

Inspection of safeguarding and looked after children services

London Borough of Lewisham

Inspection dates: 6 – 17 February 2012

Reporting inspector: Chris Sands HMI

Age group: All

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Contents

| | |
|---|-----------|
| About this inspection | 2 |
| The inspection judgements and what they mean | 2 |
| Service information | 3 |
| Safeguarding services | 5 |
| Overall effectiveness | 5 |
| Capacity for improvement | 6 |
| Safeguarding outcomes for children and young people | 8 |
| Children and young people are safe and feel safe | 8 |
| Quality of provision | 11 |
| The contribution of health agencies to keeping children and young people safe | 11 |
| Ambition and prioritisation | 19 |
| Leadership and management | 20 |
| Performance management and quality assurance | 21 |
| Partnership working | 22 |
| Services for looked after children | 24 |
| Overall effectiveness | 24 |
| Capacity for improvement | 24 |
| How good are outcomes for looked after children and care leavers? | 26 |
| Being healthy | 26 |
| Staying safe | 28 |
| Enjoying and achieving | 29 |
| Making a positive contribution, including user engagement | 32 |
| Economic well-being | 34 |
| Quality of provision | 35 |
| Ambition and prioritisation | 37 |
| Leadership and management | 38 |
| Performance management and quality assurance | 39 |
| Record of main findings | 41 |

About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of four of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with children and young people and parents 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 71 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from Lewisham Healthcare NHS Trust and South London and Maudsley NHS Foundation Trust.

The inspection judgements and what they mean

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

| | |
|-----------------------|---|
| Outstanding (Grade 1) | A service that significantly exceeds minimum requirements |
| Good (Grade 2) | A service that exceeds minimum requirements |
| Adequate (Grade 3) | A service that only meets minimum requirements |

| | |
|----------------------|---|
| Inadequate (Grade 4) | A service that does not meet minimum requirements |
|----------------------|---|

Service information

4. Lewisham has a population of 274,900. One in four residents (approximately 64,500) are aged under 19 years, making up 24.5% of the Borough's population compared to 22.4% for inner London and 24.4% nationally. Lewisham has 37,812 pupils within its 89 schools. The population in Lewisham is forecast to grow by 49,000 people over the next 20 years. The projected change in population stems mostly from an increase in birth rate.
5. Lewisham has 89 schools, comprising two nursery schools; 65 primary schools, including one converter academy, 15 secondary schools which include one 16-19 school, four all-age schools, three academies; six special schools and one pupil referral unit.
6. Based on Greater London Authority 2012 projections, 41% of residents are from a minority ethnic background (rising to 75.5% in schools), with over 170 languages spoken in the Borough. On the specific indicator of income deprivation affecting children, 38 (out of 166) of Lewisham's super output areas are in the 10% most deprived. The rising numbers of children and young people in Lewisham is a significant issue requiring extra provision within schools and increasing demand on services for children, young people and families across the partnership.
7. Lewisham has had a multi-agency Children and Young People's Partnership since 2002. The Partnership is one of six thematic partnerships of the Lewisham Strategic Partnership and has a top level Board to provide leadership and direction across agencies. The Lewisham Safeguarding Children Board has been chaired independently since 2009 and includes a range of organisations working with children, young people and families in the area to provide safeguarding services. Five task groups support the Board, focusing on monitoring and service improvement, policies, procedures and training, communications, child death overview and serious case reviews.
8. Early intervention and support services are currently being refocused to offer a range of targeted interventions through 19 children's centres across four children's services areas. Safeguarding and social care services consist of five referral and assessment teams, seven family support and intervention teams, a children in need service for children with complex needs, three looked after children teams, three leaving care teams and adoption and fostering services. Lewisham does not have its own children's homes. The emergency duty team is a generic out of hours service based in central Lewisham.

9. Health services are provided by Lewisham Healthcare NHS Trust which provides community services, hospital and other specialist services. Primary care services are provided by NHS Lewisham. The full range of acute general hospital medical, surgical and emergency services are provided by Lewisham Hospital. Child and adolescent mental health services (CAMHS) and adult mental health and substance misuse services are provided by the South London and Maudsley NHS Foundation Trust. Joint commissioning arrangements are in place in Lewisham with all children's community health services commissioned through the joint commissioning team in the local authority.
10. The voice of young people in Lewisham is represented through the Young Mayor, the Young Advisers and the Lewisham Young Citizens' Panel of which the current membership is in excess of 900 young people. Approximately £900,000 of youth provision is commissioned directly by a group of Young Commissioners.
11. At the time of the inspection, 495 children and young people were being looked after by the local authority. They comprise 97 children under five years of age, 322 children of school age (5-16) and 76 post-16 young people. There were 250 care leavers (18-24). At the time of the inspection there were 207 children subject to child protection plans, of whom 184 are age unborn to 11 years. The local authority currently has 102 fostering households, including kinship and short break foster carers. Residential care is provided through individually commissioned provider services with 46 children currently placed in residential provision. Of those children placed in either fostering or residential provision, 58% are placed outside the local authority area. However, the vast majority are placed within 20 miles of the council boundary.

Safeguarding services

Overall effectiveness

Grade 1 (Outstanding)

12. The overall effectiveness of the council and its partners is outstanding. Children and young people in Lewisham are very effectively safeguarded through a combination of initiatives lead by partner agencies and some directly influenced by young people. Most children and young people whom inspectors spoke to and who responded to the surveys indicated a strong feeling of being safe. Some exceptionally good initiatives to improve safeguarding outcomes have been developed by young people and between partners to promote safety.
13. Partnerships between agencies are strong and mature with a robust focus on improving outcomes for children and young people in all aspects of their safeguarding and child protection work. The Children and Young People's Strategic Partnership demonstrates a strength and maturity combined with an energetic drive for innovation to achieve improved outcomes. A wide range of partners are involved at all levels resulting in good outcomes for children and families.
14. The local authority has been rated 'excellent' in the past three children's services assessments. No priority actions were identified within either of the two unannounced inspections preceding the safeguarding and looked after children inspection. A strong focus has been maintained to address the areas for development following the more recent unannounced inspection in November 2010. Inspectors saw clear evidence of these areas having been fully addressed and embedded within practice.
15. Statutory requirements set out in *'Working Together to Safeguard Children'*, 2010 are well met through a combination of a rigorous audit system, a clear set of standards applied to safeguarding practice and comprehensive training opportunities. At the time of the inspection there were no unallocated cases and no cases were referred to senior managers during the course of the inspection due to child protection concerns not being appropriately managed or addressed. Child protection referrals are responded to appropriately and within timescales. Of particular note is the quality of service response to professional referrers and the good use of case summaries at the beginning of case records. However, whilst there have been clear demonstrable improvements in child protection practices, the same drive is now required to improve services provided by the children with disabilities team and, in the family support and intervention teams, through more targeted and measurable children and young people's plans.
16. No services are deteriorating and most areas of development identified by inspectors were already known with action plans in place to drive forward improvements. There have been no recent serious case reviews. Actions

from previous serious case reviews have been completed and were evidenced to have been embedded in practice.

17. Highly ambitious and energetic leadership is demonstrated by the senior management team, supported by the partnership, with a relentless focus on improving outcomes. The well founded principle of early identification of vulnerable siblings in families known to, or previously known to, agencies is clearly understood and articulated across the partnership. Services are exceptionally well targeted and deliver clear, specified and improved outcomes for families. The move to outcome focused commissioning of children's centres and payment by results informed by comprehensive local profiling is an excellent example of working with providers on a challenging agenda. Robust arrangements are in place for effective joint commissioning to drive forward new initiatives and ensure the most effective use of combined resources. Financial resources are being very effectively allocated to achieve the maximum impact from a diminishing grant settlement through the early intervention service reconfiguration.

Capacity for improvement

Grade 1 (Outstanding)

18. The local authority and partners have an outstanding capacity to improve. They have already developed a strong track record of improvement and have a strong vision for the future. The focus on developing child protection services and practice is delivering demonstrable improvements. Performance targets are set ambitiously within the top quartile with the direction of travel in most indicators showing positive progress.
19. Innovation, ambition and aspiration for high quality services are supported by a clear focus on improving outcomes. Services are effective and can demonstrate good and improving outcomes. Highly effective practice is evidenced across most of the areas evaluated which contributes to robust safeguarding arrangements. For example, the early intervention and prevention service is showing initial signs of excellent success. Multi-agency planning for children with disabilities is showing positive outcomes achieved through good partnership working. Thresholds are clearly understood and the rigorous approach to embed the common assessment framework (CAF), supported by a wide range of local support services, is delivering some very positive results for children and families.
20. The council's decision to protect children's services as a priority supports the plans for continued and sustained development and improvement of services. Effective use of resources has resulted in children's services operating within its allocated budget, whilst developing services and maintaining high levels of permanently appointed staff through a very effective recruitment and retention strategy.

21. Through a rigorous and extensive audit and quality assurance framework including evaluations of services and initiatives, the council and its partners have a very accurate understanding of their strengths and areas for development.

Areas for improvement

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

Within three months:

- strengthen the use and quality of social care children in need casework plans through clearer identification of measurable actions and outcomes
- work with police and health partners to ensure domestic violence notifications are sent through to health visitors and school nurses as a matter of routine.

Within six months:

- develop a protocol with the police on the use of police powers of protection and the interface with children's social care service out of hours
- improve practice consistency in supervision through measurable actions
- improve support to young carers through increasing the number of schools signing up the agreed protocol and embedding practice which gives appropriate consideration to the needs of young carers.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 1 (Outstanding)

23. Safeguarding outcomes for children and young people are outstanding. The identification and management of allegations against people who work with children are robust, and especially good in schools. The service provides high-quality support to a range of agencies in ensuring that children and young people are properly safeguarded. Good work is being undertaken to promote the function of the Local Authority Designated Officer (LADO) and to ensure that agencies understand safe practices. However, low rates of referral from some agencies, in particular the police, should be investigated to ensure the role is being properly utilised. Decision making is rigorous, robust and effectively tracked. Links to the Independent Safeguarding Authority (ISA) and other authorities are appropriately in place.
24. Complaints are resolved in a timely manner. The complaints system is well structured and decisions are made appropriately as to whether a complaint should be accepted. Good use of local resolution has addressed almost half of the complaints received without recourse to formal processes. More robust procedures have been established recently to ensure consistency of decision making. However, whilst there has been an impressive record of addressing complaints at the most local level, the council does not have a system for recording whether complainants were satisfied with the response.
25. Processes to ensure safe recruitment are sound, clear and effective. Training for staff taking part in recruitment and selection panels is applied diligently and attendance is reported to the Local Safeguarding Children Board.
26. The definition and thresholds relating to missing children are agreed and well understood by all relevant professionals. Safeguarding and child protection needs of missing children and young people are identified and responded to effectively and in a timely manner. The Missing Persons Unit (MPU) has established robust multi-agency arrangements that show effective working and an efficient flow of information between agencies, including a shared database of all missing children. A range of strategies supported by a designated contact for missing children within Lewisham's children's social care services have been successful in reducing numbers of missing children. All young people are offered a return interview by a designated social worker and information gained is used to inform prevention, such as the identification of themes that underpin children's reasons for going missing.

27. The emergency duty team (EDT) for adults and children is staffed by experienced and appropriately qualified social workers and maintains good links with the referral and assessment teams. Emergency placements are provided through delegated responsibilities vested in the out of hours service team manager. The service has ready access to senior managers and legal advice and full access to the electronic information systems. Where referrals for support are received relating to a child with disabilities, these are referred to an independently commissioned provider with specialist knowledge of disabled children which is excellent. The use of police powers of protection is appropriately applied. However, prior consultation by the police with the EDT is not routine, resulting in the EDT having to be reactive in their response. Appropriate adult arrangements are provided by an independent provider. There are no formal reporting mechanisms for the EDT and therefore information and activity is not utilised for service oversight or for the identification of patterns and trends.
28. The very effective community safety partnership is driving a well coordinated crime reduction strategy and a significant reduction in robbery and street crime has been achieved through targeting specific, identified individuals involved in gang related crime. Youth victimisation is addressed very effectively using the methodology of the adult multi-agency risk assessment conference (MARAC) to support young people who have been the victim of serious violence (Youth MARAC). Good sharing of information with the safer neighbourhood team about all young people living in their area who are, or were, subject to a protection plan provides an added safeguarding safety net for vulnerable children and their families. A wide range of initiatives, such as youth groups, Duke of Edinburgh schemes and voluntary sector partnerships contribute to an effective diversion from crime programme.
29. Children and young people confirm findings from surveys in that they report feeling very safe in schools and in other settings for learning and the large majority feel safe when going to and from school. They have significant influence in shaping policy and practice for safeguarding and value this involvement. An annual safeguarding audit of all schools and comprehensive training and information, including for governing bodies, contributes to this good provision, as do clear thresholds for the referral of child protection concerns. Case tracking for children and young people in need and for children subject to child protection plans, including disabled young people, shows safe and appropriate educational placements. Settings are highly alert to child protection concerns and make prompt referrals.
30. The prevention of bullying, including cyber-bullying, is supported exceptionally well by comprehensive guidelines, clear guidance for schools, and findings from the monitoring of termly incident reporting.

Schools are highly alert to bullying and pupils are encouraged strongly to report incidents through the use of an anonymous email system. A wide range of proactive interventions including curriculum materials, peer mediators and a highly successful restorative approach to managing behaviour reduce incidents of bullying. Agencies working in schools target vulnerable pupils and information received prior to transfer to secondary school identifies vulnerable siblings. High quality multi-agency training for practitioners and parents provides good awareness of safeguarding in young people's use of the internet and of cyber-bullying.

31. Effective work by the fair access panel has contributed to a significant reduction in numbers of children missing from education. Schools and agencies are clear about their roles and responsibilities for safeguarding and enact these well. Vulnerable groups are identified early, through excellent partnerships between schools and the police, and through knowledge of siblings. Truancy patrols and safer community teams ensure young people are in school and comprehensive procedures secure the safeguarding of younger children who are not collected regularly at the end of the school day. Tenacious follow-up of absence and good advice to schools from a dedicated attendance and welfare officer also contributes to safeguarding, as do youth support services in re-engaging young people in accredited learning.
32. Attendance at school has improved and persistent absence has reduced, although remaining above the national average in secondary schools. Targeted work to further reduce persistent absence is in place and includes a forum for the sharing of best practice. No pupils of primary school age, or with a statement of special educational need, have been permanently excluded for several years. Despite increasing numbers of permanent exclusions from secondary schools, effective support prevents exclusion for many. Specialist outreach work, that includes young people with autism, is rated very highly by head teachers. This has developed the capacity of schools to divert challenging and disaffected young people from exclusion and helped to re-engage reluctant pupils in learning. Young people attending the pupil referral unit who have been excluded from school or at risk of exclusion have outstanding facilities for vocational learning. Very high expectations for their achievement and targeted support for their well-being is exceptionally successful in re-engaging them in learning, helping them to gain qualifications and securing transition to further learning or work. A well considered 'managed moves' policy also prevents exclusion from school, as does targeted support for young people returning to school following intensive intervention programmes.
33. A comprehensive policy and clear, robust procedures assure the safety of children who are educated at home, including those with statements of special educational need. Agencies are alert to early identification. Checks on previous contacts with services trigger investigation and robust

monitoring, and regular review of children causing concern secures their safeguarding. Full and helpful guidance for parents and carers clarifies their responsibilities. Good advice and signposting to services secures good educational provision and proactive work with providers of further education promotes continuance in learning for young people after the age of 16.

34. Good attention to equality and diversity and positive educational outcomes are effective in safeguarding children and young people. Success in closing gaps in educational attainment for vulnerable groups, and for those at risk of underachievement and exclusion has secured their continuation in learning. As a result, more young people are in education, training or employment than in similar areas and nationally, and this has been the case for several years.
35. A robust system is in place to assess and support families who do not have recourse to public funds. Social workers undertaking the assessment exercise a good understanding of these families and are alert to potential child protection issues. Good oversight and decision making is provided through the fortnightly panel which reviews and monitors progress of families with no recourse to public funds.
36. Children and young people have exceptionally good opportunities to make their views known on a wide range of safeguarding topics and have been effective in having their voice heard. Innovative and very effective work is being undertaken by young citizen group members such as City Safe Haven project, and the full participation by young people in the planning and building of a new youth facility helps young people feel safe in Lewisham. Those children and young people seen by inspectors knew where and how to access help and advice if they needed it.
37. The very large majority of primary schools are judged by Ofsted as good or better for staying safe, as are all secondary and special schools and children's centres. The local authority adoption and fostering services have been judged good in staying safe with some areas judged as outstanding.
38. The majority of children's services that were inspected are graded good or outstanding for staying safe. The few childminders and childcare settings that are inadequate receive prompt intervention. An ongoing publicity campaign about private fostering has resulted in a slight increase in notifications. The numbers are similar to statistical neighbouring authorities and higher than in others. A good service for children identified as being privately fostered ensures their needs are being met.

Quality of provision

Grade 2 (Good)

39. The quality of provision is good. Early preventative services that safeguard children and divert them from statutory provision are a significant

strength. Continued investment in early intervention is based strongly on preventing escalation of need. This includes the early identification of siblings of previously known families and who are then targeted at an early stage. Strategic priorities for the reconfiguration of preventative services as well as the commissioning of children's centres and voluntary and community groups are informed very well by population profiling that identifies hard-to-reach families and particularly vulnerable groups, such as young women at risk of teenage pregnancy.

40. Multi-agency assessment using the common assessment framework (CAF) is well embedded in practice across the partnership and is increasingly effective in preventing referral to statutory services. Processes are clear to agencies, and families are engaged well. CAFs are of generally good quality and show that agencies know the needs of children and parents very well. Goals from assessments are mostly clear but the corresponding plan to carry these out, the professionals responsible and the identification of outcomes to measure success are less strong, as is the recording of the contributions of parents and their consent for the sharing of information. Nevertheless, referrals are appropriate, timely and result in some outstanding outcomes for families. Professionals value highly the considerable support and advice that is readily available to them, in particular from multi-agency forums for practitioners. Thresholds to services are understood well across agencies. Robust monitoring informs service provision and sign-off by managers includes assurance of processes and outcomes. Review meetings are effective in decreasing reliance on services as families increase their capacity to manage independently.
41. Effective multi-agency Team Around the Child (TAC) and Team Around the Family (TAF) arrangements are showing considerable success in preventing escalation of need. Well coordinated support, that also targets siblings, improves outcomes for particularly vulnerable groups, such as for families with histories of substance misuse and domestic violence, stabilises family relationships, improves education and health outcomes and secures suitable housing. A range of targeted services that support positive parenting also demonstrates success in increasing the resilience of families, strengthening attachment and improving school readiness.
42. In children's centres, a very wide range of preventative services for adults and children that include the voluntary and community sector, excellent local knowledge of services from professionals, and highly productive multi-agency partnerships show some outstanding support for families and result in excellent outcomes. Parents identify strong and competent lead professionals, thorough assessment, prompt signposting to suitable services, rapid referrals and flexible, well coordinated support that has changed their lives. Those that were once isolated and depressed forge strong friendships and support others through volunteering, while some are engaged in accredited learning as a pathway to employment.

43. Use of the CAF on transfer to primary school secures smooth transition and contributes to the narrowing of the gap in achievement. CAFs are also used to secure continuing support to children in need and for those who are no longer require child protection plans. For older children, intensive work with families prevents family breakdown. Targeted youth support services engage older young people in positive activities that encourage continuation in learning after the age of 16, contributing to low levels of young people not in education, employment or training (NEET). Highly successful sports programmes that provide interventions to enable young people to gain qualifications as sports leaders have improved attendance and reduced exclusion from school.
44. Young carers aged eight years and above have access to an appropriate range of information, social and support opportunities through the Lewisham Carers Service. Whilst there is no data on the effectiveness or outcomes from the work by the carers service, young carers report a number of positive differences, such as developing their confidence, and most importantly coping with their lives and being proud of what they do. Good engagement with adult services and other settings has raised the profile and built firm links with professionals in all settings to increase awareness of the needs of young carers. Fifteen schools have now signed up to the young carers' charter, however young carers report variability in the sensitivity of schools to their individual needs.
45. Rigorous systems are in place to ensure robust judgements are made about the outcomes of contacts and referrals to the children's social care teams. Thresholds for services are clear, agreed, understood and consistently applied by agencies. Social workers are appropriately experienced and their work is systematically overseen by managers to ensure that decisions are robust and that work is progressed in a timely manner. Where thresholds are not met, contacts are properly signposted to other appropriate services and feedback is routinely given to referrers. Professionals from other agencies report being appreciative of the informal advice that they can obtain from the specialist link workers and staff within the social care duty team prior to making referrals.
46. All cases of children in need and those identified as requiring protection are allocated promptly to appropriately qualified and experienced social workers. Child protection services are correctly targeted at children at most risk of harm and workers are appropriately skilled to undertake this work. Investigations about children and young people who are at immediate risk of harm are carried out in a timely manner and strategy discussions are properly undertaken and recorded.
47. Initial and core assessments are undertaken in a timely manner. The quality of all initial and core assessments seen by inspectors was at least adequate and the majority were good. Most contain sufficient information and give good consideration to risk factors and needs, in particular within

child protection assessments and reports. Practice has improved recently to ensure that the role of fathers in children's lives is effectively considered. In a small number of cases seen, social workers had incorporated findings from research into assessment and planning. The council has recognised the need to improve the recording of the voice of the child in assessments and planning. Rigorous monitoring and auditing has resulted in demonstrable improvements in the quality of initial child protection case conference reports, review conference and core assessments.

48. In the majority of cases, recording is of a good standard and up to date with the exception of some chronologies. The use of case summaries on the front sheet of the electronic system is a particularly good example to ensure consistency of approach by covering workers and those engaged in out of hours service responses. However, considerable variability is evident across the service in the quality of plans. A large number of cases held within the children with disability service do not have children in need plans underpinning their care packages. However, plans in child protection work, including those undertaken in the children with disability social care team, are good and comprehensive. Through a combination of a robust action plan and the introduction of the special educational needs pathfinder programme, new arrangements are being introduced to secure more effecting planning and reviewing for children with disabilities and their families. Equality and diversity issues are recorded in all cases seen by inspectors and their impact is given good consideration in planning. Interpreter and translation services are readily accessible and used when necessary.
49. Child protection conferences mainly take place within established timescales. Where initial child protection conferences are held outside the established timescale, these are for good reason. Conference chairs are experienced and, in the vast majority of cases, see parents before the meeting. Multi-agency working is well established in child protection. Child protection conferences are quorate and the resultant protection plans are comprehensive, time bound with clear outcomes and lead professional responsibilities. Good attention is given to contingency planning in child protection planning but this is not always clear in the written plans. Between conferences, children and young people are recorded as seen alone and often more frequently than outlined in the child protection plan. The majority of core groups are timely and well attended by partner agencies.
50. Supervision and management oversight is, in most cases, effective in driving cases forward and improving outcomes for children. Monitoring by child protection chairs show that the large majority of child protection plans are being progressed successfully. In the small number of instances where this is not the case, there is proper management oversight, no drift, suitable use of legal planning meetings and further work undertaken to

engage parents. However this was less apparent in some children in need cases where, for example, timescales to complete actions were not always recorded and it was less clear about what progress was being made. Reflective supervision is being developed for all workers and its use is firmly embedded with newly qualified social workers.

51. Good use is being made of the 'strengthening families' approach in child protection conferences. Feedback from parents shows that they have a greater understanding of identified risk with increased clarity about the presence or absence of protective factors in their lives, and they were more able to contribute to the conference and felt that their contribution was listened to.
52. Parents seen by inspectors, whose children were or had been on a child protection plan, were overwhelmingly positive about their experiences. They appreciated the support and help offered to them from a range of professionals. They acknowledged that they had found child protection processes daunting, especially conferences, but that on most occasions they felt their efforts to work with professionals to improve their children's lives were acknowledged.
53. Children seen were generally positive about their social workers, and other professionals who were working with them, and considered that they were listened to. They were clear about who to turn to for help and advice and commented that social workers made things easier for them.

The contribution of health agencies to keeping children and young people safe **Grade 1 (Outstanding)**

54. The contribution of health agencies to keeping children and young people safe is outstanding. Health partners are highly committed to partnership working to ensure that children and young people in Lewisham are safe and well protected. Attendance by health practitioners at child protection meetings is good and is closely monitored and reported on by the LSCB and increasingly by the provider organisations as part of their board assurance framework.
55. An effective and appropriately constituted Child Death Overview Panel (CDOP) is established as a sub group of the LSCB and chaired by a Consultant in Public Health. Recently the CDOP have influenced local training on the risks of co-sleeping, especially where babies are breastfed. Additional funding has been obtained to improve bereavement support for families within primary care.
56. The NHS Lewisham, South London and Maudsley NHS Foundation Trust and the Lewisham Healthcare NHS Trust Boards exercise good quality, effective assurance of safeguarding practice supported well by clear

governance structures. The South London & Maudsley NHS Foundation Trust has an impressive assurance framework on safeguarding children. Robust audit programmes are in place across the health partnership. Arrangements for the line management and accountability to the Trust Board for designated and named professionals are appropriate and highly effective and meet the requirements of *Working Together To Safeguard Children*, 2010.

57. Health partners are well represented on the Children's Trust Partnership and the LSCB. A long history of partnership working is highly successful in meeting local challenges.
58. Impressive progress has been made in ensuring that staff across the health partnership are appropriately trained in safeguarding children. Learning from serious case reviews and serious incidents is incorporated well into training plans. Exemplary arrangements are in place for the community staff supervision, with a range of approaches used to promote best outcomes for staff and families with whom they are working. Clear processes are in place to escalate concerns where there have been professional disagreements.
59. Awareness on safeguarding and child protection within primary care is very good and well embedded. Significantly, the majority of general practitioners (GPs) have completed training at Level 2 and are on target to complete Level 3 training by March 2012. Named GP safeguarding leads have been identified in all GP practices and are well supported by regular meetings as well as access to supervision. This is exceptionally good practice. Effective meetings take place regularly between GPs and health visitors to share information on vulnerable families, ensuring coordination of primary care services in safeguarding children.
60. Highly effective arrangements are in place to ensure child protection medicals are carried out quickly and by appropriately trained staff. Medical examinations following allegations of sexual abuse are carried out in the local 'Haven' facility at Kings College.
61. The healthy child programme is delivered effectively using skill mix within the health visiting service. Targeted visits are made to vulnerable families to provide additional support. Good arrangements are in place to transfer families from health visiting service to the school nursing service. Very high rates of completion of new entry into school questionnaires help ensure that the health needs of children new into school are known well with appropriate health plans in place for continued monitoring and review by school nurses.
62. School nurses provide an effective and extensive range of services including drop in sessions at each secondary school and small groups to support young people with specific needs. School nurses offer an extended role in accompanying young people to contraceptive and sexual

health services. All schools and nurseries have named child protection nurses.

63. Good support from the children's community nursing service enables children and young people with complex needs to access life opportunities such as attending school, going on school trips and participating in other leisure activities. The children's community nursing service also provides successful training to universal services to provide care, for example, EpiPens and gastronomy feeds.
64. Well established processes in accident and emergency (A&E) services support highly effective safeguarding practice. Children attending urgent care are checked for repeat attendance and whether a child protection plan is in place. Best practice extends to the use of flags on records that indicate other concerns such as national alerts on missing children and those children with complex care needs. A comprehensive assessment is carried out on all children attending the A&E which takes into account the child's condition and whether there are any safeguarding or child protection concerns. This assessment exceeds the National Institute of Clinical Excellence (NICE) guidance in terms of best practice.
65. Highly efficient and effective use of paediatric liaison ensures that all attendances of children up to age 16 are screened with notifications sent promptly to GPs), health visitors and school nurses.
66. Young people up to the age of 18 who attend A&E following an incident of self harm are supported very well by CAMHS. Any young person under 16 is admitted to the paediatric ward for a short period in line with NICE guidance. Older adolescents are either admitted to the A&E short stay unit or discharged following consultation with CAMHS.
67. Attendance of pregnant women at A&E is routinely notified to maternity services. Midwives have clear and effective processes in place to identify vulnerabilities in women when they book their pregnancy, with further opportunities to assess risk throughout the pregnancy through scheduled routine ante-natal appointments. Very good arrangements are in place to support women who require peri-natal mental health support as well as those women who have substance misuse or alcohol problems. Regular, well attended multi-agency meetings take place in A&E and in maternity services to consider vulnerable families. These meetings ensure that families are receiving appropriate support through either Team Around the Child, CAF or through the involvement of social care.
68. Teenage parents-to-be have timely access to good support from the teenage pregnancy midwife and from the key worker service. Ante-natal clinics for young people are held regularly, with one of the clinics running a multi-agency drop in support service alongside the clinic to offer the young people support with housing, benefits, returning to work or education. Young dads have access to the working with men 'Young

Fathers' programmes that support young men either through regular group work or on a one to one basis. These services are highly valued by the young people.

69. Good progress is being made in tackling the high number of teenage conceptions in Lewisham, with the reduction in conceptions being significantly higher than either local or national rates. Effective sex and relationship education (SRE) is provided by the school nursing services, with good support from the contraceptive and sexual health (CASH) service outreach team, including the effective use of mock clinics to build up confidence of young people to attend CASH clinics in the future.
70. Young people have good access to a range of contraceptive and sexual health services from four integrated clinics across the council area including 24 hour access to emergency contraception. Comprehensive assessments on all children aged 16 and under and for vulnerable young people under 18 help identify vulnerability and risk associated with exploitation or trafficking. The assessments also help to identify any unmet need that local services can provide support with, such as substance misuse or emotional health and well-being services.
71. An effective programme of education and support is available to children and young people around substance and alcohol misuse. The drug and alcohol team provide bespoke packages of education tailored to the needs of the individual school or college. The Crime Reduction Initiative (CRI) team works with children and young people from the age of 10 to 21 and offer a number of treatment options, though either group sessions or one to one interventions, depending on their need and choice. The CRI worker based in the Youth Offending Team works through assertive outreach and her work is evaluated well by former clients. An increasing number of young people are completing their care plans and leaving the service in a planned way, this is being carefully monitored by commissioners to ensure that the service continues to meet the needs of children and young people.
72. Families have good access to highly effective child and adolescent mental health services. All referrals are triaged daily to ensure a prompt response where necessary. A number of core CAMHS staff provide services across Lewisham, including those that work as part of the multi-disciplinary team based in primary care. Young people who are acutely unwell are very well supported and, where possible at home, through the Lewisham young people's service that operates a five day week service. As a result, inpatient care is avoided appropriately. In patient care, however, is available locally if required. Of note is the policy of the South London and Maudsley NHS Foundation Trust not to admit young people under 18 onto an adult ward.

73. Transition into adult mental health services is timely and well planned. Quarterly multi-agency transition meetings start to discuss future care needs of young people when they are 16 to ensure that their needs are known and planned for effectively.
74. Good and increasing awareness on the potential impact of parents' mental health on children is well supported by the SLAM approach to 'Think Family'. The trust uses a child need and risk form that is completed for any child that belongs to the family of the adult service user, as well as for any child with whom they have contact. All requests to attend case conferences are well considered to ensure appropriate attendance and information is provided.
75. Families have access to effective therapy services including speech and language therapy (SALT) to support children and young people. However, the change in delivery arrangements to improve the speech and language therapy services for school age children has not been communicated well to some parents. The multi-agency panel offers a key worker to coordinate the care of those children and young people with the most complex care needs and this supports those families well. Access to equipment is now through a recently pooled budget between health, social care and education and it is too soon to comment on the impact of this change.
76. Health partners are well engaged in the domestic violence agenda across Lewisham with good support from all key areas. A&E are reporting an increasing number of young people to the Youth MARAC and are positive and enthusiastic about the benefit of this work in relation to gang activity and in making Lewisham a safer place to live. Public health nurses no longer routinely receive police notifications following their attendance at a domestic violence incident where there are children in the family and this means that they are unable to consider the impact of this with the families they are working with. This is being discussed by the partnership to negotiate how this information can be shared appropriately.

Ambition and prioritisation

Grade 1 (Outstanding)

77. Ambition and prioritisation are outstanding. Protecting children's services is a key element within the council's intentions to maintain a focus on local priorities and improve outcomes and the lives of the most vulnerable in Lewisham. The track record of the council and partners acting on local priorities is well established, demonstrated through their response to unsatisfactory performance for example, immunisations and human papillomavirus (HPV), teenage pregnancy, core group attendance, community safety – all of which are showing demonstrable improvements.
78. Listening to the voice of children and young people is integral to the council's processes and through which initiatives are exceptionally well supported. The council's ambition is particularly strongly promoted

through the Children and Young People's Plan, the Children and Young People's Strategic Partnership and the engagement of young people, notably the Young Mayor, the Young Advisers, Young Commissioners and the My Space project. High ambition is therefore shared and was clearly evidenced during the inspection across the council and young people in their daily roles.

79. Robust and appropriate scrutiny and challenge is provided by the Children and Young People's Select Committee to ensure services being delivered meet the high expectations and standards of the council. The Committee's work plan appropriately includes a combination of standing items, for example; performance data and annual reports combined with a flexible approach to scrutiny of emerging issues; missing children, youth services, specialist service provision and the SEN Green paper.
80. The role of the Chief Executive is effective in oversight and improvement of children's services. A key feature is the regular direct reporting mechanisms set up specifically by the Chief Executive for both the Executive Director of Children's Services and the Director of Children's Social Care Services.

Leadership and management

Grade 1 (Outstanding)

81. Leadership and management are outstanding. The workforce strategy is outstanding and has been highly effective in recruiting and retaining well qualified and motivated social workers. The council has demonstrated its commitment to maintaining a well trained social care workforce through various initiatives including a bursary scheme with Goldsmiths College and the newly qualified social work programme. Working with the Children's Workforce Development Council and in partnership with two other councils, the council has introduced a 'Step Up to Social Work' programme, an employment based training route for graduates leading to a Master's degree in social work. Similarly, the same principle for workforce development is well evidenced in the aspirant leadership programme to support succession planning in schools. Newly qualified social workers are very well supported through the newly qualified social work programme
82. The workforce planning for children's social care demonstrates an exceptionally clear focus on supporting continuing professional development through a comprehensive training programme and a highly successful and comprehensive recruitment and retention strategy. The children's social care workforce is suitably reflective of the local population with 57% of social workers from minority ethnic communities.
83. At present, there is an absence of multi-agency strategic oversight of the workforce development strategy. As a result, this does not promote a partnership approach to oversight of appropriately trained and qualified

staff within the wider children's services workforce. The council recognises this and has plans to reintroduce effective multi-agency oversight.

84. The profile of children and their families in the local area is very well known and this knowledge has been used very effectively to inform local service provision and commissioning supported by very detailed and impactful comprehensive equality impact assessments. Financial resources are used to good effect, and commissioning of early intervention services is very effective with some initial indicators of excellent success. The coherence of the early intervention service model with a wide range of services is a particular strength. A very good range of user engagement opportunities are provided by the council to gather the views of service users and to consult with them.
85. The complaints system is well established with very good use being made of local resolution. This has resulted in no Stage 2 complaints during 2010-11. All children and young people spoken to knew either how to make a complaint or knew who to go to if they had concerns or worries.
86. Overall, this is a council which knows itself well. Weaknesses in services are well understood with appropriate action planning being put in place.

Performance management and quality assurance

Grade 2 (Good)

87. Performance management and quality assurance are good. Ambitious targets are set by the council within the national top quartile preferring to monitor the direction of travel to achieve these high standards rather than accept a lower standard. There is a solid performance framework which runs throughout the council from the corporate to individual level. Robust and regular monitoring of performance is undertaken at all levels, including elected members. The culture for joint responsibility to support performance improvement is evident with examples such as placement stability and the engagement of CAMHS targeting their service specifically to support this and the immunisation and HPV programme with good engagement by schools.
88. The audit process within children's social care is well established using a methodology of themed and case file audits. Clear demonstrable outcomes from this can be seen in a significant improvement in the timeliness of core groups being held and the improvements overall in child protection practice in particular. Almost all the multi-agency audits undertaken of the selected case files were an accurate and critical reflection of the case clearly supported by the existing culture of audit and scrutiny. Where learning points arose, these were well defined with specific actions set out to address. However, the internal audits undertaken had not identified some aspects of children in need planning as a weakness.

89. Review and evaluation of services and initiatives is routine to confirm their effectiveness and informs commissioning of new services where gaps are identified. Equality impact assessments are of a very high quality and comprehensive thus ensuring disadvantage is identified and minimised wherever possible during the reconfiguration of service provision.
90. The council has a clear supervision policy. New recruits receive supervision fortnightly and after two months, monthly. Cases seen by inspectors confirmed regularity of supervision. However, in many instances, the actions identified within supervision did not have specified timescales.

Partnership working

Grade 1 (Outstanding)

91. Partnership working is outstanding with strong and mature arrangements in place. The council demonstrates its commitment to partnership working through a designated post to engage with, co-ordinate and liaise with voluntary, community and independent providers. A cabinet member for the third sector provides added robustness to the partnership arrangements. The strength of the community partnerships promotes excellent opportunities for capacity building and a joint responsibility on which to manage and plan for current and future demands and challenges.
92. The Community Service Volunteer scheme is very effective in supporting families where children are on a child protection plan, leading to plans to double capacity. Through the support of the CAF coordinators, the CAF is becoming well embedded within the third sector.
93. An extensive range of groups represent the views of service users to influence service development. Partnership arrangements extend to young people with the outstanding examples of the level of trust and confidence placed in them to administer the positive activities funding grant and the active engagement in the My Place project. Safety in the community is a key priority and the City Safe Haven campaign is exemplary in involving young citizens in their local communities, notably in gaining the advocacy of local shopkeepers to offer their premises as safe places for children and young people who feel unsafe.
94. Partnerships with schools are very strong. Outstanding partnerships between schools and the police promote effective safeguarding, such as in the judicious and sensitive use of 'weapon wandering' that is highly valued by young people and their parents.
95. Strong and effective leadership is provided by the LSCB for safeguarding children and young people in schools and other settings for learning. Head teachers are suitably represented. Independent schools are engaged well in safeguarding concerns. The LSCB has also been highly influential in working with the Metropolitan Police to address gang related activity.

96. The significant effectiveness of the Community Safety Partnership is contributing to positive outcomes, for example the impressive reduction in robbery and street crime by 40% last year and 20% this year through targeting specific, identified individuals involved in gang related crime. Through sound partnership arrangements promoted by the domestic and sexual violence strategy group, a very wide range of agencies are involved in MARAC and other domestic violence initiatives. Effective multi-agency planning is resulting in a demonstrable reduction in incidents of domestic abuse following MARAC interventions. The MARAC arrangements are robust with all aspects being rated as being fully met by the coordinated action against domestic abuse (CAADA) review in October 2011.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

97. Overall effectiveness of services for looked after children is good, attributable to the energetic and ambitious direction and leadership by elected members and the senior management team supported by well motivated staff.
98. Rigorous and routine performance management is strengthened by a wide range of audit activity. Close scrutiny of performance combined with audits has revealed areas for development in the service from which action plans have been developed in most instances. However, during the inspection, the quality of pathway plans were identified as a weakness (although outcomes for care leavers were in the main very good) and this had not been identified by the council. Whilst placement stability has been improving, the ability to monitor progress effectively is hindered by a lack of measurable actions and objectives in case work plans. Positive progress is being made against most performance indicators and is generally at least in line with statistical neighbours if not better.
99. A very effective workforce strategy supported by a comprehensive recruitment and retention strategy means that the service and service users are benefiting from consistency of staff, low turn over and very few agency workers. Training opportunities and good support ensure that staff are appropriately qualified and skilled to carry out their work.
100. Good access to advocacy for looked after young people and care leavers is provided by a third sector organisation. The LADO arrangements are robust and responsive. The use of 'viewpoint', recently introduced, is being used to good effect to capture the views of young people.
101. High rates of satisfaction with the service were expressed by the majority of looked after children and young people in the Care4Me survey. They have good access to leisure opportunities and when placed out of the council area, have equal opportunities to take part in the activities and initiatives provided within Lewisham.

Capacity for improvement

Grade 1 (Outstanding)

102. The capacity for improvement is outstanding. Clear vision, drive and high aspirations is demonstrated by the council and its partners for their looked after and leaving care services. Of significant strength is the relentless focus on outcomes. Good outcomes for looked after young people and care leavers are improving and in some cases being significantly advanced. Outcomes for care leavers are good. Over 40 now attend university and there has been a sustained higher rate of care leavers in education, training or employment over the past three years compared

with statistical neighbours. Additionally, more care leavers aged 16-18 years of age are in education, training and employment than similar aged young people in Lewisham. Stability of adoptive placements is outstanding. For children and young people adopted, out of 137 adoptions over the past five years, there has been only one adoption breakdown.

103. Through exceptionally well managed commissioning and needs analysis, the introduction of the early intervention service is already showing early signs of exceptional success which, if continued, will impact positively upon the numbers of children becoming looked after and good support for children to return home.
104. Effective service user engagement is promoted predominantly through the Children in Care Council (CiCC) and the corporate parenting group. However, the council also has a strong and appropriate ambition that looked after young people should also have opportunities to take part in the more universal young people's groups such as Young Advisers, Young Commissioners and as such, looked after young people and care leavers are actively encouraged to join these dynamic groups.

Areas for improvement

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

Within three months:

- make arrangements for the local substance misuse screening tool to be used as an integral part of the annual health reviews for looked after young people
- data to be collected on the timeliness of initial health assessments to enable effective oversight of activity
- undertake an audit of pathway plans to inform a robust multi-agency plan for action and improvement to address the key learning issues arising from this inspection
- establish a rigorous audit and quality assurance focus on care plans supported by training to address the variability of the quality of care plans.

Within six months:

- establish a mechanism to routinely report to elected members and senior managers the learning from the participation of looked after

children and young people and to consolidate this learning at a strategic level in a structured way

- establish a process for the children in care council and the corporate parenting group to be consulted by the council prior to any significant decisions being made or considered which relate to looked after young people and care leavers.

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

Being healthy

Grade 2 (Good)

106. Health outcomes for looked after children and care leavers are good. Arrangements for the line management, resourcing and supervision for designated professionals for looked after children are appropriate. The designated nurse for looked after children is new in post and is employed full time. This post is well supported by appropriate time allocations of the designated doctor and fostering and adoption medical adviser time.
107. Initial health assessments are carried out by appropriately registered medical practitioners on all children and young people coming into care. Whilst not all initial medicals are carried within the 28 days, they are of high quality and fully detail the health of the child or young person as well as outlining their future needs in a comprehensive health plan. Good follow up processes by the designated nurse are in place with young people aged over 16 years who refuse their health assessments.
108. Health reviews are carried out by the looked after children health team, school nurses or health visitors depending on the age and complexity of their needs. The reviews are effective and inform the development of appropriate health action plans. However, school nurses do not use the local substance misuse screening tool as part of the review process to help identify risk. This means that there is a missed opportunity to carry out a comprehensive assessment of risk on potential alcohol and substance misuse. The numbers of looked after children who misuse substances is relatively low for the population.
109. Good progress is now being made in ensuring that the health needs of looked after children and young people are met. The looked after children health team has been through a period of instability and only very recently has there been the opportunity to consolidate the team and introduce new systems to ensure a more timely approach in carrying out initial health assessments and health reviews. Current unvalidated data shows that their own challenging targets are expected to be met for immunisations and vaccinations as well as those children that have had dental check ups

this year, supported by an improving trend on the timeliness of health reviews.

110. Health visitors and school nurses receive good training by the designated nurse for looked after children in the health needs of looked after children and how to carry out effective health assessments. The designated nurse also meets with any new public health nurse as part of their induction and this ensures that practitioners carrying out health reviews are competent. Children and young people are having their health needs properly addressed and identified through good oversight of all initial health assessments, health reviews and health plans are undertaken by either the designated nurse or the designated doctor for looked after children.
111. There are very good and highly effective arrangements in place to meet the emotional health needs of looked after children and young people. All young people entering the care system are assessed through completion of the strengths and difficulties questionnaire (SDQ). These are reviewed by Symbol, by the designated CAMHS for looked after children. The Symbol team continues to work with young people up until they are 21 as well as, where appropriate, those young people who are out of the council area. There are a number of innovative approaches to their work including a therapeutic yoga group and the film and photography project for migrant looked after children.
112. Satisfactory arrangements are in place to ensure the health needs are met of children placed out of the council area. Health partners are on the complex care commissioning panel and the designated looked after children nurse makes direct arrangements with the looked after children teams of the receiving authority for health reviews and in some cases initial assessments. However, despite the best efforts of the looked after children nurse, there can be delays in the reviews taking place as they are not seen as a priority in other local authorities.
113. A wide range of services, including health promotion, some contraceptive and sexual health advice and services and opportunities for any outstanding immunisations or vaccinations, is available specifically for looked after young people through a regular drop in clinic. Looked after young people are also able to access universal contraception and sexual health (CASH) and substance misuse services. Additional support is available from the substance misuse link worker for looked after young people. For young women that wish to continue with their pregnancy they are able to access support from either the family nurse partnership or through the teenage midwife. However, there is no identified multi-agency pathway that all partners are signed up to in order to ensure that services work together to provide support to this highly vulnerable group of teenage mothers.

114. A pilot project is underway to provide young people with a summary of their healthcare when they leave care. Some foster carers who look after a range of young people of different ages have been asked to trial the completion of a "green" book. This will be evaluated by foster carers and young people. However, in the interim, current provision is weak. The arrangements for health practitioners involved in the ongoing health assessments to participate in the pathway planning process for when a young person leaves care is an area for development.
115. The involvement of the designated looked after children nurse, the Symbol team, the substance misuse and CASH services in providing support and training to foster carers, social workers and other professionals is good. In addition, the Symbol team works with foster carers to support them if a young person is not in a stable placement or if a young person refuses to engage with their service. This helps the foster carer to understand and manage behaviours thereby contributing to placement stability.

Staying safe

Grade 1 (Outstanding)

116. Safeguarding arrangements for looked after children and young people are outstanding. Very effective reviewing by the care planning panel ensures that close scrutiny is given to all initial placement requests, that all appropriate alternatives have been considered before children and young people come into care and that preventative services have been offered to support families and divert them from care.
117. An exceptionally well managed placements and procurement service suitably identifies placements, using both in house resources and external providers who are subject to rigorous safeguarding requirements under the preferred provider framework.
118. High quality placement information requests result in swift identification of placements that are both appropriate and safe. Over half the placements made are currently out of the council area. However, only a very small minority of those are at a distance of more than 20 miles from the council area and these have been made for particular reasons such as a move to connected persons or for the need for distance for added safeguarding reasons. As a result, most children are able to retain their school placements and social contacts. Detailed and culturally appropriate placement plans and agreements are completed in the early stages of the placement and those seen by inspectors were of a high quality.
119. A robust system of placement support meetings identifies the additional support required to avoid breakdown where plans and agreements are challenged, for example by a young person's behaviour, and use of these has been a significant factor in the recent improvement in placement stability.

120. Rigorous monitoring of plans and placements by the care coordinator for senior managers and legal advisers through a comprehensive case tracking mechanism ensures that children continue to be appropriately placed and planning drift is avoided.
121. The council's adoption and fostering provision has been judged by Ofsted inspections to be good. The vast majority of looked after children and young people who responded to the Ofsted Care4Me survey and those spoken to by inspectors during the inspection said that they felt safe.
122. Effective arrangements for the recruitment of foster carers are delivered through a service commissioned from a private provider, and are subject to an exacting screening process through contract monitoring. Foster carers spoken to during the inspection reported that this arrangement had significantly improved the service by reducing the waiting time between application and approval.
123. High aspirations and standards are demonstrated by the council and its partners and only placements that have been judged by Ofsted as being good or outstanding are procured. Where existing placements are subsequently judged to be below this standard, a sound system of risk assessment is in place to ensure that the child's placement needs can continue to be met and that the placement remains in the child's best interests.
124. Effective multi-agency arrangements ensure that there is an efficient flow of information between agencies regarding looked after children who are missing. The partnership is aware of, and has effective strategies in place to deal with, risks to missing children of being sexually exploited. Return interviews are offered to all young people by the designated worker for missing children and the information gained is used to inform care planning. This work is another significant strand in improving placement stability.
125. Robust LADO arrangements are extended to foster carers. Allegations are rigorously investigated and foster carers' continuing suitability is appropriately considered.

Enjoying and achieving

Grade 2 (Good)

126. Outcomes for enjoying and achieving are good. Ensuring that children and young people who are looked after by the council have the same life chances and achieve as well as their peers is embedded in the good provision and support for their education. Aspirations for their achievement are very high, including for young people with learning difficulties and/or disabilities and those in educational placements outside the council area.

127. Case tracking shows the needs of looked after children are known very well and that they are in suitable and safe educational placements. Well trained designated teachers in schools, alongside well targeted and effective multi-agency work contributes to mostly good educational outcomes.
128. The virtual governing body that includes two care leavers, champions, coordinates and scrutinises provision and outcomes for looked after children and their carers diligently and allocates resources to support their learning as required. Oversight that is informed by comprehensive management information, such as data on educational achievement and attendance at school, is used very effectively to provide highly personalised support for learning, including for young people educated outside the council area and those who are looked after by other councils and attend schools in Lewisham. This contributes to narrowing gaps in attainment and securing continuance in learning after the age of 16.
129. The virtual governing body has been active and mostly effective in preventing permanent exclusion from school and in challenging schools locally and elsewhere to secure prompt admission and regular attendance. Attendance at school is about the same as in similar areas. Absence for those placed both in and out of the council area is reported daily, monitored weekly and followed up rapidly by two dedicated officers. Data gained from patterns of attendance and fixed term exclusions are used very well to trigger prompt and personalised multi-agency interventions such as intensive mentoring that has been successful in improving both, as has targeted work with young males and their families. Although this support has reduced persistent absence in secondary schools, this remains much higher than in similar areas and nationally and above the target set.
130. Targeted multi-agency support and in-class assistance prevents exclusion from school for some looked after children, and carers are helped to manage challenging behaviour from older children through direct access to CAHMS consultation. This has contributed to a reduction in fixed term exclusions in primary schools, and no looked after children have been permanently excluded. However, in secondary schools, fixed term exclusions have risen and, after many years, one young person placed out of the council area was permanently excluded in 2011, despite strong representation from the council.
131. Not all personal education plans (PEPs) are central to the education of looked after children, although young people know that they have one. Internal audits show improved quality although those sampled were adequate at best and show some concerning weaknesses. Crucially, targets, actions, timescales and responsibilities are often unclear, the involvement of young people is generally minimal and opportunities for recreation and leisure are not secured. However, high quality individual learning plans from schools and other settings secure learning and

progress well. Recent audits have already exposed these weaknesses and they are being addressed rapidly. Adoption of the Pan London PEP is imminent.

132. Most looked after children rate provision and help for their education very highly and value the celebration of their achievements. At the age of 11, attainment in English and mathematics is mostly above similar areas and nationally. In 2011, the proportion of 16 year-olds gaining five or more higher grade GCSEs including English and mathematics, was broadly in line with similar areas and nationally, although achievement was below the local target set. Closing gaps in achievement is a key priority that shows success in some areas. For 11-year-old looked after children gaps are closing in English but not in mathematics. Good progress has been made in closing gaps for one or more A*–G grades at GCSE and in English at the age of 14. However, for higher grade GCSEs, the performance gap with all young people of the same age in Lewisham shows little sign of closing over the past four years. Young people who are predicted to achieve higher grade GCSEs are supported well and their progress is monitored closely. Targeted provision, such as a well-attended homework club that includes specialist tutors in English and mathematics, pupil ambassadors, personal tutoring and additional classes have helped to close gaps in their learning. Young people on accredited courses as a pathway to employment are also supported well.
133. All looked after children in the final year of primary education, both in and outside of the council area, have access to a tutor to help with literacy and numeracy, and to other tailored support packages and those working below national expectations receive additional support. Targeted year groups demonstrate gains in reading through materials that are regularly posted out to them. Support for young people in secondary schools includes additional tuition for those in their first year as well as at other key times, and home tuition that prepares them well for independent learning.
134. Comprehensive data shows good analysis of outcomes for looked after children who are educated outside the council area and they also receive personalised and well targeted support that enables them to achieve well.
135. Looked after children and care leavers, including those placed outside of the council area and those with learning difficulties and/or disabilities, access a wide range of high quality universal and targeted recreation and leisure activities. Consultation with children and young people informs provision, such as the commissioning for sports clubs, positive activities for young people and the design of accessible adventure playgrounds. Many young people take up good opportunities available for volunteering to provide peer mentoring and wider initiatives.

136. The personal and social needs of young people with learning difficulties and/or disabilities are met very well through a good range of provision for short breaks and high quality and safe weekend, holiday and evening activities. Good attention is given to the needs of blind, partially sighted and hearing impaired young people through accessible specialist provision. Access is secured through door to door transport and good use of communication passports for some, although not all trips are wheelchair-friendly. Work to improve access to information on short break services is underway, in particular for families with English as an additional language.
137. Positive action overcomes barriers to the participation of looked after children in education. They receive well targeted and successful support for transition to secondary school from a multi-agency group that includes CAHMS professionals, and personalised support for looked after young women who are pregnant to continue in learning has shown considerable success in enabling them to gain qualifications.

Making a positive contribution, including user engagement Grade 2 (Good)

138. Arrangements for making a positive contribution are good. Children and young people are actively involved in matters affecting their care through an effective range of participation processes. The recently introduced 'viewpoint' system is a creative way for children to participate by responding to an online survey prior to their review. Responses are appropriately monitored by the quality assurance service and any individual issues identified are immediately dealt with, particularly those involving safety and risk. A comprehensive overview report is prepared which provides a full analysis of issues, including equality issues affecting looked after children and themes arising are discussed and addressed at the service manager audit team (SMAT).
139. The children's rights and advocacy service is commissioned from a third sector organisation and this works closely with the council's participation officer. The service is well used and provides advocacy to 30 young people per quarter. The effectiveness of this service reduces the numbers of formal complaints, although a complaints service is in place which meets the council's statutory requirements.
140. Looked after children and young people are kept suitably informed and involved through the widely distributed 'Making it Better' magazine which is of high quality and covers a wide range of matters.
141. An effective Children in Care Council (CiCC) meets regularly to discuss issues affecting the care of looked after children. The positive impact of this group was clearly evident. The group had been involved in a range of activities such as contributing to elected members training as corporate parents, attending the all party parliamentary group for looked after

children to talk direct to MPs, and being involved in the recruitment of staff. Whilst the group articulated well their plans for the future, there is an absence of a forward plan from which progress and impact can be formally measured. Additionally, the CiCC is not built in to decision making processes in a structured way and although effective, their involvement is reactive.

142. The CiCC uses a variety of creative methods to maintain their profile amongst the care population, including a Facebook page, a successful awards evening and a wide range of social activities. However, not all children and young people spoken to during the inspection were aware of the CiCC and of what it did. A comprehensive pledge has been developed and published in partnership with the CiCC. However, not all young people spoken to during the inspection were aware of it.
143. Participation processes are well managed through the quality assurance service and the lessons learnt are effectively addressed through the SMAT. However, there is no formal mechanism in place to routinely report the outcomes from participation processes to elected members and senior managers and to consolidate the learning at a strategic level in a structured way.
144. A wide range of effective initiatives are in place to divert looked after young people from crime resulting in positive outcomes. The percentage of looked after young people offending in Lewisham has increased from 8% to 12% and is significantly above the national average and their own previous performance. Effective monitoring and tracking of placements has identified this specific increase in offending rates to be the result of a Metropolitan Police campaign on gang related crime in London following civil disturbance. This has resulted in an increase of young offenders within the care population and although numerically small, this group has had a negative impact not only on offending rates but also a number of other key performance indicators such as missing children, placement stability and complaints. The council demonstrates good awareness of this issue, its causes and effects. The looked after children and youth offending services are working effectively together to address the offending behaviour of the young people who are remanded into care as a result of gang related activity.
145. Effective tracking of this group has also led to an exceptionally good procurement practice, where an analysis of these young people's needs was collated and presented to the preferred providers, two of whom developed a bespoke service to meet their specifically identified needs. Placements are made in the light of information and advice received from Trilogy, the police's dedicated local unit on gang related criminal activity.

Economic well-being

Grade 2 (Good)

146. Outcomes for economic well-being are good. The council's aspirations for care leavers are high, as are the aspirations of care leavers for themselves. A proactive and committed multi-agency care leaving team and close oversight by the virtual governing body contributes strongly to improved well-being, secures continuity in learning and provides good opportunities to gain employment.
147. Care leavers receive effective support to access a wide range of options that enable them to continue in education or training after the age of 16, or to enter employment. Numbers in education, training or employment are well above those in similar areas and nationally, as has been the case for the past three years. More are in full time education and fewer are unemployed after the age of 16 than nationally and about the same as in similar areas. Strong challenge to learning providers both in and outside of the council area, alongside good advice and guidance from dedicated careers advisors, as well as tailored packages of support, secures well-matched and achievable learning pathways and opportunities for work.
148. Provision shows good take-up of a wide range of suitable and accredited learning qualifications and good opportunities for apprenticeships, work experience and volunteering. Evening and day study support that includes young people from both in and outside the council area taking GCSEs, alongside those studying at university, are attended well. These sessions also include students undertaking degrees who are trained as learning mentors and show considerable success in securing good educational outcomes and continuance in learning. Young people who were previously not in education, employment or training (NEET) gain adult literacy and numeracy qualifications. In 2011, about half entered employment or continued in learning.
149. Six care leavers have gained apprenticeships in the council's apprenticeship programme and the CiCC has been influential in securing places for young people in placements outside the council area. Increasing numbers of care leavers attend university with good support to promote successful outcomes. Bursaries help to support 40 care leavers studying for first degrees and four working at Masters' level.
150. Good casework with care leavers shows clear goals for their learning and well-being that move them towards independence. However, the quality of pathway plans seen was mostly weak. In effect, young people value the good support that they receive more highly than the plans that map their future so these have become subsidiary and confusing. As a consequence, plans do not specify clear goals and actions to meet identified need, nor timescales for the review of progress. They show little involvement of young people or of agreement from key professionals. Not all care leavers responding to a recent survey knew of their plans. Of those that did,

about half did not feel sufficiently involved in the discussion underpinning it. A new multi-agency planning pathway shows well coordinated multi-agency action supported by thorough review processes that serve to secure smooth transition from child to adult social care services.

151. All care leavers, including disabled young people with complex needs, receive good support during transition to adulthood from an award winning scheme that involves volunteer mentors. Suitable financial support is available along with good advice from a range of accessible services. In addition, weekly leaving care preparation and after care groups of care leavers provide practical advice on a good range of issues. Work with 16 to 18 year-old young women in crisis prepares them well for independent living and shows good success in re-engaging them in education. Work with young people who misuse substances or have mental health issues shows similarly good success.
152. Support for asylum seeking young people provides them with effective help to confirm their status and links established with community groups both inside and outside the council area reduce isolation, and liaison with providers of further education secures continuing education and good outcomes.
153. Foster carers and supported lodgings provide good preparation for independence, including for young people with learning difficulties, and continuity for care leavers at university. Those who need more time to prepare for independence can remain in their placement beyond the age of 18. Strong and trusting relationships that young people form with their social workers and personal advisors result in an excellent record of keeping in touch with care leavers.
154. Care leavers have prompt access to a good range of high quality permanent and affordable accommodation that meets their needs well. Almost all are in suitable accommodation, as has been the case for several years, and none have been placed in bed and breakfast accommodation for several years. Good support means most succeed in their tenancies. Those who do not are given a valuable second chance. Considerable success in family mediation prevents homelessness for 16 and 17 year-olds.

Quality of provision

Grade 2 (Good)

155. The quality of provision is good. Thresholds for admitting children to care are well understood by partner agencies and these are regularly reviewed through partnership arrangements. As a result, supported by the effectiveness of the early intervention programme, the council has not seen the rise in the care population that has been experienced by their neighbours and nationally.

156. Intensive intervention to families in crisis is offered. Highly effective parenting assessments leading to positive outcomes were evident on visits by inspectors to children's centres. The parenting group spoken to demonstrated a high level of insight into the parenting assessment that they were undertaking, appropriate to their individual understanding and circumstances.
157. Some high quality initial and core assessments were seen of children who had recently come into care. They comprised an effective summary of their circumstances and a detailed and insightful analysis of their needs. Core assessments seen of children well known to the service that were updated as a result of care proceedings were of a very high quality. Consideration is given to the views of children and young people in core assessments. In one assessment very sensitive consideration had been given to balancing a young person's safety, cultural and identity needs.
158. Successful partnership working with parents on care plans for looked after children was evident. Parents spoken to by inspectors said that initially they had been too angry but through time, social workers had been able to develop a working relationship with them. A parental advocacy service previously commissioned from a third sector organisation to facilitate this relationship between parents and the council has been decommissioned. This role is planned to be picked up through an existing commissioning arrangement with Community Service Volunteers. However the current gap in services was perceptible for this vulnerable group of people.
159. Exceptionally clear care planning processes and highly effective use of the tracking mechanism means that cases are kept under continuous review and the most appropriate care plans for children are identified and resourced. All staff spoken to by inspectors had a strong understanding of the planning process and of their role in its efficient delivery.
160. The council's well resourced legal team are fully and actively involved in providing legal advice at all stages of planning for children. Where legal planning meetings are required they are held swiftly, according to a standard format and demonstrated appropriate consideration of whether legal intervention was required, with due regard to the no order principle and to relevant legal processes.
161. Regular reviews are held within statutory timescales in all cases scrutinised by inspectors, and examples were seen of IROs appropriately undertaking their new responsibilities under the revised care planning arrangements and monitoring developments between reviews.
162. Looked after children are routinely seen alone during visits that take place according to a pattern at least within the statutory minimum and often more regularly. All looked after children and young people are allocated to a qualified social worker and children and young people spoken to during

the inspection had an age appropriate understanding of the role of the social worker and saw them as a significant figure in their life.

163. Visits are recorded promptly, to a very high standard and sometimes an exceptionally high standard, with detailed accounts which clearly link to progress in the care plan. However the quality of written care plans on those cases reviewed is highly variable and range from being excellent to very weak in quality. This is not conducive to good planning or to effective monitoring by managers and IROs.
164. A clear plan for permanence is developed at permanence planning meetings which are held at the latest by the second statutory review and often earlier in cases such as pre-birth assessments of families well known to the service. Those cases reviewed by inspectors showed that plans for permanence are effectively pursued in parallel to care proceedings where appropriate.
165. Effective parallel planning and tracking by the adoption service, which is also responsible for progressing special guardianship orders, results in exceptionally swift and effective family finding following the making of a placement order. Examples were seen of children placed with families for adoption three and four months after a placement order was made.
166. High quality direct work is undertaken by allocated adoption workers with children to prepare them for adoption, sometimes in collaboration with birth parents or with dedicated CAMHS support, during an extensive period following placement for adoption, prior to the application being lodged. The very effective use made of this time has contributed to there being only one disrupted adoption out of a total of 134 children adopted since 2006.
167. Effective adoption support plans sustain adoptive placements for their first three years and these frequently continue as letterbox agreements to keep birth parents in touch with their children's progress.

Ambition and prioritisation

Grade 2 (Good)

168. Ambition and prioritisation for looked after children and care leavers are good. A clear understanding of the needs of looked after children and a commitment to the delivery of high quality children's services is demonstrated by the council and its partners. High aspiration, ambition and prioritisation are well communicated and transparent by elected members, within the service and across the partnership. In a challenging economic environment the Council has effectively protected the budget for services to looked after children. The senior management team of the council has effectively ring fenced services to vulnerable children by improving responsiveness through the care planning panel, ensuring that the right children are in care and avoiding an increase in figures

experienced by other authorities, and by improving procurement so that children are placed in the safest, most cost effective placements.

169. The concerns of children in care are understood and embedded as a key priority of the council as a result of the clear line of accountability which exists from the Elected Mayor and Chief Executive and individually to the Executive Director and Director of Children's Social Care Services. Outcomes for looked after children and care leavers are good and in some cases, very good.
170. Arrangements for the overview of children's services by elected members are good. A regular corporate parenting meeting takes place between elected members and looked after children. The effectiveness of this group has been seen in the reversal of the decision to remove mobile phones from social workers and the opportunity for looked after young people to raise issues of concern directly with elected members who will then champion their cause as appropriate. However, there is no clear link between the corporate parenting group, the CiCC and the council's formal decision making processes through which looked after children and young people and care leavers are proactively involved and consulted about issues specifically related to services.

Leadership and management

Grade 1 (Outstanding)

171. Leadership and management of services for looked after children are outstanding. Commissioning is a significant strength of the council and its partners and includes a fully integrated approach to joint commissioning with health. Promoted by a very strong business ethic, highly effective commissioning for services for looked after children takes place at a strategic level according to an established model, and this results in a mixed economy of care for looked after children, where services are provided by the most efficient and economic means possible. Value for money is a key driver leading to high appreciation of costs across the full range of services.
172. Several examples have been seen of highly effective commissioning in practice, such as the multi-dimensional treatment foster care for adolescents in which an exceptionally thorough and well presented needs analysis resulted in the identification of a gap in services and the resulting procurement of an appropriate service.
173. Arrangements to place children in safe and appropriate external placements are exceptionally well managed. Placements procured through the preferred provider framework meet exacting standards and are rigorously monitored to ensure that costs are controlled but standards are maintained. Positive partnership working through the preferred provider framework has enabled the council to successfully negotiate a reduction in unit costs to reflect the reductions within the overall children's social care budget.

174. The council is currently recommissioning early intervention services according to a robust specification and aims to build upon existing provision and target services on vulnerable families; including families whose children are on the edges of care. Early indications of outcomes suggest very successful support services are being provided, thus removing, where appropriate and safe to do so, the need for a young person to become looked after.
175. The Care4Me survey indicates a very high satisfaction with services being provided. Most young people who responded to the survey thought that where they were living was the right place for them and the vast majority rated the care they were getting as being good or very good. Almost all families consulted during the inspection had positive experiences to relate, particularly where periods of consistent intervention by a named social worker had resulted in visible improvements and children remaining with their parents. A strong partnership with housing has ensured very good housing provision for care leavers resulting in almost all young people living in appropriate accommodation.

Performance management and quality assurance

Grade 2 (Good)

176. Performance management and quality assurance are good. The council is data rich and uses this information to good effect to maintain a close oversight of progress. Positive progress is being made against the majority of performance targets with most being comparable to statistical neighbours or better.
177. Accurate performance information has been used to support commissioning processes based upon effective needs analysis which have identified unmet need. For example, the requirement for providers on the preferred provider framework to provide a greater number of carers locally and for a private company that recruits foster carers to recruit a greater number of culturally appropriate carers in the north of the council area.
178. A robust and rigorous system of auditing and its effective management through the service manager audit team has resulted in most practice deficits being identified and action plans put in place to address them, for example to improve the standard and quality of planning on case files. However, the standard of pathway planning was an area of weakness which had not been identified. Additionally, whilst the partnership has been aware of the delays in carrying out initial health assessment and reviews, timely action has not been taken to resolve this.
179. Management oversight through supervision is regular with some examples seen of reflective sessions. Supervision is not always sufficiently well recorded although management observations and decisions are always entered on to individual children's case files. Increased scrutiny to case

oversight is effectively undertaken by IROs who undertake routine checks on progress of cases between formal reviews meetings and who provide clear direction within case notes where required.

Record of main findings:

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