people placed outside the district are subject to regular senior scrutiny, so that they can return to an appropriate local placement at the earliest opportunity when this is appropriate to their needs. The council's membership of a looked after benchmarking club with 58 other local authorities enables comparisons across a range of measures, and most recent comparisons indicate that the council provides cost effective residential care, provides its foster carers with favourable fee payment arrangements, and that the fostering team is cost effective.

Capacity for improvement

Grade 2 (Good)

91. The capacity for improvement in services for looked after children is good. A stable and effective senior management team in children's social care is well supported by elected members, particularly the Lead Member and members of the overview and scrutiny committee, who are actively involved in overseeing all aspects of service delivery to looked after children, young people and their carers. Weaknesses in the functioning of the corporate parenting panel have recently been acted upon and the prognosis for improvement is good. The council and its strategic partners have a detailed understanding of the current and projected profile of the looked after children population and this analysis enables effective forward planning to ensure sufficiency of resources. The council's fostering and adoption services have a track record of maintaining very high quality standards as evidenced in inspection judgements.
92. There are sufficient managers, social workers and other specialist staff to effectively support looked after children, young people and care leavers and there is strongly articulated commitment to maintaining front line services by council leaders and elected members from all political persuasions. The children's social care workforce benefits from an effective programme of staff development, quality auditing and feedback, and good access to appropriate training and professional development opportunities, all of which are protected, with management development opportunities improving. All these elements contribute to a continuous process of raising standards of practice within the service.
93. Partner agencies make a strong contribution to improving outcomes for looked after children, young people and care leavers, particularly health partners and the police. The council strongly supports care leavers into employment via an increasingly wide programme of apprenticeships and their maintenance within education, employment and training settings is supported by a specialist team which the young people value and respond positively to. A range of services are well engaged in supporting care leavers, particularly in terms of helping them into work experience and training and effective partnerships with further education providers generates additional training opportunities for care leavers.

Areas for improvement

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

Immediately:

- health commissioners together with Bradford District Care Trust should take action to ensure all children who are looked after and

care leavers have the level of support they need to maintain good health and well-being

- Bradford District Care Trust should systematically evidence consent on all children's electronic and paper records.

Within three months:

- health commissioners and with Bradford District Care Trust should review the current capacity of the CAMHS team to strengthen preventative work with looked after children, including support for older young people and care leavers
- establish arrangements with schools for sharing all information on the targets set for looked after children and young people, and the progress that they make, so that the council can fulfil its role as corporate parent
- establish arrangements with schools, colleges, universities and young people to enable the council to track the educational progress of looked after young people and care leavers beyond the age of 16
- ensure there is appropriate allocation of looked after children, young people and care leavers to staff, so that those with the most complex needs are allocated to suitably qualified and experienced staff, with changing/emerging needs being taken into consideration at regular intervals
- ensure children and young people's case files include all relevant information such as key events and the outcomes of supervision discussions
- ensure that all looked after children and young people's plans contain specific targets which enable monitoring of progress, and that they are understandable to children, young people and their families.

Within six months:

- develop mechanisms to continuously count the number of school changes for all looked after children and young people, to ensure its ambition to minimise educational disruption is realised
- ensure that looked after children, young people and care leavers, particularly those with considerable involvement of welfare services, are reviewed to ensure that the impact of historic events is sufficiently well considered in relation to current and future planning and support arrangements.

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

Being healthy

Grade 2 (Good)

95. The health of children and young people who are looked after is good. The looked after children's health team is child and young person centred and benefits from experienced, knowledgeable and stable team members who are strong advocates for children and are rigorous in their approach to identifying and addressing health inequalities. Succession planning and team capacity are recognised as an increasing organisational risk and a review of the team's workload and service development priorities is currently in progress. The workload of the named nurse working with care leavers is particularly high and further work is required to ensure care leavers have the level of support they need to maintain good health and well-being.
96. Children and young people are encouraged to take an active part in their health assessments and support plans, and the location of assessments is flexible in accordance with the preferences of children, young people and their carers. Children and young people benefit from having the same named nurse and named doctor overseeing their health care from the point of entering to leaving care. The need to strengthen feedback from children and young people about their experience of health professionals has been identified as an area for improvement and plans are in place to address this. Children and young people told inspectors they had a healthy diet most of the time and that they had enough exercise, with a good choice of hobbies and things to do.
97. The specialist health team has good performance in meeting statutory timescales for annual health assessments. Performance in ensuring children and young people are immunised is excellent, and rates of dental checks are similar to other areas. The inspection of children's health records evidenced good assessments of children's growth, achievement of developmental milestones, and their social and emotional attachments. Annual reviews ensure tight scrutiny of progress in addressing individual health needs or developmental concerns. Safeguarding is strongly embedded in the arrangements for looked after children and young people, with appropriate checks made of risks to their sexual health, personal safety, substance misuse or self harming behaviour. However, the focus on children and young people's emotional and mental well-being was insufficiently explored or tracked on some cases seen. There are appropriate arrangements to seek consent to health assessments and treatment however, this was not systematically recorded on children and young people's records seen. There is appropriate liaison with children's social care services and tracking of children and young people who move to new placements or attend hospital.

98. Care is taken to ensure Bradford children and young people placed out of area benefit from regular health checks and systems are in place to ensure children and young people's health care needs are reviewed. However, the quality of assessments of children and young people placed out of area was variable and requires closer scrutiny to ensure children and young people's needs, including those placed with family and kinship carers, are appropriately identified and met.
99. Looked after children health staff are effectively engaged in the work of fostering and adoption panels. Joint working between local health staff, social care teams, residential staff and foster carers promotes greater awareness and skills in addressing children and young people's health and behavioural needs. The specialist help and consultation provided by CAMHS workers is effective in preventing placement breakdown. CAMHS ensures children and young people who are looked after receive timely support. However, the capacity of the team would benefit from further review to strengthen preventative work, including support for teenagers. Relatively low number of looked after children and young people misuse alcohol or drugs while in care. There is appropriate recognition of the vulnerability of young women who become pregnant with additional parenting support provided through FNP and an eight week parenting programme for care leavers.

Staying safe

Grade 2 (Good)

100. Services to ensure looked after children are safe are good. The council works hard to ensure that only those children and young people who have a clearly assessed need become looked after. Robust systems are in place to manage risks posed to children and young people so that they can remain in, or return to live with, their families wherever possible. Crisis foster placements are available at short notice to accommodate children and young people overnight and at weekends until a detailed assessment of their needs can be made and appropriate support given. The placement support service offers intensive family support, including at evenings and weekends, to help parents care for their children and young people safely, and the adolescent crisis response service (ACReS) offers short term care and an effective 24 hour telephone support line for parents. As a result, the majority of the children and young people who receive this support do not enter the care system. Comprehensive use is made of family group conferences to encourage alternatives to children and young people becoming looked after.
101. Where it is necessary for a child or young person to enter care, the majority of children and young people do so as part of a planned process. Effective assessment and matching systems are in place to ensure that they are placed in provision that best meets their needs. However, the lack of specialist foster placements means that some children and young people remain in residential care for too long. In order to develop a wider

range and more cost-effective range of placements, the council is collaborating with regional neighbours to increase placement choice and reduce costs. Good systems are in place to support placements where disruption may be a risk and learning from placement disruptions is always considered. As a result, most children and young people are in stable placements and Bradford compares well with similar authorities.

102. All but one of the council's 13 own children's homes are judged to be at least good overall at their last inspection, with four judged as outstanding overall and one judged as satisfactory. The council has a policy to only place children and young people in external residential placements or independent fostering placements which have been assessed as good or better by Ofsted. Fostering and adoption services were judged as good at their last inspections in 2011 and 2010 respectively. The majority of children and young people who responded to the survey undertaken for this inspection and who were seen by inspectors felt safe in their placements and had someone to speak to if they did not feel safe. Social workers regularly visit children and young people and, in most cases, see them on their own.
103. Young people are encouraged to take an active role in their reviews and most do so, either in person or through an advocate. The increased use of Viewpoint as an online method of gathering views, as well as a bespoke version for children and young people with disabilities, will ensure that more children and young people will have the ability to express their views.

Enjoying and achieving

Grade 3 (Adequate)

104. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. Of the looked after children and young people placed within the authority, 39% attend schools that are good or better but 5% are in inadequate schools. These figures had not been collected prior to the inspection which hampers the council's ambition to ensure all looked after children receive the best possible education. The position in relation the quality of schools attended by looked after children and young people placed outside the authority is unclear.
105. The council has a clear intention to minimise disruption to children and young people's education resulting from changes of placement. However, case files and discussions with children and young people indicate that some have experienced frequent changes of schools. The council has not calculated the average number of school changes for all looked after children and young people. Of the pupils sitting GCSE examinations in 2011, five (7.8% of the cohort) moved schools during the year. In the current year, this proportion has fallen to 4%.
106. The council has been very successful in reducing the rates of absence among looked after children and young people. From having amongst the

highest number in the country, the proportion of persistent absentees is now lower than the average nationally and for similar areas. No looked after child or young person has been permanently excluded from school over the last four years. For the last five years, the figures for fixed term exclusions have been consistently better than the national average. Over the last two years the fixed term exclusion rates for looked after children and young people have improved at a faster rate than for all pupils.

107. At Key Stage 2, English results have improved for the last four years, although they continue to be below the averages for looked after children in similar areas and across the country. The gap between the results for looked after children and all other 11 year olds locally has narrowed. The gap between their performance and that of their peers across the country narrowed for three years but widened slightly last year. Mathematics results improved for three years but fell last year when only 50% of 11 year olds in care achieved the level expected at that age. This was better than the national average but below the average for similar areas. The gap between the performance of looked after children and all children locally and nationally narrowed for three years but widened last year.
108. At Key Stage 4, the proportion of looked after young people gaining GCSE grades A* to C in five or more subjects including English and mathematics, has remained virtually unchanged for the last four years. The gap between their performance and that of all young people locally and nationally has widened.
109. The very large majority of looked after children and young people have an up-to-date personal education plan (PEP). The PEPs examined were of variable quality but none of them were inadequate. A recurring weakness was the lack of detail in the action plans. The council has recognised this and is working to improve the quality of plans.
110. The council is developing a detailed education database for looked after children and young people. However, it does not always receive information from schools on the targets set for looked after children and young people and the progress they make from their starting points. This detracts from the council's ability to monitor and challenge schools on the provision made for looked after children and young people and to perform the role of corporate parent.
111. The council has provided considerable extra funding for the pupil premium so that looked after children and young people can receive additional support with their education. In the cases examined, this had led to clear improvements in children and young people's attainment and progress.
112. Looked after children and young people are provided with a wide range of activities to enrich their experiences and provide enjoyment. The 'MAX Card' and 'Passport to Leisure' provide them with access at low cost to museums, art galleries, exhibitions and sports centres. Through the youth

service and the adventure development service they are able to take part in a wide range of residential activities and to develop their skill in various sporting and outdoor activities.

113. Considerable efforts are made to encourage participation. Many carers accompany more reticent children and young people to activities until they develop sufficient confidence to attend alone. Applications for activities are handled sensitively so that children and young people are not discouraged from taking part by being made to feel different. Children and young people with disabilities receive additional support and equipment to enable them to take full advantage of the opportunities available and providers ensure that proper account is taken of religious and cultural traditions so that all children can participate.

Making a positive contribution, including user engagement

Grade 2 (Good)

114. The impact of services on enabling children and young people in care to make a positive contribution is good. The council places considerable emphasis on helping looked after children, young people and care leavers develop the ability to express their views. This has included training on presentation skills. Young people have also been trained as peer researchers so that they can help monitor and review the quality of services. Some of the young people who met with inspectors displayed considerable confidence in presenting their ideas.
115. The Children in Care Council (CiCC) meets regularly with the Lead Member, the Strategic Director for children's services and senior staff in children's social care services. Members of the CiCC have been involved in various regional and national conferences and are contributing to a national research project on young people's experiences of living in care. They have also been involved in the tendering processes for the new independent visitors and advocacy service and the re-tendering for supported housing for care leavers. A recent project has been the production of a 'powerpoint' presentation on famous people who were in care to be used as part of a training programme to combat stereotypical views of looked after children and young people and to encourage more landlords to make accommodation available for care leavers. The council recognises the need to encourage greater participation in such activities by younger looked after children and by children and young people placed outside Bradford.
116. The care leavers who spoke to inspectors were happy with the services they receive. They were complimentary about their workers, the help they provide and their accessibility. They gave specific examples of the improvements that had been made to their lives as a result of the interventions of their social workers whom they clearly trusted and respected.

117. Offending by looked after children and young people has declined over the last four years but has been, and remains, consistently worse than nationally and in similar areas although the trend is improving. Following a review three years ago, residential staff received training in behaviour management and police now visit children's homes and encourage children and young people to become involved in constructive leisure time activities. As a result, there has been a significant reduction in the number of cautions and convictions from 14% in 2006-2007 to 9% in 2010-2011. The council's projected figure for 2011-2012 is 4.78% which is significantly lower than previous years and is likely to be in line with statistical neighbours and the national average.
118. The council notes the overall trends in offending but does not analyse them in sufficient detail in order to establish the reasons for the considerable variation in custody rates in successive years. There is no clear protocol about the provision of appropriate adult services for looked after young people. As a result, one young person whose case was examined by inspectors had to spend the night in custody.

Economic well-being

Grade 2 (Good)

119. The impact of services on enabling young people in care to achieve economic well-being is good. Almost two thirds of care leavers are in education, employment or training, a higher proportion than in similar areas and across the country. With one exception, this has been the case for the last five years. The leaving care service provides a wide and coherent range of support to maintain young people's engagement with education, to prepare them for employment and to enable them to enter further and higher education.
120. An important aspect of provision is the concerted effort made by the 'Learning, Education and Achievement Project' (LEAP) to encourage young people who have become disaffected to re-engage with education. Early support from Connexions advisers also ensure that, from Year 8 onwards, looked after children are encouraged to start exploring options beyond school.
121. Over the last three years, the council has provided 19 apprenticeships and 34 pre-apprenticeships for care leavers. It has also created 28 work experience opportunities and 19 young people have received individual support to develop the skills necessary to become more employable. The council has clear plans to continue to provide opportunities for care leavers within its own workforce despite the reductions in staffing.
122. Currently there are 21 care leavers at university and a further 16 are planning to go this year. This reflects the successful work of the virtual school and the leaving care team in identifying potential university entrants; supporting them and their carers through the process of selecting and applying for courses; and providing them with financial

advice and support. As numbers of students rise, there are clear plans to extend the support available to them. An important aspect of provision for students is the personal support that they receive from social workers who are frequently in contact with them. Good support is also provided for care leavers who are in local colleges.

123. The council tracks which courses looked after young people follow after the age of 16 but it does not monitor the progress which they make. This is attributed to difficulties in gaining agreement from colleges and other institutions to release data on young people. All care leavers have a pathway plan which is regularly updated and the plans seen were of good quality. The care leavers who spoke to inspectors had all found their plans useful in supporting their transition to adulthood.
124. The proportion of care leavers in suitable accommodation has fluctuated. The most recent figure is in line with the averages nationally and in similar areas. Young people have access to a wide range of different types of accommodation. However, there is insufficient stock, particularly single person accommodation, to meet demand. The council makes use of bed and breakfast to accommodate some young people temporarily, although its stated aim is to use this type of accommodation for the minimum time possible. The new contract for supported accommodation, which will be introduced in September 2012, is designed to tackle this problem. The care leavers who met with inspectors were satisfied with their current accommodation, felt safe where they lived and said that they had received good support to prepare for independence.

Quality of provision

Grade 2 (Good)

125. The quality of provision for looked after children and young people is good. The majority of children and young people become looked after in a planned manner and, through effective work with the police, the number who become looked after through police protection has reduced. The majority of looked after children and young people are allocated to suitably qualified social workers and, as a result of a stable workforce, these often remain a constant figure in their lives. Some looked after children are allocated to community resource workers within the social work teams who are not social work qualified; these are children in stable placements with less complex needs. If the child or young person's needs or circumstances change, they are allocated to a social worker in addition to their existing community support worker, to ensure continuity whilst an appropriate level of expertise is added to their support arrangements. Community resource workers are appointed at two levels, with Level 4 requiring qualification to a minimum of degree/NVQ Level 4. They also undertake a range of good work to support care plans, including well planned contact sessions between siblings and one to one work with children and young people. However, in some cases seen, there was insufficiently clarity in the allocation of case-holding responsibilities

between social workers and community resource workers matched to the needs of children and young people.

126. Case recording in children's social care service is clear and up to date but records do not always contain all relevant information. Cases are regularly discussed in supervision and workers report that they receive good direction, but this is not always evidenced in case recording. In most cases, the needs of children and young people are accurately assessed. However, the impact of historic events on their lives is not always sufficiently well considered in relation to current and future planning.
127. Care plans are reviewed regularly and, in most cases, support the needs of child or young person but not all contain specific targets. Some parents seen by inspectors felt that the actions required of them were not sufficiently clear. Review meetings are timely and, where necessary, additional reviews are held to address the changing needs of the child or young person. An established group of IROs, although having very high caseloads, know children and young people well and ensure that plans are progressed. They are clear about their independence and the service has a good system of 'alerts' to senior managers when the IRO has concerns about the progress or content of plans, and this is having a good impact on reducing drift and delay. However, two cases seen by inspectors were referred to the council because of concerns about the well-being of the young people. The authority took immediate and thorough action to ensure that their needs were reviewed and risks were properly addressed.
128. There is effective use of family group conferences which has resulted in children and young people being placed with 'family and friends placements' with appropriate support. Good legal services contribute to timely outcomes. As a result, there has been an increase in adoptions and more use of Special Guardianship Orders which promotes permanency for children. Training and support is available to staff to ensure continuous improvements in the quality of court reports.
129. The council is aware of the high number of children and young people in permanent placements for lengthy periods of time while subject to full care orders. In the cases of young children placed with parents seen by inspectors, there are clear plans for the discharge of orders with good 'step down' procedures to ensure sufficient support beyond the end of the order. However, for older children, planning is less robust and as a result, in some cases, discharge of care orders has been rejected by the courts.
130. In most cases, the promotion of equality and diversity is strong. In most cases, plans discuss individual needs of children and young people and are clear about how these will be met. Services for unaccompanied asylum seeking children and young people are effective and the provision of specialist accommodation and support for these young people helps them integrate well into the community.

Ambition and prioritisation

Grade 3 (Adequate)

131. Ambition and prioritisation for looked after children are adequate. The corporate parenting panel is constituted on a cross party basis but the Lead Member for children is not a member. Elected members on the panel are committed to their role, undertake statutory visits to residential homes, and are members of both the adoption and fostering panel. While they receive regular reports from officers of the council and the CiCC, there is limited scrutiny of its work to ensure the best outcomes for looked after children and young people. Their role in developing strategy and understanding the detail behind performance data is under-developed. There is no clear accountability of the corporate parenting panel to the wider council, although individual members report activity to their political groups. Newly elected members to the council receive support to ensure that they understand their corporate parenting role but there is insufficient ongoing training for members of the corporate parenting panel to enable them to properly develop an in-depth understanding of key issues affecting looked after children and young people, and how to hold senior officers to account. The council's recent action to improve the functioning of the corporate parenting panel is intended to address this deficit.
132. The looked after children's strategy meetings brings together partners regularly to review the progress of the strategy. However, attendance at these meetings during the past year has been limited with some key partners not being represented at all. While there are reports to the overview and scrutiny committee and the corporate parenting panel, reporting arrangements are not sufficiently robust to ensure that the strategy receives sufficient scrutiny and challenge from elected members.

Leadership and management

Grade 2 (Good)

133. Leadership and management in looked after children's services are good. Managers at all levels in children's social care services understand their role in ensuring good outcomes for looked after children and young people and have a good understanding of their needs. Managers in this service have equal access to development opportunities available to other managers in children's social care services, and most of them have benefitted from management training and coaching. Senior managers regularly review the performance of services for looked after children, young people and care leavers, and this expectation is cascaded to front line managers in fieldwork and residential services, supported by the provision of detailed performance information on all aspects of looked after children and young people's progress. Where dips in performance are identified, considerable efforts are made to identify causes and rectify them, which have the beneficial impact of maintaining improvement in most areas of children and young people's lives. The council's overview and scrutiny committee also considers the outcomes for looked after children, young people and care leavers, and the Strategic Director

includes this information in her reports to the Chief Executive and regular meetings with the Lead Member, ensuring good senior oversight of progress in this service area.

134. Social work staff including staff in the fostering and adoption services, and community resource workers report good support from line managers who provide them with opportunities for reflective supervision and annual appraisals which identify progress made and set future developmental targets. A comprehensive training programme is constantly evolving to reflect emerging priorities such as the increasing need to 'think family' and be able to work effectively with men in families; ease of access ensures that staff have good opportunities to continue to enhance their knowledge and skills thereby meeting personal professional development needs, as well as ensuring the workforce is sufficiently skilled to deliver the services required.
135. Investments in children's social care services are leading to improvements. For example good support packages for in-house foster carers and additional residential bed spaces have been key in enabling most looked after children and young people to be kept within the district and to benefit from more stable placements. Commissioning, including joint commissioning of looked after children and services for children on the edge of care, is established across the local authority and its partners and is monitored effectively. The commissioning strategy is based on a detailed assessment of need which is regularly updated to ensure the council meets its duties to provide sufficient placements and placement choice for all looked after children and young people.
136. Young people are actively involved in service design and re-shaping, for example, the CiCC were heavily involved in re-tendering for the advocacy, return to care and independent visiting service. They led on extensive consultation with other young people by visits to children's homes and conducting wider surveys. An independent evaluation of the commissioned advocacy service by a national organisation for young people in care found that the service was effective and met most of its quality standards with the only concern being in relation to its capacity. Young people spoken to by inspectors were aware of the advocacy service and confident in using it. Similarly, the complaints process was well understood and the complaints officer regarded as 'young person friendly'.

Performance management and quality assurance

Grade 2 (Good)

137. Performance management and quality assurance in looked after children's services are good. Comprehensive performance management of permanence planning has resulted in an improvement in the speed and quality of planning for looked after children and young people's futures.

This has resulted in significant increases in the number of Special Guardianship Orders and adoptions this year compared to last year. The challenge panels also look at areas of concern for looked after children and young people, such as those who are on care orders but placed with parents, and findings are contributing to improved practice. In files seen, management oversight is evident although it does not always give sufficient direction or challenge to the worker and, in some cases seen, serves solely as a summary of the case.

138. Auditing is well embedded in residential and short breaks facilities with clear expectations of monthly audits of children and young people's files to ensure they are up to date with an appropriate placement plan, a quality risk assessment and behaviour management plan. Auditing is carried out by the management team, with additional checks being made by the Quality Standards Manager to ensure compliance. Whilst the service has identified the need to improve arrangements further, the auditing so far has ensured that from 68% of files being judged as good or excellent in all aspects in April 2010 there has been an increase to 89% being so judged in November 2011.
139. The role of operational managers in the looked after service in implementing the performance management framework in respect of quarterly case file auditing is not yet fully embedded and their role in developing and monitoring the looked after children strategy is not fully realised. There is more to do to ensure their skills and knowledge are properly utilised.

Record of main findings:

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