

Thurrock: A place of opportunity, enterprise and excellence, where individuals, communities and businesses flourish

# Children's Services Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **19 January 2016**

**Committee Room 1, Civic Offices, New Road, Grays, Essex, RM17 6SL**

## Membership:

Councillors James Halden (Chair), Yash Gupta (MBE) (Vice-Chair), Clare Baldwin, Leslie Gamester, Martin Kerin and Susan Little

Reverend Canon Darren Barlow, Church of England Representative  
Patricia Wilson, Roman Catholic Church Representative  
Myra Potter, Parent Governor Representative  
Sarah Sanders, Parent Governor Representative

## Substitutes:

Councillors Joycelyn Redsell, Andrew Roast and Kevin Wheeler

## Agenda

Open to Public and Press

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<b>2 Minutes</b>	<b>5 - 10</b>
To approve as a correct record the minutes of Children's Services Overview and Scrutiny Committee meeting held on 10 November 2015.	
<b>3 Items of Urgent Business</b>	
To receive additional items that the Chair is of the opinion should be considered as a matter of urgency, in accordance with Section 100B (4) (b) of the Local Government Act 1972.	

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**Queries regarding this Agenda or notification of apologies:**

Please contact Jessica Feeney, Senior Democratic Services Officer by sending an email to [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)

Agenda published on: **11 January 2016**

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# DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

Breaching those parts identified as a pecuniary interest is potentially a criminal offence

## Helpful Reminders for Members

- *Is your register of interests up to date?*
- *In particular have you declared to the Monitoring Officer all disclosable pecuniary interests?*
- *Have you checked the register to ensure that they have been recorded correctly?*

## When should you declare an interest *at a meeting*?

- **What matters are being discussed at the meeting?** (including Council, Cabinet, Committees, Subs, Joint Committees and Joint Subs); or
- If you are a Cabinet Member making decisions other than in Cabinet **what matter is before you for single member decision?**



Does the business to be transacted at the meeting

- relate to; or
- likely to affect

any of your registered interests and in particular any of your Disclosable Pecuniary Interests?

Disclosable Pecuniary Interests shall include your interests or those of:

- your spouse or civil partner's
- a person you are living with as husband/ wife
- a person you are living with as if you were civil partners

where you are aware that this other person has the interest.

A detailed description of a disclosable pecuniary interest is included in the Members Code of Conduct at Chapter 7 of the Constitution. **Please seek advice from the Monitoring Officer about disclosable pecuniary interests.**

**What is a Non-Pecuniary interest?** – this is an interest which is not pecuniary (as defined) but is nonetheless so significant that a member of the public with knowledge of the relevant facts, would reasonably regard to be so significant that it would materially impact upon your judgement of the public interest.

### Pecuniary

If the interest is not already in the register you must (unless the interest has been agreed by the Monitoring Officer to be sensitive) disclose the existence and nature of the interest to the meeting

If the Interest is not entered in the register and is not the subject of a pending notification you must within 28 days notify the Monitoring Officer of the interest for inclusion in the register

Unless you have received dispensation upon previous application from the Monitoring Officer, you must:

- Not participate or participate further in any discussion of the matter at a meeting;
- Not participate in any vote or further vote taken at the meeting; and
- leave the room while the item is being considered/voted upon

If you are a Cabinet Member you may make arrangements for the matter to be dealt with by a third person but take no further steps

### Non- pecuniary

Declare the nature and extent of your interest including enough detail to allow a member of the public to understand its nature

You may participate and vote in the usual way but you should seek advice on Predetermination and Bias from the Monitoring Officer.

**Vision: Thurrock:** A place of **opportunity**, **enterprise** and **excellence**, where **individuals**, **communities** and **businesses** flourish.

To achieve our vision, we have identified five strategic priorities:

**1. Create** a great place for learning and opportunity

- Ensure that every place of learning is rated “Good” or better
- Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
- Support families to give children the best possible start in life

**2. Encourage** and promote job creation and economic prosperity

- Promote Thurrock and encourage inward investment to enable and sustain growth
- Support business and develop the local skilled workforce they require
- Work with partners to secure improved infrastructure and built environment

**3. Build** pride, responsibility and respect

- Create welcoming, safe, and resilient communities which value fairness
- Work in partnership with communities to help them take responsibility for shaping their quality of life
- Empower residents through choice and independence to improve their health and well-being

**4. Improve** health and well-being

- Ensure people stay healthy longer, adding years to life and life to years
- Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
- Enhance quality of life through improved housing, employment and opportunity

**5. Promote** and protect our clean and green environment

- Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
- Promote Thurrock's natural environment and biodiversity
- Inspire high quality design and standards in our buildings and public space

## Minutes of the Meeting of the Children's Services Overview and Scrutiny Committee held on 10 November 2015 at 7.00 pm

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**Present:** Councillors James Halden (Chair), Yash Gupta (MBE) (Vice-Chair), Leslie Gamester and Martin Kerin

Reverend Canon Darren Barlow, Church of England Representative  
Patricia Wilson, Roman Catholic Church Representative

**Apologies:** Councillors Clare Baldwin, Susan Little, Myra Potter and Sarah Sanders

**In attendance:** Carmel Littleton, Director of Children's Services  
Roger Edwardson, Interim Strategic Leader School Improvement, Learning and Skills  
Jessica Feeney, Senior Democratic Services Officer

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Before the start of the Meeting, all present were advised that the meeting may be filmed and was being recorded, with the audio recording to be made available on the Council's website.

### **29. Minutes**

The Minutes of the Children's Overview and Scrutiny Committee, held on the 15 October 2015, were approved as a correct record subject to:

- Adding that the Committee commended the Grays Convent School on their GCSE results.
- Including that Patricia Wilson felt that standards were just as important as faith in item 22 Education Transport.
- Specifying that in item 22 Education Transport Reverend Barlow felt that there was no option for children seeking a Christian secondary education in Thurrock.

### **30. Items of Urgent Business**

There were no items of urgent business.

### **31. Declaration of Interests**

Reverend Barlow declared a non-pecuniary interest in respect of the meeting, as his wife was a teacher at Thameside Primary School, and he has children at the Convent School and Palmers College, He is also a vice chair of the William Palmer Trust.

Councillor Kerin declared a non-pecuniary interest in respect of the meeting, as he was a teacher at the Harris Academy and his wife worked at the Harris Federation Teaching School Alliance.

### **32. School improvement in Thurrock- the Impact of School to School Support**

The Interim Strategic Leader, School Improvement Officer explained to the Committee that the Council set up the Education Commission to review education provision and to consider how progress and performance could be accelerated in Thurrock. The success of recent years and the opportunities presented in the area by regeneration and the arts encouraged all involved in education to work collaboratively and raise standards. It was added that the report provided evidence of the whole education community working together to shape a better future for children and young people across Thurrock.

The Director of Children's Services felt that the next report on the agenda accompanied the School improvement in Thurrock report. The Committee agreed to scrutinise both reports together.

#### **Resolved:**

- 1. The Overview and Scrutiny Committee considered the innovative and effective working relationships between schools, academies and the local authority and the positive impact on school improvement.**
- 2. The Overview and Scrutiny Committee considered the report in conjunction with the Multi-Academy Trust Relationship report of the same date.**

### **33. Multi Academy Trust Relationships**

The Interim Strategic Leader, School Improvement Learning and Skills Officer introduced the report and highlighted the following key points;

- Thurrock schools had been forward thinking and proactive when converting to Academies, with 70% converted, and twenty-seven of those academies are in Multi Academy Trusts.
- No schools were currently in the process of converting into academies.
- The Children's Business and Improvement Team in Children's Services provided a service to schools to support them through the conversion into an academy efficiently and professionally.
- Multi Academy Trusts had responsibility for the performance of all the academies within the group, and that the board of directors oversees the operation of the individual schools.

The Interim Strategic Leader, School Improvement Learning and Skills explained to the Committee that a Multi Academy Trust was formed when a



number of schools who wish to convert or had already converted to a academy status, come together as one legal entity, either in a cluster or as part of a bigger existing organisation. The Multi Academy Trust is a single legal entirety with two layers of governance; an overarching academy trust governed by foundation members and a board of directors or governors.

The Committee was informed that there were ten Multi-Academy Trusts as well as 8 academies that were either part of an 'empty Multi Academy Trust' or are stand alone. The Interim Strategic Leader, School Improvement Learning and Skills Officer explained that an 'empty Multi Academy Trust' had yet to recruit academies to join, either because the Multi Academy Trust founder school decides it is not yet ready to support another school or have not yet approached.

The Committee discussed recruitment and retention in Thurrock schools and academies and the following points were made;

- The Interim Strategic Leader, School Improvement Learning and Skills explained that a Strategy on recruitment and retention was currently being prepared for publication.
- Councillor Gupta questioned the steps that had been taken in the past six years; the Director of Children's Services explained that a large recruitment drive had taken place to minimise the number of contracted staff, which attracted many more Teachers and Head Teachers to Thurrock schools.
- The Director of Children's services explained that the Multi-Academy Trusts had enabled Schools to offer support when senior members of staff were absent.

Councillor Gamester questioned if there were any disadvantages in Multi Academy Trust Relationships. The Interim Strategic Leader, School Improvement Learning and Skills Officer informed the Committee that it was very important that the lead schools in the Multi Academy Trust continued to improve whilst helping to improve partnering academies. Councillor Kerin enquired if the title of academy could be taken away if a school was no longer performing; Officers confirmed that academies legally could not revert back to a mainstream school.

. Councillor Kerin queried if there was any legislation that bounded Multi Academy Trusts to work with local authorities, Members were informed that there was no legislation although the Director of Children Services assured the Committee that they would continue to work and build on relationships. Dr Asong assured the Committee that Multi Academy Trust Relationships had been more proactive since the legislation was repealed.

Councillor Gupta enquired what financial incentive academies received from the Government. The Director of Children's Services highlighted that early academies had received quite significant financial incentives but underlined that this was no longer the case as academies received no additional

incentive other than having the funding which would otherwise be used by the local authority to run certain support functions delegated to them directly.

Dr Asong the Head Teacher of Gable Hall was invited to the Committee to share her personal views and experiences of Multi Academy Trust Relationships; the Committee was made aware of the following points;

- That Multi Academy Trusts can set a strong, shared strategic vision across all the schools in the partnership.
- Multi Academy Trust were accountable for the outcomes for all pupils in the partnership which was an excellent mechanism for ensuring that support and challenge was directed to where it was needed most.
- The Multi Academy Trusts had flexibility about how much or how little power it delegates to individual schools. This enabled tailoring to the individual circumstances of the partnership.
- Multi Academy Trusts were the employer of all staff. This made it easier to flexibly deploy staff, draw on a wider pool of opportunities for CPD, and develop a trust-wide approach to staff development and succession planning.
- Multi Academy Trusts have enabled gifted KS2 students to experience classroom resources at Gable Hall School, which rapidly improved assessment results.
- The central funding agreement has made it easier to pull resources and achieve economies of scale in contracting.

Councillor Gupta commended the work undertaken and expressed his confidence in academies. Dr Asong informed the Committee that Gable Hall was looking to gradually expand their Multi Academy Trust in the future.

**Resolved:**

- 1. Overview and Scrutiny Committee considered the current organisation of schools and the contribution of the multi academy trusts to raising standards across the borough.**

**34. Pathways For Youth Employment And Work Experience**

The Chair of the Committee introduced the report explaining that the Task and Finish Group was primarily concerned with the 11-16 age bracket which is prior to 6th form / college education and the common age of taking on part time work. The group took evidence from local businesses, educational providers, and included the Thurrock Youth Cabinet in all meetings of the group. The group was comprised of Cllr James Halden (Conservative, Homesteads) as Chair, Cllr Graham Snell (UKIP, Stifford Clays), and Cllr Steve Liddiard (Labour, Tilbury St Chads).

The Chair of Committee explained that the purpose of this group, set up as a Task and Finish Group under the Children's Service's Overview and Scrutiny Committee was to try and disseminate best practice across Thurrock and create the right to environment to ensure that quality work experience was actively contributing to the future prospects of our students.

Councillor Kerin informed the Committee that work experience was important for young people; all Members agreed that work experience was a good opportunity for young people and that it could potentially lead to full time employment for some students. Councillor Gupta added that the previous Trident scheme and the current Duke of Edinburgh Scheme also offered work experience opportunities for young people.

Councillor Gamester questioned why the business feedback to the review panel was disappointing. The Chair of the Committee explained that there was a strong degree of links with businesses in the borough and others not so strong; the Committee was informed that letters were sent to certain business partners to gather evidence regarding local provision but unfortunately no one responded formally.

The Committee highlighted that Health and Safety was an issue for many companies when considering young people for work experience. The Director of Children's Services explained that the government had released a webpage called Myth Busting, which ruled out health and safety myths that companies considered a problem when allowing children into the workplace.

All Members of the Committee commended the report.

### **Resolved**

- 1. That work experience offers became a part of the published admissions information given to parents and students when deciding upon a school.**
- 2. Work experience quality to become a part of the education awards and the business awards.**
- 3. Thurrock Council offers a small amount of premium provision work experience places as a part of a Borough wide award for young people's community service.**
- 4. Youth Cabinet and Thurrock Youth Services to support schools and young people who wish to shape their own work experience offer.**
- 5. Thurrock Council continues to work with Ensign Buses and C2C regarding the associated travel costs of work experience.**

### **35. Work Programme**

The Director of Children's Services explained that a report on secondary school results would be added to the work programme for the beginning 2016 depending on when they were received.

The Chair of the Committee informed Members that various letters were sent to the Police and local government partners regarding serious youth violence in Thurrock. It was explained all the responses would be circulated to the Committee. The Chair of the Committee also requested an extraordinary meeting to discuss the serious youth crime feedback.

**The meeting finished at 9.07 pm**

Approved as a true and correct record

**CHAIR**

**DATE**

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Democratic Services at [Direct.Democracy@thurrock.gov.uk](mailto:Direct.Democracy@thurrock.gov.uk)**

<b>19 January 2016</b>	<b>ITEM: 5</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>Fees and Charges 2016/17</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key
<b>Report of:</b> Mike Jones, Strategic Resources Accountant	
<b>Accountable Head of Service:</b> Sean Clark, Head of Corporate Finance	
<b>Accountable Director:</b> Lyn Carpenter, Chief Executive	
<b>This report is public</b>	

## **Executive Summary**

This report details the proposed new fees and charges for Thurrock Council with effect from 1 April 2016.

The paper provides narrative for the discretionary charges relating to Children’s Services. It is to be noted that there is a wider review of commercial opportunities across the Council in progress. Any proposed price changes proposed as part of the wider review will be managed under the delegated authority of the Chief Executive and relevant Cabinet Member (where appropriate.)

### **1. Recommendation(s)**

**1.1 That the committee consider the proposed charges as detailed in the appendix.**

### **2. Introduction and Background**

2.1 In reviewing the fees and charges for 16/17 officers (where practicable) have ensured cost recovery of discretionary activities while at the same time undertaken a benchmarking exercise against neighbouring authorities.

2.2 The table below highlights the actual (14/15) and forecast (15/16) income from external fees and charges.

Service Area	Actual 14/15 £000's	Budget 15/16 £000's	Forecast <sup>1</sup> 15/16 £000's
Adults	7,463.0	8,358.6	8,254.6
Thameside Theatres	471.4	346.7	425.0
Children's Services	4,881.9	5,248.3	5,204.3
Environment	681.9	739.8	846.7
Legal Services <sup>2</sup>	119.8	84.5	124.9
Registrars	234.4	155.8	213.4
Commercial Hall Hire	88.5	82.6	83.9
Public Protection	363.8	337.8	378.7
Housing (General Fund)	844.1	744.5	786.0
Transport & Highways	949.7	994.8	1,109.8
Planning & Developments	1,709.1	1,449.2	1,865.8
<b>TOTAL</b>	<b>17,807.6</b>	<b>18,542.6</b>	<b>19,293.1</b>

- 2.3 In setting the fees for 16/17, a total growth of £775k has been applied that equates to a stretch target of £600k and £175k previously agreed at the first phase of the MTFS process, the following tables provides a high-level reconciliation.

Description	Amount £000's
Budget 15/16	18,542.6
1% uplift on existing fees & charges (bud 15/16)	185.4
<b><u>Rebaseline budgets to actual performance for 15/16</u></b>	
➤ Registrars (Fcst Outturn £213.4k in 15/16)	68.0
➤ Environments (Fcst Outturn £846.7k in 15/16)	102.0
➤ Thameside Theatre(Fcst Outturn £425k in 15/16)	75.0
➤ Growth in Grangewaters Income	20.0
➤ Parking Charges Increase	150.0
<b><u>MTFS Items previously agreed</u></b>	
➤ Filming/Sponsorship	100.0
➤ Growth in Legal Traded Services	50.0
➤ Increases in Planning Fee Income	25.0
<b>TOTAL EXTERNAL INCOME BUDGET 16/17</b>	<b>19,318.0</b>

<b>Service Area</b>	<b>Budget 15/16 £000's</b>	<b>1% uplift £000's</b>	<b>Growth Items £000's</b>	<b>Budget 16/17 £000's</b>
Adults	8,358.6	83.6		8,442.2
Thameside Theatres	346.7	3.5	75.0	425.0
Childrens Services	5,248.3	52.5	20.0	5,320.8
Environments	739.8	7.4	102.0	849.2
Legal Services	84.5	0.8	50.0	135.4
Filming & Sponsorship			100.0	100.0
Registrars	155.8	1.5	68.0	225.0
Commercial Hall Hire	82.6	0.8		83.9
Public Protection	337.8	3.4		341.1
Housing General Fund	744.5	7.5		751.9
Transport & Highways	994.8	9.9	150.0	1,154.8
Planning& Growth	1,449.2	14.5	25.0	1,488.7
<b>TOTAL</b>	<b>18,542.6</b>	<b>185.4</b>	<b>590.0</b>	<b>19,318.0</b>

- 2.4 As part of the commercial transformation work that is in progress, detailed sales and marketing plans will be developed for each service area.
- 2.5 The strategic ambition for Thurrock is to adopt a policy on fees and charges that is aligned to the wider commercial strategy and ensures that all discretionary services cost recover.
- 2.6 Furthermore, for future years, while reviewing charges, services will also consider the level of demand for the service, the market dynamics and how the charging policy helps to meet other service objectives.

### **3 Issues, Options and Analysis of Options**

- 3.1 The fees and charges for each service area have been considered and the main considerations are set out in this section.
- 3.2 **Children's Services**
- 3.2.1 In recent years the external income achieved for Children's Services (including libraries) is highlighted below.

	<b>14/15 Actual £000's</b>	<b>15/16 Budget £000's</b>	<b>Forecast 15/16 £000's</b>	<b>16/17 Target £000's</b>
Catering	2,982.9	2,930.8	2,515.7	2,960.2
Libraries	86.4	88.1	83.9	88.9
Grange waters	175.8	376.4	293.2	400.1
Other Youth Related Activities	1,636.8	1,853.1	2,091.6	1,871.6
<b>Total CHS</b>	<b>4,881.9</b>	<b>5,248.4</b>	<b>5,204.4</b>	<b>5,320.8</b>

- 3.2.2 It is to be noted that in September 2015 Children's Overview and Scrutiny Committee approved a report to be presented to Cabinet January 2016 to spin-out Youth Related Services (including Grangewaters Outdoor Activity Centre.) The proposal results in a 5% reduction from year two of the contract leading to a total saving of 20% over a five year period. To contribute towards the proposed reduction a stretch target of £20k has been allocated towards Grangewater Outdoor Activity Centre for 16/17.
- 3.2.3 The income levels from the existing library offer is targeted as per budget levels for 15/16, this is largely due to the reduction in opening hours implemented in October 2015. Work will now progress to develop a Thurrock Libraries Sales & Marketing plan.
- 3.2.4 It is to be noted that Catering Services remains as the highest income activity that is traded to schools, further work will be undertaken to ensure that all council services are actively marketed to schools.
- 3.2.5 The existing and proposed charges are set out in the Appendix.

#### **4 Reasons for recommendation**

- 4.1 The fees and charges for Thurrock Council are updated annually and agreed by Cabinet. This report has come to this committee for scrutiny and for members to understand the impact on the budgets within particular service areas.

#### **5 Consultation**

- 5.1 Consultations are in progress with regard to some of the proposed changes outlined in Adult Social Care and Parking. However, with regard all other items, the proposals in this report do not affect any specific parts of the borough. Fees and charges are known to customers before they make use of the services they are buying.

#### **6 Impact on corporate policies, priorities, performance and community impact**

- 6.1 The changes in these fees and charges may impact the community; however it must be taken into consideration that these price rises include inflation and no profit will be made on the running of these discretionary services.



## **7 Implications**

### **7.1 Financial**

Implications verified by: **Mike Jones**  
**Management Accountant**

7.1.1 The increase in fees and charges set out in the report have been built into the overall 2016/17 budget.

### **7.2 Legal**

Implications verified by: **Daniel Toohey**  
**Principal Solicitor, Contracts and Procurement**

7.2.1 Fees and charges generally fall into three categories – Statutory, Regulatory and Discretionary. Statutory charges are set in statute and cannot be altered by law since the charges have been determined by Central government and all authorities will be applying the same charge.

7.2.2 Regulatory charged relate to services where, if the Council provides the service, it is obliged to set a fee which the Council can determine itself in accordance with a regulatory framework. Charges have to be reasonable and must be applied across the borough.

7.2.3 Discretionary charges relate to services which the Council can provide if they choose to do so. This is a local policy decision. The Local Government Act 2003 gives the Council power to charge for discretionary services, with some limited exceptions. This may include charges for new and innovative services utilising the power to promote environmental, social and economic well-being under section 2 of the Local Government Act 2000. The income from charges, taking one financial year with another, must not exceed the cost of provision. A clear and justifiable framework of principles should be followed in terms of deciding when to charge and how much, and the process for reviewing charges.

7.2.4 A service may wish to consider whether they may utilise this power to provide a service that may benefit residents, businesses and other service users, meet the Council priorities and generate income.

7.2.5 Decisions on setting charges and fees are subject to the Council's decision-making structures. Most charging decisions are the responsibility of Cabinet, where there are key decisions. Some fees are set by full Council.

### **7.3 Diversity and Equality**

Implications verified by: **Rebecca Price**  
**Community Development Officer**

7.3.1 The Council has a statutory duty under the Race Relations Act 2000 (Amendment), the Disability Discrimination Act 2005 and the Sex Discrimination Act 1975 (Amendment) to promote equality of opportunity in the provision of services and employment.

7.3.2 Decisions on setting charged and fees are subject to the Council's decision-making structures. Concessions should be available to groups or individuals in the community, where the increase may result in them being excluded from particular activities.

7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None applicable

8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

9. **Appendices to the report**

- Appendix 1: Children's section of the Draft Fees and Charges Booklet 2016/17.

**Report Author:**

Mike Jones

Strategic Resources Accountant

Corporate Finance

## Fees and Charges Booklet

2016-17

### KEY

#### VAT indicator

Throughout this booklet the following VAT indicators are used  
Z = zero  
O = outside scope  
E = exempt  
S = standard

#### Statutory or Discretionary indicator

This Booklet is divided into 2 parts;

Part A is Statutory or reasonable charges  
Part B is Discretionary charges

POA - Price on Application

#### Notes on presentation

It is assumed that the date of increase in all cases will be 1st April.

# Fees and Charges Booklet

2016-2017

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Environment

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Housing Services

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LEARNING & UNIVERSAL OUTCOMES	STATUTORY OR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b><u>Thurrock Play Service</u></b>					
Per session	D	13.50	E	15.00	15.00
<b><u>Nursery Places</u></b>					
Full placement costs per week	D	213.00	E	215 - 225	215 - 225
<b><u>Pre School Sessions</u></b>					
per 3 hour session	D	13.50	E		0.00
<b><u>After School Club</u></b>					
Per session	D	13.50	E	15.00	15.00
Holiday Club					
Per Day	D	33.00	E	35.00	35.00
<b>GRANGEWATERS OUTDOOR EDUCATION CENTRE</b>					
<b><u>Residential Visits (up to and including 18 years old)</u></b>					
Self catering (2 days, 1 night)	D	n/a	E	85.00	85.00
Self catering (3 days, 2 nights)	D	n/a	E	135.00	135.00
Self catering (4 days, 3 nights)	D	n/a	E	185.00	185.00
Self catering (5 days, 4 nights)	D	n/a	E	235.00	235.00
Full Board (2 days, 1 night)	D	n/a	E	125.00	125.00
Full Board (3 days, 2 nights)	D	n/a	E	195.00	195.00
Full Board (4 days, 3 nights)	D	n/a	E	265.00	265.00
Full Board (5 days, 4 nights)	D		E	335.00	335.00
<b><u>Residential Visits (up to and including 19 years old)</u></b>					
Self catering (2 days, 1 night)	D	n/a	E	105.00	105.00
Self catering (3 days, 2 nights)	D	n/a	E	165.00	165.00
Self catering (4 days, 3 nights)	D	n/a	E	225.00	
Self catering (5 days, 4 nights)	D	n/a	E	285.00	
Full Board (2 days, 1 night)	D	n/a	E	145.00	145.00
Full Board (3 days, 2 nights)	D	n/a	E	225.00	225.00
Full Board (4 days, 3 nights)	D	n/a	E	305.00	305.00
Full Board (5 days, 4 nights)	D	n/a	E	385.00	385.00
Camping (per person per night)	D	n/a	E	4.00	4.00

LEARNING & UNIVERSAL OUTCOMES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<u>Day Visits (Groups up to and including 18 years)</u>					
Up to 10 people (Full day 4 sessions)	D	n/a	E	350.00	350.00
Up to 10 people (Half day, 2 sessions)	D	n/a	E	180.00	180.00
Up to 10 people (Single session)	D	n/a	E	100.00	100.00
<u>Day Visits (Groups aged 19 and over (excluding corporate bookings))</u>					
Up to 10 people (Full day, 4 sessions)	D	n/a	E	375.00	375.00
Up to 10 people (Half day, 2 sessions)	D	n/a	E	195.00	195.00
Up to 10 people (Single session)	D	n/a	E	110.00	110.00
<u>Family Groups</u>					
Up to 2 adults and 2 children (Full day 4 sessions)	D	n/a	E	280.00	336.00
Up to 2 adults and 2 children (Half day, 2 sessions)	D	n/a	E	160.00	160.00
Up to 2 adults and 2 children (Single session)	D	n/a	E	85.00	85.00
Up to 2 adults and 4 children (Full day 4 sessions)	D	n/a	E	290.00	290.00
Up to 2 adults and 4 children (Half day, 2 sessions)	D	n/a	E	175.00	175.00
Up to 2 adults and 4 children (Single session)	D	n/a	E	100.00	100.00
<u>Celebration Groups (up to 10 participants)</u>					
Under 14 years old (4.5 hours)	D	n/a	E	285.00	285.00
Under 14 years old (3 hours)	D	n/a	E	200.00	200.00
Under 14 years (1.5 hours)	D	n/a	E	120.00	120.00
14-18 years old (4.5 hours)	D	n/a	E	300.00	300.00
14-18 years old (3 hours)	D	n/a	E	210.00	210.00
14-18 years old (1.5 hours)	D	n/a	E	130.00	130.00
<u>Private Tuition</u>					
First person (4.5 hours)	D	n/a	E	100.00	100.00
First person (3 hours)	D	n/a	E	75.00	75.00
First person (1.5 hours)	D	n/a	E	45.00	45.00
Per additional person (4.5 hours)	D	n/a	E	55.00	55.00
Per additional person (3 hours)	D	n/a	E	40.00	40.00
Per additional person (1.5 hours)	D	n/a	E	25.00	25.00

LEARNING & UNIVERSAL OUTCOMES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<u>Corporate Groups</u>					
Activity duration 1.5 hours	D	n/a	E	50.00	50.00
Activity duration 3 hours	D	n/a	E	85.00	85.00
Activity duration 4.5 hours	D	n/a	E	120.00	120.00
Activity duration 6 hours	D	n/a	E	150.00	150.00
<u>Mobile climbing wall</u>					
Full day (6 hours)	D	n/a	S	550.00	660.00
Half day (3 hours)	D	n/a	S	300.00	360.00
Pay per climb	D	n/a	S	3.00	3.60
Waiting time (per hour)	D	n/a	S	75.00	90.00
<u>Duke of Edinburgh's Award Expedition Packages</u>					
<u>BRONZE Thurrock Groups</u>					
Package A (group of 4)	D	n/a	E	805.00	805.00
Package B (group of 4)	D	n/a	E	675.00	675.00
Package C (group of 4)	D	n/a	E	545.00	545.00
Package D (per visit)	D	n/a	E	25.00	0.00
Additional participant (package A)	D	n/a	E	25.00	0.00
Additional participant (package B&C)	D	n/a	E	20.00	0.00
<u>SILVER (Thurrock Groups)</u>					
Package A (group of 4)	D	n/a	E	1070.00	1070.00
Package B (group of 4)	D	n/a	E	890.00	890.00
Package C (group of 4)	D	n/a	E	710.00	710.00
Package D (per visit)	D	n/a	E	30.00	30.00
Additional participant (package A)	D	n/a	E	35.00	35.00
Additional participant (package B&C)	D	n/a	E	30.00	30.00
<u>GOLD (Thurrock Groups)</u>					
Package A (group of 4)	D	n/a	E	1320.00	1320.00
Package B (group of 4)	D	n/a	E	1205.00	1205.00
Package C (group of 4)	D	n/a	E	1090.00	1090.00
Package D (per visit)	D	n/a	E	35.00	35.00
Additional participant (package A)	D	n/a	E	50.00	50.00
Additional participant (package B&C)	D	n/a	E	40.00	40.00

LEARNING & UNIVERSAL OUTCOMES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b>BRONZE Non-Thurrock Groups</b>					
Package A (group of 4)	D	n/a	E	945.00	945.00
Package B (group of 4)	D	n/a	E	795.00	795.00
Package C (group of 4)	D	n/a	E	640.00	640.00
Package D (per visit + 40p per mile)	D	n/a	E	25.00	25.00
Additional participant (package A)	D	n/a	E	30.00	30.00
Additonal participant (package B&C)	D	n/a	E	25.00	25.00
<b>SILVER (Non-Thurrock Groups)</b>					
Package A (group of 4)	D	n/a	E	1260.00	1260.00
Package B (group of 4)	D	n/a	E	1050.00	1050.00
Package C (group of 4)	D	n/a	E	835.00	835.00
Package D (per visit + 40p per mile)	D	n/a	E	30.00	30.00
Additional participant (package A)	D	n/a	E	40.00	40.00
Additonal participant (package B&C)	D	n/a	E	35.00	35.00
<b>GOLD (Non-Thurrock Groups)</b>					
Package A (group of 4)	D	n/a	E	1550.00	1550.00
Package B (group of 4)	D	n/a	E	1420.00	1420.00
Package C (group of 4)	D	n/a	E	1280.00	1280.00
Package D (per visit +40p per mile)	D	n/a	E	35.00	35.00
Additional participant (package A)	D	n/a	E	55.00	55.00
Additonal participant (package B&C)	D	n/a	E	45.00	45.00
<b>Club Use of Site</b>					
Grangewaters Angling Club	D	n/a	E	5500.00	5500.00
Thurrock Angling Club	D	n/a	E	8670.00	8670.00
Thurrock Motorboat & Waterski Club (per visit)	D	n/a	E	170.00	170.00
Brentwood Model Powerboat Club (per visit)	D	n/a	E	170.00	170.00
Grangewaters Working Newfoundlands (per dog per visit)	D	n/a	E	3.50	3.50
Leonberger Dog Training Club (per dog per visit)	D	n/a	E	3.50	3.50
<b><u>SCHOOLS - for other charges, please contact school direct</u></b>					
School meal charges - Pupils	D	2.00	O	2.05	2.05
School meal charges - Teachers & Visitors	D	2.20	S	2.25	2.70
<b><u>ADULT EDUCATION:</u></b>					
Charges for the service are set out in the Adult Education Prospectus published at the beginning of the academic year.					
For more information on courses and charges please contact:					
Grays 01375 372476					
Stanford 01375 673616					



CULTURAL SERVICES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b><u>LIBRARIES</u></b>					
<b><u>FINES</u></b>					
Books:					
Day 1	D	0.10	O	0.15	0.15
Day 2	D	0.20	O	0.30	0.30
Day 3	D	0.30	O	0.45	0.45
Day 4	D	0.40	O	0.60	0.60
Day 5	D	0.50	O	0.75	0.75
Day 6	D	0.60	O	0.90	0.90
Day 7	D	0.70	O	1.05	1.05
(The fines will be charged on the days which the library is open)					
Maximum charge ( 8 weeks) *	D	5.60	O	8.40	8.40
* This maximum charge limits the extent of a fine payable for late return of a single item. A renewal constitutes a new loan.					
NOTE:					
Books borrowed on children's and young adult tickets - exempt					
<b><u>RECORDED SOUND</u></b>					
Compact Disc Hire - 1 week loan	D	1.10	O	1.10	1.10
All spoken word for children (tape or CD)	D	free	O	Free	0.00
Spoken Word on CD - 3 week loan	D	2.00	O	2.50	2.50
<b><u>LANGUAGE COURSES</u></b>					
Single item for 3 weeks	D	1.10	O	1.50	1.50
Multiple sets for 12 weeks	D	3.10	O	3.50	3.50
<b><u>NOTE</u></b>					
People who are blind, partially sighted or who have difficulty in reading print due to physical learning disabilities do not pay fines, hire or request charges for recorded sound					
<b><u>DVD</u></b>					
<b><u>TV &amp; Feature Films Hire</u></b>					
Each item / week	D	2.00	O	2.00	2.00
Overdue: item / week	D	2.00	O	2.00	2.00
Maximum charge - 8 weeks	D	16.00	O	16.00	16.00
<b><u>Children's DVD Hire</u></b>					
Each item / week	D	2.00	O	2.00	2.00
Overdue: item / week	D	2.00	O	2.00	2.00
Maximum charge - 8 weeks	D	16.00	O	16.00	16.00
<b><u>Non Fiction DVD Hire</u></b>					
Each item / week	D	2.00	O	2.00	2.00
Overdue: item / week	D	2.00	O	2.00	2.00
Maximum charge - 8 weeks	D	16.00	O	16.00	16.00
NOTE: Deaf and hard of hearing people do not pay fines on hire or request charges for sub-titled videos.					

Childrens Care and Targeted Outcomes	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b>Children with disabilities</b>					
Summer Play Scheme per day per child	D	12.00	E	12.00	12.00
Summer Play Scheme per day per child with transport	D	15.00	E	15.00	15.00
Hannahs Place after school provision - per session	D	15.00	E	15.00	15.00

CULTURAL SERVICES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b>CATALOGUE REQUESTS</b>					
Requests from Library catalogue		Free		Free	Free
Requests not from Library catalogue, including British Library		3.00		3.00	3.00
<b>MUSIC SETS AND PLAY SETS</b>					
<u>Music Set Hire (Obtained through Essec CC)</u>					
Vocal scores ( per item)	D	1.50	O	Decision not yet made	
Sheets - per set	D	10.00	O	Decision not yet made	
Chamber music ( 3 or more parts )	D	5.00	O	Decision not yet made	
Orchestral set	D	20.00	O	Decision not yet made	
Play Sets Hire (3-15 copies)	D	10.00	O	Decision not yet made	
<b>BORROWERS' LOST TICKETS</b>					
Adult - First Loss	D	2.20	O	2.50	2.50
- Second and subsequent loss	D	2.20	O	3.00	3.00
<b>CHILDREN'S LOST TICKETS</b>					
	D	1st Free	O	1st Free	1st Free
	D	2nd 2.00	O	2nd 2.50	2nd 2.50
<b>SALES</b>					
Adult fiction - hardback	D	0.80	Z	0.80	0.80
Adult fiction - paperback	D	0.30	Z	0.30	0.30
Adult non fiction - hardback	D	1.50	Z	1.50	1.50
Adult non fiction - paperback	D	0.80	Z	0.80	0.80
Children's - hardback	D	0.80	Z	0.80	0.80
Children's - paperback	D	0.30	Z	0.30	0.30
CD's	D	1.50	S	1.25	1.50
DVD's	D	2.00	S	1.67	2.00
<b>DAMAGED AND LOST ITEMS</b>					
Replacement cost or publication price for books and other materials during the first year. Thereafter, 10% reduction for each year to a minimum of 50% or the following whichever is the greater.					
Books for which no current value can be traced :					
Adult books	D	30.00	O	30.00	30.00
Children's books	D	20.00	O	20.00	20.00

CULTURAL SERVICES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b><u>LOST COMPACT DISC CASSETTE INSERTS/ CASES AND BOOK WALLETS</u></b>					
Compact Disc/CD ROM or Cassette Insert	D	Full cost	O	Full cost	Full cost
Compact Disc/CD Rom Case	D	1.75	O	2.00	2.00
Book wallets	D	1.00	O	1.50	1.50
DVD insert	D	Full Cost	O	Full cost	Full cost
DVD Case	D	1.75	O	2.00	2.00
<b><u>PHOTOCOPIERS</u></b>					
Single copy A4 size - Monochrome	D	0.08	S	0.08	0.10
Single copy A3 size - Monochrome	D	0.13	S	0.17	0.20
Single copy A4 size - Colour	D	0.83	S	0.83	1.00
Single copy A3 size - Colour	D	1.25	S	1.25	1.50
<b><u>MICROFILM PRINTS</u></b>					
per page From old machine - new machine is same as printouts.	D	0.25	S	0.21	0.25
<b><u>FAX</u></b>					
<u>Outgoing</u>					
First page : UK	D	0.83	S	0.83	1.00
Additional page	D	0.42	S	0.42	0.50
First page : Europe	D	2.08	S	2.08	2.50
Additional page	D	0.83	S	0.83	1.00
First page : Elsewhere	D	2.50	S	2.50	3.00
Additional page :	D	1.25	S	1.25	1.50
Fax to free numbers (Admin charge)		0.42	S	0.42	0.50
Libraries located within shopping centres where fax charges are cheaper may match the charge of the lowest competitor (in agreement with the group manager)					
<u>Incoming</u>					
Each	D	1.00	S	1.00	1.20
<b><u>INTERNET AND WORD PROCESSING</u></b>					
Use of the Internet		FREE		FREE	FREE
Word Processing:					
Black and white	D	0.20	S	0.21	0.25
Colour	D	0.20	S	0.21	0.25
<b><u>CD-ROM PRINT-OUTS:</u></b>					
Black and white	D	0.20	S	0.21	0.25
Colour	D	0.20	S	0.21	0.25

CULTURAL SERVICES	STATUTORY OR DISCRETIONAR	BASIC CHARGE 2015/16	VAT GROUP	2016-17 PROPOSED BASIC CHARGE	2016-17 PROPOSED CHARGE INCLUDING VAT
		£		£	£
<b>EXHIBITIONS</b>					
<u>Exhibition Space</u>					
Exhibition of works or crafts by individual artists and	D	25% commission or minimum hire	E	25% commission or minimum hire	25% commission or minimum hire
<b>PREMISES HIRE</b>					
<u>Commercial organisations and public meetings held by political parties</u>					
Per hour					
Under 24 sq.m.	D	34.00	E	35.00	35.00
24 - 70 sq.m.	D	Negotiable	E	40	40.00
Over 70 sq.m.	D	Negotiable	E	45	45.00
<u>Other organisations and non-public meetings of political parties</u>					
Under 24 sq.m.	D	7.20	E	20.00	20.00
24 - 70 sq.m.	D	10.65	E	25.00	25.00
Over 70 sq.m.	D	14.50	E	30.00	30.00

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<b>19 January 2016</b>	<b>ITEM: 6</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>Julia – Serious Case Review Action Plan Update, dated 7/1/2016</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key
<b>Report of:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Head of Service:</b> Andrew Carter, Head of Care and Targeted Outcomes	
<b>Accountable Director:</b> Carmel Littleton, Director of Children’s Services	
<b>This report is public</b>	

## Executive Summary

To provide an update on the Thurrock LSCB, multi-agency action plan in relation to the 'Julia' serious case review.

### 1. Recommendation(s)

**1.1 That the Overview & Scrutiny Committee continues to monitor progress against the multi-agency action plan with a particular focus on Children's Services.**

### 2. Introduction and Background

2.1 A copy of the full 'Julia' Serious Case review report can be found on the Thurrock LSCB website and all members are encouraged to read the report in full.

2.2 Attached is the multi-agency action plan for members to scrutinise the actions of Children’s Services in progressing and completing the plan.

### 3. Issues, Options and Analysis of Options

3.1 None

### 4. Reasons for Recommendation

4.1 For the Children's Overview and Scrutiny committee to satisfy itself that the action plan is being effectively implemented and that actions are having an

impact to improve outcomes for children within Children's Services and in partnership with the LSCB and key agencies.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 The LSCB Action Plan was circulated to all partners of the LSCB and LSCB sub-committees prior to ratification.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The review calls upon the authority to review the findings against existing policies and procedures and consider making any changes reflected in the review.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The delivery of LSCB business is undertaken within existing budgets. Those budgets are established through annual partnership funding and specific budgets allocated for training and serious case reviews.

### **7.2 Legal**

Implications verified by: **Lindsey Marks**  
**Principal Solicitor, Children's Safeguarding**

This Serious Case Review fulfils the requirements of Regulation 5 of the Local Children's Safeguarding Board 2006.

### **7.3 Diversity and Equality**

Implications verified by: **Becky Price**  
**Community Development Officer**

The LSCB Annual Report covers the safeguarding needs of all children in Thurrock. The plans and policies of its board and sub-committees reflect the diverse needs which are supported through implementing and developing equalities impact assessments.

### **7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)**

None



**8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- Serious Case Review Report 'Julia' – <http://www.thurrocklscb.org.uk/procedures/serious-case-and-managed-reviews/>

**9. Appendices to the report**

- Appendix 1: Thurrock LSCB, 'Julia' Serious Case Review Action Plan

**Report Author:**

Andrew Carter

Head of Care and Targeted Outcomes





Children's Services

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**Thurrock LSCB SCR under SCIE Methodology**

**Child A – ‘Julia’**

**Review Findings and Questions to the Board and its Partner Agencies**




	Red Progress not on track – remedial action required
	Amber Progress will need monitoring to ensure it remains on track
	Green Progress on track no additional action
	Action completed

**Finding 1: There is a pattern whereby national and local policy agendas have driven practice in relation to underage sexual activity to have a stronger focus on sexual health and teenage pregnancy rather than sexual exploitation**

The principal finding of “If only someone had listened” – the Final Report of the Inquiry of the Office of the Children’s Commissioner into Child Sexual Exploitation in Gangs and Groups (CSEGG) was that despite increased awareness and a heightened state of alert regarding child sexual exploitation children are still slipping through the net and falling prey to sexual exploitation. Research published by Barnardos and the evidence provided to the Home Affairs Select Committee suggest that gaps remain in the knowledge, practice and services required to tackle this problem. Part of an effective response will be to ensure that there is a professional balance between appropriate advice regarding sexual health and a heightened awareness that this might be an opportunity to consider the potential for sexual exploitation.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
1a. Does the Board recognise that this is an issue within Thurrock?	Thurrock CCG	<p>Yes - As a CCG this has been shared with us by provider services through their raised serious incidents (SIs).</p> <p>It has also been identified from previous case reviews so the CCG will seek assurance from provider services to ensure there is increased awareness and all professionals working with young people have the skills/competency to identify and respond to CSE.</p>	Ensure that the CCG quality and governance team are able to recognise all which may have elements of CSE.	Action complete		June 2015 Regular meeting with Lead - to discuss Si's which includes sexual abuse cases. A copy of the action plan has been forward to the Quality and Governance Team	CCG Safeguarding Team/Representative  SI Lead Quality and Patients Safety  Designated Nurse (D/N)	CCG is assured that CSE and Sexual Health of young people is embedded in contracts and performance and practice.
			Raise awareness with quality and governance team, NHS England Area Team safeguarding Leads through Case reviews/ Workshops/ Audits.	Action complete		CSE Workshop for the whole health economy planned - 31/10/14. NHS England safeguarding lead has been invited	Designated Nurse	
			CCG will work closely with commissioner and the contract team to ensure that CSE is included as Key Performance Index, contracts and Exceptional report.	Action complete		Designated Nurse meetings with Contract Leads/Chief Nurse. LOG/CQRC/PSQ Minutes and Email correspondence available on request	Designated Nurse	
			CSE and Case Review discussed at Health Economy meetings	Action complete		As above		

Police	Agree that this is an issue. CPS guidance supports the non criminalising of young people who are in a consensual relationship and of the same peer group. The Child abuse investigation teams and sexual offence investigation teams are the decision makers on whether to investigate.	The Child Sexual Exploitation Triage Team alongside partners have delivered "champions" training to ensure professionals recognise signs of vulnerability. This has included Champions within the Child Abuse investigation teams and Sexual Offences Investigation teams who are responsible for decision making around these offences,	Action complete		This programme of delivery has been completed.	Head of Child Abuse Investigation	To ensure reports of underage sexual activity are assessed to consider if relationship between those involved is appropriate or whether there are signs of exploitative behaviour
Children's Social Care	Agreed that this has been an issue nationally. This case and others nationally have challenged professionals awareness & perception. This needs to continue and be addressed with all professionals who have a key role giving sexual health / contraception advice.	Ensure that multi-agency training is addressing the impact of Child Sexual Abuse (CSA), Peer on Peer abuse & CSE, in a format that is accessible to sexual health workers. Develop countywide CSE strategy.	P		Completed - Countywide CSE Group established and action plan in place. Local CSE group is established and strategy in place. Training is on track re: sexual health workers.	NL/AC	To ensure that there is a consistent, appropriate and timely response to CSA; Peer on Peer abuse and CSE across the whole partnership.
CAFCASS	Yes						
NELFT	Yes	Please see below					




Probation	Probation was not directly involved in this case, the issue of CSE is relevant to the agency.	Operational investigation manager (OIM), who was a review team member, will complete a generic dissemination document about this SCR which will be disseminated to offender managers, highlighting the issues raised around CSE in this case.	G	November 2014 - update. There has been some delay in the dissemination on document being discussed with staff. This has now being addressed and it is anticipated that the review will have disseminated by the end of December 2014	30/09/2014  31/12/14	Alex Bamber  OIM	Increase in awareness among staff regarding CSE.  Improve confidence among staff in recognising a service user who may be sexually exploiting a young person.  Cases identified and discussed in staff supervision.  Evidence from internal inspections
BTUH	BTUH are aware this an issue within Thurrock	Traffic Light CSE pathway to be rolled out within 2015-16 safeguarding children training level 3	A	RAG Status amber due to:- Black alert impacting on A/E adult trained front line staff attending L3 training which could impact on 95% attainment	March 2015  <div style="border: 1px solid black; padding: 5px; text-align: center;">   CSE Risk level red.docx     CSE Risk level amber.docx     CSE Risk level green.docx </div>	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 Mandatory Safeguarding Children training.

	Education	This case indicates that there is a need to ensure that all staff working across education have the support and training to ensure that the supportive approach to young people with regard to their sexual health and contraception includes clear opportunities to reflect on and question the young person concerning their behaviours and their capacity.	Ongoing training and support for school staff to ensure appropriate pupil access to sexual health information and promotion, within a framework that identifies and addresses abuse and exploitation	Action complete		Training and Awareness raising for Headteachers and Safeguarding leads has been provided. H.T. briefing Sept. Safeguarding Leads Forum - June 2015. LSCB online training. Generic Schools training.	NL/LSCB	To ensure that there is a clear awareness of the risks of CSE and a consistent, appropriate and timely response to CSE by all Schools, Colleges, settings and Education agencies.	
1b. Does this Board have any further information about what is getting in the way of enabling professionals to strike a balance between advice around sexual health and an awareness of sexual exploitation?	Thurrock CCG	Lack of clarity around the National guidance on sexual health and the Sexual Offences Act 2003. The confusion between child sexual abuse and child sexual exploitation. Government agenda on reducing teenage pregnancy and providers meeting their target	CCG to seek assurance from providers that appropriate training is been delivered to their frontline staff.	Action complete	CCGs do not hold the GP contracts. This makes it challenging to monitor GPs performance on Safeguarding.	CSE and Julia Case Review on the agenda for LOG and Named Professional Meeting	CCG NHS E	Commissioners are able to challenge all providers if they are not meeting their targets.  All frontline practitioners have a clear understanding of the difference between CSE and underage sex	
			Ensuring that clarity around the difference between the mentioned guidance and document are embedded in training and practice.	Action complete		Multiagency training content is being reviewed, email sent to LSCB and Named Nurse advising them to include CSE in multi-agency training. Copy of the new Intercollegiate attached to correspondence. Joint CSE/FGM workshop for all frontline health staff planed for 31.10.14			Associate Designated Nurse  Designated Nurse and Provider Community Named Nurse
			CCG to work closely with providers to deliver joint training/ workshop.	Action complete		Multiagency training content is being reviewed, email sent to LSCB and Named Nurse advising them to include CSE in multi-agency training. Copy of the new Intercollegiate attached to			Associate Designated Nurse  Designated Nurse and Provider Community Named Nurse

		CCG to ensure that Health economy have identified CSE Champions and that they are clear about their roles and responsibilities within their organisations	Action complete		CCG and their main providers have nominated CSE Champions  Thurrock LSCB has a list of all agencies nominated CSE Champion	Designated Nurse	
		CCG to ensure that NHS E Area Team are engaged and involved in the CSE agenda.	Action complete		Meeting arranged 21/08/14 and NHS England area team rep updated on Julia, CSE Tools and Action Plans	Designated Nurse	
Police	Police are not involved in giving advice regarding sexual health. The CSE Triage Team are the recipients of risk assessments and referrals from all agencies around CSE and have all received (and some delivered) the champions training to recognise signs of vulnerability. They will triage cases and any that appear non exploitative and between young people in appropriate relationships will be passed to Child Abuse Investigation Teams and/or Sexual Offence Investigation Teams	Development of MASH within LA increasing opportunity for ID of risk and appropriate signposting to agencies	Action complete		The MASH is now dealing with all CP referrals within Thurrock that are new referrals. If the case is open to a social care team then it would be passed to them. If cases get referred via police number 101 then these to into West CAIT. If these are obvious joint investigations then CAIT will retain and not send to the MASH, if they are not then they send them to the MASH to deal.	Strategic partners within the MASH arrangement	A MASH which receives and assesses all referrals relating to child protection
		Development of RA tool CSETT Team within Public Protection	Action complete		Risk Assessment tool and referral pathway into CSETT has been fully implemented	Head of Child Abuse Investigation	A process whereby all known information from partner agencies is known and used to assess the case and identify risk for appropriate level of investigation






Children's Social Care	The Board should obtain further information from multi-agency audits; staff questionnaires across the partnership; single agency CSE audits & feedback from staff training.	CSC staff to complete CSE awareness training. Single agency audits to be undertaken. Staff questionnaires to be developed and feedback obtained from staff training. National Peer on Peer, Misunderstood training to be offered to key managers.	Action complete		On-line CSC training provided to CSC staff. Learning from Julia and CSE briefings at CSC Service Morning on 30.1.15. Audit of CSE cases Dec 14, Feb 15 - April' 15. Staff questionnaire on track and feedback obtained from staff training. Managers have attended or are booked to attend Home Office sponsored Misunderstood training.	LSCB Audit Group / CSC-SMT/AC / NL	Increased awareness leading to appropriate focus and challenge where required.
CAFCASS	Respond to CSE						
NELFT	NELFT will need to ensure all staff working with young people have increased awareness, knowledge and skills to identify and respond to CSE. Staff need to be able to provide sexual health advice and also consider the distinction between normal adolescent behaviours and potential indicators of CSE	All frontline staff working with children and YP to complete basic awareness online CSE training	Action complete	LSCB to send logins to staff	Sept 14 - LSCB online training available staff have received logins and completed training	AD's for sexual health services and 0-19 services	All health staff have the required knowledge and skills to identify and respond to CSE
		All safeguarding supervisors to be trained as CSE Champions and to facilitate discussion of CSE cases in safeguarding supervision	Action complete	Await training dates by LSCB	Nov 14 - CSE Champions identified. Training dates identified by LSCB for Feb/March 15. March 2015 Safeguarding supervisors have attended champion training. To scope how	AD for Children's' Services	
		Risk assessment tool to identify vulnerability indicators for CSE to be developed and implemented for use by SN/SRH services	Action complete		Nov 14 - Multi agency CSE risk assessment tool to be added to SytmOne units across children's services. Presently on SN unit. March 2015 SRH/GUM also using risk	AD's for sexual health and Head of Service Children Services and Named Nurse	

		Develop CSE policy to provide staff guidance	Action complete		30.09.14 - To get update from DV lead on progress with policy 03.11.14 draft policy available  26.01.15 - CSE Policy now completed and on NELFT intranet for all staff to access	NELFT Lead for DV and harmful practices	
Probation	There is no direct involvement in the case	Learning has been disseminated to all staff					
BTUH	Front line paediatric staff has an awareness of sexual exploitation. However, it remains challenging in a busy acute A/E environment to build a trusting professional relationship within a brief episode of care		Action complete		 CSE Risk level red.docx  CSE Risk level amber.docx  CSE Risk level green.docx	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	
Education	Schools carry out programmes of sexual and relationship education and are required to have regard to the Sex and Relationship Guidance (DfEE 200).	Schools do ensure that their PSHE Programmes are not focused solely on sexual health but encompasses issues of consent & exploitation	G		Walk On Line Roadshows and COP programmes across schools in Thurrock as part of LSCB and multi-agency provision. Multi-agency training and briefing for school staff re: CSE; CSA; peer on peer abuse and neglect. Consent events.	NL/AC/LSCB strategic lead school improvement to complete phone survey for 10 secondary schools. Strategic Lead for School Improvement has emailed all secondary schools to ensure compliance.	Ensure that schools are addressing CSE within PSHE curriculum. Continue to promote work by schools re: online safety

1c. What are the options available for tackling this issue?	Thurrock CCG		In addition to the above, the CCG is planning a joint workshop on CSE with providers across the health economy for all frontline professionals working with children and young people.	Action complete		CSE Workshop delivered on 31/10/14 for the South West Health Economy.  Bespoke training delivered to GUM and SRH Staff on CSE/CSA.	CCG Safeguarding Team	
			Raise GP awareness of practitioner risk assessment tool for CSE	Action complete		Action Plan forwarded to all GP Safeguarding Leads in Thurrock. GPs invited to CSE workshop on 31.10.14. GP Safeguarding Leads update will be based on SCR findings and learning	Safeguarding Team	
			Clear pathways for contacting statutory agencies / CSE leads. CSE Risk Assessment tools and CSE Form 1 is uploaded on the CCG	Action complete		Referral pathway (MASH CAF), CSE Form 1 and CSE Risk Assessment Tools are all uploaded on the CCG Intranet page and easily accessible by	Safeguarding Team	
	Police	The ongoing development of the MASH	Development of MASH within LA increasing opportunity for ID of risk and appropriate signposting to agencies	G	As before	See evidence at 1b	Strategic leads for the MASH	All CP cases to be dealt with by the MASH for consistency of assessment and response
		The development of the Child Sexual Exploitation triage team	Development of RA tool CSETT Team within Public Protection	Action complete			Deputy Head of Crime and Public Protection	Team set up 2013 and subject to review end of 2014, early 2015 leading to a review and change of the terms of reference and processes.

Children's Social Care	Ensure that the CSE strategy is revised. Make CSE training compulsory part of induction and NQSW /ASYE modules. Ensure all agencies are providing effective CSA training	Ensure staff are completing CSE training. Revise CSE strategy. Continue to provide appropriate Child Sexual Abuse (CSA) training.	Action complete		Whole service briefing held on 30.1.15. Staff have and are completing CSE training. Training is in place for NQSWs as part of ASYE academy. CSE training is compulsory. CSE champions training in place for March 15 re: all frontline managers. Revised CSE strategy is in place. Ongoing CSA training is provide.	AC	Increased awareness leading to early identification of and effective risk management of CSE;CSA and Peer on Peer abuse. The appropriate level of plan is in place and cases are escalated to legal proceedings where sufficient change is not made or maintained.
CAFCASS	To ensure all staff are aware and refreshed of issues relating to CSE training Training on line	Ensure Practitioner staff complete e learning in relation to CSE					Respond Tool with indicators risk assess
		Assess awareness of CSE in safeguarding assessments in Performance learning review					
		Circulate SCR Julia for development/discussion at team meeting					
NELFT	In addition to the above, NELFT is delivering with Designated Nurse a joint workshop on CSE with providers across the health economy for all frontline professionals working with children and young people.		Action complete		CSE Workshop delivered on 31/10/14 for the South West Health Economy. CSE referral pathway shared at the workshop	Safeguarding teams	All health staff have the required knowledge and skills to identify and respond to CSE

	CSE is included in all safeguarding training in line with intercollegiate document 2014 for health care staff				Training packs updated to include CSE	NELFT Safeguarding Children's Team	All health staff have the required knowledge and skills to identify and respond to CSE
Probation		Learning has been disseminated to all staff					
BTUH	To use the Traffic Light Pathway for CSE.	<ul style="list-style-type: none"> <li>◆ Traffic Light CSE pathway to be rolled out within 2015-16 safeguarding children training level 3.</li> <li>◆ Staff remain aware of the signs and symptoms of CSE including those of a potential medical organ ie sore throat, vaginal infection and urinary tract infection</li> </ul>	A	RAG status amber due to commencement of new L3 training programme over 2015-2016	March 2015   	HoN CyP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters	
Education	Targeted advice to schools as part of ongoing safeguarding training with regards to exploitation	Ensuring all staff across the partnership including schools undertake on-line CSE awareness training as a minimum	G		Julia briefing to Strategic Partnership Board. Briefing for Head Teachers. Roll-out of briefings to school governors (summer term). Online CSE awareness training. Ongoing CSA awareness training	NL/AC/LSCB	Equip school staff/bodies to quickly identify patterns and risks re: CSE, CSA and peer on peer abuse. Enable staff to refer appropriately, challenge and escalate.

**Finding 2: If professionals record the language used by young people and their parents regarding early sexually exploitative experiences without clear analysis and challenge it has the potential to leave children and young people without an adequate response or protection**

**Issues for the Board to consider**

Sexual exploitation is a serious issue and one that has a profoundly negative effect on young people's lives and their wellbeing. It is essential that all professionals feel able to recognise young people who are being sexually exploited and that they are able to respond effectively. This response must be child centred and all professionals must take a critical approach to the use of language in this complex area of practice, so that risks are recognised and young people are not held responsible for the harm perpetrated by others.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
2a. Does the Board recognise that this is an issue that it should be concerned about?	Thurrock CCG	<p>Yes - This has been highlighted within the National Guidance, various SCR and case reviews.</p> <p>It is essential that front line professionals working with young people are able to analyse and challenge language used by young people themselves as well as their parents</p>	CCG to support health economy safeguarding leads to raise awareness of the type of language used by young people and their parents to identify early sexual exploitative situations.	Action complete		Planned workshop will raise awareness on the use of language in sexually exploitative situation. Special Workshop planned for GUM/SRH health workers within Thurrock on 14.10.14	Safeguarding Team	<p>Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE.</p> <p>Also have the confidence to challenge the language used by the parents, young people and other professionals</p>

Police	This is an issue and one that affects not just professionals across the specialist units but the whole force	To provide training on CSE and associated risk factors alongside safeguarding principles in general. This to be included in a safeguarding package rolled out to all staff. The development of a three day public protection package for roll out to all officers and staff	G	Training time and competition with other priority training	The NCALT safeguarding children package is already available. The completion rate for this package has Chief Officer oversight. Therefore this Board do not need to monitor. The Public Protection package has Chief Officer sign off and is ready and trainers identified. The train the trainers is being rolled out. The course has then got to be incorporated into the force training programme as this is a significant training commitment. This is subject to Chief Officer Management Group decision at this time.	Head of Learning and Development	The completion by all officers and staff of both packages.
Children's Social Care	This is an issue that the board should be concerned about given potential to undermine effective responses to CSA, Peer on Peer abuse & CSE.	Expectations that board agencies will challenge any inappropriate language / use escalation process where necessary. Training for CSC staff and peer monitoring. Spot-checks on case notes.	G		CSC audits and spot checks in Dec 14 & April 15. Checks to be embedded in audit processes and supervision from May '15 onwards	NL/ RM /AC	To ensure that CSC & the professional network uses language which appropriately reflects abuse and exploitation.
CAFCASS	We need to respond to Sexual abuse in an open way so that CSE can be explored.						
NELFT	Yes	Please see below					
Probation	Yes						


	BTUH	BTUH is aware and appropriate action is being taken to ensure compliance with recommendation	Named Nurse must ensure a representative attends TSCB CSE meetings to positively demonstrate the organisation's commitment to safeguarding young people. Key front line staff have been put-forward to complete on-line CSE training.	Action complete		Achieved Review yearly July	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	- Awareness of staff regarding the use of language used by young people and their parents regarding early sexually exploitive experiences - Attendance records to meetings - Training attendance records
	Education	This is an issue that the Board should be concerned about. Evidence of inappropriate use of language to describe young people's sexual behaviour must be challenged and escalated.	Expectations that Board agencies will challenge any inappropriate language using formal escalation process where necessary	Action complete		Advice to schools through information as part of Headteachers Bulletin; online CSE training; 'Julia' briefings & LSCB conference on neglect presentation to safeguarding leads. Challenge at RAG.	NL/AC/LSCB	To ensure that schools and all agencies supporting them uses language which appropriate reflects the abuse and not minimising it by language which shifts the blame and responsibility. Ongoing monitoring incorporated into business as usual processes.
2b. How can the Board ensure that this issue is addressed within its Child Sexual Exploitation strategy?	Thurrock CCG		CCG to share serious incidence raised as a reflective learning forum with safeguarding leads	Action complete		CCG regularly share learning from raised SI through LOG, CQRC, and Named Nurse Professional Meetings. Action learning set is also used for some meeting with safeguarding leads and managers.	Designated Nurse	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE.  Also have the confidence to challenge the language used by the parents, young people and other professionals



		CCG to seek assurance around record keeping audit (GUM/SRH).	Action complete		Workshop for SRH/GUM team delivered. DN to discuss GUM/SRH recording keeping audit with Named Nurses at the next Named Professional meeting.  Meeting held between D/N & GUM SRH Service Manager	Designated Nurse
		Work with Named Professionals to ensure that professionals reflect on their understanding of language at supervision	Action complete		DN has regular Case supervision/reflection with Named Nurses	Designated Nurse
		CCG to audit telephone consultations with GP practice around safeguarding cases	Action complete		CCG currently keep logs of telephone calls from GP requesting advice on CSE cases.	
		Capture types of cases/issues discussed at GP training forums	Action complete		Safeguarding team will capture CSE cases raised/discussed at GP safeguarding lead forums. <i>Some of these are</i>	DN
		NHS England/Named GP to include in GP appraisal/peer review	Action complete		SCR template forwarded to all GP safeguarding leads in Thurrock and NHSE safeguarding leads to review appraisal, Peer Review	DN  Safeguarding Team
		Feedback from the GP Safeguarding Leads Forum.	Action complete		Feedback from GP safeguarding lead forum will be monitored by safeguarding team. GP's feedback has been incorporated to action plan and recommendations for CSC.	

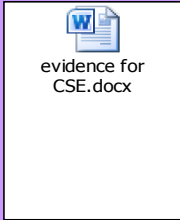
		CCG have nominated senior staff as strategic lead for CSE who will ensure the CSE agenda remains as an agenda item at meetings	Action complete		The Chief Nurse and DN are the stratgic lead for CSE and attends the meetings and will ensure CSE remains on the agenda shared across South West. CSE Health Economy Assurance Template disseminated to Providers	Safeguarding Team	
		Evidence of assurance from providers - Assurance template to be shared with provides to complete	Action complete	New Appointed Named GP. GP forums to be re-started in 2015	Assurance Template sent out		
		<b>Awareness raising with CCG Commissioners and Contracts Team</b>	Action complete		Ensuring that CSE Assurance is embedded in providers contracts 2015.	DN	
Police	Essex Police D/Supt Investigations of Crime and Public Protection chairs the SET CSE Strategic Group. Thurrock are representated on this group and have been involved in developing the joint strategy and priorities for tackling CSE across the county. Training, awareness and communications form part of this strategy which will include appropriate use of language	CSE Triage Team formed to offer early identification of risk and early referral linked to CSE. They receive referrals across the county from all agencies. Monitoring of use of language is part of the process. Missing person coordinator is now embedded in this team and monitors all reports of missing children and results of safe and well, checks for appropraite language. Any trends are escalated to line managers for appropriate use of language	Action complete		Team formed in 2013 and reviewed at the end of 2014. Following review new terms of reference have been adopted and new processess put in pace to ensure appropriate gatekeeping and risk assessment.	D/Supt Investigations. Crime and Public Protection	CSETT formed

		National CSE awareness days was held on 18th March 2015 which Essex Police promoted to all staff and on their external website and social media and this raised awareness of both the public and staff. Consistent messages about CSE highlights appropriate language.	Action complete		18th March 2015 campaign appeared on Social Media sites and internal and external websites	Head of Media	Number of hits and exposure to articles
Children's Social Care	CSC is committed to embedding the CSE Strategy; challenging language and practice as necessary.	Revise strategy to ensure there is reference to language used by professionals.  Ensure all agencies are aware of escalation process for raising concerns	Action complete		Completed	Strategy sub-group. JW/ NL /AC	Clear processes to monitor and address the use of inappropriate language
CAFCASS	Not relevant to this agency						
NELFT	NELFT will need to ensure that staff working with YP are able to recognise if a young person has suffered sexual abuse and know how to respond. Staff must be able to recognise and assess if a young person is at risk of CSE and have the skills to discuss and analyse consent, explore language used and make young people aware of their vulnerability to CSE	All staff working with children and young people to receive training update to assure they can recognise sexual abuse and assess capacity to consent	Action complete		Nov 14 - Recognition of Sexual abuse included in all safeguarding training.  Sexual health training delivered to SN's August 14.	AD's sexual health and Head of Service Children Services, named nurses	All health professionals are able to recognise sexual abuse and assess for CSE. Ensure the approach used is child centred and young people are informed of the risks and are effectively safeguarded.
		All staff working with children and YP to acquire the skills and competencies to effectively communicate and analyse language used by adolescents	Action complete		CSE Workshop arranged to SRH/GUM staff 14.10.14.  Dissemination of learning 07.11.14  CSE/FGM Workshop 31.10.14		
Probation		Learning has been disseminated to all staff					

BTUH	BTUH has an overarching Safeguarding Children Policy. The workforce use policy documents to inform their safeguarding children work. This is based upon the remit of the local safeguarding boards CSE strategy	Any child attending A/E who has been found within a container is referred to childrens services in relation to asylum status and thus high vulnerability	Action complete			HoN CYP/ Named Nurse and Named Doctor for Safeguarding Children/Executive Safeguarding Lead	
Education	Children's Services are committed to embedding the CSE Strategy; challenging language and practice as necessary	Review strategy to ensure there is reference to language used by all staff in schools and ensure safeguarding leads are in a position of sufficient influence to ensure appropriate challenge takes place.	Action complete		Completed	AC/NL/LSCB	Clear processes to monitor and address the use of inappropriate language
2c. Are there other opportunities or levers at the Boards disposal for changing professional practice and language in this area?	Thurrock CCG	CCG to share serious incidence raised as a reflective learning forum with safeguarding leads	Action complete		CCG regularly share learning from raised SI through LOG, CQRC, and Named Nurse Professional Meetings. Action learning set is also used for some meeting with safeguarding leads and managers.	Designated Nurse	<p>Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE.</p> <p>Also have the confidence to challenge the language used by the parents, young people and other professionals</p>

		CCG to seek assurance around record keeping audit (GUM/SRH).	Action complete		Workshop for SRH/GUM team delivered. DN to discuss GUM/SRH recording keeping audit with Named Nurses at the next Named Professional meeting.  Meeting held between D/N & GUM SRH Service Manager	Designated Nurse
		Work with Named Professionals to ensure that professionals reflect on their understanding of language at supervision	Action complete		DN has regular Case supervision/reflection with Named Nurses	Designated Nurse
		CCG to audit telephone consultations with GP practice around safeguarding cases	Action complete		CCG currently keep logs of telephone calls from GP requesting advice on CSE cases.	
		Capture types of cases/issues discussed at GP training forums	Action complete		Safeguarding team will capture CSE cases raised/discussed at GP safeguarding lead forums. Some of these are	DN
		NHS England/Named GP to include in GP appraisal/peer review	Action complete		SCR template forwarded to all GP safeguarding leads in Thurrock and NHSE safeguarding leads to review appraisal, Peer Review	DN  Safeguarding Team
		Feedback from the GP Safeguarding Leads Forum.	Action complete		Feedback from GP safeguarding lead forum will be monitored by safeguarding team. GP's feedback has been	

		CCG have nominated senior staff as strategic lead for CSE who will ensure the CSE agenda remains as an agenda item at meetings	Action complete		The Chief Nurse and DN are the stratgic lead for CSE and attends the meetings and will ensure CSE remains on the agenda shared across South West. CSE Health	Safeguarding Team	
		Evidence of assurance from providers - Assurance template to be shared with provides to complete	Action complete	New Appointed Named GP. GP forums to be re-started in 2015	Assurance Template sent out		
		Awareness raising with CCG Commissioners and Contracts Team	Action complete		Ensuring that CSE Assurance is embedded in providers contracts 2015.	DN	
Police	There needs to be a consistent approach to use of language and an agreed standard set by the Board. The SET Strategic CSE Board now has representation from Barnardos and the Children's Society and so can advise on what is appropriate and feed into the communications strategy	The Board to sign up to the SET CSE Group communications strategy once developed	G		Communications is a priority for the SET CSE Board for 2015/16. Communications and the use of language will continue to be addressed through CSE Champions bulletins and additional training.	Board members	
Children's Social Care	The board and partner agencies should require universities and professional training bodies to address the use of language within qualifying courses.	Address with providers of SW training / include in all ASYE modules.	Action complete		Completed re: ASYE and on track re: providers of social work training.	NL/AC/ WA	Increased professional awareness and competency..
CAFCASS		FCAs to attend any relevant training by the LSCB					

NELFT	Yes	All staff working with young people to receive an annual update to cover subjects including recognising sexual abuse, assess capacity to consent and communication with adolescents. Clinical leads for SRH / 5-19 services to also include case discussions in clinical supervision / time to learn sessions to discuss cases and lessons learnt	Action complete		Nov 15 - going forward this will be put on staff PDPs to be discussed at QSG.  April 15 CSE enhanced training being rolled out to all practitioners	AD's sexual health and Head of Service Children's Services, named nurses	
Probation		Learning has been disseminated to all staff					
BTUH	Staff within Children's and adult A&E settings who work with under 18's are aware they need ask direct questions when the young person identifies they are sexually active. The language used is: ◆ Who are you having sex with? ◆ Do you know their first and last name? ◆ Do you know how old they are? ◆ Do you feel you are able to say no?		Action complete		Unable to insert page from child's electronic hospital health record  	HoN/CYP/Named Nurse and Named Doctor for Safeguarding Children	
Education	Advice to schools following the SCR to include specific reference to the need for analysis and challenge with regard to the reporting of sexual behaviour in schools.	Lesson learnt from 'Julia@ SCR briefings to be rolled out across schools. Ongoing development of AIM programme with Children's Social Care as lead agency	Action complete		Multi-agency training offer in place via LSCB.addressed through Safeguarding Leads Forum. HT briefings. Challenge at RAG.	AC/NL	Ensure that sexually harmful behaviour is identified and addressed in relation to both the victim and perpetrator. Ongoing work and challenge to be taken forward by MASE.

2d. How will the Board know if it is being effective in addressing this issue of language?	Thurrock CCG		This can be evidenced from supervision with Named Nurses, telephone consultations, discussions at the Named Professions/LOG meetings and feedback from training/workshops and GP safeguarding leads forum. The CCG do work directly with frontline staff and families but the provider services (BTUH and NELFT) will audit the effective of language use within their services (will be covered in providers action plans)	Action complete	The CCG safeguarding team so not work directly with frontline practitioners	The issue of language use has been incorporated into level 3 training for GPs and also have covered it on workshop delivered to the whole health economy	Safeguarding Team	
	Police	By way of joint audits of cases and case notes via the Audit Group.		A	Limitations of the capacity of the Audit Group	This action needs to be given to the Audit Chair	Chair of Audit Group	Section added to audit tool if not already embedded
	Children's Social Care	Audits and thematic case audits of CSC files.	Evidence through file audit that appropriate language is being used and inappropriate language is being challenged by managers through supervision.	Action complete		Questions in relation to CSE have been introduced to the audit tool. Thematic audit in place and ongoing.	NL/AC	Increased professional awareness and competency as evidenced by records showing an appropriate use of language.
	CAFCASS		Communicate and analyse language in reports and case planning. This to be reviewed in internal case auditing					



NELFT	see next column	Quarterly Audits to be completed where incidents have been raised for disclosure of sexual assault or CSE to review records for evidence of analysis of language used and actions taken	Action complete		Feb 15  Leads to review datix raised for sexual assault across children's services and SRH/GUM. Discuss next Thurrock Q&S Group 28.10.14. May 2015 Audit completed and results discussed at safeguarding supervision		
		CSE to be added to clinical supervision /time to learn to discuss cases and lessons learnt	Action complete		Cases to be discussed at clinical supervision and safeguarding supervision going forward to considering auditing as part of safeguarding supervision audits	Clinical leads sexual health and 0-19 services	
Probation		Learning has been disseminated to all staff					
BTUH	Child's hospital health record would record the voice of the child		G		Unable to insert page from child's electronic hospital health record	HoN CYP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters/Named Doctor for Children's Safeguarding	
Education	Statutory safeguarding reporting by schools	Focus group activity with school designated child protection staff, feedback from School statutory safeguarding reports	Action complete		Completed and ongoing	NL/AC/LSCB	Increased professional awareness and competency as evidenced by records showing an appropriate use of language

**Finding 3: Is there a pattern whereby the Child in Need procedures are not routinely being used leaving children and young people without formal plans and review?**

Effective processes to support children, young people and their families are essential. The Child in Need processes are intended to build on good quality assessments, by developing a plan of action, which is owned and developed by the multi-agency group, and is reviewed regularly to see what progress is being made to promote children and young people's outcomes. If these processes are not used, interventions are unlikely to be clearly focussed on children's needs and are unlikely to provide effective help and support.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
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3a. Are the Board aware that Child in Need processes are vulnerable to pressures on Social Work teams, and of a potential mis understanding of when Child in Need meetings should be convened?	Thurrock CCG	Yes - This can be evidenced from the local case audits. Also some cases that have been raised for case reviews have highlighted that there has been gaps in the Child In Need processes in Thurrock.	CCG to work with partner agencies through the LSCB Audit and Performance Subgroups to minimise any risks.	Action complete	When relevant information is not shared by Lead agency for Children's Services	AND attended the LSCB Audit & Performance subgroups ensures selected casers including CSE are nominated for audit subgroup	Associate Designated Nurse	All child In Need plans are formalised, review meetings are taking place and partner agencies are contributing to improve outcomes for the children. This could be evidence through CSC audit report.
			CCG to seek assurance from providers that frontline practitioners are aware of CIN procedures and will escalate if CIN meetings are not taking place	Action complete		DN to confirm from Providers that CIN processes and Escalation Processes are embedded in practice and effective	DN	
			CCG to ensure that this is placed on the LOG/Named Professional meeting agenda	Action complete		Included in the agenda for LOG and Named Professional meeting. See evidence in 1n (Jan and April 2015)	DN	
			CCG to seek assurance from Named Professionals that Threshold document & MASH are implemented and embedded in practice	Action complete		Link to update Threshold Document sent to providers and Named Nurses and all relevant information on the MASH project has been disseminated to Named/Thurrock Safeguarding leads, including GP's	CCG and Providers Named Professional	
			CCG to support Named professionals to ensure that frontline staff have the confidence/competence to challenge professionals from other agencies around CIN processes	Action complete		Unresolved concerns around cases are escalated appropriately. Emails trails available on request. Escalation pathway disseminated to all. See 3a	CCG and Providers Named Professional	

Police	Not evidenced or witnesses by Police. Police attend ICPC and have no direct role in CIN plans and/or reviews. No actions offered on this finding - accepted by Chair.	N/A	Action complete	N/A	N/A	N/A	N/A
Children's' Social Care	Constant vigilance is required across agencies to ensure that Children in Need processes operate to improve outcomes for children and families.	New CIN processes. Guidance has been issued to staff. The document was re-circulated again to all teams	Action complete		In place	RM/SMT	CIN cases regularly reviewed and robust step up/down process in place
		CIN surgeries set up across Family Support Teams chaired by Service Manager, to review all cases, ensuring robust/SMART plans are in place	Action complete		In place	RM/SMT	CIN cases regularly reviewed and robust step up/down process in place
		Adolescent Support Team (AST) to set up CIN challenge surgeries	Action complete		In Place	JW	CIN cases regularly reviewed and robust step up/down process in place
CAFCASS	CAfcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						
NELFT	Yes	Please see below					

Probation	Whilst probation were not involved as an agency in this review, offender managers are managing offenders whose children are subject to CIN plans. The issue of recognising children in need has arisen in a recent Serious Further Offence (SFO) review. SFO reviews are completed when an offender who is subject to an order or licence commits a serious offence, generally a serious violent or sexual offence.	The dissemination of learning from the SFO focused heavily on offender manager's work with child in need cases. The proposed dissemination document will address the issues of staff engagement with CIN procedures.	A	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014	30/09/2014 31/12/14	Alex Bamber OIM	Increased awareness and engagement of staff in Child In Need processes.  Evidence from internal safeguarding audits and internal inspection process.
BTUH	BTUH is aware of Child in need processes and would participate where required or requested  The Acute setting is not involved in Child-in-Need meetings, nor does it receive minutes of these meetings	If concerns are identified in relation to a specific child, subject to child-in-need plan appropriate policy and guidance would be followed	G	The Acute setting is not involved in Child-in-Need meetings, nor does it receive minutes of these meetings	Complete	HoN/Named Nurse and Named Doctor for Safeguarding Children	To continue to work within the Child-In-Need processes.  Ensure incidents are completed when safeguarding concerns arise/correct policy is not followed
Education	Safeguarding leads to be reminded of the role of schools in CIN procedures and escalation routes available to them following a decision by social care	Renewed advice/guidance to school safeguarding staff on follow up routes available to schools following a MASH or other safeguarding concern and their duties in relation to CIN	Action complete		Advice delivered as part of Headteachers' briefing on SCR. Addressed with safeguarding leads at safeguarding Forum.	NL/AC	Schools fully aware and empowered to seek further clarification and where appropriate challenge decisions made by partners
3b. Is there more the Board could do to establish the extent of this issue, e.g. case studies?	Thurrock CCG	A member of the CCG is presented at the Audit/Performance subgroup. Relevant information and learning obtained from these	Action complete		The Audit/Performance LSCB Subgroups are attended by the Associate Designated Nurse and Chief Nurse	Safeguarding Team	

audit?

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		CCG will review GP's notes for audits and continue to encourage GP safeguarding leads through the GP forum to share their concerns or issues	Action complete		GP notes are reviewed for the Audit Group. Named GP and Safeguarding Team to discuss at safeguarding forum. Also at one to one practice visits	Named GP and Safeguarding Team	
Police	CIN continue to be part of the Audit Groups programme. Additionally the Board can maximise scoping and gathering results of single agency audits of CIN bases to inform the Board		A	Capacity of the Audit Group		Chair of Audit Group	Report to the Board from the Audit Group
Children's Social Care & Education	Multi-agency focus on threshold	Regular peer audits	Action complete		Completed	CS	Cases appropriately escalated/deescalated when risks and needs change.
		CP surgeries established challenging plans over 12 months .	Action complete		Completed	AC/NL/RM	
		Audit of 30 S47 decisions undertaken	G		On-track	NP/RM/JW	
CAFCASS	CAfcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						
NELFT	NELFT need to ensure staff are compliant with CIN procedures	LSCB audit group to randomly audit CIN cases	A		Part of LSCB Audit cycle senior attendance from NELFT at Audit Group	Operational leads and Named Nurse	NELFT staff will be compliant with CIN procedures, and will support robust CIN plans to be in place
Probation		Learning has been disseminated to all staff					
BTUH	BTUH is not an active participant in the Child in Need Process	N/A	G	BTUH is not an active participant in the Child in Need Process	N/A	N/A	N/A
3c. What can the Board do to address this?	Thurrock CCG	As above (3a,b)					

Police	See previous response to 3b						
Children's Social Care	Establish multi-agency LSCB Performance Panel to challenge single agency performance and outcome data	Establish multi-agency LSCB Performance Panel to challenge single agency performance and outcome data	Action complete		Completed - LSCB Performance Panel is operational	NL/AC	Evidence of effective risk management of CIN cases- step up and step down
CAFCASS	CAfcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						
NELFT	Ensure staff are fully engaged with CIN procedures	Clinical leads to audit staff attendance at CIN meetings	Action complete		Discussed at allocation meetings and within supervision with staff	Operational leads	NELFT staff will be compliant with CIN procedures, and will support robust CIN plans to be in place
		Clinical leads to support staff, through clinical and case management supervision to challenge other agencies if CIN plans are not reviewed to avoid drift and ensure children are safeguarded.	Action complete		Nov 14 - Discussed at allocation meetings and within supervision with staff and going forward to be audited by safeguarding team	Operational leads and clinical leads	
		Staff to be reminded via cascading email that any health professional can call a multi-agency meeting	Action complete		Sept 14	Named Nurse	
Probation	Not relevant to this agency						
BTUH	BTUH is not an active participant in the Child in Need Process	N/A	G	BTUH is not an active participant in the Child in Need Process	N/A	N/A	N/A

	Education	Ensure feedback is in place from schools to the LSCB on the involvement of school in CIN meetings.	Ensure feedback is in place from schools to the LSCB on the involvement of school in CIN meetings.	G		Feedback and actions from school survey on CIN to be reported to LSCB following data gathering in summer term 2015. Ongoing discussion and monitoring via Safeguarding Leads Forum.	MT/NL	Evidence of effective inclusion on schools in CIN meetings; challenge and escalation.
3d. How will the Board know they have been successful in ensuring that Child in Need processes is embedded in multi-agency practice?	Thurrock CCG		Through multi-agency audits. Increased referrals/escalations	Action complete	The CCG Safeguarding Team does not work directly with Children, Families and Frontline Staff.	Safeguarding Team continue to action concerns raised/escalated through the Named Professionals and GP's	Safeguarding Team	
			Feedback from providers at CCG LOG, CQRC, Named Professionals meetings	Action complete		Safeguarding Team will continue to monitor and analysis feedback from providers Safeguarding Leads		
			Through feedback from GP forum, training, telephone consultation	Action complete		Safeguarding Team will continue to monitor and analysis feedback from providers Safeguarding Leads		
	Police	By monitoring the case audits at the Full Board	Audit of CIN cases	A	Capacity of the Audit Group	This action needs to be given to the Chair of the Audit Group	Chair of Audit Group	
	Children's Social Care & Education	Through multi-agency audits and single agency audits.	Re-issue threshold document to agencies and schools. Complete multi-agency audits and single agency case file audits.	Action complete		Threshold documents have been re-issued and audits are on track.	CS/ AC	Work plan is in place to ensure that Thresholds are clearly understood across agencies.
CAFCASS	CAFCASS are not able to comment on Child in Need Procedures/processes as we are seldom involved							

NELFT	See next column	Audit Systmone records for presence of CIN plans and minutes and staff attendance at CIN meetings is 100%	Action complete		01/11/2014 - Heads of service have completed random audits on records. 10 cases were randomly selected from children in need case load and reviewed to ensure attendance at CIN meetings where invited.		Staff attendance at CIN meetings are firmly established in practice to reduce risk and improve outcomes for children and young people
Probation		Any case where service users have a contact with children triggers alternative objectives on supervision plans and home visits	G		Child and families policy and practice instruction has now been updated and reissues		
BTUH	BTUH has the functionality of System one to enable and ensure that clinicians are aware of any safeguarding processes that are in place	Staff have access and are trained in System One The Child-in-Need symbol is identified on the community database that acute service has a read only access to	G	BTUH is not an active participant in the Child in Need Process	Complete	HoN CYP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters/Named Doctor for Children's Safeguarding	Children A&E staff access system one routinely for each attendance

**Finding 4: The lack of engagement with services by parents takes professional energy and attention away from the needs of children /young people and leaves them with an ineffective response**

The non-engagement of parents in services aimed at promoting the well-being of their children/young people is a significant issue. It has an impact on young people's wellbeing and their outcomes, and causes more pressures on over stretched professionals. It is also costly for services. A lack of recognition of this as a safeguarding issue means that children and young people are not always effectively protected.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
4a. Are the Board aware of this as an issue facing professionals?	Thurrock CCG	Yes from previous case reviews and supervision with Named Professionals in the provider services.	CCG to seek assurance from provider this is addressed in training delivered to their front line practices.	G	Fragmentation of children services commissioned by various agencies  Guidance and protocols not	Providers have assured CCG that this is incorporated into training	Safeguarding Team	Professionals have the confidence and skills to work with uncooperative families to improve outcomes for their children



		DN to observe providers L3 training being delivered	G	adhered to with regard to poor/sporadic engagement by parents. (No action taken when parents fail to engage). Lack of engagement from partner agencies.			
		July - Maternity Safeguarding training. Awaiting date from Paeds safeguarding team	G				
		Within case audits, enquiries from GP to CCG Safeguarding Team	Action complete			CCG Representative attends Multi-Agency Case Audits. Actions are taken to address any telephone consultation with GP's relating to difficult to engage families	Safeguarding Team
Police	Yes, working with parental resistance / passive resistance is a national issue across agencies. The police investigate crime and have enforcement powers of arrest and other such activity to overcome this resistance so are not as reliant on parents engagement as others as police are not so involved with longer term work with families.	Appropriate and measured use of powers to enforce activity as opposed to gaining voluntary agreement. Monitored by supervision reviews and performance meetings. Also monitored by Professional Standards department with Head of Child Abuse Investigations who receives all complaints made by the public.	Action complete as these powers are already in place, monitoring is a continual process.			Head of Child Abuse Investigation	
Children's Social Care	Working with parental resistance / passive resistance is a national issue.	Requires focus by staff & managers on purposeful intervention / regular review and robust supervision. Introduction of case discussion tool to focus on resistance and disguised compliance.	Action complete		Disguised Compliance PowerPoint discussed in all teams during Feb & March 15. Ongoing support and monitoring to be provided in supervision. Case Discussion Tool has been introduced.	SMT/AC/ CS	Non-Compliance and Disguised Compliance is recognised and appropriate actions taken to safeguard children and young people. Ongoing training and monitoring is in place.

CAFCASS	Yes						
NELFT	YES- NELFT need to ensure that staff have the skills to effectively work with resistant, complex non engaging parents, ensuring they remain child centred and recognise when to escalate concerns to prevent further harm.	Identified staff to complete training on working with hostile and non-engagement families and professional dangerousness as part of their PDP's	Action complete	Depending on availability of training	Nov 14. Some level 3 training available for staff to access  LSCB training dates 18.11.14 and 24.3.15  14 members of NELFT have attended Sandstories training and shared learning at safeguarding supervision and team meetings	Head of Universal Services	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
		Identified staff to be trained as cascade trainers for working with non-engagement parents	Action complete		Nov 14 Discussed at team meetings and 121 with staff. March 15 All staff are encouraged to disseminate learning from training at team meetings	Head of Universal Services	
		Review of Trust DNA Policy to ensure pathway for safeguarding children is included	Action complete		Sept 14 Policy completed. Pathways for safeguarding children and vulnerable adults to be added to policy	Named Nurses	
		Staff to be reminded by cascaded email /team meetings to discuss cases of parental non engagement in management and safeguarding supervision	Action complete		June 14 Completed	Named Nurses	

Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place.	Probation works with a client group for whom engagement and compliance can often be challenging, but where contact must be maintained and so this is a common phenomenon. The challenges for staff remain the same as for other agencies, however.	G	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	30/09/2014  31/12/2014	Alex Bamber	Increased awareness of engaging offenders who have parent/carer responsibilities with services, including universal provision and incorporating that in the sentence plan
		The need to promote co-operation of parents/carers with relevant plans for children, will be included in the dissemination document. Safeguarding audits and thematic (child protection) inspections are conducted internally to ensure compliance with the relevant practice instruction.	G				
BTUH	Paediatric Out-patient departments within BTUH and at Orsett inform the Paediatric Health Visitor liaison service of children who are not brought to their follow-up appointments in order for this to be identified to the health visitor / school nurse. The child's GP's is notified the parent failed to bring the child for medical follow-up Staff follow a Parents Did Not Bring Child to an Appointment Policy	Staff within these departments also inform the Safeguarding Children team when it is known there are identified health needs. The safeguarding children team forward this information to the Community Named Nurses	G	It is not yet established how or what processes will be arranged once School nursing service transfers to private enterprise.	Complete July 2013	HoN CYP/Band 7 Paediatric Outpatient lead/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	Yearly documentation audit to specifically identify from hospital health records that it is clearly documented when a parent does not bring a child to an out patient appointment

	Education	Schools are a key point of contact for agencies, parents and families. Pastoral support teams in schools are used to engage parents on a range of issues.	Requires close working between social care teams and school based staff to ensure the existing contacts in school are used to best effect.	Action complete		Process of developing close working relationships to be supported through post SCR briefing to head teachers in March 2015 and further work directly with safeguarding leads	MT/NL	Close links between school based staff and social care teams to ensure opportunities for parental engagement are achieved
4b. Does the LSCB know if staff locally have been equipped to work with resistant parents both in single agency and partnership working?	Thurrock CCG	Yes	CCG is represented at the Thurrock LSCB Training Subgroup and is aware that the multiagency training delivered addresses the issues of resistant (uncooperative parents)	Action complete		To ensure that this is covered in training package delivered by LSCB. Assurance from Named Professional on frontline staff confidence/skills to deal with resistant patients	Associate Designated Nurse	
			In addition some of the single agency training by providers also cover the issue of resistant (uncooperative parents)	G		Both Providers assures the CCG that Training Packages includes Uncooperative Parents. In 2015, the CCG Safeguarding team will peer review providers training delivery and content	Safeguarding Team	
			CCG also addresses this issue through a critical analysis of SI's (Root Cause Analysis) raised by provider services	Action complete		All SI received are critically analysed and lesson learnt are disseminated	Safeguarding Team	

Police	Yes, police officers are trained and equipped to apply the law when investigating incidents of concern around children which gives them the power to enforce activity if necessary. Police do not tend to work with families in the longer term setting but often are involved due to an acute event occurring. The longer term work is often passed to other agencies as appropriate and police will be involved in the joint planning until the end of their involvement.	N/A	N/A	N/A	N/A	N/A	N/A
Children's' Social Care	CSC staff have been and continue to be provided with training and support to work with resistant families.	Review all open CIN cases for SMART plans. Where cases are open for longer than 6 months - review purpose of continued intervention.	G		First wave completed Sept'14. Second wave to be completed by July 15 and third wave by Jan' 16.	RM/JW/NL	To ensure that cases are effectively managed and appropriately stepped up or down based on a clear assessment of risk.
		Workshop undertaken with staff regarding SMART plans. See above CIN Surgeries	Action complete		Sept 14	CS	To ensure that cases are effectively managed and appropriately stepped up or down based on a clear assessment of risk.
CAFCASS	Escalate concerns DNA policy Risk assessment on missed appointment  Non engagement discussed	Clear Processes are in place in Cafcass. This could be strengthened by consideration of risk assessment being filed with the court if there is non co-operation/DNA					

NELFT	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded	NELFT is represented at the Thurrock LSCB Training Subgroup and is aware that the multiagency training delivered addresses the issues of resistant (uncooperative parents).	Action complete		Training evaluations and safeguarding supervision provide assurance that this is effectively covered in training and staff feel confident to respond to resistant and non engaging families	Safeguarding Team	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
		NELFT provides an internal training programme which includes level 3 training on working with resistant families	Action complete		Safeguarding Training packages include working with resistant families	Training dept and safeguarding team	
Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place		G				
BTUH	The issue of non-engagement in relation to outpatient appointments is addressed in L3 safeguarding children training. It is referred to as parents/carers who fail to bring their child to appointments, to emphasise the responsibility of the parent to meet the health care needs of their child.		G		Complete	HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children	

	Education	Schools are a key point of contact for agencies, parents and families. Pastoral support teams in schools are used to engage parents on a range of issues.	Requires close working between social care teams and school based staff to ensure the existing contacts in school are used to best effect.	Action complete		Process of developing close working relationships to be supported through post SCR briefing to head teachers in March 2015 and further work directly with safeguarding leads	MT/NL	Close links between school based staff and social care teams to ensure opportunities for parental engagement are achieved
4c. How might the LSCB help practitioners overcome this obstacle to effective practice?	Thurrock CCG		CCG works with the health economy and the SI governance team to share the Root Cause Analysis and action plans from safeguarding serious incidences relating to poor engagement.	Action complete		Safeguarding leads meet with SI Lead quarterly. CCG Safeguarding Team analysis and review all SW SI's/SCR action plans and also challenges practice as necessary. CCG encourages and support Named Professional to prevent drifting of cases	Safeguarding Team	
	Police	To provide all professionals with the confidence to challenge other agencies practice if they recognise this issue as affecting effective practice	Install Confidence in staff to escalate concerns.	A		Consider providing all agencies with knowledge of each others roles and responsibilities to understand whether all available tactical options are employed appropriately and to recognise ability to challenge. This is to be balanced with other training priorities.	Chair of the Training Group	
	Children's Social Care	Multi-agency training for staff working with resistant families.	Provide multi-agency training for staff and managers on effective working with resistant families	Action complete		2015/16 Training Plan - Multi agency training provided by Professor David Shemmings. ASYE Academy.	LSCB	Staff are able to quickly identify and address resistance.
	CAFCASS	Not relevant to this agency						

NELFT	Ensure staff have the appropriate training and access to supervision and made aware of where to seek advise e.g. MASH	Staff encouraged to discuss cases in safeguarding supervision and to follow escalation guidance where appropriate. Complete Referrals to MASH where appropriate.	Action Complete		Staff have attended MASH briefings.  Staff to discuss cases of non engagement in supervision and share concerns with partner agencies to ensure children are safeguarded.  Staff follow missed appointments policy 2014		All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place						
BTUH	The issue of non-engagement in relation to outpatient appointments is addressed in L3 safeguarding children training. It is refereed to as parents/carers who fail to bring their child to appointments, to emphasise the responsibility of the parent to meet the health care needs of their child.		Action complete		Complete	HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children	
Education	Advice to schools on working with hard to reach / resistant parents to be included as an area of school safeguarding training.	Provide multi-agency training for staff and managers on effective working with resistant families	Action Complete		Training plan in place on-going issue for discussion via Safeguarding Leads Forum.	NL/AC/MT	Staff are able to quickly identify and address resistance. Ongoing work programme as part of schools safeguarding leads.



4d. How will the Board know when this has been effective?	Thurrock CCG		Feedback and report from the SI governance team. A reduction in the number of SI relating to poor engagement.	Action complete			Action plans sent to quality and governance team reviewing all Sis.  All SI's and cases raised under SI are discussed. RCA and action plans are monitored and reviewed by the CCG safeguarding Team.  SI and Safeguarding Lead meeting held in November indicates that the number of SIs have reduced significantly. Workshop events held by NELFT on 11/11/14 on	
	Police	Not specifically relevant to police as no real long term family engagement other than enforcement and investigation. Problem solving approach to CP issues may involve an element of engagement but this is often done using the skills of other agencies or third sector.	N/A	N/A	N/A	N/A	N/A	N/A
	Children's Social Care (CSC) & Education	Audits; reports to board and LSCB Challenge Panel.	CSC to undertake and present findings from audits to LSCB. CSC to provide performance data to LSCB re: Challenge Panel. Regular performance reports to be presented to LSCB. Statutory safeguarding reports from schools to clearly address neglect across all age groups	Action complete		Audit process embedded. Challenge session held with LSCB. Regular performance reports submitted to LSCB	NL / CS / AC	Staff are able to quickly identify and address resistance.
	CAFCASS	Not relevant to this agency						

NELFT	Staff feel confident to escalate concerns.  Increases in cases brought to supervision for non-engagement  Increase in MASH referrals due to resistant non engaging parents/carers	Include in audit cycle	Action complete		Supervision Audit  Report of number of CAF's and MARF's raised by NELFT	Named Nurses	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
Probation	Not relevant to this agency						
BTUH	BTUH highlight cases of parents failing to bring their child to appointments to case holders within community as BTUH would not be aware of ongoing work/ obstacles. Referral to children's services is dependent on parent consenting, or meeting Threshold of Need Criteria	Non-attendance to out-patient appointments are automatically notified to the GP of the child, who would hold other information from other settings with regard to non-engagement	Action complete		Document available	HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children	

**Finding 5: Is there is a lack of a developed understanding and awareness of adolescent neglect across the multi-agency network leaving young people at risk of harm**

Adolescent neglect is a significant issue which has a profound effect on young people's lives. Recognising and responding to adolescent neglect is a critical part of addressing sexual exploitation, and an ineffective response leaves young people at risk of significant harm.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
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5a. Are the Board aware that adolescent neglect is a significant issue facing professionals?	Thurrock CCG	YES This has been identified as concern from a recent Case review (neglect) and also from case Supervision with Named professionals.	CCG will continue to work with partner agencies to continue to address the issue of adolescent neglect.	Action complete	CCG safeguarding Team does not directly work with Children and Families. Lack of engagement from partner agencies. Clarity around needs of the adolescent population.	CCG Safeguarding Team attends all relevant Multi-agency meetings. Continue to attend Health Economy Safeguarding Internal Meetings. Neglect is discussed at LOG meetings. Put on agenda for Named Professionals Meetings. Will challenge partner agencies where there are concerns on Neglect.	Safeguarding Team	Professional to be assess the needs of adolescent and have the skills to address identified needs
			CCG to seek assurance from providers that professional attitude around the of adolescent population / neglect is addressed within their training packages.	Action complete		Designated Nurse to raise this at supervision, LOG and Named Professional meeting with provider. South West health economy training workshop planned to address issues 14th October and 31st October 2014		
			CCG to seek assurance that all professionals working with families understand the roles and responsibilities around adolescent neglect.	Action complete		Designated Nurse to raise this at supervision, LOG and Named Professional meeting with provider. South West health economy training workshop planned to address issues 14th October and 31st October 2014		
			CCG will continue to encourage GPs to use the assessment triangle and refer adolescent s when neglect is identified	Action complete		This is included in GP level 3 training package. This is also discussed at GP Safeguarding lead forum and Face to Face Practice Visits		

		CCG to include case scenario on adolescent neglect within GP training to help them understand the impact on the young person life.	Action complete		A scenario on adolescent neglect is included in the GP training package (June and October 2014 and July 2015)		
Police	Yes but only from Julia SCR. Author has no other knowledge as to whether this is an issue.	N/A	N/A	N/A	N/A	N/A	N/A
Children's Social Care & Education	Thurrock has a high prevalence of neglect cases across all age groups.	Focus on neglect within LSCB Conference. Adolescent 'neglect toolkit' to be rolled out within Adolescent Team	Action complete		LSCB conference 'Spotlight on Neglect' completed. Adolescent 'neglect toolkit' on track re: March '15 target date. .	JW/ AC	Earlier identification of adolescent neglect and affirmative action taken to risk manage and address.
CAFCASS	Yes						
NELFT	Yes	Please see below					
Probation	The afore mentioned internal review related to concerns around the welfare of adolescent children.	The need to be mindful of adolescent neglect will be included in the dissemination document.	<b>G</b>	November 2014 update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014	30/09/2014 31/12/2014	Alex Bamber	Increased awareness of the issues around neglect and increase in referrals to services.  Improve confidence among staff in recognising a service user who may be sexually exploiting a young person.  Cases identified and discussed in staff supervision.  Evidence from internal inspections.

	BTUH	Professionals are mindful that although Mental Capacity Act and informed consent are relevant to 16 yr to under 18yr aged young people, this should not prevent the sharing of information in relation to Neglect under the Paramountcy Principle	◆ Adolescent neglect will be part of the Level 3 SGC 2015-16 training programme	A	RAG status amber due to:- ◆ Commencement of new training. ◆ Black alert impacting on A/E adult trained front line staff attending L3 training which could impact on 95% attainment	completion by March 2016  Powerpoint presentation available	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 mandatory Safeguarding Children training.  Yearly documentation audit to specifically identify the voice of the child
5b. How can this be tackled by the Board?	Thurrock CCG		As above 4 & 5			Same as above		
	Police	The number of criminal neglect investigations are perceived to be low. Better understanding of the threshold for criminal neglect and incidents to be looked into as chronology of events rather than individual events.	Continous Professional Development day and bulletin articules around neglect. Greater consideration of criminalising neglect for cases of ondividual significant events or ongoing chronic neglect where no improvement has been seen over a significant period of time	G		Neglect as an issue is something that the Head of CAIT wants to explore further. Each incident is dealt with on its merits to assess whether WILFUL which would mean it would constitute an offence. TDI Jobson has been tasked to liaise with the three local authorities legal teams regards thresholds and and CPS. The CPD event is not ready for development and this could be a multiagency LSCB led CPD event as it should include all agencies. Essex has a neglect conference later in the year so consideration for Thurrock to join in with it?	Head of Child Abuse Investigation	Delivery of CPD event jontly with CPS and CSC and subsequent audit of neglect referrals.
	Children's Social Care & Education	By addressing adolescent neglect within the LSCB multi-agency and single agency training plans.	Provide appropriate training and ensure robust auditing / monitoring to evidence that learning is being translated into improved practice.	Action complete		Auditing process in place training plan in place. QA framework refreshed. Audit group refreshed and TOR revised.	JW/CS/ LSCB	Impact of training can be evidenced in practice improvements. Feedback from service users. Development of GCP and ongoing CIN surgeries.

CAFCASS	Not relevant to this agency						
NELFT	NELFT need to ensure staff are able to recognise adolescent risk taking behaviours and their association with adolescent neglect and CSE. A training needs analysis to be completed for staff working with young people	Identify training plan to enable staff to recognise and respond to adolescent risky behaviours	Action complete		Nov 14 Scoping exercise had been completed. Training plan is being developed.  All frontline staff at 79% compliance with CSE training. All staff attend safeguarding training as per matrix. March 2015 New staff are identified to complete training during induction. Scope staff to identify who has completed training. All frontline staff to attend CSE enhanced training	Head of Universal Services	All health staff working with young people have the skills and knowledge to respond to adolescent neglect and recognise and respond to behaviours associated with CSE
Probation	as above						
BTUH	Collaborative and interagency working and information sharing, in the best interest of the child.	A/E, PAU and in-patient attendance information is electronically forward to PROVIDE. NELFT have their own clerical support to facilitate information sharing	Action complete		 FULL INFO SHARING TEMPLATE PAGE 1 AM	HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	
5c. How can professionals be supported to develop a more effective response to adolescent neglect?	Thurrock CCG	CCG will encourage providers to release Staff to attend the LSCB Conference on neglect 2014.	Action complete		Date for the forth coming LSCB conference forwarded to Named Nurses and all GP Practices and their leads have been invited		
		Capturing the Voice of the child and how they can influence service delivery through the LAC strategic group.	Action complete		Designated Nurse for LAC is on the voice of the child subgroup & attends participation & engagement group. Attends children in care council. Also attend activity day.		

		Support Named professionals to escalate cases to avoid drift.	Action complete		Named nurses refer cases needing escalation to CCG Safeguarding Team for support. See 3a		
		CCG to advise providers to have clear pathways for working /referring non engaging families/ young people.	Action complete		Seeking assurance from Named Nurse within the providers that they have clear pathways for referring non engaging families into MASH		
Police	Consideration to referral to police if neglect cases are showing no improvement despite support and intervention by CSC managers. This needs to be coupled with an appetite for more criminal neglect investigations from police.	Understanding that neglect can be criminal and need to refer at early stage, see previous action on 5b.	see action 5b				
Children's Social Care	By addressing adolescent neglect tool kits	Rolled out to all Adolescent Team staff & managers	Action complete		In place & re-launched	JW	Staff can consistently identify neglect and respond appropriately.
		Evidence of toolkit used in supervision	Action complete		Additional capacity has been added via the recruitment of CIN chair to monitor progress and planning re CIN cases	SMT / JW	Managers can consistently support workers in identify neglect and responding appropriately.
CAFCASS		Internal training and training through LSCB					
		Reviewed under Safeguarding assessment in Professional learning review process					

NELFT	NELFT need to ensure staff have the skills to challenge and question parents / agencies when adolescent neglect is identified.	Identified staff working with children and YP to acquire the skills and competencies, through clinical supervision and time to learn sessions, to effectively question and challenge parents when not accessing healthcare, recognising this as adolescent neglect	Action complete		01/11/2014  All staff attend safeguarding training as per matrix. Time to learn event has been disseminated out for November 7th 2014.	Head of Universal Services	Health staff are able to recognise adolescent neglect and respond in a timely manner to reduce the risk of harm and ensure the young person's health and wellbeing is maintained
		Identified staff to attend training on growing a questioning culture	Action complete	Dependant on the availability of training sessions	Training is being delivered by LSCB 18.11.14 and 24.03.15 staff have been identified to attend		
Probation	as above	as above	as above	as above	as above	as above	as above
BTUH	Support through safeguarding supervision		Action complete		 Safeguarding Supervision advice fo   1 2 1 supervision agreement.docx	HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	Support a respective questioning culture
Education	By training support.	Ongoing training and support for school based staff, through signposting by LA staff to appropriate training and direct support in individual cases.	Action complete		On-going. Pilot of graded care profile. Neglect strategy in place. Safeguarding Leads Forum established.	MT/NL/AC	School staff can identify neglect and respond appropriately. Action incorporated into business processes.
5d. How will the Board know its response has been effective?	Thurrock CCG	This can be evidenced from feedback from CQRG , LOG, Named Professionals meetings. Increased escalation	Action complete		Safeguarding Team has an overview of the activities and analysis feedback from Named professional, LOG and training.	Safeguarding Team	



Police	By recording those registered under category at ICPC and the monitoring of those children who are subject to a plan for longer than an agreed period which suggests the ongoing work is not effective and there may be need then to consider a criminal investigation especially if legal planning is also being considered.	Set up a meeting between police, CSC and LA legal depts across South, Essex and Thurrock to consider communication and a process when dealing with cases of chronic neglect where criminal proceedings and investigation should be considered	G	The complexity of the subjective decision of when you switch from supporting the family and trying to improve their parenting to then reaching the threshold for a criminal offence. TDI Jobson has been tasked to explore the thresholds with CPS and the 3 LA legal teams and consider a process with Chairs of conferences to consider this option for cases showing no signs of improvement	Meeting and potential process to be set up by the end of June 2015	Head of Child Abuse Investigation	
Children's Social Care	Neglect is quickly recognised and addressed.	Frequent review of CP Plans.	Action complete		Frequent CLA surgeries are being held as additional scrutiny.	AC/ RM / NL	Fewer children subject of a plan for two years or more
		Frequent review of CIN cases.	Action complete		Frequent CIN surgeries are being held as additional scrutiny.		
Children's Social Care & Education	Neglect is quickly recognised and addressed by School staff	Increase in referrals to EOH and Troubled Families	Action complete		Compare 2013/14 rate with final rates for 2014/15 target for completion June 15.	MT/NL/AC	Families are effectively 'turned around' inline with Troubled Families criteria.
CAFCASS	Not relevant to this agency						
NELFT	Increased referrals for adolescent neglect	Staff to attend training	Action complete		MARF Audits completed biannually.  April 15 CSE enhanced training rolled out to all staff		Health staff are able to recognise adolescent neglect and respond in a timely manner to reduce the risk of harm and ensure the young person's health and wellbeing is maintained
Probation	As above						

BTUH	Through effective positive working relationships in an interagency format within MASH. TSCB audit process		G			HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	
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**Finding 6: Is there a pattern whereby Multi-agency working has become overly focussed on information sharing, at the expense of a shared analysis, face to face meetings and shared plans to meet the needs of children and young people?**

**Issues for the Board to consider**

Information sharing is a critical component of multi-agency safeguarding practice, but if multi-agency processes are to be effective there is a need to move beyond the provision of information to sharing and exploring a professional analysis of a child or young person's circumstances. Assessments and plans need to be developed and reviewed by the multi-agency network. If this does not happen children and young people are left at risk of harm, and plans become one dimensional. Drift is not challenged, and the lack of progress not noted.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
6a. Does the Board accept this finding?	Thurrock CCG	Yes Through the recent neglect case and previous case review.	The CCG has signed up to MASH information sharing agreement.	Action complete	Professionals lack the confidence /skills to challenge other partner agencies.	Signed ISA in June 2014. Exec Nurse and DN are members of the EOH/MASH Board.	Chief Nurse and DN	Named Professionals to have skills to critically analyse Safeguarding information received / have the ability to challenge colleagues in order to have an effective /transparent safeguarding outcomes
			Threshold doc and e CAF are uploaded onto the CCG intranet to make them easily accessible to staff	Action complete		Meetings held with Executive Lead for Safeguarding (NELFT) and Head of Safeguarding (BTUH) to ensure systems are transparent and effective. Information sharing and analytical perspective is presented to agencies	DN	
			CCG to continue to work with SI governance team, provider services and all partner agencies to have open and transparent safeguarding systems.					

Police	Yes - Agree with the finding as often workers are spending so much time completing checks and searching for information that their capacity to attend meetings face to face and complete the work is being stifled. CSETT have experienced a high level of referrals where originating agency then appears to feel their responsibility has ceased.	Thurrock MASH to assist with identifying cases where longer term neglect may be an issue, and identified and when to refer to CAIT for investigation. CSETT to ensure they gatekeep the receipt of referrals to ensure agencies take the responsibility for dealing with the issue rather than passing responsibility with the information. The team are a triage team whose role it is to assess all the information and decide the appropriate team/agency to deal whilst mapping any repeat victim, offenders or location to prioritise.	Action complete		Ref Action 5d. By January 2015, new terms of reference and processes are embedded into CSETT	Deputy Head of Crime and Public Protection	To enable the CSETT to complete its coordination and triage role by all agencies retaining their responsibility to deal with the risk.
Children's Social Care (CSC) & Education	There is a danger that agencies can believe that their duty is complete by sharing concerns with CSC and not taking responsibility for their own actions in the safeguarding arena.	All agencies to be frequently reminded of their safeguarding responsibilities and the need for shared analysis. Best practice models to be promoted based on the strength of practice within the MASH.	Action complete		March '15 and ongoing	AC/ NL/ LSCB	Shared analysis leading to increased early intervention, drawing on strengths of MASH partnership. Monitoring in promotion incorporated into business processes.
CAFCASS	Not relevant to this agency						
NELFT	Yes	Please see below					

	Probation		This finding will be included in the dissemination document.	G	November 2014 update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	30/09/2014 31/12/14	Alex Bamber	
	BTUH	BTUH supports the Named Nurse for Safeguarding Children in attendance to TSCB Audit meetings Any information shared from Named Nurse for SGC has an analysis where applicable as part of that process	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Dr for Safeguarding Children	BTUH will continue to share information in a timely manner and provide analysis where applicable in the best interest of the child or any other sibling with the facts available
6b. How will the Board establish whether this is a significant issue?	Thurrock CCG		CCG can establish if this is a significant issue through analysis of Safeguarding Sis raised by provider services, feedback from training, GP safeguarding leads forum, supervision with Named Professionals and telephone enquiries.	Action complete		Quarterly meetings are held with SI, CCG Team to ensure processes are effective and monitored. SI is monitored through monthly CQRG chaired by the Chief Nurse.  Cases are appropriately escalated to the Designated Nurse from GP's and providers	Chief Nurse safeguarding Team  Named GP	
	Police	By considering feedback/results of audits to assess time spent information sharing as opposed to completing activity	Multi-agency thematic audits are completed by the LSCB Audit Group	G		Jun-15	LSCB Audit Group	Audits show evidence of effective information sharing and shared analysis
	Children's Social Care & Education	By undertaking multi-agency thematic audits	Multi-agency thematic audits are completed by the LSCB Audit Group	Action complete		Jun 2015 ongoing activity - action needs to be continuous.	LSCB/AC	Audits show evidence of effective information sharing and shared analysis

CAFCASS	Not relevant to this agency						
NELFT	NELFT need to ensure that staff attending multi-agency meetings are sharing analysis of their assessments and effective multi agency plans are being developed and reviewed by the multi-agency network to avoid drift and ensure improved outcomes for young people .	Clinical Leads to audit CIN minutes and plans for recorded evidence of shared analysis face to face meeting and shared plans	Action complete		01/11/2014  Heads of service have completed audit	AD for Children Services	All staff fully understand the purpose of multi-agency working and planning and effective multi-agency assessments and plans are developed and shared to meet the needs of children and young people
Probation	Not relevant to this agency						
BTUH	Through participation at Audit review meetings	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Doctor for Safeguarding Children	BTUH will ensure representation at TSCB Audit meetings from a member of the safeguarding children team
6c. What can the Board do to address it?	Thurrock CCG	As above 6a & b  Reduction in the number of Safeguarding SI's raised around poor analysis of safeguarding information	Action complete		Learning from complex cases and SI shared with GP's and frontline practitioners.  The CCG reviews all safeguarding SI's raised and poor safeguarding practice identified are escalated to the Quality & Governance Group/ SI Lead and also shared with Named professionals		

Police	Promote better attendance at strategy meetings and ICPC by implementing IT solutions to prevent all agencies spending valuable time travelling to mirror successful implementation of similar use of conference calls within the police for other functions. Face to face is preferable but with issues in many agencies this is not always the best use of time and is often inefficient	see previous column	G	ADS Ian Balibi has been working with Essex to explore the IT solutions. Essex have agreed to a trial to consider if this would be suitable and provides sufficient quality of information and decision making. Once complete then Thurrock would be approached to consider this option.		LSCB Board members	Conference or video conference ability for all strategy meetings and CP conferences which is inexpensive and provides face to face virtual attendance to better maximise the use of all agencies resources and will improve attendance.
Children's Social Care & Education	Promote effective multi-agency ownership of risk and risk management	Review and strengthen LSCB work plan for 2015-16	Action complete		Mar-15	LSCB	Agencies appropriately manage risk and constructively challenge each other in the best interests of the child
CAFCASS		Ensure practitioners are aware and empowered to arrange multi agency meetings to safeguard and meet the needs of children and young people.					
NELFT		Staff to be reminded of their role and responsibilities for attendance at CIN/Multiagency meetings via cascaded email/team meetings	Action complete		Sep-14	Named Nurses	
Probation	Not relevant to this agency						

	BTUH	Ensure that child protection plans have effective review dates and identified professionals to assist the child in achieving the desired outcomes and to prevent drift	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Dr for Safeguarding Children	To continue to contribute to Audit meetings
6d. How will the Board know it has been successful?	Thurrock CCG		As above 6a & b  Reduction in the number of Safeguarding SI's raised around poor analysis of safeguarding information	Action complete		Learning from complex cases and SI shared with GP's and frontline practitioners.  The CCG reviews all safeguarding SI's raised		
	Police	Implementation of IT solutions to attendance to provide virtual face to face at CP conference and strategy meetings	Video and conference capability is provided and attendance monitored post implementation	Action complete	see action cross ref 6c. This is a duplicate so can be closed		LSCB Board	
	Children's Social Care & Education	Audits show evidence of effective information sharing and shared analysis. Children and young people receive timely interventions.	Audit programme linked to LSCB single agency challenge sessions. Audit of MASH contacts from schools and feedback from school safeguarding leads	Action complete		Single agency challenge session have taken place and are planned for the rest of the year.	NL/ AC	Children and young people receive timely multi-agency interventions. Actions to continue to be monitored and progressed within MASH Board and planning.
	CAFCASS	Not relevant to this agency						
	NELFT	CIN Plans demonstrate effective multi agency working and planning	Multi agency audits to be completed by LSCB audit group	Action complete		Included in LSCB Audit Plan		
	Probation	Not relevant to this agency						
	BTUH	As the acute setting is not a case holder, the only means of identifying a positive outcome for the child is from attendance at audit meetings		G		Thurrock SCB Audit Group meeting	External audit	

**Finding 7: Is there a pattern whereby GP's in Thurrock are not recognised by other professionals or themselves as an integral part of the safeguarding network?**

GPs are a critical part of the safeguarding network. It is essential that any barriers to their effective engagement in safeguarding processes are actively addressed. This is particularly important in the context of underage sexual activity and sexual exploitation, where GP's are likely to be a key point of contact for young people

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
7a. How will the Board establish whether this is a significant issue and which needs addressing?	Thurrock CCG	Most GPs in Thurrock do recognise safeguarding but more needs to be done to engage them to contribute to the wider safeguarding work	CCG will carry out post Section 11 practice visits to all GP practices in Thurrock to highlight these issues.	Action completed	Case conference time and venue not suitable for all GP's.  Appropriate information not shared with GP's in a timely way.	Post Section 11 audit visit to all practices in Thurrock completed	Named GP and Safeguarding Team	For GPs to become an integral part of safeguarding process and for them to recognise their role/responsibility with regarding to identifying young people who are or may be victims of CSE
			CCG will highlight the need for GP to participate and be fully engaged with wider safeguarding network at GP safeguarding lead forum and safeguarding training and the face to face practice visits.  All Practices to have a Named Safeguarding GP Lead	Action completed		Raised at the August GP forum. Recommendation to TLSCB to commence an audit of GP referrals on CSE related and Neglect cases. Discussed with Safeguarding Leads during Post Section 11 audit to all practices in Thurrock. All GP practices in Thurrock have an identified Safeguarding Lead. List circulated to CSC and TLSCB Business Support Team		
			CCG will work with NHS England Named GP to address / highlight / escalate practice issues.	Action completed		Evidence of GP's escalated cases available. On-going discussion around escalation. Encouraging GP's to challenge agencies around safeguarding. GP's to share any concerns and disagreed referrals to MASH/CSC		
	Police	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted



	Children's Social Care & Education	This is a local & national issue.	Review local and national data, SCRs and research.	Action completed		Ongoing - attendance at GPs forum.	N/L / AC	Improved engagement is facilitated for GPs. Business processes in place to progress.
	CAFCASS	CAfcass are unable to comment on this issue						
	NELFT	YES , needs to be addressed.	Responsibility of CCG					
	Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions
	BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist	N/A	G	N/A	Complete		
7b. How will the Board explore the engagement of GPs in the safeguarding network?	Thurrock CCG		As mentioned above CCG / Named GP will facilitate GP safeguarding forum to discuss the outcome of the case review and share findings.	Action completed	Not fully function - Link Meeting between GP safeguarding lead and HV/SN	DN held a meeting with the newly appointed Named Doctor to discuss the SCR action plans. SCR was on agenda for GP forum in August 2014, Feb 2015 and June 2015. Discussed importance of GP role and engagement with CP/Safeguarding procedures. Mandatory/Statutory protected time for training on Safeguarding Children. RCGP Tool Kit 2014 circulated to all GP's. Safeguarding team working closely with the new Named GP encouraging GPs to have MDT meetings.	CCG Safeguarding Professionals and Named GP	

<p>CCG/ NHS E / Named GP will encourage GP at their meeting to share / offer suggestion on how best to improve engagement.</p>	<p>Action completed</p>		<p>7c - indicates GP's suggestions on what can be done to improve engagement. On-going through training and forums. GP are views shared with LSCB &amp; Local Authority</p>	<p>Safeguarding Team</p>	
<p>Engagement has been explored through Safeguarding S11 GP practice visit and any CCG safeguarding contacts with GPs</p>	<p>Action completed</p>		<p>All GP practices in Thurrock have received safeguarding audit contact. Report on practice feedback available on request. GP's role and expectation in Safeguarding are re-iterated at every contact</p>	<p>Associate Designated Nurse</p>	
<p>CCG to encourage providers to have seamless pathway for information sharing with GP</p> <p>CCG to continue to encourage/promote safeguarding link (HV/SN) meeting between practice Safeguarding Lead and frontline practitioners</p>	<p>Action completed</p>		<p>Email sent to service managers to encourage them to provide an update list of link of HV/SN to all GPs in the area. Encourage GPs to establish MDT meeting between GPs, HV, S/N and allied health professionals. GP Practices MDT meetings have started this year</p>	<p>Named GP's and MASH</p> <p>Safeguarding Team</p>	
<p>CSC / Named GP to offer Safeguarding lead shadowing opportunities.</p>	<p>A</p>		<p>16th June 2015 - Head of CSC offered GP's Safeguarding Leads an invitation to visit the MASH.</p>		

		CCG Safeguarding Team to incorporate findings of case review into GP Protect Time To Learn.	Action completed		CSE & SCR Julia has been incorporated into GP training delivered at TTL in June Workshop on 31/10/14 GP safeguarding Lead forum		
Police	Police are not able to contribute to this issue	Police will monitor referrals from GPS into the CSE Triage Team.	Action completed	N/A	CSE TT data to be provided to LSCBs as part of Police data set.	D/Supt Mark Wheeler	Provision of LSCB data form Police.
Children's Social Care	CSC managers and LSCB members to regularly attend GP Forum.	CSC managers and LSCB members to regularly attend GP Forum.	Action Completed		CSC Head of Service has attended GP Forum regular ongoing attendance planned along. SMT to attend Dec 2015.	AC	Effective partnership with GPs lead to early identification of CSE; CSA and peer on peer abuse.
CAFCASS	CAfcass are unable to comment on this issue						
NELFT	NELFT to ensure staff engage with GP's when safeguarding issues are identified	All GP's in Thurrock to receive contact details for named HV/SN services bi annually	Action completed		Sept 14 Lists of HV/SN sent to GPs	Head of Universal Services	Effective communication pathways are established with GP's to ensure effective and high quality safeguarding
		Reminder cascaded via email/team meetings to be sent to staff to ensure they alert named GP and share information where safeguarding concerns identified for a child/YP	Action completed		Sept 14 Email sent to clinical leads to cascade to staff 23.09.14  Clinical leads to also discuss in team meetings and send minutes as evidence	AD Children's' Services	Processes are in place to reduce risks to children and young children
		Role of GP in safeguarding network to be included in safeguarding children training	Action completed		Training amended	Named Nurses	
Probation	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children

	BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist		G				
	Education	Education are aware that schools often have important links with GPs and may therefore be in a position to provide further information on this concern through contact with safeguarding leads	Schools to feedback on contact with GPs as part of safeguarding audit	G		Ongoing	NL/AC	Effective partnership with GPs lead to early identification of CSE; CSA and peer on peer abuse
7c. What are the options for addressing this issue?	Thurrock CCG	Suggestions from GPs	DN to discuss with CSC and suggest GP's recommendations to CSC	Action completed	IF CSC unable to accommodate GP's suggestions	DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services)	DN	
			Childrens Social Care to consider: Changing case conference time/venue	Action completed			DN	
			Explore other ways of engaging GPs in conferences/CIN meeting e.g. telephone conferencing	Action completed			DN	
			Holding some CIN meeting/ Case conference/ at GP practices.	Action completed			DN	
			Use agreed Section 47 form devised by GP and CSC (2012)	Action completed				

Police	The suggestion from CCG regarding telephone conferencing will support earlier suggestions made by police to explore IT solutions to case conference and strategy meetings to secure better attendance. No other evidence offered by Police regards this issue.	Explore options around IT and teleconferencing	Action completed	See action 6c for update, this action can be closed as duplicate	Police to engage with CSC and CCG around ICPC options.	DCI Tracey Harman	N/A
Children's Social Care & Education	As suggested by GPs the following proposals are being explored by CSC and the CCG	Children Social Care to consider changing case conference time/venue	G		To be progressed at GP Forum Meeting Dec 2015	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		Explore other ways of engaging GPs in conferences/CIN meeting e.g. telephone conferencing	G		To be progressed at GP Forum Meeting Dec 2015	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		Holding some CIN meeting/ Case conference/ at GP practices.	G		To be progressed at GP Forum Meeting Dec 2015	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		An educational MASH video is being made to assist GPs and other professionals in making referrals to CSC	Action completed		Filming is complete and video has been completed.	YA/AC/NL	Increase awareness of referral pathways
CAFCASS	CAfcass are unable to comment on this issue						
NELFT	Ensure effective communication from NELFT to GPs	GP surgeries to be informed of link HV and SN	Action completed		All surgeries have been informed of link practitioners	Head of Universal Services	Effective communication pathways are established with GPs to ensure effective and high quality safeguarding process' are in place to reduce risks to children and young people
Probation	Not relevant to this agency						

BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist		G				
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**Chapter 4 of Review Report – ADDITIONAL LEARNING**

**1. The importance of holistic assessments**

Historically national guidance regarding Initial and Core Assessments encouraged Social Workers to be incident focused and only analyse the circumstances of the referred child, leaving other children in the same family without a clear analysis of their needs or a plan

There were two referrals regarding Julia's sibling during the period under review and both focussed on the sibling rather than Julia. The Review Team recognised that the existing processes regarding Assessments did not support a holistic whole family approach. This is in the process of change with the development of the Single Assessment process.

In September 2011 Children's Social Care received a referral from the hospital regarding Courtney who had been seen in A&E with burns caused by her sister throwing water from a boiling kettle on her back whilst she was in the bath. The referral also said that the hospital was concerned because Julia's mother had told them that Julia "had been sexually active since she was 11- 12 years old". A referral was opened regarding Courtney, but not Julia.

The completed Assessment contained a lot of information and family history. The focus was on Courtney and her circumstances, but there was also information provided about Julia. Information was provided about Julia not having contact with her father because her mother said that he is a risk to children and was allegedly involved in the sexual abuse of a child. The School were said to have raised concerns about Julia who was refusing to follow instructions, truanting from class, being disruptive and had hit another student in class. In the context of the two previous disclosures of rape and the allegations made in the referral, these were worrying issues, which indicated that Julia had significant needs.

Crucially the conclusion of the assessment focussed almost exclusively on Courtney and the incident which led to the referral. This meant that the referral was not considered to have met the threshold for services because the incident had been dealt with. Julia's needs were not analysed and no formal plan of action was put in place, beyond continued support from school for her.

The lack of any Assessment of Julia's needs during the majority of the period under review meant her needs were not well understood, the issues of sexual abuse not explored fully and the need for Child Protection processes to be put in place not fully discussed.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
8a. Does the Board recognise that the quality of assessment in	Thurrock CCG	This is not applicable to the CCG	The CCG does not work directly with Children and Families	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG

assessment in  
Thurrock is an  
issue for the  
safety and  
wellbeing of  
children and  
young people?

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Police	Whilst the police contribute to assessments in terms of information sharing, they are not responsible for completing them and so this is not applicable. As a member of the board however, it is recognised that the quality of assessments is critical to assess the needs of children.	N/A	N/A	N/A	N/A	N/A	N/A
Children's Social Care	The awareness and quality of assessment re: CSE has improved but as is the picture nationally, ongoing work is taking place to continually improve the consistency of high quality assessments in this area. Assessments are holistic and continued to challenge is required re: any assessment that fails to take into consideration the needs of all children in the household	Thematic audit of CSE cases and ongoing staff training. Managers to monitor assessments for potential CSE risks before approving. Managers to equally ensure that all children within the household have been considered as part of any C&F assessment. Senior managers to monitor compliance and evidence of appropriate managerial oversight.	P		Completion in April 15 of thematic audit of current and historic CSE cases. Medium to high risk cases over a period of the last 5 years from 2014. Ongoing individual case feedback from auditor to improve any areas of immediate practice. Ongoing management oversight of C&F assessments re: ensuring these adequately cover all children in the household. CSE practitioner providing oversight of CSE risk assessments and providing regular feedback. RAG group. Back to Basics Training. MASE Group established.	AC/NL/RM	Assessments clearly identify and lead to prompt actions re: risks of CSE & CSA. Staff feel confident, well trained & supported to assess and address CSE, CSA & neglect. Ongoing actions incorporated into work plan for MASE, SMT and DMT.
CAFCASS	Not relevant to this agency						
NELFT	Yes, family assessments should be completed, NELFT promotes think family approach						
Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions

	BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
	Education	Schools will require ongoing advice and support to ensure that all information relevant to individual children and their families is appropriately recorded in school giving a long term picture of needs which is included in assessments	Ongoing training support in schools regarding their role in information gathering	Action Completed		Advice to Headteachers through bulletin and briefing March 2015. All schools have Champions in place and trained. Safeguarding Laeds Forum established.	NL/AC	Effective & holistic assessment and information sharing by school staff
8b. Does the introduction of the Single Assessment provide an opportunity to improve the quality of assessments, and ensure that a holistic approach is taken?	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
	Police	This is not applicable to the police as police, whilst contributing, do not produce the assessment.	N/A	N/A	N/A	N/A	N/A	N/A



taken?

Children's Social Care & Education	Single Assessment was introduced in April 2014 in Thurrock. The principle objective of SA is that it captures and reflects on child's journey starting from early intervention (CAF) through to Children Social Care with a holistic approach to consider the family as an unit rather than the assessment only focusing on the subject child.	Strengthen assessment processes by MASH (Multi-agency safeguarding hub) undertaking initial CSE risk assessments (where appropriate) to increase capacity for early identification of CSE risks.	action completed		Audits in Dec 14; March 15 & June 15 - ongoing spot-checks and periodic thematic audits CSE practioner monitors use of Risk assessments and provides guidance. RAG group and MASE established and providing additional monitoring.	RM/NL	Evidence of an initial CSE risk assessment by MASH being completed on relevant cases and leading to appropriate further assessment and initial actions.
CAFCASS	Not relevant to this agency						
NELFT	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these
Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions
BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
8c. Does the Board have any evidence about the quality of Assessments locally and what the barriers to effective practice might be?	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
	Police	Police do not produce assessments but contribute by way of information sharing. Assessments are not routinely reviewed by police so unable to comment.	N/A	N/A	N/A	N/A	N/A

Children's Social Care & Education	Quality of CAFs to be monitored and improved within single and multi-agency audits. Audit outcomes to be feed into training needs analysis.	Complete single and multi-agency audits periodically throughout 2014/15 and embed into audit cycle for 2015/16	G		CSC single agency audits Dec 14; Jan 15 & March 15 - Multi-agency audits by LSCB	RM/ CM/NL	Assessments where appropriate clearly consider CSE. Training is offered to multi-agency network to improve quality of assessments
CAFCASS	Not relevant to this agency						
NELFT	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these
Probation	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children	As an organisation we do not work directly with children
BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
8d. Does the Board have an awareness of the key issue for effective assessment of young people	Thurrock CCG This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG

who are being sexually exploited and what needs to be put in place to optimise assessment practice in this area?

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Police	The CSETT receive risk assessments and referrals regarding children and young people at risk of exploitation from all agencies. They have a good understanding of risk factors and refer onto social care if there are concerns that require assessment and intervention	Review of CSETT processes to ensure the receipt and gatekeeping of referrals is sound and based on risk factors, intelligence and all available information. The referral pathway is a priority for the SET Strategic CSE Board for 2015-16 and will be reviewed by a TF group to ensure it is fit for purpose	G		New terms of reference and process for CSETT implemented in January 2015. TF Group to review referral pathways work is ongoing.	D/Supt Investigations, Crime and Public Protection	Streamlined referral pathways and easy referral from GPs to Police and other agencies.
Children's Social Care	CSE risk assessment to be undertaken on all young people over 10 who go missing.	Complete & review CSE risk assessments on current missing cases.	G		Nov 14 & Audit March 15	NL/JW/PC/RM	All children who regularly go missing have effective CSE risk assessments.
CAFCASS	Not relevant to this agency						
NELFT	CSE risk assessment to be completed						
Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions
BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
Education	Schools need to be fully aware of the risks of CSE	Multi-agency support to be provided to schools in identifying CSE risk factors/indicators	action completed		Safeguarding Leads Forum established. Appointment of CSE practitioner. Online training CSE therapists	NL/LSCB/AC	Schools are able to consistently identify & address CSE risk factors
8e. How will the Board know it has been successful?	Thurrock CCG This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG

Police	By the monitoring of referrals and outcomes by the SET CSE strategic group to assess recognition of risk factors.	The SET CSE strategy group to consider an appropriate data set to monitor effectiveness of CSE recognition and referral across the county. SET Strategic CSE board will report into the LSCB to update on progress.	G		By end of June 2015	D/Supt Investigations, Crime and Public Protection	
Children's Social Care	Evidence on LCS of clear identification of young people understood to be at risk of CSE	Complete CSE Risk assessments on current cases.	P	LCS ability to flag cases, discuss with Liquid Logic and consider upgrade to CSE workspace.	Mandatory questions introduced into LCS process. LCS workspace being commissioned. CSE risk assessments regularly completed and monitored by CSE practitioner and RAG. MASE established. Spreadsheet developed and regularly reviewed.	JW/NL/PC/RM	CSE risk assessments are embedded into practice and regularly reviewed
CAFCASS	Not relevant to this agency						
NELFT	Identification of young people at risk of CSE and appropriate intervention put in place	Identification of young people at risk of CSE and appropriate intervention put in place	Identification of young people at risk of CSE and appropriate intervention put in place	Identification of young people at risk of CSE and appropriate intervention put in place	Identification of young people at risk of CSE and appropriate intervention put in place	Identification of young people at risk of CSE and appropriate intervention put in place	Identification of young people at risk of CSE and appropriate intervention put in place
Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions
BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
Education	Statutory safeguarding reports from schools & multi-agency audits	Statutory safeguarding reports from schools & multi-agency audits	G		Ongoing	NL/AC/LSCB	CSE screening and appropriate referrals are embedded into practice

2. Difficulties in escalating to concerns about Adolescents to Child Protection

Over the period of the review the Case Group told the Review Team that adolescents were less likely to be subject of Child Protection processes and the social work team charged with meeting the needs of teenagers found this frustrating. This has changed over time, and there is now better recognition of the importance of Child Protection processes for this age group.

Given the seriousness of the concerns regarding the disclosure of sexual assault by Julia from the ages of 12 – 14 years, and her mother’s unresponsiveness, it would have been expected that she would have been subject to Child Protection procedures. Julia made four disclosures of rape in a two year period. Rape of a child is sexual abuse, yet somehow this was not recognised. The police undertook extensive criminal enquiries to establish the facts of each case and to seek a prosecution of the perpetrators identified by Julia. The lack of a criminal prosecution should not have meant that there was no assessment of significant harm and a decision made about whether a Child Protection response under Sec 47 of the Children Act 1989 was required.

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
9a. How will the Board know that these changes have occurred and are embedded in practice?	Thurrock CCG	This is not applicable to the CCG	The CCG does not work directly with Children and Families	The CCG does not work directly with Children and Families	The CCG does not work directly with Children and Families	The CCG does not work directly with Children and Families	The CCG does not work directly with Children and Families	The CCG does not work directly with Children and Families
	Police	The Board will be required to monitor referrals made about this age group and track the outcomes and thresholds met to satisfy themselves. The police conduct joint investigations with CSE and Section 47 are audited at the Audit Group. Continuation of CSE Champion Training to highlight CSE as an issue, covering all ages up to 18 years.	The Audit Group to consider an audit of referrals about this age group and assess against threshold for Section 47.	A			Chair of Audit Group	The audit to evidence that the threshold for Section 47 is applied fairly to all age groups to allow access to services
	Children's Social Care & Education	Strengthen SET procedures regarding sexual exploitation and use of CP procedures. Monitor CP rates in relation to teenagers.	Review & update SET procedures. Undertake multi-agency audits of adolescent CIN cases against thresholds	Action complete		Revised SET procedures have been completed. Audits are ongoing	NL	Updated procedures that incorporate learning from 'Julia'; Jay Report and Ofsted Thematic on CSE. Thresholds are applied appropriately and cases escalated where necessary using full legal powers open to the LA
	CAFCASS	Not relevant to this agency						

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NELFT	staff to ensure referrals are made for all young people who have suffered abuse and neglect	staff to ensure referrals are made for all young people who have suffered abuse and neglect	staff to ensure referrals are made for all young people who have suffered abuse and neglect	staff to ensure referrals are made for all young people who have suffered abuse and neglect	staff to ensure referrals are made for all young people who have suffered abuse and neglect	staff to ensure referrals are made for all young people who have suffered abuse and neglect	staff to ensure referrals are made for all young people who have suffered abuse and neglect
Probation	Probation – the children and families practice instruction includes reference to offender managers escalating concerns through a manager.	Probation- inclusion in dissemination document	G	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	31/12/14	Alex Bamber	
BTUH	The Named Nurse for Safeguarding Children would professionally challenge and curiously question why child protection concerns had not been acted on, providing this information was known to the acute setting.		G				

<b>19 January 2016</b>	<b>ITEM: 7</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>Thurrock Local Safeguarding Children Board Annual Report 2014-2015</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not applicable
<b>Report of:</b> Report of: David Peplow, Independent Chair Thurrock Local Safeguarding Children Board	
<b>Accountable Head of Service:</b> Andrew Carter, Head of Children’s Social Care	
<b>Accountable Director:</b> Carmel Littleton, Director of Children’s Services	
<b>This report is</b> Public	

## Executive Summary

Thurrock Local Safeguarding Children Board (LSCB) operates within a legislative and policy framework created by the Children Act 2004 and Working Together 2010 (as amended by Working Together 2013 & 2015).

This Annual Report is required under the above legislative arrangements and reflects the priorities set within the LSCB Business Plan for 2014/15, the progress against these priorities, and areas for further development during 2015/16. This is attached at **Appendix 1**.

### 1. Recommendation(s)

**1.1 The Committee note progress made on children’s safeguarding for the 12 month period April 2014 to March 2015.**

**1.2 That the Committee provide comment on the report.**

### 2. Introduction and Background

2.1 Thurrock Local Safeguarding Children Board’s (LSCB) Annual Report for 1<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015 provides an account of what activity it has conducted to oversee safeguarding services within Thurrock and to assess their effectiveness.

2.2 The Board was set up in order to make sure that key agencies work together to safeguard and promote the welfare of children and young people in Thurrock.

- 2.3 The LSCB operates within a legislative and policy framework created by the Children Act 2004 and Working Together 2010 (as amended by Working Together 2013 & 2015).
- 2.4 This Annual Report is required under the above legislative arrangements and reflects the priorities set within the LSCB Business Plan for 2014/15, progress against these priorities, and areas for further development during 2015/16.

### **3. Issues, Options and Analysis of Options**

- 3.1 This is a monitoring report for noting, therefore there is no analysis of options.

### **4. Reasons for Recommendation**

- 4.1 It is a statutory requirement for Local Safeguarding Children Boards to produce an Annual Report. It is best practice for this to be considered by the Overview and Scrutiny Committee. This report is for monitoring and noting.

### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 The document was circulated in draft format for consideration and comment by the LSCB and Children's Partnership (CYPP) committees.

### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The aims and priorities contained within the Annual report influence the refresh and development of both new and existing strategies and plans of both the Council and LSCB partner organisations.

### **7. Implications**

#### **7.1 Financial**

Implications verified by: **Michael Jones**  
**Management Accountant**

No specific financial implications. The delivery of the LSCB Business is undertaken within budgets established through annual partnership funding.

#### **7.2 Legal**

Implications verified by: **Lyndsey Marks**  
**Principal Solicitor**

There are no direct Legal implications.



Thurrock LSCB is required to publish an Annual Report on the effectiveness of safeguarding in the local area. The report fulfils the requirements of the Children's Act 2004 to report on the effectiveness of safeguarding in the local area and to ensure that the appropriate agencies receive a copy.

### 7.3 **Diversity and Equality**

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

The annual report covers the safeguarding needs of all children in Thurrock. The plans and policies of its board and sub committees reflect the diverse needs which are supported through implementing and developing equalities impact assessments as appropriate.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- LSCB Business Plan 2014/15
- Minutes of Board meetings

### 9. **Appendices to the report**

- **Appendix 1** - Thurrock LSCB Annual Report 2014/15

#### **Report Author:**

Alan Cotgrove

Business Manager

Local Safeguarding Children Board

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# **ANNUAL REPORT**

## **2014 - 2015**





**Forward by Dave Peplow, Independent Chair,**

I am pleased to introduce the LSCB Annual Report for 2014-2015. LSCB's are required to publish an Annual Report on the effectiveness of safeguarding in their area, including an assessment of local safeguarding arrangements, achievements made and the challenges which still remain. This report sets out the progress and achievements over the last year and those priority areas which the Board will focus on over the next 12 months.

Our priorities continue to develop, responding to new challenges as they arise. There is still work to be completed and this forms part of our Business Plan for the coming year to enable our targets and aspirations to be achieved and acknowledged.

Our vision remains clear - that every child and young person in Thurrock should grow up safe from maltreatment, neglect and criminal activity. Keeping children safe requires a culture, across all agencies, where staff are open to challenge and new ideas. That ethos has again been tested during the year with the publication of the "Julia" Serious Case Review and other reviews and safeguarding audits undertaken. I am privileged to work with partners who share my commitment to this vision and are willing to analyse their performance to ensure it improves outcomes for children. We need to continue to build on a safeguarding system where the focus is firmly on the voice and experience of the child's journey from needing, to receiving information, help and support. Our work over the last year with young people through the "Walk online roadshows" has assisted this process. Our annual conference has become a focal point again with this year's conference on neglect being oversubscribed. As we move forward in 2015, there will be a strong emphasis to build on the early help and prevention. Examining the impact of the Multi-Agency Safeguarding Hub (MASH) and greater focus to ensure that we do all we can to prevent children and young people meeting crisis point before interventions become available.

I would like to thank members of the Board for their work during this reporting period and particularly all the front line practitioners and managers and the LSCB Business Team for their dedicated work in safeguarding children.

Dave Peplow

### Comments by the report author

I write this report on behalf of the Board as a reflection of the progress made in improving safeguarding for the children and young people of Thurrock during 2014/15. It takes into consideration the views of Board members, data and some personal reflections. The report provides evidence and examples from the 2014 /15 Business Plan, the progress and activity the Board is making across safeguarding and the way it works to support and challenge our partners in safeguarding our children and young people.

The aim to deliver 'more for less 'and make best use of contributions from partner agencies continues to be a challenge. A tight reign has been maintained on LSCB finances again this year which has enabled the Board to maintain a good financial position and we welcome the additional support from the new health platform that continues to develop in strength.

The refresh of the Joint Strategic Needs Analysis (JSNA) has allowed us to review our priorities for the coming year and to review the changing dynamics of the children of Thurrock. We have evolved our structure over the last year supporting our learning and improvement framework and have made some significant inroads into a better understanding of the safeguarding needs in particular of those that are most vulnerable to child sexual exploitation.

*A P Cotgrove*

Alan Cotgrove

**LSCB Business Manager**



### **Background to Children’s safeguarding in Thurrock**

Thurrock lies to the east of London on the banks of the River Thames and within the Thames Gateway growth zone. The Borough is host to one of the biggest growth and regeneration programmes in the UK which over the next few years will create 26,000 jobs and 18,000 new homes. The new Grays Campus for South Essex College opened in September 2014, marking a change in the town’s economy and future prospects, providing a learning centre for local young people to gain the qualifications and develop the skills for the new jobs being created in the Borough.



Thurrock’s population is 157,700, having grown by over 22.5% since 1990. The population is projected to rise to 207,000 by 2033. Thurrock has a young population by national standards.

The population is increasingly diverse. According to the 2011 Census the non-white ethnic population was 15.7% – a significant increase from the 2001 Census of 4.7% and that dynamic is predicted to change further. Among school-age children, more than one in four (26.5%) are from a black and minority ethnic group. Recent data indicates this rate has now increased to 30% (Education Commission Report 2013). Much of this change is being driven by the new homes that have been, and continue to be built across Thurrock.

Three-quarters (75%) of the working age population are in employment. Unemployment among young people has risen steeply in recent years and supporting young people into employment and minimising long-term unemployment is a key challenge and agenda for both Children’s Services and the Children’s Partnership. This work is now starting to impact with a downward trend beginning to show.

Average house prices in Thurrock are historically lower than both national and regional averages. The council manages its own stock of over 10,000 homes. The availability of affordable housing

and its inclusion in new housing developments is a focus for the Council to ensure sustainable growth.

Overall levels of deprivation in Thurrock are consistent with the national average however, Thurrock experiences significant pockets of deprivation and inequality, with several areas falling within the 20% most deprived areas in England.

Just over one in five children in Thurrock is growing up in poverty (21.9%) – just slightly above the national rate (21.1%). The gap between the highest and lowest areas of deprivation in respect of child poverty is wide. For example, in Tilbury 55% of children are living in poverty, 25 times the level of child poverty in the least deprived ward of Corringham and Fobbing. The areas in Thurrock with the highest levels of child poverty also experience the lowest educational attainment and have more people in poor health or with disabilities which prevent them from working; higher proportions of workless families and higher numbers of adults with poor basic skills or who lack qualifications.

Infant and child mortality rates in Thurrock are consistent with national averages.

Children in Thurrock have average levels of obesity. 10.0% of children aged 4-5 years and 21.1% of children aged 10-11 years are classified as obese (9.2% and 19.2% nationally respectively).



### About the Thurrock LSCB

Thurrock Local Safeguarding Children Board exists as a statutory body and has a range of roles including developing policies and procedures and scrutinising and challenging local safeguarding practice. Section 14 of the Children Act 2004 sets out the Objectives for the LSCB as:

- To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area and;
- To ensure the effectiveness of what is done by each such person or body for these purposes.



While the LSCB do not have the power to direct partner agencies, they have a role in making clear where improvement is needed. Each Board Partner retains their own existing line of accountability for safeguarding (Working Together to Safeguard Children, 2015). The role therefore of the Board is to have an independent co-ordinating and challenge role around safeguarding practice across its partner agencies. This is carried out through the Full Board and each of the sub groups, details of which are outlined later in this report.

For 2014-15, membership of the Board and representation from all agencies on each of the sub committees has improved on recent years, which was generally good. We saw a number of changes over the year of individual representatives within the Police which had a temporary impact on the continuity of their contribution, but I am pleased to say that this has now stabilised and we are receiving very good support and also the addition of a non-voting member from the Police and Crime Commissioners office.

We saw a welcome improvement of education engaging from all types of education establishments in both sub groups and the Board resulting in representation from primary, secondary, academy, special schools and further education. We have reviewed over the last 12 months the way meetings were run, how information was shared and how the Board can more effectively challenge practice. We have built on the commissioned review of the Board in 2013 and we continue to work on improving our systems and structures even further.

Those changes have included:

- New governance policy of the Board
- Introducing of a more challenging Performance Improvement Panel
- More direct challenge of services at Board meetings through thematic reviews
- Greater focus on outcomes for children

The LSCB continues to participate in the local planning and commissioning of children's services to ensure all members implement their duty to safeguard and promote the welfare of children in the delivery of all their services and reflect on practice and policy.

These are the main areas the Board have been involved in

- Policy development and refresh of the Pan Essex Child Protection Procedures (refreshed March 2015)
- Development of the Early Offer of Help and a member of the EH Project Board





- Development and supporting the implementation of the Multi Agency Safeguarding Hub (MASH)
- Developing a new threshold and pathways to service document (reviewed annually).
- Development of joint working protocols
- Independent Chair a member of Health & Wellbeing Board

The LSCB also contributes and continues to work closely with the Children and Young People Partnership (CYPP) and Community Safety Partnership, developing local policy and procedures.



### **Our Business plan for 2014-2015**

A review of the Business Plan in March 2015 showed that in most key areas progress had been made against the actions set. Where any actions have been delayed or not completed within the predicted timescale a review was undertaken to challenge Board members. Where this was the case they have either been actioned, accounted for or carried forward to the current year.

It was felt also that new and emerging themes needed to be incorporated into the plan moving forward to reflect the priorities in the Borough, in particular Child Sexual Exploitation as well as identifying local impact and trends emerging nationally arising from Serious Case Reviews and Independent Management Reviews. These approaches will form the basis of individual work plans for the Serious Case Review Panel and where local issues arise, the Audit Group and the Performance Panel in 2014/15 has focused on achieving better outcomes for Thurrock children.

### **Key highlights and achievements 2014-15:**

- The 2014 LSCB Conference on Neglect
- Publication in December of the Serious Case Review “Julia”

- a responsive and reflective multi agency learning and development programme that has been cost effective
- Engagement and working alongside the Youth Cabinet
- Business Plan on target and flexible to reflect emerging issues
- Continued focus on improvement and challenge by looking at business processes in the Board and challenging agencies and practice where needed
- Development of Facebook and Twitter as a medium of communication.
- Development of a more robust and accountable constitution
- Continued progress with engagement and links with Faith Groups across the Borough
- Continued links and sharing good practice with other Boards within Essex and the region
- Development of good practice through the Eastern region improvement board.
- Engaging with the community through the “Big Lunch and “Tilbury Family Fest” Events.
- 86,387 items of safeguarding material distributed to professionals, parents and children.

#### **Areas reviewed and actions**

- Thematic review process for Section 11 implemented for all partners through the Full Board
- Refreshed approach to Child Sexual Exploitation, new training provided, intelligence network implemented,
- Focus on links with young people working with Thurrock Youth Cabinet
- New CSE strategy and focus on our most vulnerable children and young people

#### **Reports reviewed**

- Private fostering
- Local Authority fostering
- Children’s Partnership activity and policy development
- Child Death Review
- CAF
- Ofsted Inspection 2012 action plan outcomes
- Independent Reviewing Officers responsibilities
- Local Designated Officer role
- Sexual health service and response to sexual violence

### Areas for development in 2015-16

- Greater involvement of children and young people in the work of the Board and the development of youth safeguarding Ambassadors.
- Review how Working Together 2015 is embedding across practice
- Single agency audit of safeguarding training
- Designated and safeguarding training for education establishments
- Inspection frameworks and findings – there is a need to ensure that the Board maintains its position as being fit for purpose to meet the challenges it faces.
- Greater focus on outcomes
- Monitor the impact of the transformation processes across a number of agencies e.g. Probation, Local Authority, Police, Health and Education with Academies and Free Schools and any potential impact on safeguarding practice
- Focus on Sexual Exploitation following the Children’s Commissioner Report and local intelligence
- Need for continuous review of smarter working and better use of resources
- Consideration of more “Pan Essex” and regional working and sharing of practice in some key areas such as training and learning provision and Child Sexual Exploitation where boundaries do not apply to perpetrators.
- Making best use of action plans, data and case examples to continue to robustly challenge areas of concern
- Improving administration and support to the Board through cloud based technology

### Working with others

The LSCB has maintained and developed further its links with the Children and Young People Partnership (CYPP) with a joint stakeholder event planned for 2015. The CYPP manage and commission the delivery of the Interagency Training element of the LSCB and also provide a number of sub groups in support of safeguarding which are intrinsically linked into the work of the LSCB. It could be debated where various support groups sit within the children’s safeguarding structure in Thurrock. The LSCB recognise the most important fact is that we have the right groups with the right people and regularly review practice through reporting processes to the Board, which ensures that all elements of children’s safeguarding is in place to meet the needs of Thurrock’s children.

## Agencies Voice

In 2013/14 we added a new section to this Annual report to show how our partner agencies have contributed to improving safeguarding for Thurrock children and young people. This process was seen as a helpful approach by all the Boards' partners in focussing both partnership and single agencies priorities and this element has been included again for this year's report.

Agencies were again asked to respond to four key headings.

***What did your agency do in 2014/15 which promoted safeguarding and how can you evidence the impact on improved outcomes for children and young people as a result. Please include data where possible***

**CRC** This last year witnessed the biggest change to the Probation Service in 100 years. On 1<sup>st</sup> June 2014, Essex Probation split into two separate probation service provider organisations: the National Probation Service (NPS) and the Essex Community Rehabilitation Company (ECRC). This involved enormous changes, both organisational – splitting and moving all staff; and operational – splitting and moving 6000 live cases, including their records, plans and arrangements for safe management. On 1<sup>st</sup> February 2015, ECRC passed from public ownership (MoJ) into private ownership (Sodexo), at the same time taking on new responsibilities for 'short-term prisoners under the Offender Rehabilitation Act.

As part of its approach to these changes, Essex Probation – and then Essex CRC – committed itself to maintaining its focus on Safeguarding and protecting children. This is in part reflected in the fact that throughout this challenging period ECRC has maintained its full 'presence' in operational Child Protection arrangements (including in the developments around the MASH) and in the work of the Board and its sub-groups.

Particular areas of development in the last year included our putting our staff into the Thurrock MASH; and leading a review of processes leading to the MARAC 'backlog', seconding a manager who cleared the then-existing backlog of MARAC cases and making proposals for changes to the JDATT/MASH/MARAC processes that would enable MARAC work to be manageable for all agencies. These proposals were subsequently accepted by the SET DA Board to whom this work was handed back in December 2014.

### **NELFT Safeguarding Children Training**

Safeguarding Children training is mandatory and is provided to all staff working for NELFT. Compliance reports are completed monthly by the training dept. On 31.03.15 uptake of level 1 training was 98.78%, level 2 uptake was 94% and level 3 uptake was 91% for Thurrock staff.

All NELFT safeguarding children training has been updated to reflect the new Intercollegiate Document – "Safeguarding children and young people: roles and competences for health care staff "(March 2014). NELFT is committed to ensuring staff receive training that is evidence based and reflects national guidance and recommendations.

NELFT is committed to partnership working and promoting collaborative working .The Named Nurse is an active participant in delivering all LSCB interagency training sessions and is an active member of the LSCB training subgroup.

## **New training developed**

In the last year NELFT has developed on line levels 1 and 2 safeguarding training packages. This will make training more accessible to staff and ensure compliance rates are maintained

Evidencing how training has had an impact on practice and has improved outcomes for children and families remains a challenge for NELFT.

The safeguarding children team have recently reviewed and developed pre and post evaluation questionnaires which will enable trainers to identify all learning achieved from the training sessions.

To evidence how training has had an impact on practice, NELFT have recently developed a telephone survey that will be completed with random training attendees 6 weeks post all classroom training events delivered. This will be implemented from **01.06.15** and will enable NELFT to identify, from staff, how the training has changed their practice and what positive impact this has had on improving outcomes for children, young people and their families.

## **Domestic Abuse and Harmful Practices**

An enhanced DV and DASH-RIC E learning package has been developed and it is envisaged that uptake of this training will increase referral rates to MARAC and increase completion of DASH-RIC assessments to ensure children and their parent / carers are safeguarded from the impacts of domestic abuse.

## **Child Sexual Exploitation (CSE)**

### **CSE Training**

NELFT are 84.5% compliant with frontline staff having completed the Thurrock LSCB online CSE basic awareness training. Uptake of training will ensure all frontline staff have an understanding of CSE and know how to recognise key indicators and behaviours displayed by children who may be at risk of CSE.

An E learning CSE training package which includes CSE awareness and enhanced modules has also been developed within NELFT.

NELFT has also developed an enhanced CSE training which is being delivered this year to targeted services who may come into contact with children at risk of CSE such as sexual health/ GUM workers, School Nurses and CAMHS

In November 2014 a learning event was also held across NELFT to disseminate the findings from SCR "Julia" and to ensure all staffs are aware of CSE and how to recognise behaviour indicators. NELFT staffs have access to the published report on the LSCB websites and it is also accessible on the NELFT safeguarding intranet.

### **CSE Champions**

Across Thurrock all safeguarding supervisors have been trained as CSE champions and a super champion has also been identified. CSE champions will attend CSE champion forums and disseminate learning and information relating to CSE to front line practitioners and

support them, through supervision, with the management of CSE cases and the use of the CSE risk assessment tool.

NELFT has developed a CSE self-assessment tool for service areas to use with their teams to identify gaps in staff knowledge, skills and competencies and identify further training requirements.

### **CSE and FGM Training**

A learning event was also held across the South West Health Economy on CSE and Female Genital Mutilation (FGM) to ensure staff are aware of the indicators for CSE, and FGM, and are familiar with referral pathways and use of the CSE risk assessment tool.

Through recognition of FGM and use of referral pathways it is expected that MASH referral rates for suspected and identified cases of FGM will improve and appropriate multi-agency intervention will be provided to protect children and young people from the harmful effects of FGM.

Staff 's completion of the CSE risk assessment tool will enable practitioners to identify children and young people at risk of CSE , increase CSE referral rates to MASH and ensure early health intervention is provided to reduce and improve health outcomes for children and young people affected by CSE. The CSE risk assessment tool is being used across children's services and an audit will be completed later this year to monitor staff compliance across GUM/Sexual health and School Nursing Services.

### **Radicalisation**

All NELFT staff now complete PREVENT training and are committed to the prevent agenda .Training will enable staff to have an increased awareness to identify young people at risk of radicalisation and terrorism.

### **Policies and Procedures**

NELFT has recently developed a Fabricated and Induced illness (FII) Procedure to support staff in the identification and management of suspected FII cases. This procedure can be accessed by all staff on the trust intranet.

A NELFT CSE Policy was developed in December 2014 and is on the trust intranet. CSE and harmful practice procedural guidelines are presently being progressed to support the CSE Policy.

### **Safeguarding Children Supervision**

Safeguarding Children supervision is mandatory for all NELFT staff that come into contact with children and young people and they must receive one to one or group supervision, dependant on their roles and responsibilities.

Staff Compliance rates in May 2015 for 1:1 was 94.5% and group was 89%. Through the supervision process practitioners will be enabled to contribute to improved outcomes for vulnerable children and their families. Effective supervision promotes good standards of practice and the delivery of a high quality service (Working together to safeguard children 2013). The voice of the child is discussed and recorded in all supervision sessions.



A supervision audit was completed in Feb 15 to monitor the quality of supervision and staff compliance with the safeguarding children supervision policy. The report and the findings are presently being finalised.

### **Voice of the Child**

NELFT staff ensure the wishes and feelings of children and young people are heard and young people are involved in their service provision. The voice of the child is now captured and recorded at all core contacts and a voice of the child action plan is being progressed across NELFT.

### **Audits**

Annual Section 11 self-assessment audit was completed to assess the effectiveness of safeguarding arrangements across NELFT and to evidence improved outcomes.

A further NELFT wide audit was completed in May 2014 to assess the quality, timeliness and outcomes of Multi Agency Referral Forms (MARFS's). This audit is completed to enable NELFT to identify learning, improve the quality and the referral rates, and to improve outcomes for children.

### **Partnership working**

NELFT is committed to partnership working and ensures appropriate senior staff from NELFT are present on all LSCB meetings and subgroups. Safeguarding updates are cascaded to staff through local safeguarding and operational meetings and safeguarding is a standard agenda item on all team meetings.

### **MASH**

NELFT is committed to the implementation of the MASH and two health practitioners have been appointed to work as part of the MASH to support partnership working.

### **Early Offer of Help and collaborative working**

The Head of Thurrock Children's Services is an integrated locality manager and is also the chair of the Central MAGS panel. There is consistent and appropriate representation at all three MAGS panels.

Regular meetings are held with the integrated locality managers and early offer of help to promote joint working. Representation is provided at both Early Offer of Help and Operational and Strategic boards, and the Troubled Family's boards.

SEPT

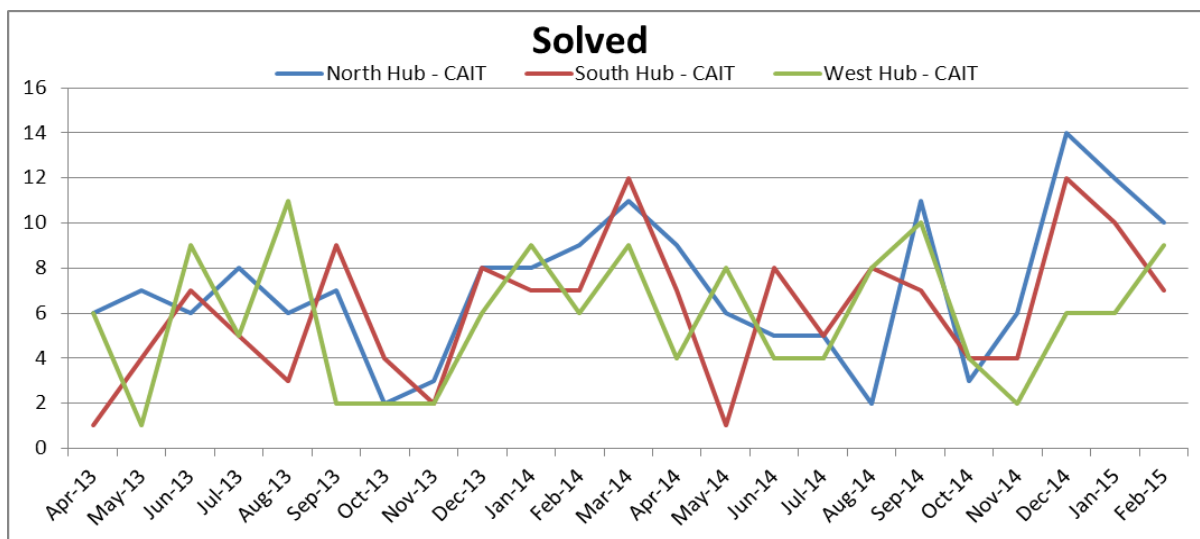
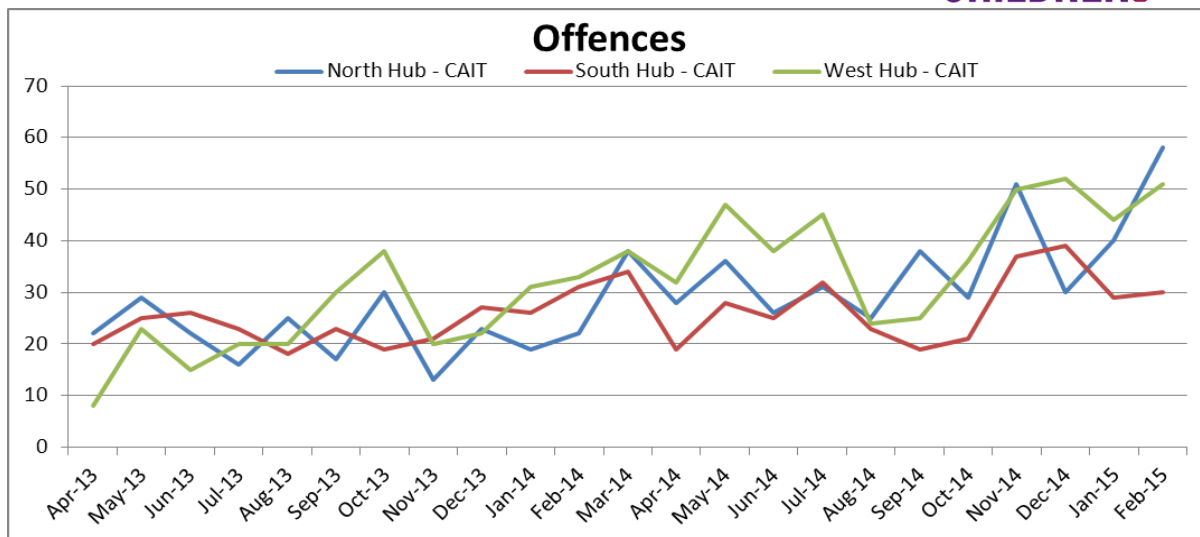
SEPT reviewed and updated its training programmes and added an enhanced section on Domestic Abuse to include forced marriage FGM etc. Training compliance is excellent but this year we have focussed on the impact of training on clinical practice and as such attendees are asked to evidence how training has changed clinical practice. Initial feedback has been positive e.g.

"I routinely discuss the support available to the whole family when I see any parent for a mental health assessment".

"I have put safeguarding as a routine agenda item in our team meetings"

- Thurrock CCG GP Sec 11 Audits – 2014/5 – 100% response rate from GP practices in Thurrock, have now completed a Sec 11 audit.  
They have rag rated their practice and identified where their gaps are and have action plans in place.
- This has heightened safeguarding statutory requirements, awareness, practices responsibilities and CQC requirements.
  - Every GP Practice now has a GP Safeguarding Lead.
  - The action plans will be monitored by the CCG Safeguarding Team and Named GP.
  - Final Analysis Report is available on request.
  - Training, Supervision and Lessons learnt from Case Reviews and Cases Escalated:
  - These have increased the levels of cases escalated to Designated Nurse/Safeguarding Teams
  - Practitioners now have a questioning culture and are challenging colleagues from other agencies.
  - GP's are now also challenging and escalating their concerns – CSC, SERICC etc
  - GP's are now initiating, requesting and suggesting ways to engage them in the CP Processes.
  - GP's are now questioning request forms and scrutinising the validity and content of forms.
  - Increased awareness on Fabricated cases, more vigilance. Practitioners calling more professionals meetings and completing chronologies to obtain better understanding and clearer picture before involving external agencies.
- Internal CQC Framework Inspection on GUM – unable to share report as this belongs to NELFT.  
Policy and procedures reviewed  
CSE/CSA Training  
Departmental changes made – eg: selected staff have now been NSPCC trained to deliver supervision.  
Lead for CSE in department  
Child focused practice and child voice been heard and recorded.  
More datix (serious incident) and consultation/referrals made.  
Inspection action plans are been rigorously monitored by NELFT.
- Police The demand within the Police Child Abuse Investigation Teams has been steadily increasing over the last two years. Of greatest impact has been a 40% increase in sexual offences experienced by both the Child Abuse Investigation Teams and the Sexual Offence investigation Teams. Below shows this increased across the county, Thurrock being serviced by the West hub. The second graph shows the increase in those offences “solved” where a positive outcome has been achieved (charged, cautioned or other positive disposal).





Essex Police continues to support the Thurrock MASH and has invested a Detective Sergeant and a Detective Constable within the team to support the multi-agency ethos of improved information sharing and decision making. The Child Sexual Exploitation Triage Team has been reviewed and improvements made to the referral pathway and coordinated activity to ensure those at risk are properly identified and prioritised. This has resulted in better inclusion of the missing person coordinators so the links between missing children and exploitation is properly understood. Operation Dartford led to the first successful prosecution for offences linked to Child Sexual Exploitation and has provided valuable lessons to improve the outcomes for these young people. This work continues to be coordinated through the Southend, Essex and Thurrock (SET) Strategic CSE group chaired by the Police.

“Walk the Line” was a road show which was delivered to schools within Thurrock in 2014 and provided online safety education. The Essex Police Youth Officers have all been trained to continue to provide these inputs.

NPS From the 1st June 2014, the National Probation Service (NPS) became a newly formed organisation.



- The focus of the NPS for the coming year is to complete the Section 11 audit and to continue to promote the training and quality assurance processes for safeguarding children.
- The NPS will ensure it works with its partners to identify children at risk of harm and will review and update child protection policies, protocols and procedures to reflect national and local recommendations.
- Senior Managers will ensure that local area staff who work with offenders:
  - are familiar with guidance on the recognition of children in need, particularly those who have been abused or neglected;
  - know what to do if they have concerns about the welfare of children,
  - and recognise the role they can play in working with offenders that can improve their skills as parents and carers as well as reduce the likelihood of re-offending.

Grays  
Convent

- CP training as part of induction process and whole staff
- Follow up training on Prevent Strategies, Radicalisation, FGM & Modern slavery
- 2 members of staff received designated person training
- Designated Lead attended or hosted all Core Group Meetings in Looked After Children and/or Child in Need Conferences
- Improved 'What to do if' lines of communication – displayed in public places and all classrooms
- Improved referral forms to include body map
- Provision – Open Door Counsellors
- Brentwood Children's Society Counsellor

Outcomes

Increased awareness of all staff on all aspects of Safeguarding including specific areas – Radicalisation and FGM

- Those with particular responsibility for safeguarding are up to date with current procedures through training.

Gable  
Hall

Over the past year we have been keen to promote a number of key issues including e safety, Child Sexual Exploitation and Radicalisation.

This sits beside our regular safeguarding issues which we address regularly through form activities, assemblies and focus drop down days. These include anti bullying, stranger danger, social media, violence against women, LGBT awareness, emotional wellbeing. We are also constantly reviewing the physical environment to ensure the safety of all members of the community

We have a Crisis Response Policy and team and regularly take part in practise scenarios which could happen.

The last pupil survey which are carried out in October 2014 indicated that the over 90% of pupils think that bullying and racial abuse is dealt with quickly and effectively.

There were only 12 incidents of racial abuse recorded for the whole of last academic year. Recent parent surveys carried out in January 2015 and April 2015 indicate that 95% and 96% respectively say their child is happy to come to school with 100% in both surveys saying their child feels safe to come to school



Beacon Hill  
Governors went on safer recruitment and safeguarding courses  
All staff updated with Guidance from “Keeping children safe in education”  
Academy safeguarding policy reviewed and updated  
Proact-Scip Uk positive behaviour support training updated for all staff and 3 instructors  
E safety policy and audit undertaken  
All staff medical training updated – epilepsy, gastro feeding, oxygen, suction, paediatric first aid  
All pupil individual care plans updated  
New curriculum rewrites including PSHE  
All staff completed disqualification by association declarations  
Senior staff attended CSE training  
Storage and administration of medical procedures updated

Children’s Social Care  
**The Multi-Agency Safeguarding Hub**

The implementation of Thurrock’s Multi-Agency Safeguarding Hub, Early Offer of Help (EOH) and Troubled Families, ‘integrated triad’ in July 2014, significantly enhanced the partnership’s ability to manage the interface between early help and statutory services. The MASH brings together a variety of agencies into an integrated co-located multi agency team; where information is shared appropriately and securely on children, families and adults.

The MASH builds on the success already secured by the service in introducing a police officer to the social work duty team (first council in Essex to do so) and which has been greatly appreciated across both services and served as a pilot for other areas. The MASH is situated at the centre of the main council offices in Grays, taking advantage of the benefits of the recent office transformation.

MASH core agencies include:

- Children’s Social Care
- Essex Police
- Locality Senior practitioner
- Troubled Families Programme Manager
- Health
- Probation & CRC
- Housing
- Education Welfare

MASH satellite agencies include:

- Adult services (Community solutions team)
- Link to Community mental health services
- Link to Youth Offending Service (YOS)
- Link to Education Psychologist (EP)
- Emotional wellbeing and mental health service/ currently known as CAMHS
- Link to the Sunshine Centre
- Basildon and Thurrock Hospital

The MASH has significantly enhanced information sharing and allowed for the rapid intervention to protect children where this would not otherwise of been possible.

**Troubled Families**

Our validated Payment by Results data shows that Thurrock have successfully ‘turned around’ over 100% of families within Phase 1 of the Troubled Families Programme. We believe the ‘Triad’ provides us with a solid base for entering Phase 2 of the Troubled

Families Programme.

We are very proud of our Troubled Families Programme and unique Thurrock strengths, which include:

- Dedication to working with and helping improve the lives of the people living within Thurrock. A team that are prepared to work and deliver support services in flexible ways to ensure the best outcomes for the Troubled Families e.g. one Parental Outreach Worker is currently taking a number of previously withdrawn young people out doing “Positive Activities” (Football/Basketball/Tennis, etc.) in local parks. Some of these young people were so withdrawn they had seldom ventured out of the family home or to school in over a year. This has also allowed other services to engage them such as Thurrock Therapeutic Treatment Services.
- A strong belief in the ideals of the Troubled Families programme - use of the Team Around the Family model which emphasises and encourages participation; is action orientated and supported by a SMART outcomes framework.
- A full engagement plan for schools, with frequent visits to ensure the Troubled Families agenda is fully embedded within participating local schools.
- Development of co-located Thurrock Housing Department, Troubled Families Champions
- A strong Multi-Agency Partnership Board

**What challenges as a single agency have you faced in trying to achieve improved outcomes and how have you addressed them?**

CRC            The main challenge has been the implementation of the ‘Transforming Rehabilitation’ changes, as above.

**NELFT        Cost Savings**

In this present economic climate NELFT is constantly required to reduce costs but continue to improve the effectiveness and efficiency of services offered to children and their families. There has been a level of services decommissioned or funding reduced this has included children’s weight management services, immunisation services, reduction of funding for school nursing services, reduction in funding for sexual health/GUM services. This will have a consequence in that services will need re-designing/re modelling. This may also require the hard choices of having to cut services.

In addition the requirement of commissioners to ensure value of the public purse has required services having to go to tender. This requires both senior staff and clinicians learning new skills in order where NELFT do participate in the tendering process.

There are a number of consequences :

1. Where NELFT participate senior staff may be removed from clinical duties for long periods of time.
2. Where NELFT win tenders for services this may require service redesign

3. Where NELFT do not win tender there may be a period of uncertainty for staff which may impact on clinical services (eg. Low morale, increased sickness)
4. Increased number of providers may increase risk of poor information sharing, potential for silo working

In order to minimise these risks NELFT have developed processes to ensure effective communication when staff moving between organisations which includes appropriate sharing of clinical records, face to face handover where there are individual children/families that are of concern, information sharing agreements.

### **Evidencing improved outcomes**

Being able to evidence that the health intervention provided has had a positive outcome on the child's health and wellbeing remains a challenge. All children subject to Child Protection / CIN plans have care plans in place that are SMART and commensurate with risk and are regularly reviewed to ensure risks are reduced and health outcomes are achieved. All care plans are recorded in the electronic record keeping system .

### **Ensure a child centred approach**

Effective safeguarding services must be based on a clear understanding of the needs and wishes of children and young people .Staff need to ensure the child / young person is seen and heard, and their views are taken seriously and recorded. The work we have progressed so far to capture the voice of the child needs to be further embedded in practice.

SEPT Challenges include maintaining the support and providing up to date information for teams in SEPT whilst the NHS continues to change. In addition there have been a number of new guidance's issued nationally e.g FGM data sets, Prevent etc . We have a safeguarding Champion Group where we share information and invite speakers and specialist presentations in order to cascade these updates to teams. We also highlight all Thurrock events on our weekly Trust news website for those staff specific to Thurrock area.

Thurrock CCG Safeguarding:  
a) Different agenda's and priorities, understanding of thresholds, organisational cultures, language, standards and expectations.

a) LAC:

- Ensuring accurate LAC data recording- working with social care to improve Health assessment and immunisation uptake
- Interaction with LAC by visits to CICC and on LAC Activity day.
- Raising awareness of LAC and Private fostering at GP Training.

Safeguarding:

b) Initiated meetings with service managers and heads of services to resolve and share concerns.

Invited heads of service and managers to GP Forums to bridge any gaps and iron out any misunderstanding of expectations, roles and responsibilities.

Discussion with GP's and health practitioners on ways to improve working relationships. GP's initiations and suggestions on how to engage them as a group shared with relevant agencies.

Attending mediation meetings

LAC

- Improved multiagency working around LAC ,looking at strengthening links between provider organisations and social care in relation to LAC

**Police** In November 2014 Operation Maple was launched and is led by the Deputy Chief Constable to look at Essex Police response to allegations of child abuse. This followed proactive internal scrutiny of investigative quality and timeliness which uncovered some issues, mainly in the North of the county. As a result Her Majesty’s Inspectors of Constabulary and the College of Policing visited the force early in 2015 to understand the scope of the issue and provide oversight and peer review support to Operation Maple. This has attracted media interest and shows the commitment and openness of senior leaders to deliver a service that is robust and provides the best outcomes for children and young people. A change of leadership, improved training and a robust performance framework evidence areas of the improvement plan that have already been embedded. The Strategic Change Management Team is tasked with finding financial savings across the force in line with the Governments Current Spending Review under the “Evolve” Programme. The next phase of this programme is the Public Protection project which aims to design and deliver a Public Protection function fit for the future which is lean, efficient and provides the resources necessary to deliver what is recognised as a priority for the force. It is anticipated that this may be an area which sees growth rather than savings.

- Grays Convent**
- Some social workers keep us informed but as a general rule, after making a referral we feel that we are responsible for further investigation to find out about outcomes for pupils and their families
  - We address this by following up the cases with Social Services
  - In the run up to school holidays, we can be inundated with safeguarding issues and struggle to cope with the demands of this along with other aspects of school life
  - We work hard to meet the needs of our pupils at this busy time.

**Gable Hall** One of the biggest challenges we face as a school to improve outcomes is to engage more of our parents with keeping their child safe on line or through Social Media App such as Instagram, Facebook, Snap Chat Kik ect. With ever changing technologies it is very difficult to keep up to date and many parents are unaware of the dangers their child can face or the consequences they themselves can face if the phone agreement or internet connection is in their name. This can also apply to staff who need to be made aware of the latest technology that pupils are accessing.

**Beacon Hill** Biggest challenge has emerged this year, pupils can remain at Beacon Hill until 19 but when they become an adult at 18 they are subject to a completely different set of safeguarding procedures. We have had issues around professionals making decisions for these young people without a Mental Capacity Assessment or a best interests meeting. Extremely concerned at different approaches taken particularly around behaviour support

**Children’s Social** Retention and recruitment of high quality social workers and social work managers has been a challenge for Children’s Social Care.



Care The Council have actively invested in a programme of growing our own social workers and the development of the Assessed and Supported Year in Employment (ASYE) Academy.  
Our salaries have remained highly competitive within the Eastern Region and we have a comprehensive package of professional training and development to equip our workforce to meet the challenges of modern day social work.  
Feedback from our staff is positive regarding the training and support provided by Thurrock.  
We are committed to ensuring high quality social work for our children, families and communities. We continue to review the impact of changes of social workers on our children, young people and families, and avoid or mitigate this wherever possible.  
We are working with partners across the Eastern Region to manage the quality and supply of agency / locum social workers and maintain the provision of high quality social worker.  
We are an organisation that is committed to learning and continuous improvement and activity seek feedback from our service users to develop our services and the performance of our staff.

**What challenges around multi agency working have you faced to achieve improved outcomes and how have you addressed these?**

CRC The main challenge this year has been the implementation of the ‘Transforming Rehabilitation’ changes, as above.

NELFT **Partnership working in the MASH** – Joint supervision sessions are being held regularly with practitioners working in the MASH. This has enabled staff to have a better understanding of each other’s roles and to develop a common language which has promoted joint working. An example of how this has worked is that there have been a few occasions when health referrals have not been accepted and have been sent back for single agency response. In these instances health staff was supported to discuss the referral with MASH to review the reasons and also to review the quality of the referral sent in.

**Ensuring CIN procedures are followed**

A local serious case review identified that CIN procedures are not always followed and practitioners have recently identified some cases where they had not been informed children were subject to CIN plans. Health staff must ensure they challenge social care if CIN procedures are not followed and ensure CIN network meetings are held regularly as per Southend Essex and Thurrock (SET) child protection procedures 2015. Staffs are also reminded to follow the escalation and conflict resolution guidance as per local SET procedures.

SEPT The Trust has been preparing Adult Mental Health and CAMHS services for a CQC inspection for safeguarding children and LAC. In order to raise awareness of services in SW Essex we held a number of joint meetings between NHS providers to review working together processes. For example in 2014

- The Midwives have met with the mental health crisis team to discuss those people pregnant but accessing mental health services.
- Meetings between the Community Mental Health Team and Named Safeguarding children Nurses and manager of children’s services in NELFT

have taken place .

- Meetings between Hospital staff, A&E staff, Mental Health inpatient staff and Thurrock Named safeguarding nurse took place to explore arrangements for children admitted and discharged from hospital and parents with mental health admitted/discharged.

All the above meetings raised awareness of each others roles, contact details and working together arrangements for families.

Thurrock CCG Police	<p>Safeguarding – as above (2)</p> <p>The Thurrock MASH has been delivered and is functioning well. The CSE Triage Team has been remodelled to ensure robust gatekeeping and hence improved focus on those most at risk. These teams provide practical, high quality, multi-agency information sharing.</p> <p>Athena was launched on 1<sup>st</sup> April 2015 and Essex Police are the first of seven forces to “go live” with this new IT system which brings together investigation, intelligence, custody and case management. With the advent of such a large project, teething issues have been identified and are being worked through to ensure the quality of this information sharing remains high. The extraction of management data has proved challenging and is a priority for the force as this has mainly affected the sharing of domestic abuse incidents involving children with partners.</p>
Grays Convent	<ul style="list-style-type: none"> <li>• Some colleagues feel that the initial response from the MASH team can be variable</li> <li>• For one or two of our pupils, they have been allocated a number of Social Workers and this can mean that we frequently have to repeat concerns or information.</li> </ul>
Gable Hall	<p>The MASH team meeting cause issues in as much as they never run to time which has repercussions back at school. There have also been meetings called by social services who have then failed to turn up.</p> <p>Be Wise has been an extremely good team to work with and out of the 7 pupils referred to them, none have re offended</p> <p>There have been concerns with initial response since the need to complete a CAF before they will accept even an emergency referral</p>
Beacon Hill	<p>With regard to the above, we are trying to organise joint training around communication and positive behaviour support with partner agencies who support our pupils beyond school</p> <p>We also had some problems clarifying with other teams who is responsible for following up some concerns.</p> <p>We still have some difficulties around the use of CAF forms when we need specific single agency referrals, in particular for the children with disabilities team. The reasons for Beacon Hill pupils needing to access social care support are very different from mainstream pupils and often families still perceive that there is a “stigma” attached to having a social worker</p>
Children’s Social Care	<p>Thurrock Children’s Social Care continues to explore new ways of working to enhance communication and information sharing across agencies. The MASH has been a key success in driving high quality practice in this area. Clear, effective and robust information sharing agreements are in place.</p>



Thurrock Children's Social Care through joint training, the use of technology and co-location are continuously working to improve communication across agencies and the delivery of services for children and families.

The use of language and the appropriateness of this has been focused on by Children's Social Care and partners to ensure that harm / potential harm is identified and acted upon appropriately, and not mask or minimised.

Children's Social Care has and will continue to challenge agencies to demonstrate that 'safeguarding is everyone's responsibility' and that sharing information is only part of the professional responsibility. Agencies need to also own the information they have shared and act and challenge appropriately.

Good quality reflective supervision, internal and external challenge has been promoted across Children's Social Care (with a key focus on false and disguised compliance).

As agencies have faced budget pressures and reductions it has been an ongoing pressure to ensure that services continue to holistically protect and promote high quality outcomes for children, young people and families. It is the sign of the maturity of the partnership in Thurrock that these issues have been and continue to be discussed openly to ensure best possible outcomes for children and value for money. Agencies have been able to challenge each other and consider the impact of financial decisions within one agency on the partnership and the delivery of positive outcomes for children as a whole, across Thurrock. Children's Social Care has actively and constructively contributed to this process.

### **What are your safeguarding priorities for this year 2015/16?**

**CRC** The final developments of ECRC operational and organisational changes, arising out of 'Transforming Rehabilitation' will be implemented throughout the coming year and, again, ECRC's key priority will be to maintain our existing focus on Safeguarding and protecting children and maintaining our presence in operational Child Protection arrangements and in relation to the SCB, the Board and its sub-groups.

**NELFT**

- Complete the development of The Safeguarding Operational Procedures to support the Safeguarding Children Policy
- Complete the CSE and harmful practice procedural guidelines to support the CSE Policy.
- Continue to support the MASH and promote and improve partnership working in the MASH
- Continue to promote early offer of help and completion of CAF's
- Targeted staff to complete enhanced CSE training
- To further develop safeguarding children outcome measures
- Further work to ensure a child centred approach and capture the voice of the child.
- Increase number of NELFT referrals to MARAC
- Increase number of NELFT referrals for CSE and FGM

**SEPT** To arrange a conference on domestic abuse (including forced marriage, FGM, modern day slavery, sexual exploitation)  
To ensure smooth transition of services moving from SEPT to other providers  
To update the SEPT Safeguarding policies, procedures and strategic framework to reflect national and SET Guidance

Health-watch	I can say that a priority for this year is to engage more with children's and young people's services and to ensure that we get our name known so we can offer support to the children and young people of Thurrock.
Thurrock CCG	<p>Safeguarding:</p> <ol style="list-style-type: none"> <li>1. CCG continues to fulfil its safeguarding children and Young People commitments and be able to confidently assure the community, ourselves and partners that we are compliant and confident that safeguarding is safe.</li> <li>2. Support Commissioners and Contract Leads on Children Safeguarding Service Specification, KPI's and Contracts.</li> <li>3. Ensuring and supporting Providers in meeting the standards and safeguarding performance indicators set by the CCG, Contracts, Commissioners and the Accountability Framework.</li> <li>4. Establish robust and effective GP Leads Safeguarding Educational Forums.</li> <li>5. Establishing good working together/relationships/links with Adults Safeguarding and NHSE AT.</li> <li>6) The CCG Safeguarding Team leading on Planning, Devising and Delivering health focussed training and workshops around local SCR, Alternative Reviews and Key (new) topics in Safeguarding Children.</li> <li>7) Continue to improve and provide support and guidance to GP practices and Independent Contractors.</li> </ol> <p>LAC</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improving processes in relation to health assessments</li> <li><input type="checkbox"/> Improving participation- use of health app for LAC</li> </ul> <p>There is now an appointment of a Named Safeguarding Professional lead to support the Named GP in Thurrock.</p>
Police	<p>Essex Police is committed to improving Child Abuse Investigation and the wider safeguarding agenda. Child Abuse and Child Sexual Exploitation feature in the National Strategic Policing Requirement for the first time as national threats and are the top priorities in the Essex Police control strategy.</p> <p>The fundamental redesign of Public Protection and the use of improved IT systems to deliver Child Abuse Investigation are firm priorities for 2015/16 alongside the implementation of the Op Maple Improvement Plan to ensure Essex Police deliver the best possible services to protect Children and Young People.</p> <p>Training of all Essex police officers and staff is another priority and delivery of the new three day Public Protection Course is starting in June and is a rolling two year programme to ensure all staff are able to properly identify and assess risk to the most vulnerable in our community.</p>
Grays Convent	<ul style="list-style-type: none"> <li>• To induct a newly appointed Pastoral Lead into school</li> <li>• To provide training on safeguarding and Child Protection to Heads of Key Stage and new Pastoral Lead</li> <li>• To update Safer Recruitment training where appropriate</li> <li>• To look to developing digital safeguarding records rather than paper copies</li> </ul>
Gable Hall	<p>As a school our safeguarding priorities for 2015/16 will continue to be those outline in the first question</p> <ul style="list-style-type: none"> <li>• E safety with particular focus on social media</li> <li>• Raising awareness of the dangers of social media with parents and</li> </ul>

- supporting them with ways to monitor their child
- Child Sexual Exploitation
- Radicalisation

Beacon Hill Creating opportunities to share training with families and stake holders in order to create a seamless approach to supporting Beacon Hill students as they move through and beyond the school  
Explore further opportunities for family support. We are linking into Face to Face but funding for this has stopped

Children's Social Care To continue to disrupt and prevent Child Sexual Exploitation (CSE) while providing high quality support to victims and their families.  
To co-produce our CSE strategies and operational responses with victims and their families.  
Using qualitative and quantitative data to continue to develop a comprehensive and integrated Early Offer of Help and Troubled Families Programme.  
To continue to strengthen our responses to tackling and identifying neglect across all age groups.  
To protect young people from the risks of radicalisation and promote social cohesion with partners across Thurrock.  
To continue to develop our effective responses to Female Genital Mutilation with health partners and voluntary agencies.  
To raise awareness of child sexual abuse and monitor the level of child protection plans under the category of sexual abuse.  
To develop and implement a suicide prevention strategy.  
To develop and implement a children missing home and care prevention (guidance) pack for children and young people.

**Other Response Received:-**

Cafcass moved Government departments in April 2014 from the Department of Education to the Ministry of Justice.  
The MOJ is currently in the process of transforming the Family Justice System. This commenced with the introduction of the PLO in 2013 where the focus was to reduce the time children spent in Care Proceedings to 26 weeks with the focus being on Local Authorities completing pre proceedings work and early decision making in the interest of the child/ren. This has brought enormous benefits. The average length of Care Proceedings has reduced in Essex Courts from 51 weeks to 24 weeks so we have truly made progress in working together in the interests of children.  
The next challenge is to transform Private Law work to signpost parents away from using the court to resolve their disputes regarding their children's arrangements. Often these cases are before the courts for significant periods of time which is seldom in children's best interests. There is far less availability of Legal funding since April 2014. The MOJ are looking to Cafcass to assist with this transformation and we are currently running pilots in relation to pre court advice, short assessments, dispute resolution. We are fortunate to have received a standstill budget this year to support our initiatives and assist in the transformation process.

### **The Childs voice**

Following the success of the LSCB Conference in December 2012 on Child Sexual Exploitation, greater engagement with young people and their involvement in the Board was an area acknowledged for further development and still continues into 2014/15. The Board recognised at that time that work to involve young people was not as advanced as it could be and actions were put in place to rectify this. Now in 2015 we are in a stronger but still evolving position. Such actions included a Conference for professionals on the Voice of the Child in November 2013, which provided the opportunity for young people to openly express their experiences to those that provide the services to children. Key note speakers and workshops with young people reinforced the message. The Business Team take part in “The Big Lunch” a family event for families in Grays, Tilbury Family Fest and new for this year will also be attending South Ockendon “Fun in the Park”, and the Orsett Show, providing further opportunities to engage with families and children across the Borough. We now have a regular liaison with the Thurrock Youth Cabinet which comprises of 11-19 years old students from across the borough, who assist us in understanding the safeguarding needs and also the social context in which our young people are growing up. This has been an invaluable addition and moves from strength to strength

### **Walk Online Road Show**

In last year’s report, we highlighted some of the other contacts made with our young people, when the Business Team on behalf of the Board, undertook what is probably its biggest challenge in recent years, to raise awareness and gain greater insight into Child Sexual Exploitation through the voice of the child. Partners from across different agencies supported an ambitious project which took place over six days during March 2014 targeting 5,000+ years 5, 6 & 7 pupils from across the whole Borough.

This event was organised based on feedback received from schools, Serious Case Reviews and identified local needs to meet concerns around pupils awareness to sexual exploitation and in particular e-safety and its many facets e.g., cyber bullying, sexting and grooming.

The programme was led by Essex Police Online Investigation Team and was a resounding success, taking cases and examples based on real life examples and the content was hard hitting, but age appropriate, reflecting the nature of the investigations Essex Police were dealing with across these year groups.

The Board took this rare opportunity of having such a large group of young people together to conduct an anonymous survey using electronic keypads, asking questions about their use of the internet.



The questions complemented a recent NSPCC survey on CSE so comparisons could be made from a local to national perspective. The results highlighted some interesting facts which were fed back to schools, parents and professionals to support future interventions and guidance.

For 2014/15 the Board supported further work which was targeted at year 5. In March 2015 four road shows over two days to 2,800 students took place. A second survey allowed a comparison to be drawn on the previous year which has been circulated to professionals with a follow up survey being conducted with the students in the summer term.

The programme has been agreed again for the next reporting year to include year's 10 & 11 which was identified as a need through the Youth Cabinet. On completion of the 2015/16 programme over 12,000 students from every year group from the current year 4 through to year 11 would have had a personal awareness input of the risks of CSE, along with being provide with an assortment of safeguarding literature. This includes our special schools for which we have adapted the programme accordingly.

### **LSCB Business Unit**

The Business Unit of the Board comprises of the Board manager, Project Officer, Administrator and an Apprentice who has exceeded our expectations and been extended to the 2<sup>nd</sup> year programme. The teams resources are allocated 2.5 days per week to support Board business and has been streamlining processes and looking at new ways of working over the last year as Board expectations and support needs increase. The need to appoint any further support resources will be assessed over the coming year as part of the Independent Review findings (2013) and proposals being submitted by the Board Manager. Further development of the new LSCB website was held up for a period of time whilst new local authority IT systems were introduced. These issues have now been resolved and the site is in the process of being refreshed. As well as taking on a more proactive safeguarding awareness role with professionals and the community, other work supporting and measuring outcomes are two areas of work currently being progressed by the unit.

### **Relationship with the Health and Well-Being Board**

The LSCB continues developing its relationship with the Health and Well-Being Board reporting activity and supporting partnership working. There is still significant transformation taking place across the Health community, including commissioned services, Early Offer of Help provision and Clinical Commissioning Groups (CCGs) and these changes continue to be assessed to enable agencies to

acclimatise to new ways of working. The Independent Chair is now a full member of the Health & Well-being board strengthening our relationships further.

### **Full Board**

The Full Board met on four occasions with good attendance from all statutory and member organisations. Some of the areas reviewed, discussed and challenged included

- Who's Looking After the Children – our response and position to the report was agreed. Police provided information and data on its procedures. A further report requested and response received following HMI inspection of Essex police custody facilities for young people
- 157/175 Audits on education establishments
- Budgets
- Annual Independent Review Officer Report was discussed. A number of challenges made to the Local Authority around case loads and content of the report.
- Childrens Commissioner Report – “If only someone had listened” Action plan to be developed through the CSE sub group
- Child Death Review – Some of the content was challenged by the board and tasked to the Management Executive to action. Awareness campaign were agreed on safe sleeping and the risks of water (pools & ponds)
- The activities and reports of the sub groups were provide to the Board
- Reflective learning by Board members

The Independent Chair has continued to lead the Board through a series of Thematic Section 11 processes. These have included in this reporting period:

- How partners measure the effectiveness of child protection and safeguarding training.
- Improving practitioners skills
- Impact of budget changes on service provision

Board members are required to account for their agencies processes and outcomes within the themed areas and questioned or challenged by members. Feedback from Board members has indicated that this process is both insightful and a refreshing approach.

The Local Authority Lead Member with responsibility for children and young people sits on the Board as a participating observer, allowing them to participate in discussion but does not have a voting right. With the new addition of a representative from the Police and Crime Commissioners office. This



enables another context of the communities' voice to be heard within the LSCB communications framework.

As part of our Learning Improvement Framework we ask members of the Board to complete feedback and reflection after meetings under eight subject headings to ensure that we have made best use of the time and productively of members. The responses are reviewed by the Business Team and Independent Chair to identify where further improvements could be made.

### **Management Executive**

The Management Executive met on eight occasions during this reporting period.

The Boards sub groups report direct to the Management Executive who are the custodians of the LSCB Business Plan and ensure that allocated objectives are actioned by the groups.

The focus and purpose of this group is to ensure that the LSCB are able to be satisfied that children are being appropriately safeguarded across Thurrock.

The Executive reviewed

- Health Action Plan
- Update and progress of the VAWG strategy
- Update and progress on Local Authority Self-Assessment
- Childrens Workforce Strategy
- Report on impact of welfare reform
- Report from Basildon Hospital on safeguarding
- Report from Essex Police on safeguarding
- Report from Probation on safeguarding
- Report on children who are home educated
- Update and progress on response to CSE & Childrens Commissioner paper
- Review of the threshold document
- Progress of the early help changes
- Annual reports
  - ❖ Private Fostering annual report
  - ❖ Independent Reviewing Officer report
  - ❖ E-Safety report
  - ❖ Emergency Duty Team report
  - ❖ Missing Children report
  - ❖ Unaccompanied Asylum Seekers

## Sub Groups

The Boards sub groups are the key mechanism for challenging practice and any gaps or areas for development in service provision, ensuring that the Board is contributing to make a difference to safeguarding practice across Thurrock. The groups are well supported by partner agencies and all elements have shown considerable progress against objectives set by them as part of the Business Plan. They are all functioning well and their work areas and terms of reference continue to be reviewed to ensure they remain fit for purpose.

## Scrutiny and challenge

For this reporting year the groups of the LSCB have changed. The composition for 2014/15 comprise of:-

- Child Death Review Sub Group
- Serious Case Review Panel
- Audit Group
- Performance Panel
- Interagency Training Sub Group
- Multi agency sexual exploitation group (MASE)
- Risk Assessment Group (RAG)

At an Essex and regional level the Board sit as part of the following groups

- SET strategic CSE group (SET=Southend, Essex, Thurrock)
- SET procedures group
- Regional LSCB Chairs Group
- Regional LSCB managers Group

Each group has its own new or refreshed Terms of Reference and business priorities set within the 2014-15 plan and reports into the governance structure. The groups are accountable for their activity through an action matrix, but have also been given the flexibility to adapt their priorities to meet emerging needs, for instance, new legislation/guidance or serious case reviews that affect safeguarding in Thurrock. Where appropriate the groups can implement Task & Finish teams to compliment the work undertaken.





### **Child Death Review**

All child deaths are reviewed as part of the LSCB responsibilities to support learning outcomes. This process is undertaken jointly through the Southend, Essex and Thurrock (SET) procedures at both strategic and operational level. There is a pan Essex Strategic Child Death Overview Panel which aims to identify any lessons to be learned from the death of a child in order to improve the health, safety and wellbeing of all children and to identify modifiable factors which may, when addressed, prevent further such deaths in the future. It provides multi-agency, sub-regional awareness raising sessions around the child death review process and ensures that parents/carers are supported following their loss and are given the opportunity to contribute any comments or questions that they might have to the review of their child's death.

An Annual Child Death Report is presented to the Thurrock LSCB and Children's Partnership Board which provides an account and overview of the child death cases reviewed, makes recommendations in relation to further actions and ensures that all recommendations are accounted for and disseminated to relevant partner agencies and stakeholders. This quality assurance scrutiny by the Board of the report provides reassurance that partners are doing all they can in assessing modifying factors and implementing strategies to reduce those risks. From their findings the Board implemented a safer sleeping awareness programme in November 2013 and water safety information in readiness for an awareness campaign over the coming spring and summer months.

Geographically based are Local Child Death Review Panels which for Thurrock are placed within the South West Essex group. This group assesses the response at a more local level and detailed level. This group is tasked to review all child deaths in the SW Essex area to identify any modifiable factors and make recommendations to the Strategic group and appropriate agency to address any issues.

### **Serious Case Review and Audit Group**

As part of streamlining LSCB business, the process for conducting serious case reviews and audits changed in the previous year 2012-13 resulting in the Serious Case Review Group and Audit Group being amalgamated to one group. This followed a long period where no serious case reviews had been presented for consideration to the Board and partner representatives time was not being well utilised. In hindsight and as fate often plays its part, this year saw both the need to consider and implement a serious case review and also a separate managed review. This identified a number of weaknesses in the structure and has resulted in the groups re-forming back to two groups, with greater focus and direction.

### **Lessons from Serious and Managed Case Reviews**

Thurrock commissioned one serious case review for this reporting period the case of “Julia”. The SCR findings and publication were published in December 2014. (See website for copy of report). Learning events have taken place across agencies and an edited booklet version of the review has been developed for front line staff. Other national serious case reviews whose findings had an impact on safeguarding in Thurrock were reviewed during the year and disseminated to the respective agencies for the learning outcomes to be embedded into practice.

The future work programme of the group in its new format will be determined by the action plans arising from serious case reviews which will form part of the standing agenda and any local cases submitted for consideration of a SCR.

The group’s priority will be to ensure that all the recommendations are implemented in a timely manner and monitor for impact of change. Briefing staff on the lessons learned from SCR’s will continue to be a key activity in the coming year and work is in progress to develop our website to incorporate better information. The group will also be reviewing the SCR process undertaken considering the feedback from staff involved in managed reviews to continue to improve the process of supporting staff involved in the review process.

### **The Audit Process**

The LSCB Audit Group includes representation from Police, Health, YOS, Probation, Housing, Social Care and commissioned providers. The members are middle managers or professionals with a specific safeguarding brief. The group met on five occasions.

The activity and case categories selected for audit and review are selected on a rolling programme at random. Depending on the nature of the audit being undertaken, an established audit tool is used for consistency of practice tailored to the type of audit being conducted. Our audits include single and multi-agency audits which are notified in advance to each representative before the meeting. Each agency representative is then expected to review its own records in relation to the case and the identified practice point e.g. S47 Child Protection. Where relevant, notes and case files are brought to the meetings and shared with the group. The focus of the group includes the appropriateness, quality and timeliness of each agency’s involvement, not just in the immediate period but also over a longer timeframe where this is relevant. Prime concerns are whether children appear to be safe / have been safeguarded, whether they have been the main focus of activity and particularly – when age appropriate – that they have been spoken to and their views elicited. The emphasis during the early



part of the year has been much more focused on whether policy and procedures had been followed and any learning has a systems approach. This is still considered important, but the theme has shifted its focus to outcomes of practice and the voice of the child.

### **Audit Outcomes**

Minutes of the meeting are recorded with comments on each case made by the group. These identify good practice and joint working as well as noting any concerns about the work completed. If serious concerns about the safety of a child are identified, these are immediately notified to the appropriate agency and the group requests and receive updates on any such case.

The findings and outcomes of the Audit Group meetings are reported to the LSCB regularly through the Executive meeting and there is an annual summary of activity for the Full Board, so that the overall quality of local safeguarding practice can be evaluated and any lessons for improvement taken forward at both an operational and strategic level.

A forward plan has been agreed for future audits' to ensure all safeguarding elements are considered taking into account equality and diversity.

Each representative has been keen to ensure that the investment of their time has been an effective means of assessing how well local partners are working together to safeguard children. All members of the group have reported that they have found the audit process a learning opportunity to broaden their own understanding and knowledge of the roles and responsibilities of every agency. The group has gradually developed a shared, appropriate expectation of what they would expect to see from safeguarding responses not just from their own agency but also from other agencies.

### **Audits undertaken during 2014/2015**

- CIN plans – linked with the serious case review “Julia”
- Specific audit of two at risk young people
- Audit of a significant serious incident
- CSE risk assessments

Full details of the audits are available through the LSCB Business Unit.

### Performance Management Sub Group

The Performance Management Sub Group met on two occasions during the transition to the newly formed Performance Improvement Panel. The group supports the LSCB in the monitoring, promotion and planning of high quality practice in line with the interagency performance management framework.

The newly formed Panel is chaired by the Boards Independent Chair and individual agencies present before the panel. The panel comprises of standing members and selected partner members on a rotating basis. Questions are circulated prior to the meeting and the presenting organisation is held to account over its safeguarding responsibilities and also share with the Board good news stories about impact and outcomes.

Continuous performance management is at the core of Thurrock LSCB ethos, ensuring the effectiveness and impact of interagency safeguarding activity makes a difference. Areas of concern, practice, performance issues or areas requiring development are identified and evidenced through the performance management framework. The chair of the sub group reports directly to the LSCB Executive in respect of the progress and impact of safeguarding in Thurrock.

The group examined performance in the following areas during 2013-2104

#### Child Death Review process

- Examined the CDR Annual Report and feedback provided to the CDR Coordinator
- Identified data that would support better understanding of neo natal deaths where maternal age is under 20
- Missing children - The group reviewed the Children's Partnership multi-agency Missing Children Panel performance, which tracks individual cases but has also contribute to identifying patterns of absconding and behaviour to minimise the impact of child sexual exploitation. In one case presented, the Missing Children Panel were able to find a reported missing person through its intervention who would otherwise not have been located through other enquiries and illustrated the value of this group. During 2014 having recognised the significant links to CSE the group will join with the CSE group infrastructure, forming a risk assessment group.
- Agencies that have appeared before the panel during this reporting period were
  - Children's Social care
  - Essex Police

## Training Sub Group

The Training Sub Group met on eight occasions and has a key role in ensuring that each agency delivers effective Child Protection training of professionals and volunteers who work with children, young people and their families or services that affect the safety and welfare of children. It is the responsibility of the LSCB to ensure that multi-agency training on safeguarding and promoting welfare that meets local needs is provided. The purpose of the training is to develop and promote shared understanding amongst safeguarding partners around the tasks, processes, principles, roles and responsibilities for safeguarding children promoting their welfare to result in better outcomes for children and young people in Thurrock.

The group successful sought to identify an individual who has an overarching involvement with schools and education and can provide a valuable insight to training and development needs for education. This post is now filled on the group and enables a more holistic approach.

## Training Provision

A review of training provision is conducted annually across our partner organisations and was presented at the February 2015 meeting. This was a detailed review of both the provision and attendance of agencies to the different programmes offered by the Board to enable to the group to assess future needs. The data in this year's report will assist the board in determining future need.

## Training Programmes

Throughout the last year we have ran three courses; Inter-Agency Child Protection Training, Online Exploitation of Children and Young People, and Sand stories using an alternative medium to learning.

### Inter-Agency Child Protection Training:

This training was delivered on two occasions. There was a medium response to this training with a total of 39 staff attending from the 50 positions given across the five sessions.

### Online Exploitation of Children and Young People:

For the first time, this training was open for parents and carers to attend along with front line staff. Initially the uptake by parents and carers was low however we have seen an increase in numbers at each session delivered.

This training was delivered on four occasions.

**Sandstories:**

This training was delivered three times during the reporting period. There was a very good response to this training with a good representation from across the agencies attending.

**Challenges**

- Long-term evaluation on impact of training continues to remain a challenge due to the vast nature of the workforce of which only a small percentage receive inter-agency training. There are a significant number of other variables which all impact on improvements in practice making it difficult to pinpoint the exact impact of training. We have developed our post course feedback process and split one course to enable learning practice to form the second part of the programme.

**FINANCE AND RESOURCES**

The LSCB is funded through partner agency contributions and any income generation provision. These monies are used to pay for management of LSCB business. This includes serious case reviews; independent chairing of the LSCB, the LSCB Business Team, and costs associated with LSCB and sub group meetings, multi-agency training, publications and procedures relating to safeguarding.

The budget is managed through the Local Authority budgetary procedures system by the LSCB Business Manager. A breakdown of the financial position for 2014/15 is shown below.

Income 2014/2015		Planned Expenditure	
Health	30,000.00	LSCB Independent Chair (inc VAT)	AA301-2104-CS410 17,350.00
Police	15,000.00	LSCB Manager Cost - inclusive	AA301-0001-00000 27,909.00
CAFCASS	550.00	LSCB Business Team	AA301-2104-CS403 37,682.00
Probation	9,500.00	Walk On Line Roadshow	AA301-1750-00000 30,354.70
LA Business Team	65,591.40	LSCB Training Programme	AA301-2104-CS400 9,884.92
		Child Death Review Administrator	AA301-2104-CS424 6,000.00
		Annual Conference	AA301-0380-00000 8,683.15
		Serious Case/Mgt Reviews	AA301-2104-CS402 3,760.50
		Promotional/Publications/Marketing	AA301-1801-00000 6,234.85
		Seminars and Courses	AA301-0360-00000 497.40
		Equipment Purchase	AA301-1400-00000 949.75
		Contingency	AA301-0000-00000 1,000.00
		Stationery	AA301-1681-00000 531.04
<b>Total Income</b>	<b>120,641.40</b>	<b>Total Expenditure</b>	<b>150,837.31</b>
C/F 2013-14	99,756.11		
<b>Total Budget</b>	<b>220,397.51</b>		
Carry Forward to 2015-16	69,560.20		
			Fixed costs - staffing of LSCB Business Team
			Disposable Income
			Fixed costs from disposable income

The Board have managed to maintain a standstill budget for a fourth year in a row, but is reaching the point where it is proposed to apply a slight annual increase for 2014/15 to offset additional costs being necessary both as demand increase for outcome based learning as well as changes in infrastructure affecting meeting costs.

### **Troubled Families Programme**

Thurrock Council and its partners are participating in the Troubled Families Programme. This is a national programme developed to address issues of crime and anti-social behaviour, children not engaged in education and worklessness. The initiative for Thurrock targets 360 families over three years to help them to turn their lives around and in particular the lives and prospects of their children. Families will be offered intensive interventions to address the difficulties that they have. The LSCB is interested and involved in this work at a strategic level as the success of the programme will have positive benefit around the safety and wellbeing of children in Thurrock. The work links with the early help provision of service, providing a mid and long term saving both financial and the point intervention takes place. The programme is just reaching end of year one and of its target of 120 families 100 payment by results submissions will have taken place. The next phase over the coming year targets 180 families. In addition to specific family intervention, through the payment by results approach, the programme has been able to offer financial support to support Children's Social Workers. Social Workers can apply for small amounts of money for basic items or commissioned services to resolve easy to fix low level family issues which would have otherwise escalated. The Board receive progress reports throughout the year from the Programme Lead on outcomes achieved. The impact on those families supported as well as the financial benefit to children's safeguarding has been significant, with many excellent examples where families in crisis have been turned around. The Board fully support the continued work of this very worthwhile programme.

### **Sexual Exploitation and Risk Behaviour**

The majority of children in the UK grow up safe from harm however there are a small number of children who are being sexually exploited and it is thought that this is an area which is under-reported. Research has shown that this abuse can be perpetrated by individuals from all sections of society and can be targeted at boys and girls from all sections of society. There are certain factors in a child's life that can make them more vulnerable to being sexually exploited, for example the links between children who go missing and those who are sexually exploited are well documented. Thurrock LSCB has made substantial progress in working to improve outcomes for children who go missing from home or care or who are at risk of sexual exploitation. We are part of the Essex



Strategic CSE group which examines and delivers activity across Essex to support victims and bring offenders to justice. In March 2015 the existing Children's Partnership Missing Children Panel and e-safety group underwent a transition process and now form a Risk Assessment Group (RAG) which examines those children who go missing or indicating risky behaviours were partner contributions may be able to assist in better outcomes for the child concerned. They review individual cases and even at this early stage have highlighted some children who are at risk of CSE and taken positive action to meet their safeguarding needs.

At a strategic level a new Multi-Agency Sexual Exploitation group (MASE) has also been implemented which reports into the Boards Management Executive for its governance process.

The Government has also made sexual exploitation a priority and has produced a 'Tackling Child Sexual Exploitation Action Plan' and also a cross-Government strategy on missing children and adults. The LSCB has been reviewing the Children's Commissioners Report and has been working on its own action plan to quality assuring its systems and processes against these reports and recommendations and making sure that those who come into contact with children and young people are aware of possible signs of sexual exploitation and how to respond. Further work in this area is seen as a priority for the LSCB in the coming year.

### **Lay members**

Thurrock LSCB have been very fortunate in having a lay member who is well known within the community which has proved invaluable in assisting with community awareness and supporting events. Unfortunately during this year due to other community commitments our lay member resigned which has left a gap of providing the 'community voice' to the Board. We have since been actively engaged in a recruitment campaign and we did have another member for a short period but it is disappointing that we have been unable to find a community member to pick up this important role. We continue to actively seek lay members to be a part of the Board.

### **Allegations Management**

The Local Authority Designated Officer (LADO) has close links with the LSCB who monitors the recommendations and outcomes of allegations of abuse against those who work with children ensuring completion within timescale.

The LSCB has a duty to ensure that all allegations of abuse or maltreatment of children by a professional, staff member, foster carer or volunteer will be taken seriously and treated in accordance



with consistent procedures. The Board needs to ensure that there are effective inter-agency procedures in place for dealing with allegations against people who work with children.

The Board will make recommendations to the Inter-Agency Training Group to provide further awareness training and the roles of agencies in disclosing to the LADO.

### **Good examples of safeguarding practice**

The LSCB are pleased to acknowledge some of the excellent work undertaken in safeguarding children and young people by the Children's Partnership, Community Safety Partnership and local community and voluntary organisations that contribute to making Thurrock a safe place and supporting Thurrock overarching vision

#### **Highlights**

- Positive alcohol strategy and proactive operations to combat and reduce underage drinking
- Violence against Women Strategy and implementation plan
- Honour based abuse - The LSCB has been a sponsor of the showing over 5 sessions of a documentary "BANAZ" to 236 professionals from multi agencies in support of understanding the impact and response to HBA. The film chronicles the life and death of a young British Kurdish woman killed in 2006 in South London on the orders of her family in a so-called honour killing.
- Development of serious youth violence group
- Work on preventing radicalisation

## **SAFEGUARDING PERFORMANCE OVERVIEW**

### **THRESHOLDS**

Thurrock continues to apply its thresholds rigorously. With a steady increase in Child Protection Plans Children's Social Care commissioned an independent audit of CP plans during 2014 to ensure that thresholds to intervention were being appropriately applied. The outcome of the sample audited confirmed that risk assessments were being appropriately applied. The threshold document is reviewed annually to ensure it remains fit for purpose.

### **Referrals**

Referrals have seen an increase on the previous year with a 2% increase in repeat referrals (19%). Despite this trend, Thurrock over the last three years still remains consistently below the national

and statistical neighbours' benchmark average. This suggests Thurrock is accurate in determining what kinds of cases need to come into the service and understanding of this threshold is very well understood by partners. The implication of the Early Offer will help to strengthen the interface between Children's Social Care and partner agencies in terms of cases that do not meet the threshold for Social Care involvement. Nevertheless the referral rate into the service remains an area for vigilant attention.

### **Child Protection Plans**

The rate of children subject to Child Protection Plans still remains high but the position has been steadily improving against the national average. The actual number of children subject of a plan in Thurrock has reduced from 288 2013/14 to 210 (March 2015). The review and time frames of open case has undergone and extensive programme of audit and performance management scrutiny by children's social care which has supported the position of having the right children on the right plans. The percentage of children becoming subject to a Child Protection Plan measured against the number of Section 47 investigations undertaken has remained consistent at about 50% for a five year period. This is largely in line with national and statistical neighbours' figures for the same period.

The Board were previously concerned on the number of Child Protection cases which fall under the category of neglect and that recording of cases of CSE were correctly reflected and recorded. This has been a focus for review and a refresh of the child protection categories has been undertaken and the category of "Multiple has been removed in readiness of the next reporting year, to allow for the primary area of concern to be clearly identified. The board acknowledge the work undertaken by children's social care in response to its concerns.

### **Children in Care**

The rate of Children in Care continues to remain at a fairly consistent level. Thurrock 68 per 10,000; national - 60; statistical neighbour - 67 (the actual number of children in care February 2015 is 293 which includes 31 recorded as UAS). Its needs to be acknowledged that as part of this increase the method of data recording changed during the year 2013/14 and now young people who are placed on remand are also classified as LAC and although not tested , likely to be in the higher age bracket. The outcomes for children in care, as measured by the performance indicators, are on the whole good, and in some areas very good.

## Challenges and next steps from the Independent Chair

This reporting period has seen further progress to continue to improve the Boards challenge to maintaining and improving safeguarding practice across the Borough. There are some gaps and areas for improvement that have been identified through the activities of the Board, the independent review and the need for continuous improvement.

The Board continues to develop an ethos of ongoing challenge and improvement not only of its partner agencies but also of itself. With this in mind, the LSCB will continue to challenge the way we do business – complacency in this important area of work of safeguarding children and young people is clearly not an option. We would like to thank all those members who have committed to the sub groups and activities of the LSCB during this period. Can I thank the Business Support Team for their dedication and commitment to making a difference to the Board's business processes. We will continue to seek out what we can do better to support the community we serve and ensure that the message that 'safeguarding is everyone's business' continues to be promoted.



Dave Peplow

Independent Chair

Thurrock Local Safeguarding Children Board  
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<b>19 January 2015</b>	<b>ITEM: 8</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>Children’s Social Care Complaints and Representations Annual Report 2014/15</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-Key
<b>Report of:</b> Carmel Littleton – Director of Children’s Services	
<b>Accountable Head of Service:</b> Andrew Carter - Head of Children’s Social Care	
<b>Accountable Director:</b> Carmel Littleton – Director of Children’s Services	
<b>This report is Public</b>	

## **Executive Summary**

The annual report for Thurrock Council on the operation of the Children’s Social Care Complaints Procedure covering the period 1 April 2014 – 31 March 2015 is attached as Appendix One. It is a statutory requirement to produce an annual complaints report on children social care complaints.

The children’s social care complaints procedure is operated in accordance with the ‘Getting the Best from Complaints’ guidance 2006 as governed by the Children Act 1989 and the Children Act 1989 Representations Procedure (England) Regulations 2006, Children Leaving Care Act 2000 and the Adoption & Children Act 2002.

The report sets out the number of representations received in the year including the number of complaints, key issues arising from complaints and overall learning and improvement activity for the department.

A total of 263 representations were received during 2014-15 as detailed below:

- 107 Compliments
- 54 Stage 1 complaints received
- 2 Stage 2 complaints received
- 2 Stage 3 complaint received
- 59 Concerns and issues received
- 21 MP enquiries
- 16 Member enquiries
- 2 Ombudsman enquiries

## **1. Recommendation(s)**

### **1.1 That Scrutiny Committee consider and note the report.**

## **2. Introduction and Background**

- 2.1 This is the annual report for Thurrock Council on the operation of the Children's Social Care Complaints Procedure covering the period 1 April 2014 – 31 March 2015. It is a statutory requirement to produce an annual complaints report on Children's Social Care Complaints and Representations.
- 2.2 The Children's social care complaints procedure is operated in accordance with the Council's policy on Complaints and Representations, the Children Act 1989 Regulations and 'Getting the Best from Complaints' guidance 2006 and the Council
- 2.3 The Children's social care complaints procedure operates in three stages. Stage 1 is referred to as local resolution where the Team/Service Manager responds to the complaint within 10 – 20 working days. Stage 2 complaints are investigated by an independent investigator and independent person. Stage 3 complaints are reviewed by a panel made up of three independent panel members. The panel make their recommendations to the Director of Children Services who then reaches a decision and any actions to be taken.
- 2.4 If a complainant is not satisfied with the outcome of the independent review panel, they have the right to take their complaint to the Local Government Ombudsman.
- 2.5 In the complaints leaflet, children and young people are advised of their right to advocacy when making a complaint or for support. This is in accordance with the Advocacy Regulations 2004. Thurrock Children's Services commissions Open Door Advocacy for this service.
- 2.6 Staff are encouraged to resolve issues at the first point of contact in line with good practice as outlined by the Local Government Ombudsman.
- 2.7 The complaints procedure provides Children's social care with an additional means of monitoring performance and improving service quality and provides an important opportunity to learn from complaints

## **3. Issues, Options and Analysis of Options**

- 3.1 This is a monitoring report for noting, therefore there is no options analysis. The annual report attached as Appendix One includes consideration of reasons for complaints, issues arising from complaints and service learning and improvement activity in response.
- 3.2 The headline messages for this report are:

### 3.3 Summary of representations received in 2014/15

- 107 Compliments
- 54 Stage 1 Complaints received
- 2 Stage 2 Complaints received
- 2 Stage 3 Reviews
- 59 Concerns and issues received
- 21 MP enquiries
- 16 Member enquiries
- 2 Ombudsman enquiries

### 3.4 Compliments

Compliments are expressions of good feedback. The team recorded 107 compliments this year compared to 62 recorded last year and 60 recorded for 2012/13. Examples include:

*I would like to take this time to thank you so much for your help with me and my son! Without it I would never have got where am I today, your advice and support has been extremely important during these difficult times and I'm just letting you know how important you have been to us through our time of need! Your continued support is greatly appreciated. Youth Offending Team*

*I really want to thank you for all the help and support that you gave us and X in the past. Even though I know her case is closed over there, if you would like I will send you updates so you can see how well she is doing and adjusting. Again as I have stated before; you and your family are more than welcome to come and visit (abroad) anytime you wish, just let me know and we'll get the spare rooms ready for you all. Again thank you. Adolescent Team*

### 3.5 Complaints

The department received a total of 54 stage 1 complaints in 2014/15, which is a decrease of 15% on the number of complaints (62) received for 2013/14.

While there is a falling trend in terms of complaints numbers over recent years, this can be partly contributed to issues being resolved quickly or "on the spot" as concerns.

Two complaints progressed to stage 2 of the complaints procedure and were investigated by independently commissioned complaint investigators and both were partially upheld.

Two complaints progressed to stage 3 review and were partially upheld by the panel.

### **3.6 Concerns and Issues**

The complaints team recorded 59 concerns and issues for this reporting period which were successfully resolved within the teams without the need to progress through the complaints procedure. If the concern cannot be resolved quickly, it is processed as a complaint.

### **3.7 Local Government Ombudsman**

There were 2 cases received by the Ombudsman's office for this reporting year. Of these, two cases were referred to the council for investigation through the complaints procedure, both were concluded.

One case was a referral by the Ombudsman for the complaint to be investigated through the Council's complaints procedure. The matter was resolved at stage 1.

The second case was investigated and the outcome was no maladministration.

Further details on these cases are included in section 11 of the annual report (Appendix One).

### **3.8 Learning from Complaints**

Complaints and feedback provide the service with an opportunity to identify things that can be improved. The learning from complaints is an essential part of the process. Examples of the learning received this year are shown below. Further details are shown in section 12 of the annual report (Appendix One).

*To ensure that all notes and records of reviews/assessments are recorded on the children's social care record system*

*Whenever possible, Children's social care should put in writing and share with families, assessments and decisions so that they are able to reflect on them or take advice*

*That if parents are unable to attend a LAC review or Child Protection conference, that they are given the opportunity to meet with the chair outside of this, to ensure their views, wishes and feelings are shared and recorded*

### **3.9 Future areas for development**

A rolling program of visiting social care teams will continue during the period 2015-16. This will offer refresher training on complaint handling and lessons learnt from complaints.



The Complaints Manager will consider further ways of capturing feedback from children and young people and ensuring the complaints procedure is accessible for all.

Complaints activity and learning will continue to be reported to the department throughout the year and disseminated to all staff.

The Complaints Manager will continue to work closely with the Eastern Regional Complaints Manager Network and Public Sector Complaints Network regarding key national updates and development of complaint processes.

#### **4. Reasons for Recommendation**

- 4.1 It is a statutory requirement to produce an annual complaints report on children's social care complaints. It is best practice for this to be considered by Overview and Scrutiny. This report is for the purpose of monitoring and noting.

#### **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 This report has been agreed with the Children's social care senior management team. Consideration of complaints issues and learning and improvement arising from them are identified as an ongoing priority in the report.

#### **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 Thurrock's Children and Young People's Plan 2013-2016 sets out a vision for ensuring that 'every child has the best start in life'. Safeguarding and protecting the well-being of vulnerable child and young people is one of the priorities in the plan. This is reflected in the 'protection when needed' priority.
- 6.2 Feedback from children and young people is an important part of the service performance and quality framework. It enables the service to identify areas for improvement, to recognize the things that are done well and to help assess progress in meeting our priorities for children and young people.

#### **7. Implications**

##### **7.1 Financial**

Implications verified by: **Jonathan Wilson**

**Chief Accountant, Corporate Finance**

There are no specific financial implications arising from this report which the committee should note.

## 7.2 Legal

Implications verified by: **Lindsey Marks**  
**Principal Solicitor Children's Safeguarding**

There are no specific legal issues arising from the report as this is just for members information.

## 7.3 Diversity and Equality

Implications verified by: **Rebecca Price**  
**Community Development Officer**

Whilst there are no specific diversity issues arising from this report, Children's Services will consider means for capturing demographic information pertinent to those submitting complaints, concerns and/or issues in the future.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None

## 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- None

## 9. Appendices to the report

- Appendix 1 – Children's Social Care Complaints and Representations Annual Report 2014/15

### Report Author:

Harminder Dhillon

Statutory Complaints & Engagement Manager

Adults, Health & Commissioning, Children's Services

## APPENDIX 1

# **Children's Social Care Complaints and Representations**

## **Thurrock Council**

### **Annual Report 2014-15**

Harminder Dhillon  
Statutory Complaints & Engagement Manager  
Adults, Health & Commissioning, Children's Services

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## 1. Introduction

The Children's Social Care Statutory Complaints Procedure stipulates that an annual report on complaints and representations should be produced, as processed under the Children Act 1989, and the Children Act 1989 Representations Procedure (England) Regulations 2006, Children (Leaving Care) Act 2000 and Adoption & Children Act 2002. Thurrock's procedure is governed by the 'Getting the Best from Complaints' guidance 2006.

This report provides information about the complaints and representations received for the period 1 April 2014 – 31 March 2015. The report sets out the number of representations including complaints received, key issues and learning for the department.

Staff are encouraged to resolve issues at the first point of contact in line with good practice as outlined by the Local Government Ombudsman. Staff are familiar with the Social Care Complaint Procedure and in directing service users to access the complaints procedure where a complaint cannot be resolved locally.

The statutory complaints procedure sets out that a complaint can be made as a result of a whole range of issues that are relating to statutory social services functions such as:

- an unwelcome or disputed decision,
- the quality and appropriateness of a service,
- delay in decision making or provision of services,
- attitude or behaviour of staff
- or the quantity, frequency or cost of a service

A complaint will not be considered:

- if the person making the complaint does not meet the legal requirements of who may complain and is not acting on behalf of such an individual
- when the complaint is not in relation to the local authority or anybody acting on its behalf
- where the same complaint has already been dealt with at all stages of the complaints procedure

The Complaints Procedure operates in 3 stages:

### **Stage 1**

Local Resolution where Team/Service Managers respond to a complaint within 10 working days which can be extended to 20 working days for more complex complaints.

### **Stage 2**

The complainant can request their complaint to be progressed to stage 2 within 20 working days of receiving their stage 1 response. This stage involves an independent investigation which is conducted by an independent investigator and independent person who oversees the investigation for fairness and transparency of the process. The investigation can take within 25 to 65 working days.

### Stage 3

Where a complainant requests a review of their complaint, the panel must be organised within 30 working days of the request.

### Local Government Ombudsman

If a complainant is not satisfied with the outcome of the independent review panel, they have the right to take their complaint to the local Government Ombudsman. Complainants can refer their complaint to the Ombudsman's office at any time, although the Ombudsman may refer the complaint back to the Local Authority if it has not been fully considered through the complaints procedure.

### Advocacy

In our complaints leaflet, we advise that children and young people have a right to advocacy when making a complaint or if they need any support. This is in accordance with the Advocacy Regulations 2004.

Five complaints from children and young people were supported by advocacy. Each of the complaints were addressed and resolved at stage 1.

## 2. Summary of Representations received

A total of 263 representations were received during financial year 2014-15 as detailed below:

- 54 Stage 1 Complaints
- 2 Stage 2 Complaints
- 2 Stage 3 Reviews
- 59 Concerns/ issues
- 107 Compliments
- 21 MP Enquiries
- 16 Member Enquiries
- 2 Ombudsman enquiries

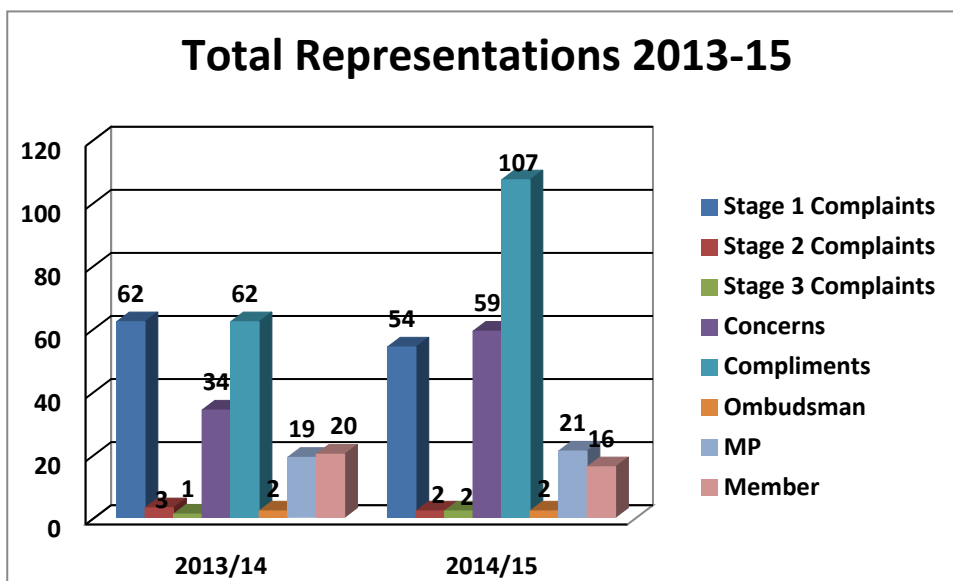


Figure 1

The increase in representations is attributed to an increase in the number of concerns and compliments.

The department received a total of 54 stage 1 complaints compared to 62 complaints received last year which is a decrease of 15%. However there were more concerns recorded this year, which are queries that are resolved quickly.

**Trends in complaints received from 2010 until 2015:**

Year	Stage 1	Stage 2	Stage 3
2014/15	54	2	2
2013/14	62	3	1
2012/13	84	4	1
2011/12	93	2	0
2010/11	107	2	0

Table 1

There has been a steady decline in the number of stage 1 complaints over the past five years. However, this is attributable to the number of issues resolved more quickly as concerns.

The number of referrals to children’s social care for 2014/15 was approximately 2050. For the same period, 54 stage 1 complaints were received which is 2.63% of children and young people being referred or accessing Children’s social care services.

**Complaints by Service Team for 2014-15:**

<b>Complaints</b>	Adoption	2
	Child Protection	1
	Disabled Children	7
	Oaktree Centre	2
	Family Support (Central)	1
	Family Support (North East)	5
	Family Support (South East)	2
	Family Support (West)	
	Fostering	4
	Children & Families Assessment	14
	Fostering Assessment	1
	CEF	1
	Permanence/Court Work	2
	Through Care 1	1
	Through Care 2	7
	Aftercare Team	1
Adolescent Team	1	
Other*	2	
<b>Total</b>	<b>54</b>	

Table 2

- OT linked and LAC placement

### 3. Complaint issues

It is important to consider the reasons why complaints are made as detailed in Table 3. The table indicates that staff attitude and conduct was the reason most frequently complained about.

However, it should also be noted that Children's social care services are generally very involved with families and their personal issues. This will inevitably lead to queries and complaints about social work staff and their involvement and professional opinions when making assessments and reports.

Issue	2013/14	2014/15
Assessment/decision making	10	8
Communication	7	8
Delays	3	4
Foster care	2	1
Welfare issues	1	4
Service quality	5	4
Staff conduct/attitude	31	19
Other services	2	0
Legal decision	1	0
Finance/Charging	0	2
Other*	-	4
<b>Total</b>	<b>62</b>	<b>54</b>

Table 3

\*Missed appointment (2), transport concerns(1), Information and advice (1)

### 4. Stage 1 Complaint Outcomes

The stage 1 outcomes are detailed below. It is noted that 52% were not upheld compared to 53% last year.

Outcome	2013/14	2014/15
Upheld	5	4
Partially Upheld	6	9
Not Upheld	33	28
In Progress	8	9
Withdrawn*	10	4
<b>Total</b>	<b>62</b>	<b>54</b>

Table 4

\*One complaint closed



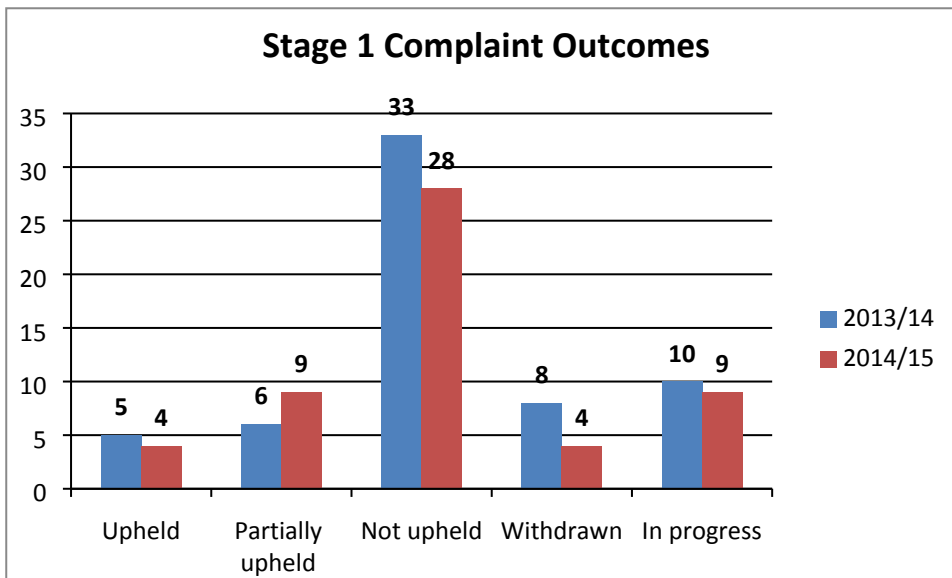


Table 5

With regard to those complaints upheld, the Department offered apologies and advised the service users of actions that would be taken to prevent the incident that led to the complaint recurring. Further details regarding complaint outcomes are detailed in the 'Learning from Complaints' section of this report.

## 5. Response Times

For stage 1 complaints, responses should be completed within 10-20 working days. For the 41 completed complaints, the department responded to 26 complaints (63%) within this timescale. For those complaints that exceeded 20 working days, the department responded to 15 complaints (37%). The remaining complaints were either withdrawn/cancelled or still in progress at the end of this reporting year.

The statutory response timescale for stage 2 complaints is between 25 and 65 working days. It is the service's aim to undertake stage 2 complaints within this time period. However, this timeframe can often be exceeded for a number of reasons. This includes the serious nature of the issues being investigated and the time incurred ensuring comprehensive investigation, as well as ensuring same time availability of the investigation team and staff for interviews and file viewing. Both cases exceeded 65 working days.

## 6. Benchmarking Data

Thurrock is a member of the Eastern Regional Complaints Group and Public Sector Complaints Network and information is shared on a periodic basis in terms of key national legislative changes that affect the complaints process together with any relevant key learning from specific complaints including public reports from the Local Government Ombudsman.

The following Councils (Table 6) have provided their data on complaints received which may be reasonably comparable by size of population. The East England regional performance group monitors a range of performance data on a quarterly basis. For 2015/16 this will include complaints data and we expect to see additional opportunities for comparing information and sharing learning through this.

<b>Council</b>	<b>Population</b>	<b>Stage 1</b>	<b>Stage 2</b>	<b>Stage 3</b>	<b>Per 10,000</b>
Thurrock	157,705	54	2	2	3.7
Slough	140,205	38	10	5	3.8
Sutton	190,146	99	5	0	5.5
Bracknell Forest	113,205	25	3	1	2.6
Milton Keynes	248,821	60	3	2	2.6
Luton	203,201	148	8	1	7.7

Table 6

## 7. Stage 2 Complaints

Two complaints progressed to stage 2 of the complaints procedure during the reporting year. These complaints were investigated by independently commissioned complaint investigators in line with the complaints procedure.

Case 1 – Complaint regarding social care involvement with private contact matters and the quality of a court report. **Partially upheld**. Please see section ‘Learning from complaints’.

Case 2 – Complaint regarding the child protection investigation procedure and social care intervention. **Partially upheld**. Please see section 12 ‘Learning from complaints’.

## 8. Stage 3 complaints

Two complaints progressed to stage 3 panel reviews. Both were linked to stage 2 complaints from 2013/14.

Case 1 - Issues regarding the service team’s involvement and communication with the family and Data Protection concerns. **Complaints upheld** and financial remedy provided. Please see learning under Section 12.

Case 2 – Child placed in interim care with decision to return the child to the parents at final care proceedings. Parents complained that social care services should never have placed child in care and processes involved at the time. Complaints were **partially upheld**. Financial remedy provided. Please see learning under Section 12.

## 9. Concerns

Apart from complaints, the complaints team recorded other representations received about the service as it is required to do. Representations can be positive comments and feedback about the service or comments and queries regarding a service.

The complaints service recorded 59 concerns which is an increase of 42% on the previous year when 34 were recorded. If a concern cannot be readily resolved, it will become a complaint.

The issues that were raised as concerns included requests for assistance, clarification of social work involvement, contact and communication issues where calls not returned, comments on assessment reports, finance queries and complaints and allegations against partners or other family members.

## 10. Compliments

Compliments are expressions of good feedback and the team recorded 107 compliments this year compared to 62 recorded last year and 60 recorded for 2012/13.

### Compliments received by service team:

<b>Compliments</b>	Family Group Conference	<b>3</b>
	Aftercare	<b>2</b>
	Permanency Team	<b>13</b>
	Adolescent Team	<b>5</b>
	Disabled Children	<b>2</b>
	Family Support SE	<b>3</b>
	Family Support NE	<b>3</b>
	Family Support Central	<b>2</b>
	Foster carers	<b>9</b>
	Fostering & Adoption	<b>9</b>
	Children Families Assessment Team	<b>15</b>
	Oaktree Resource Centre	<b>6</b>
	Performance Quality and Business Support	<b>3</b>
	Sunshine Centre	<b>1</b>
	Therapeutic Foster Care	<b>6</b>
	Through Care 1	<b>7</b>
	Through Care 2	<b>2</b>
	Troubled Families	<b>2</b>
	Thurrock Youth Offending Service	<b>2</b>
	Independent Reviewing Service	<b>4</b>
General Service	<b>8</b>	
<b>TOTAL</b>	<b>107</b>	

Table 7

What people have said:

*“Can’t believe the playscheme went by so quickly. X had a great few weeks. Was lovely to see him so full of life again. Thank you all so very much for making it so much fun and for taking care of him.”* **Sunshine Centre**

*“I would like to take this time to thank you so much for your help with me and my son! Without it I would never have got where am I today, your advice and support has been extremely important during these difficult times and I’m just letting you know how important you have been to us through our time of need! Your continued support is greatly appreciated.”* **Youth Offending Team**

*“I would like to genuinely thank X for all the dedication showed and support she has given for the cases that we work together. X has always looked for alternatives if she is not able to support, rather than just saying that this is not her remit. X has not hesitated to engage with the families and do direct work with the young people in order to support the CIN plan.”* **Troubled Families**

*I thought I would feedback to you that I have just chaired the CP review for the Y children x 8, for whom I understand you chaired an FGC recently. The parents fed back to me that they feel that the FGC has really catalysed things to move on; and has opened*

communication between the various adults; which has in turn benefitted the children  
**Family Group Conference Team**

The care proceedings in respect of X have concluded, the Local Authority being granted a Supervision Order for 12 months. I would like to mention that the Children's Solicitor has praised Thurrock for the hard work with this family and for the services and support that was offered and enabled these positive outcomes for X. So thank you all!  
**Permanency Team**

We both want to write and thank you again for everything. We do apologise if we looked shocked and stunned yesterday after the panel and that's because we were. We felt quite numb and a little emotionless even after we got home as we were not expecting things to go as smoothly as it did and we were SO pumped up for some probing questions. But of course we are SO thankful we didn't have any difficult questions and we owe that to your amazing report writing skills as well as the answers you gave the Panel. Words are not enough to thank you for all your efforts.  
**Adoption Team**

Today I chaired a meeting with foster carers, I would like to share the lovely feedback I was given in relation to DS – Life Story books, incredibly positive discussion about the quality and thought that she applies when creating life story books, there was a general consensus from all those present whom she had worked with about how beautiful her books were, detailed and creative and of a very high standard. Another carer also mentioned that SW also provides beautiful books.  
This is such an important area and of enormous value to CYP, thank you so much.  
**Oaktree Centre**

I really want to thank you for all the help and support that you gave us and X in the past. Even though I know her case is closed over there, if you would like I will send you updates so you can see how well she is doing and adjusting.  
Again as I have stated before; you and your family are more than welcome to come and visit anytime you wish, just let me know and we'll get the spare rooms ready for you all.  
Again thank you.  
**Adolescent Team**

I don't normally write Reviews but felt compelled to write a few words to say thank you and that my faith has been restored in the system due to the work by your representative X in my family's referral case. I work as a Business Analyst so was able to appreciate the work X did in bringing different stakeholders together, while being able to work individually with all parties to understand the true state of things and to help in making things even better where possible.

My understanding of involvement with Social services prior to this was all 'doom and gloom' but I am impressed with the way X handled the case, her professionalism while being diligent throughout.  
We are better aware of the support available and presented by the social services.

While this has been a difficult time, my family is a lot stronger and we are working to ensure that things continue to progress  
**Children & Families Assessment Team**

## **11. Local Government Ombudsman**

The Ombudsman investigates complaints of injustice caused by 'maladministration' or 'service failure'. The Ombudsman cannot question whether a Council's decision is right or wrong simply because a complainant disagrees with it. The Ombudsman must consider whether there was fault in the way the decision was reached. If there has been fault, the Ombudsman considers whether there has been an injustice, and if there has, a remedy will be suggested.

There were 2 Ombudsman enquiries received for 2014/15 period as detailed below:

Case 1 – Referral to the council to ensure the complaint is investigated through the complaints procedure. Case related to Child protection procedures. Matter was resolved at Stage 1.

Case 2 – Parent complained about the delay in completing an assessment of her child's needs and inadequate support by the service team. **Outcome: No maladministration.**

## **12. Learning from Complaints**

Learning from complaints is an important aspect of the complaints procedure. The following are examples of learning that were identified from the complaints processed during 2014/15:

### **Communication**

- Calls and correspondence to be responded to in a timely manner without causing unnecessary delay
- Not to put letters through doors on a Friday which can cause unnecessary anxiety for the recipient who then has to wait all weekend to contact the service
- Information for the family should be clearly explained at the onset of contact so that they are aware of why the service is involved
- Staff to clearly explain the context of meetings and provide details of attendees to service users and carers involved in such meetings
- Whenever possible, Children's social care should put in writing and share with families, assessments and decisions so that they are able to reflect on them or take advice
- To ensure agreements are in place regarding how the contents of a communication book for a child in care are monitored
- Senior Managers to remind staff that they should never make assumptions regarding disclosure of addresses without explicitly eliciting the relevant information with regard to a child or adult's safety

### **Service improvement**

- Case recordings should be reviewed, up to date and finalised
- To ensure that all notes and records of reviews/assessments are recorded on the children's social care record system
- The complaints procedure should be made available to all families where Children's social care has become involved

- For Children's social care to take into account location of meetings with parents in private and confidential surroundings
- Written procedure to be drawn up and made available within the service regarding management of complaints raised by children placed with independent foster carers
- Supervisors to ensure that when undertaking case audits that the timescales are specific and measurable on review notes
- Manager at Contact Centre to ensure that supervised contact records are uploaded to the electronic file within 3 days with the proviso that if a concern is noted at contact, a telephone call will be made to the relevant social worker
- Any complaints made about a placement, to be followed up and response requested to be put in writing, to be sent to the child and recorded on file
- That if parents are unable to attend a LAC review or Child Protection conference, that they are given the opportunity to meet with the chair outside of this, to ensure their views, wishes and feelings are shared and recorded.
- All cases will be reviewed by the Head of Service prior to Care Proceedings being issued, to ensure thresholds are met and all actions have been taken to support children remaining with their parents

### **Staff Training**

- Staff to ensure that they remain objective when carrying out assessments and reports but recording their professional opinion as required
- Not to ask leading questions and to be more sensitive in relation to a person's circumstances
- To ensure that families are not discouraged from complaining
- To ensure all original documents are promptly returned to the service user
- That when an unqualified professional is working with a case, their correct title is on all documents and counter signed by their supervising worker/ manager when necessary.
- To complete the mandatory training on Data Protection and to be mindful of information sharing regulations and policy

## ***13. Staff Training***

Staff are able to access e-learning courses as provided by the Workforce Planning and Development team regarding complaints handling and customer care.

All service teams have received refresher training on the complaints procedure and this is a rolling requirement.

## ***14. Feedback and participation***

The Complaints Manager is a member of the Children's Participation and Engagement Champion's Group, which includes member representation from the Children in Care Council/Open Door Advocacy, foster carers and the key services for children in care. The group's primary focus is to ensure services are accessible for children in care as well as considering ways of actively engaging young people and children in care and capturing their views and feedback.

The focus for this past year was in developing the children looked after website which remains an ongoing priority. This will be ready for launch by early 2016.

With regard to capturing feedback about services received by children and young people and in relation to making a complaint, a survey was conducted using a sample of children in need and children on child protection plans across all departments which included the Disabled Children Team and of different age ranges. This survey will be repeated later this year. For the sample of 60 children, 20 completed forms were returned in time for this report. Below are some of the comments received:

**Do you think Children' Services listen to your views about our services?**

“yes, because I feel like ( social worker) listens and cares for me.”

“social worker straightforward and honest”

“ no, because the social workers are too direct”

**Do you know how to make a complaint to the council?**

“ no...probably just ring up and moan to the right person”

“no, and I don't want to know”

“ can talk to mummy”

“ yes, to make a phone call or write a letter and send complaint”

**Have you received information on giving your feedback or making a complaint?**

“yes, I have never complained to the Council”

“no, Dad has”

“yes, talk to social worker and mum”

**Have you been provided with information about Advocacy?**

“yes, but I speak on my own behalf. Social worker informed me about Open Door”

“yes, we have advocacy in school”

“I would not like that because I like to talk myself”

Complaints leaflets and materials are sent to all children in care and leaving care and they also receive this information at every review. Children and young people also complete Independent Review forms with their views about care and Children's Services which are taken forward and monitored by the Independent Reviewing Officer. However the survey results have shown that children are comfortable providing their views through their carer and social worker.

## 15. Actions from 2013/14

- *Complaints Refresher Training with an emphasis on complaints handling, the key legislation and related processes and learning will be rolled out to all social care teams during 2014/15*  
This has proved a very successful task as operational staff have good knowledge of the complaints procedure and are better able to advise children and families on the process too.
- *The complaints team will consider further ways of capturing young people's feedback regarding Children's social care services in relation to services working well and where they could be improved*  
A survey was undertaken with a small sample of children in need and on child protection plans as detailed in this report, section 14
- *The Complaints Manager will support operational staff and Managers in handling and responding to complaints more effectively*  
The Complaints team has a presence at Senior Management Meetings and Staff meetings throughout the year in relation to complaints and service improvement. Staff regularly liaise with the Complaints Manager when complaints assistance is required.
- *The Complaints Manager will ensure that learning is disseminated to all staff by producing a weekly report for the senior management team to track and monitor complaints and a quarterly report with detailed analysis of complaints and representations to be disseminated to all staff*  
Reports are produced quarterly for Senior Managers and disseminated to all teams. A bi-weekly progress update on open complaints and representations is produced for the Senior Management team to ensure they are monitored as a priority
- *The Complaints Procedure will be reviewed*  
The Procedure has been drafted and approved and is now available on Inform
- *The Council's website will be updated, together with all related communication materials including the complaints leaflet*  
The webpages for children and young people in care are currently being developed. The Council's website does provide general and useful information on making a complaint
- *The service will continue to increase the awareness of the complaints and representations procedure for staff and service users*  
The Complaints Manager meets with staff and teams regularly to discuss concerns and complaints learning through team meetings, training and on a day to day basis as required
- *The Complaints Manager will continue to work closely with the Essex Complaints Manager Network and other Councils to explore the potential for developing shared arrangements to access a pool of experienced independent persons for Stage 2 investigators and Stage 3 reviews and at the same time to secure efficiencies for the service. Also to maintain links regionally and nationally with complaints teams in other authorities for key issues arising and sharing best practise*



The Complaints Manager attends the Eastern Regional Complaints Managers Group meetings regularly and is also a member of the Public Sector Complaints Network which includes all councils nationally for key complaints updates and the development of complaint processes

## **16. Going Forward:**

- To provide ongoing training and advice to teams in respect of complaint handling
- To ensure that children and young people feel confident and aware of how to provide their views and feedback about services through various communication tools
- To develop further ways of making the service more accessible
- Complaints activity and learning will continue to be reported to the department throughout the year and disseminated to all staff.

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<b>19 January 2016</b>	<b>ITEM: 9</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>Thurrock Health and Wellbeing Strategy 2016 - 2019</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Non-key
<b>Report of:</b> Ian Wake, Director of Public Health	
<b>Accountable Head of Service:</b> n/a	
<b>Accountable Director:</b> Carmel Littleton, Director of Children’s Services; Roger Harris, Director of Adults, Health and Commissioning and Ian Wake, Director of Public Health	
<b>This report is public</b>	

## **Executive Summary**

This report outlines the rationale behind the refresh of Thurrock’s Health and Wellbeing Strategy, the case for change, proposed area of focus, and the draft priorities for the refreshed Strategy. The Strategy aims to improve population-wide outcomes and therefore includes agendas for children and young people and also adults and older people.

The report aims to seek the views of the Committee as part of the Strategy’s engagement approach.

A final draft of the Strategy will be referred to the Committee prior to seeking agreement at Full Council in March 2016.

- 1. Recommendation(s)**
- 1.1 The Committee comment on the refreshed Strategy’s proposed priorities and areas of focus as part of the engagement process;**
- 1.2 That a final draft of the Strategy be referred to the Committee by briefing note prior to sign off by Council in March 2016; and**
- 1.3 The Committee note progress made on the development of the refreshed Strategy.**

## **2. Introduction and Background**

2.1 Health and Wellbeing Boards were established as part of the Health and Social Care Act 2012. All upper-tier local authority areas are required to have a Health and Wellbeing Board which contain representatives from the Council, NHS and voluntary and community sector. The Boards focus on improving the health and wellbeing of the local population and reducing health inequalities. They do this by identifying priorities and areas of focus that are contained within Joint Health and Wellbeing Strategies. The Director of Children's Services and also the Portfolio Holder for Children's Services are Board members.

2.2 Thurrock's first Health and Wellbeing Strategy was introduced in 2013 and will expire in 2016. The Strategy focused on the following priority areas for Adult Health and Wellbeing and Children and Young People's Health and Wellbeing:

### **Adult Health and Wellbeing**

- Improve the quality of health and social care;
- Strengthen the mental health and emotional wellbeing of people in Thurrock;
- Improve our response to frail elderly people and people with dementia; and
- Improve the physical health and wellbeing of people in Thurrock.

### **Children and Young People's Health and Wellbeing**

- Outstanding universal services and outcomes;
- Parental, family and community resilience;
- Every succeeding; and
- Protection when needed.

2.3 The priorities concerning Children and Young People are delivered through the Children's Plan, the delivery of which is overseen by the Children and Young People's Partnership. One of the questions for the refreshed Strategy as it develops is whether a separate set of priorities is required, or whether the interests of children and young people can be captured within one set of priorities and goals – so long as actions and outcomes are specific to children and young people.

2.4 The process to refresh the Strategy 2016-2019 has commenced. This paper details progress made on the development of the refreshed Strategy and asks the Committee to comment on proposed priorities and areas of focus – in particular those affecting the health and wellbeing of children and young people.

## **3. Issues, Options and Analysis of Options**

3.1 The Committee will be acutely aware of the current pressures on public services, which includes both the reduction in available resources alongside

an increase in demand and complexity of individuals requiring care and support. In 1948, only 52% of the population lived beyond the age of 65. By 2011, this percentage had increased to 86%. Whilst people living longer should be celebrated, a greater number of people over the age of 65 are living with disabilities and there are pressures from both older client groups (e.g. dementia and complex needs) and also children, young people and young adults with specialist care needs (e.g. autism). The case for change is clear.

- 3.2 The refreshed Strategy needs to be an expression of Thurrock's response to the case for change and must drive that change. Not only is demand growing and resources shrinking, but the majority of resources available for health and care are focused on treating ill-health when it is most acute – e.g. Hospitals or in providing high level interventions such as through child protection plans or taking children into the care of the local authority. It is key that an outcome of the Strategy is getting better value from the 'Thurrock Pound' which can be achieved both by releasing resource through prevention and early intervention, but also through more effective commissioning of areas that are prioritised within the Strategy and which impact upon demand.
- 3.3 Ensuring that children and young people and their families can 'start well' and 'live well' is essential to achieving the outcomes required to ensure that Thurrock's population can also 'age well'. The strategic focus for services for children and young people remains on early help, working together to identify when a child or family need support and helping them to access support before their difficulties become so great that specialist services are required. Improving outcomes for children and young people must mean ensuring that every child in Thurrock regardless of their circumstances has access to the right services at the right time and that this results in improved best services and outcomes. Doing so will mean continuing to focus on the reduction of inequalities, including health inequalities, recognising the strong links between different outcomes such as child poverty, attainment, neglect and physical and emotional/mental health.
- 3.4 The refreshed Strategy must respond to key needs, and also maximise existing strengths. Key needs concluded from the Thurrock JSNA and other local intelligence on the needs of Thurrock's population are detailed below:

#### **Epidemiological needs**

The three biggest causes of premature death in Thurrock are:

- Cardio-vascular disease;
- Cancer; and
- Respiratory disease.

The most common long-term conditions are:

- Hypertension (high blood pressure);
- Depression;
- Respiratory problems (asthma and COPD);
- Diabetes; and

- Cardio-vascular disease including strokes/TIAs, Coronary Heart Disease and Heart Failure.

### **Comparative Needs**

Thurrock has significantly poorer outcomes than England on:

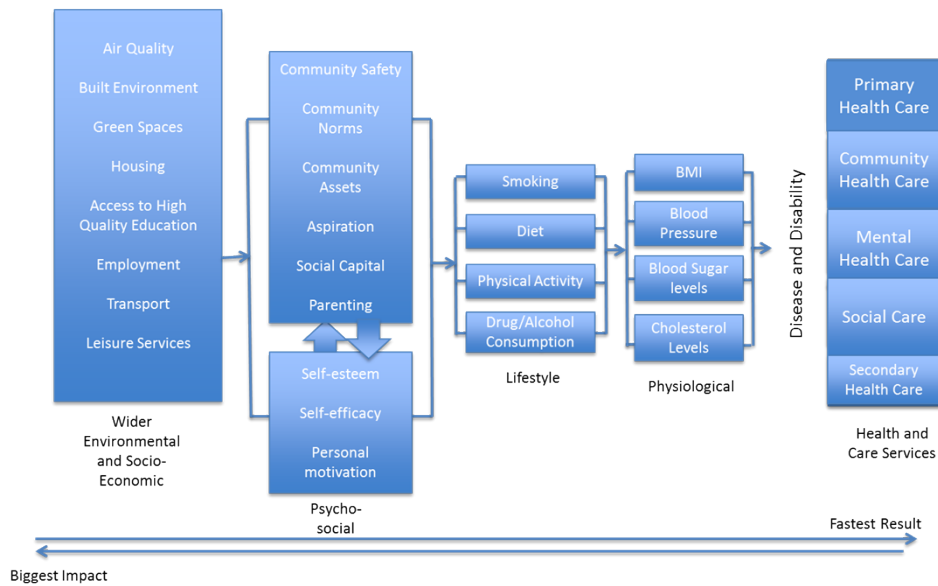
- Life expectancy (between top and bottom decline of deprivation);
- Percentage of children in poverty (20.8% of children aged under 16 are in poverty – Child Health Profile 2015);
- Smoking prevalence and smoking attributable mortality;
- Obesity levels (22.3% of children aged 10-11 are obese – Child Health Profile 2015);
- Male and Female life expectancy at 65;
- Under 18 conceptions;
- Percentage of looked after children
- Attainment levels at key stage 2

### **Corporate Needs**

- Financial viability of health and social care – including children’s services;
- Unacceptable levels of variation in primary care quality and access – including significant levels of under-doctoring;
- Fragmented health and wellbeing system;
- Significantly increasing 0-19 population; and
- Insecure joint investment in the children’s Early Help offer.

The Strategy must focus on making an impact on the issues detailed above. To ensure that the Strategy is having the impact and making a difference, an outcomes framework including targets and indicators will sit alongside the Strategy. This will allow the Health and Wellbeing Board, and also the Children’s Strategic Partnership Board, to hold organisations and individuals to account for delivery and to monitor the success of delivery on reducing health inequalities in particular.

- 3.5 Key to reducing the issues identified in 3.4 is developing a Strategy that focuses on prevention and early intervention. This would mean ensuring that the ‘system’ shifts from responding to illness and high level statutory intervention for children, to promoting and maintaining good health and wellbeing. Doing this requires a focus on some of the ‘wider determinants of health’ – those critical to improving health and wellbeing outcomes for Thurrock’s population. The determinants that influence good health and wellbeing and ensure the whole population are able to achieve good health and wellbeing outcomes are demonstrated in the following chart:



- 3.6 For children and young people, this means focusing on those areas that are current outliers and that make a significant different to the health and wellbeing of children and young people – e.g. child poverty, attainment, neglect, physical and emotional/mental health, to ensure that every child in Thurrock can achieve the best outcomes regardless of circumstances. It also means building on the resilience of individuals and communities.
- 3.7 The Strategy will need to ensure that families as a whole can achieve the best outcomes, which reflects the need for a population-wide approach to the Strategy – e.g. supporting individuals in to work, improving living standards, raising educational attainment of both children and adults.
- 3.8 Five draft priorities areas have been developed and are being engaged on that capture the focus set out in 3.5 and aim to respond to the needs detailed in 3.4. To ensure that the Strategy is focused on delivery, work is in progress to look at how the priority areas can be described as goals – in brackets. The priorities and goals will be further influenced by comments received as part of the on-going engagement process, including those from Overview and Scrutiny. The draft priority areas are:
- Prevention and early intervention (reduce avoidable ill-health and mortality);
  - Build strong and sustainable communities (create physical and social environments which promote health and wellbeing);
  - Improve mental health and wellbeing (strengthen emotional health and wellbeing);
  - Transform health and social care (create a health and social care system which is integrated around the person); and
  - Ensure that all agencies work together to deliver services that collectively improve the lives of all children and young people, ensuring that every

child regardless of their circumstances has access to the best services and outcomes (improve educational outcomes and employment).

- 3.9 For the Strategy to be successful, it needs to drive both specific action and influence other agendas across the Council and beyond. Action plans linked to each priority will therefore contain a mixture of new and existing activity. This will include linking to and influencing agendas such as the vision for Primary Care, Economic Development Strategy, Local Plan (Planning Framework), Stronger Together Programme, Building Positive Futures Programme, Children and Young People’s Plan.

### **Strategy Development Timetable**

- 3.10 The Strategy will continue to be developed through engagement activity and oversight by the Strategy Steering Group (containing representatives from across the Council, CCG, and Voluntary Sector). The timetable for Strategy development and sign-off is detailed below:

<b>Committee/Activity</b>	<b>Purpose</b>	<b>Date</b>
Engagement Activity	Engagement on draft priorities	23 <sup>rd</sup> November 2015 – 22 <sup>nd</sup> January 2016
Children and Young People’s Partnership Board	Consultation on outline	11 <sup>th</sup> January 2016
Health and Wellbeing Overview and Scrutiny	Consultation on outline	12 <sup>th</sup> January 2016
Children’s Services Overview and Scrutiny	Consultation on outline	19 <sup>th</sup> January 2016
Children’s Services Overview and Scrutiny	Final Draft	9 <sup>th</sup> February 2016
Health and Wellbeing Board	Approve Final Draft	11 <sup>th</sup> February 2016
Health and Wellbeing Overview and Scrutiny	Final Draft	16 <sup>th</sup> February 2016
CCG Board	Approve Final Draft	24 <sup>th</sup> February 2016
Cabinet	Approve Final Draft	9 <sup>th</sup> March 2016
Council	Approve Final Draft	23 <sup>rd</sup> March 2016

## **4. Reasons for Recommendation**

- 4.1 To seek the Committee’s views on the development of Thurrock’s refreshed Health and Wellbeing Strategy and suggested approach.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

- 5.1 An engagement approach has been designed as part of the development of the Strategy. The approach has been developed with advice from Thurrock



CVS, Healthwatch Thurrock and Thurrock Coalition. This includes ensuring that on-going dialogue with the community is built in to the on-going development of actions and initiatives linked to how to improve health and wellbeing in Thurrock.

- 5.2 The engagement approach includes an on-line survey, but aims to maximise opportunities for face-to-face engagement and discussion.
- 5.3 The first stage of engagement will conclude on the 22<sup>nd</sup> January 2016 and be supported by the analysis of responses received and a post-engagement report.
- 5.4 To ensure that the views of children and young people are sufficiently incorporated, engagement has been targeted at specific groups and networks – e.g. Youth Cabinet, Children in Care Committee, Head Teachers' Forum, service providers (including fostering), Children's Centres.

## **6. Impact on corporate policies, priorities, performance and community impact**

- 6.1 The development of the Strategy is intrinsically linked to the Corporate Priority 'Improve Health and Wellbeing' and is the delivery arm of that priority. The Strategy has strong links to all of the other Corporate Priorities due to the impact of the wider determinants of health on the ability to deliver improved health and wellbeing.

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

The Strategy's development and delivery will be within existing budgets.

### **7.2 Legal**

Implications verified by: **Dawn Pelle**  
**Adult Care Lawyer**

The Health and Wellbeing Board has a statutory responsibility for overseeing the development and delivery of the Strategy, and the Council and CCG has a shared duty for preparing the Strategy as part of the Health and Social Care Act 2012.

### 7.3 **Diversity and Equality**

Implications verified by: **Rebecca Price**  
**Community Development Officer**

The focus of the Strategy is improving the health and wellbeing of the local population. This will include a strong focus on reducing health inequalities which will mean understanding and responding to intelligence identifying geographical areas and population groups where health inequalities are most prevalent.

### 7.4 **Other implications** (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

N/A

### 8. **Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):

- N/A

### 9. **Appendices to the report**

None.

### **Report Author:**

Ceri Armstrong  
Directorate Strategy Officer  
Adults, Health and Commissioning

<b>19 January 2016</b>	<b>ITEM: 10</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>School Admissions and Catchment Areas</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b> Not applicable
<b>Report of:</b> Colin Jones – Admissions, Adult Education, Education Welfare Service and Music Service	
<b>Accountable Head of Service:</b> Carmel Littleton – Director of Children’s Services	
<b>Accountable Director:</b> Carmel Littleton – Director of Children’s Services	
<b>This report is:</b> Public	

## Executive Summary

This report explores the implications for the use of catchment areas in school admission arrangements arising out a range of developments in education and society.

### 1. Recommendation

- 1.1 That head teachers’ views are sought on current arrangements for admissions and that any significant issues arising are brought back to Committee.**
- 1.2 That further information and publicity is given to ensure that admission arrangements are clearly understood.**

### 2. Introduction and Background

- 2.1 Catchment areas have traditionally been used to fulfil two separate but related functions; firstly as a planning tool in the delivery of school places and secondly as a means of affording priority in admission arrangements to residents of a particular area. The guiding principle was that the number of school places in a catchment area should be directly related to and, if possible, mirror, the number of children in a given catchment area reaching the relevant admission age (the catchment product). Usually this was done on the basis of one school per catchment area but sometimes multiple arrangements such as in Chafford Hundred were employed so that two or more schools would together meet the needs of the catchment product.

- 2.2 Thurrock had a coherent catchment area map that served both purposes for many years. Whilst the council continues to provide detailed catchment area information on its website where parents can quickly ascertain which catchment area or areas they live in, or whether they do not live in any catchment area, recent developments in education and society in general have combined to erode the effectiveness of catchment areas both as a planning tool and a school place allocation tool.

### **3. Issues**

#### 3.1 Court judgements

Court judgements have had a major impact on school admission practices.

The Greenwich judgement of 1989 made it illegal for a council or school to give priority for school places based on residence in that local authority area. In response some local authorities carried out reviews to ensure that catchment area boundaries and local authority boundaries did not coincide without justification.

The Rotherham judgement in 1997 confirmed that the use of catchment areas was permitted provided that the arrangements complied with the Greenwich judgement. It also means that parents have to express an explicit preference for a school and that they cannot assume they will have an automatic right to a place in their local school. The fact that there was no automatic right to a local place encouraged parents to look further than the local school in order to be sure of a place acceptable to them.

#### 3.2 Choice and preference

Successive governments have championed the idea of choice in education. The law does not offer choice. Choice implies that a request for a given place will be met; preference suggests that a degree of rationing will be applied when there are more applications than places available. The legislation as passed confers on parents the right to express a preference and requires admission authorities to comply with that preference subject to the availability of places. At appeal the relevant admission authority needs to be able to show that the admission of a further pupil over the admission number would lead to prejudice to efficient education and the efficient use of resources.

What is certain is that the clarity that had existed since the 1980 Education Act which, it was believed for almost a decade, allowed local authorities to prioritise their own residents when allocating school places, was replaced with a new principle which meant that parents could apply to any school in any area on equal terms with anyone else.

### 3.3 Inspection

The introduction of open and transparent inspection regimes with publically available school performance data through OFSTED has enabled parents to come to evidence based decisions about which schools to apply for and means that they are more likely to extend their searches further afield.

### 3.4 Mobility

Greater mobility in terms of both public and private transport has also served to encourage parents to look beyond their local school.

### 3.5 Academy status

As more schools become academies and as more free schools are brought on stream admission arrangements become more diverse. Own admission authority schools determine their own admission arrangements and this will include decisions about whether or not to use catchment areas as a means of affording priority and, if they are used, what the boundaries are. In Thurrock academies have variously abandoned, amended, extended or otherwise moved away from an integrated system of catchment areas that served both as a planning tool and a rationing tool.

### 3.6 Managing expectations

Although there is nothing in statutory guidance or legislation to suggest that residence within a catchment area affords parents a right to a place in their catchment area school, there is a widely held belief that it does or that it should. Thurrock's admissions literature and the complementary briefings for prospective parents each autumn seek to communicate the fluidity that results from a system which, as the School Admissions Code 2014 puts it, allows any parent to apply for any school place at any time. In other words parents are not confined to their local schools and because of that may not be successful in obtaining places in their local schools.

The patterns of expressed preference vary from one year to the next and it is, therefore, not possible to predict with any certainty where the pressure points will occur in any given year. Thurrock's composite prospectuses provide an analysis of the previous year's outcomes but these are not to be relied upon for reliable predictions of future outcomes.

### 3.7 Boundary anomalies

Geographical and topographical considerations mean that catchment areas lack symmetry and that it is, therefore, possible to live in one catchment area but be closer to the school in an adjacent one.

### 3.8 Fragmentation vs simplicity

There is no doubt that catchment areas represent a valid means of affording priority for school places. Those parents who now find themselves without a catchment area, either because the local schools have ceased to use them or have individually drawn the boundaries in such a way as to exclude certain areas, feel at a disadvantage in the competition for places.

It is possible to operate admissions with no reliance on catchment areas. For example there have been admissions systems that have simply given priority for admission to the school nearest to the home address. This system effectively places a notional boundary between schools.

Systems such as these, however, rely on close coordination of schools' admission arrangements in ways which the current multiplicity of admission authorities does not readily support.

In Thurrock the major parental anxieties are at Y6 – Y7. Some areas of the borough are in no catchment area. Ormiston Academy, for example, does not operate a catchment area whereas some families find themselves in the catchment areas for two secondary schools. Those in the catchments of both William Edwards School and Harris Academy have an advantage that others perceive to be unfair.

## 4. **Reasons for Recommendation**

4.1 The recommendation to initiate a discussion with secondary schools is made in response to the perceived unfairness of the current arrangements.

## 5. **Consultation (including Overview and Scrutiny, if applicable)**

5.1 None.

## 6. **Impact on corporate policies, priorities, performance and community impact**

6.1 The expectation is that a coordinated approach to the use and definition of catchment areas in Thurrock would lead to a fairer system of school place allocation in Thurrock.

## 7. **Implications**

### 7.1 **Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

There are no direct financial implications to this proposal.

## 7.2 Legal

Implications verified by: **Lucinda Bell**  
**Education Lawyer**

The report includes the statutory basis that forms the outline for the issues that this report raises. Admissions law and appeals are covered by the two Codes referred to below. The report requests agreement to consult, but not other decision.

## 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities  
Manager**

Although there are no immediate diversity implications, the move to review admissions and catchments is intended to create a fairer system than is currently available.

## 7.4 Other implications (where significant) – i.e. Staff, Health, Sustainability, Crime and Disorder)

None.

## 8. Background papers used in preparing the report

School Admissions Code, DfE, December 2014

School Admission Appeals Code, DfE, February 2012

Education Act 1980

R v Shadow Committee of Greenwich London Borough Council, ex parte The Governors of John Ball Primary School and Others (1989) 88 LGR 589

## 9. Appendices to the report

None.

### Report Author:

Colin Jones

Admissions, Adult Education, Education Welfare Service and Music Service

Children's Services

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<b>19 January 2016</b>	<b>ITEM: 11</b>
<b>Children’s Services Overview and Scrutiny Committee</b>	
<b>Care Leavers into Employment, Education or Training (EET)</b>	
<b>Wards and communities affected:</b> All	<b>Key Decision:</b>
<b>Report of:</b> Michele Lucas, Strategic Lead, Learning & Skills	
<b>Accountable Manager:</b> Andrew Carter, Head of Children’s Services	
<b>Accountable Director:</b> Carmel Littleton, Director of Children’s Services	
<b>This report is</b> Public	

## Executive Summary

This report summarises our approach to improve the number of Care leavers\* into Education Employment & Training to enable them to access the regeneration opportunities in Thurrock.

*\*Care leavers is the collective term used throughout this document but also includes Children in Care and Unaccompanied Asylum Seeking/Trafficked Children*

## Recommendation(s)

- 1.1 To support the development of the programme to enable care leavers to take up ambitious opportunities to take part in education, employment or training.**
- 1.2 To recommend to Cabinet any suggestions for change that may enhance outcomes for care leavers.**
- 1.3 To recommend the activities continue to be delivered by representatives across the Council, as well as making use of external agencies/services.**

## 2. Introduction and Background

### Local Policy Context

The outline proposals within this report link with the Council’s corporate priorities:-

1. Create a great place for learning & opportunity

## **National Policy**

In October 2013, The Princes Trust in partnership with Catch 22 submitted a campaign report for central Government to create a joined up approach that supports young people's journey from Care into adulthood. The report, 'Access All Areas' requests the following

- positive discrimination for Care leavers;
- an entitlement to services to the age of 25;
- priority access to services for Care leavers up to the age of 30;
- a robust system of information and data sharing between agencies; joint working and personalised and responsive training.

"Finding their Feet, equipping Care Leavers to reach their potential", by The Centre for Social Justice, urges central and local Government to implement a series of recommendations so that young people taken into care do not just survive but thrive in adulthood.

Their report cites the following:-

- 24% of the adult prison population have been in care;
- 11% homeless people have been in care
- 70% sex workers have been in care;
- 22% are teenage parents, with 1 in 10 (age 16-21 years) having a child taken into care (source: ONS) – three times the national average.
- 36% of Care leavers aged 19 are NEET (source: DfE) which is double the national average and has been for the last 10 years.
- 38% of Care leavers aged 19-21 years are NEET (source: DfE).

The report concludes that Care leavers should be in a position when they leave care to contribute to society and lead fulfilling lives.

## **Local Arrangements**

In May 2011, the Learning & Skills team secured funding to create a pilot to enable vulnerable young people to access apprenticeships opportunities. Thurrock Council's decision was to focus on Care leavers, (aged 18-24 years). A personalised programme of support was created to improve skills and abilities before work experience and an apprenticeship. The pilot ran for a year, was successful and during this pilot phase was embedded across a range of services.

Over the past 4 years, the model has changed to improve outcomes for Care leavers into EET but earlier this year, we recognised that we need to consider how to improve outcomes even further. As a result of this in June 2015, representatives from 5 different teams, within Thurrock Council, formed a strategy group to increase the number of Care leavers into EET. The group defined the purpose of the work as:

*Improving access of care leavers into EET so they can benefit from the significant regeneration programme underway in Thurrock.*

This work directly contributes to the Child Poverty strategy and national strategies to reduce the marginalised population's reliance on the benefits system and ensure that we are continuing to ensure that inequalities are addressed at a local level.

### **Progress to date**

At the time of forming this group, 30% of Care leavers (aged 16-19 years) were in EET. At the end of November 2015, 54% Care leavers are in EET, which is above the national average for 2014/15. Our ambition is to reach 70% and place Thurrock care leavers as the best in the country.

The changes have provided opportunities to ensure that we have a strategic joined up approach to data collection and are in a position to report in relation to individual young people. We have taken the opportunity to extend the former Diversity in Apprenticeship review group to include staff from different teams as an effective mechanism for progress checks, understanding the challenges, identifying/engaging further services etc.

Planning for Care leavers has been significantly improved with joint visits, faster progression and increased expertise/contacts for the Care leaver ongoing. Qualified Personal Advisers from Thurrock Careers have direct experience of Care leavers and work closely with colleagues from other service areas to support young people into EET. We recognise the challenges that are faced by this group and as a result each experience triggers cross directorate conversation, reallocation of resource, different approaches to enable access into EET.

Developing this strategic approach has sharpened our focus to consider the suitability of every programme we offer/will create in the future and whether it will be accessible by Care leavers and how we secure their engagement. We continue to consult with Care leavers in the development of Inspire.

There is increased awareness, amongst teams outside of Children's services of the need to create positive employer encounters for Care leavers. As a result, many are willing to create work experience placements, along with constructive feedback to this group to enable targeted support.

The senior management team is committed to creating an environment where Care leavers can experience 6 months employment to develop useful skills in the workplace. In May 2014, Thurrock Council reviewed its Pay Policy to provide National Minimum wage rates to Apprentices whose performance is satisfactory after 6 months employment. For an 18-20 year old, this almost doubled their salary. We have created a useful resource to support Apprentices to manage their low income – this has been written with Care leavers in mind.

## **Specialised Support**

We have a Careers Adviser who specialises in support for Teenage Parents. There are effective mechanisms in place for Care leavers accessing appropriate services utilising the children centres and the programmes that they offer.

We have an adult programme that targets parents for education into employment via the Children's Centres. Care leavers are actively encouraged to join the programme that provides English and Maths refreshers, skills workshops and volunteering opportunities to build confidence to lead to employment

The Careers and Enterprise Company funding secured in Thurrock is already creating ideas/plans for different types of employer encounters that may appeal to Care leavers (such as World at Work days, mock interviews, work shadowing for building skills and citizenship).

We are working with the Russell Group of Universities to enable a small cohort of gifted students, including gifted Care leavers, to access universities – the 11-19 Strategy Group will be overseeing this work and reporting that to the Thurrock Education Alliance.

We are working with high profile, local key priority sector employers that are actively contributing to Thurrock's regeneration programme to create opportunities for local young people including Care leavers. The Royal Opera House, Port of Tilbury, London Gateway, Intu, Park Inn, Wates, Keepmoat are adept at securing funding that translates into the delivery of workplace skills.

If we are successful in our funding application for the Youth Employment Initiative, it will enable additional capacity to tackle some of the below challenges and extend targets for Care leavers to set up their own business.

## **The Challenges**

Tracking Care leavers across directorate, where services have responsibility for different age ranges (Careers 16-19 years, After Care 18-21 years, Virtual School 4-18 years, Employability & Skills 16-24 years) and two unconnected databases is time consuming and inefficient use of time.

Many Social Workers, FE/HE partners fail to prioritise/contribute meaningful information required for the Pathway Education Plans (a statutory requirement that is already labour intensive).

There are fewer low entry level courses available, roll on roll off in Thurrock. A direct result of changes in Government funding/strategic decisions by delivery partners where the most vulnerable young people are high risk for college success rates.

There remains a lack of awareness by some local partners on how to best support Care leavers in their studies. This has resulted in the appointment of inexperienced teaching staff, class sizes that have too many students speaking

different languages at different levels, insufficient learner progress leading to disengagement and lack of confidence 'in the system'. This additional work is placing pastoral teams under strain.

Young people bursaries are processed by FE/HE providers. South Essex College is removing the cost of transport and food at source whether or not the Care leaver accesses these. This has resulted in weekly payments to students of £7 (£30+ in 2014/15). Many of Thurrock's UAS children do not eat Western food and cannot eat sufficiently well on £7 a week.

The key priority growth sectors are extremely focused on business development. Their staffing structure is very lean which makes investing sufficient time, to Care leavers in the workplace, very challenging.

The employer engagement team has insufficient capacity to dedicate time to target/prepare employers that may be suitable to host Care leavers for work experience/apprenticeships.

Despite this effective, targeted approach, Care leavers continue to face significant challenges. We recently prepared a case study detailing the support/interventions provided over a 4 month period to one local Care leaver to explore where further modifications should be made, so we can improve the number of Care leavers into EET and break the patterns of negative behaviour.

JobCentre Plus do not formally recognise regular engagement/training by this group as 'preparation for work' which means that Care leavers must actively participate in courses for benefits to continue. The haphazard lives of Care leavers often results in stop start payment of benefits. Support by the Corporate Parent is time consuming and causes delays in other work/positive progress.

## **5. Consultation (including Overview and Scrutiny, if applicable)**

Children's Overview and Scrutiny Committee

## **6. Impact On Corporate Policies, Priorities, Performance and Community Impact**

- 6.1 This report contributes to the following corporate priorities:  
- create a great place for learning and opportunity

## **7. Implications**

### **7.1 Financial**

Implications verified by: **Kay Goodacre**  
**Finance Manager**

This reports has no financial implications, but recognises the realignment of services to support young people in the care of the Local Authority.

## 7.2 Legal

Implications verified by: **Lindsey Marks**  
**Principal Solicitor**

The Committee is asked to note the report content under the remit of the Committee's terms of reference and powers.

## 7.3 Diversity and Equality

Implications verified by: **Natalie Warren**  
**Community Development and Equalities Manager**

Supporting our young people in our care is a key strategic priority for Thurrock Council, we ensure that we can utilise our powers to positively discriminate in supporting young care leavers into education employment or training. Where possible we actively promote the recruitment of care leavers recognising the need to provide additional support to the children in the Local Authority's care. We actively seek the views of young people to shape the programmes on offer and continue to utilise partnership approaches to secure positive outcomes.

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

None

### Appendices to This Report:

None

### Report Author

Michele Lucas

Learning & Universal Outcomes, Learning & Skills, School Improvement

**WORK PROGRAMME**  
**Children's Services Overview and Scrutiny Committee**

Conservative	Independent	Labour	UKIP	Co-opted
Cllr Halden		Cllr Gupta	Cllr Gamester	1. Mrs P Wilson (Roman Catholic Church Representative)
Cllr S Little		Cllr Kerin		
		Cllr Baldwin		
Substitutes	Substitutes	Substitutes	Substitutes	
Cllr Redsell			Cllr Wheeler	3. Myra Potter (Parent Governor Representative)
Cllr Roast				

**Meeting Dates:** 14 July 2015, 15<sup>th</sup> September 2015, 10 November 2015, 19<sup>th</sup> January 2016, 9 February 2016, 8 March 2016.

Topic Name	Description of areas to be explored	Why this should be scrutinised	Outcome	Lead Officer	Brought to Committee by (Officer/ Member/ Statutory Reason)
<b>14 July 2015</b>					
Education Commission Update and Supporting Schools				Carmel Littleton	Member
Youth Offending Service update in Corringham				James Waud	Member
Serious Case Review Update Actions from Julia				Andrew Carter	Officer
Adoption and Permanence Partnership				Sue Green	Officer
Shaping the Council Budget update	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
<b>15<sup>th</sup> September 2015</b>					
Serious Case Review Update for Megan and Julia				Andrew Carter	Officer

Updated: 11 January 2016

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<b>Topic Name</b>	<b>Description of areas to be explored</b>	<b>Why this should be scrutinised</b>	<b>Outcome</b>	<b>Lead Officer</b>	<b>Brought to Committee by (Officer/ Member/ Statutory Reason)</b>
Grangewaters Alternative Delivery Models	To consider options prior to presenting to Cabinet	To ensure all options have been fully explored	Agreement on recommendations to go to Cabinet	Malcolm Taylor / Sue Green	Officer
Nursery Provision in East Tilbury.				Carmel Littleton/ Roger Edwardson	Member
Shaping the Council Budget update (if applicable) required	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
Child Sexual exploitation Action Plan				Andrew Carter	Officer
Education Transport – Proposed changes to Denominational Transport.				Temi Fawehinmi	Officer
<b>15 October 2015</b>					
School Transport					Member
YOS Serious Youth Violence				James Waud	Officer
Annual Childcare Sufficiency					Member
Pupil premium	To hear how the pupil premium is being used to improve outcomes, with a focus on the work at Hathaway and Harris in regards to mentoring troubled youths			Roger Edwardson	Member
School Results/School Performance	An update on results at KS1, KS2, KS4 and post 16	To determine the progress of Thurrock schools and academies	Updated information and scrutiny of outcomes of national assessments and relative performance of schools	Carmel Littleton	Officer
Update on the Child Poverty Strategy Outcomes from 2011- 2014				Carmel Littleton	Member



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<b>Topic Name</b>	<b>Description of areas to be explored</b>	<b>Why this should be scrutinised</b>	<b>Outcome</b>	<b>Lead Officer</b>	<b>Brought to Committee by (Officer/ Member/ Statutory Reason)</b>
Shaping the Council Budget update (if applicable) required	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
<b>10 November 2015</b>					
School Improvement – the impact of school to school				Roger Edwardson/Andre a Winsotne	Member
Multi Academy Trust Relationships				Roger Edwardson/ Andrea Winstone	Member
Work placements and the pathway into work for young people in Thurrock				Carmel Littleton / Kenna-Victoria Martin/ Michele Lucas	
Shaping the Council Budget update (if applicable)	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
<b>19 January 2016</b>					
Fees and Charges				Laura Last	
Health and Wellbeing Strategy				Ceri Armstrong/ Ian Wake	
School Admissions and Catchment Areas				Colin Jones	Member
Care Leavers into Employment, Education or Training (EET)				Michelle Lucas	
Children's Social Care – Statutory Complaints Annual Report				Harminder Dhillon	
Serious Case Review Update – Julia				Andrew Carter	Officer
Annual report of the LSCB	An account of the activity and effectiveness of the Local Safeguarding Children Board over the past year	To ensure that the LSCB is effectively discharging its duties by contributing council scrutiny to the process	Understanding of the effectiveness of the LSCB in undertaking its safeguarding responsibilities	Alan Cotgrove/ Independent chair of the LSCB David Peplow	

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Topic Name	Description of areas to be explored	Why this should be scrutinised	Outcome	Lead Officer	Brought to Committee by (Officer/ Member/ Statutory Reason)
<b>9 February 2016</b>					
EOH, troubled families and MASH intervention update and impact assessment and Troubled Families Initiative Phase 2 Launch	Update on the project Impact and success	To ensure the programme is on track and making a real difference to the lives of families in Thurrock.	Dissemination of good practice from the programme	Claire Moore/ Andrew Carter	Officer
Update on the commissioning out of Local Authority day nurseries in Tilbury				Roger Edwardson	Member
Alternative Delivery Model for the Thurrock Youth Offer				Sue Green	
Serious Case Review (Exempt)				Andrew Carter	Officer
Child Mental Health				Andrew Carter	Officer
Cultural Entitlement				Roger Edwardson	Member
<b>8 March 2016</b>					
Pupil Place Planning				Janet Clark	Member
Supporting Parents returning to work				Michele Lucas	Member
Updated Welfare Reform				Michelle Lucas	Member
Shaping the Council Budget update (if applicable)	Details of budget area to be confirmed			Sean Clark	Officer
Admissions Forum Report				Colin Jones	Member requested 6 Jan
University Attendance Rates				Roger Edwardson	Member
Youth Cabinet Report				Michele L/Youth Cabinet	Officer

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<b>Meeting</b>	<b>Pre Meeting</b>
14 <sup>th</sup> July 2015	6 <sup>th</sup> July 2015
15 <sup>th</sup> September 2015	7 <sup>th</sup> September 2015
15 <sup>th</sup> October 2015	5 <sup>th</sup> October 2015
10 <sup>th</sup> November 2015 (Gable Hall)	27 <sup>th</sup> October 2015
19 <sup>th</sup> January 2016	7 <sup>th</sup> January 2016
9 <sup>th</sup> February 2016	28 <sup>th</sup> January 2016
8 <sup>th</sup> March 2016	25 <sup>th</sup> February 2016

<b>Additional Meetings</b>	
<b>Meeting</b>	<b>Date</b>
Additional Session for all members to be briefed on "achieving excellence in child social care".	November – date to be confirmed
Youth Centre visit with the Committee.	August 7 <sup>th</sup>
Joint session on the budget – all chairs	Feb 2 <sup>nd</sup>
Task and Finish Group on work experience / employable future	18 <sup>th</sup> August 2015

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<b>Recommendations update table</b>				
<b>Recommendation</b>		<b>Author</b>	<b>Date</b>	<b>Update</b>
<u>Education Commission Update</u>				
1	Comments on the progress and achievements of Thurrock schools and partners above be noted		14 July 2015	Noted
2	That the currently funded activity and further developments that it would wish to be taken to further the education standards for all children and young people in Thurrock be noted.		14 July 2015	Noted
3	Science and Maths to be included in the School on School improvement report		14 July 2015	Noted
4	A potential for a survey to return to each school of the original questions that the education commission proposed.		14 July 2015	Noted – this will be completed for the end of the academic year
5	Organise briefing for December for members what's being done for each school to help the improvement journey.		14 July 2015	
<u>Youth Offending Service function and performance</u>				
1	To note the Overview & Scrutiny Committee comment on the function and performance of the YOS and review plans to address the two areas of improvement as set out in the HMIP Short Quality Screening Report dated 20th May 2015:		14 July 2015	The action plan from the SQS in May has now been fully implemented. Please see below.
2	To note that Intervention planning should genuinely involve children and young people and their parents/carers. The plans should be constructed in such a way that they are effective tools to drive successful interventions.		14 July 2015	Referral Orders already use initial panel meetings which involve parents and young people in a restorative process to construct their own intervention plans. It is felt that the quality of the planning in this area does not require improvement.  Youth Rehabilitation Orders use intervention planning meetings at the start

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			<p>of the orders and parents/carers are invited. Paper copies of the intervention plan are now produced and discussed with the young person/ carer and signed accordingly.</p> <p>Detention and Training Orders use community review meetings on release from custody and parents/carers and relevant professionals are invited. Paper copies of the intervention plan and licence requirements are produced and signed accordingly.</p> <p>All YRO and DTO planning meetings are now chaired by operations managers or senior practitioners who ensure that all parties are actively involved in the planning of their interventions. The recording of the meeting on YOIS will now be integral to the existing quality assurance process.</p> <p>Case managers have been briefed to ensure interventions plans are SMARTer, commensurate to length of sentence and risk led. Language used in intervention plans will be age appropriate and in 'Plain English'. Case managers will avoid using 'standard' objectives that seem to have accumulated throughout generic practice. Quality assurance processes have been introduced to ensure intervention plans meet the relevant requirements.</p>
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3	Multi-Agency Public Protection Arrangements need to be fully understood by all staff and managers.		14 July 2015	National MAPPA guidance 2012 has been shared and disseminated to all staff. All staff has been fully briefed on offender categories and management levels. Local MAPPA lead has offered to provide further training to all staff if required and provided a training programme which has been shared with the team. Management oversight is now more prescriptive as to whether a referral is required and the recording on Risk of Serious Harm assessments is now clearer. Operations management are satisfied that MAPPA knowledge of case management team is satisfactory. It also felt that the action point arose due to poor recording on YOIS as opposed to limited knowledge.
4	Chair and Director Children's Services to write to the Police and crime commissioner to request to extend the lease for a longer term on the old Corringham Police Station.		14 July 2015	James Waud liaising with PCC
<b>Julia - SCR Action Plan Update</b>				
1	To be noted that the Overview & Scrutiny Committee continues to monitor progress against the multi-agency action plan with a particular focus on Children's Services		14 July 2015	This is monitored regularly in council services, through school safeguarding leads meeting and with partners through the LSCB. A further update will be brought back to the committee in January 16.
<b>Adoption and Permanence Services Partnership</b>				
1	The comments on the development of a partnership by way of a grant agreement to provide an integrated programme of activity to optimise adoption outcomes for children following the decision at Cabinet on 8 July 2015 to be		14 July 2015	Noted

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	noted.			
2	That it be recommended future reports are brought to the Children's Service's Overview and Scrutiny Committee before being referred to Cabinet for decision, and where this is not possible to convene an extraordinary meeting of the Children's Services Overview and Scrutiny meeting to enhance the scrutiny process.		14 July 2015	Noted
<b>Shaping the Council Budget Update</b>				
1	To note the Medium Term Financial Strategy (MTFS);		14 July 2015	Noted
2	To note the approach to Shaping the Council and budget planning for 2016/17 and beyond including the establishment of a cross-party Budget Review Panel.		14 July 2015	Noted
<b>15 September 2015</b>				
<b>Nursery Provision In East Tilbury</b>				
1	The Chair requested that letters were sent from the Committee to Little Angels Day Care and East Tilbury Primary School to address to the situation.		15 September 2015	Letters have been sent out to the parties concerned.
2	The Children's Overview and Scrutiny Committee commented upon the actions taken to date and any further actions which should be taken by the Council to resolve the current situation.		15 September 2015	Further actions were taken in asking legal services to look at the lease arrangements and to write to procurement regarding future contracts. This has been done.
3	That a letter is sent on behalf of the Children's Overview and Scrutiny Committee to St Cleres and Little Angels to encourage a relationship between the two parties.		15 September 2015	See 1)
4	That a letter is sent to the Procurement team on behalf of the Children's Overview and Scrutiny		15 September 2015	See 2)

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	Committee to urge that similar contracts are not signed in the future.			
5	An update at the next Children's Overview and Scrutiny Committee on the current position and the views of Thurrock Councils Lawyers.		15 September 2015	14.10.15 The legal department are continuing to look into this but it appears that the 75 year lease is binding on the parties.
<u>Inspire - Alternative models of delivery for Youth Related Activities</u>				
1	That the Committee supports the development of a staff mutual (charitable trust) to deliver youth & community related activities across Thurrock Council.		15 September 2015	Noted
2	The Committee recommend to full Cabinet the 'spinning out' of youth & community related services from April 2016 or as soon after as due diligence is undertaken		15 September 2015	Noted
3	That the Committee supports the recommendation of a four year contract with a break clause in year three for renegotiation.		15 September 2015	Recommendation noted – this will be subject to due diligence in the next stage of development
4	The Committee recommend the funding model which will see a 5% reduction from year two of the contract until the fifth year recognising the need to reduce the overall budget by 20%, subject to budget constraints		15 September 2015	Noted
5	The Committee support the inclusion of Grangewaters Outdoor Education Centre into the staff mutual.		15 September 2015	Noted
6	An elected member and The Section 151 Officer will form part of the trustee.		15 September 2015	This recommendation has been noted and will form part of the due diligence in the next stage of the project.



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7	The Inspire report to return back to the Children's Overview and Scrutiny Committee before final sign off at Cabinet.		15 September 2015	Added to the Work Programme.
<u>Child Sexual Exploitation Action Plan</u>				
1	The committee endorsed the revised action plan and added to the committee's work plan for robust ongoing scrutiny.		15 September 2015	Noted.
2	The Chair requested that the Director of Children's Services checked whether there would be implications and issues with initially completing the DBS check.		15 September 2015	The DCS has explored this issue and notes that member of the committee would be able to voluntarily make open to the public the outcome of their DBS check but could not be required to do so.
<u>Education Transport</u>				
1	The amount paid by new and existing pupils accessing denominational transport; £1,117.00 and £550.00 respectively, remain unchanged until September 2016.		15 September 2015	Noted.
2	That Officers follow the Council protocol for the review of the service including a consultation with the option of discontinuing denominational transport in September 2016, subject to Cabinet approval.		15 September 2015	Noted.
<u>15 October 2015</u>				
<u>Education Transport - Service update</u>				
1	That Children's Overview and Scrutiny consider the aspects of transport reviewed in this report and comment upon the progress and/or recommend next steps.		15 October 2015	This was fully scrutinised at the committee meeting and the direction of travel proposed in the report was ratified, noting the difficult decisions that had to be made.
<u>Thurrock Childcare Sufficiency Annual Assessment 2015</u>				
1	To support further early years & childcare		15 October	Work continues to identify childcare

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	development in Aveley & Tilbury recognising the deficit outlined in the sufficiency report.		2015	providers in those areas with shortages of places and a campaign to push take up for free two year old places is underway.
2	To promote and encourage more schools to consider eligible 2 year old intake.		15 October 2015	This is underway as part of the campaign to increase the number of places for two year olds.
3	To support public village hall use for the increase of early education particularly related to costs associated with tenancy		15 October 2015	This is under consideration by the Childcare Sufficiency officer as part of the strategy to increase places
4	To consider early education future needs before decision are taken in relation to capital assets across the Local Authority		15 October 2015	Noted
5	That the Director of Children's Services would liaise with Communications Officers to publicise the encouragement of take up in early year's education.		15 October 2015	A campaign including posters, leaflets, social media activity is underway.
6	That the relevant Officer provides Councillor Little with information regarding traveller's education up take.		15 October 2015	A briefing note is being prepared and will be provided to Cllr Little and other councillors on request.
<b>Pupil Premium</b>				
1	That the Overview & Scrutiny Committee scrutinises the impact of pupil premium for the academic year 2014-15 in primary schools across the borough and seeks an update for secondary schools when the data is fully validated.		15 October 2015	A briefing note will be circulated when the data is made available and has been analysed.
2	Acknowledges the actions taken by The Hathaway Academy and Harris Academy		15 October 2015	Noted

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	Chafford Hundred			
<b>School Results/School Performance</b>				
1	That the Overview & Scrutiny Committee notes the provisional outcomes of the summer 2015 tests and examinations and commends pupils, schools and parents/carers on their achievements.		15 October 2015	Noted
2	That the Committee recognises how the Education Commission recommendations and existing strategies have been best deployed to raise achievement and consider how these will raise still further across all key stages, especially at Key Stage 2.		15 October 2015	Noted. Further consideration is being made in regard to further improvements across all key stages, in particular key stage 2 at TEA and TEN meetings.
3	This report should be considered in conjunction with the Pupil Premium report to Overview and Scrutiny Committee.		15 October 2015	Noted
<b>Child Poverty - Opportunity for Every Child</b>				
1	That the Overview and Scrutiny Committee consider the Child Poverty Strategy 2015-2020 and endorses the strategy and action plan.		15 October 2015	Noted
2	That the progress made since the 2011-2014 strategy is commended.		15 October 2015	Noted
<b>Serious Youth Violence</b>				
1	That Thurrock Council continue to support the work of partner agencies to prevent gang related		15 October 2015	Work continues with the police and other partners to maintain a vigilant approach

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	activity from becoming a major issue in the borough.			
2	That the Committee write a letter to all Schools in Thurrock, Thurrock Faith Matters , and the LGA Safer Community Board regarding the work that the Council are currently undertaking around serious youth crime.		15 October 2015	Completed
3	That the Committee writes to the chairs of all Children's Overview and Scrutiny Committees in London boroughs to raise awareness of Thurrock Councils Concerns.		15 October 2015	Completed
4	That the Committee writes to Essex Police and the Metropolitan Police to inform them that of the Children's Overview and Scrutiny Committees concerns.		15 October 2015	Completed
<b>10 November 2015</b>				
<b>School improvement in Thurrock- the Impact of School to School Support</b>				
1	The Overview and Scrutiny Committee considered the innovative and effective working relationships between schools, academies and the local authority and the positive impact on school improvement.		10 November 2015	The strong relationships will continue to be reinforced
2	The Overview and Scrutiny Committee considered the report in conjunction with the Multi-Academy Trust Relationship report of the same date.		10 November 2015	Further multi-academy trust developments are being considered with the Regional Schools Commissioner and individual academies and trusts.
<b>Multi Academy Trust Relationships</b>				

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1	Overview and Scrutiny Committee considered the current organisation of schools and the contribution of the multi academy trusts to raising standards across the borough.		10 November 2015	Noted
Pathways For Youth Employment And Work Experience				
1	That work experience offers became a part of the published admissions information given to parents and students when deciding upon a school.		10 November 2015	Schools have been requested to include their work experience offer in the published arrangements and have responded positively.
2	Work experience quality to become a part of the education awards and the business awards.		10 November 2015	This has been fed back to the planning group for the next education awards
3	Thurrock Council offers a small amount of premium provision work experience places as a part of a Borough wide award for young people's community service.		10 November 2015	This is being put to the 11-19 strategy group to take forward.
4	Youth Cabinet and Thurrock Youth Services to support schools and young people who wish to shape their own work experience offer.		10 November 2015	This will be taken forward through the Youth Service and Youth Cabinet
5	Thurrock Council continues to work with Ensign Buses and C2C regarding the associated travel costs of work experience.		10 November 2015	This is being explored by officers in consultation with Ensign buses and C2C.

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