

Inspection of safeguarding and looked after children services

Central Bedfordshire

Inspection dates: 20 February to 2 March 2012

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 44 children and young people and 11 carers 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 105 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
 - direct observation of practice and working groups. Visits to a range of safeguarding and looked after children's services across the partnership
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in May 2011
 - interviews and focus groups with front line professionals, managers and senior staff from NHS Bedfordshire and Luton and Dunstable Hospital and Bedford Hospital, South East Essex Partnership Trust, Cambridgeshire Community Services.

The inspection judgements and what they mean

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

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Central Bedfordshire has a resident population of approximately 56,400 children and young people aged 0 to 18, representing 22.1% of the total population of the area. In January 2011, 13.2% of the school population was classified as belonging to an ethnic group other than White British compared to 22.5% in England overall. Some 3% of pupils speak English as an additional language. Polish and Urdu are the most recorded commonly spoken community languages in the area, 1.1% of pupils are of Black African background.
5. Central Bedfordshire Council has 140 schools comprising 96 primary schools, 33 secondary schools (23 middle schools and 10 upper schools), seven special schools/pupil referral units. Early years service provision is delivered predominantly through the private and voluntary sector in over 108 settings; there are four local authority maintained nurseries.
6. The Central Bedfordshire Children and Young People's Trust, (CBCYPT), was set up in 2009. The Trust includes representatives of the Youth Parliament, the voluntary sector, schools and Diocesan representatives, Bedfordshire Police, Bedfordshire Fire and Rescue, NHS Bedfordshire and Luton, Bedfordshire Clinical Commissioning Group, the Central Bedfordshire Safeguarding Children Board, the University of Bedfordshire and Central Bedfordshire College, Bedfordshire Probation Service and the Youth Offending Service.
7. The Central Bedfordshire Safeguarding Children Board, (CBSCB), became independently chaired in 2009, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. Social care services for children have 123 approved foster care households providing a shared fostering service, with 76 Central Bedfordshire children and 75 Bedford Borough children placed with in-house foster placements.
9. Central Bedfordshire also has 12 specialist commissioned services including early years, family residential provision and independent fostering agencies managed through a framework agreement consortium. There are five social care operational teams: The intake and assessment

and family support teams, based in Dunstable, a family support team based in Biggleswade, children with disabilities team based in Ampthill and a looked after children and leaving care team based in Bedford. The adoption and fostering team are currently based in Bedford.

10. An emergency duty team operates between 5pm and 9am providing an out of hours service for support and assistance across the Bedford, Luton and Central Bedfordshire areas. Other family support services are delivered through universal and early years resource in children's centres, extended services in schools and through the poverty action group. Integrated youth support services are delivered by children's services through a targeted youth support team and commissioned providers.
11. At the time of the inspection there were 202 looked after children. They comprise 52 children less than five years of age, 121 children of school age (5–16) and 29 post-16 young people, together with 101 with care leaver status. Central Bedfordshire Council has strategic responsibility for the over sight of the education of looked after children through its virtual school.
12. At the time of the inspection, 211 children were the subject of a child protection plan. This is an increase over the previous two years. These comprise 101 females and 108 males (two were unborn children). Approximately 46.4% of these children are aged under five, 40.3% are 5 to 11 and 13.3% are 12 years or older. The highest category of registration was neglect at 61.6% followed by emotional abuse at 27%, sexual abuse at 10.4% and physical abuse at 0.9%.
13. Commissioning and planning of national health services and primary care are carried out by NHS Bedfordshire and Luton. The main provider of acute hospital services is Luton and Dunstable Hospital and Bedford Hospital. Community-based child and adolescent mental health services (CAMHS) are provided by South East Essex Partnership Trust (Tier 3) and CHUMS and Relate (Tier 2). In-patient CAMHS is provided by a range of providers including SEPT, Cambridgeshire Community Services. Children and families access primary care services through one of 29 General Practitioners (GP) surgeries, and the urgent treatment centre and minor illness centre based within the Luton and Dunstable Foundation Trust Hospital. An out of hours service is provided in Mid Bedfordshire (M-Doc) which is based at Biggleswade Community Hospital and is run by local GPs.

Safeguarding services

Overall effectiveness

Grade 2 (good)

14. The overall effectiveness of safeguarding services is good. Children and young people at immediate risk of significant harm are identified and responded to in a timely way and partner agencies collaborate well to safeguard children and young people. Safeguarding outcomes for children are good.
15. Partnership work is well embedded, with active engagement of most agencies including the private and voluntary sector. The CBSCB effectively promotes collaborative work and oversees safeguarding services.
16. Robust performance management and quality assurance systems are embedded across the partnership. Managers and independent reviewing officers provide effective oversight of safeguarding work and are readily accessible to staff for supervision and advice. However, supervision records do not always evidence that supervision is regularly undertaken.
17. The contribution of health services to safeguarding is adequate. A number of areas require improvement which include: ensuring that there are sufficient numbers of community practitioners; that training improves practice; that transfer arrangements of children to adult mental health services are effective and that service developments are informed by the experience of service users.
18. Safeguarding is assessed as good or better in the majority of provision. A range of effective early intervention services has been developed. Referrals are promptly acted on and assessments enable those children in need or in need of protection to be appropriately supported by partner agencies. However, chronologies do not sufficiently assist case planning, and diversity issues are often not sufficiently considered.
19. Workforce planning across the partnership has been sufficiently effective to secure and retain suitably experienced and qualified staff. Safe recruitment practices are well established.

Capacity for improvement

Grade 2 (good)

20. The capacity for improvement is good. The council and its partners have clear ambition and appropriate priorities that are reflected in the Children and Young People's Plan (CYPP) and in the CBSCB business plan. The council has committed additional resources to enhance its safeguarding services, in the context of making savings across council services overall. The senior leadership is effective in identifying areas of concern or those requiring development and the practice weaknesses identified in this inspection are known to managers. Where weaknesses are identified

managers take prompt action to address them and have a proven track record of improvement.

21. Workforce planning and development have been largely effective in securing sufficient qualified and experienced staff across the partnership. Social work caseloads are manageable, enabling assessments to be undertaken in a timely manner and for the quality of work to be of an adequate or better standard. Overall, managers have sufficient capacity to supervise and develop staff and to contribute to service development.
22. Despite a significant increase in the numbers of safeguarding referrals, assessments and children subject to child protection plans, overall there is sufficient capacity across the partnership to ensure that these demands are appropriately met.
23. There is an established track record of improvement in safeguarding services. Issues identified in previous inspections have been appropriately tackled. Learning from serious case reviews has been progressed to improve practice and service provision.

Areas for improvement

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

Immediately:

- ensure that case chronologies consistently record the key events in a child's life so that critical incidents can be fully analysed and used to inform case planning.

Within three months:

- ensure that the impact of equality and diversity factors is addressed in assessment, planning and review
- ensure that formal supervision of social workers takes place at required intervals, is promptly recorded and is stored in a readily accessible manner.

Within six months:

- review the arrangements for return interviews for children who go missing and ensure that appropriately trained staff undertake these interviews
- NHS Bedfordshire and Luton should ensure that there are sufficient numbers of community practitioners, in line with national directives

and local needs to provide the commissioned service, and universal health child programme

- NHS Bedfordshire and Luton and the CBSCB should ensure that the impact of training on changes to practice to protect children from harm is well embedded throughout all health providers
- NHS Bedfordshire and Luton and South Essex University Partnership Trust should ensure that transition to adult mental health and learning disability services for all young people with a mental health or learning disability and/or difficulty is well planned
- NHS Bedfordshire and Luton should ensure that all health providers use the experience of service users as part of the needs assessment when reviewing service design and delivery.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

25. Safeguarding outcomes for children and young people are good. The local authority designated officer (LADO) role is exercised effectively, with clear reporting arrangements through the CBSCB. Good reporting and tracking arrangements ensure that appropriate analysis of the referral patterns and levels of awareness across agencies is undertaken. Prompt action is taken to address any deficits. Learning from cases referred to the LADO is used well, for example in delivering training and in commissioning arrangements. Partner agencies, particularly schools, value highly the consultation and advice available through the LADO service. Internal performance information demonstrates that notifications receive a prompt considered response with appropriate outcomes, and this was evidenced in a sample of cases reviewed by inspectors.
26. Complaints about children's services are routinely analysed and emerging themes and issues are reported to relevant teams to enable learning from these to improve practice. The majority of complaints relate to communication and accuracy of information in individual cases. These are case specific rather than systemic issues, and are responded to appropriately.
27. Adequate arrangements are established to safeguard children who go missing from home or education. Appropriate protocols are in place that are overseen by a pan-Bedfordshire multi-agency forum which meets at regular intervals to identify themes and issues. Return interviews of

missing children are currently conducted by the police. The lack of a specialist independent service to conduct return interviews inhibits the understanding of the underlying reasons why some children and young people choose to go missing from home or care. This is acknowledged by the council and its partners.

28. At the time of the inspection only seven children were identified as being privately fostered and good support was provided based on their assessed needs. Despite significant work to raise the profile of private fostering, the council acknowledges that the levels of reporting under-represent the expected level in the population and has targeted resources to increase awareness and reporting of private fostering arrangements.
29. Robust processes are established within the council to ensure the safe recruitment of staff, in accordance with statutory guidance and following good practice. Files seen by inspectors clearly evidenced an appropriate range of checks of the suitability of staff who are in contact with children and their families. The council takes appropriate action to ensure that commissioned services follow safe recruitment practices. Appropriate training on safe recruitment is provided by the council and its partners and through the CBSCB.
30. The council has identified those areas where children and families have the greatest need and have started to target services to more vulnerable groups. Schools and children's centres support the development of some effective early intervention work, through extended services and commissioned provision. Schools usually support those at risk of exclusion appropriately and promote emotional well-being with school based curriculum related to children keeping safe and emotionally healthy.
31. Safeguarding arrangements are assessed to be good or better in the very large majority of provision in Central Bedfordshire, and this performance is better than that in similar areas and national averages. However, the inspection of the Central Bedfordshire College, in November 2011, found safeguarding to be inadequate. Prompt action has been taken by the college and the council to address the issues. Schools make a good contribution to safeguarding children and routinely report any safeguarding or child protection concerns to children's services. Good quality training and an informative CBSCB website supports this work. While there is no council-wide approach to anti-bullying, schools take appropriate action to help children to understand how to keep themselves safe and what to do should they feel unhappy, unsafe or bullied. Education staff demonstrate good awareness of the range of strategies to identify and support the most vulnerable groups.
32. Multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conference (MARAC) arrangements are well established with reliable commitment and input from most key partners. Operational

staff have good awareness of these and make appropriate referrals to safeguard children and victims of domestic abuse. An active domestic violence partnership progresses well the key local priorities. However, there is currently a gap in strategic input from community health services. Gaps in services to support lower and medium risk victims and programmes for perpetrators of domestic violence are acknowledged by the council and partner agencies. A community based perpetrator programme is to be piloted from May 2012.

Quality of provision

Grade 2 (Good)

33. The quality of provision, which includes service responsiveness, assessment, direct work and case planning, reviewing and recording, is good. The common assessment framework (CAF) is used with increasingly good effect to assess need and to identify appropriate services for children and their families that result in positive outcomes. For example, improved attendance and access to speech therapy. However, targets set in CAF plans are not consistently specific and measurable to identify key actions required. The quality of CAF assessments is too variable. In some cases seen by inspectors, multi-agency teams do identify clear actions, provide appropriate resources and regularly monitor impact regularly. However, this is not evident in most cases.
34. Thresholds for child protection and for children in need are clear and are understood well by partner agencies, and cases seen by inspectors were managed at the appropriate level of need and risk. A good range of services are used effectively to support children and families at higher levels of need. For example, through family group meetings or intensive family intervention services.
35. Effective action has been taken to improve the areas for development identified through the last inspection of contact, referral and assessment services in May 2011. For example, improvements have been achieved in the timing and quality of referrals from the police to social care services and to ensure that qualified staff undertake initial assessments and care assessments. Robust processes are established to enable contacts and referrals to be responded to in an appropriate and timely way. Cases are appropriately prioritised and decisions on actions required are made promptly by suitably experienced managers. Schools and other partner agencies report timely and helpful responses to their referrals from social workers.
36. In the family support teams, most social work assistant posts have been converted to social work posts, to respond to the increasingly complex nature and demands of the work. Children's services have taken prompt action to respond to rising service demands, with additional social worker and management staff being appointed. Social worker caseloads are challenging but manageable with good oversight and support from

managers. A new recording system has been commissioned for implementation from 1 April 2012 and extensive planning has been undertaken to enable the system to support high quality practice.

37. In cases seen by inspectors children had been appropriately safeguarded and the quality and timeliness of assessments, planning and support was at least of a satisfactory standard and sometimes good. Cases are allocated promptly to suitably qualified and experienced staff. At the time of the inspection no cases were unallocated. Practice is child focused with children being seen by social workers at required intervals and often more frequently than statutory requirements. The child's views are suitably represented in most case records seen by inspectors and parents' views informed assessments. However, in some cases the parental accounts are uncritically accepted and in others there is not sufficient focus on the role of fathers or adult male partners. Attention to aspects of equality and diversity is too variable. Basic details, such as the child's religion, disability or race are usually recorded on case files. However, the impact of these factors is not always evident in case planning or in ensuring that the cultural needs of the child are met.
38. Partner agencies contribute effectively overall to child protection and to child in need processes. In most cases agencies make appropriate and prompt referrals to social care, share information and contribute to assessments. Key agencies are, in most cases, appropriately involved in strategy discussions and contribute to child protection conferences, reviews, core group and family support meetings. Changes to the resourcing and structures of key partner agencies such as health services and the police have resulted, on some occasions, in gaps in the timing and quality of information sharing and in their attendance at multi-agency planning meetings.
39. Children who are subject to child protection or child in need procedures have appropriate plans in place, which are overseen and progressed through regular core group or family support meetings. The quality of some plans is good while others lack sufficient clarity about the changes required, staff responsibilities and timescales. Some plans are written using language that would not be easily understood by parents or young people. Child protection plans are reviewed regularly and thoroughly by independent child protection chairs, at the required intervals. Robust reviewing processes ensure that plans and decisions taken are responsive to levels of need and risk to children and that the support provided is timely and is implemented appropriately. Transfer arrangements between the intake and assessment and the longer term teams are robust and ensure that children and families receive a well coordinated continuity of service.
40. Case records seen by inspectors were mostly up to date and demonstrated that statutory practice requirements are being met. Case files routinely

included genograms and chronologies. However, the quality of recording seen by inspectors was inconsistent. For example, chronologies were often not up to date and contained case contact records rather than records of significant events and some included unnecessary duplication.

41. The emergency duty service works well with office hours social care staff to ensure that information on children and families is promptly exchanged.

The contribution of health agencies to keeping children and young people safe **Grade 3 (adequate)**

42. The contribution of health agencies to keeping children and young people safe is adequate. Health organisations have developed appropriate safeguarding policies and procedures, and some have recently reviewed their training strategies. However, the monitoring of the implementation of these strategies is too variable. All named and designated professionals have ready access to their executive lead for safeguarding for advice and consultation. The designated and named health professionals for safeguarding engage well within the CBSCB and its various sub-groups.
43. Safeguarding thresholds for accessing social care services are well understood by staff in health service. Partnership working with the children's social care teams is improving. Attendance of health professionals at child protection meetings is mostly good, however GP engagement in child protection processes is too variable and in some cases this results in poor communication and information sharing.
44. The county wide child death overview panel (CDOP) is established. However communication between the panel and some front line staff, whilst improving, is not sufficiently robust. Following recommendations in the very recent inspection of a neighbouring authority, which shares some health services with Central Bedfordshire, remedial action has been taken to improve communication. However it is too early to evaluate the impact. There are good links between the CDOP and the serious case review sub-group, including sharing of the overview and summary reports.
45. Rates of teenage conception remain below England averages. However, in a number of 'hotspot' areas, for example in Houghton Hall and Mansfield wards, rates are nearly double those of the England average and those in other parts of the county. Whilst there is good access to a range of flexible sexual health and contraceptive services, the impact of these services on the rate of teenage conceptions is yet to be fully analysed, resulting in a slow rate of decline especially in those hot spot areas.
46. Attendance of health staff at safeguarding training is too variable and the evaluation of the impact of training in improving health safeguarding practice is not sufficiently undertaken. In particular attendance by GPs and dentists is low and is not monitored sufficiently. Plans were being implemented at the time of the inspection, to improve GP attendance.

47. Health services operate a variety of models of supervision for staff. All health staff seen by inspectors report that they have timely access to supervision.
48. The sexual assault referral centre (SARC) is sited out of the Central Bedfordshire area. Pathways for referral to the centre are understood by health staff. The SARC only provides services for young people over 13 years of age referred by the police. Children aged under 13 years have an agreed pathway to attend the Peterborough SARC. However, it is too early to measure the effectiveness of this pathway. There is no provision in the SARC for victims to self refer, or for other professionals to refer to the service. This is recognised by health and partner agencies and plans are being developed to address the issue.
49. A good integrated range of services is provided by Brook and the Terrence Higgins Trust, which is highly valued by young people. 'Drop in' sexual health clinics within schools, especially those in the areas of high teenage conceptions, are accessed well by young people. The wide variety of flexible sexual health services, including the family planning midwifery service, has resulted in a reported 50% drop in the rate of second conceptions. The 'undercover' condom card scheme for under 16 year olds was re-launched in September 2011 and has yet to demonstrate impact. Adequate support is provided to those young women post termination of pregnancy.
50. Community health practitioner teams engage well in early intervention initiatives such as the CAF, the team around the child (TAC), and through joint work with children's centres. For example, school nurses frequently act as lead professionals. However the limited number and high caseloads of community practitioners negatively impacts on the quality of the provision and the range of services that they can provide.
51. The self harming pathway is robust and there is good liaison with CAMHS. CAMHS have some gaps in provision, which include the lack of preventative support and comprehensive family assessments. CAMHS commissioners are developing new service specifications. A new Tier 2 CAMHS commenced in November 2011. At the time of this inspection it had no waiting lists and all cases were seen within six weeks of referrals being accepted. The CHUMS and Relate service has recently been commissioned to provide early intervention emotional well-being support for all young people, including those looked after, although it is too early to measure the impact. The home treatment team, which started in November 2011 is already showing impact in preventing and reducing hospital admission and the length of stay. Where appropriate, this service is enabling young people placed in out of area in-patient services to return home with a high level of support.

52. Health visitor team leaders regularly attend MARAC and ensure that information is also shared with relevant professionals. There has been low use by health organisations of the LADO in investigating allegations. Some analysis of the low rates of referral has been undertaken and action taken to improve the appropriate use of the LADO.
53. Maternity services effectively screen unborn babies to identify those at risk of harm. Pre-birth planning and the use of maternity notification networks are well established, with good partnership working with other agencies. The Luton and Dunstable Hospital maternity service ensure that all teenage pregnant young women have antenatal visits. This practice has been implemented as a result of learning from a serious case review. Good systems for identifying cases causing concern within the hospital ensure that maternity services are routinely notified when pregnant women attend other hospital departments which identify concerns for the welfare of the mother or the baby. Notifications from accident and emergency services are routinely received and are promptly acted upon by both primary care and community practitioners.
54. Effective joint working between health services and the children with learning disabilities and physical disability services enable good support to be provided to children and many are enabled to attend mainstream schools. Robust transfer and discharge processes for children with disabilities are delivered through the support of a dedicated discharge liaison worker, who also ensures that funding is arranged for any equipment required. However, within the tertiary centres discharge planning is poor and results in some young people not receiving a satisfactory service.
55. Systems are well established within accident and emergency services to ensure that those children on protection plans are identified, although similar systems to identify looked after children are not in place.
56. Good use is made by health services of the learning from serious case reviews and significant incidents, with robust monitoring of health action plans. Lessons learnt from reviews have been embedded into training programmes, with evaluation demonstrating that practitioners are sharing learning in practice and within their teams.

Ambition and prioritisation

Grade 2 (Good)

57. Ambition and prioritisation for safeguarding is good. The strategic leadership within the council and its partners give safeguarding the highest priority. Elected council members and managers across the partnership have a shared commitment to ensuring that services for children and young people are a priority. This is demonstrated by their maintaining and increasing resources to safeguard children to meet service demands. For example, the council has increased the number social work staff who support vulnerable children.

58. Core child protection services are robust and work well across the partnership to identify and support those children at risk of harm. They are enhanced by a wide range of effective early intervention and prevention support services, which prioritise vulnerable children and young people. Voluntary sector agencies are actively engaged with statutory partners to develop and provide services for children in need and to help reduce the risk of harm.
59. The council and its partners have systematically prioritised improvement in safeguarding services, which has resulted in significant increase in the numbers of children assessed as children in need or children in need of protection, since the area was established in 2009. Key areas where children may be vulnerable to harm, such as in households where there is domestic violence, have been appropriately prioritised and this has resulted in the development of a strong multi-agency interventions and provision.
60. The CBSCB is well established with appropriate representation from most partner agencies. The Board has been independently chaired by experienced chairs since its inception. The Board has developed ambitious plans to promote safeguarding children across the area, and has well established links with the Children's Trust to ensure that safeguarding children is consistently prioritised by all partner agencies.

Leadership and management

Grade 2 (Good)

61. Leadership and management are good. The Director of Children's Services and managers across the partnership provide clear leadership to ensure that safeguarding is prioritised by all staff. The senior management team within children's services is not fully established with managers in permanent posts. Several senior management posts have interim appointments, although this has not impacted adversely on ensuring that safeguarding services are effective.
62. The council has a clear workforce planning strategy and has taken active steps to recruit and retain staff. Prompt action has been taken to strengthen operational management and social care team capacity in response to increasing work demand. However heavy reliance on the use of locum and agency staff continues. Whilst recent recruitment campaigns have successfully resulted in the recruitment of more permanent social workers, these are not sufficient to fill the increased number of social work posts or to secure the experience and skill mix required. A refreshed approach to the recruitment and retention of staff is being undertaken which includes offering placements to 'Step-up' students and paying market supplements for key posts.
63. Social workers seen by inspectors report that they are well managed and supported. They have good access to practical training that helps them to develop their practice and have appropriate opportunities for continuous

professional development. Agency staff are afforded the same level of opportunity. The social care workforce includes a significant proportion of newly qualified social workers who are supported well to ensure that they do not work beyond their capacity and skills. Additional experienced agency staff have been appointed specifically to mentor and support this group of staff.

64. Managers take an active approach to responding to and learning from complaints with established systems to report and analyse service user feedback and complaints, with regular feedback into the relevant service areas. Families who have received child protection or child in need services are routinely asked to complete customer feedback questionnaires. While response rates are low overall, for example 62 responses during 2010, the resulting information and analysis have been used well to inform and improve practice. Some small scale work has been undertaken to establish the views of children and young people who are subject to child protection plans and the council plans to extend this work to a larger number of young people.
65. Child protection chairs routinely meet parents and families prior to conferences and reviews. Careful consideration is given to the involvement or participation of children and young people in child protection conferences. Their attendance in person is facilitated, where appropriate, or their views are represented in other ways. A small number of parents and carers spoken to by inspectors reported positively on their experience of the services they receive and the approach of the staff working with them from across partner agencies.
66. Resources are used effectively to improve outcomes for children and families. Opportunities to achieve economies of scale are utilised through some shared services and projects with neighbouring authorities. For example, the independent domestic violence advocacy service and the joint steering group for the Safeguarding Children Boards.
67. Robust prompt action has been taken by managers to address rising demands within social care teams. Clear expectations on staff and service standards, together with ongoing investment into preventive and support services, ensure that available resources are used well to achieve desired outcomes. Commissioning processes are effective and services have been recommissioned to ensure their maximum effectiveness and value for money in the current financial context.
68. The council and partners, through the CBSCB, have taken effective action to implement learning following a local serious case review. This has resulted in increased clarity about thresholds for child protection conferences and the use of written agreements as part of an overall plan as well as clearer cross agency understanding of risk assessment in relation to perpetrators of sexual abuse. Staff from partner agencies

report increased confidence to challenge each others assumptions and decisions.

Performance management and quality assurance

Grade 2 (Good)

69. Performance management and quality assurance processes are good. They are well established across the partnership. The council and its partners demonstrate a good level of awareness of the strengths and the areas that require improvement in safeguarding services. A wide range of performance management information is routinely collated and is analysed well by partner agencies to inform case and service planning. For example analysis of increased numbers of assessments and social work caseloads has resulted in additional social workers and managers being appointed.
70. Most individual partner agencies routinely undertake case audits to identify practice issues. The CBSCB has a well established sub-group which undertakes themed audits and analyses performance information. This results in appropriate action plans that enable practice to be improved. For example an audit of core group activity has led to multi-agency training on core group responsibilities and training for social workers in chairing meetings. Multi-agency audits undertaken on cases selected for analysis during the inspection built on the established CBSCB multi-agency audit model. Overall these audits are thorough and evaluative and have been used within individual agencies to further strengthen their quality assurance practices.
71. Independent child protection conference chairs exercise their role effectively, providing a suitably independent overview and challenge on the progress of the child's plan. They routinely complete monitoring and feedback records after reviews which are shared with team managers and social workers. Monitoring records are collated on a monthly basis and emerging themes are shared with senior managers and are followed up in regular meetings with team managers.
72. Social care team managers receive regular and relevant performance information which is used in performance meetings with the head of service to improve practice. Performance expectations and targets are clear and managers report that they are supported well to resolve any particular issues. Social workers seen by inspectors report that they feel well managed and supported by their managers, who are accessible for regular informal as well as formal supervision which takes place frequently. However, a number of supervision files seen by inspectors were not of a satisfactory standard with significant gaps in supervision records.

Partnership working

Grade 2 (good)

73. Partnership working is good. Most partners are engaged and communicate well with each other to safeguard children. In some instances conflicting priorities within individual agencies create barriers to partnership working and these are evident at both operational and strategic planning levels. For example there is insufficient health involvement in domestic violence initiatives at the strategic level, and in some cases police involvement in child protection conferences is not sufficient.
74. The Children's Trust has appropriate representatives from key partners, including the voluntary sector, and has clear governance arrangements. It ensures that safeguarding is suitably prioritised and has clear lines of communication, reporting and oversight with other strategic safeguarding fora such as the CBSCB and the council's Overview and Scrutiny Committee.
75. Representatives from the voluntary sector are actively engaged in a wide range of strategic and operational groups through the CBSCB and Children's Trust, and are able to influence the development of services to support children and families. Voluntary sector organisations work well with statutory partners and some are commissioned to provide a range of readily accessible services to young people, in particular early intervention to prevent safeguarding concerns escalating and working with vulnerable groups. Strong collaboration between statutory and voluntary sector partners is enhanced through the secondment of some council staff to services provided by voluntary organisations and through some voluntary organisations delivering training to statutory partners.
76. The CBSCB has been effectively established since Central Bedfordshire was formed as a separate local authority in 2009. Most key partners contribute well to its work, although there are gaps in representation from some health partners and from schools. The Board is actively working with these key partners to secure their active contribution. The Board demonstrates clear priorities and areas of achievement such as the impact of the training it commissions and improvements in the quality of practice resulting from multi-agency audits.

Services for looked after children

Overall effectiveness

Grade 3 (adequate)

77. The overall effectiveness of services for looked after children is adequate. The needs of looked after children are appropriately prioritised by the council and most of its partners. Elected members and staff appropriately promote and carry out their responsibilities as corporate parents. An effective corporate parenting group has active engagement with looked after young people.

78. Looked after children are appropriately safeguarded by effective services targeted at preventing the need for them to be taken into care and by timely intervention to ensure that they are looked after where necessary.
79. Most outcomes for looked after children are adequate. However, health outcomes for looked after children remain poor. No permanent designated doctor or nurse for looked after children is in place to enable the health needs of looked after children to be prioritised. Particular weaknesses are the awareness of health agencies of their responsibilities towards looked after children, access to health information by looked after children and access to health services by care leavers.
80. Schools and the virtual school are alert to the needs of looked after children and provide a range of support which is valued by pupils and their parents. However educational attainment and school attendance by some looked after children is not strong. Many looked after children are engaged in constructive activities and are encouraged to make use of educational, employment and training opportunities.
81. The quality of work with, and support to, looked after children is overall satisfactory or better, with sufficient levels of social workers providing continuity and consistency of support. Case planning and reviews are effective overall, although further improvement is required to aspects of work, such as the quality of some assessments, pathway plans, personal education plans and case recording.
82. Extensive work is undertaken across the partnership to secure good, safe and stable placements for looked after children, underpinned by a clear placements strategy. However the stability of placements has recently deteriorated and many looked after children are placed out of the authority area. Insufficient suitable accommodation is available to meet the needs of care leavers. Children who would benefit from adoption are identified and prompt action is taken to meet their needs.
83. Strong performance management across the partnership enables managers to understand how well services to support looked after children are working. Audits and monitoring by independent reviewing officers and the virtual school enable practice on individual cases to be improved.
84. Opportunities for looked after children to contribute to their individual case planning are well established and looked after children are actively encouraged and enabled to contribute to service development, including through a well established Children in Care Council (CiCC).

Capacity for improvement

Grade 3 (adequate)

85. Capacity for improvement is adequate. There is not a consistent track record of sustained improvement. Outcomes for looked after children are not generally improving and many are below or in line with those of

comparator authorities or national averages. Looked after children are suitably safeguarded, however health outcomes are inadequate and significant challenges are faced by health services to ensure that the health needs of looked after children are addressed.

86. The quality of services for looked after children is too variable. Strong performance management enables managers to identify areas of service that require improvement and practice issues in some individual cases. However, this has not resulted in sufficient or sustained improvement to most outcomes for looked after children overall.
87. The council and its partners have clear shared objectives for looked after children, based on a firm understanding of their needs. The corporate parenting group and the Children's Trust actively promote the interests of looked after children and oversee performance of cross agency services to secure improvement in the support that they provide to looked after children. However, these have not been sufficiently effective to improve many outcomes for looked after children.
88. Workforce development and planning has been effective in securing sufficient social workers to support looked after children and care leavers.
89. Looked after children are enabled to participate and contribute to their reviews. Some looked after children are able to contribute to some areas of service development through the CiCC. However, those children were not clear on what extent their views had influenced the development of services or how the views of the wider looked after children population are being obtained or represented.

Areas for improvement

90. In order to improve the quality of provision and services for looked after children and care leavers in Central Bedfordshire, the local authority and its partners should take the following action.

Immediately:

- ensure that all looked after children have prompt access to appropriate health services which promote good outcomes for them
- ensure that all agencies provide a prompt and appropriate response where looked after children are missing from care
- ensure that pathway plans for care leavers are of a good quality.

Within three months:

- ensure that case records for looked after children support good quality practice across the partnership
- ensure that assessments and case planning are of a consistently high quality
- ensure that analysis is routinely undertaken on how well looked after children who are placed outside Central Bedfordshire achieve educationally, compared to those educated locally
- ensure that effective support is provided to enable looked after young people to attend school regularly
- NHS Bedfordshire and Luton should ensure that all care leavers are enabled to access health services and receive a copy of their health histories to ensure that they are able to make future life choices
- NHS Bedfordshire and Luton should ensure that all looked after children and young people have access to age appropriate health education and promotion information
- NHS Bedfordshire and Luton and Central Bedfordshire Council should ensure that the strength and difficulties questionnaire outcomes are reviewed as part of the emotional health and well-being assessment during review health assessments
- NHS Bedfordshire and Luton must ensure that all general practitioners and independent health contractors are aware of their statutory responsibility to looked after children.

Within six months:

- ensure that actions and services targeted at enabling looked after children to achieve educationally are effective in improving their attainment
- ensure that care leavers live in suitable accommodation and increase the range of suitable accommodation available to them.

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

Being healthy**Grade 4 (inadequate)**

91. Outcomes to enable looked after children to be healthy are inadequate. Following the very recent safeguarding and looked after children

inspection in a neighbouring authority, which shares some health services with Central Bedfordshire, an interim designated doctor and designated nurse for looked after children has been appointed, in accordance with statutory guidance. However, these posts are yet to commence or be made permanent. GPs are not generally aware of their responsibilities for looked after children or of statutory guidance for health services on looked after children.

92. Health outcomes for looked after children in Central Bedfordshire have declined over the 12 months preceding December 2011, compared to the East of England and England averages. Health assessment rates are low at 73%. Immunisation rates are low at 52% and this is lower than the general population rates for non looked after children in the area, which are between 77% and 89%. In 2010/11 87.3% looked after children received dental checks. Strength and difficulties questionnaire (SDQ's) scores show a variable trend in the emotional well-being for looked after children. The council and health services recognise that data are not sufficiently robust due to differences between how both services collate and reconcile data.
93. All initial assessments are undertaken by a medical practitioner. Review health assessments are undertaken by health visitors or school nurses depending on the age of the child. Not all those looked after children known to disability services have their annual health review linked to, or held at the same time as, their disability review so as to reduce the number of assessments and appointments that the child/young person is expected to attend.
94. Dedicated CAMHS for looked after children are in place. However, there is insufficient support provided to promote resilience and to support the stability of looked after children placements. Access to CAMHS has recently improved since the introduction of the common point of entry for all referrals.
95. The content and quality of the health files seen by inspectors was too variable. Whilst there was some evidence of the assessment of the emotional well-being needs of looked after children, files did not routinely contain SDQ scores or analysis. Cultural and religious needs of looked after children were often not recorded or assessed as part of the health assessment. There was little evidence of health improvement information being given to looked after children. Health action plans are poorly monitored due to the lack of specific or measurable objectives being set. Furthermore, there is no quality control or quality assurance of the health assessments.
96. There is not sufficient choice of venue or appointment times for health reviews to increase take up by looked after young people. Consent is appropriately obtained before all looked after children's health

assessments. However, frequent delays in obtaining the signed consent form from children's social care services, impacts negatively on the number of health assessments completed on time. This has been recognised by the health commissioners and a detailed action plan is being implemented, which includes training for staff involved in health assessments. This had just begun at the time of the inspection.

97. Health practitioners are not routinely enabled to discuss the needs of looked after children in supervision meetings and there is no evidence that supervision results in improved health outcomes for looked after children.
98. NHS Bedfordshire commission an organisation, PLAN B to provide a treatment service for substance misusers. Six looked after young people were seen in the last 12 months. Training and support is being provided to foster carers and to residential children homes staff by PLAN B to raise their awareness of the service.
99. Central Bedfordshire looked after children placed out of the authority within 20 miles receive a good service from the named nurse. However in some cases poor information sharing by children's social care services of changes in placement of looked after children has resulted in some young people not being seen promptly.
100. General practitioners report that they are routinely made aware of a new foster child in their area by children's social care services. GP information systems do allow for looked after children to be 'flagged' to improve information sharing, although this is not routinely utilised. Dentists seen during the inspection were unaware of their responsibilities for looked after children or the need to ascertain who can give parental consent for treatment for looked after children.
101. There are no specific health services for care leavers, nor is there a health after care service. Care leavers are not given a copy of their health history. As a result care leavers do not consistently receive continuity of support to meet their health needs.
102. Adoption medicals are undertaken by a dedicated paediatrician who acts as the medical advisor to the adoption panel, and provides good support to adoptive parents. However, sharing of health information from health provider services to the medical advisor is too variable, and negatively impacts on the paediatrician's ability to ensure that comprehensive information is given to adoptive parents in some cases.

Staying safe

Grade 3 (adequate)

103. The arrangements to safeguard looked after children and young people are adequate. The vast majority of Central Bedfordshire's looked after children receive high quality care and are suitably protected. Children are only placed in residential provision that is assessed as good or outstanding

in their Ofsted inspections. However, insufficient choice of placements to meet local needs results in many children and young people being placed out of the area or over 20 miles from their home.

104. Robust systems are in place to ensure that only those children who need to be in care are in care. All agencies work well together to deliver quality services for children on the edge of care. Information, support and guidance are appropriately targeted to those in most need.
105. Systems to manage risk and to ensure that children are protected in their care placement are effective. All looked after children and young people have an allocated qualified social worker, who they see regularly and see alone, where appropriate. All reviews are held regularly and are chaired by an independent reviewing officer. Every case is risk assessed and individual plans identified to proactively address concerns. Feedback from looked after children and care leavers who met inspectors, and responses to surveys carried out as part of the inspection, show that most children feel safe within their placements and in their immediate environment. The majority of looked after children and young people reported that they had someone with whom they could discuss any concerns.
106. All care leavers remain in contact with the care leaving team. They value the support they receive and report that they can always contact staff. A number of agencies are engaged to support care leavers, including the CareFirst organisation which effectively supports young people in independent accommodation. The independent visitors' service has recently been recommissioned and currently provides a service to two young people; eight further children are waiting support from this service, and this is not sufficient for the number of looked after children. Advocacy arrangements to support children and young people in voicing their issues have also recently been recommissioned and whilst the new service has further capacity, it is underutilised. The Central Bedfordshire complaints service effectively follows up issues arising from complaints with operational staff and identifies themes and learning which is used to improve service provision.
107. In the past year placement stability has deteriorated from 74.2% to 63% of looked after children who remain in the same placement for over two years. The council are considering what additional support is required to prevent placement disruption. New commissioning arrangements have been introduced between the authority, neighbouring boroughs and 19 independent fostering associations. This has introduced common high standards of support for children in these placements.
108. Local authority foster carers seen by inspectors report that they receive good support from the council. Arrangements to monitor the appropriateness of placements of looked after children are effective. These include feedback from independent reviewing officers, social

workers, children and parents. Children and young people met by inspectors report that they are in good placements that protect them and meet their needs.

109. The adoption service was assessed to be good in the Ofsted inspection in August 2011. The fostering service has not been inspected since the authority was created in 2009.
110. Alternative arrangements to provide suitable care for children who have previously been looked after are well considered. The use of friends and family placements has risen in 2011/12 from 12 placements to 22. Some 24 children are supported through special guardianship arrangements. Only seven private fostering placements have been notified to the council, which is low, despite awareness raising campaigns by the council and the recent appointment of a designated member of staff to promote private fostering.
111. Clear protocols are in place for children who go missing from care. However, social workers and foster carers seen by inspectors report a variable response from Bedfordshire Police when children go missing from care. Examples were given of some excellent partnership work but also of a lack of sufficient response in some cases, in particular to those looked after young people who go missing regularly.

Enjoying and achieving

Grade 3 (adequate)

112. The impact of services to enable looked after children and young people to enjoy and achieve is adequate. The council's strong commitment to raising achievement and ensuring access to hobbies and leisure activities is reflected in the Children in Care Pledge. A well established and positive partnership between the council and local schools is focused on improving academic success for looked after children.
113. Almost all children and young people who responded to a survey for this inspection felt that the education they receive is good or better and that they get the help that they need. Their educational progress is monitored regularly and additional support, such as one to one tuition, is provided where necessary. Where children change their care placement, the disruption to their schooling is kept to a minimum wherever possible, and transport is provided for them from the new home to school.
114. School attendance of looked after children and young people placed in and outside of the area is routinely monitored and prompt action is taken when a child fails to attend regularly. A range of multi-agency interventions is available to support attendance that is effective for the younger age groups. However, attendance for older looked after young people is below the national average, with attendance of only 87% of looked after pupils in Year 10 and 89% in Year 11. Recent, targeted action to improve school attendance of children in residential homes has led to

an increase in the proportion who attend school regularly. However, attendance overall continues to be below national averages for almost all age groups between 12 and 16 years.

115. The difference in outcomes between younger and older looked after children is also evident in the standards that they achieved in national tests. Outcomes for seven and 11 year olds are more often closer to national averages for all children than is the case for 16 year olds. In 2011 no young person continuously looked after for at least 12 months achieved five A* to C grades, including English and mathematics, in GCSE examinations. This represents a decline in performance on the previous year and below that found in similar authorities and national averages. However, locally held data indicates that most of these young people achieved some external qualifications, and others with special educational needs made at least adequate progress against their individual learning targets.
116. The gap in achievement between seven year old looked after children and seven year olds nationally has narrowed significantly, with almost all achieving the expected level in both English and mathematics in 2011. Although this is not sustained in Key Stage 2 results, the numbers of children in this cohort are very low and local analysis shows that the very few children did make appropriate progress. Of concern is the widening gap in attainment between all 16 year olds and those looked after.
117. The gap in educational performance between looked after children and the national average for all pupils post-16 fluctuates and the council has not been in existence long enough to draw firm conclusions about trends. Examination results for 2011 show that a half of pupils attained a Level 1 qualification, with others gaining up to four GCSEs, or other accreditation appropriate to their assessed abilities. Individual files seen by inspectors indicate that young looked after people receive good advice on the range of post-16 curriculum opportunities and are supported to consider appropriate learning or training routes. As a result some young people attain the higher Level 3 qualifications and five are currently supported in university placements.
118. Schools are aware of the needs of looked after children and provide termly updates of their progress to the virtual school. This information is appropriately analysed and action taken where there are any concerns about an individual. Schools report that they are well supported by the virtual school in meeting any additional needs of looked after children. Schools use the Pupil Premium funding to provide one to one tuition and additional support to improve basic skills in reading and mathematics. However, foster carers who met with inspectors felt that in some cases schools had not been effective in supporting learning for children with behavioural difficulties. One child had waited six months for additional resources to meet their special educational needs.

119. Almost all looked after children have a personal education plan. However, some seen by inspectors did not identify clearly the next steps in learning required. The council has taken appropriate action to improve the quality of these plans and systems were recently introduced to monitor their quality and usefulness in raising standards. However, no analysis is undertaken of how well children who are placed outside Central Bedfordshire achieve compared to those educated locally.
120. Looked after children are encouraged to engage in an appropriate range of leisure activities of their choice. Personal education plans and annual review reports indicate that a wide range of interests and activities are provided to looked after children, including music tuition, dance and swimming lessons, scouts and brownies.
121. Effective partnership working between schools, the council and early intervention services underpins the support given to looked after children at risk of permanent exclusion. However, recent published data shows that two looked after children were permanently excluded from school during 2010-11. The virtual school monitors carefully where schools use fixed term exclusions and provides good additional support to tackle the underlying concerns.

Making a positive contribution, including user engagement

Grade 2 (good)

122. Opportunities for looked after children and care leavers to make a positive contribution are good overall. Individual looked after children and care leavers are positively encouraged to express their views and wishes and almost all contribute to their review meetings. Most young people responding to a survey for this inspection felt that they are usually or always able to have their say. Additional support, such as interpreters, is available for those who don't speak English well. Most looked after children contribute to their annual review the council did not meet its target of 95% and have set this as an area for further improvement.
123. The views of the children who participate in the CiCC are sought and are respected by the council. Those children on the CiCC seen by inspectors spoke with confidence and pride about their contribution to training for foster carers, interviewing senior staff, production of a children in care DVD and contributing to writing the Pledge. The CiCC is well supported by dedicated participation staff. However, members of the CiCC are not clear of what impact their contributions have had to improve services for looked after children. Whilst those on the CiCC are able to have their voice heard, it is difficult for them to represent the wider views of those looked after children who are not on the council.
124. The Pledge identifies the council's intent and ambition to consistently consult looked after young people and the council acknowledges that further work is required to ensure all looked after children are consistently

involved and able to contribute to developments that affect them. A children in care website has not been developed to enable young people to easily access a range of information that affects them.

125. Looked after children are encouraged to voice their concerns. However, six out of 15 young people who responded to a survey for this inspection did not all know how to make a complaint, and six out of 13 did not know how to access advocacy services, or get in touch with an independent reviewing officer. Although low in numbers, where complaints have been made, these have been handled well. The complaints team provide training and thematically analyse recurring issues. An independent visitors scheme has only recently recommenced following a tendering process involving the participation officer and children and young people.
126. The rates of final warnings and convictions for looked after children are reducing and are low compared with those in similar areas and national averages. Good systems to identify children at risk and collaborative partnership working are effective to prevent looked after children engaging in criminal activity.

Economic well-being

Grade 3 (adequate)

127. The impact of services to improve the economic well-being of care leavers is adequate. The council has high ambition for care leavers and supports most of them well as they make the move to independence, providing opportunities for work experience and support to gain a job or training. This is having a positive impact on the transition to life after care for most care leavers.
128. There is not sufficient suitable accommodation to meet the needs of care leavers. The most recent data, provided by the council, indicates that only 93.3% of care leavers are living in suitable accommodation. Cases reviewed by inspectors indicated that care leavers have recently been placed in unsuitable bed and breakfast provision. The council acknowledges that some young care leavers, who do not wish to claim benefits, are temporarily sleeping at the homes of friends. The council has identified housing gaps and action is planned to improve the quality and choice of accommodation for care leavers.
129. Good, practical training is provided to support transition planning and to develop independent living skills for care leavers and for unaccompanied asylum seeking children. Where barriers to successful transition are identified appropriate action is taken. For example, young people are no longer expected to move into independent living at the same time as starting a college course. However, pathway plans seen by inspectors were too variable in quality and most were not of an adequate standard. Some pathway plans were not completed fully or did not clearly state the actions to be taken to achieve the agreed outcomes. Consequently it was not possible to evaluate the impact of agreed actions. Some pathway

plans were of a better standard and most did record the ethnicity and gender of the young person.

130. Care leavers who met with inspectors reported that they were very pleased with the support they receive from the care leavers team and demonstrated they have appropriate aspirations and plans to reach their goals. Their views and opinions inform decisions as to whether they stay in education, training or move into employment. The punctuality and attainment of care leavers are monitored well and good protocols have been established with local schools and colleges to report any concerns, which enable additional support to be offered to maintain their placement. As a result, almost two thirds of care leavers are in education, training or employment and performance is better than that in similar areas and national averages.
131. Effective individual support from targeted youth services is provided to help those care leavers not in education, training or employment to access appropriate courses or training. Current developments include early identification of those who may be at risk of not continuing with education and training at 16 years, and providing additional guidance and support for learning.

Quality of provision

Grade 3 (adequate)

132. The quality of provision for looked after children is adequate. All looked after children have an allocated social worker. Children and young people are seen regularly. Children and young people seen by inspectors reported that they appreciate the support of their workers who treat them with dignity and respect.
133. Local authority staff demonstrate a high level of commitment to working with looked after children and young people, supporting them in their placements and responding promptly to crisis situations. Social workers consider a range of creative responses to ensure that needs of looked after children are addressed promptly. Social workers seen by inspectors were enthusiastic about working for the authority, feel that they have manageable caseloads and receive regular supervision including opportunities for group supervision and therapeutic support.
134. The numbers of children entering the care system has risen over the last few years. This is a trend which reflects the national increase in the looked after population. However, almost 50% of the children and young people looked after by the local authority are new entrants into the care system and subject to legal proceedings. There are significant challenges in providing suitable placements within the area. The performance of the local courts in completing proceedings is 82 weeks on average, which is significantly longer than the national average of 50 weeks.

135. Appropriate systems are in place to determine whether a child should be looked after. Decision making is clearly understood across the social work teams. An effective range of services has been developed aimed at supporting children within their home environments or returning children placed in care in an emergency. This includes services providing direct work to parents and children in family group meetings, the children's centres and family adolescent support teams. Support can also be commissioned to meet assessed need from Home Start, Sorted and Action for Children.
136. Placement stability has fallen. It had been 74.2% of children and young people in the same placement for two years or more and this was above the performance of neighbouring authorities. However, the latest performance information provided by the authority indicates that this is now 63.4% and is below the local target and the performance of statistical neighbours. The local authority has analysed this situation and identified those young people to whom they need to provide additional support to ensure that unplanned changes of placement are avoided.
137. Low numbers of children are placed for adoption and the council reports that all of them are placed within 12 months of a decision being made for them to be adopted. However in some cases seen by inspectors there were delays in finalising the decision that adoption needed to take place and in other cases delays resulted from the court process. Permanency planning is evident in all care planning, with good scrutiny and challenge from independent reviewing officers. The adoption service was assessed to be good in its last Ofsted inspection in August 2011.
138. The fostering service is provided jointly by Central Bedfordshire and a neighbouring borough. There is also a Youth Care scheme providing specialist placement for young people aged 10-18 who have additional or complex needs. Foster carers seen by inspectors indicated that they are supported well by the council. However, there are not sufficient numbers of foster carers to meet both the needs of authorities, despite strenuous efforts by fostering services to recruit carers and improve placement choice in order to avoid children being placed out of the area. The council has had to develop better links with independent foster care agencies to ensure that local needs are met. Good commissioning arrangements between Central Bedfordshire, neighbouring boroughs and 19 private providers have resulted in the identification of common standards, increased capacity and better value for money.
139. There are 48 children placed under special guardianship orders. Good support arrangements are put in place where necessary, with financial assistance reassessed on an annual basis.
140. Arrangements for the review of looked after children are robust and most reviews take place within statutory timescales. Independent reviewing

officers acknowledge that there is currently insufficient discussion with children and young people about key review attendees and practice is being reviewed. Monitoring and feedback sheets are routinely completed by independent reviewing officers after reviews and issues identified are followed up with the social workers and their managers. Some of the young people seen by inspectors praised their reviewing officers and reported that they had been working with them for many years and were the most significant figure in their lives.

141. Case recording systems do not support high quality work. Case records are generally up to date, however assessments seen by inspectors were of too variable quality. Care plans, personal education plans and pathway plans were too variable with some being excellent, but many were of poor quality. In those cases where the planning records were not to the highest standard, not all agencies were involved in the relevant planning meetings, historical information was not sufficiently considered and not all outcomes were given due attention. A new electronic recording system is due to be implemented in April 2012 that is designed to improve the acknowledged deficits in case recording and planning.
142. There was evidence, within the files seen by inspectors, of the child's voice influencing appropriately the direction of their care plan. In most cases, but not all, there was sufficient recognition and consideration of the child's diverse needs, for example those relating to the culture or faith of the child. A small number of parents of looked after children who met inspectors reported that social workers did not listen to their views on how best to support their children. They also believed that the quality of written plans was poor and contained inaccurate information. Examples were provided by the council of feedback from other parents which were positive about the support that they had received.
143. A new combined looked after children and care leavers team enables effective continuity and transitional arrangements for young people moving into independence. Care leavers seen by inspectors spoke highly of, and value the quality of, support offered to them by the council and its partners, including the prompt response that they receive from their personal advisors. Good links between the social work teams and the asylum seekers team ensure that those who are looked after receive a well coordinated service focused on improving their well-being. Unaccompanied asylum seekers who met with inspectors report high levels of satisfaction with the support provided to them by children's services. The Bedfordshire Allocation Panel appropriately considers additional resources to meet those children's identified needs.
144. A very small number of children with a disability are looked after and are placed in residential provision which meets their complex needs. Some of these are effectively supported through the partnerships with and the joint

budget agreements between children's social care, education and health services.

Ambition and prioritisation

Grade 3 (adequate)

145. Ambition and prioritisation for looked after children are adequate. Most partner agencies ensure that the needs of looked after children are appropriately prioritised. Elected members, managers and staff across the partnership demonstrate clear ambition to secure good outcomes and aspirations for looked after children. Looked after children are suitably prioritised through a clear analysis of local needs in key strategic groups and their plans. For example, within the Children's Trust's Children and Young People's Plan and within the priorities of the shadow Health and Well-being Board. However, these ambitions have yet to result in consistent improvement in outcomes for looked after children.
146. The corporate parenting panel meets regularly and in public to demonstrate transparency and to raise awareness of the needs of looked after children within the community. Elected members appropriately prioritise the needs of looked after children and have ensured that funding of services has been maintained and in some instances increased. The CiCC attend the panel and are able to have their views heard.
147. Ambition and prioritisation by all health service partners of the needs of looked after children have not been sufficiently prioritised. The safeguarding and looked after children services inspection in a neighbouring council in January and February 2012 found significant shortfalls in health service provision for looked after children in that area. Some of these health services also provide services in the Central Bedfordshire area. The health issues identified in the Ofsted inspection have resulted in some action being taken, but this is only very recent. Senior officers from the council have actively engaged with officers from partner health agencies to ensure that the individual health needs of looked after children are being met.
148. A range of services has been developed to support children on the edge of care, and robust action is promptly taken to ensure that those children who need to be looked after are safeguarded and that their welfare needs are met. However, the resultant significant increase in the numbers of looked after children has placed significant pressure on available resources for those children.

Leadership and management

Grade 3 (adequate)

149. Leadership and management are adequate. Strong leadership within the council has led to some improvement in the provision of services and improved coordination of support for looked after children and care leavers. However overall, most outcomes for looked after children remain adequate. Managers' commitment to improving outcomes for children,

young people and families is evident and is underpinned by joint working. The Director of Children's Services and managers within children's social care services provide clear leadership to champion the needs of looked after children across the partnership. Although a well considered strategy for looked after children is in place, it has not had sufficient impact overall on improving outcomes for looked after children.

150. Commissioning, including some joint commissioning, of services for looked after children is established, is regularly reviewed and is monitored to ensure that the provision is safe and provides value for money. No children are placed in residential provision which is assessed by Ofsted to be less than good. The council has put significant investment in developing support to prevent the need for children to be looked after, for example through children's centres and through family support services. These early intervention services are extensively used and are valued by service users, although their overall effectiveness has yet to be systematically evaluated.
151. The council has developed and implemented an effective workforce strategy to ensure that there are sufficient social work staff to meet the needs of looked after children. This has resulted in high levels of staff retention to enable continuity of support to children and their families. Effective recruitment initiatives have resulted in increased numbers of permanent social work and managerial staff supporting looked after children, with lower usage of agency staff than other teams.
152. Staff seen by inspectors indicate that their managers at all levels are accessible, approachable and routinely communicate on issues affecting looked after children. Managers support the personal development of staff well and give priority to their professional development and training needs. Newly qualified social workers are well supported by managers, have appropriate induction and protected caseloads to enable them to gain experience. Supervision of social care staff who work with looked after children is undertaken regularly in the majority of cases. Supervision records address well the training and development needs of the worker.

Performance management and quality assurance

Grade 2 (good)

153. Performance management and quality assurance are good. A range of performance management information is available to managers on the work of their agencies with looked after children. For example on placement stability, allocation of children to social workers, the ethnicity of children, and the timeliness of reviews. Senior managers within children's social care services routinely receive performance information and robustly analyse the effectiveness of services and outcomes for looked after children. Performance management information from partner agencies relating to looked after children is routinely reported to key strategic

groups such as the corporate parenting panel, the council's Overview and Scrutiny Committee and the shadow Health and Wellbeing Board. These provide effective scrutiny and challenge.

154. The council has an established quality assurance arrangement for case file audits, which are routinely undertaken by managers when cases are transferred or closed. In addition, some unannounced audits of case files are undertaken by quality assurance managers within children's services. These audits have been effective in identifying good practice and issues that require corrective action, which have promptly been notified to senior managers and resulted in specific and measurable action plans. Individual agency case file audits of cases seen during the inspection, while providing an overview of the case and identifying key issues, sometimes lacked sufficient critique of actions taken and adopted an over-optimistic view of the standard of practice. However, such audits have not been sufficiently regularly undertaken or themes arising systematically evaluated to drive improvement.
155. Independent reviewing officers routinely complete monitoring forms following each looked after child's review which audits reports provided to the review and the appropriateness of the care plan. This is effectively reported to managers to improve practice. Information, from monitoring by independent reviewing officers, is regularly collated by the quality assurance service in children's social care services to identify themes, which are shared with managers to drive service development and improvement.
156. An annual analysis of educational performance and attendance of looked after children, produced by the virtual school manager, provides a clear and accurate assessment of current educational performance by year group. Education data is used well to track individual pupil progress. Outcomes for all looked after children are evaluated against strategic priorities. However, insufficient analysis is undertaken of the comparison of outcomes for looked after children placed out of area to those placed locally.

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