

Inspection of safeguarding and looked after children services

London Borough of Bexley

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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	4
Overall effectiveness	4
Capacity for improvement	5
Areas for improvement	7
Children and young people are safe and feel safe	8
Quality of provision	10
The contribution of health agencies to keeping children and young people safe	12
Ambition and prioritisation	16
Leadership and management	17
Performance management and quality assurance	19
Partnership working	20
Services for looked after children	22
Overall effectiveness	22
Capacity for improvement	23
Areas for improvement	24
How good are outcomes for looked after children and care leavers?	25
Being healthy	25
Staying safe	26
Enjoying and achieving	28
Making a positive contribution, including user engagement	29
Economic well-being	31
Quality of provision	32
Ambition and prioritisation	35
Leadership and management	36
Performance management and quality assurance	37
Record of main findings:	39

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 three 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 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 Partnership 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 88 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 council contact, referral and assessment services undertaken in October 2010
 - interviews and focus groups with front line professionals, managers and senior staff from the NHS South East London Bexley Business Support Unit, South London Healthcare NHS Trust, Oxleas NHS Foundation Trust and Dartford and Gravesham NHS 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
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Service information

4. Bexley is an outer London Borough which borders Greenwich to the West, the county of Kent to the East and Bromley to the South. Covering an area of 61 square kilometres, it has a population of approximately 220,223. There are 53,806 children and young people, aged 0-19 years living in Bexley, making up 24.4% of the population (compared to 22.4% for inner London and 24.4% nationally), and this is predicted to rise to 54,008 by 2015. Of the children, 51% are male and 49% are female. The majority, 80%, are from a white background; however, approximately 32.1% of 5-15 year olds in Bexley's schools are from black and other minority ethnic families with a greater proportion of these living in the north of the borough.
5. There are significant areas of deprivation in the north and south east of the borough which affect around 6% of the population. Bexley is often considered to be an affluent outer London Borough; however there are areas where child poverty is a real issue. Health Management Research Centre (HMRC) estimate that 21.6% of children live in poverty nationally. In Bexley the proportion of children living in poverty is 18.4%. Bexley is a varied borough, with certain wards suffering from higher levels of deprivation than others. For example, 36.5% of children in North End Ward live in poverty. This compares to 6.9% of children in St Mary's Ward.
6. Within the borough there are 478 child minders, 26 full-time day care nurseries, 50 pre-schools and 40 after school clubs. There are 16 children's centres arranged in five localities. Bexley has 40,876 pupils within its 83 schools, which include 63 maintained schools (including the pupil referral unit), 17 academies and three independent schools. In addition Bexley has one college of further education, one sixth form college and one adult education college. The percentage of primary and secondary school pupils eligible for free school meals is 14.2% and 13.1% respectively, which is below the national figures of 19.3% and 16.0%. In the areas of deprivation, this figure rises to 20.2% for primary and secondary schools.
7. At 31 March 2012 Bexley had 1255 cases open to social care teams. Of these, 113 children were subject to a child protection plan. At the time of the inspection there were 238 looked after children. Of these, 51% are male and 49% are female with 22% from a minority ethnic background. The 16+ team currently work with a total of 124 care leavers.
8. London Borough of Bexley has a virtual school approach in its support of the education of looked after children.

9. Primary health care is provided and commissioned by NHS South East London Bexley Business Support Unit. Universal children's health services are commissioned from Oxleas NHS Foundation Trust and specialist children's community health services from South London Healthcare NHS Trust. The main local acute provider is South London Healthcare NHS Trust which runs Queen Mary's Sidcup, the Princess Royal Bromley and the Queen Elizabeth, Woolwich. Accident and emergency services, maternity services and in-patient paediatric services are provided at the latter two. The Queen Mary's site hosts the urgent care centre, paediatric assessment unit and community midwifery services. The other main acute provider is Darent Valley Hospital in Kent. Mental health services for children and adults are provided by Oxleas NHS Foundation Trust. The main NHS provider of in-patient mental health services for children is South London & Maudsley.
10. The voice of young people in Bexley is represented through groups such as the Bexley Youth Council (13-19 years) and Children's Parliament (5-13 years). The groups are made up of young people from schools and youth groups from across the borough, and raise issues through their sub-groups and council meetings.

Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

11. The overall effectiveness of the council and its partners in safeguarding and promoting the welfare of children in the London Borough of Bexley is inadequate. Statutory requirements are not consistently met in the identification and management of risk. A number of cases examined during the inspection were referred to the council. These cases highlighted concerns where risk was either not fully assessed or timely action taken to safeguard children. In some cases the council's child protection procedures were not followed and management oversight was inadequate. In a number of cases where there were known child protection concerns, effective action was not taken and this potentially left children at risk of significant harm. Recent decisions by local management and changes made to the deployment of staff in the West duty team may, in the view of the council, have potentially weakened the duty service.
12. Initial response to the concerns raised by inspectors was slow but the Director of Education and Social Care took immediate action on his return from leave in week two of the inspection to ensure that there are no other similar cases and that children are safe. The council has put in place an immediate performance improvement programme to run from July 2012 to September 2012 to address the failings identified in this inspection.
13. The unannounced inspection of contact, referral and assessment services in October 2010 found evidence of improved practice in the majority of

areas for development identified in the 2009 unannounced inspection, with the exception of one area for development. This related to the electronic and communication technology used by children's social care services. The council has now procured a new IT system and are accelerating its implementation. The council has been proactive in addressing all other areas for development and have revised the arrangements for the screening of police notifications through the recently established Early Intervention Hub. The use of the common assessment framework (CAF) has been revised and has been recently replaced by the Bexley Early Assessment of Needs, known locally as BEANs. Overall the quality of BEANs was satisfactory and recent performance data shows a marked improvement in take up by most agencies.

14. The arrangements for monitoring and reporting on the quality of social work practice and management oversight of front line practice is underdeveloped. Consequently the local authority's ability to satisfy itself that the children known to social care are adequately protected is underdeveloped. The council and its partners recognise the need to strengthen quality assurance arrangements. Measures set out in the council's continuous improvement plan has been brought forward to ensure that work is to the required standard.

Capacity for improvement

Grade 3 (adequate)

15. Capacity for improvement is adequate. The council fully acknowledges the failings to safeguard children in the cases referred during the inspection and has taken immediate action to satisfy itself that children are protected. This included an immediate review of practice by senior management and resulted in a detailed action plan to ensure failures are addressed. The plan has full corporate commitment from the Chief Executive and Leader of the Council to resource the necessary changes identified, including increasing capacity at senior management level within front line services with immediate effect.
16. Performance against national indicators is broadly in line with statistical neighbours and England. Child protection reviews are completed on time. There are low numbers of repeat child protection plans which is good. The number of initial child protection conferences remains low in contrast to statistical neighbours, but have recently increased following a change in the management decision arrangements for convening conferences. Timeliness of assessments was low, but recent performance has significantly improved as a result of the implementation of a revised assessment template, proactive monitoring by managers and use of increased resources.
17. The council and its partners have a clear vision for safeguarding children. Senior officers and members have demonstrated their commitment to prioritising children's needs through increasing resources in children's

services, such as the investment in legal services, increased resources of front line services and the significant investment in the procurement of a new information technology system. This investment is at a time when the council has had to make substantial financial cuts. The health arrangements through Bexley Business Support Unit, Oxleas Mental Health Team and South London Healthcare Trust are effective.

18. In April 2011, the council amalgamated the role of Director of Children's Services and Director of Adult Social Care into the role of Director of Education and Social Care. The intention being to secure better outcomes, through strengthening joint commissioning arrangements, promoting a consistent approach to safeguarding and improved transition arrangements between children and adult services. In March 2012, the decision was taken to merge the Children's Trust and Children's Partnership Executive into one Children and Young People's Partnership Board. It is too early to fully evidence the impact of these changes.
19. The Director of Education and Social Care provides strong leadership and since his appointment in April 2011 has been a key driver in taking forward the council's continuous improvement plan and change programme. In light of the findings of this inspection a number of the planned changes have been brought forward, including the creation of social work professional posts and additional support to strengthen the quality assurance arrangements. The planned restructure of front line services will result in the establishment of a multi-agency safeguarding hub (MASH).
20. The Chair of the overview and scrutiny committee demonstrates vision, leadership and commitment in improving outcomes for children and young people. Children and young people routinely participate in a number of panels and there is good evidence of their views influencing the work of the council. The Lead Member for Children's Services attends a number of key forums across the partnership, including the Local Safeguarding Children Board (LSCB), Corporate Parenting Forum and Health and Well Being Board (shadow).
21. Regular performance management reports regarding local and national indicators are presented to the overview and scrutiny committee and other strategic meetings and are subject to detailed challenge. Exception reports are produced against key performance areas and this supports determining priorities. Review of progress against priorities is supported by attendance by senior officers across service areas. However, the LSCB needs to assure itself that performance information is robust and addresses some key issues in relation to practice.

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 Bexley, the council and its partners should take the following action.

Immediately:

- ensure that appropriate and timely action is taken in respect of child protection concerns referred to children's social care in line with minimum statutory requirements
- ensure that where concerns are substantiated following a section 47 enquiry and a child is judged to have been harmed, decisions made are based on a sound assessment and endorsed by a suitably experienced manager at the appropriate level
- ensure that strategy meetings and discussions result in a shared record of agreed actions, and joint investigations support effective inter-agency working to safeguard and promote the welfare of children
- ensure that management of cases is consistent and the rationale for decisions made is clear and evidenced
- ensure that children and young people who are known to be at potential risk of significant harm are adequately protected and are seen and spoken to individually
- ensure that all child protection plans are robust and incorporate realistic outcome focused actions which are reviewed consistently at subsequent core group meetings.

Within three months:

- ensure that recording practice supports a clear understanding of children and young people's history, including the reason why they came into the care of the council
- improve the rigour of the LSCB multi-agency auditing processes so that deficits in practice are suitably identified and addressed
- ensure supervision complies with the council's standards
- strengthen the quality assurance and monitoring arrangements used to improve practice and outcomes for children and young people.

Within six months:

- review the arrangements within schools to support young carers.

Children and young people are safe and feel safe

Grade 4 (inadequate)

23. The effectiveness of services to ensure that children and young people are safe and feel safe is inadequate. In some cases seen by inspectors there had been an insufficient response to the safeguarding needs of children and young people. Not all child protection concerns referred to social care were responded to swiftly by managers, leaving some children at potential risk. Inspectors identified that child protection procedures were not always followed or appropriate checks and visits undertaken to assess risks to children. For example following a child protection investigation which substantiated concerns, the rationale for not convening a multi-agency child protection conference was not based on a sound assessment and the reasons for decisions made was not evidenced. Statutory visits and core groups are inconsistent for some children subject to child protection plans. While management oversight in some cases provided for clear direction and actions for social workers to help ensure children's safety, these are not always robustly monitored and followed up. This results in some children and young people not being seen as quickly as they should be to ensure their safety. Consequently, the council and its partners cannot be assured that all children who are referred to children's social care in Bexley are adequately protected.
24. From September 2011, 16 primary schools and one special school have been inspected. All have received satisfactory or better judgements for safeguarding and/or behaviour and safety. The majority of childminders and nursery settings in Bexley have received good or better judgements. The local further education college received a good grade for safeguarding at its last inspection. Schools reported that they find support provided by the safeguarding in education coordinator helpful in identifying safeguarding concerns and supporting children and families, although examples were seen by inspectors of delays by a school in promptly reporting suspected abuse. Training events and workshops, and a wide range of events and activities are provided throughout the year which school staff value. The behaviour and attendance team work closely with schools to support children and families and prevent exclusions where possible. A range of initiatives including nurture groups for younger children are effective in enabling them to managing their behaviour in social settings and to understand some simple rules when working with others.
25. Satisfactory arrangements are in place for the Local Authority Designated Officer (LADO). The service is valued by managers and head teachers and they felt the LADO is supportive and proactive in ensuring that children are safe. The LADO appropriately maintains a spreadsheet of all cases that are the subject of multi-agency strategy meetings, which ensures that responses to allegations are managed well. A regular report is provided by

the LADO to the LSCB. The council recognises the content of the report needs strengthening.

26. Recruitment arrangements are in line with statutory minimum requirements, with clear processes and good record of steps taken throughout the recruitment process evidenced. The appointment of agency staff is well managed through a service provider arrangement.
27. The council's complaints service has effective systems in place to manage and resolve complaints. The information leaflets outline the steps that need to be taken and effective quarterly reports to service managers ensure lessons are learned and shared to enable changes to be made to improve services. The children's leaflet is attractive and eye-catching for children but includes too much text to enable younger children to understand and access the service independently.
28. An effective anti-bullying project has introduced a range of initiatives to help prevent bullying and to raise the profile of the anti-bullying work in the borough. Training events, conferences, promotional materials, consultations and advertising has enabled a wider range of children and young people to become aware of how to report concerns and tackle them.
29. The inspection of the adoption service including staying safe, was judged good at the last inspection in October 2009. The recent inspection of the fostering service, including staying safe, undertaken in August 2011 was judged outstanding. The short breaks unit in 2012 was judged good. The number of children notified to the council as privately fostered remains low. Raising the profile of private fostering across agencies including schools' admissions and health services remains a priority for the LSCB.
30. The Bexley Women's Aid refuge provides good support to women, and those women currently residing in the refuge were very positive when spoken to by inspectors about the support and help they receive..
31. Support to young carers is commissioned through the Bexley Moorings Project and has been in place for 10 years. Young carers spoke positively about the help and support they receive from the service. However, the service is under used, reaching at the most 25 children, and take up within the local area is low. Some children reported difficulties in attending school on time due to their caring responsibilities and this has been reflected in their end of year reports. The service tried to implement a discreet 'identity' approach through the use of a card to let teachers know of children's circumstances, but this was unsuccessful. Some children expressed concern at confiding in school staff or to school counsellors as they have felt they would be subject to social work intervention. This is preventing some from seeking the help they need.

32. All children receiving targeted services, spoken to and who completed a survey during the inspection, report that they feel safe. Very effective initiatives were seen by inspectors to divert children and young people from entering the criminal justice system through the youth offending team triage scheme. Bexley has retained lower than average reoffending rates, currently 0.72%, against the London rate of 0.98%, statistical neighbours at 1.09% and the all England rate of 0.96%.
33. Examples were seen by inspectors of family's diverse needs in the wider community being appropriately taken into account. For example, in one area of the borough where there is a high minority ethnic population who the council considers is over represented on child protection plans, a range of measures are in place to support parents, including presentations in schools and group work. In April 2012 Bexley hosted the pan-London conference 'Safeguarding Children Across Faith & Culture' to share learning from local initiatives.

Quality of provision

Grade 4 (inadequate)

34. The quality of provision of safeguarding services is inadequate. The identification and management of risk is, overall, inadequate and the quality of initial and core assessments is not of a consistently satisfactory standard. The quality of risk assessments is too variable and some subsequent decisions and plans made are not followed through consistently, resulting in drift and delay in children's needs being met in a timely way. While inspectors saw evidence of some good multi-agency practice, in some child protection cases the quality of joint work was poor. Inspectors identified some good practice around early intervention work and regular visiting patterns by social workers.
35. A broad range of early intervention services are in place, although some services have been recently introduced and are yet to be embedded. While the need for additional help is identified through the newly implemented Bexley early assessment of need (BEAN), the quality and content of BEANs seen by inspectors was overall satisfactory.
36. Thresholds for formal social work intervention are clearly set out in the council's safeguarding continuum of need matrix. Where child protection concerns emerge from preventative work with families, evidence was seen of effective section 47 enquiries. Contacts and referrals seen indicate that partner agencies have a clear understanding of thresholds and use them effectively to make appropriate referrals to social care, although these are not consistently followed up.
37. When child protection concerns are identified, in most cases strategy discussions appropriately take place, however there is not a shared record of discussions. Where an out of hours referral is made requiring a presence from social care this is not always possible due to lone working arrangements, resulting, on occasion, in some children being placed under

police protection being brought to the police station to await collection by the out of hours team. Some evidence was seen by inspectors of good joint work with the police although this was not consistent.

38. The overall quality of initial and core assessments is not of a consistently satisfactory standard and the actions resulting from the assessment are not always followed through. Initial assessments do not always identify the needs of children and young people and they do not routinely take account of cultural issues within families. However, analysis within most initial assessments seen does identify risk and protective factors and the views of children and young people are adequately represented.
39. The better core assessments are suitably detailed, with good multi-agency involvement and it is clear that children have been seen as part of the assessment process. However, there is often a limited focus on the voice of children and assessments do not always make full use of available historical information. Core assessments identify risk and protective factors although the actions and subsequent plans are not followed through consistently with families and they are not always timely. As a result some cases are left to drift for too long. Assessments and reports to conference are usually based on all children in the family and in some cases the individual needs of children are not fully addressed in the report to conference or in the subsequent child protection plan. Generally there is good multi-agency attendance at conferences and reviews including, police, education and health but not general practitioners (GPs).
40. The actions arising from outline child protection plans are not always sufficiently detailed. Some are unrealistic, containing expectations that parents or carers may not be able to meet and with not enough focus on the child. Some parents spoken to by inspectors had experienced several changes of social workers.
41. Once children are subject to a plan, there is evidence of drift and not enough focus on contingency planning. Although review conferences are held regularly and address the individual needs of the child, they do not consistently bring about sustained improvement in the quality of planned intervention. Delays in setting up legal planning meetings means that children might be left in situations that are unsafe. Attendance at core group meetings, whilst good initially, often tends to reduce, resulting in some key partners not contributing to the meeting. Some cases were seen by inspectors where initial child protection conferences resulted in a recommendation that children should be the subject of child in need plans. However, these were not always completed and child in need plans were not always sufficiently detailed or outcome based.
42. Record keeping is mostly up to date and some evidence was seen of very regular visiting patterns. The use of observations to record daily events or incidents provides a visual account of activity in a child's life. However,

there is often too much narrative detail, rather than a sharp focus on the key issues that need to be identified to inform planning. Statutory visits and core groups of children who are the subject of child protection plans are inconsistently recorded and it is therefore not always possible to determine from written records whether statutory requirements to safeguard these children are being met. In most cases seen, there was evidence of management oversight through case supervision, but management decision making was not always evident and there were gaps of several months between manager's recordings.

43. The current electronic recording system does not provide for effective social work practice. The council are aware of this problem and has procured a new system. However, in the interim the documentation is not brought together at any point and this means that the files do not effectively tell the child's story.

The contribution of health agencies to keeping children and young people safe **Grade 2 (good)**

44. The contribution of health agencies to safeguarding children and young people is good. Health organisations have appropriate structures and arrangements in place and gaps in requirements such as those in relation to child protection training are managed well.
45. Most community health service staff, GPs and child and adolescent mental health services (CAMHS) staff have received appropriate child protection training. Following the adoption of revised intercollegiate guidelines in 2011 South London Healthcare NHS Trust is not achieving the minimum requirement but is on track to achieve this by December 2012. Similarly Oxleas NHS Foundation Trust has also adopted the guidelines. Although most staff who work with children have received appropriate training the Trust has not achieved this for adult mental health staff but a clear plan is in place to achieve this which is ahead of the planned trajectory. Gaps also remain for independent health care providers, although significant work has been done by the designated nurse for safeguarding to ensure services are meeting their responsibilities.
46. Formal safeguarding supervision arrangements are in place for some staff groups such as health visiting and school nursing services and there is good uptake. For other groups of staff across trusts, arrangements are less clear and are not yet in line with relevant Trust procedures.
47. NHS Bexley plans and commissions health services for children. Service provision of community health services transferred to South London Healthcare NHS Trust and Oxleas NHS Foundation Trust in July 2010. The Children's Continuing Care Framework had been implemented and commissioners have oversight. The children's community nursing team

lead on continuing health care assessments in conjunction with the local authority.

48. NHS Bexley has a joint children's commissioner. While formal joint funding arrangements are not in place appropriate arrangements are in place for NHS Bexley to hold provider services to account. NHS organisations take part in Section 11 audits and the most recent showed good compliance. Health services also provide a range of performance information via the commissioning scorecard, which is being implemented across the borough.
49. All designated and named professionals are in place and are held in high regard by staff. NHS Bexley has a designated safeguarding nurse and a designated doctor who is a paediatrician. Both provide strategic direction and leadership. Accountability arrangements are clear. Supervision arrangements for these professionals are in place. All NHS provider Trusts have named doctors and nurses, a named GP is in place for primary medical care and South London Healthcare NHS Trust has a named midwife.
50. Public health expertise is available within the borough and a comprehensive joint strategic needs assessment is in place which is refreshed on a regular basis and informs the Children and Young People's Plan, and the Local Safeguarding Children Board business plan in line with '*Working Together To Safeguard Children 2010*'. All health organisations have up to date safeguarding policies and procedures, and a range of audits are undertaken to check compliance. Where there are gaps action is identified and taken.
51. Significant work has been undertaken with GPs to strengthen systems, but there is insufficient engagement of GPs in the child protection conference process. Less than a quarter of child protection conferences included a report from the GP, who reported that invitations to conferences can be received too late for them to respond. To better facilitate this process a report template has been devised, but no monitoring information is available on usage and impact. All practices have a named GP lead for safeguarding. Training at an appropriate level has significantly improved. All GP practices have a link midwife and health visitor and most have established a formal link with their GP practice.
52. Children who have been subjected to alleged sexual abuse are examined and assessed in a suitable environment by appropriately trained staff. Children have access to The Haven which is based at King's College Hospital, London and is a gold standard sexual assault and referral centre. Community paediatricians support this process by also providing a local service with access to forensic medical examiners if required.
53. Health organisations engage well with the LSCB and contribute appropriately to serious case reviews. Where weaknesses have been identified health organisations are implementing actions. Appropriate Child

Death Overview Panel arrangements are in place including a comprehensive rapid response process, which work very well. Good support is in place for bereaved families via the health visiting team, the family liaison team and the local hospice service. Lessons resulting from reviews are shared via newsletters to staff.

54. Procedures and processes have been strengthened to help staff recognise, assess and make appropriate referrals into children's social care, and information sharing has improved. Systems are in place to flag and communicate risks to other agencies from emergency care and other settings such as adult services where children attend for treatment. Although staff are aware of who to refer concerns to, the number of BEANs initiated by health is low and recognised as an area for improvement.
55. Arrangements are also in place to identify and monitor children who might be at risk of abuse by adults who use the service, which is good. All adults attending accident and emergency department services and others, such as maternity care, are assessed for mental health and/or domestic abuse issues. Inspectors found that staff had a good awareness of risks.
56. Children and young people have access to paediatric emergency departments in Greenwich and Bromley. Both departments provide 24 hour access and staff are paediatric trained. Both units are equipped to deal with unscheduled care and medical emergencies. Children and young people have access to a walk-in centre based in Crayford. All sites have a safeguarding lead and the paediatric liaison health visitor checks emergency care cards on a daily basis for risks, which are followed up as required.
57. Observation of the paediatric assessment unit and the urgent care centre showed that appropriate arrangements are in place. Staff demonstrated a good understanding of safeguarding and their roles.
58. Health care organisations communicate well with children and young people. The CAMHS have used the 'You're Welcome' criteria and are now working with 'Young Minds' criteria to ensure services are young people friendly. Young people have been involved in developing leaflets for children, young people and their parents, and have contributed to the successful non-violent resistant programme for parents of children with violent and challenging behaviours. Therapies and other children's disability services engage with parents but a few parents felt the voice of the child or family is not always heard by services, including that provided by GPs.
59. The Healthy Child programme is being delivered by health visiting and school nursing teams, and there is 92% coverage of the child measurement programme. Immunisation rates are lower than the average for England but are improving. Although health visitor case loads are

relatively high, both health visiting and school nursing staff reported no concerns with capacity. For example the rate for the first dose of the measles, mumps and rubella vaccination have improved from 81.3% in 2010/2011 to 85.4% in 2011/2012, and a similar increase has been seen in the rate for the second dose. Although health visitor case loads are relatively high both health visiting and school nursing staff reported no concerns with capacity.

60. Effective sexual health and teenage pregnancy services provide a range of good support to young people in Bexley. The teenage conception rate in Bexley is lower than the regional average and similar to the national rate, at 40 under age 18 conceptions per 1000 girls.
61. There are well co-ordinated and effective substance misuse services. Outcomes are similar to comparators and the national average or better. Hospital admissions in relation to drug and alcohol misuse are lower than the national average. The number of children in effective drug treatment has increased significantly since 2009. A strategy is in place with clear assessment and referral processes, and a single point of entry via the youth engagement service.
62. Good CAMHS are improving outcomes for children and young people. Both young people and their parents speak very highly of the service received. Clear referral and admission processes are in place and waiting times for CAMHS assessments are within national targets. Clear referral and admission processes are in place with waiting times for assessment within national targets. Usually between 32% and 40% of referrals do not need a specialist mental health intervention and are signposted by the service to other interventions/services indicated by NICE/Bexley agreed pathways. A teaching programme launched by CAMHS to universal services has developed understanding of emotional health and well-being and improved confidence in making referrals to CAMHS.
63. Clear mental health transition processes are in place, which are flexible to the needs of young people. For those requiring ongoing support in relation to psychosis the early intervention psychosis team will provide support for young people aged 14 years and support them into adulthood. Access to CAMHS and adult mental health support for children and young people who attend emergency care services and the paediatric wards is in place and is good. A care pathway is in place to ensure no adolescent is placed in an inappropriate bed.
64. A range of good and improving service provision is in place for children with disabilities and their families. This includes the relatively new child development centre which has led to more efficient and effective communication between professionals and an improved experience for parents and children.

65. In recent months there has been reduced speech and language therapy input into children's disability services due to a vacancy. This has now been addressed. All work is appropriately supervised and validated by the lead therapist and put onto the Trust's information system and quality assured to ensure they are countersigned. To date the manager has not received any alerts to say that this is not the case.

Ambition and prioritisation

Grade 2 (good)

66. The ambition for, and prioritisation of, safeguarding services to children and young people are good. The Chief Executive ensures that safeguarding children is a key priority for the council and demonstrates detailed knowledge of progress against local and national priorities and the challenges facing young people, particularly those moving towards early adulthood and independence. The Director of Education and Social Care provides clear leadership in taking forward the corporate plans across the partnership and ensures that the needs of vulnerable children are highlighted at a strategic level through representation at various partnerships and forums.
67. The amalgamation of adults and children services into one Directorate in 2011 promotes a 'one council' approach and supports integrated working across services. The leadership demonstrated by the Chief Executive, elected members and senior management team is effective at a strategic level. However, they could do more to assure themselves of the effectiveness of the council's social work service. The council and its partners have a clear vision for safeguarding children but this is not always sufficiently translated into effective front line practice.
68. The Leader of the Council demonstrates commitment to ensuring the safeguarding of all children. This commitment is demonstrated through increased resourcing of children's social care against far reaching financial cuts across the council. For instance the increased spending on legal services, the protection and increase in capacity of front line services through the creation of social work professional practice post at senior level, and the significant investment in replacing the electronic recording system.
69. The Chair of Scrutiny demonstrates vision, effective leadership and commitment to improving outcomes for children and young people. Children and young people are routinely actively represented and involved in the work of the overview and scrutiny committee and there is good evidence of their views influencing the work of the council in a number of areas across the partnership. The Chair attends of key forums across the partnership, Corporate Parenting Forum and Health and Well Being Board (shadow). Review of progress against local and national priorities is supported by attendance by senior officers across service areas and attendance across the partnership is good.

70. Bexley's Children and Young People's Partnership Plan 2011-14 effectively outlines the council's vision to improve outcomes for children and young people and their families. Plans are routinely revised to ensure changes in priorities are captured. Reporting arrangements are good and underpinned by regular performance reports to support the implementation and monitoring of priorities. Information is appropriately targeted to a range of forums including Scrutiny, LSCB, and the Health and Wellbeing Board (shadow). However, the council recognises that evaluating the impact of interventions needs further strengthening.
71. The work of the Children and Young People's Partnership Board is well established and representation across agencies is strong. The Board is well attended and the Annual Report 2012 demonstrates good progress made against key priorities, including early years work and family intervention programme. The recently launched BEAN emanated from the collaborative approach adopted through the partnership and has resulted in increased take up, but health take up remains low. While still in the early stages, overall progress is positive. For families with children with complex needs, the single assessment approach reduces family's need for multiple assessments and supports value for money.

Leadership and management

Grade 4 (inadequate)

72. Leadership and management of safeguarding services are inadequate. While there are a number of positive examples of strategic management, the significant failings identified in respect of social work practice, inconsistent management oversight and failure to consistently comply with statutory minimum requirements, the council and its partners cannot be confident that practice standards and safeguarding services are operating effectively.
73. Some cases have been allowed to drift, without managers recognising and dealing with issues swiftly. Electronic case records demonstrate that some case supervision was good. However, overall recording is infrequent and of variable quality and does not always focus on key issues. Parents spoken to by inspectors expressed a range of views on the quality of social work intervention they received.
74. Workforce planning arrangements are established and supported by the newly formed Bexley Social Work Reform Board. The Board is in the early stages, but underpins the strategic direction in supporting professional development and management of front line social work practice. The council's workforce programme is well embedded. However, staff appraisal and supervision is not fully embedded across children's services. Staff supervision files seen by inspectors were overall limited and in some instances there were significant gaps between supervision sessions. Records did not always evidence reflective practice or support continuous improvement around personal performance and development.

75. Staff turnover within children's services has been a feature for some time and has necessitated the council requiring temporary agency staff across a range of levels within front line services. This is being addressed through the workforce plan. Additional benefits in the form of a 'Choices' package may be taken as a financial contribution and this is designed to improve recruitment and retention rates. There is an established arrangement to offer professional training to unqualified staff.
76. Newly qualified social workers (NQSW) are appropriately supported through early professional programmes and their workload is protected. The council has a long history of 'growing their own' and has an established MA programme in place. Training is good and mandatory training is monitored. Leadership training is provided for a range of staff across cross the workforce. The pending restructure of front line services is aimed at strengthening career pathways and coaching is provided to support learning and development.
77. There is effective use of resources. The council's commissioning strategy 2010/2014 supports strong commissioning arrangements for children and young people's services. The delivery of the strategy is supported by a detailed commissioning plan and is underpinned by best value principles. The Deputy Directors across the council have responsibility for the commissioning process within their service area and this supports an integrated approach to the delivery of the strategy. Commissioning arrangements cover a wide range of need including Bexley's Women's Aid domestic abuse project and Bexley Moorings, a befriending service which delivers a personalised and user directed early intervention provision to vulnerable young people.
78. The Youth Council is an established and embedded group which meets regularly and is well supported by the Participation Officer. Young people actively engage in council work and are well supported by partners in undertaken activities. Membership to the group is varied and reflective of the local community and it works effectively with strategic bodies who worked with them to devise the Big Bexley Crime Survey 2011/12.
79. There have been a number of improvements in aspects of service delivery since the last inspection, in particular around the timeliness of assessments, the implementation of the BEAN and the Early Intervention Hub. However, while early indications are that the new arrangements support effective practice it is too early to evidence impact.
80. The council and its partners has established and effective relationships with the voluntary and community sector. The contribution of the specialist expertise within the voluntary sector is highly valued and supported by the council. The engagement with faith groups supports families take up of services. The council proactively involves the voluntary sector in training of professionals and provides regular safeguarding

training. Service level agreements are in place across provisions and support best value principles and ensure the effective targeting of resources.

81. The LSCB Serious Case Review (SCR) sub-group is fit for purpose to meet statutory requirements. The group's core membership meets quarterly to review action plans, consider any themes and matters arising from regional or national SCRs. Action plans from recent SCRs are monitored and the tasks RAG rated, with examples seen by inspectors where it is clear that the action was completed as evidence was presented to demonstrate that this recommendation was actioned appropriately, with learning and improvements identified. The SCR group links well to the LSCB training programme and lessons learned are effectively built in to the work of the board.

Performance management and quality assurance

Grade 4 (inadequate)

82. Performance management and quality assurance arrangements for safeguarding children are inadequate. Reporting of data on local and national performance is strong across the partnerships, and several examples were available to inspectors of quality assurance processes in place. The monitoring and analysis of performance information by senior management has led to some improvement in practice and the effective targeting of resources. For instance the introduction of a new assessment template led to improved performance in the timeliness of core assessments. However, there is insufficient evidence that information is being utilised effectively to identify the extent of serious weaknesses and drive up standards in front line services.
83. The council has conducted a wide range of audits, including audits of social work practice, some of which have been commissioned independently. Aspects of those seen by inspectors lack depth and sufficiently robust critical analysis. Findings from audits are not drawn together and translated into plans for remedial action and the conclusions and learning from case auditing is not rigorously used by senior managers; processes are therefore insufficiently robust.
84. Managers do not routinely complete case file audits and this means good practice and gaps identifiable through case records are not identified or addressed. Managers stated this was due to capacity issues. The council acknowledges this is an area for development and has brought forward the plans to strengthen the quality assurance arrangements and some effort has been made recently to directly observe social work practice.
85. As part of the preparation for the inspection, a multi-agency audit of the cases selected by inspectors was undertaken. In some cases the audit was

very detailed and identified a number of practice issues. However, the overall quality of audit lacked depth and rigour and did not sufficiently address weakness in practice or translate learning into an action plan.

86. The responsibility of independent reviewing officers (IROs) for quality assuring child protection casework is underdeveloped. The team's practice managers had previously undertaken some auditing although this is not currently in place. The escalation policy for care planning cases has been used for some child protection cases, but challenge to poor practice is not always recorded and actions agreed not systematically followed through. Although the team recognises its independent role, IROs spoken to were not able to evidence sustained change or improvement from their quality assurance activities in child protection cases.
87. The LSCB have established audit arrangements in place, which are monitored by its quality and effectiveness sub-committee, some of which have audited safeguarding practice. For example, an audit of neglect cases was undertaken by partner agencies and underpinned by a clear methodology for collating information. Findings were reported across a range of service areas. However, the audit was insufficiently rigorous in identifying practice deficits, and actions identified have not been robustly monitored to ensure improvement.

Partnership working

Grade 2 (good)

88. Partnership working arrangements are good. The LSCB is well led by a forward looking independent Chair. The Chair has reviewed and revised the Board structure and assured funding from partner agencies so that it is fit for purpose to meet statutory requirements and ensure effective implementation of the Board's business plan. The independent Chair is well linked to other strategic forums; he is also Chair of the Adult Safeguarding Board and a member of the Health and Well being Board (shadow), where he challenges appropriately to retain focus on safeguarding. He champions listening to the voice of children and models this through a relationship with the Youth Council which he regularly attends. Membership of the Strategic Board and the number of sub-groups is appropriate and action is effectively undertaken through task and finish groups. The Board has also successfully provided governance to campaigns on teenaged drinking and gambling (Bexsafe).
89. A comprehensive training programme is offered by the LSCB through its dedicated training officer. Training is provided either 'in house' where expertise exists or from an independent provider. Additional sessions are held at evenings and weekends to reach member agencies with sessional staff, such as the voluntary sector. Schools training needs are met by a dedicated Safeguarding Education Co-ordinator, whose role is to strengthen compliance with Section 175 which is currently poor. Attendance at LSCB training sessions is monitored via the Board dataset

and demonstrates a significant 'reach', although it is not clear from the dataset whether there is poor take-up from any particular agency.

90. The Board's quality and effectiveness sub-group has been recently reviewed to ensure appropriate challenge. The group maintains an overview of the Board's agreed dataset and undertakes auditing activity. Audits have shown some issues, around front line practitioners' audit, which raised the matter of social care thresholds, but it is acknowledged that the Board's quality assurance processes has missed the level and extent of practice failings in the social care teams. However, closer consideration of the impact of the Board's priorities on front line practice has emerged from the comprehensive Section 11 audit and is a key component of the current business plan. The report on the Section 11 audit process is of good quality. A reflective analysis of the responses received highlights the issues identified by the auditing process very effectively and this is appropriately drawn together into two SMART action plans; the first with single agency recommendations, the second for the Board.
91. Where a case is considered suitable for serious case review, the core members of the LSCB SCR sub-group form a panel and can co-opt other agencies to consider whether the criteria is met, in which case the recommendation is forwarded to the independent Chair who makes the final decision. Where the criteria is not met but there may be learning then management reviews are commissioned. The group maintains close links through mutual membership with the Child Death Overview Panel.
92. The LSCB also provides governance to the missing children sub-group. The inter-agency protocol on children missing from home/care demonstrates good awareness of the issues potentially involved in children going missing. Effective processes are in place for identifying and tracking children missing from education or from home and a commissioned arrangement with Family Action add considerable value by engaging parents in the process at this stage to ensure that children are safeguarded on their return. Return interviews are appropriately offered by the youth engagement service for young people missing from home. For young people missing from care, this is notified by the out of hours duty service to the safeguarding team and the young person's care plan and risk assessment are reviewed. The sub-group maintains an overview of the themes arising from missing episodes and these are collated and reported to the Board which has taken action, for example on sexual exploitation.
93. Partnership working with the Metropolitan Police is at an appropriate level, underpinned by suitable systems for the joint investigation of child protection enquiries and domestic violence notifications. These are triaged by the police duty desk; those marked for information are dealt with by the recently established Early Intervention Hub and those for referral by

the duty social work team. Referrals are checked by the police Compliance Officer to establish if any children have been missed. This joint operational working is reflected in good arrangements for multi-agency risk assessment conferences (MARAC) meetings and multi-agency public protection arrangements (MAPPA) and suitable multi-agency arrangements are in place for the governance of the MAPPA and MARAC processes. The agencies represented on the MARAC steering group also form a separate domestic violence forum to maintain a strategic overview and provide a network of agencies providing services to victims and their families, including a particularly active, commissioned service from Women's Aid.

Services for looked after children

Overall effectiveness

Grade 2 (good)

94. The overall effectiveness of services for looked after children and young people in Bexley is good. Lead members and senior officers demonstrate commitment to looked after children and care leavers. Bexley's Corporate Parenting Strategy 2011/2015 provides a firm foundation for identification of priorities and the strategic oversight of provision. Its relationship with other plans and with the Children in Care Council, Committee, is clearly set out. The strategy incorporates children and young people's views of what makes a good corporate parent and underpins the Bexley 10 point pledge which represents the council promise to children and young people. The strategy is effectively overseen by the corporate parenting forum. However, the strategy does not evidence full multi-agency participation and ownership such as health and educational outcomes.
95. Outcomes for looked after children, including those with a disability, whose cases were reviewed during the inspection, are generally positive. Most children demonstrate progress in their achievement and emotional health and well-being and are settled in long term foster care and this is a notable achievement. Where older children present significant challenge, appropriate multi-agency support is targeted at sustaining or improving progress. Performance against national indicators is generally better than in similar areas or nationally. Some improvement to the educational attainment of looked after children over the last two years has been achieved at Key Stage 2. The attainment rate is now broadly in line with similar comparators and national rates, gradually closing the gap between looked after children's outcomes and their peers. Performance at Key Stage 4 has fluctuated in recent years and in 2011 performance was significantly below statistical neighbours and England average. Securing timely permanency planning for all looked after children also remains a key priority.

96. The last fostering inspection in August 2011 judged the service as outstanding, including staying safe. The adoption service was judged good at the last inspection in October 2009, including staying safe and positive contribution was judged satisfactory. The authority's short breaks residential unit is judged good.
97. A significant proportion of looked after children are co-allocated between a senior social worker and social work assistant who takes the lead in providing services. While inspectors saw some evidence of monitoring of these arrangements, this is not consistent and strategic oversight was not evident. As part of the local authority's continuous improvement plan arrangements are in place to review caseloads to ensure that case allocation is appropriate.
98. Performance management including supervision and audit arrangements also require strengthening in respect of ensuring practice meets required standards. The council is aware of these weaknesses and a plan is in place to address them.
99. The London Borough of Bexley actively supports the participation of young people in the work of the council. Young people are routinely represented on a number of forums including the corporate parenting forum and are at the centre of the council's work.

Capacity for improvement

Grade 2 (good)

100. Capacity for improvement is good. Leadership at a strategic level and within the Children and Young People's Partnership is strong. The Chief Executive ensures that looked after children remain at the centre of what the council does. He regularly attends a range of forums including award ceremonies celebrating achievements of looked after children and care leavers. The Chief Executive demonstrates detailed knowledge of progress against local and national priorities and the challenges facing young people, particularly those moving towards early adulthood and independence and raising the attainment of all children remains a key priority. The Director of Education and Social Care ensures the council's commitment to looked after children and care leavers is highlighted at strategic level and actively supports young people in participating and influencing the work of the council.
101. Elected members and senior officers effectively demonstrate a clear understanding of their role as corporate parents and are visible across a range of forums providing challenge in holding officers to account in meeting the priorities set out in the corporate parenting strategy and other strategic plans. The Chair of overview and scrutiny committee demonstrates a clear vision, leadership and commitment in improving outcomes for children and young people.

102. The Lead Member is ambitious for improving outcomes for vulnerable children and a strong champion for looked after children and care leavers. She ensures children's voice is heard at the corporate parent forum and reflected in the work of the council. Such as the support provided to representatives from the Child in Care Council, Committee, in communicating their views. The principles of listening to the views of children and young people are embedded within the council and across partnerships. The membership of the corporate parenting forum is at senior officer level and attendance across the partnerships and involvement of carers and children and young people is good.
103. Partnerships across the council are strong and support an integrated approach to improving outcomes for looked after children and care leavers. Bexley voluntary sector is represented at executive levels and the Children's Strategic Partnership. Schools are active members of the partnerships and support joint working and there is good engagement with health in driving up standards and improving outcomes.

Areas for improvement

104. In order to improve the quality of provision and services for looked after children and young people in London Borough of Bexley the council and its partners should take the following action.

Immediately:

- ensure all children who are at risk of going missing from care have a regularly reviewed risk assessment in line with the local authority's inter-agency protocol.

Within three months:

- ensure that all looked after children have an up to date care plan
- ensure timely permanency planning for all looked after children
- improve the target setting in personal education plans and ensure they are specific, easily measurable, achievable and with specified timescales
- improve the quality of pathway plans to reflect the goals and aspirations of care leavers
- provide all young people leaving care with a comprehensive health history to support their move into adult life.

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

Being healthy

Grade 2 (good)

105. Outcomes for looked after children and young people, including care leavers are good. Designated health professionals are in place and provide appropriate and robust oversight and management of the health care needs of children who are in care. The looked after children's nurse and the CAMHS social worker work closely together, are appropriately engaged with independent reviewing officers and are involved in placement decisions. The team produce an annual report which is presented to the Local Safeguarding Children Board.
106. Performance with regard to initial health assessments carried out by community paediatricians within 28 days of coming into care has improved recently from 40% in 2010/2011 to 60% in 2011/2012, but remains significantly low. Health assessments are consistently above the average for similar areas and the national average and have continued to improve year on year. Similarly a high proportion of children have their teeth checked by a dentist and the proportion of children identified as having a substance misuse problem is in line with similar areas. There has been significant improvement in the proportion of children with up to date immunisations.
107. The emotional health of looked after children is in line with similar areas and the national average, with children and young people supported well by a dedicated CAMHS. This provision, which was commended in a recent Ofsted fostering inspection, together with the wider CAMHS provision is good and improving outcomes for children and young people. The strengths and difficulties questionnaire is used well, with a good response rate from young people and parents, and this information is used to review health assessments. Clear transition processes are in place. Transitional arrangements are good and underpinned by the care programme approach.
108. Children and young people benefit from well coordinated and effective substance misuse services. The substance misuse nurse attends looked after children reviews and meets with IROs to ensure issues are picked up.
109. Effective sexual health and teenage pregnancy services provide a range of good and effective support to young people in Bexley including looked after young people and care leavers. There are no pregnancies among the current looked after children cohort. The teenage conception rate in Bexley (for all young females) is lower than both the regional average and national rate. Sexual health advice is provided to young people by the looked after children's nurse, who is a trained family planning nurse, and

all those over 13 years are provided with a mobile phone contact number. This is also given to all foster carers and social workers.

110. There is good uptake of review health assessments with clinics delivered from several venues to improve access. All young people who come into care receive the 'green book' which details all health appointments, information on health promotion and where to seek advice. All care leavers receive a final health assessment and are contacted eight weeks after leaving care by the looked after children's nurse or social worker to ensure they have a GP and have details of sexual health services. However, care leavers are not provided with a copy of their health history to support their access to health provision in adult life.
111. Robust monitoring arrangements are in place to check the quality of health assessments and plans for children placed in the borough and outside. The Bexley looked after children team complete all health reviews for children placed in Bexley from other boroughs and within a 20 mile radius for those placed outside. A recent audit found that all out of borough review health assessments are completed on time. Currently work is in progress to check the immunisation status of children and young people placed in and out of the borough.
112. Good support is provided to foster carers via the KEEP programme which is an intensive fostering programme for carers of children and young people with challenging behaviour. This is a national programme but early feedback is positive.

Staying safe

Grade 2 (good)

113. Arrangements to safeguard looked after children and young people are good. The overwhelming majority of children and young people seen during the inspection and who responded to the survey before the inspection feel safe or very safe.
114. Arrangements to monitor the care of children in placements are thorough and the council meets its statutory responsibilities to looked after children. Statutory visits, including for those placed externally, are undertaken according to requirements and some children are seen more frequently. Statutory reviews are routinely completed on time and risks to children and young people are suitably identified. Children and carers report that they are seen alone by their social workers. No looked after children and young people are currently linked to an independent visitor. The council is in the process of commissioning an independent visitor service.
115. There is a good range of appropriately coordinated multi-agency provision for children and young people who are on the edge of care or looked after for a short period of time. All targeted provision can demonstrate some impact of their work in safely reducing numbers of children and young people becoming looked after or in demonstrating that children needed to

be in long term care. The impact interventions on improving outcomes is not yet aggregated across services and support is not available during the evening and weekends and this is a gap in provision.

116. Decision making in relation to children becoming looked after is appropriately managed through the Children's Placements Panel or by legal planning meetings. Legal advice is readily available from experienced lawyers in relation to whether children's cases should be presented to the courts. In the cases examined during the inspection no child became looked after inappropriately. Historically, in a small number of cases seen, there was delay in the decision being made around when to accommodate children into the care of the council.
117. In cases viewed during the inspection appropriate action was taken to safeguard young people with complex disabilities. Foster carers have been alerted to the risks arising from children's use of social media.
118. A small number of vulnerable young people go missing from care on a regular basis. Risk assessments seen to address this behaviour were of variable quality and recorded on a number of different formats. Strategy meetings and review meetings to respond to risks are generally held but not all take place within the timescales identified in policy. Those looked after young people who are vulnerable to sexual exploitation are offered targeted support. When young people leave care, risks are routinely assessed in relation to their living independently which is good practice.
119. Good efforts are made to ensure that local placements are identified that meet children's needs including those arising from racial and cultural identity and appropriate use is made of independent foster care placements. Almost all children and young people are placed within 20 miles of their home address. However, placement choice at the point of becoming looked after is limited for some groups of children, particularly those with complex disabilities and family groups. The council recognises that in a small number of instances children's social workers are not consulted before placing additional children in foster homes.
120. Placement stability is good. There is a strong track record of sustaining long term placement stability. In 2010/11, 76% of children and young people looked after for two years remained in placement compared to 68% in similar areas. Short term placement stability is in line with national averages and reasons for recent variations are clearly understood. While there has been a dip in performance, this is in part linked to the increasing numbers of looked after children. Overall, placement stability is strength and the council has demonstrated sustained improvement for the past few years.
121. The number of looked after children in Bexley has risen recently and reached a high point of 243 in May 2012 and currently stands at 238, but overall remains lower than the national average. The council has allocated

additional resources to accelerate on going recruitment of local carers, including those from minority ethnic groups. Foster carer allowances have been increased to support this initiative. However, it is in its early stages and is not yet able to demonstrate impact. Recent efforts to recruit adopters from black communities have been successful.

122. A higher than average proportion of children and young people are placed in foster care and benefit well from committed foster carers who provide good quality care. Foster carers are offered additional and timely support, such as the KEEP programme, to help them respond to challenges presented by children and young people. Examples were seen of carers providing responsive and sensitive care, for example making great efforts to alleviate children's anxieties.
123. Children seen during the inspection and completing the inspection survey state that they think that they are in the right placement. One child commented that carers 'help you tell right from wrong'. Children with disabilities whose cases were viewed during the inspection benefited from residential care that was supporting their development well.

Enjoying and achieving

Grade 3 (adequate)

124. The impact of services on enabling children and young people to enjoy and achieve is adequate. The council has clear arrangements in place to support looked after children and care leavers overcome barriers to participation in education, which has led to some recent improvement at Key Stage 2. This has not yet resulted in sustained improvement at all key stages of education, particularly at Key Stage 4 which remains below the national rate for 2011. The achievement of five GCSEs including English and mathematics at grade C and above were particularly low for the last academic year at just under 6%. All other key stage results over the past five years have fluctuated.
125. Activities to enable looked after children to access and engage in education is good, helped by the use of the pupil premium. Foster carers report good levels of support and provide stimulating environments to help children develop an interest in learning. Transitions arrangements between primary and secondary schools are well managed. There is effective joint working with the admissions team. The pupil premium helps children catch up with their work and the attendance is now good. The authority has successfully reduced fixed term exclusions and there have been no permanent exclusions of looked after children for the last four years. Personal education plans focus on targets and clearly identify support to enable children reach agreed goals.
126. The headteacher of the virtual school provides clear leadership and effectively works with schools and post 16 providers for care leavers. Designated staff in schools report good contact with the head of the virtual school.

127. Personal education plans are satisfactory. The headteacher of the virtual school monitors the quality of the content of plans and the timeliness of completion. An on-line system of recording is a useful tool enabling effective oversight of progress made. The establishment of a standardised approach to the completion of personal education plans has enabled consistency between the phases of education. The recently developed post 16 personal education plan aims to support care leavers in the same way, contributing to their pathway plans. Looked after children said that they are aware of their personal education plans and are asked their views on the targets that are set for them and understand what they need to do to achieve their goals.
128. Systems to monitor children's progress and achievement are effective. The monitoring of the progress and achievement of different groups reveal no significant difference in outcomes between gender or race and ethnicity, as numbers are low. Close contact with 'out of borough' residential schools accommodating looked after children with learning difficulties and/or disabilities is maintained. The virtual head regularly monitors the progress of children with special educational needs.
129. The provision of support to access leisure activities is good and supported well by the integrated youth support service. Children are also supported in accessing mainstream provision, however free leisure passes are not provided. The homework club is effective and children and young people enjoy the activities at the club and feel well supported by staff. A range of holiday activities are provided to maintain momentum with this group during school breaks. The club is supported well by youth work staff, volunteers and higher education students who are ambassadors for looked after children, supported through Greenwich University. The Participation Officer and the Corporate Parenting Officer work closely with looked after children and care leavers in supporting them in organising events and activities.

Making a positive contribution, including user engagement

Grade 2 (good)

130. Opportunities for children and young people to make a positive contribution are good. Effective work from the Participation Officer is helping children develop good communication skills and enable them to voice concerns, including children placed out of borough. Foster carers are strong advocates for children and routinely consult with them. A number of channels are in place for looked after children to express their views and to participate in service development, for example involvement in interviews for managers including the Corporate Parenting Manager. The children with disabilities team social worker works closely with a group of looked after children with complex needs who access the borough's short breaks provision. There are plans in place to involve looked after children

in the renewal of the short break provision, with a view to helping design the specification for the next contract.

131. A children in care committee is in place comprising of eight children and young people. Support to the committee has recently been commissioned from the voluntary and community sector. The children in care committee has undertaken several consultation exercises with other looked after children. Some young people in out of area placements are involved with the group which is well led by two co-chairs. Young people involved with the council highly value the support provided to enable them to progress different initiatives. There is regular contact with a lead member and elected members through the corporate parenting forum.
132. The committee is making progress in informing the wider group of looked after children about its work through the new newsletter, recent logo competition and plans to create a web-site. The group's impact is shown through the conclusion of negotiations in relation to the Bexley specific pledge and the recent success in getting the leaving care grant raised to £2000. Bexley has made slow progress in developing the pledge and getting this ratified by the council. Prior to this the London pledge was in use but not ratified. The committee has had a clear positive influence on strategic planning. The pledge is a realistic document. The corporate parenting group's two key areas for improvement are to get free leisure passes and free travel, which are also the young people's own priorities. There is good communication and respect for the children in care committee's views from the elected members and officers who are part of the corporate parenting group.
133. The views of children and young people in care are sought with the support from the Committee and participation worker. Activities have improved processes and outcomes to include representation on interview panels for a number of management, including senior management, posts. They have also been part of the commissioning process for voluntary sector bids, having equal status with other panel members during the evaluation. As part of the Skills to Foster training for prospective foster carers, a previously looked after young person attends to speak to carers and to enable participants to gain a first-hand view of their experience.
134. Most looked after children and young people report a high level of satisfaction with services they receive. They are formally consulted prior to their foster carer's annual review and their views are incorporated in a document presented subsequently to the fostering panel. Looked after children and young people report feeling safe at activities they attend and feel safe with their foster carers. They are very satisfied with the quality of service they receive and report a good relationship with their social workers.

135. There is an effective complaints and representations process. Complaints are considered as an integral part of quality assurance audit. All looked after children are given information about how to complain by their IRO. Lessons learned from complaints have helped to improve services for children and young people. If looked after children and young people want to report a complaint, they know who they should go to for help and advice if they need it. Independent advocacy provided through an independent provider is effective. The advocacy service routinely evaluates the participation and effectiveness of the service it provides. The IRO service has surveyed minority ethnic looked after children to examine their experiences. The results gave a positive picture of the quality of their care. Specialist advocacy services are made available for looked after children with learning difficulties and/or disabilities.
136. An effective triage system has been established that enables children and young people at risk of entering the criminal justice system to be diverted to engage in activities and access support. Looked after children and young people are well supported by the youth offending team and encouraged to engage in a wide range of diversionary activities, preventing first time entrants and reoffending. The percentage of looked after children cautioned or convicted was similar to comparators in 2010/11.

Economic well-being

Grade 2 (good)

137. The impact of services in enabling care leavers to achieve economic well-being is good. Well established measures to engage care leavers in education and training have resulted in 73% participation rates, a fall on the previous year's rate, but a good picture in the current economic climate. A designated education, training and employment personal advisor enables a focus on continuing education and access to work. Staff are keen to help care leavers gain qualifications and access higher education. The council has currently nine care leavers in higher education. Staff maintain good links with training providers, jobcentres and further education colleges. The monitoring of care leavers identifies support needed to help them participate in activities such as curriculum vitae writing. Social workers support transitions effectively. Care leavers had good contact with their personal advisors who are helpful in offering advice and guidance and refer them to appropriate agencies for specialist help. A good multi-agency response to improving outcomes for care leavers is enabling apprenticeships to develop. However the council has yet to prioritise looked after children and young people in providing work placements.
138. The process of pathway planning is good and the quality of most plans is satisfactory. Most are routinely updated and involve young people and, for some, their carers too. The on-line pathway plan system is not easy to read and the previous pathway plans used are more user friendly. The

majority of young people have care plans, but there is a small dip in performance for former relevant young people. Recent work has been undertaken to improve the quality of pathway plans and this has led to more focused plans that reflect the full range of work that is undertaken. This has been verified through an audit undertaken by managers. Attention to planning for independence is timely and reflects the individual needs of young people, including their cultural and ethnic identity and personal circumstances. Care leavers are involved in completing their pathway plans and report that they are updated at regular intervals to take account of changes in circumstances.

139. Care leavers value the pathway planning process and find it helpful in mapping out future options for education, training and work. They find the plans to gradually enable independence helpful, but believed this process should be when the young person is ready rather than an immediate move from supported lodgings at 18 years.
140. The partnership working with adult social care for young people post 18 where disability features in their life is effective. A monthly professionals meeting appropriately identifies concerns at transition points for young people with disabilities into adult services and/or independent living. Care planning arrangements between health and children's social care, including the educational psychologist work, together well to enable effective support during transition and ensure the young person understands the process.
141. Access to suitable accommodation is good. Bexley performs well in providing suitable accommodation to ensure care leavers obtain a viable offer of accommodation. Care leavers report good support to develop independent living skills and felt well prepared for leaving care. The council is flexible in the leaving care date, particularly when care leavers are completing their education and where young people's needs require some additional ongoing support prior to moving to independent accommodation. The leaving care service commissions a family mediation service to prevent a young person becoming looked after, which is based at Bexley Youth Aid. Rehabilitation back to their families, where it is appropriate, is mostly successful.

Quality of provision

Grade 3 (adequate)

142. The quality of provision for looked after children and care leavers is adequate. The large majority of children are placed in good or better provision, including those placed out of borough. Care planning is well managed but the quality of assessments and care plans is variable and permanency planning is adequate. Children are routinely seen during assessments and their wishes and feelings are soundly considered. Positive practice was seen in relation to their involvement in assessment of future placement needs. Some assessments seen during the inspection

lack a clear analysis and conclusions do not flow from underpinning evidence. Reports prepared for family proceedings courts, for example in assessing the suitability of alternative carers during care proceedings and in relation to children with disabilities, were of a higher standard.

143. Careful account is taken in recording specialist parenting assessments to explain why parents were unable to care for their children. Also direct work is undertaken so that children understand the reasons they became and remain looked after.
144. Placement agreement meetings to discuss children's needs are generally held and information is appropriately shared between social workers, carers and specialist fostering workers. Recording of these meetings seen during the inspection were satisfactory overall. Children and young people and care leavers seen during the inspection indicate that they see their social worker regularly and can raise issues with them. The majority have a stable relationship with their social worker.
145. All looked after children have a care plan although some have not been completed in a timely way. The quality of these plans is very variable and they do not offer a clear record of the child's unique journey in becoming and remaining looked after. Contingency arrangements are not always clear. Children's current needs and the actions that will be taken to address them are more clearly recorded. The council recognises the need to improve the quality of care plans.
146. Good efforts are made to ensure that children are able to remain in contact with their parents, siblings and wider family members. These arrangements are supervised where children's welfare requires this and are regularly reviewed. The council provides good support to parents and relatives to enable them to travel to placements.
147. Care planning is suitably overseen by a group of experienced IROs who offer consistency to children and young people. Statutory reviews are all held within set timescales and are brought forward when changes in care plans are needed. Review reports evidence that actions to implement care plans and children's progress are comprehensively considered and future actions and timescales are clearly specified. Cultural and racial identity and needs arising from disability are effectively considered. The inspection identified some positive examples of IROs giving good levels of support to social workers in care planning and offering appropriate challenge in relation to decision making and the lack of progress in implementing care plans. However, in some cases decisions reached at reviews were not implemented and records did not evidence that this had been successfully challenged. The service has acknowledged this as an area for improvement along with the need to improve the IROs role in monitoring and quality assurance.

148. A very high number of children and young people are involved in reviews of their care either through attending or conveying their views, and IROs regularly speak with children before reviews. A duty arrangement means that an IRO is available to speak with children and young people if their own IRO is not available. Action is taken to ensure that all children and young people, including those in external placements have access to an advocate. Parents are routinely invited to reviews and where they choose not to or where this would not be safe for the child, they are suitably informed of the outcome. Their views about changes to care plans are generally sought and recorded.
149. Multi-agency engagement in care planning is good. Feedback received from external placement providers during the inspection indicated that care planning is of good quality and that children's social workers visit regularly, are responsive, and communicate effectively. Reviews are well attended and when agencies cannot attend the reasons why are clearly recorded. Agencies work well together when placements are fragile to offer a good range of support. Planning meetings are regularly held and there is timely access to therapeutic input from CAMHS and to counselling support for young people and care leavers. Positive impact of this work was seen during the inspection.
150. Care planning for children, young people and care leavers with complex disabilities is good and careful attention is paid to finding placements that can respond to their different needs. Effective partnership working with adult social care provides funding for young people with disabilities to remain in foster care when a transition to adult services would be premature.
151. The leaving care team gives careful thought to managing the transition to this team when young people become 16 and provides consistent and well-targeted support to those preparing to leave care. Young people are encouraged to remain in their foster placements after the age of 18 if they are continuing in education and five young people are currently 'staying put' under these arrangements. Young people living in children's homes outside the borough are encouraged to return to Bexley to enable the leaving care service to provide regular support for a positive transition to independence and most young people have done so.
152. Satisfactory action is taken to enable children to live in permanent placements. The proportion of looked after children placed for adoption in 2010/11 is in line with similar areas but a significant proportion of children experience delays in their journey to permanence. In 2010/2011 performance around adoption improved from 8% to 10%, but remains below national average and statistical neighbours at 11%. The council's performance information dated May 2012 around timeliness of placements for looked after children placed for adoption following the agency decision

that a child should be placed for adoption is currently at 60%, but is anticipated to rise to 85%.

153. Permanency plans are discussed at the child's second review and the quality of children's permanence reports seen during the inspection is satisfactory. Once children have been freed for adoption efforts are made to identify suitable permanent placements in a timely way. Securing adoptive placement has been unsuccessful for a relatively high proportion of children, resulting in a change to care plan to long term fostering or special guardianship. Examples were seen during case tracking of young children living in stable foster care placements who waited for a significant period of time for their permanent plan to be confirmed and where regular placement tracking by managers had not reduced delay.
154. A priority has been to increase the proportion of children achieving permanency through special guardianship orders and impact of this is demonstrated in 2011/12 as 14 orders were made with a further nine since April 2012. Accelerating the progress of permanency planning is recognised as an area for improvement by the local authority.

Ambition and prioritisation

Grade 2 (good)

155. Ambition and prioritisation are good. Senior managers and partner agencies have high aspirations for looked after children. The profile of looked after children and young people is well understood by senior managers and their needs are clearly highlighted in the Joint Needs Assessment completed 2010 and the Bexley's self assessment of safeguarding and looked after children services completed in April 2012. These needs are well reflected in the council's key priorities, including those set out in the Corporate Plan 2011/14, and Safeguarding Children and Young People's Partnership Plan 2011/14 and other related plans, including Bexley's Corporate Parenting Strategy 2011/2015. The work of the partnership and the corporate parenting forum in progressing and monitoring priorities is well supported across the partnership at senior officer level.
156. Political support across all parties prioritise looked after children. A committed and determined Lead Member offers strong direction and is a good advocate for looked after children and care leavers across the council. Additional resources have been secured at a time of financial restraint.
157. A well-established and well led corporate parenting forum is an example of good partnership working between elected members, children and young people and managers from children's social care. The forum's priorities clearly reflect the priorities of the Committee. Members of the forum, including the Chair, ensure that issues relating to looked after children are regularly considered by the wider council. There are effective links with the LSCB and with the Overview and Scrutiny Committee. The forum

maintains a regular overview of performance in relation to national indicators and of looked after children's provision and elected members offer effective challenge to officers.

Leadership and management

Grade 2 (good)

158. Leadership and management are good. The Director of Education and Social Care provides clear leadership in taking forward the corporate plans across the partnership and ensures that the needs of vulnerable children, including looked after children and care leavers are highlighted at strategic level. The Director holds regular meetings with his senior management team and partners in ensuring that standards and priorities are met and reviewed regularly. The 'one council' approach supports an integrated approach to the delivery of services, particularly at transitional stages, and established relationships with partners, including the voluntary and community sector, is good.
159. A wide range of services is in place for support to families and those at the edge of care. Commissioning arrangements for people placed externally are effective. Placements are agreed at a senior level and purchasing arrangements are suitably overseen by a manager who makes appropriate use of information held regionally and inspection outcomes. The quality of placements are monitored through social worker and IRO feedback and visits to providers although it is recognised that the information generated by these visits could be shared more widely. The very small number of looked after children with disabilities placed in residential schools are robustly monitored. Plans are in place to participate in a developing sub-regional placement consortium. Where children and young people are flourishing in long term purchased placements they remain there.
160. The council operates a caseload weighting system, to ensure caseloads are manageable. However, inspectors saw evidence of some social care staff carrying high caseloads within the children's long term teams. The leaving care and children's placement services are fully staffed.
161. A high proportion of looked after children's cases are overseen by staff who do not hold a professional social work qualification and who undertake some statutory visits, under the direction of a senior social worker. The level of management oversight they receive is variable. The council has recognised this and, as part of the council's continuous improvement plan dated July 2012 to September 2012, the council is undertaking a review of caseloads to ensure compliance with guidance.
162. The council is a learning organisation and values external scrutiny including from partners and this is demonstrated through the findings within the peer review undertaken in 2010, the recent self-assessment completed in April 2012 and recent external audits undertaken. The council recognises that quality assurance arrangements need to be

strengthened, particular at operational level, to ensure that trends and gaps in performance and practice is rigorously identified and learning from audits is aggregated and robustly utilised.

163. Resources to support the provision of good quality placements for looked after children have been sustained in a challenging economic climate. Over the last two years the children's placement budget has been significantly increased in view of the increased numbers becoming looked after and to financially support special guardianship carers. More recently the council has increased foster care allowances to increase the number of local carers.

Performance management and quality assurance

Grade 3 (adequate)

164. Performance management is adequate. Performance against national indicators is regularly monitored by senior managers and changes in performance are clearly analysed. Senior managers have a good knowledge of individual looked after children and receive weekly reports in respect of key changes to the looked after population. Regular performance management reports covering local and national indicators are presented to the corporate parenting forum and other boards and there is evidence of strong challenge. Review of progress against performance is well supported by attendance by senior officers across service areas.
165. The fostering inspection undertaken in 2011 identified strong monitoring systems in place. In relation to key pressures, in particular around recruiting foster carers, this is reported to the corporate parenting forum and the Council's Overview and Scrutiny Committee. The information is appropriately used to identify priorities for improvement. While progress of educational attainment has been effective this has not yet translated into improved outcomes. The local authority's improvement action plan contains clear outcomes and timescales for action. There is evidence that actions are being implemented, for example, to the structure and focus of the corporate parenting forum.
166. The quality and timeliness of supervision is variable. In general, cases are regularly discussed and decisions are transferred to children's cases. However, some staff do not consistently benefit from regular case supervision and the degree to which supervision is critically reflective is also inconsistent. Staff within the leaving care service receives regular and appropriate supervision. Supervision records are variable and do not consistently evidence that critical reflection or discussion of development has taken place. Staff do not receive an annual appraisal of their work and development. There is no systematic audit process in place to monitor the overall quality and regularity of supervision sessions.

167. Foster carers receive regular supervision from their supervising officers and are reviewed annually. However, over the last year, due to capacity issues in the independent reviewing officer service the vast majority of reviews have been chaired by the supervising social worker which is not good practice. There is no systematic process in place for auditing the quality of foster carers' supervision.
168. Audits of the quality of front line practice with looked after children have been undertaken periodically by external auditors and middle managers. This includes an audit undertaken earlier in 2012 which included 70 looked after children. Individual staff receive feedback but there is limited aggregation of findings from audit to systematically improve practice and the authority cannot fully demonstrate how audit has led to improvement. First line managers in children's long term teams and the children's placement service are not currently involved in routinely auditing the quality of their service and this represents a missed opportunity to improve practice.
169. The audits of looked after children's cases completed by the council in preparation for the inspection accurately identified positive practice and some weak practice. However, they were variable in the extent to which they demonstrated a critical edge in identifying some aspects of weaker practice such as delays in permanency planning and poorly completed care plans.

Record of main findings:

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