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Dear Bedford Borough Local Safeguarding Partnership

Joint targeted area inspection of Bedford

This letter summarises the findings of the joint targeted area inspection (JTAI) of the multi-agency response to identification of initial need and risk in Bedford borough Council for children and families who need help.

This inspection took place from 6 to 10 February 2023. It was carried out by inspectors from Ofsted, the Care Quality Commission (CQC) and His Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

Headline findings

Children and their families benefit from a comprehensive range of universal and targeted early help services in Bedford, and the majority of children have timely early support when they need it. Partner agencies appropriately access targeted early help for families at the right time, and this is making a positive difference for most children. Children have good access to emotional well-being and mental health support, alongside effective interventions from the Adolescent Response Team (ART) and the Bedfordshire Police Education and Diversion Team. A lack of capacity by partner agencies in the Integrated Front Door (IFD) results in some children not having a timely response to meet their needs. Not all information about children and their families is requested or shared quickly enough between partner agencies. Neither individual agencies nor the Bedford Borough Safeguarding Children's Partnership (BBSCP) have sufficient oversight of the effectiveness of early help and the IFD, given the increase in children's contacts and the need for help and support.

What needs to improve?

- The quality and timeliness of information-sharing between all professionals involved with children and their families need to improve. This includes information-sharing in the IFD when multi-agency safeguarding hub (MASH) checks are requested.

- The capacity of partner agencies and management oversight in the IFD needs to improve so that all agencies are involved in making appropriately informed decisions about next steps for children.
- Management oversight of children subject to long-term neglect needs to improve, to ensure that the cumulative risk to children from long-term neglect is identified.
- Bedford Borough Safeguarding Partnership's oversight of the effectiveness of early help and the Integrated Front Door needs to improve.

Strengths

- The majority of early help support is provided to children and their families at the right time, and this is making a positive difference for them.
- Children and their families receive a comprehensive range of targeted services to meet their needs. Services are identified through a range of daily early help allocation meetings, which are effective in sharing information between professionals.
- Children and the identity and culture of their families are considered well, and this helps to support early identification of their needs. This includes a swift response to support refugee families to help them resettle in Bedford.
- Children and young people have good access to emotional well-being and mental health support through education and a range of targeted services.
- Interventions by the early help workers in the ART and effective working with partner agencies are leading to positive outcomes for children.
- The Police Education and Diversion Team deliver a broad range of age-appropriate education to children aimed at keeping them safe. This includes work with the brothers and sisters of children discussed at the Serious Youth Violence Panel.

Main findings

1. Children and their families are able to access a wide range of effective universal and targeted early help support in Bedford. Despite growing demand and need, senior leaders across the partnership continue to invest in early help services. This broad early help offer ensures that most children receive the right help when they need it. Early help workers and partner agencies have a sound knowledge of the resources available in the local area, and these are generally accessed to support children and their families at the earliest opportunity.
2. Children receiving support from universal services benefit from early help assessments, which help agencies to identify more targeted interventions when children's needs change. This includes access to a wide range of support services for both children and adult victims of domestic abuse. Interventions for perpetrators of domestic abuse are also accessible through early intervention

services. In addition, Operation Encompass has been introduced and is used effectively by schools. This is providing schools with early information from the police, which is enabling them to offer immediate support to children experiencing domestic abuse. In Bedford, this also includes notification to schools when a child goes missing from home and care. This approach helps to ensure that children receive appropriate support as early as possible.

3. Voluntary and Community Sector (VCS) providers have positive working relationships with early help professionals. They report that 'there are no wrong questions' when they share information about children's needs. Maternity services make good use of available VCS resources. They link families with charities who are able to provide basic essential equipment for babies so that parents can safely care for them after the birth.
4. To strengthen and simplify access to the range of services available to children under five, partner agencies have worked together to map the Universal Plus pathway alongside other VCS services available within Bedford. This means that health visitors are clear about the range of services which can be referred to, to help meet children's needs at the earliest opportunity. Joint working between the 0 to 5 service and children's centres has improved following the reorganisation of provision to align with the local authority hubs.
5. The early help family support service practitioners, with partner agencies, provide a swift and comprehensive response to help resettle refugee families in Bedford. They provide wraparound support to families and children, financially, practically and emotionally, and have been creative in the services they provide. Children have an early help assessment completed, which leads to Team Around the Family (TAF) meetings. Additional support is provided when further needs are identified.
6. The IFD brings together the Early Help Hub and the MASH in one place. Children referred directly to the early help hub receive a timely response to requests for support. The range of daily early help allocation meetings support information-sharing between professionals effectively. Conversations help to explore current and future concerns and risks for children. Agreed actions are shared and outcomes agreed. This supports professionals in determining how to help children and their families as early as possible.
7. Once a contact about a child is initially sent to the IFD, Referral and Assessment Officers (RAOs) virtually contact some partner agencies as soon as a decision is made that more information is required about children's needs. The need to gain consent from families is consistently considered by referring agencies and by the RAOs and is appropriately revisited when family circumstances change.

8. When partner agencies send a contact about a child to the IFD, information about some children's needs is of a poor quality and does not always contain sufficient detail to support well-informed decision-making. This means that RAOs have to spend time going back to the referrer for more information to help make decisions about thresholds for intervention. Children identified as at risk of immediate significant harm are escalated appropriately to the assessment service in children's social care in order to receive a swift response.
9. When professionals from different agencies have a concern about children, they are not always able to access the online portal in order to send in these concerns and requests for help. In addition, when a contact about a child is submitted to the IFD, referring agencies sometimes experience difficulties in accessing a copy of the information they have supplied via the online portal. This restricts the ability of partner agencies to have a complete record of the information submitted. Senior leaders have identified these issues and are working to try and resolve them.
10. The police do not use the online portal and have a separate inbox to email contacts into the IFD. This means there is not one consistent process for accepting or prioritising contacts into the IFD. While there is a central contact telephone number on the BBSCP website, there are occasions when police report difficulty in establishing direct contact with social workers when a MASH check or a child protection strategy meeting request is received. These issues can complicate and delay information-sharing about the risks and needs of some children.
11. Not all children benefit from a quick response when partner agencies request support via the IFD. Management oversight in the IFD lacks capacity, so some children at low or medium risk wait too long for decisions to be made about next steps. In addition, there is a lack of capacity across all partner agencies, so MASH agency checks about children's needs and risks are not always completed quickly enough. Not all partner agencies are contacted for MASH checks when they should be. Specifically, information held by adult mental health, Child and Adolescent Mental Health Services (CAHMS), drug and alcohol services, and the police is not always used to inform decisions when this would be appropriate.
12. Children do not always benefit from collaborative discussions in the IFD involving all relevant agencies to assess their early help needs and risks and to agree next steps. Partner agencies do not consistently receive information about the outcome of contacts or referrals and have had to create additional systems and processes to ensure that these are followed up.
13. The remit of the police Public Protection Unit (PPU) support HUBS has recently expanded. This sometimes results in backlogs of referrals about children and

delays in them being assessed and forwarded to the local authority for decision-making about next steps. The increase in responsibilities has not been matched by an uplift in staff, and this is causing delays for some children getting the right help at the right time and being safeguarded. In addition, there is currently no guidance or clear parameters given to officers and staff working in the PPU support HUB in relation to research expected on referrals prior to sending them across to the local authority. This means that information provided can be inconsistent and important checks, such as the Police National Computer, are not done.

14. When RAOs do request information about children as part of MASH checks, from IFD health practitioners, the responses provided are detailed and analytical. Information provided by some of the key health providers, such as the 0 to 19 service, Primary Care and the acute trust, shows good analysis of the current risk and protective factors for children and also offers helpful suggestions about what the next steps should be based on agreed threshold criteria. A revised 'Threshold of need guide – Effective Support for Children and Families in Bedford Borough' is currently being implemented. The implementation includes workshops on the changes, for all relevant professionals.
15. When children's needs increase and they become subject to a child and family assessment, some practitioners in partner agencies misunderstand what this means. Some think that when children are 'stepped up' that this means that they will automatically have a child in need or child protection plan. In fact, this may not necessarily be the outcome of the assessment of need which will be completed as a result of the 'step-up'. This means that some professionals have a false level of assurance about the level of support being provided to some children.
16. There are effective systems in place to identify concerns for children who present to the paediatric emergency department (ED), and practitioners are confident in having difficult conversations with parents if they are concerned about a child. Referrals made to the IFD by staff working in the ED are of a good quality and are completed in a timely manner. Children and young people who attend the ED due to concerns about poor mental health benefit from a swift response and are quickly able to access services to address their mental health needs. In order to ensure that babies and children can be discharged safely back to their homes out of office hours, both the paediatric ED and maternity ward routinely contact the Emergency Duty Team if they are concerned about the home or family environment.
17. Pregnant women within Bedford do not receive an antenatal visit from either midwives or health visitors unless there are known risks or vulnerabilities. This is reported to be due to staffing shortages in both services. There are,

however, arrangements in place for partner agencies to highlight women who may benefit from an antenatal visit, although this system does not enable a dynamic response to ensure that all women are prioritised for this contact. There is a lack of oversight and assurance by leaders of the potential impact of not carrying out this key health contact, which reduces the opportunity to assess the needs of the family before the birth and make referrals to support preparation for parenthood.

18. The BBSCP has not completed any multi-agency audit activity to test the quality of frontline practice or decision-making for children in the IFD. While the BBSCP holds thematic discussions and requests that partner agencies provide assurance reports on performance for some specific groups of children, there has not been sufficient oversight of how effectively the IFD is working for children and their families. This is despite there being a consistent increase in contacts and demand at the front door. There is, however, a BBSCP thematic review of early help and the IFD planned for April 2023.
19. Children and young people have good early access to emotional well-being and mental health support via education and a range of targeted services. These include clinicians in early help, ART, Youth Offending, Pupil Referral Units and also attached to GP surgeries. These clinicians are facilitating better access to mental health support for children and young people who are already experiencing other challenges in their lives.
20. Children and young people who require support with their mental health or emotional well-being benefit from a streamlined referral process into the CAMHS Single Point Of Entry. It is attended by professionals from both Early Help and CHUMS, an emotional well-being service, to ensure that children do not experience additional delay in accessing support. There is a helpful focus on 'waiting well', including access to online Cognitive Behaviour Therapy resources, which can be self-directed while children are waiting for treatment to start.
21. There is dedicated mental health support staff in the police Control Room. They are there to provide help and advice to officers responding to children and adults experiencing a mental health crisis. In addition, a mental health street triage team of police and paramedics attends incidents and supports patrol officers. Both these services provide advice and support at the earliest opportunity to children experiencing poor mental health.
22. Early help assessments are effective in identifying children's needs. Those completed by schools are particularly comprehensive. When TAF meetings take place, they are generally well attended by practitioners involved with the family, leading to well-considered multi-agency plans to support them. Parents are encouraged to participate and share their views, and children's wishes are considered within the meetings. When families need the support of an

interpreter, this is recognised and arranged. Practitioners also do well at recognising, considering and responding to the needs of children and their families that are connected to their culture.

Practice study: highly effective practice

Multi-agency decisions were effectively implemented when a child-focused Think Family Approach was adopted for an 11-year-old girl and her family. The child's language and cultural needs were well considered by all professionals involved in providing early help. Practitioners' understanding of the family's anxieties as a result of their experiences of domestic abuse and the mother's mental health needs were understood, and this enabled the child to have a voice and talk about her lived experience. This strong understanding of her and the family's needs prompted a range of appropriate support services and collaborative work with housing. This support enabled the mother to maintain her tenancy, which secured a safer and more stable home for all her children.

23. Children receiving early help support build positive and trusting relationships with workers across all agencies. The majority of professionals demonstrate tenacity and creativity in how they build relationships with children. This helps children to feel safe and to talk more openly about their feelings and plans for the future. The majority of children have their voices heard, and this means that professionals' understanding of their lived experience is typically strong.
24. Interventions for families by the early help workers from the ART are leading to positive outcomes for children. ART practitioners show persistence in reaching out to children living in some very complex situations. The ART team works alongside partners in health and the police to provide multi-agency training and development opportunities for frontline workers in order to increase their knowledge and skills. Although not co-located with other professionals, they effectively function as an integrated team, and this is a real strength.
25. Police engagement with children in Bedford has contributed to the creation of an assessment tool for identifying and assessing child exploitation. Children helped to build, review and make suggestions about the tool's terminology and content. This has changed the format and look of this assessment tool and has helped to ensure that it is child focused.
26. Bedfordshire Police Education and Diversion Team works effectively with partners to deliver age-appropriate education to children on a number of subjects, including the impact of knife crime, child exploitation and anti-social behaviour. The team attends return to school meetings and delivers training to staff, parents and guardians. There are well-established links with the early help teams, including ART and local charities. In addition, The Bedfordshire

Police Education and Diversion Team works with brothers and sisters of children discussed at the Serious Youth Violence Panel. This is to prevent similar risks to them. This positive work is done in conjunction with early help providers and the Youth Offending Service.

27. Bedfordshire Police in partnership with other agencies have developed a multi-agency information submission form to capture intelligence about risks of extra familial harm to children. This form is used by many organisations within the partnership to share wider intelligence about risks to children that would otherwise go unreported. When concerns are raised about children, there is a well-established channel of communication to early help and social care. This ensures that professionals working with the children and their families are fully aware of the additional information required to support children's plans.
28. A few children receive support that is kept at an early help level for too long when their situation is not improving, or their level of need or risk would merit a statutory social work response. Information-sharing between partner agencies for these children is often weak. Key information about children's needs and presenting risks is not consistently shared in a timely manner among all professionals, and child protection strategy meetings are not always held when the risks to children have increased, and this would be appropriate. Despite good work being carried out by individual practitioners, this is too often completed in silos, and there is consequently a lack of coordination of early help interventions for these children. For some children, this is exacerbated by a lack of coordination by a lead professional. This increases the risk of duplication, gaps in provision and of decisions being made without a full picture of children's needs

Practice study: area(s) for improvement

A 15-year-old boy vulnerable to exploitation was placed on a reduced hours educational timetable, which did not provide sufficient structure to his day. An early help plan was implemented, and he received support from a range of services working together. However, when the police and health professionals received increased calls because risks to the child were increasing, the lack of progress made and the cumulative impact of risk were not identified. The Integrated Front Door and the professionals from other agencies who were involved did not re-evaluate the child's circumstances. Information was not shared effectively between these professionals. As a result, it took too long before a decision was made to step up help to a more targeted intervention for him and his family.

29. Children who are subject to long-term neglect occasionally remain in these situations for too long because practitioners fail to identify or analyse the cumulative impact of risk over time. There are missed opportunities by partner

agencies, including at the IFD, to understand and appropriately respond to needs and risks as concerns increase. Assessment tools are not used for every child where neglect is a feature, to help establish or measure the impact of children's home's circumstances on the children. As a result of this, some children experience repeat assessments and a culture of 'start again' by professionals, which do not always consider children's family history.

30. The Office of the Police and Crime Commissioner has funded a pilot on absenteeism, which is working with children to keep them in education and away from the criminal justice system. Bedfordshire Violence, Exploitation Reduction Unit, education and other relevant partner agencies are working in a number of schools across Bedfordshire, including two in Bedford. Although this pilot is not due for evaluation until March 2023, early indications are that it is having a positive impact on outcomes for children.
31. Across the range of health services, patient record systems and inconsistent record-keeping inhibit management oversight of safeguarding risks and practice. There have been varying degrees of tenacity across services in an attempt to make improvements and create workarounds to provide assurance to leaders. However, there is more to be done, particularly in order to identify those who are in need of, or who are accessing, early help.
32. Workers across early help services are positive about the support that they receive from managers and that their supervision allows them to reflect on children's TAF plans to help set out the next steps for children and their families. This is not, however, recorded well on the child's case records. Consequently, if a child were to access their records in the future, this would not aid their understanding of how decisions were made about them.
33. There is a booklet about vulnerable children and adults that is available to all police officers on their personal devices. This is a positive step in ensuring that they have quick access to relevant information and guidance to assist their decision-making and actions.
34. Not all staff and partner agencies know about the responsibilities or role of the BBSCP. While the BBSCP sits appropriately within the Pan Bedfordshire Multi-Agency Safeguarding Arrangements, the newsletters, learning and BBSCP website that would help support partner agencies in their roles are not sufficiently visible. Some staff in partner agencies are unaware that

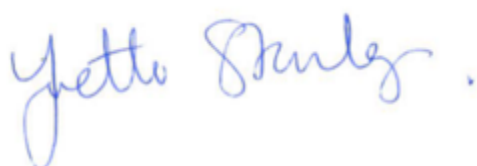
safeguarding training is provided by the BBSCP, which may mean missed opportunities for them to attend.

Next steps

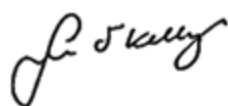
35. We have determined that Bedford Borough Council is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in this letter. This should be a multi-agency response involving the individuals and agencies that this report is addressed to. The response should set out the actions for the partnership and, when appropriate, individual agencies. The local safeguarding partners should oversee implementation of the action plan through their local multi-agency safeguarding arrangements.

Bedford Borough Council should send the written statement of action to ProtectionOfChildren@ofsted.gov.uk by 6 July 2023. This statement will inform the lines of enquiry at any future joint or single-agency activity by the inspectorates.

Yours sincerely



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