Inspection of Bournemouth, Christchurch and Poole local authority children's services

Inspection dates: 6 to 17 December 2021

Lead inspector: Steve Lowe, Her Majesty's Inspector

Judgement	**Grade**
The impact of leaders on social work practice with children and families	Inadequate
The experiences and progress of children who need help and protection	Inadequate
The experiences and progress of children in care and care leavers	Requires improvement to be good
Overall effectiveness	Inadequate

In 2020, Ofsted conducted a focused visit that resulted in two wide-reaching areas for priority action. The fundamental building blocks required for children to get the right help at the right time were missing, almost in entirety. Children living in Bournemouth, Christchurch and Poole (BCP) were not protected effectively. Senior leaders were aware of some of the deficits but had not taken purposeful remedial action. There has been progress since then despite the challenges of the COVID-19 pandemic and the complexities of local government reorganisation. The creation of new specialist services and strengthened infrastructure are starting to make a positive difference, but it is too early to see an impact for a large number of children and their families.

There remain too many areas where progress has been neither sufficiently swift nor decisive. The application of quality assurance processes does not give senior leaders a reliable or accurate picture of the quality of social work practice. The quality of this practice is too variable, with much being poor. Thresholds for intervention are not applied consistently, and the oversight of managers is too variable in quality. Multiple changes of social workers and managers in some teams also contribute greatly to the lack of focus and urgency for many children.

There are still serious and widespread weaknesses in the quality of children's services that leave vulnerable children at risk of harm. Specialist services aside, the core business of reducing the risks to children in need of help and protection is yet to have a consistent and effective impact.

What needs to improve?

- The recruitment and retention of a workforce that is experienced, competent and confident to deliver improvements, so that children no longer have multiple changes of social worker or personal adviser.
- The quality of practice, in particular, assessment, planning and the use and completion of chronologies, the response to domestic violence, emotional support to children in care and the recording of children's views.
- The timeliness of social work intervention and support when unborn and very young children are at risk of significant harm.
- The standard of care provided to young people living in houses of multiple occupation.
- The impact of quality assurance and management oversight on the standard of social work practice and progressing work effectively to avoid delay for children.
- The overview of children's attainment and progress by the virtual school.
- Care leavers' access to their health records.

The experiences and progress of children who need help and protection: inadequate

1. Many families are not receiving the right help at the right time. Early help is under-developed and the local authority's intended shift towards early, direct support has been slow. A large number of families, including those with unborn or very young children, have to wait too long for an early help assessment. Meanwhile, risks remain and, for some families, concerns escalate.
2. The multi-agency safeguarding hub now operates more smoothly and effectively than when Ofsted last visited. Referrals about children who may be in need or at risk of harm are prioritised and sent to the right place much more quickly. The addition of key partner agencies to the 'front door' and of access to specialist advice on how to support families when domestic violence is a factor are increasingly effective in improving the quality and timeliness of decision-making. However, this level of understanding of the risks to children from domestic violence and of how to support families to reduce these risks is not seen in longer-term work.
3. Many children have had a number of interventions from early help or statutory services that have not been successful, and assessments largely lack sufficient analysis of why this is the case. As a result, the same intervention or services

that have not previously proven successful are often repeated. The application of thresholds for different levels of intervention is inconsistent. Different teams have different thresholds, and this is exacerbated by a poor understanding of practice standards.

4. Increasingly, when children and families have a consistent social worker they receive the right support and challenge. However, the combined effect of multiple changes of social workers and managers, ineffective practice and poor case direction still results in many children experiencing repeat interventions before they get the help they need. Meanwhile, some of these children suffer neglect or harm and remain at risk of further abuse.

5. When risks to children increase to a significant level, the threshold for holding strategy meetings and the timeliness with which they are held remains inconsistent. However, once convened, partner agencies are included in child protection strategy meetings and contribute positively to the discussion and planned actions.

6. The quality of assessments has improved, but for too many children the resulting plans identify solutions based on services that are not readily available. Waiting times for parenting programmes, domestic abuse perpetrator and cessation programmes, and mental health support are lengthy.

7. Children are left in situations where they witness violence, as social workers lack the confidence and guidance to tackle perpetrators of domestic abuse and are often over-optimistic about parents' capacity to change and to safeguard their children. There is no coordinated response to risks to unborn babies or a clear message to staff about 'how we do it here'. This is concerning, given the increase in harm to very young children during the pandemic and an increase in very young children on child protection plans.

8. In many cases, risks to children could have been identified, assessed and reduced earlier. For example, a substantial number of parents and children are assessed in specialist placements, many of which could have been avoided. Chronologies are limited or not completed, which restricts social workers' ability to understand patterns of risk and to identify the best ways to support children.

9. Children's experiences are not sufficiently considered or reflected on in supervision. Frequent changes of manager have also compounded this lack of consistent supervision. Although changes in manager are becoming less frequent, it is too early for there to have been a significant positive impact on the quality and consistency of supervision.

10. When concerns for children escalate, the oversight of the Public Law Outline and care proceedings has been strengthened. This means that work with some children is progressing more quickly and effectively. However, this is not the case for all children, and many are still subject to pre-proceedings processes for extended periods of time when their circumstances have not

improved and risk has not been reduced. Consequently, a small number have continued to suffer harm during this period.

11. When they have consistent social workers, children's and families' circumstances are better understood and visits have more purpose. This is not the experience of most families, who experience multiple, and sometimes frequent, changes of social worker. Social workers are able to describe the direct work they do with children well, but it is not always well recorded and sometimes key pieces of work that will help children understand their histories in the future are missing from children's case records.

12. The quality and impact of work with children who are suffering, or at risk of suffering, criminal or sexual exploitation is largely dependent upon access to specialist workers. A small number of the most vulnerable children receive effective support from the highly skilled complex safeguarding team. Information is shared well and there is a good understanding about children's vulnerabilities, including who they are at risk from and why, and the places where they go. However, there is more to do to ensure that the remainder of children who are exploited receive a similarly protective response.

13. Disabled children are safeguarded effectively when there are concerns about their safety or welfare. Social workers have a strong understanding of the interaction between children's needs that arise because of their disability and those that stem from safeguarding or child protection concerns.

14. The edge of care team has established itself as a valuable resource. It has an impressive success rate when it comes to keeping families together and preventing children from having to come into care when this can be avoided. Very low caseloads underpin this success, as they give the team the time and space to work intensively with children and their families.

15. Children who are missing education are identified effectively and supported to return to school as soon as possible. Leaders demonstrate their clear aspiration for children to achieve full-time education whenever practicable so that they get the best possible outcomes.

16. Flexible approaches are used to engage families and to understand the reasons for decisions to educate children at home. Legal remedies are pursued appropriately when staff are not assured that the arrangements are safe.

17. Children in private fostering arrangements are identified and safeguarded well by an experienced team. Sixteen and 17-year-olds who are homeless are, in the main, informed of their rights, given the option of coming into care if this is in their best interests, and are accommodated quickly.

The experiences and progress of children in care and care leavers: requires improvement to be good

18. When children come into care, it is for the right reasons. For some, this is due to earlier failures to support achievable change within their family. When it is

safe to do so, children are also supported to be reunited with their families from care, but the use of special guardianship orders to achieve permanence is still low.

19. Children in care are visited at a frequency that matches their individual circumstances, and more often when social workers are trying to get to know them. Social work visits are mostly in line with children's needs and are recorded clearly, highlighting what is working well, what social workers are worried about and articulating children's wishes and feelings.

20. Time with family and friends is well considered for most children in care. For some children, this maximises the chances of positive and enduring relationships with key family members, as the time is carefully tailored to fit the child's and the family's circumstances.

21. Children and young people are not always made aware of their rights, especially when it comes to a choice of accommodation. Advocacy and independent visitors are under-used, and so some children miss out on these opportunities to have their voices heard and understood.

22. While review meetings, care plans and pathway plans are increasingly reflective of children's wishes and feelings, this remains inconsistent, and too often the voices of children are not apparent in plans and the records of meetings.

23. Unite and Insight, the local authority's children in care councils for older and younger children, have continued through the COVID-19 pandemic. Children and young people are actively involved in chairing the corporate parenting committee, in staff recruitment interviews and in planning for a care leavers hub. They are taken seriously and are a key part of identifying improvements that can be made to practice and to services.

24. Return home interviews and support from the complex safeguarding team are of good quality and help to understand why these children feel the need to run away.

25. Getting children to dentists' appointments and initial health assessments has understandably reduced during the pandemic but their physical health needs are largely being addressed appropriately. However, support for children's mental and emotional health is under-developed and plans to fill the gap left by long waiting times for specialist input are in their infancy.

26. The virtual school has been strengthened and has started to increase both its visibility and its impact, including the prevention of permanent exclusions. There is still work to be done to ensure that personal education plans are prepared consistently well across educational settings and that pupils have sufficient time to contribute their views. But their quality and timeliness are improving. Monitoring of children's achievements and progress is under-developed. Similarly, the virtual school is ambitious for children, but is yet to translate this into aspirational targets in written plans.

27. The vast majority of children have a permanence plan by the time of their second review, which is a significant improvement. The majority of children in

care are in the right place for them and they live happy and settled lives. However, too many children living in long-term foster care have not had their permanence formally agreed or celebrated.

28. Disabled children living in residential educational settings make good progress. They are visited regularly, their views and feelings are understood well, support meets their needs and consequently they have a good foundation for the future.

29. Children and young people living in homes of multiple occupation (HMOs) are in accommodation that is of poor quality. They are not given this housing option because it is in their best interests and often are given no other choice, in part due to insufficient resources to meet demand. Unsurprisingly, most children and young people do not choose to spend much of their time in these placements and for some their outcomes significantly decline. A very small number of children in care are also living in unregistered children's homes, but the local authority is monitoring these arrangements appropriately and supporting the provider to register with Ofsted.

30. Foster carers are recruited and trained successfully, with the number of carers available for children to move in with increasing, despite the pressures of the pandemic. Feedback from foster carers on the level and consistency of support they receive is varied and many have had several changes of supervising social worker. However, the small number of moves children have and the length of time they remain with their carers are both an improving picture.

31. More children are being adopted than in similar authorities, including some for whom success in finding a family was very difficult to achieve. The support being given to adopters and children is of high quality, and assessment and training enable a healthy level of choice when the best plan for children is for them to be adopted. The local authority maintains careful and challenging oversight of the services provided by the regional adoption agency.

32. For care leavers, there are often long delays between visits from their personal advisers (PAs). This is particularly the case for those living in HMOs and in supported accommodation. Care leavers themselves report a variance in the level of support they receive, dependent upon which PA they have, rather than their needs or wishes. Children do not always have their PA allocated to them in a timely way and so experience disruptions to positive relationships due to staff turnover.

33. Care leavers do not have access to their health histories and not all PAs are aware of the need to ensure this access is in place. However, most children's physical health needs are being appropriately addressed.

34. Young people are encouraged to 'stay put' with their foster carers and so are more likely to maintain positive relationships with them as a result.

35. The majority of young people are supported effectively to gain and maintain employment, education or training, with a minority being left to manage independently.

36. Not all young people have either got copies of their pathway plans or have contributed to them. For those that do have a plan, they are mostly written collaboratively and give a clear sense of the goals.

37. Unaccompanied asylum-seeking children have mixed experiences. Mostly, once they are clearly the responsibility of the local authority, they are helped with somewhere to stay, interpreters, tracing their families and legal support. For a small number, a debate about their age and entitlement leads to delay in them securing suitable accommodation and support.

The impact of leaders on social work practice with children and families: inadequate

38. The interim corporate director of children's services and the Department for Education improvement adviser have begun to address the significant weaknesses highlighted by the Ofsted visit in 2020. Some progress has been made against each of the concerns identified. However, none have been fully remedied. For many of the areas of concern, progress is recent, partial or fragile and is yet to have a positive impact on children's lives. This is further restricted by the impact that high levels of turnover have on staff's ability to fully understand what is expected of them from the improvement plan.

39. Many unborn and very young children suffer delay and indecision, and live in circumstances where risk has not been assessed and in which there is a real chance of harm. Senior leaders are yet to develop a strategic response to the needs of these children.

40. The same applies to children waiting for early help, those on child protection or children in need plans and those where concerns have been escalated to the legal arena. The 'children's toolbox', the local authority's own document to support social workers to deliver good practice standards, does not have specific guidance on how, when and why to support these very young children when they are at risk of harm.

41. Young people living in HMOs are living in poor-quality accommodation that has not been properly assessed for its suitability. Senior leaders continue to make decisions to place young people in these arrangements against their best interests. This is a serious oversight.

42. Relationships with key partners are improving but are still immature. For example, the courts have increasing confidence in the quality and timeliness of applications, evidence and assessments. Similarly, the response to children who are at risk of exploitation has been developed, together with the police. Conversely, there is more to be done to ensure that schools feel valued and consulted, and relationships with health partners remain adversarial.

43. Social workers report that there are few opportunities to meet senior leaders and that their visibility is poor. Recent initiatives such as the progress forum are a positive response to unease in the workforce. However, poor communication contributes to social workers not feeling part of a single

organisation with one set of values and one approach to working with children and their families.

44. Audits are of poor quality and completion rates are low. Moderators have a much clearer idea of what good practice looks like but are not yet standardising or improving the quality of practice learning reviews. Without this, reliably identifying trends and practice issues is very difficult. Similarly, tracking the completion of identified actions, checking if they made the difference they were intended to, and the inclusion of children, families and practitioners in audit are all weak.

45. Learning from complaints, from themes arising through advocacy, from research and from families is not well embedded and so does not inform improvement planning sufficiently or effectively. Children and families are not sufficiently well engaged in shaping improvements to the services they receive.

46. The use of performance information is under-developed. Processes for tracking the progress and impact of work with key groups of vulnerable children, such as those at risk of needing to come into local authority care or those awaiting a permanent foster home, are not wholly accurate and remain more process-driven than child-focused.

47. The local authority's strategy for ensuring that there is a sufficient volume and range of accommodation to match the needs of children is thorough and detailed. Historically, there was neither sufficient corporate understanding nor a coherent plan for meeting the needs of children in Bournemouth, Christchurch and Poole who could not live with their birth families. In this context, the current strategy will take time to implement but it is starting to have a positive impact.

48. Workloads are highly variable, with low case numbers in specialist teams and extra pressure on the core teams, who not only work with much higher numbers of children but also experience a high turnover of staff. As a result, children experience fractured relationships with their social workers and delays in receiving the right support at the right time.

49. Frontline managers are predominantly interim, with most posts filled by agency staff. They are, however, increasingly staying longer and are committed to the local authority's vision and plans for improvement.

50. Permanent service managers are in place, a permanent corporate director of children's services has been appointed and some 'home-grown' appointments and recruitment from overseas are adding to the potential for longer-term sustainability. But the dependence on agency staff remains very high, adding to instability for children who continue to experience multiple changes of social worker, quite often without any notice.

51. There is a whole-council appetite for and commitment to improvement. Senior leaders, both corporate and political, are supportive of the ongoing changes that are being made. From a very low starting point, some progress has been made and significant levels of investment have helped improve some specialist

areas of practice. Apart from the issues relating to HMOs and very young children, the local authority's self-assessment is frank and accurate about the state of the service and where to improve.

52. Some initiatives are proving successful, such as the team around the school, where five schools are developing a local, community-based approach to safeguarding in partnership with children's social care. The edge of care and complex safeguarding teams are also supporting families with complex problems effectively. Other initiatives are still very new and so are yet to have a significant impact, such as the social work court team, mental health practitioners based alongside social workers, and the proposed increase in locally commissioned housing options.

53. Social workers find training helpful, including bite-size courses on practice fundamentals alongside more in-depth input on challenges in contemporary social work. Agency social workers can access the same training as permanent staff and this is positive. The practice academy website offers a comprehensive range of accessible material that is well used, but multi-agency training on key and emerging issues is not part of core business.

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