

9 October 2012		ITEM 7
Children's Services Overview & Scrutiny Committee		
OFSTED INSPECTION OF SAFEGUARDING AND LOOKED AFTER CHILDREN		
Report of: Barbara Foster, Head of Care and Targeted Outcomes		
Wards and communities affected: All	Key Decision: Non-key	
Accountable Head of Service: Barbara Foster, Head of Care and Targeted Outcomes		
Accountable Director: Jo Olsson, Director of People Services		
This report is Public		
Purpose of Report: To inform the Committee of the outcome of the Inspection and how it compares with neighbouring and national results and to enable political monitoring of the implementation of the action plan (attached)		

EXECUTIVE SUMMARY

Thurrock achieved a highly creditable result in the inspection of safeguarding and looked after children. This report informs Members about the process and outcome, compares our results with those of other local authorities. Thurrock must demonstrate purposeful and timely implementation of the action plan arising from the inspection and Overview and Scrutiny has the political responsibility for monitoring implementation.

RECOMMENDATIONS:

The Committee is asked to:

- 1.1 **Note the process and outcome of the inspection and congratulate members, staff and partners on the very good outcome achieved in Thurrock**
- 1.2 **Note the progress on the implementation of the action plan and offer appropriate support and challenge to ensure any slippage is avoided**

2. INTRODUCTION AND BACKGROUND:

- 2.1 There is a nationally established programme of inspection of Local Authority children's social care, which includes annual unannounced inspections of

contact and referral services and three yearly “full” inspections of safeguarding and looked after children’s services. Thurrock has had two successful unannounced inspections over the last three years but had not had a full inspection since the Joint Area Review in 2007.

- 2.2 The inspection focuses on the most vulnerable children in the borough, those living at home who require safeguarding and those who have been removed from home and are looked after by the Local Authority. The cases of Victoria Climbié and Baby P shone a spotlight on the lives of the most vulnerable children and addressed the role of Ofsted and inspection in ensuring society does everything it can to safeguard the most vulnerable. As a consequence of these high profile cases and the dreadful consequences when things go wrong; the inspection regime is very testing. The onsite inspection lasts 10 days with four inspectors allocated to the council and one to health, 50 on-site inspection days, plus pre-inspection scrutiny of our documents and data.

- 2.3 The inspection process focuses overwhelmingly on the evidence of quality practice from our case files and from penetrating interviews with staff, managers, children and young people, parents and partners. Where inspectors have any uncertainty they continue to explore and test until they are satisfied that they have enough evidence to fully support their judgement. Ofsted really don’t leave a stone unturned. As a consequence, the findings of the inspection can be regarded as a highly credible and reliable assessment of the condition of Thurrock’s Safeguarding and Looked After Children services at the time of the inspection.

3. ISSUES AND/OR OPTIONS:

- 3.1 In the inspection report attached as an appendix, Ofsted provides separate judgements, one for safeguarding and one for services to looked after children. The judgement scale is Outstanding, Good, Adequate and Inadequate. Thurrock scored ‘Good’ for safeguarding, looked after children and capacity to improve.

Southend and Thurrock are the only councils in the Eastern Region to be judged ‘good’ for safeguarding and looked after children. Compared to our statistical neighbour councils, Thurrock is one of only 4 to be judged as good or better for both. Thurrock is also out-performing geographical neighbours and councils in the North East London region. The latest published national benchmark data shows that of 125 inspections, only 38% councils scored good or better on safeguarding with 52% scoring good or better on looked after children. Thurrock’s inspection results places us clearly in the top half of councils in the country

- 3.2 However, there is no room for complacency. The report shows two key areas of the council’s core safeguarding service, quality of provision and quality assurance, where Thurrock was judged to be adequate. Health provision in

safeguarding and for looked after children were also judged to be adequate. We have strong evidence of increasing demand for service and pressure build up. Safeguarding services can deteriorate very quickly and there can therefore be no reduction in the attention paid to these critical areas of council responsibility. The Committee need to be satisfied that the action plan to implement the recommendations of the inspection is robust and will deliver the improvements needed to ensure services for the most vulnerable children in the borough are good or better.

- 3.3 The Inspection Action Plan is attached. Some improvements were required immediately, others are to be implemented within three months of publication of the report (by 27.10.12). Members will note that we have, in several places, included follow up audit activity to satisfy ourselves that any changed practice is sustained over time. We have also ensured independent scrutiny of progress via the Local Safeguarding Children Board
- 3.4 The important role of Elected Members in securing political focus and commitment to the most vulnerable children cannot be over-estimated. There is strong affirmation in the report of the effective political leadership of the agenda in Thurrock. The action plan must provide a sound basis for the next stage of the improvement journey and members of Overview and Scrutiny are asked to test this

4. CONSULTATION (including Overview and Scrutiny, if applicable)

- 4.1 The inspection process involves the inspectors discussing the services with the staff of the Council, Health Service, local schools and the voluntary sector. In addition, a survey of looked after young people was undertaken and the inspectors met parents who receive the Council's services.

5. IMPACT ON CORPORATE POLICIES, PRIORITIES, PERFORMANCE AND COMMUNITY IMPACT

- 5.1 The inspection has offered Thurrock clear endorsement of the progress which has been made in the service areas and strongly affirms the council's focus on children especially those most vulnerable within the communities.

6. IMPLICATIONS

6.1 Financial

Implications verified by: **Michael Jones**
 Telephone and email: **01375 652772**
mxjones@thurrock.gov.uk

There are no immediate implications as the actions required are inherent in the Service plans.

6.2 **Legal**

Implications verified by: **Lindsey Marks**
Telephone and email: **01375 652054**
lindsey.marks@BDTLegal.org.uk

There are no immediate implications as the actions are inherent in the Service plans.

6.3 **Diversity and Equality**

Implications verified by: **Samson DeAlyn**
Telephone and email: **01375 652472**
diversity@thurrock.gov.uk

There are no immediate implications but Members may wish to note that there is a specific judgement on equality and diversity within the inspection and the Council achieved the grading of 'Good'.

This grade shows that the council is reaching its statutory requirements relevant to the equality duty and the application of these duties within the service context which both contribute to better outcomes for children and families.

6.4 **Other implications (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

Not applicable

7. **CONCLUSION**

- 7.1 Thurrock achieved very well in its inspection of safeguarding and looked after children. Staff, members and partners worked incredibly hard during the inspection but more importantly over the last five years since the Joint Area Review. This achievement sits alongside accelerated improvement across Children's Services, in education, in youth offending, in adoption. There are core areas of the council's safeguarding responsibility that must be strengthened as a priority to ensure all aspects of safeguarding are at least good. The action plan provides a sound basis for the next phase of the improvement journey.

BACKGROUND PAPERS USED IN PREPARING THIS REPORT:

- Not applicable.

APPENDICES TO THIS REPORT:

- Appendix 1 - Record of Main Findings
- Appendix 2 - Results Table of Ofsted Inspections for other Local Authorities for Comparison
- Appendix 3 - Inspection Action Plan
- Appendix 4 - Ofsted Inspection Report

Report Author Contact Details:

Name: Barbara Foster

Telephone: 01375 652958

E-mail: bxfooster@thurrock.gov.uk

Appendix 1

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

Appendix 2

Results Table of Ofsted Inspections for other Local Authorities for Comparison

LA	Safeguarding		Children Looked After	
	Effectiveness	Capacity to Improve	Effectiveness	Capacity to Improve
Thurrock	Good	Good	Good	Good
Statistical Neighbours				
Bolton	Good	Good	Good	Good
Dudley	Adequate	Good	Good	Good
Havering	Adequate	Adequate	Adequate	Adequate
Kent	Inadequate	Inadequate	Inadequate	Inadequate
Lancashire	Good	Good	Good	Outstanding
Medway	Adequate	Adequate	Adequate	Adequate
Northampton	Adequate	Adequate	Adequate	Adequate
Swindon	Good	Outstanding	Good	Good
Telford & Wrekin	Adequate	Adequate	Adequate	Adequate
Wigan	Good	Good	Good	Good
Eastern Region				
Bedford Borough	Adequate	Adequate	Adequate	Adequate
Cambridgeshire	Adequate	Adequate	Adequate	Good
Central Beds	Good	Good	Adequate	Good
Essex	Adequate	Adequate	Adequate	Good
Hertfordshire	Adequate	Adequate	Adequate	Adequate
Luton	Good	Good	Adequate	Good
Norfolk	Adequate	Adequate	Adequate	Adequate
Peterborough	Inadequate	Inadequate	Good	Good
Southend	Good	Outstanding	Good	Good
Suffolk	Adequate	Good	Adequate	Adequate
Local Neighbours				
Essex	Adequate	Adequate	Adequate	Good
Southend	Good	Outstanding	Good	Good
Barking & Dag.	Good	Good	Adequate	Adequate
Havering	Adequate	Adequate	Adequate	Adequate
Medway	Adequate	Adequate	Adequate	Adequate
NE London Boroughs				
Barking & Dag.	Good	Good	Adequate	Adequate
Havering	Adequate	Adequate	Adequate	Adequate
Waltham Forest	Adequate	Adequate	Inadequate	Adequate
Newham	Adequate	Adequate	Adequate	Adequate
Redbridge	Adequate	Adequate	Adequate	Adequate

National Figures

Table 1: Overall judgements for safeguarding and services for looked after children inspections – carried out between 1 June 2009 and 31 March 2012 (number and percentages)

	Safeguarding		Children Looked After	
	Overall Effectiveness	Capacity to Improve	Overall Effectiveness	Capacity to Improve
Outstanding	4 (3%)	14 (11%)	-	15 (12%)
Good	44 (35%)	55 (44%)	63 (52%)	63 (52%)
Adequate	57 (46%)	44 (35%)	55 (45%)	42 (35%)
Inadequate	20 (16%)	12 (10%)	3 (3%)	1 (1%)
Total inspections	125	125	121	121

OFSTED INSPECTION

Safeguarding and Looked After Children

Thurrock

27th July 2012

Action Plan to Implement Recommendations

(version control v1.1, 20812)

Recommendation	Action	Timescale	Lead Person	Progress
<p>1. Ensure that agreement to commence a CAF is reached between the Initial Response Team and referring agencies where a multi-agency response is needed but concerns do not meet the threshold for social care intervention</p>	<p>IRT to record all recommendations for CAF onto a data base which is shared with MAGs Service Managers for action by them</p> <p>SM FST to report monthly.</p> <p>SM's MAGS to monitor action on all IRT recommendations for CAF and report monthly</p> <p>SM QA to audit</p>	<p>27.7.12</p> <p>Report to SMT 27.10.12</p> <p>Report to SMT 27.10.12</p> <p>Report to DMT & LSCB 27.2.13</p>	<p>Service Manager FST</p> <p>Service Manager FST</p> <p>Service Manager MAGS</p> <p>Service Manager QA</p>	<p>COMPLETED</p>
<p>2. NHS South Essex, the police, forensic services providers (G4S) and local authority should ensure that the SARC pathway is fully understood across all sexual health services and other points of referral</p>	<p>Communication plan issued</p> <p>Random telephone survey of sexual health services and other points of referral to check understanding of SARC pathway, reported to LSCB</p>	<p>27.7.12</p> <p>Report to SCCN & LSCB by 27.10.12</p>	<p>Designated Nurse</p>	<p>COMPLETED</p>
<p>3. Ensure that all referring agencies are given a written response to explain the outcomes of a contact by the initial response team.</p>	<p>Audit of compliance (IRT, DCT and AT) with requirement to respond to referrers in writing to advise the outcome of contact by IRT/DCT/AT</p> <p>Report on audit to DMT and LSCB</p>	<p>By 14.9.12</p> <p>By 27.10.12</p>	<p>Service Manager FST</p> <p>Service Manager QA</p>	

Recommendation	Action	Timescale	Lead Person	Progress
<p>4. Ensure that all decisions and actions are recorded at the same time on each child's social care file</p>	<p>ICS to deliver further training to ensure that all staff are familiar with the available electronic solutions.</p>	<p>By 27.10.12</p>	<p>Service Manager Performance</p>	
	<p>Audit of compliance</p>	<p>By 27.1.13</p>	<p>Service Manager Performance</p>	
	<p>Report on audit to DMT and LSCB</p>	<p>By 27.3.13</p>	<p>Service Manager Performance</p>	
<p>5. Ensure that case records contain an up to date chronology of significant events</p>	<p>Commission training to complement and/or extend the existing risk assessment programme (which includes chronologies)</p>	<p>By 14.9.12</p>	<p>Service Manager Workforce Development</p>	
	<p>All casework supervisors will explore in one to one the development needs of supervisees in relation to chronologies and put in place coaching/support</p>	<p>By 14.9.12</p>	<p>Head of Service CATO</p>	
	<p>Good practice examples of chronologies will be made available to frontline social workers and manager to assist in practice development</p>	<p>By 14.9.12</p>	<p>Service Manager, Workforce Development</p>	
	<p>Audit of chronology quality undertaken and reported to DMT and LSCB</p>	<p>By 27.3.13</p>	<p>Service Manager QA</p>	

Recommendation	Action	Timescale	Lead Person	Progress
6. Ensure that a full analysis of risk and protective factors is clearly identified and recorded before an assessment is authorised by a social care manager	<p>All staff complete Risk Assessment training</p> <p>All service/ team managers to explore in one to one with team/practice managers, the development needs of managers in relation to risk/protective factor analysis and authorisation and put in place coaching/support as needed</p> <p>Audit of quality; risk/protective factors analysis undertaken and reported to DMT and LSCB</p>	<p>By 27.3.12</p> <p>By 14.9.12</p> <p>By 27.3.13</p>	<p>Service Manager Workforce Development</p> <p>Head of CATO</p> <p>Service Manager QA</p>	
7. Improve the quality of care plans and ensure actions include specific, measurable, realistic and time bound targets	<p>Review templates for plans and commission changes to ICS to support the development of SMART planning</p> <p>Commission specific training for team managers, IROs and CP Co-ordinators on SMART planning</p> <p>Identify good practice examples and make them available for to frontline staff and managers to assist in practice development</p> <p>Audit of plan quality (Care, Pathway, Protection, CIN & CAF plans) undertaken and reported to DMT & LSCB</p>	<p>By 30.9.12</p> <p>By 14.9.12</p> <p>By 14.9.12</p> <p>By 27.3.13</p>	<p>Service Manager Performance</p> <p>SM for Workforce Development</p> <p>Service Manager QA</p> <p>Service Manager QA</p>	
8. Increase the range of social and leisure activities for looked after children and care leavers to enable them to explore available options and create friendships and social networks to build resilience for the future	<p>The current range of social and leisure activities for looked after children and care leavers to be reported to Corporate Parenting Committee</p>	<p>By 27.10.12</p>	<p>Service Manager, Through Care</p>	

Recommendation	Action	Timescale	Lead Person	Progress
	<p>Comparative data from similar authorities judged good/outstanding for LAC and/or outstanding on any of the LAC outcomes to be collected and reported to CPC</p> <p>CPC to consider how best the Thurrock offer can be increased and secure the resources to achieve the full offer required</p> <p>IROs to consider in the next LAC review of each LAC whether the range of social and leisure activities for each LAC individually is sufficient to enable them to create friendships and social networks to build resilience for the future; if not to make appropriate recommendations. Quarterly report to CPC</p> <p>After Care Team Manager to consider in next Pathway Plan review of each Care Leaver whether the range of social and leisure activities for each Care Leaver individually is sufficient to enable them to create friendships and social networks to build resilience for the future; if not, to amend the plan to ensure these needs can be met</p> <p>Quarterly report to CPC</p>	<p>By 27.10.12</p> <p>By 1.1.13</p> <p>First report by 31.12.12</p> <p>First report by 31.12.12</p> <p>By 01.11.12 ongoing</p>	<p>Service Manager, Through Care</p> <p>Lead Member</p> <p>Service Manager QA</p> <p>Service Manager, Through Care</p> <p>Service Manager Through Care</p>	

Recommendation	Action	Timescale	Lead Person	Progress
<p>9. Improve the timeliness and quality of pathway plans to include small steps as milestones towards the young person achieving their goals, with specific, measurable, realistic and time bound targets, that are reviewed and amended to take account of changes as they occur.</p>	<p>Training on pathway plan quality to be commissioned and delivered to all After Care Team staff</p>	<p>By 14.9.12</p>	<p>Service Manager, Through Care</p>	<p>COMPLETED</p>
	<p>Identify good practice examples (internal and external) and make them available for frontline staff to assist in practice development</p>	<p>By 14.9.12</p>	<p>Service Manager, Through Care</p>	
	<p>Audit of Pathway plans commissioned, undertaken and reported to CPC</p>	<p>By 31.12.12</p>	<p>Service Manager QA</p>	
<p>10. Ensure review reports are distributed within set time-scales</p>	<p>Service Standard for report distribution set</p>	<p>By 27.7.12</p>	<p>Service Manager QA</p>	<p>COMPLETED</p>
	<p>Any resource issues arising from service standard resolved</p>	<p>By 30.9.12</p>	<p>Head of CATO</p>	
	<p>Audit of compliance with service standard undertaken and reported to CPC</p>	<p>By 27.10.12</p>	<p>Service Manager QA</p>	
<p>11. Improve the quality of child protection plans and child in need plans and ensure they include specified timescales for actions, robust monitoring arrangements and clear measures of success</p>	<p>Review templates for plans and commission changes to ICS to support the development of SMART planning</p>	<p>By 30.9.12</p>	<p>Service Manager Performance</p>	
	<p>Commission specific training for team managers, IROs and CPCo-ordinators on SMART planning</p>	<p>By 14.9.12</p>	<p>Service Manager Workforce Development</p>	
	<p>Identify good practice examples and make them available for to frontline staff and managers to assist in practice development</p>	<p>14.9.12</p>	<p>Service Manager QA</p>	

Recommendation	Action	Timescale	Lead Person	Progress
	Audit of plan quality (Care, Pathway, Protection, CIN & CAF plans) undertaken and reported to DMT & LSCB	By 27.3.13	Service Manager QA	
12. Raise awareness of private fostering responsibilities among all professional and community agencies as well as the general public	<p>General Public Communications Strategy to be reviewed and refreshed</p> <p>Reports to be presented to September LSCB and CY Partnership Executive for onward cascade through organisations</p> <p>Attendance at Private Fostering Awareness Training to be analysed to enable targeted proactive awareness raising for groups with low take up</p> <p>Test levels of awareness by comparing Thurrock referral rates with LAs which are judged by Ofsted to have good private fostering arrangements, reporting to LSCB</p>	<p>By 14.9.12</p> <p>By 27.10.12</p> <p>By 14.9.12</p> <p>By 27.3.13</p>	<p>Service Manager Placements</p> <p>Service Manager Placements</p> <p>Service Manager Placements</p> <p>Service Manager Placements</p>	
13. The local authority, NHS South Essex, North East London NHS Foundation Trust, Basildon & Thurrock University NHS Foundation Trust, South Essex Partnership University Foundation NHS Trust should ensure that health providers are fully engaged in the CAF and make appropriate referrals	<p>NELFT, BTUH, and SEPT to develop, with the Stay Safe sub group of the CYPP, their action plans to ensure full CAF engagement</p> <p>Activity reports on training take up and CAF activity by NELFT BTUH and SEPT to be reported to LSCB</p> <p>CAF quality audit to be commissioned, undertaken and reported to CYPP Executive and LSCB</p>	<p>By 27.10.12</p> <p>Initial report by 27.10.12, with follow up by 27.3.13</p> <p>Report to LSCB by 27.3.13</p>	<p>Designated Nurse</p> <p>Service Manager MAGS</p> <p>Service Manager QA</p>	

Recommendation	Action	Timescale	Lead Person	Progress
14. NHS South Essex and Basildon & Thurrock University NHS Foundation Trust should ensure that clinical and non-clinical staff in paediatric services have access to regular, planned supervision and reflective practice opportunities as set out in "Working Together to Safeguard Children" 2010	<p>BTUH to provide written confirmation of compliance to DCS and Independent Chair of LSCB</p> <p>Independent audit of compliance undertaken and reported to LSCB</p>	<p>27.10.12</p> <p>27.3.13</p>	<p>BTUH Chief Executive</p> <p>Designated Nurse</p>	
15. NHS South Essex and North East London NHS Foundation Trust should ensure that health plans for looked after children are set out clear overall health and well-being objectives, timescales and accountabilities for delivery	<p>New service standards developed and ready to be commissioned</p> <p>SCCN to implement a QA system to test compliance and quality</p> <p>SCCN to report to SCCN Governance Board and Corporate Parenting Committee</p>	<p>Immediate</p> <p>By 27.10.12</p> <p>By 31.12.12</p>	<p>Designated Doctor/Nurse for LAC</p> <p>Designated Doctor/Nurse for LAC</p> <p>Designated Doctor/Nurse for LAC</p>	COMPLETED
16. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that looked after children's health records contain comprehensive social care, health and well-being information	<p>New service standards developed and ready to be commissioned</p> <p>SCCN to implement a QA system to test compliance and quality</p> <p>SCCN to report to SCCN Governance Board and Corporate Parenting Committee</p>	<p>Immediate</p> <p>By 27.10.12</p> <p>By 31.12.12</p>	<p>Designated Doctor/Nurse for LAC</p> <p>Designated Doctor/Nurse for LAC</p> <p>Designated Doctor/Nurse for LAC</p>	

Recommendation	Action	Timescale	Lead Person	Progress
<p>17. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that the health and well-being of all looked after children are subject to an effective quality assurance and performance management system resulting in improved universal health outcomes</p>	<p>New service standards developed and ready to be commissioned</p> <p>SCCN to implement a QA system to test compliance and quality</p> <p>SCCN to report to SCCN Governance Board and Corporate Parenting Committee</p> <p>IRO to report to CPC, comparing health arrangements for LAC in Thurrock with those of LAs who are judged by Ofsted as good or outstanding on health outcomes; making recommendations as necessary to strengthen performance in Thurrock</p>	<p>Immediate</p> <p>By 27.10.12</p> <p>By 31.12.12</p> <p>By 31.3.13</p>	<p>Designated Doctor/Nurse for LAC</p> <p>Designated Doctor/Nurse for LAC</p> <p>Designated Doctor/Nurse for LAC</p> <p>Service Manager QA</p>	<p>COMPLETED</p>
<p>18. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that there is effective communication and service cohesion between the looked after children health team and specialist child and adolescent mental health and substance misuse services facilitating the delivery of good outcomes for individual children</p>	<p>Terms of Reference, membership and work programme of the LAC Health Steering Group to be reviewed and refreshed</p> <p>IRO to report to CPC, comparing health arrangements for LAC in Thurrock with those of LAs who are judged by Ofsted as good or outstanding on health outcomes; making recommendations as necessary to strengthen performance in Thurrock</p>	<p>By 14.9.12</p> <p>By 31.3.13</p>	<p>Service Manager, Placements</p> <p>Service Manager QA</p>	

Recommendation	Action	Timescale	Lead Person	Progress
<p>19. NHS South Essex, the Council and North East London NHS Foundation Trust should ensure that the CiCC is fully engaged in developing effective health promotion and support to care leavers and is facilitated to hold health and social care to account for undertakings set out within the Pledge.</p>	<p>Terms of Reference, membership and work programme of the CiCC to be reviewed and refreshed</p>	<p>By 14.9.12</p>	<p>Open Door</p>	
	<p>CiCC to report to CPC any difficulties in implementing the recommendation</p>	<p>By 27.10.12</p>	<p>Open Door</p>	
	<p>CiCC to report to CPC on achievement of health and social care undertakings set out within the Pledge.</p>	<p>By 31.3.13</p>	<p>Open Door</p>	