

Inspection of local authority arrangements for the protection of children

Bedford Borough

Inspection dates: 07 January to 16 January 2013

Lead inspector: Martin Ayres HMI

Age group: All

© Crown copyright 2013

Website: www.ofsted.gov.uk

This document may be reproduced in whole or in part for non-commercial purposes, provided that the information quoted is reproduced without adaptation and the source and date of publication are stated.

Further copies of this report are obtainable from the local authority or at www.ofsted.gov.uk

Contents

Inspection of local authority arrangements for the protection of children	2
The inspection judgements and what they mean	2
Overall effectiveness	2
Areas for improvement	4
About this inspection	5
Service information	5
Overall effectiveness	7
The effectiveness of the help and protection provided to children, young people, families and carers	7
The quality of practice	9
Leadership and governance	12
Record of main findings	15

Inspection of local authority arrangements for the protection of children

The inspection judgements and what they mean

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

Outstanding	a service that significantly exceeds minimum requirements
Good	a service that exceeds minimum requirements
Adequate	a service that meets minimum requirements
Inadequate	a service that does not meet minimum requirements

Overall effectiveness

2. The overall effectiveness of the arrangements to protect children in Bedford Borough is judged to be **adequate**. The inspection of safeguarding and services to looked after children in January 2012 identified 14 areas for improvement, three of which were for immediate action. Elected members and the Chief Executive of the council took decisive action to respond to inspection findings and recommendations through the provision of additional resources and changes to the senior management structure within children's services. As a direct result social worker capacity has been increased leading to more manageable caseloads. Additionally, the council has made a commitment to maintain 15 children's centres across the borough to provide early help and support. In July 2012 a new Executive Director of Children's Services was appointed followed by other changes within the senior management team. The vision for children's services and joint working across the partnership is now clearer and underpinned by a sense of leadership and challenge. This is providing the impetus for continuous service improvement. Social workers and colleagues in other agencies report that they feel motivated by the new clarity of service objectives and want to contribute positively to an agenda for change. The senior management team is aware of the strengths and weaknesses of current services, the need to secure greater levels of consistent practice across the range of children's services and to embed improvements.
3. Children and young people who may be at risk of significant harm are being effectively identified. Thresholds for service access are clearly stated and understood across the partnership and most contacts and referrals being made to children's social care are appropriate and lead to considered and proportionate action. All cases are allocated and children and young people are being suitably protected from significant harm. There is some slippage in the timescales for the completion of assessments as attention has been paid to improving the quality of work and practice within cases. Although there are examples of effective

packages of help and support to children and families aimed at improving outcomes, the quality of practice overall is too variable. The local safeguarding children board (LSCB) which is shared with Central Bedfordshire is functioning adequately but does not provide the focus needed by the borough to fully implement and drive forward the vision for services held by senior managers and partner agencies. Current screening arrangements for domestic violence cases involving children and young people are inefficient as a significant number of referred contacts by the police to children's social care lead to no further action.

4. The vision for services includes the development of an enhanced early help offer. This is fully supported by all the key agencies working with children and young people in the borough and the Health and Wellbeing Board is now established to take forward agreed strategies in respect of safeguarding and child protection. While some effective services are firmly established, such as children's centres, other relevant services are in need of strengthening, including the use of the common assessment framework (CAF). Good practice is exhibited relating to children and young people who are educated at home and the safeguarding support provided by the council. Additionally, performance on tracking children who go missing, including looked after children, is good. Parents and carers report that they are being helped by the provision of joint services and understand the reasons for interventions. The wishes and feelings of children and young people are being ascertained but this information is not always being used effectively within individual plans and by strategic planning groups. Although ethnicity, culture, race and religion are being recorded this information is not being fully considered within planning and review processes. Performance monitoring processes are established for business planning purposes but lack a focus on service quality, impact and outcomes.
5. In the last year there have been limited improvements in staffing stability, and 20% of social worker posts remain filled by experienced agency staff. Staff training is of a good standard and accessible but some opportunities for the council to retain and grow the workforce to increase overall stability and skill levels are being missed. Managers are providing appropriate oversight of cases with increasing levels of clear direction and support. Nevertheless, recording of staff supervision is not consistent and audit processes are not being fully utilised within children's social care services or across the partnership to test the impact or outcomes of interventions or quality of practice.

Areas for improvement

6. In order to improve the quality of help and protection given to children and young people in Bedford Borough, the local authority and its partners should take the following action.

Immediately:

- ensure that managers in children's social care only 'sign off' work that has achieved a consistently good standard and that agreed actions within child protection and children in need plans are fully tracked and implemented.

Within three months:

- review arrangements for screening cases of domestic violence to ensure that appropriate priorities for action are clearly stated and pursued
- review the current arrangements for sharing the LSCB to ensure that it is able to progress the safeguarding of children within the vision set by senior managers
- establish performance indicators and measures alongside joint audit arrangements to evaluate service consistency, quality of practice, service impact, outcomes for children, young people and their families and step-down plans
- ensure the wishes and feelings of children and young people are fully recorded in a way that can be utilised within individual and strategic planning arrangements
- ensure case recording, planning and review processes take into full account issues of diversity, including disability.

Within six months:

- enhance the use of the common assessment framework (CAF) and team around the child (TAC) approaches to ensure these are viable and consistent options within the early help offer
- develop and implement a comprehensive workforce strategy with emphasis on retaining, growing and sustaining a high quality workforce.

About this inspection

7. This inspection was unannounced.
8. This inspection considered key aspects of a child's journey through the child protection system, focusing on the experiences of the child or young person, and the effectiveness of the help and protection that they are offered. Inspectors have scrutinised case files, observed practice and discussed the help and protection given to these children and young people with social workers, managers and other professionals including members of the Local Safeguarding Children Board. Wherever possible, they have talked to children, young people and their families. In addition the inspectors have analysed performance data, reports and management information that the local authority holds to inform its work with children and young people.
9. This inspection focused on the effectiveness of multi-agency arrangements for identifying children who are suffering, or likely to suffer, harm from abuse or neglect; and for the provision of early help where it is needed. It also considered the effectiveness of the local authority and its partners in protecting these children if the risk remains or intensifies.
10. The inspection team consisted of four of Her Majesty's Inspectors (HMI), one inspector seconded from another local authority and a shadow inspector.
11. This inspection was carried out under section 136 of the Education and Inspections Act 2006.

Service information

12. Bedford Borough Council became a unitary authority in April 2009 and assumed responsibility for children's social care from the previous Bedfordshire County Council. The Borough has approximately 35,800 children and young people up to and including 17 years of age equating to approximately 23% of the local population. The overall population within the Borough is growing with an increase since 2001 of almost 10,000. The local community is very diverse with 36.9% (7,536) of children and young people from non-White British backgrounds attending schools and 22.4% (4,572) with English not as their first language. In 2011 there were 2,098 births within which almost a third of children born to mothers who were themselves born outside the UK. The level of childhood poverty at 18.9% is higher than the regional average of 16.5%. Nine areas within the Borough are amongst the 10% most deprived in England. A Children's Trust has been operational since 2009, the functions of which are now transferring to the Health and Wellbeing Board (H&WB). The Local Safeguarding Children Board (LSCB) is independently chaired and is a

shared arrangement with Central Bedfordshire with an Executive Board dealing directly with Bedford Borough issues. Social care services for children and young people are delivered through a contact, referral and assessment team, two social work and safeguarding teams, one looked after children team, one children with disabilities team, one leaving and after care team and an intensive family support service (IFSS). Fostering and adoption, asylum services, youth offending, family group conferencing and the emergency duty team are all provided through shared service arrangements with Central Bedfordshire Council.

13. Service commissioning and planning of children and young people's health services and primary care services are undertaken by NHS Bedfordshire, and universal services such as health visiting, school nursing, and paediatric therapies are delivered primarily by South Essex Partnership University NHS Foundation Trust (SEPT). The acute hospital provides accident and emergency services for children and young people and Bedford Hospital NHS Trust provides maternity and newborn baby services. Bedford Locality (part of the Bedfordshire Clinical Commissioning Group) covers 40% of the population of Bedfordshire, including the towns of Bedford, Kempston and rural areas north of Bedford. There are 26 General Practitioner (GP) services in the locality linked to local hospitals, Community Trusts and other health care providers. Child and adolescent mental health services (CAMHS) are provided by SEPT as are services for children with learning disabilities and who have complex health needs. Policing for the Borough is provided by Bedfordshire Constabulary.
14. There are 108 children or young people who are the subject of a child protection plan which represents a reduction of 43 since March 2012. The majority of children are aged under five years (46%), with a smaller group aged five to eleven years (35%) and the remainder 12 years or older. Categories under which children and young people have been made the subject of protection plans are neglect (60%) emotional harm (28%) physical harm (8%) and sexual abuse (4%). The range of education provision comprises three nursery schools, 49 lower schools (11 with designated nursery units), three primary schools, 14 middle schools, seven upper schools, three special schools and one pupil referral unit. 13 are academies. Post-16 years education and training is provided by one university, one college of further education, and seven upper schools with sixth form facilities. The Borough provides a range of family support services through 15 children's centres and use of the CAF and TAC approaches.

Overall effectiveness

The effectiveness of the help and protection provided to children, young people, families and carers

Adequate

15. The effectiveness of help and protection for children, young people and their families and carers is adequate. There are some examples of good multi-agency practice but this is not yet fully embedded across the whole partnership to ensure consistently good impact in improving outcomes. Children and young people are being protected from harm and the council and partner agencies are identifying and responding to the needs of vulnerable children and young people. However, some services are not yet fully established or developed which is reducing the scope and opportunities to provide early support within a framework of appropriate monitoring. In most cases actions are proportionate to risk and need but some child protection plans have been stepped down without firm evidence of improvement being fully recorded or the aims and objectives of lower level services being explicitly defined to facilitate the measurement of progress over time.
16. Interventions by children's services and partners are generally timely and ensure children and young people are being identified and protected from harm. Multi-agency and joint working processes are established and there is a healthy culture of cooperation across the partnership. For example, midwifery services are identifying vulnerable mothers of unborn babies who may be at risk and collaborate with children's services to protect both the child and mother. This is often accompanied by focused work on suspected perpetrators of violence to ensure risks are reduced. There is good use of integrated domestic abuse programmes and independent domestic violence advisers.
17. Early help is seen as a key priority for the council and partners in order to coordinate activities across sectors and to use joint resources to establish community based programmes of targeted help. A prevention strategy is published and the council uses mapping processes to identify areas of greatest need and is using this within strategic planning arrangements to develop new approaches to help children, young people and their families. The Health and Wellbeing Board sees this as a priority but specific targets and milestones have not yet been agreed. Some effective links are already established with voluntary organisations working with children and families and the partnership aims to commission more services to extend further early help provision.
18. Intensive family support services provide flexible programmes of support to vulnerable families including behaviour management, use of children's play and establishing appropriate routines and boundaries. This is enabling

families to work constructively to deal with issues of conflict resulting in reductions in stress levels and risk to children and young people. There are some good examples of help to families such as support in purchasing basic furniture and bedding and in helping to secure better housing and other resources. Continuity of help in some cases is good although in some cases the smooth implementation of plans has been disrupted by changes in staffing. There are many examples where the provision of early help and children in need services has facilitated de-escalation from child protection services. Support for the attendance of children and young people at school from the Education Welfare Service is good and all schools, regardless of status, have service level agreements in place. Head teachers are generally appreciative of the level of support and this is enabling good tracking of children and young people who may be vulnerable and at risk. The local authority is taking robust action to reduce school absence rates. Clear protocols are also established to respond to children and young people who go missing, including children who are looked after. The success rate in locating and assisting children and young people who went missing in the past year is comparatively high and illustrates the careful attention given by partners to this issue. The majority of children and young people who are in the care of the local authority are placed locally which is seen as an important protective factor.

19. The CAF is being used across the borough and 'CAF Champions' within agencies provide advice and assistance in the use of the framework alongside 'team around the child' (TAC) approaches. During the past 18 months the number of completed CAFs has reduced as contact and referral processes have been clarified. CAFs are no longer used as referral tools and lead professionals are charged with the responsibility to implement agreed joint plans. However, there is inconsistency in the quality and impact of CAF's and the level of commitment by some partners has been mixed. Appropriate action is being taken to reinforce the importance of CAF and TAC approaches through training, a multi-agency case clinic (MACC) and use of a range of assessment models. The MACC has also been valuable in providing help and advice to staff in managing complex and difficult cases and improving the effectiveness of help.
20. Children, young people and their families generally have a good understanding of the aims and objectives of services and the intentions of the help and protection they receive. Children and young people have access to the services of an advocate through an effective service commissioned from the National Youth Advisory Service (NYAS). The service provides independent advocacy for children and young people aged four to eighteen years involved in child protection services. However, the participation of children and young people is not routinely embedded although there are some examples where children and young people have made a positive contribution to assessments, initial conferences and reviews. Parents spoken to as part of this inspection feel

they have a good understanding of the reasons for interventions by children's social care and that this is regularly reinforced by social work staff through their meetings and home visits. Several examples are noted of sensitive approaches to parents and carers in order to assist them to understand actions being taken and their role and responsibilities in improving outcomes for their children. Action is being taken to report more effectively on the wishes and feelings of children and young people through the introduction of improved questionnaires and surveys. However, the processes for recording and collating this information are not sufficiently robust and this is reducing opportunities to routinely use this information in individual and strategic planning.

21. Strong safeguarding provision for elective home education (EHE) provides effective links with parents through an innovative partnership with a council school offering curriculum and special educational needs support. The majority of EHE pupils are enrolled in this programme and this is seen as an example of best practice. The programme manager works closely with council staff to ensure robust procedures for safeguarding are applied annually during EHE registration. This is serving to promote ongoing educational achievement as well as ensuring appropriate levels of safeguarding.
22. Some head teachers indicate that some children and young people have not been able to readily access child and adolescent mental health services (CAMHS). Steps have been taken to alleviate pressures on CAMHS through a new emotional wellbeing support service (CHUMS). This development has been welcomed by parents and professionals alike. A clinical commissioning group, with a focus on strengthening the engagement of doctors in safeguarding processes, will be fully operational from April 2013.

The quality of practice

Adequate

23. The quality of practice is adequate. Children and young people who may be at risk of significant harm are being identified leading to appropriate protective action by the council and partner agencies. In all the examined cases children and young people were seen to be kept safe with risk being assessed and managed. Children and young people who are the subjects of concern are seen, and seen alone in the majority of cases, with some good examples of their views and experiences being incorporated into assessments and case planning. All cases are suitably allocated and case recording generally reflects frequent social worker visiting patterns. Thresholds for service access are set out in a well presented joint framework document and are known and understood across the partnership. Social work expertise and advice is available to support professionals making referrals with prompt and appropriate action taken

to follow through any areas of significant concern and identified risk. Case loads are more manageable over recent months following management action to increase social worker capacity and this is leading to discernible improvements in the overall quality of practice.

24. Management oversight is mainly effective in ensuring timely decisions and actions are taken to safeguard children and young people and necessary lines of enquiry are actively pursued. In many cases seen this process is robust and case records demonstrate in-depth exploration of protection issues leading to reflective practice and decisive recommendations for action. However, in some instances case recording is largely task centred and some actions are not consistently followed through or re-examined in light of changing circumstances. Social workers generally regard supervision as supportive and enabling and there are many examples to illustrate the tenacity of social workers in pursuing some hard to engage families and supporting them in accessing relevant support services. Effective support is available through a range of provision including drugs and alcohol services and CHUMS. Where cultural and language barriers are evident, interpreters and access to language line provide a crucial mechanism to aide communication. In the main, management decision making is recorded and there are effective arrangements for the transfer of work between teams.
25. The current arrangements for handling domestic violence incidents referred by the police as high or medium risk, including any occurrences where children are present in the household, are suitably robust and cases are appropriately considered by the intake and assessment team. However the system is not resource effective. In the period July to December 2012 there were a total of 1905 contacts from the police of which 1186 were assessed by the intake and assessment team as requiring no further action. The council acknowledge that the volume of domestic violence referrals is high and have identified the need to manage this through the development of a multi-agency safeguarding hub.
26. Strategy discussions and strategy meetings are routinely held and involve key partner agencies which facilitate effective information sharing within the partnership. However, records of some strategy meetings vary in quality with some lacking clear outcomes and timescales. An effective out of hours service, including a weekend service, is shared with Luton and Central Bedfordshire councils. Calls are assessed and prioritised well by the experienced manager and her team. Clear protocols and effective liaison arrangements are in place between the social care day duty systems and partner agencies.
27. The quality of social work has seen some improvement but remains variable. Some good practice is demonstrated in interventions and initial assessments leading to appropriate action to keep children and young people safe but this is not yet fully consistent or demonstrated through

case recording. Assessments are variable in quality and are showing improvement overall. Effective social work practice is reflected in the depth and quality of some assessments while others lack rigour and sufficient focus on potential risks and wider needs of children and young people. There are also some weaknesses in the overall analysis of information and how this is being utilised to inform decisions and actions in individual cases. The help and protection provided to disabled children and young people is good overall with assessments clearly identifying risk and effective early multi-agency interventions leading to improved outcomes. The ethnicity of children and young people is routinely recorded on the electronic recording system but there are few examples within assessments where this information is being fully utilised to help drive planning.

28. Core assessments are not routinely updated as significant events occur and do not always identify the changes that are needed to protect children and young people. This is reducing the scope of core assessments as key planning tools. Lessons learnt from serious case reviews and research is used to good effect in some assessments and is helping to support informed decision making and good quality social work practice in some case work. Core group meeting minutes are variable in quality with some good examples seen of detailed group discussions and clear action plans but others being too vague about actions and timescales to achieve improved outcomes. This is making it difficult to evaluate individual progress in these cases. Chronologies are available and record significant events and historical information but are not routinely being updated or used to inform comprehensive assessments of the impact of services.
29. The quality of child in need and child protection plans is inconsistent but adequate overall. Where plans are individualised, detailed and outcome focused it is possible to monitor the progress being made in individual cases. However, many plans seen do not address the specific needs of children and young people or place sufficient weight on these factors in formulating and reviewing case aims and objectives. These include disability and cultural and ethnic needs of children and young people. Planning aims are too often set in too generic terms and in many cases seen there is slippage in meeting timescales for agreed actions. Although the picture is an improving one as staffing capacity increases there is inconsistency across safeguarding teams in routinely meeting standards for quality and timeliness. There are good examples where child protection plans have had impact enabling appropriate step-down to lower level children in need provision. However, in some cases this move is premature and there are insufficient monitoring arrangements in place to evaluate progress over time and whether real change has occurred. Senior managers across the partnership acknowledge this issue and are taking action to tighten monitoring arrangements to ensure child protection plans are not closed without robust evidence and children in need plans are appropriately scrutinised and monitored. Notwithstanding this point the

pattern of improvement overall is evident in overarching performance information which shows that no children are being left unprotected and repeat referrals are decreasing. The use of Police Protection Orders is appropriately limited to genuine emergency cases and followed by timely action by children's services.

30. A planning tool to evaluate risk and resilience has recently been introduced and is being used effectively in most cases to support a methodical approach to analysis and decision-making within child protection processes. This model is based on research and is helping to promote greater consistency. It is also providing a framework for considering all the key factors that increase the vulnerability of children and young people in parallel with the factors which contribute to increasing resilience.
31. Child protection and review conferences are held within prescribed timescales with the last three months' performance information showing 100% held in time. The quality of conference reports is improving and the introduction of a single report template has streamlined processes and added greater consistency in the presentation of information. Core group meetings are regularly held, and include effective multi-agency information sharing across the partnership.
32. Information sharing across the partnership is effective. Bedford Borough has a well-established multi-agency risk assessment conference (MARAC) process with appropriate representation from a range of partner agencies. Routine information sharing with other MARACs in neighbouring authorities supports a coordinated response to identified issues of domestic violence. The domestic abuse partnership has a programme of joint training and network meetings organised with the Safeguarding Children Board to raise safeguarding awareness and identification. There has been appropriate joint training for all professionals working with children in the area on honour based violence and achieving best evidence. Additionally, there is an established understanding of the risks to children and young people who may be at risk of sexual exploitation and a shared protocol is in place to respond to such cases. The council and its partners are responding to the needs of ethnic minority groups and people of different faiths and have access to a cultural specific refuge.

Leadership and governance

Adequate

33. Leadership and governance are adequate. Progress is being made with the development of new structures and processes to strengthen safeguarding but not all are yet firmly embedded. The improvement plan arising from the last inspection has been fully implemented including the provision of

additional resources and arrangements are in place to monitor on-going progress. The senior management group have a clear vision and are implementing strategies for children's services with processes in place to gain partnership support and wider ownership. Staff and partners have described this vision as 'inspirational'. The Mayor, Chief Executive and elected members have exercised good direction in prioritising the commissioning and provision of safeguarding and child protection services with the provision of substantial new resources to increase social work staffing capacity and maintain 15 children's centres as part of the emerging early help offer. Many of the mechanisms to ensure good quality practice are in place or being implemented.

34. The creation of a shadow Health and Wellbeing Board (to replace the Children's Trust in April 2013) has been used as an opportunity to renew partnership commitments with the development of an early help plan and emphasis on the role of all agencies in promoting effective safeguarding and early help services. However, the Health and Wellbeing Board priorities and outcomes, as developed in the September 2012 strategy, lack detailed milestones and targets to be achieved in respect of safeguarding.
35. There is a culture of visible leadership and clear lines of management oversight have been established. Staff are informed of progress at regular intervals and staff indicate that leadership, communication and support is good and has had a positive impact on morale and retention. Staffing vacancies remain high with 20% of social work posts filled by experienced agency staff. Although this has reduced from its highest point there no specific long-term workforce strategy for children's social care including succession planning. As the result opportunities to 'grow' the workforce and achieve greater staffing stability and expertise are being missed. Although the budget for training development is small there are good partnership arrangements for the delivery of relevant staff training which has included joint training with the police on best evidence. There is good support for newly qualified staff in their assessed year and the further development of staff with work being done on supporting staff in relation to career development. Staff have personal development reviews bi-annually but these are not explicitly linked to staff supervision processes and this is limiting their usefulness.
36. The Local Safeguarding Children's Board (LSCB) was set up in 2010 with an independent chair but has a joint steering sub-group in conjunction with Central Bedfordshire. The effectiveness of the LSCB has been challenged by a reported lack of engagement by Bedford Borough in attendance at the Board and inadequate representation on the joint steering group. Whilst the Board has continued to function at an adequate level it lacks a core Bedford Borough focus. The current Director of Children's Services recognises a need to have a well organised supportive and effective board and is seeking to review the Board's infrastructure to

ensure a focus on issues that matter to Bedford and help to drive forward the vision now held across the partnership for safeguarding services. The LSCB has delivered a range of multi-agency training with a good uptake by partners, and particularly GPs. Training has included 'risk assessment and managing risk' and 'working in core groups'. However there is little evidence that the Board has measured the effectiveness of training and application of learning in operational practice. A range of audit activity has been undertaken including core group performance and investigation processes with a current focus on repeat child protection plans. However, audits lack a focus on impact and outcomes for the children, young people and families concerned. The Board has a range of appropriate sub-groups including Serious Case Review and Child Death Overview Panel. The Board does not include any lay members.

37. A new and comprehensive performance management framework has been developed through the children's services improvement plan but has yet to be fully embedded. Spot case audits have been in place since September 2012 but lack analyses to enable significant learning and better outcomes. A new quality assurance model is developed with the aim of ensuring all staff will have at least one of their cases audited every year and will involve all levels of staff from team manager to the Executive Director in audit practice. As it stands, however, this framework does not provide a sufficient focus on ethnic and cultural considerations in assessments of need and how these factors are considered within individual and strategic plans. Performance information and reporting is well embedded with quarterly reports being discussed at the senior management group and exception reports going to the Mayor, Chief Executive, lead members and the Overview and Scrutiny committee. Trend information is readily available and enables discussion and investigation. However, the use of indicator and performance information at team level is inconsistent and lacks focus. The current electronic and recording system is not efficient or user-friendly and has hindered the full collation of information and data on service quality and impact. The council has made a major investment in a new information and recording system to be fully implemented across children's social care by June 2013. The new system is designed to fully support operational practice, to gather children's views and feelings regarding their plans and to ensure the quality of performance data at all levels is reliable.
38. There is an effective complaints and compliments process in children's services with senior managers receiving quarterly reports and an annual report which outlines learning and actions taken as a result, the 2011/12 report indicates that additional training in conflict management for staff was arranged as a learning response.

Record of main findings

Local authority arrangements for the protection of children	
Overall effectiveness	Adequate
The effectiveness of the help and protection provided to children, young people, families and carers	Adequate
The quality of practice	Adequate
Leadership and governance	Adequate