

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 **6 July 2016**

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

Membership:

Councillors Bukky Okunade (Chair), Angela Sheridan (Vice-Chair), John Allen, Martin Kerin, Joycelyn Redsell and Aaron Watkins

Myra Potter, Parent Governor Representative
Anne Sentance, Church of England Representative
Faith Stow, Child & Young Person Lead for HealthWatch

Substitutes:

Councillors Gary Collins, John Kent, Sue MacPherson and Sue Sammons

Agenda

Open to Public and Press

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3 Items of Urgent Business	
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 Jenny Shade, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **28 June 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 8 March 2016 at 7.00 pm

Present: Councillors James Halden (Chair), Yash Gupta (MBE) (Vice-Chair), Leslie Gamester, Martin Kerin (arrived 7.09) and Susan Little

Reverend Canon Darren Barlow, Church of England Representative (arrived 7.04)
Patricia Wilson, Roman Catholic Church Representative
Myra Potter, Parent Governor Representative

In attendance: Titilayo Adebayo, Volunteer - Children's Centre
Saania Ali, Youth Cabinet Representative
Sonny Tipping, Youth Cabinet Representative
Sam Bradbrook, School Representative
Faith Stow, Child & Young Person Lead for HealthWatch
David Archibald, Interim Director of Children's Services
Janet Clark, Strategic Lead Operational, Resources and Libraries Unit
Roger Edwardson, Interim Strategic Leader School Improvement, Learning and Skills
Temi Fawehinmi, Contract and Performance Manager
Michelle Lucas, Learning and Skills Manager
Jenny Shade, Senior Democratic Services Officer

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.

59. Minutes

The Minutes of Children's Service Overview and Scrutiny Committee, held on 9 February 2016, were approved as a correct record.

Patricia Wilson commented that Co-Optee Members should appear in the Present section rather than In Attendance section as currently shown on the minutes.

The Parent Governor Representative stated that her declaration of interest was incorrect and that she had 2 children, 1 attended Little Thurrock Primary School and the other one attended St Thomas of Canterbury School.

The Chair agreed to these changes to the minutes.

60. Items of Urgent Business

There were no urgent items of business.

The Chair updated the Committee on the following items:

1. A Briefing Note on the commissioning out of the Local Authority day nurseries in Tilbury had been circulated to Members prior to the Committee. The Chair asked Roger Edwardson to provide Members with an update as it appeared that this was a complete reversal of the position already made to Cabinet.

Roger Edwardson stated that consideration was being sought from the Council to reconsider the position of commissioning out the Little Pirates and Neptune Nurseries in Tilbury. Roger Edwardson confirmed that this was not the right time to outsource the nurseries but to get the buildings into a better shape and then outsource. It was confirmed that for now the premises met the needs of those children in the ward and provided a high quality of childcare with both nurseries having waiting lists.

It was confirmed that consultations would take place with parents and discussions would take place with Unions around the changes to staffing.

The Chair recommended that no further reports go to Cabinet before a report was presented to the Children's Services Committee.

2. The Chair brought to the attention of the Committee the current media item on Essex Police re-opening historic cases of sexual abuse. The Chair stated that Serious Case Reviews had been agenda items on this Committee and that robust questions had been asked of Andrew Carter regarding internal agencies and where partnerships had failed in the past and what was being done to hold them to account.

The Chair will write to the Chief Constable to request that he attends the next Children's Services Committee when an item on the Serious Case Review was on the agenda.

3. The Chair stated an outstanding action from the last meeting on how consideration could be given to support a NEET provision amongst Looked After Children. The Chair confirmed that discussions between the Learning and Skills Manager and Councillor Little, Chair to the Corporate Parenting Committee, had taken place and agreement that an informal working group between the two committees be set up to decide what action needs should be put to the INSPIRE body. The Chair stated that Thurrock had a target of 70 per cent of Looked After Children due to leave care compared to the national rate of 48 per cent.

4. As this was Councillor Gupta's last Children's Services Committee, the Chair thanked him for his support and wished him and his family all the best for the future. Councillor Gupta thanked the Chair and the Committee for their contributions made to the committee and wished everyone well.

61. Declaration of Interests

Councillor Kerin declared a non-pecuniary interest on Item 7, Pupil Place Plan (2016-2020) interest as he was awaiting news on a primary school placement for his child.

Reverend Canon 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 Palmer's College, he was also a vice chair of the William Palmer Trust.

The Parent Governor Representative declared a non-pecuniary interest in the general business of the meeting as she was a member of staff at Palmer's College and had children attending Little Thurrock and St Thomas of Canterbury Primary Schools.

Councillor Halden declared a non-pecuniary interest as he would be interviewed as Chair of the Children's Services Overview and Scrutiny Committee as part of the Looked After Children's Ofsted Inspection.

Councillor Little declared a non-pecuniary interest as she would be interviewed as Chair of the Corporate Parenting Committee as part of the Looked After Children's Ofsted Inspection.

62. Items Raised by Thurrock Local Safeguarding Children Board

There were no matters raised for discussion by Thurrock Local Safeguarding Children Board.

63. Youth Cabinet Activity and Impact 2015/2016

Youth Cabinet Members presented the report that set out the activities and events carried out by the Youth Cabinet in the past year and highlighted the following outcomes:

- 2015 UK Youth Parliament "Make your Mark" Ballot – with a target of 8000 Young People voting.
- Supporting Pathways Group – Preparing Young People for employment.
- The Fairness Commission – Addressed issues of fairness in Thurrock.
- C2C Youth Panel – Regarding crime rates and safety and fares for Young People.
- Thurrock Peer Review – Youth Cabinet Members will be interviewed about their involvement with the Council.

- Planning Group – Set up in relation with the Council Planning department and have contributions on planning applications such as Lakeside.
- Staff Recruitment – Involved in the recruitment of Council staff.
- Thurrock Youth Conference 2015 – Running an event at 18 different schools, holding debates and organising workshops.
- Inspire Youth Charity – Developed a Youth Board who met monthly to discuss future plans and working the council.

Councillor Kerin thanked the Youth Cabinet Members for their report and stated how crucial work experience was to ensure young people get every opportunity of gaining employment. The Committee agreed to bring this item back to committee to hear the Youth Cabinet's feedback and how they think the Committee can help further.

Councillor Gamester asked how the Youth Cabinet Members monitored what was happening in the Council. The Youth Cabinet Member stated that they were very involved and heads of departments visited the Youth Cabinet regularly to give updates. All feedback given from Youth Cabinet members were then fed back to the Council.

Councillor Little asked what involvement did the Youth Cabinet have with the staff recruitment panel. The Youth Cabinet Member stated that they had recently sat on 2 interview panels asking different questions to get the most out of candidates. The questions were also aimed around the candidate's knowledge of Youth Cabinet and what they could offer.

Councillor Gupta stated that over the last 10 years the Youth Cabinet had developed and displayed good ground for future leaders. He thanked the Youth Cabinet Members for their contributions and wished them well for the future.

Reverend Canon Barlow asked what more could be done to connect with all Young People across the borough. The Youth Cabinet Member stated that they hoped to connect with more young people in the Democracy Week and to encourage more schools to get involved.

Councillor Halden thanked the Youth Cabinet Members for an excellent report but stated that the older style Democracy Week be returned that would encourage proper outreach to all schools and the youth population.

Michele Lucas recommended that the Youth Cabinet Members be tasked to come up with a plan on how this would work and what it would look like and further recommended that, when appropriate, the Youth Cabinet share this plan with a selection of Members.

RESOLVED

- 1.1 To continue to support the work undertaken by the Youth Cabinet this enabling young people to remain at the heart of decision making regarding youth related activities.
- 1.2 To continue to support members of the Youth Cabinet in the development of an alternative vehicle for delivering youth related activities recognising the need to ensure savings going forward, whilst ensuring young people remain at the heart of the regeneration agenda.
- 1.3 That the Youth Cabinet prepared a plan on how to encourage proper outreach to all schools and the youth population.

64. Pupil Place Plan (2016-2020)

The Officer presented the report that provided Members with information on the supply of school places in the authority and forecasted pupil numbers for the next five years, setting the context of the provision of school places in the authority.

A Pupil Place Planning Sub-Group will remain in its current form and make recommendations on the pupil placing planning across the authority.

The Officer stated that Thurrock had a good working relationship with schools and academies in the borough.

Expansion to meet demands was essential with 16,500 children currently in primary schools across the borough and only 9,500 secondary school places available. To meet this demand a forecast of a further 2 new secondary schools would be required over the next 5 years. These could cost in the region of 50 million pounds; detailed conversation with the Department of Education and the Educational Funding Agency had taken place and were aware of the pressures being faced.

The Officer stated the biggest concern was the increase in numbers of children coming in mid-year outside the normal school rounds. Figures quoted from the Officer for the primary sector on children that moved from outside of the borough and out of the country into Thurrock:

2013/14	775 children
2014/15	940 children
4 months into 2015/16	568 children

The Project Group, with representatives from the school admissions team, finance, benefits, transport and planning meet every 2 weeks to monitor this situation.

Councillor Little asked what active checks were in place to ensure all children go to school.

David Archibald commented that Thurrock had the most thorough and robust system that he had ever before that ensured the appropriate checks were carried out on every child that may have fallen out of the system. David Archibald assured Members that the system was very good and comprehensive.

Councillor Little asked the number of children who were privately educated or travelled out of the borough to be educated. The Officer stated this figure was not to hand but could confirm the transfer rate between primary and secondary school was 92 per cent. Therefore the other 8 per cent would either go out of the borough or be privately educated.

The Officer stated the number of children educated at home or home tutored was currently 119. There were concerns for 5 of those as to the quality of their tutoring and if needs were being met.

Councillor Little asked Officers if 106 monies from large developments were being used to support educational needs.

The Officer stated she attended all Planning Committees and requests for information were made with regards to the impact on educational needs if a development goes ahead.

Councillor Kerin stated his concern with the number of secondary schools that were required to be built and how reliant was the Council on the sponsorship from free-schools agreeing to build a school in an area. The Officer stated that works were currently being undertaken with the sponsor and the sponsorship process had to be followed. It would also be in the authority's interest to work alongside the department of education.

Councillor Kerin raised concern with the number of new developments proposed for Grays and Lakeside and that the potential of an extra 21,000 children to place in schools and what plans were in place. The Officer confirmed that a 5 year plan had already commenced with insight into outlines of developments and planning applications with education as a forefront need.

Roger Edwardson stated that there was a problem of recruiting quality teachers to smaller schools as larger schools offered better opportunities.

Councillor Gamester asked Officers to recalculate the figures for the historical uptake factor for 2003-04 and 2004-05 as there appeared to be a discrepancy. The Officer agreed to take this away and feedback.

Councillor Gupta asked Officers how long it would take to place a child mid-term. The Officer confirmed that this depended on different factors but ideally within 20 days of notification to place a child mid-term. Work would be

undertaken with parents and that non-attendance at school would be addressed.

Reverend Canon Barlow stated the typographical error on Page 33 of the report that the Improvements to the M25 at junctions 30/31 instead of 30/3.

Councillor Halden asked for a full feasibility study with a footprint of all schools in the borough provided to the Committee, the Officer agreed to take this action point forward and feedback when appropriate.

Councillor Little requested that the recommendation be changed to read discussed rather than noted. The Chair agreed to this amendment.

RESOLVED

- 1.1 That the comments of the Children's Services Overview and Scrutiny Committee on the Pupil Place Plan and the draft forecasts were discussed.**
- 1.2 A footprint of all schools within the borough will be brought back to the Children's Services Overview and Scrutiny Committee.**

Janet Clark left the committee room at 8.20pm

65. Child Poverty - Opportunity for Every Child - Action Plan Update

Michele Lucas referred Members to Wishes that was an adult learning programme to support parents into work and introduced Titilayo Adebayo, a volunteer from the Tilbury Children Centre, to speak to Members.

Titilayo praised Wishes for giving her the opportunity to volunteer, having young children of her own she had been out of work for nearly 2 and a half years. The programme had given her the opportunity to engage with others, to develop her skills and confidence and the positive impact this has had on her and how this spurred her on to encourage others to join the programme.

Michele Lucas stated that this was first hand evidence of the benefits made by the Council to keep programmes like Wishes going.

Councillor Gupta stated how shocked he was that the level of child poverty remained at much the same level since 2008 and was concerned that some projects and offers of help were not working.

Michele Lucas stated that figures were similar nationally and this would be due to a range of factors but the ambition was to move forward, taking small steps to build the community resilience.

All Members and Officers agreed that child poverty was everyone business and this had been embedded in to the Health and Wellbeing Strategy.

Councillor Little stated that Thurrock were fortunate to have an ambassador like Michele Lucas fighting the case for Thurrock.

Councillor Halden agreed that the report was excellent and that the project Wishes were what certain areas of the borough needed and what efforts were being made to engage all, especially those areas that were not taking up the offer.

Michele Lucas commented that the figure of 71.2 per cent of those engaging was not high enough and more in-depth conversations would need to be held to find out the reasons why and will also be using the volunteer programme to promote.

Councillor Halden stated his concern over the increase from 15 to 30 hours free childcare and what challenges this may cause. Michele Lucas stated that planning for this was already in hand and was mindful of the impact.

The Parent Governor Representative asked if the children's centres targeted all those children that should be there. Roger Edwardson stated that with 9 children centres in the borough it was critical to reach out to as many as possible and even those that were harder to engage, once engaged they became involved very quickly.

RESOLVED

- 1.1 To support the work undertaken in the Child Poverty Action Plan and identify other ways in which we can promote the child poverty agenda across the Council and external partners.**
- 1.2 To actively promote volunteering opportunities in local wards thus promoting and encouraging more community engagement and discussion around child poverty and ways of addressing it.**

Titilayo Adebayo and Faith Stow left the committee room at 8.42pm

66. Proposal to deliver Denominational Transport within the Statutory minimum

The Officer presented the report which identified the means by which Thurrock Council would deliver denominational transport in accordance with its statutory duty. The Officer explained that denominational transport offered to any pupil other than pupils on benefit that attended a faith secondary school on the grounds of faith, was not a statutory duty and Thurrock Council were entitled to use its discretion with respect to such transport. To comply with these statutory duties, Thurrock Council must:

- Promote the use of sustainable travel and transport
- Make transport arrangements for all eligible children

An Exceptional Circumstances policy would also be in place to support those families whose income level is low, yet above the benefits threshold.

The report was brought back to Children's Services Overview and Scrutiny following the agreement by Cabinet to undertake further consultation on the future of the services. The purpose of the report was now to consider the results of those consultations, the impact of the proposals, what the commission of the service will have on Thurrock families and to determine the most financially viable way forward.

The Officer stated that the noticeable difference in consultations was the number of families that had made direct contact with the council.

The Council were wary of the impact and the importance to supporting families, the Officer stated that conversations had already taken place with the providers of the denominational transport and should the decommission of the service take place would act as facilitators between the providers and parents should they still wish to continue to use the service.

Councillor Kerin stated that potentially in 7 years' time he may have a child who may take advantage of these bus services.

Councillor Kerin was happy to support the recommendations on the grounds that the exceptional circumstances remain and were monitored but had concerns with those families who could not afford the transport to enable them to educate their children in their faith.

Reverend Canon Barlow echoed comments previously made at Committee on that the reducing number of children using the service would have a direct consequence of the high cost that were being put to families who wished to use it.

Reverend Canon Barlow asked what the process would be for those children already at that school and would this be honoured for the child's remaining duration.

The Officer stated that when transport was started in Thurrock extreme care was taken that all correspondence sent out stated that transport would be reviewed on a year by year basis with parents having to re-apply.

Reverend Barlow questioned the Officer again that families with children who reply on transport to secondary school who had not paid before will now have to start paying. The Officer confirmed that generally the answer would be yes but the Exceptional Circumstances Policy would make provision for certain cases.

Councillor Little asked the Officer to explain what the cycling allowance was. The Officer confirmed that the suitability of all additional options had to be looked at going forward including travel training for children.

Patricia Wilson stated it this was not right and would not be supporting these recommendations.

The Officer confirmed that all viable options will be looked to assure parents that no child will be left without a school place and very effort would be given to support parents.

Councillor Gamester asked for clarification that no child who cannot afford transport should not be denied transport. The Officer explained the statutory duty of the Council and explained the Exceptional Circumstances Policy further.

Reverend Canon Barlow stated he would not be supporting these recommendations based on the direct consequences of the decision will see a significant reduction in the number children in Thurrock attending secondary schools out of borough as many families would not qualify for the free transport. Therefore the choice of which school their child would attend would be taken out of their hands.

Councillor Halden stated that he respected Reverend Canon Barlow's decision and commented that his responsibility as an elected member would to ensure that every child had a safe school to go to. Councillor Halden stated that the Council could not cater for every variation and must cater for everyone.

The Chair called a vote on recommendations 1.1 and 1.2, the result of which:

For	:	Councillors Halden, Gupta, Gamester, Little and Kerin (5)
Against	:	Patricia Wilson, Reverend Canon Barlow and Myra Potter (3)
Abstain	:	(0)

RESOLVED

- 1.1 That the comments of the Children's Services Overview and Scrutiny Committee regarding the proposal being referred to Cabinet to deliver denominational transport within the statutory minimum and discontinue all services outside of its legal duty at the end of the 2015/16 academic be noted.**
- 1.2 That it be recognised that Thurrock Council will continue to transport pupils in receipt of benefit who meet the criteria stipulated within the Education Act. An Exceptional Circumstances policy would also be in place to support families whose income level was low, yet above the benefits threshold.**

Standing Orders were called at 9.15pm and agreed by all members

67. Report on Entry into Higher Education in Thurrock

The Officer presented the report that provided Members with an overview of the current entry of Thurrock young people into Higher Education. The report provided statistical information on entry to high education nationally and locally which gave Members the opportunity to consider how working in partnership with all interested parties can increase the entry into high education from Thurrock young people.

The Officer stated that there were 11 Looked After Children at University undertaking a range of subjects.

The Committee were asked to note that 260 young people attend education outside of the borough and the aim would be to track and record what establishment they attend.

Reverend Canon Barlow questioned the 0 per cent figures in the report of Local Picture for Oxbridge. Michele Lucas stated that the figures were correct as this was a small cohort specialising in offer of helps, re-sits and provide any further support.

Councillor Halden asked what evidence that the Thurrock Top Achievers Programme was progressing well. Michele Lucas stated it was a 2 year programme and it was too early to tell by results available but confirmed that this will be well monitored. The Committee agreed that this item should return to Committee with evidence of the impact.

Councillor Kerin stated how good it was that the Council were putting a programme together for young people and asked if specific ward reports could be produced. The Officer agreed that this information could be brought back to committee.

The Parent Governor Representative stated that other initiatives were still out there and that everyone had the opportunity.

Reverend Canon Barlow asked for data on what percentage of Thurrock students attended Palmers and South Essex College. Officers agreed to provide this information to the committee.

Reverend Canon Barlow stated that 49 per cent of young people from Stanford and Corringham sixth form going into higher education were encouraging.

Councillor Halden asked Officers for data on the 50 per cent of young people from Palmers not going into higher education to identify if this was because they had apprenticeships or that they had fallen out of the system.

Roger Edwardson agreed to take away Councillor Gamester's question on the difference between the 60 per cent and 40 per cent funding by Russell Group.

RESOLVED

- 1.1 That the development of a strategy to raise entry into High Education for Thurrock Young People be endorsed.**
- 1.2 That the progress of the TAP (Thurrock Top Achievers Programme) in Thurrock be monitored.**
- 1.3 That a partnership approach involving London Universities, Essex University, colleges, primary and secondary schools and Thurrock Careers be support in order to identify innovative ways in which the uptake of Higher education could be increased in Thurrock.**

68. Work Programme

Councillor Halden referred Members to the Continuity of Work in the municipal year 2016/17 and added the following items:

- A footprint of every school in the borough be provided
- An update on the Commissioning Out of Nurseries in Tilbury
- Inviting Chief Constable to attend Children's Services Committee regarding Essex Police re-opening historic cases of sexual abuse
- Look at the impact of the increase from 15 to 30 hours free childcare will have
- How would the Council support schools with offering work experience opportunities

Councillor Gupta left the committee room at 9.38pm

Councillor Halden thanked Reverend Canon Barlow for his contributions to the Children's Services Overview and Scrutiny Committee and wished him well.

Reverend Canon Barlow thanked the Chair and stated that his replacement would be Anne Sentence.

Councillor Halden thanked the Committee for all their hard work and contributions.

The meeting finished at 9.42 pm

Approved as a true and correct record

CHAIR

DATE

**Any queries regarding these Minutes, please contact
Democratic Services at Direct.Democracy@thurrock.gov.uk**

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Children’s Services Overview and Scrutiny Committee - Terms of Reference

2.	CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE	
Appointed by: The Council	Number of Elected Members: Six, of whom none may be Cabinet Members.	
Chair and Vice-Chair appointed by: The Council	Political Proportionality: The elected Members shall be appointed in accordance with Political Proportionality	
Quorum: Three elected Members or two elected Members and one Co-opted Member with voting rights.	Co-opted Members to be appointed by Council: Four statutory Co-Opted Members to have voting rights in respect of educational matters, and non-voting in respect of all other matters. A further co-opted non- voting Member from Thurrock HealthWatch	
Functions determined by Council:		
<ol style="list-style-type: none"> 1. Universal Services (schools, colleges, settings and services) 2. Targeted Services (SEN, Behaviour and Attendance, narrowing the gap in outcomes) 3. Specialist Services (safeguarding, child protection, children in care, youth offending) 4. Prevent duties 		
Cross-cutting		
The manner in which services of the Authority, the Police and the National Health Service address the needs of children and young people in Thurrock.		
Note: Where a National Health Service issue affects the population generally, i.e. including children, the matter shall be referred to the Health and Well-being Overview and Scrutiny Committee unless that Committee or its Chair agrees otherwise.		
Functions determined by Statute		
All the powers of an Overview and Scrutiny Committee as set out in section 21 of the Local Government Act 2000 and Local Government and Public Involvement in Health Act 2007.		

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6 July 2016		ITEM: 6
Children's Services Overview and Scrutiny Committee		
Ofsted Inspection Report and Action Plan		
Wards and communities affected: All	Key Decision: To monitor Action Plan	
Report of: Andrew Carter, Head of Children's Social Care		
Accountable Head of Service: Andrew Carter, Children's Social Care (CATO)		
Accountable Director: Rory Patterson, Director of Children's Services		
This report is Public		

Executive Summary

This covering report provides members with an opportunity to scrutinize the outcomes of the recent Ofsted Inspection, the recommendations from the inspection and draft Action Plan to address the recommendations.

1 Recommendation(s)

1.1 Children's Overview and Scrutiny to monitor the progress of the council in implementing the recommendations of the Ofsted Inspection Report

2. Introduction and Background

2.1 The Ofsted inspection of services for children in need of help and protection, children looked after and care leavers took place between 22.2.16 – 17.3.16. The full report of the inspection is attached to this report as Appendix 1.

2.2 In response to the recommendations of the Ofsted Report the department has drafted a detailed action plan. The action plan is attached to this report as Appendix 2.

3. Issues, Options and Analysis of Options

3.1 Services to children, young people and families in Thurrock were judged to 'Require Improvement' by Ofsted.

3.2 Ofsted stated in their report that 'children and young people were found to be safe in Thurrock during this inspection, with none identified who were at immediate risk of significant harm without plans and services being in place to reduce these risks and to meet their needs'.

- 3.3 Ofsted has made 16 recommendations in relation to practice improvements that are required in Thurrock. The 16 recommendations can be found at page 7 & 8 of the Ofsted Report.
- 3.4 A one page summary of the report for children and young people can be found at page 9 of the Ofsted Report.
- 3.5 A detailed draft action plan has been completed by the department. Having read the Ofsted Report in full, members are invited to comment on the action plan before it is finalised.

4. Reasons for Recommendation

- 4.1 The Children's Overview and Scrutiny Committee to be satisfied that the recommendations from the Ofsted Inspection Report are being fully and effectively implemented.

5. Consultation

Corporate Parenting Committee

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

The completed action plan will allow the council to meet and improve upon its core statutory functions in the delivery of services for children in need of help and protection, children looked after and care leavers.

7. Implications

7.1 Financial

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

There are no immediate financial implications for the authority arising out of the action plan, however as plans are implemented there may be a need to realign budgets for service changes

7.2 Legal

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

The Local Authority has a statutory duty to provide services to children in need of help and protection, failure to effectively do so could lead to legal challenges and reputational damage. The Local Authority is required to provide clear evidence of how it is implementing the inspection recommendations.

7.3 **Diversity and Equality**

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

The local authority and its partners must ensure that a range of services and provision is in place to protect children from all backgrounds. In implementing the action plan the authority must ensure that improvements are made for children and young people from all backgrounds and that none are directly or in-directly discriminated against. Once developed, an equality impact assessment will be carried out against the action plan to ensure we are fully meeting the need of children and young people with protected characteristics as we implement our improvement plan

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):

Ofsted Single Framework Inspection Report dated 24.5.16

9. **Appendices to the report**

Ofsted Single Inspection Report & Local Authority Draft Action Plan

Report Author:

Andrew Carter
Head of Service
Children's Social Care

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Thurrock Council

Inspection of services for children in need of help and protection, children looked after and care leavers

and

Review of the effectiveness of the Local Safeguarding Children Board¹

Inspection date: 22 February 2016 to 17 March 2016

Report published: 24 May 2016

Children's services in Thurrock Council require improvement to be good	
1. Children who need help and protection	Require improvement
2. Children looked after and achieving permanence	Require improvement
2.1 Adoption performance	Require improvement
2.2 Experiences and progress of care leavers	Require improvement
3. Leadership, management and governance	Require improvement

¹ Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspections Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

Executive summary

Services to children, young people and families in Thurrock require improvement. Children and young people were found to be safe in Thurrock during this inspection, with none identified who were at immediate risk of significant harm without plans and services being in place to reduce these risks and to meet their needs.

While there are pockets of good practice across all areas of children's social care, the majority of practice is less than good, specifically much of the core business regarding assessment and planning for children, securing a stable workforce, supervision and management oversight. In the last inspection of safeguarding and looked after children services in 2012, the local authority was judged to be good. Following this inspection, senior officers and leaders did not continue to ensure that children and families received consistently good services.

The local authority has addressed effectively almost all areas for improvement that were identified at its last inspection, including its response to referrers, access to a range of leisure activities for children looked after and implementation of early help assessments. However, the quality of assessments and plans for children in need, including children with a disability, those in need of protection, children looked after and care leavers, requires improvement.

The local authority appointed a new permanent head of children's social care in October 2014, a new chief executive in September 2015 and an interim director of children's services (DCS) in late January 2016, pending the swift appointment of their new DCS who is due to start in May this year. These appointments have been of highly skilled professionals who have demonstrated their positive impact on services in a relatively short time.

Most children benefit from early help provided by a range of strong commissioned services. Children who have more complex needs and require a coordinated response do not always receive such effective early help and support. The local authority does not ensure that all children who have been missing from home or care benefit from a return home interview after they have been missing. Children in need of protection receive a swift and appropriate service, but children in need often experience delay in seeing their social worker for an assessment of their needs. Children are not effectively supported to attend and participate in their formal review meetings. When these meetings take place, reports and minutes from previous meetings are often shared too late to be fully considered.

Children looked after do not receive a consistently good service, and too many become looked after in an emergency. The recruitment of foster carers is not resulting in an appropriate range of local placement options, and too many children live outside the borough, away from their communities, families and friends. Children looked after achieve well relative to their peers in the early years. Outcomes for children looked after at the end of key stage 2 have improved significantly, but are still below outcomes for all children. However, educational outcomes for children looked after who are taking GCSE examinations are poor. Personal education plans are not sufficiently detailed. The virtual school does not effectively monitor the educational progress and outcomes for the majority of children looked after who live outside the borough.

Waiting times for children with a plan for adoption are reducing. However, workers within mainstream social work teams do not consistently consider adoption for all children who cannot return home. Post-adoption support is insufficient for children and families who are entitled to this service. Care leavers receive good day-to-day support, but not enough young people are benefiting from staying put arrangements after they turn 18 years, and they do not all receive effective support to transition into adulthood. Pathway reviews are not being undertaken within timescales.

The local authority's use of performance management and quality assurance information across all areas of the service is poor, and impedes any improvement needed. Use of feedback from children and families to inform service development is underutilised. Accurate data regarding performance is collated, but managers do not analyse this data in order to inform service developments. There are weaknesses in the analysis of social workers' activity in relation to timeliness (for example, of multi-agency safeguarding hub (MASH) processes and assessments), the consideration of trends from return home interviews and 'children missing education' information, the overview and analysis of findings from audit, and the full analysis of key factors affecting services for children in need of protection and children looked after.

The instability of the workforce leaves services vulnerable. The local authority is fully aware of the workforce challenges and has a range of creative initiatives in place to address this in the longer term. Management oversight of frontline practice is inconsistent, with too many areas of weakness, and results in a lack of effective challenge to progress children's plans and effect change for children. Currently, the local authority does not systematically ensure that the workforce receives supervision of sufficient quality and frequency.

Some elements of services to children and their families have improved. The local

authority's Multi-Agency Safeguarding Hub (MASH), for example, is securing strong information sharing between professionals and robust decision making regarding appropriate services for children and their families. Management oversight within the MASH is very strong. Other improvements include the response for children who are at risk of child sexual exploitation, which reduces their risks. The authority has also substantially improved its offer to teenagers, the vast majority of whom receive a good service from the adolescents team.

Despite changes of key personnel, the local authority has greatly improved its corporate and cross-party political support for children's services. The local authority had a recent peer review of its corporate arrangements by the Local Government Association, which endorsed the strong working relationships seen during this inspection. Effective support from the political leadership is evident through the challenging overview and scrutiny function, and in the proactive Health and Wellbeing Board.

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The local authority

Information about this local authority area²

Previous Ofsted inspections

- The local authority operates no children's homes.
- The last inspection of the local authority's safeguarding arrangements was in June 2012. The local authority was judged to be good.
- The previous inspection of the local authority's services for children looked after was in June 2012. The local authority was judged to be good.

Local leadership

- The interim director of children's services has been in post since January 2016.
- The chair of the Local Safeguarding Children Board has been in post since August 2012.

Children living in this area

- Approximately 40,093 children and young people under the age of 18 years live in Thurrock. This is 25% of the total population in the area.
- Approximately 21% of the local authority's children are living in poverty.
- The proportion of children entitled to free school meals:
 - in primary schools is 14% (the national average is 16%)
 - in secondary schools is 14% (the national average is 14%).
- Children and young people from minority ethnic groups account for 22% of all children living in the area, compared with 22% in the country as a whole.
- The largest minority ethnic group of children and young people in the area is Black or Black British.
- The proportion of children and young people with English as an additional language:
 - in primary schools is 17% (the national average is 19%)
 - in secondary schools is 10% (the national average is 15%).

² The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data, where this was available.

- Thurrock has the highest rate of unaccompanied asylum-seeking children (UASC) in the eastern region: 20.7 children per 10,000 population. The number of UASC has doubled in the last 12 months. In December 2015, one in four children looked after was a UASC.

Child protection in this area

- At 22 February 2016, 1,609 children had been identified through assessment as being formally in need of a specialist children's service. This is an increase from 1,563 at 31 March 2015.
- At 22 February 2016, 263 children and young people were the subject of a child protection plan. This is an increase from 201 at 31 March 2015.
- At 22 February 2016, two children live in a privately arranged fostering placement. This is a reduction from seven at 31 March 2015.
- Since the last inspection, four serious incident notifications have been submitted to Ofsted and five serious case reviews have been completed or are ongoing at the time of the inspection.

Children looked after in this area

- At 22 February 2016, 336 children are being looked after by the local authority (a rate of 87.2 per 10,000 children). This is an increase from 280 (70 per 10,000 children) at 31 March 2015.
 - of this number, 245 (or 72.9%) live outside the local authority area
 - 31 live in residential children's homes, all of whom live outside the authority area
 - one lives in a residential special school³ outside the authority area
 - 238 live with foster families, of whom 65.1% live outside the authority area
 - five live with parents, of whom two live outside the authority area
 - 77 children are UASC.
- In the last 12 months:
 - there have been 18 adoptions
 - 25 children became subjects of special guardianship orders

³ These are residential special schools that look after children for 295 days or less per year.

- 114 children ceased to be looked after, of whom 5.3% subsequently returned to be looked after
- 21 children and young people ceased to be looked after and moved on to independent living
- no children or young people ceased to be looked after and are now living in houses of multiple occupation.

Recommendations

1. Ensure that accurate performance data is analysed and that this leads to specific actions for improvement.
2. Strengthen oversight, coordination and quality assurance of early help services to ensure that children and families are receiving the right support at the right time.
3. Ensure that assessments and plans for children are of a consistently high quality.
4. Improve the offer of return home interviews to children and young people who have been missing from home or care to increase take-up of these interviews.
5. Ensure that more children are supported to participate in, and contribute to, their meetings, conferences and reviews, that they and their parents have access to reports beforehand, and that meeting minutes are circulated promptly.
6. Ensure that robust arrangements are in place to reduce the need for children and young people to become looked after in an emergency.
7. Ensure that the recruitment of foster carers is appropriately targeted, better to meet the current and future demand for foster placements, and to reduce the number of children looked after who have to be placed out of the borough.
8. Ensure that personal education plans are of a consistently high standard and that the virtual school monitors and analyses effectively the progress of all children looked after, including those who attend schools outside of Thurrock.
9. Ensure that managers oversee and drive forward permanence plans for children effectively.
10. Develop post-adoption support arrangements to ensure that all children and families who are eligible have access to an appropriate service.
11. Ensure that an effective 'staying put' policy makes it possible for more young people to live with their former foster carers beyond the age of 18 years.
12. Ensure that pathway assessments and plans are developed to engage care leavers effectively, and that care leavers benefit from regular reviews.

13. Ensure that care leavers are supported to gain independence skills effectively, including through the setting of aspirational targets to help them to achieve educational and employment goals.
14. Secure a more stable workforce to ensure that children are able to build enduring relationships with social workers and to enable the local authority to drive through improvement to services, such as increasing early planning for permanence for children that starts at the front door.
15. Ensure and demonstrate that children's and families' views and feedback are used well to shape service developments.
16. Regularly audit supervision files to ensure that frequency and quality of supervision are resulting in improved practice.

Summary for children and young people

- Services to children and families in Thurrock require improvement. This means that the local authority has not maintained the quality of services since its last inspection in 2012, when services were judged to be good.
- Managers do not effectively use the information that they have about the performance of children's social care to understand what is going well or less well, or to help them to plan relevant improvements to services.
- Early help to children and their families is often helpful when only one service is involved. However, when children's needs are more complex and several services need to be involved to help them, these services do not always work well together to provide effective help to children.
- Most children who need a social worker are properly referred for this service. However, there are a small number of children who experience increasing levels of need and risk, and are not referred for a social work service quickly enough.
- The council set up a new team in 2014 to manage referrals for children: the multi-agency safeguarding hub (MASH). This team is doing some very good work. There is a range of professionals from different agencies within this team and they work closely together to share information and make good decisions about who should be working with children and families to meet their needs.
- Children who need immediate protection are seen quickly, and professionals work well together to make sure that any immediate risk is reduced. For those children who are in need, there is often a delay in seeing their social worker.
- The quality of assessments and plans for children, including those in need of protection, those who are looked after and care leavers, are not good enough. Managers do not monitor social workers and the progress of plans well enough, which means that there is sometimes a delay in things changing for the better for children and their families.
- The vast majority of teenagers receive a good service from the adolescents team. They have detailed assessments of need and effective plans.
- Younger children looked after are doing better at school, but most teenagers looked after are not supported to achieve good grades in their GCSEs.
- Although improving, there is still some delay for children who are being adopted.
- Managers have worked well to make sure that children who are at risk of child sexual exploitation receive a good service that reduces their risk.
- When children have been missing, return home interviews help them to talk through any issues. However, not all children receive an interview.
- There is a Children in Care Council, but managers and politicians need to do more to make sure they listen to the children and care leavers of this council.

<p>The experiences and progress of children who need help and protection</p>	<p>Requires improvement</p>
<p>Summary</p> <p>Early help commissioned services are effective and underpinned by a comprehensive early help commissioning strategy. However, oversight and monitoring of early help is not fully developed, so not all children and families receive early intervention and coordinated services at the time that they need it. Thresholds across early help and children’s social care are not always applied appropriately, leading to delays in a small number of children and families receiving timely support.</p> <p>Strong multi-agency partnership working ensures that urgent responses to protect children are established through the multi-agency safeguarding hub (MASH). Contacts are progressed quickly and receive effective management oversight, and appropriate consent is obtained from families.</p> <p>The majority of social work intervention for children in need requires improvement. There are some examples of more positive practice, but this is inconsistent across the service. Weaker practice is particularly evident in assessments, planning and driving change for children. High caseloads and frequent changes in staff in some teams have had an impact upon relationships with children and families. For a minority of children, this means that change to meet their needs or reduce risk is not always timely or sustained.</p> <p>A few children experience delays in being seen for an assessment of their needs. Feedback and advocacy for children and young people are not routinely used, and not enough children are supported to attend meetings. Plans are neither proactively driven forward to improve outcomes nor specific enough for families to know how to improve their circumstances.</p> <p>Risks relating to child sexual exploitation are responded to well, and risk assessments tools are used effectively to reduce risks to children. Responses to children missing are inconsistent. Not all children receive a return home interview, and records from these are not always uploaded into children’s records. When completed, return home interviews are of good quality.</p> <p>While there is detailed oversight of individual children missing education and children electively home educated, the local authority does not routinely analyse and evaluate the data on them to respond to trends or to inform service development.</p>	

Inspection findings

17. A comprehensive early help commissioning strategy is in place, and appropriate early support is available for most children and families. This includes an effective range of commissioned services which are leading to improved outcomes for children and their families. Although all universal services are signed up to the offer of early help across the local authority area, children's centres and health visitors currently underuse early help assessments to inform their work with children and families. This means that they are not effectively coordinating early support for children and their families with other agencies.
18. When children and families with more complex needs require a coordinated early help response by more than one agency, there is some variability in practice. For most children, the local authority's early help team oversees these cases effectively, providing support to lead professionals, and makes good use of the multi-agency group (MAG) panels in the locality to clarify additional support needs for children and their families, and to signpost relevant services. For a small minority of children, there is insufficient monitoring and quality assurance of the early help offer, which results in a lack of assessment and a lack of a successful offer of help. The local authority recognises that coordination and oversight of early help are an area for improvement. It is currently exploring relevant options to achieve this (Recommendation).
19. Thresholds are understood, and are being appropriately applied in the large majority of cases, which means that children's and young people's needs are effectively risk assessed and their cases stepped up to children's social care when required. However, a small number of children do not receive the right help at the right time, or help that is proportionate to their needs and risks. During this inspection, a small number of cases were raised where children would have benefited from receiving a social work service rather than early help. The local authority responded swiftly and robustly to ensure that these children's needs and risks were being appropriately recognised and addressed. Parents spoken to by inspectors shared their frustration at not receiving support in a timely way. Conversely, some children who could have received appropriate support through provision of early help have received a statutory service.
20. Effective step-down arrangements between children's social care and early help are not consistently in place. A lack of continuing oversight of children's cases that have been stepped down means that the local authority cannot be assured that all children continue to receive services that promote their welfare via early help after closure to children's social care. During this inspection, no children

were identified to be at immediate risk of significant harm without services in place to reduce risk and meet their needs.

21. The MASH provides a strong response to referrals for early help, troubled families and children's social care. Contacts made using early help assessments are variable in quality, with a minority lacking basic information that is needed to inform decisions fully regarding the most appropriate response. For children in need of protection, strategy meetings are identified swiftly and prioritised for urgent action.
22. The troubled families programme in Thurrock is successful. All 360 families in phase one were helped to turn around much earlier than the target deadline. Managers have set a target to build upon existing success, with a further 1,160 families being helped by 2020. Recently, a frontline troubled families worker has been based in the MASH to identify eligible families actively and to make sure that they receive a timely response. The proactive way in which the local programme is prioritising children with child protection and child in need plans is providing additional practical support to these most complex families.
23. Strong multi-agency performance and information sharing has enabled the MASH to respond to 96% of contacts within 24 hours over the past six months. Good use is made of risk assessment tools and children's family history, alongside clear management oversight and direction in all cases. Professionals obtain appropriate consent from families and, where the need for consent is overruled for the protection of children, the reasons for this are clearly recorded. Appropriate feedback following contact is provided to referrers in order to share the actions taken to promote children's welfare. An experienced and stable emergency duty team ensures that immediate responses to safeguard children out of office hours are effective. The MASH has a good reputation with professionals, who praise the holistic approach taken in responding to children's needs, the advice available to professionals and the range of information collated to help inform decisions to safeguard children.
24. When children need protecting, strategy meetings are timely and include professionals from an appropriate range of agencies. Development of the MASH has helped to secure routine engagement from health and police professionals in strategy meetings. This means that intelligence about risks to children is shared effectively, and demonstrates a real shared ownership of decisions to keep children safe. In a small number of cases, not all key professionals participated in strategy discussion to inform decision making, although minimal impact on decision making for individual children was seen during this inspection. However, the large majority of children in need experience a delay

in being seen after allocation by children's social care, including after a step up from early help. Additionally, some teams have high caseloads and have had many changes of staff, which means that not all children and families were able to develop trusting relationships with workers.

25. The large majority of child protection investigations are thorough, timely and informed by information gathered from relevant professionals and children's histories. Children are seen, and parental involvement and views are appropriately obtained. Responses to safeguard children are proportionate to risks identified, and effective actions are taken to ensure their safety and welfare.
26. Developments to safeguard children at risk of female genital mutilation, as part of a Department for Education-funded innovation project, are beginning to improve awareness of this safeguarding issue across agencies. Referrals to the MASH have increased since December 2015, but further awareness raising is needed to ensure that all children who may be at risk of female genital mutilation in the local authority area are identified and appropriately supported.
27. Assessments of children's needs, risks, strengths and wishes vary in content and quality. Most assessments do not identify the impact of risks or family history for children well, and only a minority fully explore the child's experience. Consideration of identity, diversity and cultural needs, or how these can increase children's vulnerability, is inconsistent, and these needs are identified only in a small minority of assessments. These include assessments completed for children with disabilities, where evidence that social workers know the children well is not always clear and the impact of disability on children's identity is not fully addressed. Too few assessments contain the views of children. Their experiences do not routinely inform decisions made for them. Although there are systems in place to review the progress of assessments, these are not robust. A lack of management oversight contributes to drift in achieving change for a minority of children (Recommendation).
28. Child protection conferences are well attended by relevant agencies and include positive multi-agency engagement. Families do not always receive child protection reports in time to be able to prepare adequately for meetings, and advocacy is not routinely accessed for those families that would benefit from additional support. Children's assessments are used for initial and review conference reports, but do not always clearly record what changes and actions have been taken or progressed to safeguard children. The local authority is reviewing this, but a new process is not yet in place (Recommendation).

29. Child in need and child protection plans do not consistently address children's needs and are variable in detail. Half the plans seen require improvement to ensure that clear outcomes are identified and specific outcome targets set for individual children. In a small minority of cases, poor management oversight has led to drift in plans being progressed, and they are not updated following reviews. Few plans seen by inspectors showed evidence of strong management oversight and direction. However, core groups are held regularly, and are appropriately attended by parents and the relevant professionals in order to review and progress plans. When cases transfer between teams, risk assessment tools are appropriately used to identify actions, and appropriate challenge by managers is evident (Recommendation).
30. Positive and focused work with most teenagers and their families is completed by the adolescents team. This includes effective use of the child sexual exploitation risk assessment and adolescent neglect tool, when relevant, to support young people in need, including those in need of protection. Clear, directive and creative plans help professionals to prevent family breakdown and provide effective direct work with young people.
31. At the time of inspection, 263 children were subject to child protection plans, which is a substantial increase from the 201 who were subject to a plan at 31 March 2015. Managers have explored the reasons for this increase and appropriately identify that it is in response to stepping-up cases where no meaningful change or reduction of risk for children was being achieved at the child in need level. During this inspection, no children were found to be subject to child protection plans who did not require this level of statutory intervention.
32. At the time of this inspection, there were 125 children subject to child protection plans due to risk of emotional abuse, 120 due to neglect, six due to risk of physical abuse and 12 due to risk of sexual abuse. The local authority removed the category of multiple abuse by the end of January 2016 after a review revealed that the category was masking information regarding the risk of sexual abuse. This led to an increase in children who were subject to child protection plans for risk of sexual abuse, from 1% to 5%, since March 2015. There has also been an increase in the use of the category of emotional abuse, from 26% to 48% in the same period. The local authority is appropriately reviewing this in order to gain a fuller understanding of the issues leading to this increase. Effective child protection surgeries with senior managers are held in order to review progress and to reduce risk for children who have been subject to child protection plans for a nine-month period or longer. The additional oversight provided by these surgeries has helped the local authority

safely to manage down the number of children remaining on child protection plans for over two years.

33. Social workers recognise and respond well when children are at risk of sexual exploitation. Good use is made of the pan-Essex risk assessment tool to identify those who are most at risk. This leads to strategy meetings for those with complex needs to share information and to develop a strong, coordinated, multi-agency response for individual children. The child sexual exploitation coordinator provides social workers and managers with effective challenge, advice and guidance. Although the local authority currently keeps separate data in respect of children missing from home, school or care, and those at risk of child sexual exploitation, the operational risk assessment group rigorously cross-checks data against the most recent list of children reported as missing to the police to ensure that individual children are safeguarded and protected. However, the group is not using data collected from return home interviews to inform planning for these vulnerable children.
34. Appropriate referrals are made to a commissioned service to deliver return home interviews, but the large majority of children decline the offer of a return home interview after they have been missing. When they are completed, the return home interviews are rich in information about the child's life, home circumstances, who their friends are and places where they like to go. However, these records are not reliably uploaded to children's local authority records. This limits the potential use of this information to plan actively to reduce risk for children and young people (Recommendation).
35. The local authority has developed a range of good initiatives to help children and young people, including children looked after, to keep themselves and others safe from issues such as from bullying and online grooming. Successful projects such as 'Show racism the red card' are used in schools to deliver key messages about hate crime and 'Prevent'. An e-safety project has reached a number of troubled families, helping to make parents aware of potential dangers online.
36. A consultant practitioner provides expert advice to social workers in supporting children and families where parental substance misuse or mental health issues are a feature. This includes advice on hair strand tests and reports for court processes, to ensure that all risks to children are appropriately identified.
37. Children and young people aged five to 16 years who are experiencing domestic abuse within their families have access to domestic abuse support groups that are innovative, fun and creative. These groups support children to understand their rights, protect themselves and learn new skills. Appropriate

referrals are made to the multi-agency risk assessment conference (MARAC), where positive attendance, engagement from a range of agencies and clearly recorded safety plans ensure that effective actions are in place to protect children and adults.

38. Homeless 16 and 17 year olds who are identified as vulnerable or living in unsuitable accommodation are effectively assessed, and provided with accommodation if they are found to be in need. Those young people who do not wish to become looked after are appropriately supported through a joint protocol between housing and children's social care for homeless young people. They are provided with expert mediation from the homeless intervention project to assist them to return home, or they are provided with hostel accommodation with additional support from a commissioned provider. Bed and breakfast accommodation has not been used for the past two years.
39. There are 79 children missing education, including those who are in alternative education but not receiving their full 25 hours per week offer, with the number being reduced each month. A rigorous system is in place to monitor children missing education, and effective monthly strategic meetings on children missing education involve key professionals and their managers to focus on all children missing education. The local authority assures itself that children have a suitable school place and are confirmed as attending before it ceases its monitoring. Vulnerable children, including unaccompanied asylum-seeking children and those in Years 10 and 11, are discussed at detailed monthly inclusion panels. Here, the headteachers of secondary schools explore who can provide the best place for each individual child.
40. There are currently 173 Thurrock children who are electively home educated. The local authority actively reviews all children who are electively home educated at the monthly strategic meetings on children missing education. This includes checking the information that they hold to ensure that children are not at risk and that they have been seen, and to identify when a conflict with school can be resolved. A 'traffic light' system is used to flag families on this list that may need additional support. The local authority does not sufficiently analyse and evaluate the data about children missing from education and those who are electively home educated to find out if there are particular trends, for example if numbers are increasing or decreasing, or to consider fully why this may be (Recommendation).
41. Notifications about private fostering arrangements are responded to within statutory timescales and, in the large majority of cases, are subject to robust scrutiny to ensure that children are safe. Children are seen and visited

frequently, with their views and wishes recorded in private fostering assessments. Neither proactive engagement with community faith groups nor awareness raising with professionals and the public have increased notifications. These are very low, and only two children are currently being supported as privately fostered children.

42. The local authority's response to allegations against professionals working with children are effective and timely. Referrals and management planning meeting minutes clearly record risks to children and the actions to be taken. All planning meetings are well attended by appropriate agencies in order to share relevant intelligence and information, and to ensure that children are protected. Officers efficiently track the progress of investigations and plans.
43. The 'Prevent' duty has a high profile in Thurrock as a result of cooperative working relationships through the community safety partnership. Multi-agency working is supported by a clear 'Prevent' strategy and a thorough action plan that has recently been refreshed. A helpful practitioner guide for direct work with young people was used well with 14 young people in the past year. An excellent equality impact assessment underpins the 'Prevent' agenda. There is strong collaboration between agencies, including the Local Safeguarding Children Board (LSCB).

<p>The experiences and progress of children looked after and achieving permanence</p>	<p>Requires improvement</p>
<p>Summary</p> <p>Greater persistence is required to translate senior managers’ goals into improved outcomes for all children looked after. Most become looked after in an emergency, including unaccompanied asylum-seeking children (UASC). The recruitment of foster carers needs to be better targeted. The fact that most children looked after live outside of the borough is having a significant impact on social work time, energy and resources. This is contributing to the generally poor quality of assessments and plans. Children’s electronic case files are often incomplete. Family group conferences are not used fully, and the use of the public law outline is not consistently well recorded. The quality of pre-proceedings letters is variable. Assessments completed in support of care or adoption proceedings are generally of a good standard. The length of care proceedings has been reduced, and most are completed within 26 weeks. Good use of special guardianship is providing long-term stability for children and young people.</p> <p>Most children live in settled and stable placements, but the staying put policy is not yet successful in achieving stability for young people post-18. Good attention is paid to children’s health and emotional well-being. Reviews are regular, but children and families do not routinely see social workers’ reports beforehand, and there are significant delays in distributing review meeting minutes. Not enough is done to support children to contribute to and participate in their reviews. Children looked after who are at risk of sexual exploitation receive effective help. The response for children who have been missing is inconsistent, and one in five are not offered an interview to explore their issues. The virtual school is not effectively evaluating the educational progress of children looked after. While the gap in attainment between younger children looked after and their peers is narrowing, very few young people looked after achieve five good GCSEs.</p> <p>Adoption is not routinely considered at the earliest opportunity for all children who cannot safely return home. Once children have a plan for adoption, timely progress is made in recruiting and matching them with adoptive families. Further work is required to improve the volume and range of post-adoption support. Assessments of care leavers’ needs and subsequent plans are not sufficiently detailed and their style does not engage young people. Not all care leavers are supported to gain relevant independence skills. Care leavers do benefit from good day-to-day support, live in safe and suitable accommodation and the number of care leavers engaged in education, employment or training has increased.</p>	

Inspection findings

44. Children become looked after when risks increase and they need to be safeguarded and protected. The local authority responds positively to the needs of unaccompanied asylum-seeking children (UASC), who currently account for 23% of the children looked after population. However, too many children come into care in an emergency. These include UASC, for whom it is often not possible to forward plan. However, emergency placements are potentially traumatic for children and undermine the local authority's ability to match them with suitable placements (Recommendation).
45. The number of children looked after has increased from 280 at 31 March 2015 to 336 at the time of this inspection. In a small number of cases, inspectors saw evidence of the local authority having missed the opportunity to prevent family breakdown because it had been slow to intervene. However, when the vast majority of children return home, robust arrangements are put in place to ensure that they are appropriately safeguarded and protected.
46. The local authority is making extensive use of the public law outline, but this is not always well recorded, and the quality of pre-proceedings letters is variable. Some letters identify issues and concerns clearly and concisely, and explain in plain and simple language what needs to change. Others are over-complicated and include jargon and acronyms, which makes them less easy for parents to understand.
47. The creative potential of family group conferences (FGCs) to explore and develop family-based solutions is not being fully realised. FGCs are only used in cases where the public law outline has commenced, and there is a waiting list for this service. As a result, when cases come to court the local authority frequently finds itself under pressure to complete multiple viability assessments.
48. In the last nine months, the weekly threshold panel has become increasingly influential in overseeing potential placement decisions for children looked after. However, it does not retrospectively review all emergency placements, and this limits the local authority's ability to learn from these cases in order to reduce the number of children who become looked after in an unplanned way (Recommendation).
49. The majority of assessments require improvement. Inspectors observed delays in starting assessments, particularly in the case of UASC and older assessments that had not been updated. Assessments completed in support of care or adoption proceedings are generally of a much better standard. Almost all are

timely, take good account of historical issues and concerns, and are strong on analysis (Recommendation).

50. In the majority of cases, children are seen alone by their social worker, the views and experiences of the child are well recorded, and there is good observation and analysis of children's behaviour and interactions, and purposeful direct work. In a minority of cases, there is evidence of poor recording, lack of focus, historic gaps in the pattern of regular statutory visits and, in the case of UASC, delays between children becoming looked after and being seen by a social worker. In 2015, high staff turnover made it difficult for children and young people to build and maintain meaningful relationships with their social workers, and this contributed to drift and delay. According to foster carers, since then the appointment of a number of newly qualified social workers with protected caseloads has made a significant difference. Improved stability of social workers within the children looked after social care teams now means that frequent changes of social workers are now the exception rather than the norm.
51. Until very recently, social workers have not been sufficiently proactive in identifying children, particularly those who are estranged from their families, including UASC, who would benefit from having an independent visitor to befriend, advise and support them during their time in care. Between April and December last year there were 106 requests for advocacy support, all of which were met. Currently, however, nearly half of children looked after who are old enough to do so do not participate in or contribute to their reviews. The local authority has also recognised that further work is required to ensure that children and young people know how, and feel confident to, provide feedback on the services that they receive (Recommendation).
52. While good understanding and awareness of child sexual exploitation, and the need to safeguard and protect children who go missing from care, ensure that risks are identified and assessed, one in five children looked after who go missing are not offered a return interview. The local authority recognises that this is not good enough and is appropriately planning to address the problem (Recommendation).
53. Progress has been made in promoting the health and well-being of children looked after, as evidenced by improved performance figures. For example, dental checks are up from 84% in 2013–14 to 93% in 2014–15, and in 2014–15 86% of children looked after were up to date with their immunisations compared to only 57.8% the year before. However, confusion about referral pathways and delays in completing the necessary paperwork mean that the

timeliness of initial health assessments (IHA) is still a cause for concern. While the issue is being actively addressed, as of 1 March 2016 approximately 20% of children looked after who were eligible for an IHA assessment were waiting for an appointment and a further 20% were waiting for the necessary paperwork to be completed. This is not acceptable, particularly given the high number of UASC who may not have had their health needs assessed for some time.

54. The local authority and its health partners are developing a more responsive approach to the emotional well-being and mental health of children and young people, including children looked after. Since 1 November 2015, children and families are able to self-refer to a single point of contact. Here, they are offered an effective weekday triage service resulting, for the most vulnerable, in an immediate response from the crisis team, or, in the case of those whose needs are less urgent, in timely clinic-based appointments. Six-weekly looked after children surgeries, chaired by the head of service, make sure that, after initial health assessments have been completed, the education and health needs of children looked after are met.
55. Although 87% of children looked after attend a good school, the virtual school does not consistently analyse and evaluate the information that it collects on the educational progress of children looked after, particularly the 73% of children looked after who attend schools outside of Thurrock (Recommendation).
56. In 2014/15, 80% of children looked after reached a good level of development at the end of the early years foundation stage (EYFS) and performed better than their peers overall. During the same period, the number of children looked after who attained a level 2B+ at key stage 1 in reading dropped to 70% and in writing to 50%. However, the most recent, unvalidated data suggests an improving picture at the end of key stage 2 with 89% of children looked after making the expected two levels of progress between key stage 1 and key stage 2. Although slightly below the average for all Thurrock children, the gap in attainment in reading, writing and mathematics at the end of key stage 2 is closing. The corporate parenting committee has identified the attainment of young people looked after at the end of key stage 4 as a cause for concern. Very few young people achieve five A* to C grades, including maths and English, at GCSE. The prediction that 15% of Thurrock young people looked after would achieve five A* to C grades in 2015/16 has been reduced to a prediction of 10%.
57. The quality of personal education plans (PEPs) is not good enough. The better ones include clear targets with measurable success criteria, and capture the

child's voice and foster carers' views well. The minority that are less good lack key information, include targets that are general rather than specific, and are not always sufficiently individualised for brothers and sisters. While 90% of compulsory school-aged children have a PEP, only 76% of those in Year 12, and 69% in Year 13, have one (Recommendation).

58. When children looked after are missing education, prompt action is taken to find a suitable school place for them. Currently, four school-aged children looked after are missing education. Two of these are not in receipt of full-time education and are accessing suitable alternative part-time provision or tutoring, as part of agreed plans to support them back into full-time education as soon as possible. For the remaining two children, the local authority is working proactively to identify an appropriate education place.
59. Most children looked after live with families. Only 31 (9%) live in residential care. A service level agreement with Essex County Council increases access to foster placements within a reasonable distance of Thurrock. The local authority is aware that it needs to improve long-term stability for children looked after, but inspectors found that most children are living in settled placements.
60. The large majority of placements are of a good standard and are meeting children's needs. Good communication and liaison between carers, placements, schools and social workers ensure that packages of support, sometimes involving a range of different agencies, are well coordinated. Children looked after are encouraged and supported to maintain contact with their birth families, where applicable. In most cases, contact arrangements are clear, appropriate and well recorded. Children looked after are encouraged and supported to participate in social and leisure activities. However, while the local authority has a formal scheme of delegation, it is not being used. In practice, foster carers contact social workers for permission for children to participate in everyday activities. This is wasteful of social workers' time, unhelpful for carers and potentially intrusive for children.
61. The quality of care plans varies considerably. Although most focus on outcomes, the majority are over-lengthy and are neither sufficiently specific nor measurable. This makes it difficult for children looked after to understand or own their plans and, in some cases, contributes to drift (Recommendation).
62. The majority of reviews are timely, purposeful, well attended and well recorded. Independent reviewing officers (IROs) are knowledgeable and experienced, and know the children well. They are concerned by and continue to challenge the fact that children and families do not routinely have the opportunity to read social workers' reports or view proposed changes to their

care plans before their looked after reviews. This is disempowering as well as disrespectful for children. Delays in circulating review meeting minutes are contributing to drift and delay. They also mean that children looked after, and those who are caring for them, do not have ready access to the decisions taken and actions agreed at their reviews. The backlog, which is substantial, is due to a combination of relatively high IRO caseloads and a lack of administrative support, exacerbated by the number of children who are living out of borough (Recommendation).

63. With refreshed marketing and publicity materials, the fostering team has recently renewed its efforts to attract potential foster carers. In the absence of any specific recruitment targets, the general focus is on increasing the number of in-house foster carers who are able to foster older children, and brothers and sisters together. It is too early to evaluate the full impact of the recruitment campaign, but there is evidence of some success in recruiting new carers. The number of expressions of interest in fostering have increased and, in October 2015, Thurrock had 96 fostering households, up from 85 in March 2015 (Recommendation).
64. Prospective foster carers are assessed thoroughly. In-house foster carers are well supported, have good access to training and are subject to rigorous annual household reviews. With training accredited by the University of Essex and support from a clinical psychologist, a skilled group of therapeutic foster carers provide high-quality placements for children who might otherwise need residential care.
65. The quality of evidence and legal applications is generally good. Positive working relationships with the Child and Family Court Advisory and Support Service (Cafcass) and the judiciary are helping to drive down the average length of care proceedings, which has fallen significantly. The large majority are now completed within 26 weeks. This means that children do not have to wait longer than necessary for key decisions to be made about their futures.
66. Achieving permanency is not always clear or straightforward for children, with evidence of delays in some cases and plans being changed significantly in others. In the absence of full engagement from the frontline teams to achieve earlier permanence, the drive and ambition evidenced by middle and senior managers is not yet consistently evident. Inspectors observed a lack of urgency in some cases. The local authority continues to make good and effective use of special guardianship orders (SGOs) to make it possible for children to live with extended family members when it is not safe for them to return to live with

their birth parents. In the last 12 months, 25 children became the subject of an SGO.

67. Staying put arrangements, which enable care leavers aged 18 and over to continue to live with their former foster carers, are not yet fully developed. Only seven young people are living with their former foster carers as part of a staying put arrangement. Lack of certainty about their future is a potential source of anxiety for young people and their carers (Recommendation).
68. The generally poor quality of chronologies makes it difficult for children and young people to understand their life stories. The quality of case records is variable. Key documents including, for example, threshold panel minutes, return home interviews and pre-proceedings letters are not consistently being uploaded to the electronic case record system. This has significant implications for children, if and when they choose to access their records.
69. A small but active Children in Care Council is having an impact. For example, members of the council have been involved in the recruitment of social workers, and in reviewing and refreshing the pledge. They are particularly proud of having managed to secure a commitment from senior managers to include passports, savings accounts and life story work within the new pledge. However, disillusion has led to some young people leaving the Children in Care Council. Currently, the council has very little contact with the many children looked after who are living more than 20 miles outside the borough.
70. In the majority of cases, the service that children and young people receive is sensitive to their individual needs and unique identities. However, social workers are not always sufficiently creative or imaginative in overcoming barriers to communicating with children with disabilities.

The graded judgement for adoption performance is that it requires improvement

71. Adoption is not always considered for all children looked after who are unable to return home. There are initial delays in progressing plans, and early opportunities to secure the child's permanency arrangements have been missed. Consequently, some children have lived with uncertainty for too long. However, it is evident that permanency arrangements for children, either through adoption or SGO, are progressed with a greater degree of urgency once the case is transferred to the permanency team (Recommendation).
72. There has been an increase in the number of children being adopted in Thurrock, from 13 in 2014–15 to 18 in the year to date. Managers are actively working to raise the profile and consideration of adoption and permanence in frontline teams through training, inter-team seminars and case tracking. However, it is too early to see the impact. An adoption and permanency case-tracking tool is also used to improve timely progression through children's social care to adoption. Its effectiveness is limited, as dates and details are not included or updated for all children on the tracker to enable them to benefit from this extra scrutiny.
73. The local authority is committed to pursuing adoption as an option for children with complex needs, and has successfully secured adoptive placements for children with disabilities or who have special needs, brother and sister placements, and a young person in their teens. In the last year, the local authority appropriately rescinded the decision of placement for adoption for one child.
74. There has been an improvement in the length of time that children wait from the date at which they enter care to when they are placed for adoption. For the 2012–15 three-year average this was 625 days, which is 85 days shorter than the 2011–14 period (710 days). However, this figure, while showing a speedier process, is greater than both the national average of 593 days and the government target of 487 days. Similarly, after the court makes an order for a child to be placed for adoption, the local authority now takes less time to place the child in an adoptive family. For 2012–15, this was 186 days, which was 58 days shorter than the 2011–14 period. This is shorter than the national average of 223 days, but longer than the government target of 121 days.
75. The positioning of the adoption family-finding social worker in the permanency team has strengthened parallel planning. A greater sense of urgency is now

being applied to reduce the time that children have to wait before being matched with a suitable family. The local authority has been proactive, and currently 10 children are subject to placement orders and waiting for adoption. One is still in the family-finding stage, six have already moved in with families and three children are linked to prospective adopters, awaiting panel decisions regarding the match.

76. Children are prepared well for adoption. A complete picture of the child, their views and needs are captured well in child placement reports in order to facilitate a positive match with prospective adopters. Detailed introduction plans, although intense for carers, maintain a clear focus on the child. Well-managed arrangements achieve a seamless transition for children into their adoptive families. However, the lack of timeliness in completion of children's life story work in 2015 limited the effectiveness of this work.
77. The recruitment and assessment of potential adopters is thorough and rigorous, and adheres to national regulations. All assessments, including prospective adopter reports, are of a good standard, sufficiently detailed and informative. Adopters spoken to described their experiences as 'stressful', 'rewarding' and 'challenging'. However, prospective adopters waited between seven and 10 months for approval. There has been a lack of clear feedback to adopters across all stages of the recruitment and assessment process, and adopters said that this caused them unnecessary anxiety and stress.
78. The adoption panel is made up of representatives with relevant personal and professional experience of adoption. The panel has appropriately identified areas for improvement in relation to the quality of the medical contribution, quality assurance and support. Improvements in these areas would help to ensure that cases were better prepared for panel and avoid unnecessary delay. The head of service, in his role as agency decision maker, provides oversight and examination of panel information, and his decision-making is clear, concise and timely.
79. The local authority completed a comprehensive appraisal of its adoption services for children and has established a detailed action plan to address the challenges for the service. For example, weaknesses include a lack of 'foster to adopt' and concurrent placements, and the requirement of placements for brothers and sisters and older children who do not match many of the prospective adopters' profiles. As a result, the recruitment, assessment and approval of prospective adopters moved to a commissioned service in October 2015. Thurrock's new and prospective adopters (eight approved, four at stage two, three at stage one and 27 enquiries) have moved to the commissioned

provider, and this transition has been well managed. There is emerging evidence of these new arrangements making a difference, with two children and their prospective carers soon to be presented to panel for matching.

80. Potential adoptive families are provided with effective support when children are first placed. However, once an adoption order has been secured, support is less developed and the range of services are limited. Adoptive parents are not clear about their future entitlements or what support could be available. Over the past year, only 11 families have received post-adoption support, with eight to 10 adults (total 20) attending bi-monthly group support sessions. Support offered includes bereavement support, direct work with children, life story and therapeutic play/work. The quality of this work is valued by the children and adults, but the number receiving support is too low. Thurrock is not meeting its responsibility to ensure that adoption support is available to all adoptive children and their parents living in their area. Inspectors were informed of seven adoption breakdowns for children who were previously adopted through other local authorities but who now live in the borough and are the responsibility of Thurrock. Workers with these young people failed to recognise the need to refer them to the adoption support service or to offer specialist adoption support, which they are entitled to (Recommendation).
81. The local authority provides an impressive support group for adoptive children. This gives them the opportunity to meet regularly, share experiences, gain confidence and learn from each other. Letterbox arrangements for 152 children are in place and effective; birth parents and adoptive parents are supported to maintain agreed levels of contact. Specialist support is also beginning to be secured through good use of the adoption support fund. Since November 2015, 17 applications have been made, nine of which have been successful, primarily for therapeutic counselling support. Five further requests are awaiting an outcome. Adoption support for new carers will be provided by the new commissioned provider. It is too early to evidence the impact of this new offer.
82. The local authority supports families with SGOs well and provides financial support to 133 children's special guardians at the same level as its foster carers. Following the commissioned provider taking over the support of adoptive carers, the adoption support service now has some capacity and has extended its support offer to special guardianship carers and their families. While it is still an emerging offer, the local authority successfully engaged 28 special guardians in a three-day workshop in March 2015, and it has a plan in place to provide regular support groups for adult carers, children and young people.

The graded judgement about the experience and progress of care leavers is that it requires improvement

83. At the time of the inspection, the local authority was responsible for supporting 157 care leavers. Of these, 61 were aged 16 to 18, 92 were aged 19 to 21 and four were over 21. Of these, 68 (43%) are unaccompanied young asylum-seekers (UASC), which is a greater proportion than in previous years.
84. There has been a creative decision to place two after-care workers within the targeted youth service, where their line manager and colleagues have great experience of engaging young people in purposeful activities. This has led to a significant improvement in the number of care leavers staying in education, or entering employment or training. Currently, 62% of care leavers aged 19 to 21 are in employment, education or training, compared to 41% in March 2015 (which was lower than statistical neighbours at 51% and the England average of 48%). Effective links have also been established with the local careers centre. Care leavers state that the drop-in sessions at the local careers office give them an insight into writing CVs and getting a job, which is very helpful. However, the take-up and impact of this service is not monitored to evaluate benefit and outcomes.
85. The local authority has appropriate plans in place to increase further the number of care leavers engaged in education, employment and training, through work with the Duke of Edinburgh's Award scheme and Prince's Trust. To date, 10 care leavers have participated in a Duke of Edinburgh's Award scheme programme and just one in the Prince's Trust, so this is still at an early stage of development.
86. After-care workers have a tangible and clear commitment to the care leavers whom they support. They frequently go beyond what they need to do in order to support them. As a result, the local authority is regularly in touch with 89 (97%) of its current care leavers aged 19 to 21, a significant improvement from 2014–15 when the reported figure was 79%. Five care leavers were in custody at the time of inspection. The local authority maintains regular contact with these young people to ensure that appropriate plans can be made for their release.
87. Regular contact with workers who know them well means that young people know where and how to get help if they need it. They feel safe, and any concerns or issues about their safety or well-being are taken seriously. All care leavers who were spoken with as part of this inspection were aware of the risks

associated with sexual exploitation. Their workers know about their situations and act promptly when required, such as in helping their care leaver when faced with a situation of domestic violence or abuse.

88. Assessment records are too formulaic and are not presented in a user-friendly format. The majority of pathway plans do not use the views of care leavers in planning targeted next steps or to suggest how improvements can be made. Young people told inspectors that they lose interest when developing and reviewing their plans, saying that they stay involved in meetings because they like, and do not want to offend, their workers (Recommendation).
89. Plans are not reviewed with sufficient regularity, due to capacity issues within the after-care team. Crucially, plans and reviews neither record longer-term aspirations nor adequately capture educational achievements and next steps that might encourage or motivate young people to attain qualifications or to broaden their horizons. For example, reviews are not suggesting possibilities for apprenticeships at different levels and where these can lead. Information about staying-on rates in school sixth forms and the numbers of those who enter further education or training are not systematically collected. This limits further planning and improvement to help young people make effective transitions through adulthood (Recommendation).
90. Care leavers receive prompt and helpful support for their health and well-being needs, and they know how to access medical help. They receive effective help from a range of services such as counselling, and mental health and sexual health services. They receive good personal support at times of need, and their workers encourage and coax them to persevere. The local authority has invested in a health app to give care leavers access to their health histories. Although this is a promising development, it is not known how many care leavers are using this new technology.
91. Support is limited for care leavers to develop skills for their transition to greater levels of independence. There are currently no groups for care leavers to support them in developing their independent living skills, although work is undertaken on an individual basis. Care leavers are provided with appropriate information, for example when applying for driving licences or passports. The progress in implementing the 'staying put' policy to maintain stability of accommodation and care has been too slow (Recommendation).
92. The large majority of care leavers (92%), including all those who have special educational needs or a disability, live in suitable accommodation. Full checks are made to ensure that accommodation is safe and that young people feel secure. Additionally, managers carry out spot checks effectively to be assured

that agreed measures are being followed by accommodation providers. Close attention is paid to making sure that UASC are housed where they are safe and can access services to help them, such as proximity to colleges to learn English.

93. The local authority gives priority and appropriate help to care leavers when they seek their own accommodation. However, further work is required to ensure that the process for securing local authority tenancies becomes more young person friendly. If issues arise over tenancies, such as rent arrears or unsocial behaviour, workers promptly intervene to minimise disruption, and to make sure that the care leaver learns from the error or misbehaviour and can be rehoused promptly.
94. Care and support for the 18 care leavers with disabilities are effective. They have clear pathway assessments and plans, and benefit from much stability. All are in suitable accommodation, with nine in residential accommodation and nine in foster care. The majority have high needs and attend two local special schools graded as outstanding by Ofsted.
95. Care leavers understand their rights and entitlements, and know what support they can expect from their workers. They told inspectors that this is achieved more successfully through personal contact with their workers than through the written information available about their entitlements, which they described as uninteresting and not engaging. Care leavers, including those with special educational needs or who have a disability, receive a care-leaving grant which helps them to settle into living more independently. The local authority celebrates the achievements of care leavers positively at an annual awards ceremony.

Leadership, management and governance	Requires improvement
<p>Summary</p> <p>Leadership, management and governance require improvement in Thurrock, because many elements of core business do not deliver consistently good services to children, young people and families. Performance management is unsophisticated. Key data is not sufficiently analysed to provide leaders and managers with a narrative to understand the underlying issues or trends over time, and thereby develop relevant action plans. Of note is the absence of regular case audit analysis. This gap means that an accurate understanding of the quality of practice and any differences between teams or particular aspects of work is missed, and improvements over time cannot be monitored.</p> <p>The effectiveness of management oversight varies between teams, and this is an area for improvement recognised by the local authority. Steps are being taken to address this, with a number of panels and surgeries set up to ensure that cases are kept on track, alongside the development of management training and initiatives. However, the quality of supervision is not routinely scrutinised.</p> <p>Strong partnership working is evident, alongside effective corporate and cross-party support for the maintenance and development of services. Swift action has taken place when improvements were identified. This is evident in the response to issues raised during this inspection and the recent appointment of a new DCS.</p> <p>Commissioning arrangements are robust, and based on a comprehensive analysis and understanding of local needs. This has led to joint commissioning of new services, and detailed scrutiny and evaluation of the effectiveness of services already commissioned. Further work is needed by the local authority to ensure that there is a sufficient range and choice of placements for children and young people, and that specific targets are in place for the recruitment and retention of foster carers.</p> <p>The local authority uses learning from a range of sources to develop practice, but it does not gather feedback from children and families sufficiently or demonstrate how it has been used to improve services.</p> <p>The high number of agency staff and vacancy rates within the workforce have prompted the local authority to set up a retention and recruitment board to give this issue continued attention. The local authority is appropriately working with neighbouring authorities to develop joint strategies to reduce instability in the workforce, and has achieved some success in the longer-term teams.</p>	

Inspection findings

96. Performance management and quality assurance in Thurrock are underdeveloped. As a result, the local authority lacks a full understanding of the effectiveness of its services to children and families. A range of performance data is available, including a daily snapshot providing basic information such as numbers of children subject to plans and a corporate scorecard, which provides more detailed recording of monthly activity. However, while some documents offer a narrative and analysis, there are too many key areas, such as return home interviews for children who have been missing, in which data is not analysed to consider the key themes behind the figures. The newly appointed interim DCS quickly identified performance reporting and analysis as an area of weakness, and is working with colleagues to develop a strategic model to strengthen this critical area. Despite a regular programme of case auditing within the local authority, the information from these audits has not been evaluated and does not form the backdrop for an action plan. This means that there is an overall lack of clarity about the quality of practice, or improvement and trends over time (Recommendation).
97. Management oversight is not effective across all teams, contributing to inconsistent service delivery. The local authority found that management oversight was less than good in 85% of its own case audits for this inspection. The majority of case supervision records are poor, where actions agreed are not specific enough and workers are not challenged. This contributes to poor quality assessments and delays in progressing plans for children. In the minority of cases that were better, clear decision making is seen, which leads to decisive actions to protect and promote the welfare of children and young people, and to progress plans. When cases were referred by inspectors to the local authority for a review of decision making and actions, these were dealt with thoroughly and swiftly, and detailed action plans were immediately put in place to meet children's needs.
98. The local authority is aware of the variability of management oversight and is taking steps to address this. Senior managers are chairing a number of panels and surgeries to regain management grip, and to ensure that casework is progressed. The local authority also provides specific management training courses for new managers, and during 2015 three new managers received mentoring. A managers' forum is in place, and a new aspiring managers' scheme is being developed to provide training and support for those moving into management roles. This scheme is under development and its impact cannot yet be seen. Staff spoken with during the inspection stated that their

managers are supportive, know about the work they do, and are available to offer advice and guidance when needed.

99. Senior local authority managers, leaders and elected members work effectively together to promote services for children and families in Thurrock. Very clear governance arrangements are established between the key committees and groups, and there is active communication between board chairs, leaders and officers of the council. There is full corporate support for the work of children's services, and this critical function is receiving appropriate focus and prioritisation across the council. For example, through budget setting, leaders have maintained funding for children's services, and the local authority's planning department plays an active part in the Health and Wellbeing Board, helping to promote healthy lifestyles for children.
100. Children's social care receives strong cross-party support from elected members. This engagement is enhanced through monthly meetings between the chief executive and the lead for each political group to ensure that they are informed of current issues. Senior leaders and officers engage in regular discussions and meetings to ensure that key issues are communicated in a timely manner. For example, the head of care and targeted outcomes meets fortnightly with the lead member for children's services to provide an overview of key issues and progress of work undertaken. These meetings are supplemented by more informal discussions when critical incidents occur regarding the welfare of children or staff.
101. The chief executive and lead member have not held formal meetings over the past six months to hold the chair of the Local Safeguarding Children Board (LSCB) directly to account. However, this gap in meetings has had limited impact during what has been a busy time for the LSCB, as there have been numerous discussions between the LSCB chair, council leaders and officers regarding the publication of the recent serious case review, and the DCS and lead member regularly attends the LSCB. These activities have ensured effective scrutiny and oversight of the work of the LSCB and the chair.
102. The successful Health and Wellbeing Board is at the centre of the local authority's work with children, with its strategy providing the overarching framework for the children and young people plan (CYPP). This plan sets out four clear aims, priorities and actions, and gives direction to the Children Partnership Board in promoting and securing children's welfare. Although the Children Partnership Board could evidence its activity in a number of areas, it was not able to show readily the impact of its work or how this linked to the CYPP.

103. The vast majority of commissioning arrangements are robust and based on a joint strategic needs assessment (JSNA), which provides a detailed analysis of local needs. This has led to a clear commissioning strategy with seven priorities linked to the CYPP. Joint commissioning between Thurrock, Southend and Essex, alongside the seven Essex Clinical Commissioning Groups (CCGs), has been effective, for example with the recent commissioning of a children's and young people's emotional well-being and mental health service. In addition, examples of commissioned services within the early offer of help show these services to be making a real difference to the lives of children and families. Services such as those for alcohol and substance misuse, a domestic violence perpetrator programme and a sexual violence service are well evaluated, and contracts are regularly and robustly monitored. Monitoring arrangements consider how far services are meeting performance indicators and improving outcomes, whether they are achieving value for money and whether their work is preventing statutory involvement for children. Service user feedback about these services gives clear indications that individuals feel safer as a result of the help that they have received, and that they better understand the impact that their behaviours have on their children and young people.
104. While there is a good understanding of local needs, there is mismatch between the needs of the children looked after population and the availability of suitable placements to meet these needs. The sufficiency statement does not adequately address this gap and does not contain an updated action plan. This means that there are no set targets for the recruitment and retention of a specific number and type of foster carers to meet the needs of children looked after in Thurrock. Too many children are looked after in placements outside the borough (Recommendation).
105. With strong leadership, the corporate parenting committee is successfully driving improvements on a number of fronts, as evidenced by improved performance figures on immunisations, health assessments, dental checks and return home interviews, and better marketing and recruitment of foster carers. Not afraid to challenge senior managers and leaders, the committee has also listened to the Children in Care Council and is taking action on passports and savings accounts for children looked after. The committee has further work to do to ensure that members of the Children in Care Council feel valued for their contributions, and also to continue to improve timeliness of initial health assessments.
106. Councillors have a good understanding of children's social care and their corporate parenting role. However, this is limited due to the poor quality of strategic analysis of performance information. All 49 councillors in Thurrock

have successfully completed induction training to aid their understanding of children's social care, and 17 have attended corporate training courses. In addition, the lead member meets with the Children in Care Council, and elected members sit on the fostering and adoption panels. However, councillors do not ensure that they regularly engage with children and families to seek their views to inform service development. A recent report to the corporate parenting committee noted that opportunities for senior officers and councillors to attend meetings have not been used, which means that chances to hear children's views have been missed (Recommendation).

107. The overview and scrutiny committee is an effective group, which has increased its workload in order to consider a wide range of issues affecting children and families. The chair ensures that meetings consider a broad spectrum of reports and activities, while maintaining an open slot for the LSCB, Youth Cabinet or health services to bring any matters requiring immediate attention. The group is mindful of local authority spending and has sought evaluations of services and reasons for the development of particular packages of care. It has demonstrated its tenacity by repeatedly raising issues of concern arising from a serious case review.
108. Leaders, managers and elected members have a broad understanding of the service's strengths and weaknesses. Their self-assessment demonstrates a good understanding of the quality of their services to children and families. The local authority shows a willingness to assess its own performance and to bring in external agencies to advise or take on improvement work to augment its work. It has used independent scrutiny, such as a review of the MASH in 2015, and has recently commissioned an external provider to help it to strengthen its edge of care and early help services to seek to reduce the number of children becoming looked after. The local authority demonstrates that it can be swift in responding when change is identified. This was seen during the inspection in the effective response to cases requiring review and the response to a question from an inspector which led to the development of a leaflet for young people to explain the troubled families programme.
109. The local authority actively disseminates learning from serious case reviews, information about practice developments and national research through easy-to-read monthly blogs by the principal social worker. The local authority evidences learning from complaints, with clearly recorded learning logs which set out lessons learned and recommended actions. These have been effective and led to changes in practice, such as better arrangements for transporting children with disabilities, and identification of managers' actions to ensure that work is completed when staff are off sick. Children's and families' views and

feedback are not routinely sought, limiting opportunities for them to inform service development (Recommendation).

110. Despite a workforce development strategy, and a regular retention and recruitment board, the high number of agency staff in Thurrock leaves the local authority vulnerable to staff churn. Currently, half of the social workers employed in Thurrock are agency staff (49 of 98 registered social workers). Some children have experienced delay in progressing their assessments and plans as a result of changes in their social worker. The vacancy rate at the time of the inspection was 21%, which is a slight improvement from 25% at December 2015. Some teams such as the MASH and Children Family and Assessment Teams are predominantly staffed by agency workers, and the past nine appointments have been agency staff. Staff changes mean that teams lack cohesion, identity and resilience when challenges occur. Although this leaves the local authority potentially vulnerable, 22% of agency staff have been in post for over two years, and 51% between six months and one year, which does provide some stability. Conversely, staffing stability has improved within the longer-term teams, with the successful recruitment of a number of newly qualified social workers. Thurrock is taking action and working collaboratively with the 10 other local authorities in the eastern region in an attempt to limit the number of agency staff by managing pay rates, and terms and conditions. The impact of this measure is yet to be seen.
111. Caseloads for workers are increasing and are currently above comparators. They have risen from an average of 16 cases for a full-time worker in 2014 to 18 in 2015, and some social workers currently have caseloads of up to 28, which is too high. This will need further monitoring by the local authority, as it will not assist the recruitment of permanent staff.
112. The continued professional development of staff is actively encouraged, with clear pathways established from the assessed and supported year in employment (ASYE) social workers through to management level. This focus on staff development is a strength of the local authority. The ASYE academy is reported by staff as attractive to newly qualified social workers and, to date, is showing signs of success. An increasing number of newly qualified social workers are joining the local authority (19 this year and 12 last year). They receive relevant training through an increasingly effective academy, and they receive valued individual and group support. Successful use is being made of additional agency social work staff to ensure that caseloads for ASYEs remain low during their first year. Succession planning is being well considered, with the development of mentoring, senior practitioners as practice educators and the current development of an aspiring managers' scheme.

113. A comprehensive training programme is available to staff, and over the past 12 months 390 days' training have been presented across a range of relevant subjects. Figures are collated for the number of staff attending, but the impact of the training is not fully evaluated over time. Specific management training courses are available, such as a management essentials course with a focus on leadership style and priority setting. However, this area of training provision requires additional focus, as management oversight and supervision of staff remains too variable. Of 14 supervision files audited by inspectors, none were judged good, only four demonstrated reflective supervision and only one demonstrated follow up on previous actions. Despite the local authority's awareness of the variability of management oversight and the poor quality of supervision, it is not completing a regular audit of the frequency and quality of supervision. This leaves the local authority unclear about the performance of individual managers and the impact of management training (Recommendation).

The Local Safeguarding Children Board (LSCB)

The Local Safeguarding Children Board is good

Executive summary

The Local Safeguarding Children Board (LSCB) in Thurrock is effective and innovative, and has a clear understanding of the key safeguarding priorities across partner agencies. A renewal of governance and terms of reference in 2015 has brought helpful clarity and demonstrates continued progress, following a review of the board in 2013. There is a clear collective ownership of safeguarding across all partners, who are positively engaged in action and reflection to support children, young people and their families. The board is chaired well by an influential chair who both supports and challenges partners, and accountability is high. Strong and efficient support is offered by a committed business team. Partners report clear and collective responsibility, and a high degree of challenge, scrutiny and accountability. This was described by one board member as 'good transparency and honesty'.

Child sexual exploitation, female genital mutilation and 'Prevent' duty have a high profile, with key leads from relevant agencies working effectively with the LSCB. Elements of the work of the LSCB, such as the 'Walk on line' roadshows, are outstanding, ensuring that over 10,000 schoolchildren will have received interactive safeguarding workshops of a high quality. The children most at risk of going missing, sexual exploitation, gang involvement and online exploitation are given comprehensive multi-agency consideration. The effective risk assessment group (RAG) demonstrates added safeguarding value. Capitalising on the high degree of multi-agency commitment, it leads case discussion using live access to a range of databases and expertise.

The board considers the range of experiences for children, young people and their families. It has influenced the development of the MASH, the use of appropriate categories for child protection plans and deep-dive audits. These have evaluated the experiences of the most vulnerable, including those who have been on a child protection plan for more than 12 months and children looked after. The chair has challenged MARAC about the lack of a MARAC report to the LSCB for the past two years. This limits the board's ability to monitor the work of this critical multi-agency safeguarding group effectively. The quality of the audits undertaken individually is high, but they lack overarching analysis. The take-up of multi-agency training offered is good, and participants and partners speak positively about the benefits. More analysis is required to enable full understanding of the impact of the training offer.

Recommendations

114. To improve further the strategic learning available from the multi-agency audits through overarching evaluation and analysis of outcomes and impact.
115. To undertake a comprehensive evaluation of the training provided in order to demonstrate the impact on frontline practice.

Inspection findings – the Local Safeguarding Children Board

116. The LSCB in Thurrock meets its statutory requirements well. Governance arrangements were refreshed in 2015, leading to new terms of reference which provide a strong framework for the work of the board. This is also supported by a helpful protocol between the Health and Wellbeing Board, and both the children and adult safeguarding boards.
117. The LSCB works closely with other relevant boards and panels, and has ensured that it has access, either as a member or through an open offer of attendance, at the appropriate groups in order to influence planning. This includes either the LSCB chair or business manager sitting on the Health and Wellbeing Board and the separate health and well-being strategic group, and the community safety partnership group where the 'Prevent' duty is considered, the Children Partnership Board and the early offer of help, MASH and troubled families groups. The LSCB business team apprentice sits on the Youth Cabinet. This enables fully integrated planning and detailed links back to the LSCB executive group and the LSCB full board. A positive action that came from the Children Partnership Board ensured that each school was provided with a height and weight profile to address childhood obesity.
118. The board is able to prioritise and challenge effectively, according to local need, and in the last 12 months has shown impact through increasing the police attendance at child protection conferences. Between April and November 2015, police attended 18 out of 87 initial case conferences. At the time of this inspection, this had increased to attendance at 96% from April 2015 for all conferences. Other recent challenging conversations have focused on the need for equity of funding and an overall increase in funding to manage the increase in serious case reviews (SCRs), oversight of the development of the child sexual exploitation local strategy and action plan, and ensuring the board's proactive involvement in the development and analysis of the MASH. There is a clear business plan for the work of the board, and an action plan appropriately

reflects key local priorities, including missing children, protection from abuse and exploitation, and the early offer of help.

119. Challenge within the board is strong, with agencies held to account through the main board, and the chair demonstrating a strong and assertive style. Partners are challenged collectively through themed discussions at the full board, for example each agency's performance relating to listening to the voice of the child, and the impact of funding constraints and restructuring in individual organisations. This was particularly helpful in enabling probation to explain the transformation of their agency. The police identified a gap in following up with comprehensive victim support in the discussion about the voice of the child.
120. There is a clear challenge to make improvements, if needed, in individual agencies, and the chair demonstrates a strong challenge to the performance of partners. One partner agency described this as 'open, honest. We can fight, disagree and still be okay with each other'. There have been recent challenges to the police, for example, on the speed of their response to actions required by agency-specific inspections. The chair has also challenged when there has been poor attendance at subgroups and the lack of a report from MARAC for the past two years. This has still not been produced. The board challenged children's social care on the low use of sexual abuse as a category in child protection plans and on whether this fitted the anecdotal knowledge of risks to adolescents. This has resulted in an increase in the age profile of child protection plans to safeguard those at risk of child sexual exploitation. The number of 10 to 15 year olds on a child protection plan has risen from 24% to 31%. At the time of the inspection, 12 children (5%) had an open plan for sexual abuse. Numbers were previously suppressed, due to the low figure.
121. The work of the board is supported by the work of the management executive group, where the detail of operational issues and concerns is appropriately considered. As an example, the November 2015 meeting considered the decrease in private fostering figures, the multi-agency review of child sexual exploitation, a report from the youth offending service, risks of legal highs and the planning for feedback from the new child protection level 3 pilot training programme.
122. The performance board subgroup started in March 2015, enabling each partner agency to attend and present data on the safeguarding work of their agency. This is scrutinised by other board members, including the LSCB chair. This has provided in-depth information on the broad range of functions of each agency. This has led to peer challenge and an opportunity for detailed questioning, including, for example the caseloads of midwives, and training on child sexual

exploitation and female genital mutilation for fire, rescue and ambulance services. Board members spoke highly of the learning afforded by the performance board, the impact on understanding partner functions and the rigour of challenge.

123. Section 11 assessments are undertaken annually, and the board flexibly accepts the different formats used by agencies in acknowledgement that many agencies report to three LSCBs within the pan-Essex arrangements. Compliance is high, with very good progress made at the time of this inspection for the end-of-year submission. The board maximises the potential from the returns, and recently (spring term 2016) added a 'Prevent' audit to the school returns. This has enabled specific data to be extracted and used to inform the 'Prevent' duty action plan. A gap in training for school governors was identified and is now being met, with some training having already taken place and more planned.
124. The board has developed a helpful learning and improvement framework with statutory partners. The LSCB carefully considers whether a SCR is required, and demonstrates a strong commitment to learn and improve practice. Over the past three years, this has resulted in the board completing two SCRs, and it is currently in the process of completing a further three. Correct decisions have been made to explore learning through the rigorous SCR journey, resulting in added value to the understanding of safeguarding practice.
125. The SCR subgroup is an effective group and has appropriately checked with the national panel to reach decisions to proceed when there has been a split decision among the subgroup members. The SCRs are undertaken thoroughly and published on the website, and learning is disseminated widely. All of the SCRs and the one individual management review showed appropriate learning and led to a reconsideration of risk. For example, the adolescent neglect tool came from this learning, as did the reconsideration of child sexual exploitation as an increased area for a child protection plan for adolescents. It is clear from this inspection that support to adolescents from the local authority has improved. The majority of social workers are aware of the key issues from the most recent published SCRs. The board also produces excellent summary booklets to maximise learning, with a well-presented high-quality product.
126. If a decision is made that a SCR is not required, but that there are lessons for a single agency, then the board undertakes a management review. One such review has appropriately been undertaken and published in relation to fabricated illness, showing openness in the learning for health partners. All action plans are thoroughly followed up through an action matrix, and the chair presented one SCR to the local authority's overview and scrutiny committee.

127. The financial position of the board has been stretched, with challenges to ensure an equitable contribution from one pan-Essex partner and, additionally, to meet the need for SCRs. The number of SCRs has put added pressure on time and resources. The majority of partner agencies make a proportionate financial contribution overall, and the chair requested a review with one agency when this was not the case, and a constructive solution was found. All agencies have agreed to add finance to the board to meet the demands of the SCRs.
128. All partner agencies are committed to the board, and contribute time and resources to ensure that it functions effectively. The chair is very clear with partners that board business is part of everyone's work. Suitably senior and influential partner representatives attend the board, and are able to take back lessons and challenges to their individual agencies. This has been challenged by the chair previously to ensure that appropriate membership is now in place. Subgroups are chaired across a range of partner agencies, reflecting the collective ownership of the work of the board.
129. The LSCB in Thurrock benefits from being part of the Southend, Essex and Thurrock (SET) shared arrangements, including shared policies and procedures updated and available on the Thurrock LSCB website. Policies and procedures are clear, accessible and easy to understand. Shared resources offer an economy of scale between the three LSCBs as shown through the recent 'I didn't know' child sexual exploitation awareness campaign and sharing of local expertise, including the strategic SET child sexual exploitation group and a strategic SET child death review overview panel (CDOP) group. Child death overview arrangements are effective, and there are strong rapid response protocols in place. The number of notifications in Thurrock have remained consistent over the last three years (10 in 2013–2014, nine in 2014–2015 and nine in the year to date).
130. The Southend, Essex and Thurrock group enables collective pan-Essex learning to be analysed for appropriately focused awareness-raising campaigns. These have included safer sleeping, furniture safety and water safety. The current pan-Essex focus is on suicide prevention, with relevant planning underway using specialist mental health practitioners. There is a very strong commitment and attention to detail in the work undertaken by CDOP. For example, the safer sleeping campaign is launched every holiday with helpful information sent to holiday parks, where usual sleeping arrangements will be different. This is a highly efficient pan-Essex service with a strong commitment to prevention, understanding and to support for families.

131. Local understanding of child sexual exploitation in Thurrock is considered through the developing multi-agency sexual exploitation group (MASE). This subgroup has equipped itself for its task through exploration of the Ofsted child sexual exploitation thematic study and is ambitious to understand the local landscape more fully. This has included, for example, challenging each agency to identify its 10 most vulnerable children or young people, an exercise which revealed a gap in health data. It has also identified the five boys most at risk of child sexual exploitation.
132. The comprehensive child sexual exploitation strategy and action plan have been developed, and these are rigorously overseen through the work of the LSCB. The strategy has been tested during 2015 through both internal and peer review, which showed good steady progress, and the board has further developed the child sexual exploitation action plan in response. Further work will be undertaken, including the prosecution of perpetrators and increased awareness raising. The 'I didn't know' child sexual exploitation awareness-raising campaign was launched during this inspection, and the board works closely with the police. The MASE group has a good understanding of what more needs to be done and this is informed by the detail of the experiences of children through the risk assessment group (RAG). The plan for data analysis will address the need for a more sophisticated 'heat map' of local risks.
133. The RAG established in March 2015 has brought together a number of separate panels that looked at risk (child sexual exploitation, online exploitation and missing children). This effective group has offered a real-time live multi-agency discussion for the most vulnerable children, with immediate access to the range of different agency databases. This approach has enabled a more sophisticated understanding to emerge of the complex overlap between different types of risk. This has resulted, for example, in coordinated intervention when children are referred as being at risk, and also then found to be a risk to others. It has started to reveal more detail on the prevalence of underlying risk, such as children going missing and then found to be affected by gang involvement. A clear action matrix ensures that all actions for each child are followed up effectively. The RAG is chaired by the local authority and is an operational service, sitting under the auspices of the LSCB. This unusual positioning allows the broadest opportunity for referrals from all partners, and harnesses all knowledge and investment from partner agencies in Thurrock to consider and safeguard children. It is working well, with evidence of reduced risk for children who are particularly vulnerable. However, it does not currently consider information from return home interviews.

134. The quality of the multi-agency audit work undertaken is highly detailed, resulting in clear action plans that are effectively followed up. These audits consider a broad range of relevant safeguarding issues across the partnership. These include audits regarding children and young people who have been on a child protection plan for more than 12 months and attendance at child protection conferences. Issues considered demonstrate that the board is aware of key issues across the local authority, and the findings from the audits regarding areas for development are reflective of some of the findings from this inspection, for example management oversight and life story work. Despite good-quality detailed work, the audit subgroup is without a consistent chair and attendance has not been strong. In its role of overseeing the multi-agency audit programme in Thurrock, it has analysed and disseminated learning from the audit programme through a recent learning and improvement booklet, but requires regular multi-agency attendance to ensure a sustained higher degree of overarching analysis and evaluation (Recommendation).
135. The LSCB values the views and contributions of children, and ensures that their views and experiences influence the work of the board. The board is creative and innovative in how it does this, including holding a 'voice of the child' conference in 2013–14 and ensuring that children actively participated in the board's conference in 2014–15. The board, working jointly with the Community Safety Partnership, has recruited 12 safeguarding ambassadors aged 13 to 16, including a hate crime and a youth crime ambassador through the Youth Cabinet.
136. To gauge understanding and risk to children online, the LSCB started a series of roadshows called 'Walk on line' in 2014. These covered the broadest range of risks to children and young people, including child sexual exploitation, grooming, sexting, going missing, cyber-bullying, female genital mutilation and 'Prevent' from a child's perspective. Initially offered to Years 5 and 6 pupils, they were extended to Years 10 and 11 pupils at the request of the Youth Cabinet. 10,000 children and young people have attended, and impact has been shown through changed behaviours such as amending privacy settings, as measured through anonymous child-friendly questionnaires. 'Walk on line' demonstrates a creative and comprehensive understanding of risks to children and young people. This outstanding piece of practice demonstrates a strong partnership approach between the LSCB, education, parents and the specialist police knowledge by the child exploitation online service.
137. A good range of training is offered, and this is valued by partner agencies, with 117 agencies currently participating in the training programme. The LSCB has engaged well with non-statutory partners, including faith groups, and meets

regularly as a member of Thurrock Faith Forum. It has good relationships with local voluntary organisations that access training through the board and are represented on subgroups of the board. Each course is evaluated by the individual participant, and the learning and development subgroup evaluates the effectiveness of specific training through feedback forms. Training is also observed to evaluate its effectiveness directly. Partners are held to account for both their attendance at multi-agency training and the training that each agency offers on safeguarding, but there is no overall evaluation of the impact of the full training offer. This means that the board cannot assure itself that the training offer is having sufficient impact on frontline practice (Recommendation).

138. The LSCB produces a clear annual report that demonstrates a comprehensive understanding of the strengths and achievements of the board, together with work still to be done. Strengths include improved engagement of all types of educational establishments, close partnership work with the Youth Cabinet and the overall steady progress made since the review of the board in 2013. Evidence of impact includes the monitoring of child protection plans and the challenge to increase consideration of sexual abuse, which had been an area for improvement. All agencies contribute their own end-of-year evaluation, including data, to the annual report so that their voices are heard, and they are held to account for the difference that they have made.

Information about this inspection

Inspectors have looked closely at the experiences of children and young people who have needed or still need help and/or protection. This also includes children and young people who are looked after and young people who are leaving care and starting their lives as young adults.

Inspectors considered the quality of work and the difference that adults make to the lives of children, young people and families. They read case files, watched how professional staff work with families and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition, the inspectors have tried to understand what the local authority knows about how well it is performing, how well it is doing and what difference it is making for the people whom it is trying to help, protect and look after.

The inspection of the local authority was carried out under section 136 of the Education and Inspections Act 2006.

The review of the Local Safeguarding Children Board was carried out under section 15A of the Children Act 2004.

Ofsted produces this report of the inspection of local authority functions and the review of the Local Safeguarding Children Board under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006.

The inspection team consisted of eight of Her Majesty's Inspectors (HMI) from Ofsted.

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Thurrock Council Children's Services Single Inspection Framework Improvement Action Plan v1 - 19.5.16

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Name of Reviewer

Please enter date here

Date of Review

No.	Recommendation	Assigned Lead - Job Title/Name	Score - please select	Direction of Travel compared to last review - please select	Description of Action(s) - How	Owner(s) - Who	By When (date)
1	Ensure that accurate performance data is analysed and that this leads to specific actions for improvement	Iqbal Vaza, Strategic Lead I Performance, Quality & Business Support I HR,OD & Transformation	3	Maintained	A) Develop and implement new performance digest, with clear metrics & analytics. B) Implement new 'Improvements Board' to be chaired by the DCS and underpinned by metrics & analytics within new digest. C) Review structure of Data and Performance Team to maximise effectiveness.	Director of Children's Services	Aug-16
2	Strengthen oversight, coordination and quality assurance of early help services to ensure that children and families are receiving the right support at the right time	Clare Moore, Acting Strategic Lead- Disabled Children, Family Group Conferencing, Emergency Duty Team and Early Offer of Help.	2	Improving	A) Complete service (demand management) review with iMPower. B) Agree improvement plan and service restructure to maximise the co-ordination and effectiveness of the Early Offer of Help. C) Re-engage partners in the provision of help to the right families at the right time based on a clear continuum of need.	Head of Children's Social Care	June - Dec 16
3	Ensure that assessments and plans for children are of a consistently high quality	Cherrylyn Senior, Principle Social Worker & Joe Tynan, Service Manager, MASH & CFAT	3	Maintained	A) Complete planned implementation of Signs of Safety. B) Scope the introduction of volunteers within the assessment service to strengthen direct intervention with families during assessments. C) Scope with iMPower a reduction in the number of assessments undertaken (specifically those that lead to NFA), to reduce quantity and increase quality.	Head of Children's Social Care	June - Dec 16
4	Improve the offer of return home interviews to children and young people who have been missing from home or care to increase take-up of these interviews	Paul Coke, Service Manager, Children Looked After & Neale Laurie, Service Manager, Safeguarding and Child Protection	2	Improving	A) Weekly monitoring of children who go missing from home and care, and the referral and take up rate of return home interviews. B) Monthly monitoring of referral rates for looked after children to ensure that this increases from 80% - 100%. C) Improved contract monitoring to require pro-active engagement of young people by provider.	Head of Children's Social Care	Jun-16
5	Ensure that more children are supported to participate in, and contribute to, their meetings, conferences and reviews, that they and their parents have access to reports beforehand, and that meeting minutes are circulated promptly	Neale Laurie, Service Manager, Safeguarding and Child Protection	3	Maintained	A) Monitoring systems in place for all Child Protection Conference and Review minutes. B) Scoping exercise to be undertaken re: how best to increase participation drawing on good practice models. C) Advocacy and support services to be reviewed to ensure that these are promoting activity engagement and participation / challenging poor practice.	Head of Children's Social Care	Nov' 2016
6	Ensure that robust arrangements are in place to reduce the need for children and young people to become looked after in an emergency	Joe Tynan, Service Manager, MASH & CFAT and Teresa Gallagher, Service Manager, Family Support.	3	Maintained	A) Review the patterns and numbers of children coming into care with iMPower. B) Strengthen preventative and support services to avoid accommodation or delay accommodation, so that this is planned. C) Continue to strengthen role of Threshold Panel in managing accommodations	Head of Children's Social Care	Sept 16 / ongoing
7	Ensure that the recruitment of foster carers is appropriately targeted to better meet the current and future demand for foster placements and reduce the number of children looked after who have to be placed out of the borough	Andrews Osei, Service Manager, Fostering, Adoption and Placements	3	Improving	A) Sophisticated targets are now in place for the recruitment of foster carers inline with current and predicted demand. The translations of these targets into sustainable outcomes remains challenging, particularly in relation to the recruitment of carers within the borough.	Head of Children's Social Care	June' 16
8	Ensure that personal education plans are of a consistently high standard & that the virtual school effectively monitors and analyses the progress of all children looked after, including those who attend schools outside of Thurrock	Keeley Pullen, Head of the Virtual School	3	Maintained	A) Establish a governing body to monitor, drive and improve all aspects of the work of the virtual school. B) Corporate Parenting Committee and Children's Overview and Scrutiny to continue to monitor and challenge the academic progress and outcomes for looked after children.	Roger Edwardson, Interim Strategic Lead, School Improvement, Learning and Skills	Sep-16
9	Ensure that managers oversee and effectively drive forward permanence plans for children	Paul Coke, Service Manager, Children Looked After & Andrews Osei, Service Manager, Fostering, Adoption and Placements	2	Improving	A) Embed partnership working with Coram and strengthen early permanency with a pro-active offer of concurrency and foster to adopt. B) Maintain and increase reduction in number of days between court authorisation to place for adoption and placement for adoption. C) Continue to target with Coram, through effective permanency planning, a significant reduction in the number of days between a child becoming looked after and placement for adoption - to bring this below the England average.	Head of Children's Social Care	May 16 - March 17
10	Develop post-adoption support arrangements to ensure that all children and families who are eligible have access to an appropriate service	Andrews Osei, Service Manager, Fostering, Adoption and Placements	3	Maintained	Develop a new delivery model for post adoption support with Coram.	Head of Children's Social Care	Oct-16
11	Ensure that an effective Staying Put policy makes it possible for more young people to live with their former foster carers beyond the age of 18 years	Paul Coke, Service Manager, Children Looked After & Andrews Osei, Service Manager, Fostering, Adoption and Placements	3	Maintained	A) Update and improve current Staying Put policy in consultation with Thurrock Foster Carers and IFA providers. B) Actively promote Staying Put as an option for all fostered young people. C) Monitor and review the number of young people who are Staying Put to identify blocks and address these. D) Work in partnership with Eastern Region partners to better improve the local and regional offer.	Head of Children's Social Care	June - Sept 16
12	Ensure that pathway assessments and plans are developed to engage care leavers effectively and that care leavers benefit from regular reviews	Paul Coke, Service Manager, Children Looked After	3	Maintained	A) Redesign the current Pathway Plan with care leavers and the CICC (update on previous re-design), to make it as simple and user friendly as possible. B) Establish Senior Practitioner post currently within the Aftercare Team to continue to lead on the review of pathway plans and track timeliness within revised performance digest.	Head of Children's Social Care	Sept 16 & June 16

No.	Recommendation	Assigned Lead - Job Title/Name	Score - please select	Direction of Travel compared to last review - please select	Description of Action(s) - How	Owner(s) - Who	By When (date)
13	Ensure that care leavers are effectively supported to gain independence skills, including through the setting of aspirational targets to help them to achieve educational and employment goals	Paul Coke, Service Manager, Children Looked After	2	Improving	A) Develop an effective group work model of independence training / support for carer leavers and complement current 1:1 work. B) Continue to increase the number of care leavers who are EET (62%) and exceed aspirational target of 70% EET.	Head of Children's Social Care	August 16 & March 2017
14	Secure a more stable workforce to ensure that children are able to build enduring relationships with social workers and to enable the local authority to drive through improvement to services, such as increasing early planning for permanence for children that starts at the front door	Andrew Carter, Head of Children's Social Care	3	Maintained	A) Continue to drive effective retention and recruitment through the Retention and Recruitment Board, chaired by the DCS. B) Expand on programme to 'grow our own' staff through the ASYE Academy and the Aspiring Managers programme. C) Continue to manage the use of agency staff within the Eastern Region, MoC & work with IMPOWER.	Director of Children's Services	Ongoing
15	Ensure and demonstrate that children's and families' views and feedback are used to demonstrably shape service developments	Cherrylyn Senior, Principle Social Worker	3	Maintained	A) Strengthen participation work stream to ensure that this is producing clear outcomes that are monitored and evaluated at the 'Improvements Board'. B) Corporate Parenting Board and Children's Overview and Scrutiny to be encouraged to set clear targets for evidence of improvements / service developments that have been based on user feedback, consultation and or co-production.	Head of Children's Social Care	Nov' 2016
16	Regularly audit supervision files to ensure that frequency and quality are resulting in improved practice	Cherrylyn Senior, Principle Social Worker	3	Maintained	A regular cycle of auditing has been put in place. Progress to be monitored at Improvements Board and proposed annual report to Children's Overview and Scrutiny.	Head of Children's Social Care	Ongoing & TBC

Once you have completed this sheet, please review scoresheet - next 'Tab'

Sheet Complete

6 July 2016	ITEM: 7
Children’s Services Overview and Scrutiny Committee	
Review of Children’s Centre Service	
Wards and communities affected: All	Key Decision: Not applicable
Report of: Andrea Winstone, School Improvement Manager	
Accountable Head of Service: Roger Edwardson, Interim Strategic Lead For School Improvement	
Accountable Director: Rory Patterson, Director of Children’s Services	
This report is Public	

Executive Summary

This should be from read in conjunction with the Public Health 0-19 Wellbeing Offer Report of the same date, as the two reports detail the proposed joint integrated delivery/commissioning model.

The School Improvement Team will be reviewing the Children Centre service to identify the most effective way of delivering a sustainable Children Centre service delivery model in the current financial climate.

1. Recommendation(s)

- 1.1 The Overview and Scrutiny Committee is requested to support the review of the Children’s Centre services to be completed by April 2017. The service redesign, when finalised, will aim to deliver a high quality service to both targeted and universal users through identifying improved joint working and efficiencies.**
- 1.2 That the committee endorses this report alongside the 0-19 Wellbeing Offer report of the same date as the two services are collaborating to deliver a joined-up service for families with children up to the age of 19.**

2. Introduction and Background

- 2.1 The 0-19 Wellbeing model has provided a chance to develop a more sustainable Children’s Centre delivery model in the current financial climate. This can and must be seen as an opportunity to redesign the model of

delivery for Children's Centres whilst ensuring that the core work of the Children's Centres continues to be delivered to the same high standard, if not better. The service redesign will take place over the next months and will be reported to Children's Services Overview & Scrutiny Committee as well as the Cabinet for consultation and approval. It is intended that the information will be included as part of the Public Health consultation regarding the 0-19 Wellbeing Healthy Families Programme.

It is hoped that with the 0-19 Wellbeing model and Children Centre service redesign, the offer to families will be strengthened whilst rationalising points of delivery. The aim is to provide an improved seamless service for the users and to ensure a targeted offer to those most in need of support.

2.2 The overall aim of children's centres is to improve outcomes for young children and their families and reduce inequalities. The purpose, around which Children's Centres should frame their activities, is to identify, reach and help the families in greatest need to support the following:

- **Child development and school readiness** - supporting personal, social and emotional development, physical development and communication and language from pre-birth to age 5, so children develop as confident and curious learners and are able to take full advantage of the learning opportunities presented to them in school.
- **Parenting aspirations and parenting skills** - building on strengths and supporting aspirations, so that parents and carers are able to give their child the best start in life.
- **Child and family health and life chances** - promoting good physical and mental health for both children and their family; safeguarding; supporting parents to improve the skills that enable them to access education, training and employment; and addressing risk factors so that children and their families are safe, free from poverty and able to improve both their immediate wellbeing and their future life chances.

2.3 Please refer to the Children's Centres Core Purpose document (Appendix 1)

3. Issues, Options and Analysis of Options

3.1 Currently there are nine Children's Centres across Thurrock. Some buildings are owned by other partners and some are owned by Thurrock Council. A full service and premises audit will take place which will include using data to identify services with greatest impact, areas of greatest need, and proposed possible efficiencies before a final recommendation is made.

3.2 **Improvements may be made through:**

- Integration of the local delivery offer to ensure there is coordination and improved access to a wider range of support for users.
- Public Health and Children's Centres will co- commission a database to enable greater integration between children's centres and the Healthy

Families Service Programme and other services within the proposed 0-19 Wellbeing model.

- Improved access by creating a single point of contact and registration for families. It is anticipated that various sites will host the service including community hubs, Children’s Centres and Integrated Healthy Living.
- Centres as examples. From the users’ point of view this should be one service despite this being supported by different commissioning/ management models.
- Improved continuity by offering a lead professional for each family requiring support to coordinate care and that has an overview of all the different services used.
- Information sharing between different parts of the service to avoid families giving their information more than once.
- Provide a strong platform for ‘Making Every Contact Count’ (MECC) to be universally implemented at every opportunity.
- Reduced duplication and improved value for money whilst making the services easier to navigate for families.
- Opportunities for co-location to be explored and implemented where possible.
- Sharing of premises between Children’s Centres and other partner agencies, hubs or health premises and possible re-location of Children’s Centre services.

Element of transformation	Planned Timescale
Children’ Centre Service redesign draft	May-Sept 2016
DMT 1	Aug 6
Cabinet Meeting 1 Overview & Scrutiny 1	Sept 16
Consultation and engagement with stakeholders	Sept – Oct 2016
DMT 2	Nov 16
O&S 2	Dec 16
Cabinet 2	Jan 17
Cabinet Meeting 2	Jan 17
Service redesign implementation	April 17

3.3 Following the Overview and Scrutiny report, it is proposed that a paper be taken to Cabinet in September 2016 with further details of the service model and again to Overview & Scrutiny in December. It will return to Cabinet in January following stakeholder consultation and engagement.

4. Reasons for Recommendation

- 4.1 Overview and Scrutiny Committee are aware of the proposed redesign of the Children Centre Service and Integration of some services whilst also being a more financially sustainable model.

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

- 5.1 A public consultation will take place for six weeks in September and October 2016.

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

6.1 Council Community Priorities

- create a great place for learning and opportunity
- encourage and promote job creation and economic prosperity
- build pride, responsibility and respect
- improve health and well-being
- promote and protect our clean and green environment

6.2 Thurrock Children and Young People's Plan 2015-2016

1.2. Promote and improve the health & wellbeing of children and young people.

Health inequalities experienced in childhood can have a lasting impact throughout life, so we will work together to promote and support healthy lifestyles from an early stage. Giving children the best start in life begins with promoting health and well-being in pregnancy and childhood, and ensuring that universal healthcare services are available for all children and families.

National Health Service and Public Health professionals will work in partnership with children's centres and schools to identify those who need extra support, or treatment, and help them to access services. We will strive to integrate services and plan care jointly wherever possible, for example for disabled children and their families.

It is intended that there will be positive impacts on the above priorities and policies due to the reasons provided in 3.2

7. Implications

7.1 Financial

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

The service redesign, improved joint working, co-location of services and joint commissioning of an ICT system will ensure a sustainable delivery model for the Children Centre Service and 0-19 Wellbeing model, maximising the opportunities afforded to the LA and reducing cost.

7.2 Legal

Implications verified by: **Chris Pickering**
Solicitor

Legislation about children's centres is contained in the Childcare Act 2006 Act as a place or a group of places:

- which is managed by or on behalf of, or under arrangements with, the local authority with a view to securing that early childhood services in the local authority's area are made available in an integrated way;
- through which early childhood services are made available (either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere); and
- at which activities for young children are provided.

Children Centres will continue to provide early childhood services and activities.

7.3 Diversity and Equality

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

The Children's Centres by their very nature have targets to reduce the inequalities and improved outcomes for the most disadvantaged families. An Equality Impact Assessment (EIA) will be completed before any changes are made to service delivery.

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

If, following the review and consultation, there are further implications these will be included in the report to Cabinet in September and O&S in December.

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):

9. Appendices to the report

Appendix 1: Children Centres Core Purpose

Report Author:

Andrea Winstone

School Improvement Manager

Children's Services

“CORE PURPOSE” OF CHILDREN’S CENTRES IN THURROCK

GOVERNMENT VISION:

The Government has worked with sector leaders to consider evidence and good practice, resulting in a co-produced statement of intent about how the core purpose can be achieved, by:

1. **Improving outcomes for children**
2. **Assessing need across the local community**
3. **Providing access to universal early years services in the local area including high quality and affordable early years education and childcare**
4. **Providing targeted evidence based early interventions for families in greatest need, in the context of integrated services**
5. **Acting as a hub for the local community, building social capital and cohesion.**
6. **Sharing expertise with other early years settings to improve quality.**
7. **Respecting and engaging parents**
8. **Working in partnership across professional/agency boundaries**

1. Improving outcomes for young children and their families and reducing inequalities.

This is the overall aim of children’s centres. The purpose around which children’s centres should frame their activities is to identify, reach and help the families in greatest need to support:

- **Child development and school readiness** - supporting personal, social and emotional development, physical development and communication and language from pre-birth to age 5, so *children* develop as confident and curious learners and are able to take full advantage of the learning opportunities presented to them in school.²
- **Parenting aspirations and parenting skills** - building on strengths and supporting aspirations, so that *parents and carers* are able to give their child the best start in life.
- **Child and family health and life chances** - promoting good physical and mental health for both children and their family; safeguarding; supporting parents to improve the skills that enable them to access education, training and employment; and addressing risk factors⁴ so that *children and their families* are safe, free from poverty and able to improve both their immediate wellbeing and their future life chances.

2. Assessing strengths and need across the area to inform local commissioning of services

This means children's centres influencing local strategic needs assessments, and commissioning decisions taken forward by the local authority, in partnership with the Health and Wellbeing Board.

3. Providing access to high quality universal (available to all families who wish to use them) services in the area

The statutory definition of a children's centre includes making available early childhood services.

Universal services (i.e. available to all families who wish to make use of them) make a difference to children and families, when delivered in an integrated manner:

- **High quality, inclusive, early learning and childcare**, particularly for disadvantaged families or those with particular needs (for example disabled children) or in disadvantaged areas. This includes supporting families to access the offer of free early learning for 2 year olds, support for childminder networks and sessional and crèche facilities appropriate to meet local need. Where early learning and childcare is delivered by the children's centre (or by a third party on behalf of the children's centre), it should be supported by someone with either Qualified Teacher or Early Years Professional status.
- **Information and activities for families**, so that parents can make informed choices. This will include provision of family activities to improve outcomes (for example, learning through play or healthy eating) and could involve access to wider sources of support for example benefit or debt advice.
- **Adult learning and employment support**; this may include language, literacy and numeracy support, family learning, access to apprenticeships and volunteering opportunities as steps toward employment and links to Jobcentre Plus. It is supported by good quality, inclusive childcare.
- **Integrated child and family health services**; to include Health Visitors delivering the Healthy Child programme, engagement with midwives and GPs and use of the Family-Nurse partnership where appropriate.

4. Using evidence-based approaches to deliver targeted, family-centred support

This means children's centres combining evidence with professional expertise – in order to decide which early interventions work best for local families, and help ensure families receive the services they really need and that will make a difference to their lives. The following **targeted services** can make a difference for families with the greatest needs:

- **Parenting and family support**, including outreach work and relationship support (the quality of the relationship between parents is linked to positive parenting and better outcomes for children). Provision of integrated support in response to identified strengths and risk factors within individual families.
- **Targeted evidence-based early intervention programmes** (such as those recommended by Graham Allen MP, the NAPR and C4EO) where published evaluation demonstrates that particular interventions can help families make accelerated progress in improving outcomes where they are at greatest risk of falling furthest behind.
- **Links with specialist services** for families where there are the most complex health or social care needs (e.g. disabled children, children with major health difficulties, or

children likely to be “in need” or where there are safeguarding concerns as in the Children Act 1989)

5. Acting as a hub for the local community, building social capital and cohesion.

This will involve children’s centres capitalising on their role as a welcoming environment for families, for example by welcoming older people’s groups to use the facility for community activities or by supporting siblings or older children’s activities where this is appropriate locally. It is about children’s centres using their facilities creatively so the whole community can benefit and using the skills within the community to the benefit of the children’s centre. (e.g. members of the community volunteering their skills). It links to the Health Visitor Building Community Capacity work and the Health Visitor Early Implementer Sites.

6. Sharing expertise with other early years settings to improve quality.

This is not about taking on the quality improvement role of the Local Authority but could involve sharing expertise, brokering relationships, sharing (and learning from) good practice, support for childminding networks, shared training and joint planning. National College are developing work in this area.

7. Respecting and engaging parents

Respecting the views and wishes of all parents, with local families at the heart of inclusive decision making. This may involve a role for parents in governance. It will involve local families a greater say in how services are delivered (with transparency about what money is being spent on and what difference it is making), actively engaging them in delivery through volunteering opportunities, as well as working with health visitors to build the capacity of local parents to help each other and form informal networks of support.

8. Partnership working

The core purpose puts an onus on a cross-sector approach and effective local partnerships, particularly between social workers, health visitors and children’s centre outreach workers, so that vulnerable families are supported into appropriate interventions. Reducing child poverty and increasing social mobility Centres will also work with a range of other partners to help them deliver this core purpose for example other early years providers, Jobcentre Plus, GP consortia, information and advice organisations, schools and voluntary and community sector organisations.

Acknowledgement:

[www/http://www.shareville.bcu.ac.uk/index.php?.../sure_start_childrens_centres_core_purpose](http://www.shareville.bcu.ac.uk/index.php?.../sure_start_childrens_centres_core_purpose)

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5 July 2016	ITEM: 8
Children’s Overview and Scrutiny Committee	
Update on the Megan Serious Case Review Action Plan	
Wards and communities affected: All	Key Decision: To continue to monitor Action Plan
Report of: Andrew Carter, Head of Children’s Social Care	
Accountable Head of Service: Andrew Carter, Children’s Social Care (CATO)	
Accountable Director: Rory Patterson, Director of Children’s Services	
This report is Public	

Executive Summary

This report updates members of the Committee on the multi-agency action plan to address the findings of the Megan SCR

1 Recommendation(s)

1.1 Children’s Overview and Scrutiny to monitor the progress of the council and partners in fully implementing the Megan SCR Action Plan

2. Introduction and Background

2.1 Copies of the Megan Serious Case Review were previously presented to the Children’s Overview and Scrutiny Committee.

2.2 Full copies of the review can be found on the Thurrock Local Safeguarding Children Board (LSCB) website.

2.3 Following the completion of the serious case review agencies have drawn up the attached action plan, which is being monitored and challenged by the LSCB.

3. Issues, Options and Analysis of Options

3.1 Children’s Social Care as reflected in the attached action plan has made significant progress in enacting and embedding the learning from the Megan Serious Case Review.

- 3.2 As reflected in the recent Ofsted inspection report (24.5.16) Thurrock offers effective services for adolescents. A dedicated Adolescent Team has been maintained and developed to ensure that the needs of vulnerable teenagers as highlighted in the 'Megan' and 'Julia' Serious Case Reviews are addressed.
- 3.3 The council has a clear neglect strategy and has embedded use of the 'Adolescent Neglect Toolkit' to enable practitioners to assessment, evaluate and planning effectively for teenagers at risk of neglect (and experiencing neglect).
- 3.4 Across all age groups the department have recently concluded a national evaluation pilot with the NSPCC of the Graded Care Profile 2. The Graded Care Profile 2 assists practitioners to better assess neglect and its impact across all age groups.

4. Reasons for Recommendation

- 4.1 The Children's Overview and Scrutiny Committee to be satisfied that the learning from the Serious Case Review has been acted on and changes to practice / systems embedded across the council and partner agencies.

5. Consultation

- 1. Thurrock LSCB
- 2. Children's Overview and Scrutiny Committee

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

N/A

7. Implications

7.1 Financial

Implications verified by: **Kay Goodacre**
Finance Manager – Children and Adults

There are no financial implications for the authority arising out of the action plan.

7.2 Legal

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

The Local Authority has a statutory duty to provide services to children in need of help and protection, failure to effectively do so could lead to legal challenges and reputational damage.

7.3 Diversity and Equality

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

The local authority and its partners must ensure that a range of services and provision is in place to protect children from all backgrounds. The action plan ensures this is addressed in Thurrock.

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):

Megan Serious Case Review Full Report

9. Appendices to the report

Appendix 1 - Megan Action Plan

Report Author:





Andrew Carter
Head of Service
Children's Social Care

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Thurrock LSCB SCR

MEGAN

Review Questions to the Board and its Partner Agencies

	<p>Red Progress not on track - remedial action required</p>
	<p>Amber Progress will need monitoring to ensure it remains on track</p>
	<p>Green Progress on track no additional action</p>
	<p>Action completed and evidenced</p>

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Last updated 17.06.2016

Questions	Agency	Actions	RAG	Target Date	Evidence/Outcome	Agency Lead Person	
1 How does the Board ensure that referrals contain the relevant history of the family so that all agencies are aware of recurrent themes?	Police		0	0	0	The Child Abuse Investigation Team complete a set of checks for each referral which are recorded on a check sheet and uploaded onto the Athena record (case information system). Police pass this information during strategy discussions/meetings to Children's Social Care and other attendees.	0
	Children's Social Care/Children's Services	<p>1 Continue to improve and develop the MASH and consultation offered within the MASH - JT</p> <p>2 Threshold training for agencies - including for agencies - including analysing history and current relevant factors - MWT, NL & TG</p> <p>3 Effective Child Protection and Safeguarding training. LSCB Training Group</p> <p>4 Guidance to schools to ensure that all information held in schools is effectively shared within schools and between schools at school transfer. NL, MWT</p> <p>5. Guidance to schools on ensuring that all key information is set out in referrals and the need to emphasise any issues of recurring themes. NL MWT</p>	Green	ongoing	<p>Independent and internal review of the MASH</p> <p>First Response Worker Pilot</p> <p>MASH (EOF & TF) Board and action plan</p> <p>Threshold training to schools and schools safeguarding leads meetings.</p> <p>Threshold and CAF workshop/training with GPs as part of the GP Safeguarding Leads Forum</p> <p>Section 11 and schools safeguarding reports to LSCB</p> <p>School safeguarding forum feedback</p>	AC; JT; NL; MT & RE	
	NELFT	NELFT to be assured that practitioners complete robust risk assessments to include all relevant history when completing referrals including the Common Assessment Framework (CAF)	Green	31.03.2016	<p>NELFT electronic record keeping system incorporates information to support compiling relevant history of family (safeguarding palette and groups and relationships).</p> <p>NELFT safeguarding training incorporates guidelines on completing referrals. NELFT will be collecting exemplars of referrals to discuss with practitioners and use within training and supervision.</p> <p>Guidance including threshold documents is available on the NELFT website.</p> <p>Safeguarding duty desk is available for support for practitioner completing referrals.</p> <p>The quality of safeguarding referrals is audited on annual basis and following CQC review NELFT are planning to implement a real time quality assurance process. Update 6.6.16 exemplars of referrals are being collated. All safeguarding referrals to be discussed with line manager/safeguarding supervisor/duty desk and audit of quality of referrals to be registered.</p>	Named Nurse Safeguarding children.	
	Thurrock CCG	<p>Training has been provided on Threshold doc, MASH Process and CAF.</p> <p>Made available on the CCG Intranet via the Resource Pack. Standing agenda item on GP Forum.</p> <p>Head of Children's Social Care (CSC) is invited to the GP forums to respond to any CSC issues. MASH referral discussed at GP forum and training as required.</p>	G	Completed	<p>Evidence of GP referrals to MASH.</p> <p>Evidence of GP's challenge to MASH.</p> <p>CQC Positive Feedback on GP's referral during deep dive inspection.</p>	Designated Nurse / Safeguarding Team	

	BTUH	0	0	0	BTUH is aware referrals need to be more explicit with regard to information ie drug overdoses – what drugs are and physiological effect If parent provides details of where child/ren are, for this to be noted on referral form, or for referral form to stated parent refused to provide information	0	
	CAFCASS						
	NPS	completed	completed	0	Offender Managers generally work with adults, information on social care involvement is gathered at court and induction and updated as required during statutory contact with case, Oms will refer to past records when making referrals, action point discussed at Thurrock team meeting on 25.2.16	Shirley Kennerson, for all points	
	CRC						
2	How does the Board ensure that agencies avoid starting again and incorporate all previous information?	Police	0	0	0	All of the information held within police systems is recorded on Athena. Every event relating to a specific individual or family is linked within the system. Athena has been in place since 01/04/15, prior to that events were recorded on a system known as PROtect. This data is being back recorded converted onto Athena.	0
	Children's Social Care/Children's Services	1 Ensure effective use of chronologies and case summaries. JW & SMT. 2 Develop a stable and permanent workforce. SMT & AC 3 Promote reflective practice and the use of research. SMT & CS 4 Promote specific advice to schools on the potential increase of safeguarding risks where there are existng safeguarding concerns at the time a parent makes a decision to Electively Home Educate 5 Promote effective safeguarding and threshold training across agencies. Ensure LSCB Training Group is fit for purpose 6 Guidance to schools and workshop activity on building on previous safeguarding activity and dangers of fresh start approaches	Amber	ongoing	Maintained focus and training to staff on the completion of chronologies. Consistency and quality of chronologies to be improved. Retention and recruitment campaign has increased the number of permanent staff and work is ongoing to strengthen targted recruitment at the front door and Team Manager level. Supervision template and guidance is embedded to promote reflective supervision. Recorded evidence of reflection to be improved. LSCB Training Group, quality assurance of safeguarding and child protection training Safeguarding Forum workshop activity and feedback Elective Home Education information from schools to include any information on safeguarding concerns .	AC; JH; JT; NL; MT, RE & Aca	
	NELFT	NELFT to be assured that staff record and analyse all relevant history when completing assessments.	Green	30.06.2016	NELFT electronic record keeping system incorporates information to support compiling relevant history (safeguarding palette and groups and relationships). NELFT safeguarding training incorporates guidelines on record keeping and the relevance of historical information. Update 6.6.16 Combined safeguarding thematic audit in pgress with data collection due for completion end of June 2016.	Named Nurse Safeguarding children .	

	Thurrock CCG	Following SCRs Julia and Megan, please see CCG IMR Action Plan for Megan 1.2 and 1.3 GP's to have the need for a co-ordinated response from health practitioners when they see children of concern, which includes sharing information, collective analysis and decision making.	G	Completed		0	Designated Nurse / Safeguarding Team
	BTUH		0	0	0	0	BTUH do not work directly with families. However through safeguarding children supervision in relation to potential safeguarding concerns, staff are aware the need to view historic acute attendance information
	CAFCASS						
	NPS	completed	completed	0	0	0	see Q1, historical OASys, court reports are read and incorporated to a longitudinal picture along with headline information pinpointing current concerns
	CRC						
3	How does the Board ensure that all practitioners share the information they have with others - and also ensure that they take ownership of this?	Police	0	0	0	0	Police share information when they receive a request for Section 47 and Section 17 checks. If this request is linked to a referral, the information is shared at a strategy meeting or case conference.
	Children's Social Care/Children's Services	Develop and evaluate information sharing across agencies within the MASH using the MASH Board to lead. JT Develop information sharing and use of technology to support intervention within EOH & TF. AC, CM, TGo and CSPM Project Board Guidance to schools and all Children's services' agencies EWS, EHE, EPS, School Improvement, on sharing information with all agencies to collate and build on any emerging issues.	Amber/Green	ongoing			Effective information sharing agreements are in place within the MASH and these are subject to review. Review of core groups and conferences as part of audit cycle for 2016/17 building on learning from 2015/16. Evidence indicates that core groups are not as consistently effective as they need to be. Ongoing challenges to agencies to ensure that attendance at conferences is multi-agency and effective. Improving analysis of data held across agencies to target interventions and monitor outcomes for families (CSPM) Ongoing challenge to all schools and agencies working with schools to ensure information sharing is taking place.

NELFT	This is in place	Completed	0	<p>NELFT health practitioners are co-located in MASH to ensure appropriate information sharing.</p> <p>NELFT have signed up to the Information Sharing Agreement with MASH. Advice regarding information sharing is available to all NELFT staff via the Safeguarding Duty Desk.</p> <p>Information sharing guidance is available on the NELFT website.</p> <p>Information sharing is discussed at safeguarding supervision and the quality of safeguarding supervision is audited on an annual basis.</p> <p>A NELFT wide information sharing policy is in place to support staff in sharing information.</p> <p>The National Information Sharing Guidance was updated March 2015 is available to all staff through the intranet pages and information of this is included in all Safeguarding Children Training.</p> <p>Links to the guidance are within the safeguarding children level 1&2 on line training.</p> <p>There is a flow chart in place in the Information Sharing Guidance updated to detail information sharing process pertaining to information within children's records requested by agencies and statutory organisations.</p> <p>There is policy and guidance in place on the processes for sharing information which is patient identifiable: within the organisation, outside the organisation, via email, fax and paper processes.</p> <p>All staff have access to encrypted email accounts and all operational teams have a group.nhs account.</p> <p>Compliance to the Policy on information sharing is part of the corporate audit cycle.</p> <p>The Annual Audits on Safeguarding Record Keeping and multi-agency referral process support the audit process.</p>	0	
Thurrock CCG	<p>All GP Practices in Thurrock are on System 1 except for 3 practices.</p> <p>GP are taught and encouraged to use the safeguarding palate and know how to pull the significant safeguarding report from the child's template.</p> <p>System 1 team have design a flagging system whereby vulnerable, CP and LAC children and young people are flagged.</p> <p>GP, HV's and SN's have a shared access and are able if required to override the system to view information.</p> <p>MDT meetings are been promoted.</p>	G	Completed		0	Designated Nurse / Safeguarding Team
BTUH		0	0	0	<p>BTUH complete safeguarding information sharing proforma which is sent to the Named Nurse and Nurse Specialist for Child protection/Safeguarding both locally and out of area.</p> <p>Information that is known at the time is stated on CAF referral forms</p> <p>All paediatric A/E attendance information is securely e-mailed to community practitioners as case holders for these children.</p> <p>The vacant post over the past year in relation to nurse liaison is to be recruited into in early 2016.</p> <p>GP's receive notification of all BTUH information as gate keepers for the child and family.</p>	0

	CAFCASS						
	NPS	completed	completed	0	Oms prepare reports as well as attending in person for CIN and CP conferences, resulting CIN and CP plans are incorporated into Risk Management Plans and Sentence plans		Shirley Kennerson, for all points
	CRC						
4	How does the Board ensure that the impact of agreed interventions is evaluated and outcomes described and shared?	Police	0	0	0	This is achieved through the audit function administrated through the LSCB. In addition, the Police have an internal audit and compliance programme agreed by Chief Officers each year. Outcomes of investigations are monitored though our internal performance framework.	0
	Children's Social Care/Children's Services	Ensure that interventions and commissioned services have a clear outcomes framewoprk/plan that is SMART. Provision of data, reports and presentations at Full Board and Performance Group Ensure all actions and impacts of these interventions from Children's services including EWS and EHE are carefully monitored and supervised.	Amber	ongoing		Outcomes date re: EOH & TF Duration data re: children subject to CIN, CP and PLO Challenge to drift and delay re: effective tracking at each state within the Children's Social Care and multi-agency processes. Local, Regional and National performance data. CME monthly monitoring meeting at DMT	SG
	NELFT	This is in place	Completed		0	The progress of individual child protection and child in need plans are discussed and reviewed at safeguarding supervision. The Safeguarding Children supervision policy supports staff to identify and carry our risk assessments of cases to be discussed at safeguarding supervision. All identified staff are required to attend safeguarding supervision at least 3 monthly. The quality of safeguarding supervision is audited on an annual basis. Where there are concerns regarding the progress of actions identified in CP and CIN plans NELFT staff are supported by senior staff and safeguarding team to escalate concerns as per the policy. NELFT staff are expected to prioritise attendance at conferences/core groups and to actively participate. Support is available to staff via senior managers and safeguarding team. NELFT is currently auditing the practitioners contribution to conferences and core groups.	0
	Thurrock CCG	From the learning on Megan and Julia SCRs, Some practices in Thurrock have started to invite other health professionals (HV's, SN and AHP) to their MDT meetings to share and evaluate interventions. This is a new process for the GP's and Community Staff, and will need reviewing regularly for feedbacks.	A		Review June 2016		0 Designated Nurse / Safeguarding Team
	BTUH		0	0	0	BTUH are not core group members, nor receive information regarding Child-in-Need or Looked After	0
	CAFCASS						

	NPS	completed	completed	0	By contributing to multi-agency meetings and addressing Cin and CP plans where NPS has specific action points, NPS also attend multi-agency meeting to contribute to the formulation of action points	Shirley Kennerson, for all points	
	CRC						
5	How does the Board ensure that all agencies have an understanding of adolescent neglect and the impact of this on the ability of the adolescent to change and challenge?	Police	0	0	0	All CAIT officers attend the national Specialist Child Abuse Investigation Development Programme which covers the four strands of significant harm including neglect. Each child abuse hub has sent an officer on a recent neglect conference which covered adolescent neglect. This learning was taken back and disseminated via office meetings had neglect as the theme.	0
	Children's Social Care/Children's Services	1 Embed use of Adolescent Neglect Tool Kit. JW & CS 2 Develop and embed neglect strategy. CS 3 Audit a range of adolescent neglect cases. Audit Group/TG 2016/17 4 Implement further workshop training on adolescent neglect through school safeguarding forum	Green	June 2016 / ongoing	Adolescent Neglect Toolkit embedded within service with focus on Adolescent and Edge of Care Team. Neglect Strategy developed by Children's Services and enlarged to be LSCB Strategy. Early adopter status and work to embed the Graded Care Profile 2. Increase in teenagers who progress to CP plans re: neglect and emotional abuse. Appropriate use of accommodation for teenagers.	AC; JT; NL; MT & RE	
	NELFT	NELFT to disseminate SCR Megan to all practitioners. NELFT to monitor progress of Megan IMR Action Plan. NELFT to participate in role out of GCP2	Completed	30.06.2016	NELFT is monitoring the progress of action plan identified in IMR. NELFT is actively participating on the Graded Care Profile (GCP)2 early adopter pilot with Thurrock Local Authority. The Named Nurse Safeguarding Children and Head of Children's services are members of the Steering Group. The Named Nurse has completed training to become a licensed trainer for GCP2. NELFT will identify practitioners to participate in GCP2 pilot. NELFT practitioners participated in 2015 LSCB conference focusing on neglect. 04/03/2016 update HG: 2 frontline staff have been identified and undergone GCP2 training, along with their line manager and a Specialist Safeguarding Advisor who will support this pilot. Update 6.6.16 GCP2 is being rolled out and NELFT fully participating. Extraordinary safeguarding supervisors meeting to disseminate Megan SCR; Megan SCR presented at Senior Leaders forum, Megan SCR discussed at directorate performance, quality, safety group (DPQSG). Megan IMR action plan monitored at same meetings.	Named Nurse Safeguarding children .	
	Thurrock CCG	Children and young people to be spoken to during consultations with GP practice staff. GP practices report there is a shift in practice as young people are being asked for their views and given opportunity to comment on treatment and progress. This needs monitoring, and an audit scheduled for June 2016 will give information on implementation.	A	01/06/16	GP Practices have started to contact MASH to share and or discuss concerns.	Designated Nurse / Safeguarding Team	
	BTUH		0	0	0	Adolescent Neglect is a theme within Level 3 safeguarding children training. Other than Maternity services, BTUH do not work directly with adolescents. Therefore in a majority of cases will not know if the adolescent has the ability to change and challenge. However, as an advocate BTUH would undertake this on behalf of the young person	0

	CAFCASS						
	NPS	completed	completed	0	NPS is aware and staff have been reminded of this on 25.2.16 including YOS seconded staff , NPS would not be considered lead agency in this area		Shirley Kennerson, for all points
	CRC						
6	How does the Board evidence the outcome of the multi-agency training to create a better understanding and appreciation of the roles of other agencies?	Police	0	0	0	This has previously been evidenced by the Training Sub Group completing telephone surveys with attendees at an appropriate interval after other similar training. Consideration should be given as to whether this is a priority over the other work of the Training Sub Group.	0
	Children's Social Care/Children's Services	1 Multi-agency audits to evaluate the effectiveness of training. LSCB Audit & Training Group. 2 Challenge each agency including schools re: how they are evaluating the effectiveness of their training and CPD. LSCB Performance Panel	Amber/Green	ongoing		Clear training evaluation framework. Comprehensive range of training (CPD) & new models of training delivery. Team/Service areas based skills audit. Identified need to strengthen the application of training to practice and how this is sustained over time. Need to further develop support to training re: take up of offer of group supervision.	AC; JT; NL; MT & RE
	NELFT	This is in place	Completed		0	NELFT is represented at the LSCB training sub group.	0
	Thurrock CCG	The LSCB did not offer or deliver multi-agency training in 2015. However the CCG Safeguarding Level 3 training covers partnership working and multi-agency responsibilities. The LSCB Training Subgroup plans to put on training in 2016.	A		Awaits LSCB Training Dates		0 Designated Nurse / Safeguarding Team
	BTUH	N/A	N/A	N/A	N/A		0
	CAFCASS						
	NPS	completed	completed	0	operational staff discuss and review of training events with line manager, this is a standing agenda item of staff supervision template		Shirley Kennerson, for all points
	CRC						
7	How does the Board ensure that all agencies draw on the wider healthcare team to obtain as full a picture as possible of a child's life to help them recognise those in need?	Police	0	0	0	Health is a complex structure and so it would be really helpful if there was a single point of contact within health who could be responsible for contacting all the facets of health to identify what is held about a child. It is not feasible for Police to identify and contact each facet of health.	0

	Children's Social Care/Children's Services	1. Induction, multi-agency and single agency training to ensure that agencies/practitioners appropriately understand the modern health economy. 2 Senior Managers in Children's Social Care to attend GP Safeguarding Forum. 3 Strengthen links between LSCB and Health and Wellbeing Board. 4 Develop links and shared attendance of School Nurses , Health Visitors and Specialist Safeguarding leads in Health at School Safeguarding Forum	Green	ongoing	Senior Children's Social Care Managers are in attendance at the GP Safeguarding Forum. The Chair of the LSCB and DCS attend the Health and Wellbeing Boards. Use of the Neglect clinic Integration of health agencies within the MASH Feedback from Schools and School Nurses on closer working and improved information sharing across wider Health care team and schools. .	AC & NL	
	NELFT	NELFT to ensure all staff are knowledgeable of all health services provided. NELFT to ensure staff comply with record keeping standards. NELFT to ensure that all staff are confident in the use of safeguarding palette. NELFT to promote joint safeguarding supervision of all NELFT staff providing care	Green	30.09.2016	NELFT ensures that records of vulnerable children and children with complex needs are reviewed within safeguarding supervision. NELFT has embedded the use of the safeguarding palette within the electronic record keeping system. Level 2 and 3 Safeguarding Children training (classroom delivered) is delivered to multi-disciplinary cohorts.Update 6.6.16 Thematic safeguarding audit is in progress. This audit incorporates quality of record keeping, safeguarding supervision, DV/ harmful practices, CSE and safeguarding children interventions.	Named Nurse Safeguarding children .	
	Thurrock CCG	The CCG LSCB subgroups representatives has encouraged and re-iterated at various meeting on the complexities in health, and have advised agencies to contact the CCG safeguarding team to ensure the appropriate health practitioners are involved in decision making processes and invitations to meetings. Agencies has been informed on the fragmentation of health services and commissioning. The learning from SCRs has also been shared with GP Practices to promote their safeguarding responsibilities and profile in safeguarding.	G	Ongoing		0 Designated Nurse / Safeguarding Team	
	BTUH	0	0	0	Soon to be recruited to Nurse Liaison post Dissemination of paediatric A/E attendances to community practitioners by bank staff	0	
	CAFCASS						
	NPS	N/A	N/A	0	NPS would not be lead area, however NPS staff liaise with Crim Justice Mental Health Team	Shirley Kennerson, for all points	
	CRC						
8	How do agencies ascertain that families have adequate knowledge and the right skills to	Police	0	0	0	This is through assessment and whilst Police contribute, we do not complete assessments on families, this is a role for Children's Social Care.	0

follow change programmes?
This includes identifying influences or barriers, which may reduce their ability to actively change their health behaviours within the family and support the health and well-being of their children?

Children's Social Care/Children's Services	<p>1 Continue to develop and embed strengths based models of assessment (SoS). CS & SMT.</p> <p>2 Ensure that plans have measureable outcomes with clear milestones that can be measured. NL, SO, JT & TG.</p> <p>3 Plans have effective and clear contingencies for where the plan is not improving the lived experience of the child/children. SMT</p> <p>4. Engage service users in the design and feedback on the effectiveness of services and how to improve them (co-production) SMT/SG</p> <p>5. Ensure Schools are actively involved in feeding back to agencies including social care on the likely supports and barriers to change programmes from their knowledge of families.</p>	Amber	Oct '16	<p>Use of Victoria Risk Assessment and Strength based model within assessments, supervision and case management.</p> <p>Signs of Safety (SoS) project plan.</p> <p>EOH and commissioned services outcome framework.</p> <p>Threshold Panel, PLO Panel, CP & CIN surgeries re: challenge as to the effectiveness of plans within a timeframe for the child. Identification of ongoing need to make plans SMART linked to development of SoS.</p> <p>Evidence from Intervention programmes of pre-planning and outcome monitoring taking place with schools and other agencies.</p>	AC, CS & NL	
NELFT	<p>NELFT to ensure that a robust assessment of need is completed and evaluated.</p> <p>NELFT to ensure where children/families do not complete a health course, a follow up is offered,</p>	Green	30.06.2016	<p>NELFT missed health appointments policy has been reviewed to include risk assessments where children are not brought to appointments. Update 6.6.16 email sent to remind staff of learning from SCR and to ensure use of missed appointments policy. To be discussed at DPQSG 9.6.16</p>	Named Nurse Safeguarding children .	
Thurrock CCG	<p>The CCG does not directly work with families. Thurrock GP's have a working knowledge of the 'Think Family' model, resilience and holistic factors that may influence behaviours.</p> <p>In the limited time that is available to GP's it is a challenge for GP's to monitor and or ascertain if families are able to practically implement change.</p> <p>GP will sign post patients to the appropriate services and liaise with them.</p>	G	Completed		0 Designated Nurse / Safeguarding Team	
BTUH		0	0	0	<p>BTUH, other than maternity, are not case holders. However, BTUH would advocate for the child eg complex health issues, parents failing to bring children to outpatient and follow up appointments etc</p> <p>Respectful questioning</p>	0
CAFCASS						
NPS	completed	completed		0	<p>NPS would consult during CP meetings and in that capacity we would identify any barriers that we saw as practitioners and offer practical solutions to overcome these. We would offer to undertake work with the individual we were working with to support this engagement and add it to the offenders sentence plan.</p>	Shirley Kennerson, for all points
CRC						

9 The outcomes as defined was not avoidable however the experience of neglect was. Therefore, how does the Board ensure the best possible (consistent) outcomes for children and young people experiencing or at risk of neglect?	Police	0	0	0	The board need to understand the issues within neglect cases in order to address this and each case is different. The case conference system is a potential forum to set outcomes for children and if these could be set at the beginning of a case and then reviewed regularly against timescales, this will ensure any deviation or non-compliance is considered.	0		
	Children's Social Care/Children's Services	1 Monitor and review the effectiveness of the Early Offer of Help in preventing neglect. SG & CM. 2 Ensure that Thresholds are clearly understood and consistently applied. NL & SMT. 3 Model and support effective multi-agency challenge. LSCB. DMT & SMT	Amber		0	Outcomes framework in place re: EOH. Threshold Document accessible to all staff and discussed in Team Meetings and Team Briefs. Threshold training provided to schools. Neglect Strategy in place and to be monitored by LSCB. New models and toolkits for assessing Neglect embedded (Adolescent Toolkit) and being embedded (GCP2).	0	
	NELFT	NELFT to be part of the GCP2 roll out.	This is in place		0	The Named Nurse for Safeguarding Children is a licensed GPC2 Trainer and will be active in the programme roll out. Practitioners (Health visitors/school nurses) have been identified for the roll out programme of the GCP2. The topic of neglect is discussed with Safeguarding training. This will be enhanced in Thurrock with the GCP2 training	0	
	Thurrock CCG	GP's engage in multiagency dialogue, and promote information sharing. It is vital, for other agencies to include GP's in their communications and invitations to meetings. Finds from Megan confirmed some GP's were not included in the whole process. Learning from Megan and Julia has been included in GP practice training, ime to Learn and GP Forums. Escalation of concerns and challenging agencies have been emphasised. There has been increased GP contacts with MASH. GP practices are scanning all Conference reports and minutes into electronic records which will inform colleagues of the bigger picture on the family.	G	Completed			0	Designated Nurse / Safeguarding Team
	BTUH		0	0	0	See the picture from the child's perspective at all times, retain that focus and not that of the parent. If in any doubt, call professionals meeting to ensure all agencies involved with the child contribute to ensure facts are current Regular Supervision for key workers Professional challenge Recognising children are troubled, not troublesome	0	
	CAFCASS							
	NPS	completed	completed		0	following SET procedures to ensure prompt and high quality referrals and full engagement and participation in a risk consultation capacity at CP meetings, strategy meetings CIN meetings and Core Group meetings.		Shirley Kennerson, for all points

		CRC						
10	How does the Board ensure that all agencies comply with record keeping requirements of the current SET Procedures?	Police	0	0	0	This can be achieved through quality assurance and auditing either by setting multiagency audits within the programme of auditing each year or through influencing single agency audit programmes.		0
		Children's Social Care/Children's Services	1 Embed clear recording practice standards. SMT. 2 Monitor and develop individual case recording within supervision. 3 Regularly audit the standard of recording and use HR processes where necessary.	Green / Amber	ongoing	1. Updated Practice Standards issued to all staff. 2 Clear focus on recording within induction and CPD offer. 3 Ongoing audits, dip-sampling and case management to review the standard of recording. 4 Ongoing 'shutdown' days to allow workers to balance the focus on direct work and engagement with service users with the need to accurately record. 5 Review and changes to LCS systems by frontline staff (supported by Munro Principle Social Worker) to ensure that this is enabling and not hampering effective practice.	AC & CS	
		NELFT	Ensure all staff are cognisant of electronic and paper based records keeping policy (2014)	This is in place		0 NELFT complete and annual record keeping audit. NELFT safeguarding team complete spot checks safeguarding record keeping audits which include the use of the templates on SystemOne and the safeguarding palette		0
		Thurrock CCG	The SET 2015 Procedures, GMC, RCGP Tool Kit and WT 2015 has been cascaded to all practices and uploaded on the CCG Intranet. These are also updated when required within the Safeguarding bulletins. Record keeping and documentations are highlighted at training and Gp Forums.	G	Completed/Ongoing			0 Designated Nurse / Safeguarding Team
		BTUH		0	0	0	This part of NMC code of conduct, reflected in policy and rolled out within safeguarding children training – the voice of the child	0
		CAFCASS						
		NPS		0	0	0		0 Shirley Kennerson, for all points
		CRC						
11	How does the Board ensure that agencies are equipped to recognise signs of neglect and that the threshold for care proceedings to be initiated in cases of neglect are clearly understood, constantly applied and monitored by all agencies	Police		0	0	0	Through training on neglect for all agencies. The responsibility for legal proceedings sits with Children's Social Care and so training on this specific issue may need to be focused on those responsible for the decision. Case conferences are also a forum to discuss threshold against assessment on progress of cases. A further request for assessment for criminal investigation could be considered alongside this decision to instigate legal proceedings.	0

and monitored by all agencies and the LSCB?

Children's Social Care/Children's Services	<p>1 Implement and embed the Neglect Strategy across all agencies. CS, JT, TG and LSCB.</p> <p>2 Embedding the Graded Care Profile 2 as part of the pilot scheme. CS.</p> <p>3 Monitor and drive the progression of cases via the CIN Surgeries, CP Surgeries, Threshold Panel and PLO Panel. SSMT</p> <p>4 Training and workshop activity on signs of adolescent neglect to be included as part of safeguarding forum.</p>	Green	ongoing / May 16	<p>Thurrock's Neglect Strategy is being embedded across Children's Services.</p> <p>Thurrock is an early adopter of the NSPCC Graded Care Profile 2.</p> <p>Regular CIN surgeries in place to review and challenge progression of cases at CIN.</p> <p>Regular CP surgeries in place to review and challenge effectiveness of CP plans and support multi-agency processes.</p> <p>Threshold Panel and PLO Panel in place to monitor and drive progression of cases in-line with legal thresholds.</p>	AC; CS& NL
NELFT	This is in place	This is in place	0	NELFT staff comply with intercollegiate guidelines safeguarding training. This is monitored via monthly performance meetings. NELFT are participating in the GCP2 pilot. Named Nurse Safeguarding Children has been nominated as lead trainer with Local Authority Munro Principal Social Worker.	0
Thurrock CCG	<p>The safeguarding Team receives emails and telephone consultations from GP's on concerns and on occasion's dis-satisfaction with other agencies decision making on referral. There is an escalation process and pathway in place and GP are encouraged to utilise this pathway.</p> <p>Safeguarding Team Wider SW Health Economy Contact details are accessible via CCG Intranet. Increased telephone contacts from GP's. Increased update from GP Practices following their conversation with CSC.</p> <p>To raise more awareness and Safeguarding Profile, all practices have received a safeguarding support face to face visit. Bi-monthly GP Forums facilitated by the team GP Practice meetings GP Time to Learn sessions</p>	G	Completed/Ongoing		0 Designated Nurse / Safeguarding Team
BTUH	0	0	0	From an acute perspective, emphasising the effects of non-compliance with medication and the necessary follow-ups are highlighted. However, this medical need is not clearly set out within threshold criteria for referral	0
CAFCASS					
NPS	completed	completed	0	NPS trains all staff in recognising the signs of abuse and neglect on a child and our remit for ensuring that care proceedings are initiated constantly applied and monitored would be through our participation in CP conferences/ CIN meetings and engagement in the local Safeguarding Childrens meetings.	Shirley Kennerson, for all points
CRC					

12	<p>Should the Board adapt and expand Case Conference policies and procedures so that:-</p> <ul style="list-style-type: none"> - Technology is used to make Case Conferences more accessible to agencies. - It can be assessed that Case Conferences are quorate and achieve their agreed multi-agency function? - It can ensure that checks are done on all relevant family members as part of Case Conference procedures? - It can ensure that children's health is discussed at each Conference and appropriate Care PLans put in place and documented in records? - It can ensure that Child Protection Conference and CIN meetings demonstrate analytical assessment of risk in all cases? - Can be assured that the Children and Families Assessment would now capture the family dynamic and impact on the child? 	Police	0	0	0	<p>The police would welcome an IT solution to case conference attendance to reduce travelling time and costs and this is a concept already in use within the Police and is very successful.</p> <p>A review of the attendance of agencies needs to be conducted to assess who is failing to attend as per the requirement under SET. Essex Police use to attend just initial case conferences and a review of SET has been undertaken to trial a process where attendance is decided based on need and involvement of police in the case to ensure we prioritise those where we have a contribution and information to share.</p> <p>Essex Police do not currently attend CIN meetings and there is no capacity to do so at present. Our primary role remains the investigation and prevention of crime and this has to be a priority for our workforce.</p>	0
		Children's Social Care/Children's Services	<p>1 Children's Social Care has already agreed to use technology (conference calls and video links) where appropriate to facilitate attendance at conferences. NL</p> <p>2 Children's Social Care to ensure that invites are sent to all agencies in a timely fashion to support attendance at conferences and core groups, etc. Children's Social Care/Children's Services to escalate concerns re agencies that do not attend. NL, JT & TG</p> <p>3 Conference Chairs to raise an alert re any case where effective checks have not been completed prior to conference. NL</p> <p>4 Health actions to be SMART and explicit in what is required from each health agency (such as the GP). NL & SO</p> <p>5 Develop Signs of Safety model for child protection case conference in order to strengthen evidence of analytical assessment, planning and reviewing.</p>	Amber	0	<p>Agreement to use technology in place subject to practical application and needs of individual families.</p> <p>Tracking system developed to monitor distribution of conference minutes and improve timeliness.</p> <p>Signs of Safety project plan/implementation plan in place for Autumn / Winter 2016.</p>	0
		NELFT	NELFT would welcome expanded use of IT to make case conferences more accessible. NELFT ensure that staff attend child protection conferences.	Amber	30/03/2016	There is an audit in progress regarding practitioner contribution to child protection case conferences and core groups. Update 6.6.16 audit data collection to be completed 29.6.16. analysis and report due 31.7.16	Named Nurse Safeguarding children .

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	Thurrock CCG	The CCG does not have a Case Conference Policy. However, the CCG works closely with partner agencies to ensure safeguarding of children is effective. Following SCR Julia - the CCG Safeguarding Team has worked effectively with CSC to ensure that models for case conferences are held to accommodate practitioners from all agencies. Email dated 14.11.14 to CSC indicates suggestions from GP's on how case conference meetings and processes can be improved. This will depend on if health is invited and if it is the appropriate health practitioner. It has been advised that specific health leads (GP, HV, SN, AHP or Acute) are given specific action to work on during conferences period. This is to be monitored following the agreed timescale. The ensuring aspect will depend on the chair of the conference in making sure robust plans are in place and agreed by all. Review conferences should indicate if there are any delays from agencies, and the SET escalation process followed.	G	Completed/Ongoing		0	Designated Nurse / Safeguarding Team	
	BTUH		0	0	0	0	<ul style="list-style-type: none"> In my professional opinion Technology would be a valuable resource in cases of sickness or unplanned absence, enabling greater quoracy and information sharing. This is within statutory guidance To ensure that agencies are requested to provide a report in a timely manner The number of children subject to dental extraction under anaesthesia should be considered as a neglect issue. Guidance and boundaries and positive cycle of praise, in my professional opinion are an important facet to mental well being Analytical assessment of risk should be evidenced in all cases ???typo – the CFAT assessment should capture the family dynamic and impact on the child 	0
	CAFCASS							
	NPS	n/a	n/a		0	0	Shirley Kennerson, for all points	
	CRC							
13	How does the Board ensure that practitioners see and obtain the child/young person's voice at each contact and record the voice of the child in records and reports?	Police	0	0	0	0	Essex Police are victim focused and this has been a focus of recent vulnerability conferences and ongoing professional development for the front line as well as specialist officers and staff.	0
	Children's Social Care	See 14 below		0	0			0

	Education						
	NELFT	This is in place	Completed	0	0	Within the electronic record keeping system a voice of the child template is completed at each contact. NELFT and completed a Voice of the Child action plan to ensure that there is a consistent approach to obtaining and recording the voice of the child across all services provided.	
	Thurrock CCG	Voice of the child is included in GP training and forums. GP practice staff are taught to talk to CYP during consultations. GP's are aware of the importance of also considering a referral when seeing an adult patients who is a parent, with adult issues which may put the children at risk of significant harm. If there are no referral in these circumstances, to provide a rationale as to why a referral has not been made.	G	Completed/Ongoing	0	Designated Nurse / Safeguarding Team	
	BTUH	0	0	0	0	BTUH are aware of the need to improve on documenting voice of the child in hospital health records. However, with four monthly rotation of Doctors this an ever revolving part induction training	
	CAFCASS						
	NPS	n/a	n/a	0	0	Shirley Kennerson, for all points	
	CRC						
14	How does the Board assure itself that children are seen on their own in accordance with agencies' policies and procedures?	Police	0	0	0	0	This is a challenge as often parents' consent is sought to speak to children unless they are of sufficient age and understanding to be 'Gillick competent'. The SET procedures outline other options if parents are suspected of being involved in child abuse. These options include the local authority seeking to share parental responsibility through a court order or by requesting the help of other professionals such as teachers to see children alone. This is centred on adherence and compliance the SET procedures and would need to be subject of an audit by the Audit Group. The issue has arisen particularly around activity on Domestic Abuse incidents and the current improvement plan seeks to address this.
	Children's Social Care	1. Ensure that LCS system captures whether or not a child has been seen, seen alone and can report on this. LT. 2 Undertake thematic case audits to establish if children are being routinely seen alone and their views captured. CS, NL & Audit Group 3 Ensure that escalation process is clearly understood for where children are not seen. SMT.	Green / Blue	ongoing			Recording requirements on the LSC system currently captures if a child has been seen and if that child has been seen alone. Thematic audits have taken place and continue to be undertaken. Evidence suggests that children are routinely seen on their own.
						AC & SMT	

15
 How does the Board ensure that all agencies involved with children and young people listen to and consider their voice, record this and ensure that it is part of the story of this child/young person in terms of provision?

Education						
NELFT	This is in place	Completed	0	0	Children are seen with the consent of their parents, unless the child is Fraser competent and wishes to see a health care practitioner.	0
Thurrock CCG	All GP's are aware where appropriate CYP are offered to be seen alone. GPs have access to resource pack and have received training following various SCR on VOC and seeing CYP alone. They are also aware following recommendations to have Chaperone Policy.	G	Completed/Ongoing	0		0 Designated Nurse / Safeguarding Team
BTUH	0	0	0	0	Where safeguarding concerns are identified, children are seen on their own but dependent on the stated wish of the child. Each case would be chaperoned in order to protect the child	0
CAFCASS						
NPS	n/a	n/a	0	0		0 Shirley Kennerson, for all points
CRC						
Police	0	0	0	0	Listening to the voice of the child is a theme that has emerged from the recent HMIC Child Protection inspection and it is included in the Improvement Plan resulting from that inspection.	0
Children's Social Care	Undertake the thematic case audits to assess the effectiveness of the service in capturing the child's voice. NL, CS & Audit Group. Provide tools and support to promote effective direct work with children. SS Develop workshop activity and disseminate good practice on listening to children and young peoples' voice as part of school safeguarding forum.	Green	ongoing		Thematic audits have been undertaken and are in place as part of a regular cycle of auditing to assess and improve how the child's 'voice' is captured and acted on. Training, support and resources are in place to promote direct work with children and young people. February - March have been dedicated as Direct Work months to promote and raise standard of direct work and embed this as part of ongoing practice. Clear guidance is in place for managers and chairs to be checking as part of supervision how the child's voice has been captured and where appropriate acted upon.	AC & SMT
Education						

	NELFT	This is in place	Completed	0	0	0	Within the electronic record keeping system a voice of the child template is completed at each contact. NELFT have completed a Voice of the Child Action Plan to ensure that there is a consistent approach to obtaining and recording the voice of the child across all services provided. NELFT safeguarding training includes Voice of the Child with age appropriate considerations. Recent CQC inspection has made recommendations regarding recording the actual words of the child and the demeanour of child: this will be addressed in NELFT responses to CQC.	0
	Thurrock CCG	Learning from Megan and Julia- Voice of the child is included in all GP level 3 training and is also covered in the GP forums. GP practices report there is a shift in practice as young people are being asked for their views and given opportunity to comment on treatment. 2016 audit should be able to confirm if this is practiced across the board.	G	Completed				0 Designated Nurse / Safeguarding Team
	BTUH		0	0	0	0	BTUH would be involved in this from strategy meeting and discharge planning meeting perspective only	0
	CAFCASS							
	NPS	n/a	n/a			0		0 Shirley Kennerson, for all points
	CRC							
16	Should the Board consider developing new ways of engaging with teenagers?	Police	0	0	0	0	The views of teenagers in terms of consultation around policy and procedure are key to 'getting it right'. There is a Youth Engagement Panel supported by the Office of the Police & Crime Commissioner and they are accessible when we need to consult. The Essex Police Local Policing Support Unit have an engagement process around the stop and search of young people and Essex Police also involved in research being conducted by the University of Bedfordshire where Essex young people are being surveyed around issues such as CSE. This cohort of young people are those that were referred by the Children's Society due to their involvement in CSE.	0
	Children's Social Care/Children's Services	Effective ways of engaging teenagers need to be developed and maintained with staff who have the passion, commitment and time to engage with teenagers. JW & TG Specialist toolkits should be used to capture and understand the impact of neglect for teenagers. TG Thresholds should support access to appropriate services for teenagers and not act as a barrier to them. SMT	Blue	ongoing			Thurrock has retained and developed a specialist Adolescent Service. The service has been redesigned and refocused to address the needs and risks for young people who are children in need, subject to CP plans and on the edge of care. The adolescent neglect toolkit is embedded within the service to better capture the risks to teenager and ensure that these are addressed. The threshold to care panel makes decisions in relation to the instigation of care proceedings and the accommodation of children. The panel has strengthened the ability to offer appropriate accommodation to teenagers and issue proceedings at the earliest and most appropriate opportunity.	

	NELFT	NELFT welcomes the opportunity to work with partners to explore teenagers' views on multi agency working where there are safeguarding concerns.	Completed		0	NELFT to work with partners to explore new ways to engage with teenagers. Update 6.6.16 Head of service has met with Health Watch to explore future engagement with young people.	Head of Childrens Services
	Thurrock CCG	This will be led by our Providers. With regards to GPs in particular, all teenagers will be seen as CYP and will receive appropriate level of engagement in the time slot available. If there is a need for referral to other colleagues, this will be followed up.	Completed		0		Designated Nurse / Safeguarding Team
	BTUH		0	0	0	Board could fact find from other Boards as to how teenagers are engaged with	0
	CAFCASS						
	NPS	n/a	n/a		0		Shirley Kennerson, for all points
	CRC						
17	How can the Board be assured that staff have the knowledge and skills to recognise disguised compliance and challenge parents where this is the case?	Police	0	0	0	A Single Point of Contact (SPOC) from each of the Child Abuse Investigation hubs has recently attended a conference on neglect where disguised compliance was featured in a presentation. The Head of Child Abuse Investigation spoke at the conference and reinforced the need for awareness of disguised of compliance when dealing with parents.	0
	Children's Social Care/Children's Services	<p>1 Ongoing single and multi-agency training and guidance in relation to disguised and false compliance. WA, CS, AC, SMT & LSCB Training Group.</p> <p>2 The provision of effective, reflective supervision (1:1 and group based). SMT, AC & SC.</p> <p>3 Ongoing auditing of cases and dissemination of learning. NL & CS.</p> <p>4 Review QA and auditing capacity. AC & CL</p> <p>5 Review issue of disguised compliance with schools through safeguarding forum.</p> <p>6 Review issue of disguised compliance in cases where there is the involvement of the Educational Welfare Service or Elective Home Education Service.</p>	Green	August 16 and ongoing		<p>Guidance has been provided to all staff on disguised and false compliance. The training programme for Children's Social Care continues to identify this as a priority area. The impact of the training is being reviewed on an ongoing basis within teams and across the service.</p> <p>This is an ongoing area for monitoring and improvement. Clear guidance and support is in place to assist managers in providing effective management oversight and supervision. Audits to date have shown that this is an area that needs further development to ensure consistency across the service.</p> <p>Maintain focus on disguised and false compliance as part of business as usual model.</p>	AC & SMT

	NELFT	This is in place	Completed	0	NELFT safeguarding training includes sections addressing disguised compliance and respectful curiosity. NELFT staff are encouraged to discuss the challenges of disguised compliance and the challenges of working with challenging parents. NELFT staff have accessed multi-agency training focusing on working with challenging families and sand stories. NELFT staff are encouraged to discuss challenging parents in safeguarding children supervision	Named Nurse Safeguarding children .	
	Thurrock CCG	The aspect of knowledge and skills - This is covered in L3 training and scenarios. However, it is difficult to have 100% assurance of the day to day application of the knowledge and skills gained at training. Barriers could be a number of factors. The CCG will bring this up at GP Forums.	A	01/06/2016		Designated Nurse / Safeguarding Team	
	BTUH		0	0	0	The snapshot of time in clinic, A/E etc would not provide an adequate insight into the functioning of the family due to duplicity	
	CAFCASS						
	NPS	completed	completed	0	0	NPS would work with other professionals in strategy meetings and professionals meetings as well as in core groups CIN and CP meetings to feedback on attitudes and behaviour which may highlight discrepancy in compliance and interaction between agencies, this would then be challenged directly by the practitioner. Through ongoing liaison with professionals would be key to ensuring that compliance was genuine and that where discrepancies were developed this was shared and challenged by all agencies working with the case.	Shirley Kennerson, for all points
	CRC						
18	How does the Board ensure that all professionals record the type of interaction between child/young people and their parent/carer and share concerns with other relevant agencies?	Police	0	0	0	CAIT record all interactions between parents and their children at all visits and this is also often witnessed by Social Worker on the joint visit. The wider challenge is how we equip frontline officers with awareness training and to address this, the Public Protection Awareness course has been implemented and will delivered over the next two years.	0
	Children's Social Care/Children's Services	1 Multi-agency audits and single agency audits. NL, CS & Audit Group. 2 Training on direct work and recording. WA & Training Group. 3 Clear recording policies and information sharing agreements across agencies. JT & AC.	Green / Blue	42461	1 Updated Practice Standards and Recording Guidance has been issued to all staff and presented within team meetings and team briefs. 2 Ongoing single agency audits focus on the child's voice and evidence of this in recordings. 3 Clear information sharing agreements in place across agencies. 4 Comprehensive CPD programme in place to support direct work, engagement, assessments and information sharing.	SMT	

	NELFT	NELFT to be assured that all practitioners use the safeguarding palette. NELFT to be assured that all staff are cognisant of the information sharing policy. NELFT to be assured that the consultation pathways and contact details for MASH are widely available and easily accessible.	Completed	31.03.2016	NELFT ensures that all records of children are reviewed within safeguarding supervision. NELFT has embedded the use of the safeguarding palette within the electronic record keeping system. NELFT staff have received training in the use of the safeguarding palette. An audit of practitioners use of the safeguarding palette has been audited and actions put in place to address concerns. Update 6.6.16 this is ongoing and audits including thematic audit, voice of the child, use and understanding of safeguarding palette are ongoing with action plans monitored both at a static level and operational level.	Named Nurse Safeguarding children .
	Thurrock CCG	The Safeguarding team has re-iterated at GP practice meetings, training and GP Forums the importance of observation and documentation on the adult accompanying the child/young person, interaction between the two and any relevant observation or history. Electronic records are used across the patch. The quality of the recording varies from one practitioner to the other.	A	01/06/2016		0 Designated Nurse / Safeguarding Team
	BTUH		0	0	0 All staff working with children are aware of the need to observe the interaction between the child and the parent. Any concerns would be shared with the community practitioner, unless it met threshold criteria. Play specialists are key in relation to their skills to provide further insight	0
	CAFCASS					
	NPS	completed	completed	0	0 Our remit of observing parent/child interaction is limited to possible observation during home visits. If the practitioners observed behaviour which they recognised from safeguarding training to be of concern then immediate action in the form of a referral to IRT or an email to allocated social worker would be completed	Shirley Kennerson, for all points
	CRC					
19	How does the Board ensure adequate, recorded supervision and management oversight of all cases where there are concerns?	Police	0	0	0 A new investigative review process was launched in April 2015 to strengthen previous supervision procedures. This has also been reinforced at Section 47 training and Continuous Professional Development days for CAIT staff and this is now being widened to other teams that deal with children. The introduction of a new risk assessment model using the National Decision Model has reinforced the need for continual review of investigations. In order to test compliance, the supervision of investigations is the subject of ongoing audit.	0

	Children's Social Care/Children's Services	1 Children's social Care (agencies) provide clear guidance on supervision and management oversight. CS 2 Undertake regular audits on the quality and frequency of supervision. Audit Group, CS and NL.	Amber	ongoing	Revised guidance and management oversight has been issued to all managers and staff. Supervision templates to assist managers have been rolled out across the service. A regular audit cycle in place to review the quality of supervision and management oversight. Group supervision and peer support is being developed across the service by the PSW.	AC & SMT	
	NELFT	This is in place	Completed	0	The update of 3 monthly safeguarding supervision and monthly managerial supervision is monitored at monthly quality and performance meetings. NELFT complete an annual record keeping audit. NELFT safeguarding team complete spot checks safeguarding record keeping audits which include the use of the templates on the electronic record keeping system and the safeguarding palette.	Named Nurse Safeguarding children .	
	Thurrock CCG	GP Practices do not receive direct supervision from the Safeguarding Team. They are not case holder like Hvs or SWs. There is no one central place to hold all GP's safeguarding cases. Telephone consultations are recorded, and views are challenged as required. GP Forums are used to share good and poor practices. Specific cases are brought by practices to discuss as a form of reflective sessions.	G	Completed/Ongoing		0 Designated Nurse / Safeguarding Team	
	BTUH	N/A	N/A	N/A	N/A	0	
	CAFCASS						
	NPS	completed	completed	0	NPS cases are audited in supervision between seniors and practitioners and where there is SC involvement the case should be flagged and evidence of recorded work observed in nDelius (case management system). When OASys risk assessments are QA'd on a quarterly basis, practitioners are assessed on the quality of information provided relating to child protection, this should then be reflected in both the risk management plan and the sentence plan on that assessment. If this is not sufficiently rated then a review would take place by the senior who would address any shortcomings with training and increased scrutiny.	Shirley Kennerson, for all points	
	CRC						
20	How does the Board assure itself that agencies are clear about the grounds for and ensure that consideration is given to criminal neglect (Cruelty to Persons under 16) investigations?	Police	0	0	0	CAIT are currently engaged with the three authority legal departments to compare the thresholds for legal planning against criminal neglect. Work is needed with conference chairs and team managers to train them so that they have an understanding of the criminal offence of neglect in order that the threshold for wilful neglect is recognised and that cases are referred to Essex Police for assessment as per SET procedures .	0

Children's Social Care/Children's Services	<p>1 Provide single and multi-agency training, and guidance on criminal neglect (Cruelty to Persons under 16) between January to June 2016. WA, NL & LSCB Training Group.</p> <p>2 Ensure clear recording of decisions to progress single or joint agency section 47 investigations. JT, TG & SC.</p> <p>3 Maintain challenge log to track effectiveness of challenge by Children's Social Care and responses by the Police. NL</p>	Green/Amber		0	<p>Revised training plan for 2015/16 and new plan for 2016/17; training evaluation and impact assessment by Sept 2016.</p> <p>Sample audit of section 47 investigations to review decision making re single agency (Children's Social Care) or joint (Police and Children's Social Care).</p> <p>Police "challenge log" established in December 2015 and to be monitored at SMT on a quarterly basis</p>	AC & NL
NELFT	This is not applicable to NELFT.	Completed		0		0
Thurrock CCG	This is usually CSC led. The CCG will challenge decisions made by partner agencies, if an assessment is made that a child's welfare is at risk.	G	Completed/Ongoing			0
BTUH		0	0	0	Staff in BTUH contact Named Nurse for Safeguarding Children or Lead Nurse SGC if they have concerns. These professionals have a duty of care to the child to ascertain the detailed facts and refer where threshold criteria indicate	
CAFCASS						
NPS	completed	completed		0	This would be undertaken in our role within CP arena at meetings as well as in discussion with Police and Social care where concerns were highlighted	Shirley Kennerson, for all points
CRC						

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**Children's Services Overview & Scrutiny Committee
Work Programme
2016/17**

Dates of Meetings: 6 July 2016, 13 October 2016, 8 December 2016, 1 February 2017

Topic	Lead Officer	Requested by Officer/Member
6 July 2016		
Ofsted Report and Action Plan	Andrew Carter	Members
0-19 Wellbeing	Bath Capp	Members
Review of Children Centre Services	Andrea Winstone	Members
Serious Case Review Update Actions from Megan	Andrew Carter	Members
13 October 2016		
Educational Attainments	Roger Edwardson	Members
Children's Social Care Complaints and Representations Annual Report 2015/16	Anas Martin	Members
8 December 2016		
1 February 2017		

Councillor Halden referred Members to the Continuity of Work in the municipal year 2016/17 and added the following items:

- A footprint of every school in the borough be provided
- An update on the Commissioning Out of Nurseries in Tilbury
- Inviting Chief Constable to attend Children's Services Committee regarding Essex Police re-opening historic cases of sexual abuse
- Look at the impact of the increase from 15 to 30 hours free childcare will have
- How would the Council support schools with offering work experience opportunities