

Inspection of safeguarding and looked after children services

Thurrock

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Reporting inspector Debbie Barazetti-Scott HMI

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of 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
 - the analysis and evaluation of reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with *'Working Together to Safeguard Children'*, 2010
 - a review of 74 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
 - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in November 2010
 - interviews and focus groups with front line professionals, managers and senior staff from Basildon & Thurrock University Hospitals NHS Foundation Trust, community-based child and adolescent mental health services (CAMHS), provided by South Essex Partnership Trust (SEPT) and Community health services provided by North East London Foundation Trust.

The inspection judgements and what they mean

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

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

Service information

4. Thurrock lies to the east of London on the north bank of the River Thames and within the Thames Gateway, the UK's largest economic development programme. Thurrock has a strong manufacturing and retail focused economy and benefits from excellent transport links including nationally significant port capacity. There is a very significant regeneration programme centred on five growth hubs: Purfleet; Lakeside; Grays; Tilbury; and London Gateway. The London Gateway deepwater port will open in 2013 and provide over 10,000 jobs in the coming decade.
5. Thurrock has a resident population of approximately 40,200 children and young people aged 0 to 18, representing 25% of the total population of the area. In 2012, 25.7% of the school population was classified as belonging to an ethnic group other than White British compared with 22.5% in England overall. Some 12% of pupils speak English as an additional language. English and Yoruba are the most commonly spoken community languages in the area.
6. Deprivation levels in Thurrock are consistent with the national average. Thurrock has significant pockets of deprivation and inequality, with several areas falling within the 20% most deprived areas in England.
7. Thurrock has 54 schools: 41 primary schools (of which three are academies), 10 secondary schools (of which eight are academies), two special schools and one pupil referral unit. Early years service provision is delivered predominantly through the private and voluntary sector in over 70 settings. This includes four local authority run early years and childcare settings. There are 193 childminders and 22 local authority maintained nursery classes as a part of infant and primary schools.
8. Thurrock Children's Partnership (formerly the Children's Trust) provides a forum to support integrated strategy development and service delivery. The partnership board has a small executive and a wide stakeholder network which includes representatives from health services, schools, police, community and voluntary sector organisations and elected members. The Children's Partnership is a sub-group of the Thurrock Shadow Health and Well-being Board. The Local Safeguarding Children Board (LSCB) is independently chaired, bringing together the main organisations working with children, young people and families in the area that provide safeguarding services.
9. Community based services for children are provided through early years providers, children's centres, schools and youth provision with an

extensive network of commissioned and provided services. The Thurrock Early Offer of Help is rooted in targeted children's centres and other locality based delivery points across the borough.

10. The local authority's community based children's social care service includes an initial response team which receives all new contacts and referrals where there are concerns for a child, and four locality based teams which provide targeted family support services for children in need and children subject of a protection plan. These teams are supported by an adolescent team which works alongside a youth offending team to provide an integrated approach to working with young people aged 12-18. A specialist team for disabled children provides the full range of social care services for disabled children and their families. An in house service provides emergency out of hours cover for the borough.
11. At the time of the inspection 148 children were the subject of a child protection plan. This is a decrease over the previous two years. The number comprises 66 (45%) girls and 80 (54%) boys (2 were unborn children). Of these children, 45% are aged under five, 39% are 5-11 and 16% are 12 years or older. The primary category of abuse, specified in child protection plans was neglect (61%), emotional abuse (28%), physical abuse (2%) and sexual abuse (1%).
12. Social work services for looked after children are provided by a through care team, a permanence team and an aftercare team. Alongside these teams are fostering, adoption and therapeutic fostering teams. At the time of the inspection there were 244 looked after children. The number comprises 41 (17%) children less than five years of age, 170 (71%) children of school age (5-16) and 29 (12%) young people post-16. There were 159 care leavers. Thurrock has a virtual school to support the learning of looked after children and a virtual head teacher to lead this work. Thurrock has 131 in house foster carers and uses a range of independent fostering agencies and residential homes to secure placements for every child in care.
13. Commissioning and planning of primary and secondary health care for children is led by NHS South Essex (a cluster of NHS SE and SW Essex) in partnership with the local authority. The main provider of acute hospital services is Basildon & Thurrock University Hospital NHS Foundation Trust. Community-based child and adolescent mental health services (CAMHS) and specialist services for children with learning disabilities are provided by South Essex Partnership University Foundation NHS Trust (SEPT). In-patient CAMHS are jointly commissioned with the North Essex PCT cluster and are provided by SEPT. This PCT cluster is the lead commissioner for the Essex sexual assault referral centre (SARC) in Brentwood.
14. Universal services such as health visiting, school nursing, and paediatric therapies are provided by North East London NHS Foundation Trust

(NELFT) which also provides health services for looked after children. Services for young people who misuse substances are provided by Open Door, a voluntary sector organisation.

Safeguarding services

Overall effectiveness

Grade 2 (Good)

15. The overall effectiveness of safeguarding services is good. The shared vision and priorities of the local authority, organisations represented on the Shadow Health and Well-being Board and the Children's Partnership, have been developed from a thorough joint strategic needs analysis. Partnership working in the borough is effective and front line services for the most vulnerable have been protected against a background of budget cuts in the local authority.
16. Safeguarding outcomes for children and young people are good, and there are particularly good examples within the youth offending team and education services such as improved attendance in the pupil referral unit. These services work closely with children's social care services to ensure that improvements can be sustained.
17. The threshold for access to social care services is understood and agreed by partner agencies and early intervention and prevention services are successfully contributing to improved outcomes. For example, early identification and intervention by the youth offending team has reduced the number of first time offenders to a low level. The development of further integration of the early help offer is in progress, having been agreed by the local authority in consultation with all stakeholders. The use of the common assessment framework (CAF) is variable. It is well established among schools but less so in other services, particularly health provider agencies.
18. When child protection concerns are identified, swift action is taken to ensure children are safe. Child protection case conferences are timely and there is good oversight of plans to ensure they do not drift. Child protection plans mostly have broad objectives and tasks to be completed, but do not always make it clear what risks are to be reduced and how this will be achieved. Children and young people with child protection plans are visited regularly by social workers and there are timely assessments of their needs. Recording of actions taken on child protection and children in need case files are mostly up to date, but there are some omissions, which makes it difficult to know what the rationale is for decisions made, and whether some actions have been taken. In some cases analysis of the risk of harm is not sufficiently robust and the quality of analysis and decision making is an acknowledged area for improvement.
19. Clinical and non-clinical staff at all levels across the health community are aware of their safeguarding roles. However, not all staff in paediatric services at Basildon & Thurrock University NHS Foundation Trust have access to regular, planned safeguarding supervision and reflective practice opportunities, and performance on paediatric department safeguarding

training at the Trust is low against the Trust's and PCT's standard. The sexual assault referral centre (SARC) pathway is not fully understood across all sexual health services and other points of referral.

Capacity for improvement

Grade 2 (Good)

20. The capacity for improvement is good. The local authority and its partners, including those in the voluntary and community sector share aspirations for children and young people in Thurrock which are clearly expressed in the Children and Young People's Plan (CYPP). The LSCB is working effectively to monitor, develop and improve multi-agency safeguarding arrangements. For example there has been recent learning from a case review undertaken using the Social Care Institute for Excellence (SCIE) model and an action plan including training activity is being delivered. The local authority and its partners work closely to provide leadership through the Children's Partnership and Shadow Health and Well-being Board.
21. A range of developments over the last 18 months has improved performance such as on the timeliness of assessments and in reducing the length of time children are subject to child protection plans. The agreement to raise thresholds for access to social care intervention to enable a focus on children with the highest need has been a key component of these improvements.
22. There are good relationships with a range of voluntary and community sector partners which support children who do not meet the threshold for children's social care. The early offer of help strategy has been developed to improve integrated working and embed the CAF more fully. At present not all partners are fully engaged in using this process. Workforce plans are in place to support the implementation of the integrated early offer of help and to develop staff skills in engaging families who are hardest to reach. The framework for developing skills across the workforce and introduce competency based reward systems is also improving workforce stability.
23. There is good corporate and political cohesion, and elected members continue to support the development of front line services, recognising the importance of these services being fully staffed. Elected members have a good awareness of their role in scrutinising the effectiveness of service delivery, and their understanding of the strengths and areas of development in children's services is improving. Members are able to demonstrate examples of their contribution towards improving outcomes for children, for example support for officers in bringing the pupil referral unit out of special measures in December 2011.

Areas for improvement

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

Immediately:

- 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
- NHS South Essex, the police, forensic service providers (G4S) and the local authority should ensure that the SARC pathway is fully understood across all sexual health services and other points of referral.

Within three months:

- ensure that all referring agencies are given a written response to explain the outcomes of a contact by the initial response team
- ensure that all decisions and actions are recorded at the same time on each child's social care file
- ensure that case records contain an up to date chronology of significant events
- 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
- 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
- raise awareness of private fostering responsibilities among all professional and community agencies as well as the general public
- the local authority, NHS South Essex, North East London NHS Foundation Trust, Basildon & Thurrock University NHS Foundation Trust, South Essex Partnership University NHS Foundation Trust should ensure that health providers are fully engaged in the CAF and make appropriate referrals
- 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.

Safeguarding outcomes for children and young people

Children and young people are safe and feel safe

Grade 2 (Good)

25. Safeguarding outcomes for children and young people are good. Very effective commissioned mentoring support provided by the voluntary sector is enabling children and young people at risk of exclusion or disengagement to remain in education and continue their studies. Sound procedures for children missing from education ensure clarity in the roles and responsibilities of professionals and good multi-agency work has reduced school absence rates. Thurrock has reduced the overall number of fixed term exclusions since 2009. Services to home-educated children and their families are good. Appropriate referrals are made where there are safeguarding concerns. Safeguarding provision is judged to be satisfactory or better in the most recent school and service inspections.
26. The private fostering service is managed in accordance with statutory requirements. However there are low numbers of notifications and, while some actions have been taken to raise awareness, it is recognised that more work is required, especially among minority ethnic communities and faith groups, to raise awareness of children placed in privately fostered arrangements. There is an action plan currently being progressed to improve recognition of private fostering arrangements amongst local authority staff and other professional agencies.
27. Well coordinated partnership work is undertaken to protect children and young people who are at risk of domestic abuse. Programmes are offered both to support children and young people, and to work with perpetrators of domestic abuse. Feedback from service users indicates that these have a positive impact. The multi-agency referral and assessment conference (MARAC) is effective and its action planning and links with multi-agency public protection arrangements (MAPPA) ensure that children and young people are effectively safeguarded. There are examples of good liaison and partnership working in the planning of investigations of complex cases where large numbers of children are involved.
28. Children and young people seen by inspectors report that their views and feelings are taken into account and that they inform the planning of the work undertaken with them. Young carers value the support they receive and were clear that their views are taken into account when planning future activities. Although some issues were raised about bullying, the majority of young people reported that they felt safe in Thurrock and all of them knew who to turn to for help and advice if they needed it.

29. Arrangements for managing allegations against people who work with children are satisfactory. There is further work to do to ensure that all agencies are fully aware of their responsibilities for reporting allegations to the Local Authority Designated Officer (LADO), and to ensure robust data collection.
30. The complaints system is well structured and decisions as to how a complaint should be investigated are made appropriately. Where necessary, an external investigator is used for complex complaints. Good use is made of support services and the voluntary sector to enable minority groups such as the Traveller community to access the complaints system.
31. Processes are in place to ensure safe recruitment processes and these meet statutory minimum requirements. The local authority is also ensuring that historical recruitment files meet current standards, with action plans in place to obtain verbal references, to ensure social work registrations are up to date and copies of qualifications are on file.

Quality of provision

Grade 3 (Adequate)

32. The quality of provision is adequate. The local authority is investing successfully in preventative services for children of all ages. Voluntary and community sector organisations are commissioned to provide services such as mentoring which is reported by children and young people to help them in building successful relationships, and improving school attendance and performance. For older children the targeted youth support team within adolescent services is involved in the prevention of young people aged 16 and 17 becoming homeless. The youth support team is working with other stakeholders to develop a strategy to combat homelessness among young people.
33. The CAF work is well integrated in most schools. Designated teachers are confident in their use of CAF as a tool. The multi-agency group process to establish a support plan is well embedded and considered beneficial for professionals, enabling them to draw in expertise and other resources needed to develop a successful plan. Some professionals report they have to wait for certain services to be put in place, in particular therapeutic provision. Health staff are not contributing to or leading the CAF and this is an area for development.
34. Performance monitoring by the local authority shows that the major reason for closing CAF cases is an improvement in the child's situation. However many records do not have clearly identified measures of success. Most completed CAF records contain sufficient detail to highlight the issues, but further work is required to ensure that actions plans have clearly stated objectives and timescales that link directly to the concerns

raised. Step-up and step-down processes between children's social care and multi-agency groups who oversee CAFs are well established. However the initial response team does not always make clear to referring agencies the expectation that a CAF will be undertaken where there is a need for a 'team around the child' approach but the threshold for social care intervention is not reached.

35. Thresholds for services are agreed and following recent work with partners are generally understood by professional agencies. Nevertheless, too many contacts do not meet the threshold for a referral to children's social care services. Contacts and referrals are responded to promptly but in some cases effective decision making is limited by the poor quality of information provided by referring agencies. This was particularly evident in a sample of domestic abuse referrals from the police.
36. Referral work is prioritised appropriately. Although there are clear procedures in place to provide written feedback to referrers about action that is being taken, some professionals state this is still not happening consistently.
37. Section 47 enquiries are undertaken by appropriately qualified social workers in conjunction with the police and partner agencies. The timeliness of initial and core assessments is good. The quality of both types of assessment is very variable with some poor examples seen in the cases sampled. Children's services have recognised the need for improvements, and have introduced a new assessment model alongside a training and development programme to improve the quality of analysis. This has led to improvements with some assessments properly taking account of research, historical information, and the views of parents, children and relevant professionals, leading to good analysis of risk and protective factors. However the use of this tool is not yet fully integrated into the thinking and practice of some staff. Some assessments seen were predominantly descriptive and failed to demonstrate effective analysis of risk.
38. The quality of child protection plans and child in need plans is inconsistent. Plans are based on multi-agency activity and there are some good examples, however not all are sufficiently robust or outcome focused. Most do not have specified timescales for actions or robust monitoring arrangements to ensure tasks are undertaken. Many do not have clear measures of success which relate to the concerns. The small number of parents seen felt they had been involved in the plans, and appreciated the help and support they had received, although they did not always understand what needed to change to ensure their child was safe.
39. Record keeping is up to date in most cases but some records had significant gaps. In some cases relevant information is not being placed on all the siblings' records. There are good examples of management

decisions made in formal supervision and on case files, but this is not consistent, and recording omissions make it difficult to ensure that management decision making is robust. The content of chronologies is variable and their purpose appears not to be fully understood by all social workers.

40. Multi-agency working is good. Professionals report significant improvements in information sharing over the last two years in all areas of their work. The majority of child in need meetings, child protection conferences and core groups are well attended by professionals from both statutory services and the voluntary sector, who are working with the family. It is encouraging that there are examples of general practitioners (GPs) attending conferences as this ensures a good understanding of the risks and protective factors across the professional network.

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

41. Health's contribution to safeguarding is adequate with some areas of good practice. The safeguarding children's clinical network (SCCN), which includes the Thurrock designated and named professionals, provides a supportive forum for all designated and named professionals across the wider health economy in Essex County. This is facilitating the development of increasingly consistent safeguarding practice. The clinical commissioning group (CCG) is beginning to recognise its safeguarding responsibilities. There is routine reporting of safeguarding activity and performance to the LSCB, and greater cohesion between the child death overview panel (CDOP) and the SCCN is developing. Clinical and non-clinical staff at all levels across the health community are aware of their safeguarding roles and have access to safeguarding policies and procedures to guide their practice. Systems are in place to ensure named nurses can monitor referrals.
42. The designated doctor and designated nurse provide supportive leadership while increasing the challenge to providers for continuous improvement in delivery. Named health professionals within provider services are accessible and seen as a valuable source of advice and guidance. Greater rigour is being developed, led by the designated nurse, in responding to non-attendance at medical appointments and presentation of children for medical treatment where they are not registered with a GP. This is not yet fully established across all services with practice and reporting arrangements currently being developed with the walk-in centre.
43. The attendance of health staff at child protection case conferences is good and subject to close monitoring through PCT governance arrangements. Their contribution is valued and they feel part of the decision making process. Health visitors and school nurses prioritise child protection and safeguarding activity and work well in partnership with other

professionals. A named nurse role in the PCT has been developed to work specifically with independent contractors to ensure they become fully compliant with safeguarding expectations. Effective pre-birth planning between midwifery and the children's social care service is embedded. Assessments are being informed by an increasing awareness of cultural issues within maternity services, such as female genital mutilation and attitudes towards disabled children.

44. The contribution of health agencies to the CAF is underdeveloped. Practitioners across health services are not fully engaged and this limits the potential success of preventative multi-agency working.
45. Adult services for substance misuse, mental health and learning disabilities are discharging their children's safeguarding responsibilities effectively with a good awareness of circumstances when a child may be at risk of 'hidden harm' within a household. Services for children with disabilities are operating an effective 'team around the child' model in partnership with parents. Coordination of therapies and appointments is becoming more frequent and there is a clear pathway from early diagnosis with cooperative working between hospital services and the child development centre multi-disciplinary team.
46. Capacity in the CAMHS is under significant pressure with high thresholds and limited availability, with waiting times of up to 18 weeks. This is recognised and a commissioning strategy is in place. A small substance misuse service for young people has recently been recommissioned but numbers are currently small and it is too early to evaluate impact. CAMHS provision within the youth offending team is working well and delivering positive outcomes. For young people requiring in-patient mental health treatment there are sufficient tier 4 beds available to meet local need.
47. Sexual health services have successfully contributed to a reduction in the teenage pregnancy rate in Thurrock to 39% which is close to the England average. The recent SARC development in Brentwood serving authorities across South Essex is very positive, providing access to local forensic services, ensuring that evidence can be obtained to support a successful prosecution as well as providing an improved service for non-acute cases. Not all stakeholder services are clear on how the SARC is operating and the services provided. Counselling and therapeutic aftercare services are provided through South Essex rape and incest crisis centre (SERICC) and services for young males have been commissioned from a provider outside of Thurrock.
48. Safeguarding training is being prioritised to ensure staff are trained to levels commensurate with their operational responsibilities and in most areas this is progressing well, including in adult services, with the SCCN raising expectations. However, performance on training in Basildon & Thurrock University NHS Foundation Trust has been low against the trust's

standard, particularly in paediatric services, and is subject to an action plan for improvement. Comprehensive safeguarding supervision as set out in *Working Together to Safeguard Children* 2010 is not in place and the current arrangements are not satisfactory. The designated doctor and nurse are closely engaged with the hospital to support improvement and the Care Quality Commission (CQC) has been meeting Trust directors regularly to address areas of concern and monitor the delivery of the improvement action plan.

49. There remain significant concerns about the emergency department's paediatric triage arrangements and how well effective safeguarding practice is embedded. Although improvements have been made, CQC continues to undertake regular engagement with the Trust to monitor progress.

Ambition and prioritisation

Grade 2 (Good)

50. Ambition and prioritisation are good. A clear line of accountability exists from elected members to front line staff with children's issues being understood and embedded as a key priority of the local authority. Elected members advocate the needs of all children and young people, understand high level local priorities and both support and challenge officers in their improvement activities. Despite the need to meet tight budgetary constraints Thurrock Council has effectively protected the budget for front line services to children and families, recognising the importance of manageable social work caseloads as a key component of robust risk management.
51. There is an agreed vision and shared ambition across the partnership. Priorities for the Children's Partnership, Thurrock Local Safeguarding Children Board and children's services are aligned, with robust service delivery plans to achieve these aims. The Shadow Health and Well-being Board has understood the need to integrate existing priorities in its wider ambitions for Thurrock. The early offer of help strategy to integrate service delivery at all levels of need provides an example of the existing commitment to ensuring that the needs of the most vulnerable are recognised.

Leadership and management

Grade 2 (Good)

52. Leadership and management are good. Commissioning is targeted and outcome focused and based on a thorough needs analysis. Services are regularly reviewed to scrutinise cost and value through monitoring arrangements, and this ensures the services continue to improve their responsiveness. Commissioned organisations have been able to provide additional services or to increase output, for example providing services to schools as well as social care and thus spread direct costs over a number of contracts. Local authority community services have been realigned to

provide a more focused response within universal provision. For example 50% of outreach work within children's centres is now offered directly to children assessed as being in need.

53. User engagement is good. The views of children and young people and parents and carers are routinely sought and inform individual plans. Members of the youth cabinet have enjoyed meeting with elected members and officers and have been involved with the development of services for young people, such as complaints. Young carers are currently involved in developing a young carers' strategy including an easy read version. Child protection conference chairs are aware of the need to develop opportunities for children and young people's engagement in the child protection process. Parents of children with disabilities are routinely consulted about services provided for them and their families. Service providers are well attuned to the need to tailor services to individuals, and recognition of religion, cultural beliefs and ethnicity are reflected in individual service plans.
54. Workforce development is a strength. The workforce development strategy is well aligned with the vision of the Children and Young People's Plan and is overseen by a sub group of the children's partnership. This ensures appropriately trained and qualified staff across all agencies are involved in the integrated delivery of children's services. The clear plans and actions underlying the strategy such as: the 'step up to social work' programme; and 'return to social work' programme are helping to increase stability in the social care workforce, reducing reliance on agency social workers. Organisations across the partnership benefit from good training opportunities. There has been a significant reduction in agency staff within children's social care overall but some key posts, for example in the initial response team, are not yet held by permanent postholders.
55. The workforce is diverse and reflective of the Thurrock demographic. The children's services workforce strategy recognises that ongoing recruitment should take account of the diversity of the population. There is strong succession planning at all levels and targeted work is taking place to encourage the development of managers from minority ethnic groups.
56. Learning from serious case reviews is incorporated into practice. Action plans are being developed to address the concerns and considerations arising from the recent SCIE review. Implementation and impact are being evaluated by the LSCB ensuring that improvements are reflected in practice and service delivery.

Performance management and quality assurance

Grade 3 (Adequate)

57. Performance management and quality assurance are adequate. There is a good learning culture in Thurrock and a willingness to invite and accept

external scrutiny and challenge through peer review. The LSCB undertakes themed audits, most recently of practice in Section 47 investigations, and actions from these are being taken forward. The quality assurance function has been strengthened in the last year with investment in two new posts, and a strategy to drive service improvement has been implemented. There has been a significant improvement in outcomes over the last two years, primarily in quantitative measures, for example timeliness in initial and core assessments, where performance is now above average. However the quality of assessments is variable, with analysis of both the history and current circumstances of a child not being fully evidenced in making judgements about risk. Qualitative performance improvement measures are now being developed, with an emphasis on auditing activity which involves managers at all levels, and this is intended to improve the quality of assessments and plans. Quarterly workshops to share findings and instigate discussion enable staff and managers to develop an improved understanding of their role in implementing consistently good safeguarding practice. The new chair of the LSCB plans to develop performance management arrangements across the agencies which will help to improve safeguarding outcomes.

58. Supervision, including informal supervision, is held regularly, although in some cases this is not recorded. Reflective and challenging supervision is evident in some case files, but this is not yet sufficiently consistent to ensure rigorous management oversight of casework.

Partnership working

Grade 2 (Good)

59. Partnership working to safeguard children is good at all levels. For example partnerships between safer neighbourhood policing, voluntary groups, the youth service and children's services have improved outcomes for young people in reducing offending activity, both for first time offenders and repeat offending.
60. The LSCB functions effectively and has secured the active engagement of most members at an appropriately senior managerial level. This is having a positive impact on services, including service design, for example the SARC. The voluntary and community sector are engaged well with the local authority and their staff report feeling respected and valued as professional equals. Clear information sharing protocols across the partnership are effective. The arrangements in relation to MARAC and MAPPA are clearly established with consistent representation from key agencies. Children's services have a specialist worker who links directly into MARAC and MAPPA and this facilitates good information sharing and prompt coordinated follow up action to protect children and victims of domestic violence.
61. Health services are well engaged with the local authority through the Shadow Health & Well-being Board. NHS South Essex commissioning unit

has regular dialogue with the Director for People's Services over safeguarding issues and the development of commissioning approaches to a range of preventative services.

Services for looked after children

Overall effectiveness

Grade 2 (Good)

62. The overall effectiveness of services for children and young people in care and care leavers is good. The strategy for looked after children sets out clear, positive and equitable aspirations for children and young people in care such as having the same opportunities as others. The priorities demonstrate strong ambition with corporate parenting, children's rights, placement stability, health and well-being, education, accommodation and support all cited as areas for close attention. Good progress is being made. Most outcome areas for children and young people in care are good and improving; but health outcomes remain only adequate.
63. The quality of provision for children and young people in care and care leavers is good. Risk is managed well and appropriate and timely action is taken to ensure that those children and young people who need to be in the care of the council are identified. Children are in safe, well matched placements. The quality of commissioned services is good, representing good value for money. Strong partnership working is contributing to good outcomes. Social workers and independent reviewing officers (IROs) have manageable caseloads enabling them to engage in good quality and effective work. Staff in the looked after children's service receive regular supervision. The quality of assessments and care planning is generally good, although the local authority recognises the need to continue to improve in order to achieve consistent standards. In particular, care plans and pathway plans do not consistently include specific, measureable and time bound targets, and pathway plans are not all completed in a timely way. The quality of recording is good but the use of chronologies is variable.
64. The quality of health assessments is good. However health plans do not all have clear objectives or timescales and quality assurance of health services for looked after children is not sufficiently robust. There has been no formal engagement by health providers with the Children in Care Council (CICC) until recently and health support to care leavers is underdeveloped.

Capacity for improvement

Grade 2 (Good)

65. The capacity for improvement is good. The council and partners share clear aspirations and strong ambition aspirations for children and young people in care and care leavers. There is a consistent track record of improvement in most outcome areas resulting from improvements in the quality of services. Improved placement stability and educational outcomes have enhanced the future prospects of looked after children, and a commitment to a range of educational, employment and training

options for care leavers including apprenticeships has reduced the numbers of those not engaged in education, employment or training.

66. Performance management and quality assurance are good and managers are aware of the areas for development in services for looked after children and care leavers. Good workforce planning has resulted in a suitably trained and experienced workforce, including foster carers. There is effective service user engagement with good work in progress by Open Door, the independent advocacy service, to develop the CICC and build on the successful contributions to service development already made by this group. Thurrock has recently been awarded the LILAC mark having achieved all the standards required for a quality participation service for looked after children.
67. There is good corporate and political cohesion, and elected members give a high priority to the needs of looked after children. Elected members have a good awareness of their role in scrutinising the effectiveness of service delivery.

Areas for improvement

68. In order to improve the quality of provision and services for looked after children and young people in Thurrock, the local authority and its partners should take the following action.

Within three months:

- improve the quality of care plans and ensure actions include specific, measureable, realistic and time bound targets
- 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
- improve the timeliness and quality of pathway plans to include small steps as milestones towards the young person achieving their goals, with specific, measureable, realistic and time bound targets, that are reviewed and amended to take account of changes as they occur
- ensure that review reports are distributed within the set timescale
- ensure that case records for looked after children contain an up to date chronology of significant events
- NHS South Essex and North East London NHS Foundation Trust should ensure that health plans for looked after children set out clear overall health and well-being objectives, timescales and accountabilities for delivery

- 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
- 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
- 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
- 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.

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

Being healthy

Grade 3 (Adequate)

69. Delivery of the being healthy outcome for looked after children is adequate but with a number of key areas for development. Statutory guidance set out in *Promoting the Health of Looked After Children* 2009 and *Working Together to Safeguard Children* 2010 requires the appointment of a designated doctor and designated nurse to provide leadership and oversight of the delivery of health care for looked after children. Since the retirement of the previous post holder in March 2011, there has been no substantive designated doctor appointed. The interim designated doctor has been on long-term sick leave since taking on the interim role. This has resulted in a reduction in quality assurance of health care delivery, particularly for children placed outside of the area, and a lack of strategic clinical perspective within the health and social care partnership. Foster carers report that the service has become less responsive since the designated doctor retired, who they found to be accessible and supportive. The interim cover arrangements have recently been strengthened through additional session time allocated from the safeguarding children's clinical network (SCCN). Performance on the completion of initial health assessments (IHAs) and reviews of health assessments (RHAs) within expected timescales has improved significantly to 100% compliance. The service provider's clinical director is also now providing additional support to the service by addressing issues of health care provision quality raised by the nurses in relation to individual children.
70. The quality of IHAs and RHAs is good with a consistent approach and the personality and voice of the child is evident. Training delivered by the looked after children nurses for community health practitioners, who undertake most health reviews, has recently been initiated and early participants can describe areas where their practice has developed as a result. However, recommendations from health assessments are not formulated into clear and effective health plans, with a lack of identification of overall objectives, who is responsible for actions, or timescales for delivery. This also makes monitoring of delivery by social care and health professionals difficult.
71. Until recently there has been insufficient involvement of the looked after children health team in overseeing the health provision for children placed out of the area. This is being addressed and information sharing is improving although there is more to do to ensure the health team have comprehensive records on each child. Connections between the health team and independent reviewing officers (IROs) are being strengthened, with IROs now represented on the health steering group which oversees

service development and performance. The looked after children nurses and designated nurse are now being notified of all statutory reviews, facilitating their role in ensuring the child's health needs are well represented and addressed. Joint health and social care performance management and quality assurance processes are being put in place. These include a suite of local quality and performance indicators, an effective charging policy and stronger contracting arrangements to assure future good quality health care delivery to young people placed outside the area.

72. Front line health practitioners, foster carers and social care staff take action to ensure the universal health needs of individual looked after children are addressed. Delivery on universal health outcomes for looked after children is improving but remains challenging in some aspects. Currently performance on immunisations is low with only 72% delivery against the England average of 79%.
73. The service is flexible in approach and gender balanced, facilitating choice for young people about where assessments take place and the gender of the practitioner they meet. The looked after children nurses are skilled, aware of the service's areas for development and committed to taking forward improvements. Young people have access to good sexual health advice and support through a specialist advisor and are able to access a specialist local authority funded CAMHS which provides support to young people and foster carers, helping to sustain a number of fragile placements. Access to this service is through a multi-agency mental health looked after children meeting. However, the connection between this specialist CAMHS for looked after children and the looked after children health team and health steering group needs to be strengthened. Substance misuse services for young people have recently been recommissioned through Thurrock young people's drug and alcohol service (TYPDAS), part of Open Door. Looked after children with an identified substance misuse issue can be fast tracked to this service, although TYPDAS report none are currently in receipt of the service.
74. Strengths and difficulties questionnaires (SDQs) used within the CAMHS are not shared with the looked after children health team and opportunities are missed for SDQs to inform practitioners undertaking RHAs or to help looked after children to track their own personal emotional development.
75. Health support to care leavers is underdeveloped. Care leavers are not given health histories and no health chronologies are developed within the health records to facilitate the development of these. Health promotion material given to them is generic rather than locally developed and involving young people. Care leavers' final health reviews are not routinely well coordinated with the final statutory reviews or at the point of leaving care. There has been no formal engagement with the CICC until recently

and it is not clear how young people are being enabled to hold the health and social care partnership to account for the health elements of the Pledge.

Staying safe

Grade 2 (Good)

76. The arrangements for ensuring that looked after children and young people are safe are good. Overall risk is managed well and appropriate and timely action is taken to ensure that those children and young people who need to be in care are identified. Action includes a strategic review of all child protection plans after 12 months duration which results in some of these cases becoming subject to a parallel legal planning process.
77. Children and young people who come into care are looked after in good quality stable placements. Most are looked after in family placements with the proportion living in children's homes below the national average. While about half of looked after children are in placements outside the borough most are nearby and many of these are placed with Thurrock's own foster carers. The local authority has a strong strategic overview of the location of children's placements and the reasons why a small number are placed a significant distance from Thurrock. The local authority often purchases placements outside the area for unaccompanied asylum seeking children in order to ensure good matching with their carers and easier access to communities of origin which helps to meet the diverse needs of these young people. Placements with independent care providers are closely monitored for contract compliance. Services are only used if rated good or better by Ofsted. When a commissioned service is subsequently inspected and rated less than good robust action is taken by to review the suitability of the placement and ascertain the provider's intentions regarding improvement. Thurrock's fostering service was last inspected in 2008 when it was judged adequate. The adoption service was judged to be good at the inspection in February 2012.
78. All looked after children and young people have a qualified social worker who visits them regularly. In most cases visits are at least once a month in line with the service's policy which exceeds minimum statutory requirements. Any plan to reduce the frequency of visits must be agreed at a review. Most young people who spoke to inspectors were positive about their social workers. A few were disappointed that their social worker had changed. The main reason for change is case transfer to a new team. There are good arrangements for handover to new social workers involving joint visits, and in some cases the adolescent support team social workers continue to work with young people after they become looked after in order to maintain the positive relationships already established.
79. Young people who talked to inspectors spoke positively about their placements and carers and said they felt safe in their placements. Almost

all of those who responded to the Care4Me survey said their care is good or very good, that they feel safe and that there is someone they would tell if they were being harmed. Care leavers reported that they feel safe and well supported by the after care team. When they have problems they are confident about approaching their worker and changes have been made to meet their needs. All young people who spoke to inspectors knew how to contact their social worker or IRO should they wish to. However the responses in the Care4Me survey indicate that some looked after children don't find it is easy to get in touch with their social worker.

80. Partner agencies are appropriately represented at review meetings and work collaboratively to safeguard looked after children. Partner agencies and carers, including independent providers, described good relationships with children's social workers with regular contact and good levels of communication. Foster carers who spoke to inspectors were all positive about the support they receive, including regular contact with children's social workers, the out-of-hours foster care helpline and the responsive emergency duty team.
81. Placement stability is good and performance is improving. The therapeutic fostering team provides high level support to specialist foster carers and this scheme has been extremely successful in providing high quality stable family placements to some young people with very complex needs. Good multi-agency arrangements are in place to follow up children missing from care and support them when they return to try to prevent further episodes.

Enjoying and achieving

Grade 2 (Good)

82. Outcomes for enjoying and achieving are good. The authority has given the education of looked after children high priority and designated teachers in schools champion their cause and pay close attention to their needs. The school improvement partners provide targeted support to all schools with a focus on the most vulnerable, and clear targets have been set to improve outcomes. The local authority is successfully reducing the number of children missing education and the most recent data shows an improvement on the previous year. The virtual head teacher maintains regular contact with head teachers of looked after children and post-16 providers for care leavers, to ensure any concerns are discussed and learners are supported. Frequent contact with designated teachers in schools has helpfully ensured any risks of disengagement are carefully managed with appropriate interventions. Looked after children who are in education think that their education is good and that they are getting all or most of the help they need with this.
83. Attendance rates for looked after children in schools are monitored closely by the virtual head teacher and have improved. While the percentage of looked after children excluded from school for a fixed term has increased,

there have been no permanent exclusions this year. The picture for looked after children is better than for all children in the borough.

84. The virtual head teacher has prioritised the development of children's personal education plans, ensuring their completion for each child and evaluating their quality. The established standardised approach for both younger and older children and the quality assurance of all personal education plans have resulted in an 80% improvement in Thurrock's compliance with statutory guidelines on personal education plans and a rapid improvement in their quality. Since September 2011, 70 tuition packages have been delivered to looked after children funded through the pupil premium.
85. Efforts to close the achievement gap between looked after children and their peers are very effective. The percentage of all children in Thurrock who achieved Key Stage 2 Level 4 in English was 78% in 2010/11, for children in care the percentage was 71.4%. This represents a good improvement on 2009/10 results. Looked after children also achieved a significant improvement in Key Stage 2 Level 4 mathematics compared to 2009/10 results. Some 60% of all young people in Thurrock achieved five A* to C GCSEs (or equivalent) including mathematics and English; for children in care the outcome was 44%. This is well above the rate for statistical neighbours at 19.7% and the all England rate of 12.8% and shows an improvement of 31% compared to 2009/10 results.
86. The virtual head teacher and the schools' improvement officer closely monitor the achievement of looked after children and young people compared with other groups, and any inequalities are analysed. The provision for English language learning is effective in enabling looked after children whose first language is not English to access the national curriculum. A good partnership with Thurrock racial unity support task group (TRUST), funded by the Tudor Trust, supports the needs of unaccompanied asylum seekers, and children's services value the specialist support they provide.
87. Through close monitoring the virtual head teacher can clearly identify the progress and achievement of looked after children and young people in their educational programmes, the effectiveness of any additional support or additional learning funded through the authority's pupil premium, and any issues relating to their behaviour and attendance. The virtual head teacher maintains close contact with schools attended by pupils placed outside the borough including residential schools accommodating looked after children with learning difficulties and/or disabilities.
88. The local authority helpfully reduces any barriers for looked after children and care leavers to access sport and leisure activities. Personal education allowances are used well to support looked after children's leisure activities, such as activity events and holidays, sports and games for

example, provision available at the Grangewater outdoor activities centre. However the range of mainstream cultural and leisure options available is not wide enough for looked after children and care leavers to promote long term resilience through the development of new skills and social networks.

89. Some specialist provision is made to enable looked after children and young people to play and work together. There are two youth clubs for looked after children in different age groups, each operating one evening per week. Those who attend enjoy the opportunities on offer. However the numbers reached are relatively small. Transport is available for those young people who need it.
90. Therapeutic foster carers have benefited from training provided by Coram. In an evaluation of the training around 90% said they have seen improvements in behaviour, progress at school and relationships. Children with speech, language and communication issues are reported as no longer displaying acting out behaviour.

Making a positive contribution, including user engagement

Grade 2 (Good)

91. Arrangements to enable looked after children and young people to make a positive contribution are good. Children and young people are encouraged to participate in planning and decision making, particularly in those matters that directly affect them, such as care plans, personal education plans and pathway plans. The CICC has a central role in encouraging children in care to express their views and was involved in developing the Pledge which was sent to all looked after children and young people to raise awareness of their rights. The CICC is effectively supported by Open Door, Thurrock's independent advocacy service which has been commissioned to support and develop young people to engage in the council and report on and respond to the needs of children in care.
92. Children and young people report that they feel supported and encouraged by their social workers and the aftercare team. Open Door has initiated workshops and events to enable looked after children and care leavers to understand their rights and responsibilities and gain feedback from them on the services they receive. Young people speak positively about the service. Care leavers are aware of the CICC and opportunities to give feedback to the service about care provision. Many care leavers have participated in events and activities arranged to gain their views.
93. Looked after children and care leavers are aware of the complaints procedures and felt confident in making a complaint if they needed to. Complaints are dealt with and recorded appropriately and often resolved through early intervention and advocacy. The advocacy service explains how looked after children and care leavers can complain and discusses the

potential outcomes and different approaches that they can take. The local authority complaints leaflets for younger children and young people have been developed in consultation with young people and the CICC. The new formats are more child friendly, but too text dependent and offer insufficient pictorial prompts and clues to enable children to fully understand the process.

94. The co-location of the youth offending team with children's social care, including adolescent services, has been particularly effective in enabling staff to work together to support children and young people on the edge of care or at risk of offending, and this has led to significant reductions in first time offending and re-offending rates. The 'triage' system involving professionals from children's social care, CAMHS, substance misuse, the police, community safety and others is particularly effective. Good links with services commissioned from voluntary and community sector providers are effective in re-engaging children and young people with education. The mentoring scheme run by 'Inspiration Youth Call' is one of several programmes that support children and young people in meeting challenges at school and developing positive relationships with peers.

Economic well-being

Grade 2 (Good)

95. Provision for economic well-being is good. The performance gap between looked after children and the national average of all children post-16 has been narrowed significantly. In September 2011, 80% of Thurrock looked after young people at the end of Year 11 were in full-time education. This is 14% above the rate for statistical neighbours and 10% above the England rate. The 'diversity in apprenticeships' scheme aimed at care leavers has been very effective in engaging young people in further learning and reducing the rate of care leavers who are not in education, employment or training.
96. A designated education, training and employment worker in the after care team enables a focus on continuing education and the world of work. Good links are maintained with training providers, job centres and further education colleges locally. A satisfactory percentage of young care leavers are supported in accessing higher education at 9.5% of those aged 18 and over. Some 80% of young people in care aged 16-18 years are accessing post-16 education provision. Care leavers are encouraged and supported in accessing sports and leisure activities. Young people enjoy their training and higher education and are progressing well. Youth work apprentices are rapidly moving from intermediate to advanced levels and gaining good vocational skills. Many have a clear view of their career goals and what they need to do to achieve them.
97. Pathway plans are satisfactory overall but the quality is variable. Some of the individual targets remain generic, which makes any measurement difficult. The poorer plans appear partial and have no clear timescales or

targets. However, pathway plans are routinely updated and involve young people in the process. Care leavers say that their cultural heritage is respected and efforts are made to ensure they can practice their religion and link with others who have similar cultural experiences.

98. Services for looked after children with learning difficulties and/or disabilities as they move to adulthood are well coordinated through the monthly multi-agency group forum. The after care team are secondary workers to the transition team and work with them as and when required. The authority has produced a clear transition document that is user friendly and contains a range of useful pictorial prompts and clues to support young people with learning difficulties and/or disabilities to understand and contribute to their planning process. Designated teachers report they are able to ensure looked after children are well prepared for the next phase in their education, including those with learning difficulties and/or disabilities. There are good examples of local services working collaboratively to support such young people to live successfully in the community after residential school. Detailed records of all care leavers are used well to ensure their specific needs are met and to identify any trends in outcomes for different groups.
99. The percentage of care leavers in suitable accommodation has increased from 65% in 2006/07 to 86% in 2010/11. This is just above statistical neighbours at 84.3% but still below the England average of 90%. Care leavers accessing higher education are in suitable accommodation outside of term-time and are supported well by the after care team. The accommodation officer within the after care team is able to offer specialist support to care leavers and liaises closely with Thurrock's housing manager and independent social housing providers to ensure care leavers obtain a viable offer of accommodation. Careful consideration is given to individual need. The after care team plays a central role in supporting vulnerable care leavers with learning difficulties placed in supported housing, particularly when they do not meet the threshold for adult services.

Quality of provision

Grade 2 (Good)

100. The quality of provision is good. A broad range of services is available to support children and young people on the edge of care, including the Coram Family Project and the family intervention project run by Catch 22 which can both demonstrate successful interventions that have avoided the need for some children and young people to become looked after. The number of looked after children and young people increased significantly during 2011 and the rate is now broadly in line with that of similar councils. The local authority has a good understanding of the reasons for the increase which include determined active intervention in cases where child protection plans have not proved successful in improving outcomes for children living at home.

101. Children and young people who need to be looked after are safeguarded through well matched placements. A weekly placement panel meeting considers all newly looked after children's placement needs and continues to monitor cases through to the point of permanency. Unplanned changes of placement are avoided in most cases. Social worker caseloads are manageable enabling workers to plan and progress cases in a timely way.
102. Most cases seen have clear, good quality assessments which consider the diverse needs of children. Cases in care proceedings generally have a refreshed core assessment which forms part of the legal planning process. Careful consideration of the options and assessments needed in advance of care proceedings and good monitoring arrangements have contributed to better than average timescales, with care proceedings averaging 41 weeks locally compared with 52 weeks nationally. The in house contact supervision service provides good quality records which contribute to assessments. Contact services commissioned from external providers have not operated to the same standard and in some cases the failure of the commissioned provider to attend has resulted in the contact session having to be cancelled. The council is taking robust action to deal with these problems. Good assessments are made of unaccompanied asylum seeking children using the Merton compliance assessment of age tool.
103. Care plans seen are generally detailed but many do not contain clear outcome measures for actions. Timescales in particular are frequently missing, which risks drift. The computer system is set up to record this information but it is not used. The service has identified the need for improvement in the quality of care plans from its own quality assurance activity.
104. Young people who spoke to inspectors all knew what their care plan was and, in a survey conducted for the LILAC assessment in January 2012, all respondents felt that they knew why they were in care. Reviews are held regularly with 100% held within the timescales in the past year. Good efforts are made to involve children, young people and their parents in the review process. Records from 250 reviews sampled indicate a very high level of participation by children and young people in their reviews. Co-chairing of reviews (by the young person and the IRO) is actively promoted.
105. Manageable caseloads for the experienced IRO team enable them to carry out most functions well. They meet with the majority of children and young people between reviews and speak with the others by telephone. IROs are allocated as soon as a child becomes looked after and remain a stable figure in the child's life during the time in care. IROs exercise their responsibility to provide challenge and they receive good support from their line manager when it is occasionally necessary to escalate concerns. Challenges by IROs have resulted in significant alterations in some care plans. IROs recognise the need for them to develop their quality

assurance role and recently they have become more involved in themed audits. Review reports are not always distributed promptly and this has led to delays in progressing plans in some cases. Pathway planning is an area for development and this is recognised by the council through its own quality assurance activity.

106. There is a strong focus on planning for permanency and the permanency team has been effective in securing permanent outcomes for children through special guardianship orders as well as adoption. Thurrock is performing well on the measure of timeliness of adoption and when averaged over several years, the percentage of children who are adopted.
107. In the cases seen records were up to date and generally well organised. In a minority of cases there were some gaps in recording. The use of chronologies is variable.

Ambition and prioritisation

Grade 2 (Good)

108. Ambition and prioritisation are good. The three year looked after children strategy produced in July 2011 sets out clear aspirations for children and young people in care. The priorities demonstrate strong ambition, with corporate parenting, children's rights, placement stability, health and well-being, education, accommodation and support all highlighted as areas for close attention. These are areas where progress can now be demonstrated. The strategy recognises that, where possible, children and young people should be raised by their own families, and emphasises the importance of participation by children, young people and carers in service development. The corporate parenting panel has met with members of the CICC and with foster carers in line with this approach. The strategy sets out a good range of success measures which consider quality as well as activity.
109. Elected members give a high priority to the needs of looked after children. The newly constituted corporate parenting committee of the council is designed to build on the work of the previous corporate parenting panel with the additional benefit of the structure and resources this provides. Members of the committee have established a collaborative cross party approach and are enthusiastic to contribute to improving outcomes for children and young people in care. They recognise their leadership role in raising the awareness of elected members and staff in the council and partner agencies of their collective responsibility as corporate parents for looked after children. For example, a presentation to leaders and elected members provided an overview of the corporate parenting role and made the challenge: 'Does every councillor and officer in the council understand their role in relation to looked after children?'

Leadership and management

Grade 2 (Good)

110. Leadership and management are good. The local authority and partners provide strong, visible leadership to looked after children and care leavers services. Senior managers have a good understanding of the profile of the looked after children population and knowledge of trends is used to inform service planning and delivery. Commissioning for foster care placements is arranged in partnership with neighbouring councils which has proved effective in managing the market and achieving good value for money. The local authority has prioritised increasing its own pool of foster carers. Although the number of carers has reduced over the past year the reasons include positive outcomes for children such as securing permanency through special guardianship orders. The fostering service is affiliated to the Fostering Network which offers additional support to carers and other measures are under consideration to improve the offer for foster carers and attract more carers to Thurrock.
111. Commissioning of residential care is arranged by Thurrock on a case by case basis. The monitoring arrangements are robust and Thurrock also has access to monitoring information collected by partner local authorities in the cross-regional arrangements group. Thurrock is seeking to achieve better value for money from residential placements and is developing its commissioning capacity in the market.
112. The local authority makes effective use of resources, for example the arrangement with legal services in a neighbouring local authority to provide legal planning support when there are peaks in care applications, and the 'in house' multi-agency assessment designed to offer rapid, coordinated assessment reports in complex court cases. Effective partnership work between the social care service and a wide range of agencies is leading to improved outcomes for looked after children. Partnerships with health services have been less effective.
113. Good workforce planning has resulted in a suitably trained and experienced workforce. Social workers and foster carers report they benefit from a good range of training opportunities and foster carers value the opportunities to meet other professionals at training events. Newly qualified social workers (NQSW) are well supported through the NQSW programme which includes fortnightly supervision for six months, regular off-line supervision, group supervision and protected case loads.
114. Looked after children and young people and care leavers are aware how to complain and are appropriately encouraged and supported by an advocate where necessary.

Performance management and quality assurance

Grade 2 (Good)

115. Performance management and quality assurance are good. A good quality assurance framework sets out clearly expected standards for this work. Children's services performance information is well organised and shared appropriately at all levels of the organisation. As a result social workers and front line managers have an increased understanding of how performance information can assist them to achieve better outcomes for children. Performance management has contributed to improvements in a number of indicators including the timeliness of reviews and placement stability, and managers demonstrate a good level of understanding of the 'story' behind the indicator. Performance management is being developed jointly with health partners to ensure a whole system approach.
116. Good performance management by the virtual school is leading to improved educational outcomes for looked after children. Similarly the youth offending service is successfully managing young people on the edge of care and those at risk of offending.
117. Quality assurance is improving. The capacity of the quality assurance team has recently been increased, a new case file audit tool is being introduced and the IROS are becoming more involved in themed audits. Work has been undertaken to improve recognised areas for development, for example training to support improvement in the quality of analysis in assessments and to strengthen care planning. The quarterly sessions for managers led by the quality assurance manager provide a good forum for sharing information and learning.
118. Thurrock is keen to accept external scrutiny, and invited a LILAC assessment of its policy and practice over consultation with looked after children and care leavers. The findings from the assessment have been used to improve participation arrangements resulting in the award of the LILAC mark in January 2012.
119. Staff who spoke to inspectors were very positive about the support they receive from their immediate managers and more senior managers who have regular contact with teams. Supervision is held regularly in line with the supervision policy, and supervision records demonstrate analysis and discussion leading to agreed actions. The personal development plan and review process is well embedded and examples were seen of managers using the process effectively to support practice improvement.

Record of main findings:

Safeguarding services	
Overall effectiveness	Good
Capacity for improvement	Good
Safeguarding outcomes for children and young people	
Children and young people are safe and feel safe	Good
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Good
How good are outcomes for looked after children and care leavers?	
Overall effectiveness	Good
Capacity for improvement	Good
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
Services for looked after children	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Good