Thurrock - An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future

Children's Services Overview and Scrutiny Committee

The meeting will be held at **7.00 pm** on **6 October 2020**

Due to government guidance on social-distancing and COVID-19 virus the Children's Services Overview and Scrutiny Committee on 6 October 2020 will not be open for members of the public to attend. Arrangements have been made for the press and public to watch the meeting live via the Council's online webcast channel at https://www.youtube.com/user/thurrockcouncil

Membership:

Councillors Alex Anderson (Chair), Jennifer Smith (Vice-Chair), Abbie Akinbohun, Sara Muldowney, Bukky Okunade and Elizabeth Rigby

Lynda Pritchard, Church of England Representative
Kim James, Chief Operating Officer, HealthWatch Thurrock
Nicola Cranch, Parent Governor Representative
Sally Khawaja, Parent Governor Representative

Substitutes:

Councillors Daniel Chukwu, Garry Hague, Steve Liddiard and Joycelyn Redsell

---

Agenda

Open to Public and Press

Page

1 Apologies for Absence

2 Minutes **5 - 16**

To approve as a correct record the minutes of Children's Services Overview and Scrutiny Committee meeting held on 7 July 2020.

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.

4	**Declaration of Interests**	
5	**Youth Cabinet Verbal Update**	
6	**Portfolio Holder for Children's Services and Adult Social Care Verbal Update**	
7	**Items Raised by Thurrock Local Safeguarding Children Partnership - Serious Case Reviews**	**17 - 56**
8	**2019/20 Annual Complaints and Representations Report - Children's Social Care**	**57 - 72**
9	**SEND Inspection Outcome - Written Statement of Action Update**	**73 - 116**
10	**Thurrock School Wellbeing Service**	**117 - 126**
11	**Council Tax Exemption for Foster Carers**	**127 - 134**
12	**Work Programme**	**135 - 138**

Queries regarding this Agenda or notification of apologies:

Please contact Wendy Le, Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: **28 September 2020**

Information for members of the public and councillors

Access to Information and Meetings

Due to current government guidance on social-distancing and the COVID-19 virus, council meetings will not be open for members of the public to physically attend. Arrangements have been made for the press and public to watch council meetings live via the Council's online webcast channel: www.youtube.com/user/thurrockcouncil

Members of the public have the right to see the agenda, which will be published no later than 5 working days before the meeting, and minutes once they are published.

Recording of meetings

This meeting will be live streamed and recorded with the video recording being published via the Council's online webcast channel: www.youtube.com/user/thurrockcouncil.

If you have any queries regarding this, please contact Democratic Services at Direct.Democracy@thurrock.gov.uk

Guidelines on filming, photography, recording and use of social media at council and committee meetings

The council welcomes the filming, photography, recording and use of social media at council and committee meetings as a means of reporting on its proceedings because it helps to make the council more transparent and accountable to its local communities.

Thurrock Council Wi-Fi

Wi-Fi is available throughout the Civic Offices. You can access Wi-Fi on your device by simply turning on the Wi-Fi on your laptop, Smartphone or tablet.

- You should connect to TBC-CIVIC
- Enter the password **Thurrock** to connect to/join the Wi-Fi network.
- A Terms & Conditions page should appear and you have to accept these before you can begin using Wi-Fi. Some devices require you to access your browser to bring up the Terms & Conditions page, which you must accept.

The ICT department can offer support for council owned devices only.

Evacuation Procedures

In the case of an emergency, you should evacuate the building using the nearest available exit and congregate at the assembly point at Kings Walk.

How to view this agenda on a tablet device

You can view the agenda on your iPad, Android Device or Blackberry Playbook with the free modern.gov app.

Members of the Council should ensure that their device is sufficiently charged, although a limited number of charging points will be available in Members Services.

To view any "exempt" information that may be included on the agenda for this meeting, Councillors should:

- Access the modern.gov app
- Enter your username and password

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.

Our Vision and Priorities for Thurrock

An ambitious and collaborative community which is proud of its heritage and excited by its diverse opportunities and future.

1. **People** – a borough where people of all ages are proud to work and play, live and stay

    - High quality, consistent and accessible public services which are right first time
    - Build on our partnerships with statutory, community, voluntary and faith groups to work together to improve health and wellbeing
    - Communities are empowered to make choices and be safer and stronger together

2. **Place** – a heritage-rich borough which is ambitious for its future

    - Roads, houses and public spaces that connect people and places
    - Clean environments that everyone has reason to take pride in
    - Fewer public buildings with better services

3. **Prosperity** – a borough which enables everyone to achieve their aspirations

    - Attractive opportunities for businesses and investors to enhance the local economy
    - Vocational and academic education, skills and job opportunities for all
    - Commercial, entrepreneurial and connected public services

Minutes of the Meeting of the Children's Services Overview and Scrutiny Committee held on 7 July 2020 at 7.00 pm

Present:	Councillors Bukky Okunade (Chair), Jennifer Smith (Vice-Chair), Abbie Akinbohun, Alex Anderson, Sara Muldowney and Elizabeth Rigby Lynda Pritchard, Church of England Representative Nicola Cranch, Parent Governor Representative Sally Khawaja, Parent Governor Representative
In attendance:	Councillor Halden, Portfolio Holder for Children's and Adult's Social Care, Sheila Murphy, Corporate Director of Children's Services Ian Wake, Director of Public Health Michele Lucas, Assistant Director of Education and Skills Joseph Tynan, Interim Assistant Director of Children's Services Temi Fawehinmi, Contract and Performance Manager Sarah Williams, Service Manager, Education Support Service Roberta Fontaine, Youth Worker Lucia Lucioni, Youth Cabinet Member Alicia Jones, Youth Cabinet Representative Adam Shea, Youth Cabinet Member Wendy Le, 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. The Chair also gave the following welcome message:

"I would like to say a special welcoming message to everyone, both in the chamber and those who have joined us remotely. I trust you and your families have kept safe during this pandemic, I can imagine the caring and shielding responsibilities which some of us have had during the heights of the Covid-19 crisis. I would like to thank our officers and carers for safeguarding our children, and teachers who have worked to provide education to vulnerable and key workers' children.

This is our first meeting of the municipal year, please bear with me as I get used to chairing a "socially-distanced" meeting."

1. Minutes

The minutes of the meeting held on 4 February 2020 were approved as a true and correct record.

2. Items of Urgent Business

There were no items of urgent business.

3. Declaration of Interests

Lynda Pritchard declared that she worked for Thurrock SEND services.

4. Portfolio Holder Update (Verbal)

Councillor Halden gave the following update:

- During lockdown, over 90% of Looked After Children (LAC) reviews had been completed on time. As lockdown restrictions ease, a plan would be drafted to continue to improve services for children. The service continued to work on issues such as foster care pay which had received a funding boost of £350,000. Head Start Housing continued to expand and enabled the service to continue to support care leavers.

- Regarding vulnerability, Thurrock was considered a safe borough as stated in past inspections from Ofsted and CQC but the service could not be complacent with this and the PFH had requested an independent review of Thurrock's Local Safeguarding Children's Partnership to ensure that it effective and delivering Serious Case Reviews within timeframes. Once the review of this was published, the PFH would discuss with the Chair of Children's Services Overview and Scrutiny Committee the findings before implementing any recommendations. The service was working to ensure that youth offending services were better incorporated into other council services to protect young people from grooming from gangs and also to ensure there were opportunities for young people. This would be on the Agenda for the PFH's Economic Vulnerability Task Force in which Councillor Holloway was a part of and the PFH invited Councillor Okunade to be part of this task force as well.

- Regarding mobility, a new strategy would be implemented that would help the transition into adolescence for young people and would begin with a refresh of the health and wellbeing strategy with a deep dive on mental health. The importance of young people's voices to be heard by the NHS was highlighted and to work with partners in fostering and adoption services to consider the service's performance such as 58% of pathway plans being completed which was not what the service aspired to and needed improvement in. The service aimed to help young people reach the ambitions they wished to achieve and not just be a formal processing system for LAC.

The Chair questioned how the effectiveness of the Development Board would be measured. Councillor Halden explained that in discussions with partners, the targets would be considered but success would currently be judged on the work of the Economic Vulnerability Task Force which would be focussing on protecting young people and their interests and livelihoods.

Councillor Akinbohun questioned what strategies were in place to help young people during the COVID-19 pandemic. Councillor Halden highlighted his concerns for young people during the pandemic which were employment, housing and safety. A core duty of the Economic Vulnerability Task Force was to provide advice to young people and reach out to them for feedback from services such as Inspire and Head Start Housing. It was important to ensure that the advice given to young people was valuable and what could be done to change the advice where needed to ensure young people were able to benefit from the advice given. The apprenticeship levy would also be looked with a Postcode Apprenticeship Plan. He went on to say that a report from the Economic Vulnerability Task Force could be brought to Committee after the summer.

Councillor Muldowney felt that young people would be disproportionately affected by the COVID-19 pandemic and questioned whether there were funds to support the work within the PFH's remit. Councillor Halden confirmed that the service had received some funding already where 600 laptops had been delivered for LAC and the service was helping young people whose homes were not Wi-Fi enabled. There was other funding that was currently focussed on managing infection rates through monitoring accounts and possible rises of infection rates. However, funding for young people and LAC was always protected and services would to be offered through partnerships. He went on to explain schemes such as Head Start Housing helped to save the Council from placing young people in out of borough placements and enabled the Council to effectively support young people. There was some funding from central government and the Council had a robust system.

5. Youth Cabinet Update (Verbal)

The Youth Cabinet gave the following update:

- The previous Youth Worker, Patrick Kielty, had left and was now replaced by Roberta Fontaine.
- Elections had taken place before lockdown and the results were that Lucia Lucioni was now Chair and Adam Shea was Vice-Chair. Alicia Jones was also a member of Youth Parliament.
- Meetings were taking place over Google Meets where guest speakers had attended to discuss youth employment. There had also been discussions on involving more SEND children in the Youth Cabinet.
- Youth Parliament was looking into a piece of work that would enable young people to submit questions to government press briefings. This ignored the voices of young people which was important to be heard as the future generation.

The Chair congratulated the Youth Cabinet on their newly elected positions and agreed that young people's voices should not go unheard at local and national level. The Committee would support the Youth Cabinet in their work to ensure they were heard. Regarding Youth Cabinet meetings, the Committee discussed joining these meetings which the Youth Cabinet welcomed. A discussion was held on the Youth Cabinet meeting the PFH to

discuss their concerns and questions. Councillor Halden confirmed that a virtual meeting invite would be set up for the Youth Cabinet to meet with himself.

6. Safeguarding Children During COVID-19

Presented by Joe Tynan, the report informed the Committee of the significant changes made to working practices within Thurrock Children's Social Care, in light of the COVID-19 pandemic, and the measures that have been taken to ensure children continue to be supported and safeguarded. The report can be found on pages 15 – 20 of the Agenda.

The Chair questioned whether there had been challenges on safeguarding children during COVID-19 particularly where vulnerable children were not able to attend school. Joe Tynan explained that social workers had been creative when seeing children during lockdown and had delivered food parcels to families with vulnerable and had been speaking with children through windows. Through discussions with families being support supported by the Council, the service was able to make decisions according to concerns raised such as COVID-19 contamination. The statutory duty was for the service to contact families being supported under Child in Need every 20 days but during lockdown, this had been increased to every fortnight and where the children had not been seen or heard, the service would make unannounced visits. There had been challenges but the service had seen more engagement and communication from some children and teenagers through technology methods. The service was currently looking into a recovery plan with local authorities in the eastern region where ideas would be shared. In the event of a local lockdown, the service was prepared and was liaising with partner agencies, monitoring referrals in the Multi-Agency Safeguarding Hub (MASH) and communications had been sent out to ensure people were aware of the routes of referral and support for young people. As schools would be returning in September, a strategy was in place if there was an influx and to manage a potential increase in domestic abuse or mental health issues.

The Committee discussed how the MASH was currently operating during lockdown which was still operating in the same way as before but with a limited capacity in the office and staff working at home were still able to work in the same way as they would in the office. The MASH had also seen a number of referrals reduced. Members queried whether there had been an increase in domestic abuse during lockdown which there had not been but the service was tracking these on a weekly basis.

The Committee sought clarification of the risk assessment system for children and Joe Tynan explained that the risk assessment looked at each child's individual needs and the risks associated with these. Children on a child protection plan were identified as an imminent risk as they had already met the threshold for a child protection plan so they would be assessed as a 'red' case that needed face-to-face contact particularly where there were particular concerns such as neglect or family dysfunction. For certain level of concerns, there would be more frequent contact with families and independent cases

were looked at by the Quality Assurance Team and reviewed and signed off by team managers and senior managers.

The Committee questioned if children, that were not suspected to be lower risk, were being monitored as children had not been in school and could be influenced to have different views or opinions. Joe Tynan explained that schools had been in regular contact with children and where there were concerns, the service had been liaising with schools. Children that were perceived to be lower risk were offered virtual contact, if any concerns were raised a direct would be undertaken to explore the issue with the child and their family. The service worked with parents to provide advice and support in a creative way.

RESOLVED:

That the Overview and Scrutiny Committee Members were informed about the support and protection provided to all children and young people open to, or referred to, Children's Social Care or Early Help Services within the context of the current Covid-19 pandemic.

7. Education during COVID-19 Update (Verbal)

Michele Lucas gave the following update:

- Schools had been working tirelessly during lockdown.
- Senior Managers had met with CEOs and other infrastructure chairs on a weekly basis with a focus on supporting children from early years up to post 16. Through a close working partnership with the Public Health Team, the service had the support to resolve issues quickly in schools if there were any identified.
- Schools were contacting pupils on a regular basis and schools had been able to feedback to the social care services. Where children had returned to school, schools had been creative in solutions that adhered to social distancing guidelines and had quickly adapted to ensure pupils were receiving their education in the best way possible.
- Schools would be working over the summer to ensure they would be ready for the return of pupils in September under social distancing guidelines.
- For Early Years, the Council had been able to provide nursery provisions where private nursery providers had to remove their provision.

The Committee raised questions on whether there were extra finances available for schools and if the schools' budgets had been affected. The Committee also mentioned that the current school years had been defined as the 'Corona Class of 2020' and questioned if there were plans in place to prevent an attainment gap. Michele Lucas said that schools were costing COVID-19 related costs into a COVID-19 related cost centre and central government had also been providing funding to support different areas and over the summer, the voucher scheme would be available to ensure free

school meals were provided to vulnerable children. The Olive Academy would also be receiving an additional £750 for their year 11 pupils to help with transition into college and there were online offers for their most vulnerable children. Regarding concerns of an attainment gap, schools had adapted to providing online learning offers and the key areas of focus were on year 11 to 12 and hoped that the lessons learned from these areas of focus could be incorporated into the wider cohort of young people and children. An update could be brought back to Committee in the Autumn which the Chair agreed and also asked that a briefing note be provided to assure the Committee of the plans in place.

The Committee sought more details on the transition for children who were moving into new schools in the new school year. The Committee also asked what provisions were in place for education to support year 11s to enable them to attain the grades they needed and the types of financial support available for certain costs such as travel. Michele Lucas answered that most schools were giving online tours of the facilities to give year 6 children transferring into year 7 an idea of what the school would look like. Regarding attainment grades for year 11s, some schools were looking into opportunities for year 11s to resit and the service was working with local colleges to see what the next steps would be for year 11s who did not achieve the grade they thought they would achieve and whether they could retake those exams if they wanted to. Regarding financial support, cases would have to be considered on an individual basis and the service remained committed to ensuring that young people were able to access the educational opportunities available to them.

The Committee discussed the online learning offer from schools in that some schools had received these along with homework but had no feedback form teachers. However, schools would welcome any discussions with parents. The online learning varied across schools where private was offered full online lessons which the Committee questioned whether this would be rolled out across Thurrock particularly where new laptops had recently been acquired for LAC. Michele Lucas clarified that the laptops had been assigned to the service's most vulnerable children only and that most of the Borough's schools' online learning was presented through Google Meets and other platforms and that schools were working hard to provide lessons online. The Committee also discussed education support for post-16 in that officers would meet with the Youth Cabinet to get their views and feedback on education for post-16s.

8. Update on Thurrock Children's Services Continuous Development Plan

Presented by Joe Tynan, the report gave an update on the position of the development plan which was heard at the last Committee meeting. The report can be found on pages 21 – 50 of the Agenda.

The Committee thought the plan needed to show more data to highlight certain points. The Committee queried whether 3.3 on page 32 had been implemented; how close the service was to resolving 4.2 on page 40; and the

Chair asked what the levels of co-operation were in return home interviews regarding child sexual and criminal exploitation. Joe Tynan confirmed that point 3.3 on page 32 had been implemented and that there had been a number of practice changes and progress since the Ofsted recommendations. Regarding point 4.2 on page 40, there had virtual meetings held with the Thurrock Local Safeguarding Partnership and that the plan was continuously updated and reviewed on a monthly basis and assurance was given that point 4.2 had been resolved. Joe Tynan went on to say that the service would be undertaking a deep dive study on missing children in August which would include views given in return home interviews; what actions were taken upon those views; and the trends and analysis of missing children would be looked at. There had been some improvement in return home interviews and that more data could be included in the next update to the development plan.

RESOLVED:

That the Overview and Scrutiny Committee Members were conversant with the updated *Thurrock Children's Services Continuous Development Plan,* following the Ofsted Inspection in November 2019, which will be used to monitor and measure further development of the service.

9. Annual Report of the Director of Public Health, 2019/20: Serious Youth Violence and Vulnerability

The report was presented by Ian Wake which can be found on pages 51 – 170 of the Agenda. A presentation was presented to the Committee which outlined the issue of violence and vulnerability in young people.

Councillor Anderson noted that urban areas were usually built up with gang members particularly with Thurrock being so close to London and questioned if Thurrock was working closely with London Local Authorities to tackle gang issues. He also noted that analysis on the variation of youth violence was by ward and questioned if this was an entire ward as there were some areas within a ward where there was a lot of anti-social behaviour compared to the rest of the ward. Ian Wake explained that young people moved around in different Boroughs which Boroughs were aware of. Thurrock's Youth Offending Team had links with Essex Police and other Boroughs and the challenge was that London Boroughs could not identify all young people that were already involved in gang related activities in Thurrock. Thurrock continued to work with London Boroughs this issue. Regarding Councillor Anderson's second question on data, Ian Wake explained that data did not give a full picture and that a range of agencies needed to be brought together to discuss 'at risk young people' and the steps to take to alleviate concerns that would give a more detailed picture of the situation. For young people at high risk, the service would ensure a statutory response to be given and for those at a lower risk, it would be a more strength based response such as providing a package of support to help young people achieve their goals.

The Committee questioned what measures were in place to lower the risk of young people joining gangs or to eliminate the risks where young were not in

education which increased the likelihood of gang membership. The Committee also noted that crime rate had fallen during lockdown and asked if the impact of COVID-19 on gang membership would present any other challenges. Ian Wake answered that the Youth Offending Service provided a range of programmes to help prevent young people from joining gangs as once a young person became gang involved, it would be hard to get them to exit. He went on to that a young person that was not in education did not necessarily increase the likelihood of gang membership. But the service was working to get schools reopened to provide young people with the education structure needed. Regarding crime rate, Ian Wake said that national data showed that crime rates had fallen due to lockdown restrictions and that a number of services had been scaled back or delivered in a different way.

(At 9.16pm, the Committee agreed to suspend standing orders until the end of the Agenda.)

The Chair felt the report was detailed and helped to provide an understanding into an insight into the issue of gang violence. She requested that a report be brought back to the Committee to highlight the actions taken on the recommendations within the Annual Report in Appendix 1. Officers agreed to this.

RESOLVED:

1.1 That Children's Overview and Scrutiny Committee noted and commented on the content and recommendations contained within the report.

1.2 The Children's Overview and Scrutiny Committee considered how the findings and recommendations contained within the report can best be implemented and used to influence broader council strategy in this area.

10. Thurrock Council Home to School Travel and Transport Policy - Update

Presented by Temi Fawehinmi, the report outlined the areas of the Education Transport Policy 2016 that had been reviewed, the reasons for these and the proposed changes. The report can be found on pages 171 – 182 of the Agenda.

The Committee discussed the emotional impacts on children who had to move schools and how it affected their academic progress despite the financial advantages given within their report. The Committee highlighted their concerns of the recommendations and were not minded to support these. For recommendation 1.1, Councillor Muldowney felt children were already at a disadvantage and moving to different schools too many times would impact on their final attainment grades at GCSE with those moving. For recommendation 1.2, Councillor Muldowney was not in favour of pupils paying for transport as the Council's financial situation was considered healthy as highlighted in previous Full Council meetings. For recommendation 1.3,

Councillor Muldowney sought clarification on whether a child would be expected to move back to a school within their locality should a place become available.

Michele Lucas answered that there were exceptional circumstances in some cases in the recommendations. Referring to recommendation 1.2, Michele Lucas explained that post 16s would be learning to travel which was a skill that would enable them to progress into adulthood. But where there would always be exceptions for some young people, the service would ensure that transport would be available. Regarding recommendation 1.1, Michele Lucas said that there were challenges to moving children to different schools and each case was looked at closely before any decision was made in line with local policies. Referring to recommendation 1.3, Michele Lucas said that the service was required to follow legislation and place children in a school if there was no suitable school place within the maximum walking distance but with the number of new schools due to open in Thurrock, the service was aware that children were better placed within their local community.

The Chair noted the detailed summary of the legal implications in the report on pages 175 – 177 of the Agenda and referring to the findings from the consultation, she also could not agree with the recommendations. With recommendation 1.1, she questioned whether it was an optional requirement to transfer a child to another school and if parents refused, whether there would be a charge for not doing so. Referring to recommendation 1.2, the Chair raised concerns on charging SEND post-16s SEND travel fees as the Council's vision was to enable vocational and academic education, skills and job opportunities for all and SEND post-16s would miss out on these opportunities if they could not afford to attend due to travel costs.

Temi Fawehinmi explained that a policy was in place for families of low income and for exceptional circumstances so the Education Transport Policy 2016 was not a blanket policy. With mainstream post-16s, where travel funding was decommissioned, young people could still apply and would be given transport if there was a need and this would also apply to SEND post-16s. There were young people that had the capabilities to travel independently and the service reviewed the level of need along with a range of factors of a young person and provided support where needed and also identified what would be looked at before a charge was considered or not. The Chair did not feel this explanation was reflected clearly in recommendation 1.2 and was not minded to agree to this. Temi Fawehinmi answered that the recommendation could be amended to reflect that the charge would not be a blanket provision across all SEND post-16s. Councillor Muldowney felt that if there was to be a reduction travel provisions, the service should not be starting with their most vulnerable group of children. She also did not support recommendation 1.2.

Referring to recommendation 1.3, the Chair felt the recommendation was not clear and questioned how this differed to recommendation 1.1. She raised concerns over moving children around different schools. Temi Fawehinmi explained that there were two different aspects and the first was in terms of

mileage. Where parents chose a school that was not a child's nearest school, this would be covered by the Education Act which gave specific mileage depending on the child's age. The second aspect referred to unplaced children who were not able to secure a place in their local schools so the service would transport them further afield. The service was aware of the issues arising from this but Thurrock was in a very unique position where it had attracted a lot of investment in developments and housing which meant the numbers of children that were moving into the Borough had difficulty finding a place in a local school. Due to the numbers of children, there would be children who may be unplaced for a while and using the travel provisions to go to school. The service looked at a range of factors and aimed to find the right balance for a child that would benefit the child without moving a child to another school midterm.

Councillor Muldowney did not feel that removing paid transport services for parents in certain situations was the solution to the problems as outlined in Temi Fawehinmi's explanation. She went on to say that an additional burden would be placed on parents who was not able to pay for the transport charges. Councillor Smith and the Chair queried whether a child would be expected to transfer to a local school if a space became available particularly if a child was settled in the school that they were currently in and if the child chose to stay in the same school would the Council continue to fund the transport fees.

Temi Fawehinmi explained that there were questions around how long the Council would be able to sustain funding the transport fees. There was also the issue of stability for a child and how likely it was for a child to continue to attend a school that was outside of their local community. It was a matter of balancing a child's needs and the abilities to sustain those transport costs for a long period of time.

There were differing opinions from Committee Members on recommendation 1.3 and the Chair and Councillor Muldowney did not agree with the recommendation.

UNRESOLVED:

That O&S recommend to Cabinet the proposed policy refresh to the 2016 policy. That O&S recommend that Cabinet agrees and adopts the proposed refresh of the policy with specific reference to the three areas listed below:

1.1 That families in Temporary Accommodation for more than three months be asked to transfer their children to a school with a place that is nearest to the home in which the family has been placed.

1.2 The implementation of a charging regime in respect of for transport to Post 16 facilities for pupils aged 16-25 with SEND. Pupils will be required to pay the full cost or make a contribution

towards the cost of transport. This service is discretionary and the Council may charge for the delivery of such transport.

1.3 That transport be delivered, in accordance with legislation, only when there is no suitable school with a place available within the maximum walking distance from the child's home (two miles for pupils under the age of 8 and 3 miles for pupils over the age of 8)

11. SEND Inspection Outcome - Written Statement of Action Update

Presented by Michele Lucas and Kate Kozlova-Boran, the report provided an update to the SEND inspection outcome from last year which can be found on pages 183 – 190 of the Agenda.

Councillor Muldowney felt the format of the report was not clear and did not accurately highlight the areas of concern brought up in previous updates nor the progress on these and there had been no information on whether COVID-19 had affected any progress. She thought the format provided to Committee back in October last year was a better format. Therefore, she could not support recommendation 1.1. Michele Lucas explained that a verbal update was to be provided at each meeting, as a standing item, to highlight the progress of the action plan and the action plan as shown back in October 2019's meeting would be brought back at the next meeting in October 2020. She went on to say that the Improvement Board, which was chaired by the PFH for Education, also reviewed and scrutinised the progress of the action plan. The Chair asked that the format of the report should give information at a glance along with performance indicators to measure progress of the action plan.

RESOLVED:

1.1 O&S to consider the evidence within the report to give a view on whether they believe we are working to address the WSOA work programme.

1.2 O&S to consider how they can support the ongoing work around SEND young people in light of the global health pandemic.

12. Update on the Free School Programme

Presented by Sarah Williams, the report provided an update on the status of the free school programme including temporary accommodation prior to the opening of the free schools where required. The report can be found on pages 191 – 195 of the Agenda.

The Vice-Chair questioned if there would be a use for the old building once the new building was implemented. Sarah Williams answered that the old building would become a training centre for use by the school and the local rugby club and would have a long-term benefit for the community.

RESOLVED:

1.1 That Children's Services Overview and Scrutiny Committee notes the update in relation to the Thames Park Academy Free School, Orsett Heath Academy Free School, Treetops 2 and Reach2 Free School

1.2 That Children's Services Overview and Scrutiny Committee notes the update on the plans for temporary accommodation at Orsett Heath Academy and Thames Park prior to the opening of the Free Schools

13. Work Programme

The Chair apologised for the length of the meeting and suggested that additional meetings be scheduled in future to avoid an overcrowded agenda.

The Children's Social Care Performance report was added to the next meeting of 6 October 2020.

The Committee was informed that the Local Safeguarding Children's Partnership Business Manager, Alan Cotgrove, had left his post.

The SEND Written Statement of Actions was added as a standing item to every meeting.

The meeting finished at 10.27 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

6 October 2020	ITEM: 7
Children's Services Overview and Scrutiny Committee	
Items Raised by Thurrock Local Safeguarding Partnership Board – Serious Case Review	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Jane Foster-Taylor, CCG – Statutory Partner of the Local Safeguarding Children's Partnership (LSCP)	
Accountable Assistant Director: Joe Tynan, Interim Assistant Director, Children's Social Care and Early Help	
Accountable Director: Sheila Murphy, Corporate Director of Children's Services	
This report is Public	

Executive Summary

This report is to inform Members of the Overview and Scrutiny Committee about the outcome of a Serious Case Review (SCR) which was published by the Local Safeguarding Childrens Partnership (LSCP) on 30th July 2020. The subject children were called 'Sam' & 'Kyle' for the purposes of the SCR, their real names being anonymised.

Sam was born in January 2016 and sadly died in January 2018 at home. There is a sibling, Kyle, born in October 2012. There was no presumption of non-accidental injuries or harm and Essex Police took no further action in relation to Sam's death. The SCR was agreed by the LSCP and the remit was to cover the period of time from when Kyle was born through to Sam's death.

Serious Case Reviews were established under The Children Act (2004) to review cases in which a child has died and where abuse or neglect is known or suspected. Serious Case Reviews are also sometimes carried out where a child has not died, but has come to serious harm as a result of abuse or neglect. The aim of a SCR is to establish learning for agencies and professionals to improve the way that agencies work together to safeguard children.

A Local Safeguarding Children Board (LSCB) can commission a SCR for any case where it suspects there may be multi-agency learning outcomes which will improve local practice. Since this SCR was commissioned, new safeguarding arrangements have come into place under the Children and Social Work Act 2017 and Working Together to Safeguard Children 2018. Accordingly, a Local Safeguarding Children's Partnership (LSCP) has been in place in Thurrock since May 2019, (led by the three

statutory partners - Police, Health and Children's Social Care). Serious Case Reviews are now replaced by Learning Practice Reviews. This Serious Case Review has been undertaken in line with the revised Working Together guidance and subsequent guidance from the National Child Safeguarding Practice Review.

The SCR report of Sam and Kyle has been provided to Members of the Overview and Scrutiny Committee, to supplement this item and is available on the LSCP website. The SCR provides an overview of the services offered to the family, work undertaken by all agencies, progress made and concerns raised during this period of involvement. The SCR provides an analysis of the key lines of enquiry within the review, and learning points are identified with five key recommendations.

The Local Safeguarding Partnership has developed an Action Plan in response to the recommendations within the Serious Case Review report. The Action Plan is attached as Appendix 2.

1. Recommendation

1.1 That the Overview and Scrutiny Committee accept the recommendations of the Serious Case Review and the resulting Action Plan.

2. Introduction and Background

2.1 The Serious Case Review report is written by an Independent Author, and the review was chaired by an Independent Chair. At its commencement, this Serious Case Review was commissioned under the previous safeguarding arrangements and therefore there was an independent chair of the Local Safeguarding Children Board at that time. The SCR report is based upon the information provided by involved agencies in the form of chronologies and individual management reviews. The report's author also offers to meet with the relevant adults in the family (usually the parents) and the final report is shared with them prior to publication. This SCR was informed by a practitioner event where staff and managers involved in the case were invited to contribute perspectives on the case and help draw out key conclusions.

The publication of this Serious Case Review has taken longer than anticipated due to delays in meeting with the family, combined with the impact of restrictions resulting from Covid-19.

2.2 The Serious Case Review report had key lines of enquiry (page 3 of the report) that relate to;

1. How well agencies co-ordinated; including universal services, shared information, understood threshold and escalated concerns.
2. Dealing with neglect; use of tools and training.
3. Professional confidence and curiosity, management oversight and the support offered to vulnerable parents.

2.3 The recommendations from the Serious Case Review are as follows:

1. *"Thurrock Safeguarding Children Partnership should review within the next six months its procedure for the escalation of concerns and for resolving differences of view between professional and agencies. This should especially consider where there are challenges to the thresholds applied to cases which involve a number of agencies, and where there are persistent concerns about either neglect and/or parental engagement.*

2. *"Thurrock Safeguarding Children Partnership should develop a series of practice workshops to be run between agencies to explore and build on better co-operation and understanding of handling complex or persistent cases. Case studies should be used – such as this Review - and the development of joint or group supervision approaches should be explored. This should be viewed as an opportunity to strengthen understanding between services and encourage wider joint working and sharing of relevant information about concerns.*

3. *"Thurrock Safeguarding Children Partnership should, using the principles within the Signs of Safety approach, review interagency procedures for establishing agreement with families of written care plans involving all those working with a child, with shared, clear and practical objectives that can be monitored– especially in persistent cases of poor parenting and neglect.*

4. *"Thurrock Safeguarding Children Partnership should consider auditing the operation of the Prevention and Support Service programme to establish the extent to which the positive evaluation in the 2019 Ofsted report has been sustained and strengthened*

5. *"Thurrock Safeguarding Children Partnership is recommended to encourage the continued development of the Signs of Safety approach, and the use of the Graded Care Profile 2 for use across agencies and professional groups."*

3. Issues, Options and Analysis of Options

3.1 The Serious Case Review report and Action Plan are attached as appendix 1 and 2.

4. Reasons for Recommendation

4.1 The Serious Case Review report has been commissioned and agreed by partner agencies and recently published.

4.2 The options available to the Overview and Scrutiny Committee are to either accept the Action Plan which has been developed by the Local Safeguarding Children Partnership in response to the recommendations within the report, or to request that the Local Safeguarding Children Partnership reviews the

Action Plan taking into account any specific questions or concerns raised by the Overview and Scrutiny Committee.

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

5.1 None

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

6.1 None

7. Implications

7.1 Financial

Implications verified by: **David May**

Strategic Lead Finance

None.

7.2 Legal

Implications verified by: **Judith Knight**

Interim Deputy Head of Legal (Social Care and Education)

The review was conducted by the LSCP to support the development of practice across the partnership. The Committee has a role in supporting the partnership in taking the learning from this review and using this in developing practice.

The statutory powers relating to the review are detailed in the report, there Are no other specific legal implications from this report.

7.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**
Engagement and Project Monitoring Officer

None.

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

None.

8. Appendices to the report

Appendix 1 – Serious Case Review – Sam and Kyle
Appendix 2 – Action Plan

Report Author:

Jane Foster-Taylor

Statutory Partner of the LSCP

This page is intentionally left blank

THURROCK LOCAL SAFEGUARDING CHILDREN PARTNERSHIP

SERIOUS CASE REVIEW
SAM AND KYLE
OVERVIEW REPORT

Report by David Ashcroft, Independent Overview Author

July 2020

Introduction

1. This is the Overview Report for the Serious Case Review commissioned on behalf of Thurrock Safeguarding Children Partnership in respect of two children, known for this review as Sam (born January 2016 and died January 2018) and Kyle (born October 2012). The death of Sam was the initial trigger for undertaking a Serious Case Review, but it was agreed that more useful learning would be generated by extending the scope of the review to consider both children and their experiences over a longer period.

2. The case concerns the circumstances and agency responses to this family from before the birth of Kyle in October 2012 through to after the death of Sam, who died at home of unascertained causes in January 2018, aged just under two years old. There had been a number of concerns about the family relating to neglect, domestic violence and the parenting of the children, and a number of different agencies had been working with them to support around these issues/challenges. For the first 18 months of life Kyle was a Looked after Child and then under a Supervision Order. Kyle was then supported through a variety of family support services including as a Child in Need, through an Early Offer of Help (EOH) and through the Prevention and Support Service which replaced the EOH, until a decision to consider a further Child Protection Plan was made just before Sam's death. A Child Protection Plan for Kyle was agreed three weeks after Sam's death, and Care Proceedings resulting in a Full Care Order for Kyle were completed in April 2019. The family also accessed universal services including health visiting, their General Practitioner, the hospital Emergency Department, and Kyle attended nursery and then school. In particular, the midwifery service was an important point of contact around the births of both children, and practitioners were alert to safeguarding and parenting issues when mother was using maternity services.

3. It was agreed, following meetings to review and agree the scope of the enquiry that the case should be recommended as a Serious Case Review, and this was approved by the Independent Chair of the Local Safeguarding Children Board, as the decision was taken before the adoption of new multi-agency safeguarding arrangements in Thurrock under the provisions of the Children and Social Work Act (2017). This is therefore a Serious Case Review rather than a Child Safeguarding Practice Review, although it has been undertaken in line with the revised guidance of *Working Together 2018*, and subsequent guidance from the National Child Safeguarding Practice Review Panel. An Independent Panel Chair and Author were appointed. It was agreed that the review should concentrate on specific lines of enquiry focused on the learning to be gained. This was supported by a Practitioner Event where staff and managers involved in the case were invited to contribute perspectives on the case and help draw out key conclusions. This provided a wider forum to review working relationships between agencies and to reflect on how these could be strengthened. It was

considered important that the review process should be proportionate, timely and address areas of learning and practice rather than construct an exhaustive narrative account of the work undertaken with this family over a period of up to eight years. The Review has taken longer than anticipated due to delays in meeting with the family and seeking their input to the process and their comments on the report. Arrangements were made to speak to the family and to understand their points of view. The final report has been shared with mother and with the support of an advocate she has made a number of comments and suggestions. Other family members (father and paternal grandmother) were also provided with the opportunity to comment on the report.

4. The Key Lines of Enquiry for this review were agreed as follows

- Family had multiple contacts with a range of agencies - what can be learnt about how well these were coordinated?
- Did thresholds/categories and allocation to different teams inhibit responses?
- Examine the sharing and use of information with partners – who knew what when?
- Review the sharing of information and gathering of evidence pre and post death of Sam
- What were the barriers/inhibitions for practitioners in dealing with neglect?
- Examine whether previous tools, training and recommendations for dealing with neglect have been effective, and if not, why?
- What were the levels of professional curiosity and confidence in dealing with this family?
- How were concerns escalated - both where there were differences of opinion and where greater expertise and direction was sought
- What were the arrangements for management oversight - did they support and give confidence to practitioners appropriately?
- What does this case tell us about supporting young and vulnerable parents? Were these vulnerabilities recognised?
- How did contact with universal services inform assessment and evaluation of risk by more specialist support?

Outline of history and concerns

5. Mother first came to the attention of Thurrock agencies in October 2011 aged 17 when she completed an antenatal booking with a Community Midwife at Basildon and Thurrock University Hospital and was referred to the Maternity Safeguarding Team. This was because she had disclosed that she was a looked after child, placed in foster care since the age of ten by a London Borough. She also disclosed a previous history of self-harming. The midwife sought to make contact with the relevant London Borough's Social Care, without success until December 2011, when a Social Worker informed the Community Midwife that mother had had a miscarriage and as there was no ongoing pregnancy no information was shared. It was appropriate that the Community Midwife sought safeguarding advice and tried to ascertain more information from the London Borough about mother.

6. In April 2012 mother self-referred for antenatal care. A scan in May showed that the pregnancy was more advanced than mother had thought, and the expected date of delivery was mid-October. Mother's partner was identified as the father of the baby. Mother was now a care leaver but was not in education or employment. She did not appear to have an allocated Social Worker from the London Borough, although she did have a Leaving Care Personal Advisor who remained in touch with her.

7. In June 2012 the midwife referred again to the Maternity Safeguarding Team, who checked with Thurrock Social Care who had mother on their system, but she was not an open case. There was some confusion as to which London Borough mother was known to – due to different addresses – but eventually the correct London Borough agreed that a pre-birth assessment would be completed at twenty weeks. The Maternity Safeguarding Team suggested that contact should be made with Thurrock Children's Social Care as the baby would be born in Thurrock. The Maternity Safeguarding Team made the proactive and appropriate decision to continue to oversee this case and liaised with community midwife colleagues and health visitors.

8. The Maternity Safeguarding Team continued to seek clarity from the London Borough and Thurrock Social Care into September 2012 about what plan was in place and whether a pre-birth assessment was to be completed and by which agency. There was concern that mother was vulnerable, inexperienced in childcare and unprepared for caring for a new baby. A planned assessment visit was cancelled at short notice by the London Borough Social Worker. The Maternity Safeguarding Team attempted to escalate their concerns with both Thurrock and the London Borough Social Care with little success. At one stage a Child Protection Conference was proposed by the London Borough for immediately after the due delivery date, but this did not take place and the case was transferred to Thurrock at the beginning of October 2012, with a plan for a discharge planning meeting post-delivery. The Community Midwife was concerned that "this case was not going to be sorted before the expected date of delivery".

9. Mother had been in the London Borough's care following sexual abuse by her father who was a schedule 1 offender and she had had a troubled upbringing. The Health

Visitor was also concerned about the home conditions following a visit in early September 2012, and about the maturity of mother, and had concerns about her partner around his offending, alcohol misuse and incidents of domestic violence. A referral was not made but contact was made with Thurrock Social Care to seek information. Father had been known to Thurrock Social Care since 1995, with concerns about neglect, poor school attendance, ADHD and violent behaviour at school. There had been incidents recorded of domestic violence and misuse of alcohol.

10. Thurrock Children's Social Care completed a pre-birth assessment which proposed that the case should progress to an Initial Child Protection Conference. However, this was overtaken by Kyle's birth and subsequently the decision was taken to place mother and baby in a foster placement on their discharge from hospital. This took place on 26th October 2012 under Section 20 of the Children Act, and an Interim Care Order was granted at the beginning of November, pending final decisions about care arrangements.

11. Professionals were concerned that mother was a vulnerable young person who had suffered considerable trauma, poor care and negative parenting as a child. There were concerns about whether she would be able to demonstrate the engagement with support that was likely to be required; about the dynamics of the relationship with father who had acted violently towards her; and his alcohol use and anger issues. There was concerns about inadequate family support and risks posed by members of both the maternal and paternal extended families. All these factors led to a conclusion that there were significant concerns about the parenting ability of Kyle's parents, and that statutory intervention in some form was appropriate.

12. Kyle was born in the bathroom at home on 24th October 2012 and taken by ambulance to hospital. Although the birth took place before professionals arrived there were no immediate concerns about Kyle's or mother's health, and it was noted by maternity ward staff that mother was meeting the baby's needs and there was good interaction between them.

13. It was agreed that mother and baby would be discharged to a foster placement for further assessment under an Interim Care Order, so Kyle was at this point a Looked after Child placed with his mother in a foster placement. There were subsequent concerns about the suitability of the foster placement and a need for further assessment, so in December 2012 mother and Kyle moved to a residential assessment unit in Kent, and father joined them at the beginning of February 2013. There was a Court Order for an independent parenting assessment on the basis that previous assessments and psychological reports for the Interim Care Order had raised questions about the parents' parenting and capacity. In May 2013 mother, father and Kyle moved to temporary accommodation and from August were awarded a council tenancy in Thurrock. The independent parenting assessment was completed in July 2013, which recommended that Kyle remain in parental care under a Supervision Order. This was granted in September 2013 for twelve months.

14. Although Kyle did not become subject to a Child Protection Plan at birth, he was on an Interim Care Order from November 2012 and then with a Supervision Order through to September 2014. The concerns were sufficient for a high level of oversight and protection to be felt necessary – with psychological and parenting assessments required by Court and regular Looked after Child Reviews in November 2012, and February and August 2013. This assessment correctly reflected the range of issues that confronted Kyle's parents, and which suggested that they would require considerable assistance to provide consistent and stable parenting for Kyle.

15. There was contact with both GP and Health Visitor during this period – although their records do not make it clear that either were fully aware of the reasons for moves or for the on-going supervision by Social Care, or of the complexity of the issues. There is not a clear record in the GP notes that this was a child who was Looked After or under a Supervision Order – and Kyle was seen by GPs for a variety of appointments including immunisations during 2013 and 2014. These included cellulitis of the pinna (ear) due to a piercing. Kyle's parents had been advised that it was inappropriate for this to be done at such a young age.

16. In April 2013 mother disclosed to her Health Visitor the historical sexual abuse by her father and stepfather, and that her mother had not been able to protect her due to her alcohol use. This had already been identified as part of the Social Care assessment and was part of the life history available from the London Borough. Mother had only occasional contact with her family, and her siblings were Looked after Children. This information reinforced the picture that mother had little positive experience of parenthood and was likely to need considerable support to flourish as a new mother.

17. Mother's family were not allowed unsupervised contact with Kyle. Mother also reported that she has mild learning difficulties and dyslexia. It was highlighted that mother could be easily manipulated and could present as though all is well when this was not the case, and that as a result of previous experience she had difficulty trusting agencies and professionals and could be extremely secretive. The assessments also recorded that both mother and father might have learning needs, and that their cognitive ages were not in line with their chronological ages. Both parents had experienced challenges and a lack of stable parenting in their own childhoods and had mixed experience of how to provide this for their own child.

18. The psychological report had suggested that both parents needed ongoing counselling/therapy due to childhood trauma and father's lack of insight into his misuse of alcohol and anger leading to domestic violence. There was concern about unresolved issues within the parent's relationship that could lead to further domestic violence. An incident was recorded when father hit mother in the back of the head in September 2013. He had previously thrown a bicycle at her when she was pregnant in 2011 and was reported to have assaulted his mother.

19. In May 2013, Core Group meeting notes record that the parents were due to see their GP to arrange couples counselling regarding domestic abuse. It also appears that mother was seeking independent counselling support through her GP. Mother was

recorded then as planning to start a childcare course at college in the autumn, and that father would be the main carer for Kyle, although by August 2013 both were expecting to start courses and would be sharing care responsibilities. Social Care records report in August that mother had had a termination in July 2013 - she reported that she did not feel that she could cope with two children. In fact, it was the father who started at college and mother was then left with the primary caring responsibilities. Several professionals observed that father was much less engaged with Kyle and prioritised his own needs and wishes.

20. A Social Care assessment completed by July 2014, prior to the discharge of the Supervision Order in September, summarised both strengths and weaknesses in the parents' capacity to keep Kyle safe and recommended further support with a number of services, and with practical help and financial assistance in terms of accessing nursery and swimming for Kyle. The recommended outcome was to continue to provide support to Kyle as a Child in Need under section 17 of the Children Act which continued after the end of the Supervision Order in September 2014.

21. A Child in Need planning meeting took place in October 2014 which identified the need for continuing support to build parenting skills and to improve home conditions and avoid hazards in the home for Kyle. Regular visits by the Family Support Worker continued through 2015. However, there do not appear to have been any other multi-agency meetings to support or to share information with and about the family during this period. A planned meeting in March 2015 was cancelled as Kyle was unwell. Mother reported to the Health Visitor in May 2014 that Kyle was seen being rough with the kitten and pulling its tail. Pet safety with young children was discussed.

22. In September 2014 Kyle had started attending nursery, and there were concerns noted by the Health Visitor during this period. In August 2014 the Health Visitor was concerned about poor conditions in the home, and about a bump to Kyle's head. Later that month the Health Visitor again recorded poor conditions and hygiene at home, with food on the floor. The Health Visitor was also concerned after observing Kyle being rough with pets. Although there was little evidence to confirm that Kyle was aggressive towards the pets this became a background assumption which reinforced professional concerns about his disruptive or aggressive behaviour. In September 2014 there were concerns about the supervision of Kyle, who was observed to have scratches, although home conditions were noted to have improved toward the end of the month. The nursery was concerned about Kyle's behaviour, including swearing and use of age-inappropriate language and a lack of boundaries. In a discussion in September 2014 the social workers raised with the Health Visitor concerns about the state of the home and that kittens and a hamster had died. There continued to be a range of issues. It is also clear that mother felt that the involvement of professionals was an intrusion and she was not always willing to accept offered help and guidance.

23. During the early part of 2015 mother attended a parenting course, although she experienced some challenges in what she chose to disclose to the course members about her own history.

24. In May 2015 the case was agreed to be closed to Children's Social Care and stepped down to Early Offer of Help. There were not seen to be risks of immediate significant harm, although there were a number of factors which suggested that continuing support was important to ensure Kyle's positive development and to support both parents. Mother stated at the time that she felt she had been given her child back when the Social Care case was closed. There is little recording of what Kyle's own feelings might have been or to assess the need for safeguards from Kyle's point of view.

25. Kyle was recorded in the multi-agency meetings as a boisterous, accident-prone child, who had been slow in language development, and who could be aggressive towards other children. This may have minimised the professional concerns regarding the repeated examples of minor injuries that Kyle experienced which were not individually concerning, but perhaps indicated a lack of care and attention in the supervision Kyle received from parents. Where these were observed by different professionals there was not a cumulative picture of the frequency or seriousness of these incidents. For example, in March 2014 Kyle was observed by the Health Visitor on a home visit to have a bruise and lacerations. These were mapped on forehead and bridge of nose. Mother told the Health Visitor that no medical treatment was needed and that these were the result of a fall. 12 days later Kyle was seen at the GP practice. It may be that the injuries had healed, but there was no observation recorded of these injuries. The GP was not aware of the observations by the Health Visitor.

26. There were several occasions when Kyle was not brought to appointments, or presented sometime after an illness or injury, suggesting that parents were not consistently prioritising the child's welfare. Again, this was noted by each separate agency, but the cumulative picture was not apparent. There are indications that mother was finding it difficult to manage Kyle's behaviour, to create consistent boundaries or to recognise Kyle's developmental needs.

27. At the time of the change in May 2015 from Social Care supervision as a Child in Need to an Early Offer of Help with a Team Around the Child, there were still a range of concerns identified. Although a number of factors were captured in the social work report that recommended closure to direct social work involvement and a step down to early help, and the supervision discussions which endorsed this decision, it could be challenged whether there was sufficient evaluation of the perspectives of all the professionals working with the family. Concerns had persisted for a considerable period and had not significantly changed. The Early Offer of Help involvement did not carry the same level of oversight as being assessed as a Child in Need although both fell within the support defined under section 17 of the Children Act, and Early Offer of Help was dependent on the consent and co-operation of the parents - and their engagement varied and had already been identified as one of the risks to providing consistent and stable care for Kyle. There are also instances when parents' reporting on Kyle differed from the observations of professionals. For example, at the meeting in May 2015 the Health Visitor identified that although Kyle was generally doing well, there were still concerns about speech and language development. Mother said that at home Kyle did not stop talking and that the Social Worker had observed this – this

was not corroborated by the Social Worker. However, at the same meeting the nursery reported that Kyle was doing well overall and that language skills were developing. It is not clear how this difference of views was resolved into an agreed plan or how the different perspectives and observations were balanced.

28. Although the nursery reported at the Team Around the Child meeting in late May 2015 six occasions when Kyle was observed with bruising this was not seen as evidence of intentional harm. Mother had provided explanations, but it is of concern that there were a series of injuries within a short period. It is not clear that any of these injuries required or received any medical treatment; there is no record of GP attendance for them although Kyle was taken to the GP for mumps (for which Kyle attended hospital to have a lump drained), a ring worm rash and coughs and colds during the same period. At least two of the injuries were to Kyle's ear – such injuries can be indicative of non-accidental injury and there was no referral to consider whether this might require further investigation. Both were attributed to being hit by a gate when playing in the garden. There is no detail on how Kyle was being supervised on these occasions.

29. At the Team Around the Child meeting at the end of May 2015 mother shared that she and father were "on a break" and had split up. She hoped that they could sort things out but at present father was staying with his parents and had Kyle with him for some periods. Mother was obviously affected by this and professionals were concerned about how this might affect her capacity to parent – she had struggled to manage household tasks and childcare when father had started college and had not been available to support her. She was encouraged to restart the counselling support – although it is unclear whether she did so immediately.

30. The transfer from Social Care to Early Offer of Help in May 2015 was a significant point of change. It also marked the end of the involvement from the Leaving Care Personal Advisor from the London Borough.

31. However, there were regular Team Around the Child meetings held through the following months (from May 2015 to February 2016) and these involved those professionals who were working with the family. It is not clear what sharing of information there was with the GP practice.

32. This (May 2015) was clearly a point when parents were under some stress and there were concerns about the care Kyle was receiving. Mother was now also pregnant again. While it was appropriate to move to an Early Offer of Help in line with Thurrock threshold guidance for families at Tier 2 of need, as there were no explicit signs of significant harm or risk, there was still a complicated set of factors affecting Kyle's welfare which certainly warranted the offer of early help support. The prospect of a new arrival should have increased the oversight rather than reduced it.

33. At the next Team Around the Child meeting in June 2015 there remained a number of concerns. Mother and father were back together, but it appeared that he was providing limited support for mother and did not get involved regularly with Kyle's care. The worker from Coram who was supporting mother was concerned that Kyle

was very heavy handed and could be aggressive. She was concerned that Kyle could cause harm to the new baby and would require constant supervision. The nursery confirmed that Kyle could unintentionally hurt other children and seemed to have no understanding that this was doing something wrong. The Health Visitor shared that she was concerned about the way Kyle had treated the kittens previously owned by the family.

34. The issue of whether Kyle did or did not show rough or harming behaviour towards the pets is not documented clearly in case records but appears to have been a concern that was shared by professionals and was seen as an example of the risks Kyle presented. It is an example of a narrative or explanation that became current in the management of the case, but which was not clearly evidenced or tested.

35. A range of concerns were noted again at the July 2015 Team Around the Child meeting. For the third meeting in a row father did not attend (he did not attend any of the six Team Around the Child meetings between May and December 2015), and professionals were unsure how much support he was providing. These concerns, and particularly father's lack of engagement or support for mother, continued through the remainder of the year. Mother appeared to be struggling with Kyle's behaviour and her engagement with services was becoming more sporadic. She was not attending the Speech and Language Therapy session despite several reminders and had declined support from Parents First and did not feel she needed further counselling support.

36. Although she was excited about her pregnancy and seeking to involve Kyle in anticipation of the birth of the baby, it was feared that this could be a source of stress for Kyle and that she was losing sight of Kyle's needs. The nursery reported that Kyle was unsettled recently. This would not be surprising for a young child with a new sibling about to arrive, but it is not clear what proactive steps were taken to help manage Kyle's behaviour, or to support mother with this.

37. Mother's pregnancy was referred appropriately to the Maternity Safeguarding Team when she completed her antenatal booking in June 2015. Following up on their previous concerns from her first pregnancy, the Maternity Safeguarding Team were aware that there was a Team Around the Child process in place. The emphasis of the communication between the teams that is recorded is on the vulnerabilities of the parents and especially father's inability to recognise risk. It is not clear that the continuing issues affecting Kyle's lived experience and the issues of behaviour were noted as prominently as the issues around parenting capacity, which were felt to have improved. It was noted that mother had stopped taking her antidepressant medication when she became pregnant (in consultation with her GP), and that she was feeling well but with occasional low moods. She was advised to seek help from the GP if she felt it was needed.

38. Mother consistently attended her antenatal appointments and there were no concerns about her pregnancy itself. There was continuing liaison between the Early Offer of Help team and Maternity Safeguarding Team who still had concerns about home conditions, supervision and the prospects for Kyle and the unborn baby.

39. The September and November Team Around the Child meetings covered similar ground – with intermittent engagement with services from mother, a lack of involvement by father and continuing issues for Kyle in terms of behaviour and roughness with younger children, speech and language development, and a lack of routine. Kyle had been discharged from Speech and Language Therapy as parents had not taken Kyle to appointments. It is not clear that the failure to bring Kyle to appointments was escalated or referred back to other professionals working with the family. Some improvements were noted by nursery and from home visits, but the concerns outweighed the positives. Reviewing the records of the Team Around the Child meetings it is of note that positives are often recorded in general terms ("doing well…. things are better") and that specific instances are given of what is not working well. It is not always clear how the multi-agency group shared and reconciled this mix of evidence to form a clear statement of risks and what was needed to address them. The application of the Signs of Safety approach, now in use in Thurrock, should encourage this clarity of thinking and recording which is less evident at the time of this case. Explicit danger statements and definite plans to deal with these risks would have been much clearer for both the family and professionals.

40. At the end of the Team Around the Child meeting on 4th November 2015, Paternal Grandmother informed professionals of an incident that had occurred at her address the previous weekend to which police had been called. At a Hallowe'en Party Paternal Grandmother's ex-partner had attended, had become aggressive and assaulted father, Paternal Grandmother, her husband, and also mother – punching her in the stomach. Father had also been injured and attended A&E the following day for an injury to his little finger. Mother attended for a scan on 6th November and there were no concerns about the wellbeing of the unborn child. There was concern that the couple were putting both Kyle and the unborn baby at risk by their contact with the perpetrator of the assault, and that they had not informed professionals of the incident in a timely manner. Nursery had not been told when Kyle attended on the Monday following, and checks with the police showed that it was ambulance services that called police, not family members. It is not clear that Kyle's whereabouts and wellbeing were checked as a result of this incident.

41. In summary, at the November 2015 Team Around the Child meeting it was noted that parents had not taken steps to safeguard Kyle and unborn baby, despite known concerns about Paternal Grandmother's ex-partner; that they were beginning to disengage with services (e.g. Parents First had been declined, Speech and Language Therapy had discharged Kyle due to non-attendance and father was unwilling to work with Coram) and that Kyle's behaviour and the lack of routine were still of concern. The emphasis of professional concerns was on the extent of parental compliance rather than of the on-going risks, problematic development and safety of the children.

42. At the December 2015 Team Around the Child meeting there were some improvements in attendance at services and home conditions were reported as improved. However, Kyle had been observed by the Children's Centre worker on a home visit being rough with the new pet kitten and throwing a sharp knife. Mother was urged by all professionals to engage with the outreach support offered by the

Children's Centre and to accept support from Parents First once the new baby was born. Kyle had been absent from nursery with chicken pox, although mother had kept Kyle off longer than advised so that more sessions were missed than necessary.

43. The Early Offer of Help manager advised professionals and the family at the December Team Around the Child meeting that she was planning to close the case to Early Offer of Help – stating that while there were still concerns these were not at a level to justify a re-referral to Social Care at this time. The Early Offer of Help could only be kept open with parental consent. Father had been very reluctant to accept any support through Early Offer of Help involvement and mother's engagement with services had deteriorated over the previous two-three months. Alternative strategies for sustaining parental engagement were not explored and overtook the continuing concerns for the children. Universal services (Health Visitor and Children's Centre) would remain in place and did not require Early Offer of Help involvement. Professionals were concerned that the situation could deteriorate once the new baby was born. Although mother was reluctant Paternal Grandmother suggested that there was no harm in another meeting once the baby had arrived. Mother agreed that the case could be kept open and that another Team Around the Child would take place in February 2016. This was a positive step and should have been used as the basis for exploring how better engagement with parents could be sustained.

44. The Maternity Safeguarding Team prepared a detailed plan for the birth of the new baby which appropriately recognised the previous history. A pre-birth assessment by Social Care does not appear to have been considered as necessary to reassess the risks and issues facing this family with the arrival of a new baby and when previous concerns persisted. There is no record of a request for a pre-birth assessment to be undertaken. This was a missed opportunity both for Social Care to respond to the concerns expressed by other agencies, and for a formal request to be made to Social Care. No one took responsibility for ensuring action or escalation despite the level of concerns.

45. Mother continued to attend her antenatal appointments and Sam was born at home in January 2016 and then admitted to hospital by ambulance. After checks mother and baby Sam were discharged home. No concerns were highlighted in hospital and interaction between mother, baby and Kyle were noted as good while they were in maternity care.

46. At the February 2016 Team Around the Child meeting both mother and father attended, and progress was reviewed. Kyle had had an accident a couple of days before with cuts to the forehead from glass shelves. Mother gave different versions to workers of how this had occurred which were not picked up as an issue for clarification or further probing. This accident was another example of mother not taking sufficient care to remove or avoid risks. There was positive feedback at the Team Around the Child meeting from nursery and the outreach worker from the Children's Centre about mother's handling of the children, but concerns remained that parenting was reactive. Kyle continued to have a lot of time off nursery, as had been the case in the previous year. It was felt that the frequent absences could be

due to the parents struggling to organise themselves and get Kyle ready for nursery on time. This made it difficult to establish regular routines for Kyle.

47. Although concerns remained, the parents made it clear that they did not want or felt they needed further support and the case was closed to Early Offer of Help. All professionals at the meeting (midwife, nursery, Parental Outreach Worker; Health Visitor gave apologies) were content for this to happen and did not offer any professional challenge to this decision despite the fact that concerns were still current. This was despite a continuing range of incidents and concerns over the previous few months about Kyle's behaviour and wellbeing and parents' capacity to keep Kyle safe – and the arrival of a new baby which added new strains on the family. Mother stated that she felt she was establishing a routine with Sam, but that Kyle was disruptive. All these factors challenge, in hindsight, whether the decision to close the case was appropriate. Without parental consent to continue with the Early Offer of Help, this presented a dilemma, but a more risk-aware decision would have been to try to maintain involvement, as the substance of the concerns and risks had not changed, or to refer for Social Care assessment in order to establish a refreshed and comprehensive picture of the strengths and challenges facing this family. The advice of Parental Grandmother not to close the case in December, but to see how things were, once Sam had been born, could have been built upon as a means of sustaining continued active support. There may have been a level of compliance from other agencies with the view from Early Offer of Help that the case had to be closed because parental engagement was failing – rather than a championing of the safety of the children where risks continued to be evident and an attempt to rebuild an effective working relationship with parents.

48. Kyle attended the GP practice for treatment for infections and for immunisations in March and April 2016. In September 2016 Kyle was brought in with a history of behaviour problems, being destructive and in October a request was made for a referral to a Community Paediatrician for a possible diagnosis of ADHD. Father was reported to have ADHD and mother told the review Author that she felt this might be a reason for Kyle's behaviour and her difficulties in managing Kyle. She felt that securing a diagnosis might help explain Kyle's behaviour and help manage Kyle better. It is not clear what action was taken about this by the GP other than to refer her back to the Health Visitor. The GP did not initiate contact at this point with the other agencies who had been working with the family. Mother attended again in May and July 2017 stating that Kyle had ADHD and requesting a referral. She reported that there had been previous referrals and that she could not cope with Kyle's behaviour. Despite the decision to close the Early Offer of Help in February the same issues were persisting, and mother continued to find these difficult to deal with.

49. At several appointments from September 2016 into 2017 mother raised concerns with the Health Visitor that they were having difficulty managing Kyle's behaviour and questioning whether Kyle had ADHD like their father and uncle. Several referrals were made to paediatrics but were not accepted as Kyle was too young for a diagnosis to be given. The nursery nurse observed at a home visit in December 2016 that Kyle's interaction was loud and rough. Much of Kyle's behaviour was seen to be aggressive

and destructive, consistently reported as frequently and repeatedly swearing and using inappropriate language. This was an issue both at nursery and school. There should have been more acknowledgment that Kyle must have copied or learnt this behaviour from somewhere and that this therefore raised questions about parenting and environment.

50. Given Kyle's behaviour and lack of boundaries had been a feature of professional concerns for some time and given the amount of work that had been undertaken or attempted with the family around these issues, the consideration of ADHD should have been identified as an issue that was not resolved and should have been escalated sooner. This was a missed opportunity to escalate concerns by the GP and to ask other professionals about help for this family, even if a possible ADHD diagnosis was not itself a sufficient justification for a community paediatric referral. However, the GP was not aware of the extended history of concerns and the persistent risks that had been evident over the previous five years. Sam was also seen by the GP for oral thrush, which was treated, but a possible common factor of poor hygiene at home and a lack of sterilisation of bottles was not picked up, although the Health Visitor urged care in preparing feeds and gave appropriate advice.

51. In October 2016 Kyle was injured in a road traffic accident when running out alone into the path of a car. Kyle was taken to, and seen at A&E, and minor injuries were recorded and treated. However, this indicates a further occasion when Kyle's safety was compromised by a lack of supervision at home.

52. In May 2017 the Health Visitor was still concerned about the unsanitary home conditions. Multiple bags of rubbish were seen in the home, and Sam was able to access and eat dirt from the floor. Mother did not try to stop Sam until the Health Visitor pointed this out. Mother acknowledged that she needed help in managing Kyle's behaviour. There was a strong smell of cat faeces and a full litter tray and spilled food and ground-in dirt on the carpet and table. A Common Assessment Framework referral was made by the Health Visitor to Children's Services through the Prevention and Support Service[1].

53. Already significant work had been attempted with parents around managing behaviour and advice about the home environment, but none of this seems to have been consistently effective. In June 2017 the Health Visitor observed during a home visit that Kyle continued to be aggressive towards both parents and sibling. During the visit Kyle threw a guinea pig to the Health Visitor, telling her to hold it – this behaviour was not challenged by parents.

54. At this point (May 2017) the case was opened to the Prevention and Support Service which had replaced the Early Offer of Help arrangements. A Prevention and Support

[1] Prevention and Support Services provide integrated support to children, young people and their families. The key objective of the service is to offer advice, support and direct work to families to prevent issues escalating and requiring statutory intervention. The Prevention and Support Service considers all referrals which fall within Level 2 of this Threshold Document. At the time referrals could be made direct to the Prevention and Support Services or via the Multi-Agency Safeguarding Hub.

Manager visited the family following the Common Assessment Framework referral from Health Visitor to arrange a Team Around the Family meeting. Team Around the Family meetings were recorded in July, August, October and November 2017. The Health Visitor, who was named as the Lead Professional, was not able to attend until the October meeting. Her early engagement and contribution to the meetings in person would have been an opportunity to collate the information and assessments from different professionals and her earlier work with the family. There is a mismatch between the Prevention and Support Service recording (which identifies the Health Visitor as the named Lead Professional) and the actual roles undertaken. The Health Visitor continued to visit and raise concerns, but the lead role does not appear in practice to have meant more than a box completed on the Prevention and Support Service records.

55. During this time both school (in preparation for Kyle's start in September) and the Health Visitor were concerned that the Prevention and Support Service work was not effective and that the current plan for support was not working. A Parental Outreach Worker, based at the Children's Centre, was allocated to work with the parents and undertook a number of home visits and also saw the family at the Children's Centre, but the outcomes from her work appear limited. The records of the Team Around the Family meetings do not suggest close and regular collaboration between the Prevention and Support Service on one hand and the Health Visitor, nursery and school who all remained concerned about progress. In September the Health Visitor suggested escalating for more intensive input as parents were not meeting the necessary actions to ensure Kyle's needs were being met. The Health Visitor discussed this with the Prevention and Support Service Team Manager and was told that it did not meet the need for escalation as the family were engaging. This was an optimistic view, not borne out by the persistent and recurring concerns that professionals were observing. It may reflect a degree of professional deference toward children's services, which because of the statutory responsibilities of social work functions, were felt to carry extra weight even when the family was been supported outside the social care arena. The Health Visitor might have raised this in supervision or sought the support of the designated safeguarding team in health in order to challenge the Prevention and Support Service response.

56. The Health Visitor was significantly concerned by the on-going issues. In the notes of the October 2017 Team Around the Family meeting, following her own home visit the previous month, she records

> "...I am of the view that this case needs to be escalated as I do not feel that the family are achieving the actions set out.,,,Kyle's behaviour appears to be consistently poor in the school environment with frequent soiling incidents. Mother has informed me that Kyle is progressing well with toilet training at home however this does not appear to be the case at school….I am concerned that Kyle's voice in not being heard and parents are telling professionals that improvement are happening, however on observation this is not the case."

57. In October the Health Visitor and school again requested escalation to the Children and Families Assessment Team, but the Prevention and Support worker wanted to complete eight sessions with a Family Support Worker with the family first. These sessions were not undertaken, and this merely delayed any serious engagement with the family. It is not clear what purpose these visits would have served when the Parental Outreach Worker from the Children's Centre had already been trying to work with the family during the previous months. Both the school and Health Visitor could have made a direct referral to Children's Social Care, which they did not do, choosing to work through the Prevention and Support Service team.

58. School and health continued to be concerned about home conditions, Kyle's behaviour, a lack of adequate school clothing that fitted, and the possible risks for Sam. The Health Visitor emailed children's services with a significant list of concerns following a home visit on 21st November 2017. The home was in an unsanitary and dangerous condition, Kyle was sleeping on a dirty floor (had previously been sleeping on a sofa). There was supposed to be twice weekly contact with the family from a Family Support Worker, but the parents reported that this was not happening, and the Prevention and Support Service have subsequently confirmed that these visits did not take place. The Health Visitor did then make a referral into the Multi-Agency Safeguarding Hub. It was her professional opinion that these children were at risk of significant harm due to unsanitary home conditions which were detrimental to their health and development.

59. The Prevention and Support Service undertook a home visit on 24th November 2017 to verify the information provided by the Health Visitor and to explain to the family that the case was now to be considered for escalation to Children's Social Care. The observations on this visit corroborated the concerns and conditions previously reported by the Health Visitor and as a result the case was referred for a Children and Families social care assessment and a Social Worker allocated. The Prevention and Support Service referral noted that they had been involved for six months but gives no detail of the work undertaken, commenting that the situation had deteriorated rather than improved

60. On the same day an anonymous call was taken by the Prevention and Support Service Manager which reported that about a month ago Sam had been pushed out of the buggy by Kyle, hitting Sam's head and causing a large ("golf ball sized") bump. Mother had reportedly explained that she had not taken Sam to hospital but cut the baby's fringe to disguise the injury. The caller also said that the living conditions were disgusting and filthy.

61. The Social Worker was not able to make contact with the family and therefore did not make a home visit until 8th December 2017. The Health Visitor was proactive in seeking to contact the Social Worker to provide an update and communicate her and the school's concerns.

62. At this time Kyle was treated for an infection. Mother misunderstood the description and details of this, and shared inappropriate details and photos of Kyle with other

parents at the school. She did not always seem to know where the boundaries about confidentiality should be.

63. At the initial assessment visit by the Social Worker on 8th December 2017 it was noted that the family had made some attempts to clear up. The Social Worker observed Sam, but Kyle was in school. The assessment states that both parents wanted to work with professionals but there is no reference to the sporadic history of engagement and support demonstrated over the previous involvement with both Kyle and Sam.

64. Following this visit the social work plan was to hold a professionals meeting at the school, to progress a Children and Families Plan and to see Kyle in school. There was no further contact over the Christmas holiday period and a meeting was arranged for 8th January 2018 at the school. Mother agreed to attend with Father and Paternal Grandmother.

65. On 6th January 2018 Sam was found dead in bed and was taken by ambulance to hospital. The family were appropriately cared for at the hospital.

66. Post-mortem investigations did not establish a cause of death, which was recorded as unascertained at inquest. There was no presumption of non-accidental injury or harm. The police took no further action in relation to Sam's death.

67. Following a strategy discussion and the sharing of information from those working with the family an Initial Child Protection Conference was held on 26th January 2018 and Kyle was placed on a Child Protection Plan under the category of neglect. Kyle has subsequently been placed on a Full Care Order in foster care.

Key Lines of Enquiry

68. **Family had multiple contacts with a range of agencies - what can be learnt about how well these were coordinated? Did thresholds/categories and allocation to different teams inhibit responses?**

69. The family was supported at different times by a range of individual practitioners and under different legal and service frameworks. Both mother and father were understood to have a degree of learning difficulties, and it is not clear how well these different arrangements, and their different requirements and expectations, were explained to the family.

70. Kyle was variously a Child in Need, under an Interim Care Order, a Supervision Order, and supported with an Early Offer of Help which involved several different agencies supporting Kyle and mother. Kyle was provided with a nursery place through the Troubled Families scheme, supported by the Prevention and Support Services, and then referred for a further social care assessment of the family. Mother was offered at least four different services to help with practical parenting, her depression and confidence, and counselling support. Father was offered similar help as a parent and

also help with his anger management and substance misuse. The engagement with these services was patchy – and it is difficult to assess what overall benefits were provided. The family also accessed universal services (GP, health visiting, A&E, maternity and school and nursery). There are few indications that the behaviour of parents and their capacity to provide consistent and safe supervision changed significantly during the period in which they were offered and took up services. Some positive changes were noted, but these were rarely sustained, and the same issues came up again within a few months. As each different worker came into contact with the family it seems that they were optimistic and hopeful for a positive change – and did not exercise sufficient professional skepticism as to whether the lives of initially Kyle, and then both children, would be demonstrably improved. Families function differently at different times, and this case shows both better periods as well as periods of greater concern. This volatility should itself have been an issue to be addressed, to help the parents through more difficult times and to build consistency and routine into the lives of the children. If there was not improvement in the overall situation of the children, and a reduction of the risks of harm or neglect to which they might be subject, then should earlier escalation have been considered? It is not clear that the situation at the end of the Supervision Order in September 2014 was significantly improved from when the concerns had prompted the Interim Care Order when Kyle was born in October 2012. Similarly, there is little evidence of significant change for the children during 2016-17 and when the Prevention and Support Services replaced the earlier Early Offer of Help.

71. Sam was never formally subject to an assessment or care framework, except for the period when the Prevention and Support Service was offering support to the family and in the very few weeks before Sam's unexpected death. However, the risks from the parents' chaotic parenting, and the possibility of Kyle presenting risks through his rough behavior were significant. Sam lived for very nearly two years in a household were there were continued challenges, periods of intervention and support and inconsistent engagement and involvement from the parents. Kyle was observed both to be affectionate and caring, but also rough and violent towards other younger children, and to be verbally aggressive. There should have been consideration as to whether Kyle's behaviour presented any risk to a baby sibling.

72. Although Kyle and then Sam were very young, and were not able to express their own views, the various interventions and assessments do not provide a clear sense of how they might be experiencing life. The education staff at nursery and school and the Health Visitor did make attempts to understand the voice of the children – the school shared with the Health Visitor a log of Kyle's behaviour between September and November 2017 to seek to get a view of his life. The Health Visitor also urged the completion of Graded Care Profile 2 assessment. Although training and rollout of this tool was at an early stage at this time, it would have been possible for the Health Visitor to initiate this assessment herself. It is only with the final plan for an assessment in December 2017 that the Social Worker is asked to undertake any wishes and feelings work, in line with the newly introduced Signs of Safety approach.

73. It is probable that this variety was confusing for the family and failed to provide the consistent and persistent framework for assessing and supporting their needs and delivering wider support for the family. Mother felt that Social Care involvement was a threat to her parenting – the subsequent decision to take Kyle into care has only reinforced her feelings that she risked losing care of her child. This explains her reluctance to engage more positively and consistently with the help offered from children's services. At times the emphasis was on support for the parents – at other times on the children. There is no evidence that this in itself inhibited or restricted the services offered, but it did mean that the opportunities and mechanisms for good multi-agency working changed.

74. For two critical periods – from the final months of the Supervision Order in September 2014 through to May 2015 – and from the closure of Early Offer of Help in February 2016 through to at least May and possibly September 2017 - there was little coordinated oversight of how well this family was doing, what help they might be offered, and what their engagement or lack of it, meant for the risks to the children. When Health Visitor and educational staff began to raise concerns in 2017 it took a total of six months before these were comprehensively assessed, with the eventual conclusion that Social Care intervention was appropriate.

75. As noted above a variety of threshold were applied to the family over a period of nearly seven years. Some were formal categories of care – reflecting a high level of concern about the children's welfare and their parent's capacity and resilience, while others were less formal and depended on the consent, engagement and co-operation of the parents. When managed under Early Offer of Help and the Prevention and Support Service arrangements these services maintained that the issues did not warrant intervention by Social Care at Tier 3 or 4, as set out in the Thurrock Threshold guide, while nursery, school and health visiting felt that the impact on the children was significant and concerning. The Early Offer of Help period worked more effectively, but the referral to the Prevention and Support Service failed to identify and collate the concerns or recognise the severity of the risks faced for both Kyle and Sam. This referral was made directly into the Prevention and Support Service– the system now requires all referrals to go via the Multi-Agency Safeguarding Hub, which would provide a better opportunity to ensure that all previous history was identified and were available to inform work with the family. As noted above there was a degree of deference to the Local Authority services because of the formal responsibilities of Children's Social Care – this "rubbed off" into the way that universal services handled their relationships with other parts of the children's services function.

76. From May 2017 until the referral to children's social care in November 2017 there was a reliance on the Prevention and Support Service programme that was over-optimistic about progress. It was a missed opportunity to rely on this programme when there was little evidence that it was delivering any change or establishing any relationship with the parents or children.

77. **Examine the sharing and use of information – who knew what when?**

78. There are a number of instances when information was not shared or was available between agencies and professionals working with the family. There was little linkage between the GPs and health visiting or other agencies, so GP when they saw mother and children, were not fully aware of the history of concerns, or of the vulnerability of mother. It is only through collating the information provided for this review that the various strands of contact with services becomes clear. The GPs had little context (of home conditions, concerns from agencies, periods of statutory oversight) in which to assess the presenting issues they saw in surgery.

79. During 2014, 2015 and 2016 the council's housing service records that the parents were having repeated problems both clearing rent arrears and making regular payments. There were several attempts to set up repayment plans which were not adhered to. There is no mention of any financial difficulties in the records of other agencies working with the family – although it is likely that this was another factor in the pressure under which the family was living and could be expected to have a bearing on their parenting capacity and wellbeing.

80. When the Prevention and Support Service programme set up the Team Around the Family meetings from May 2017 the Health Visitor was named as the Lead Professional. This was appropriate given the existing relationship and work that the Health Visitor had undertaken. However, the Health Visitor was not able to attend any of the multi-agency meetings until October, which compromised her in fulfilling the Lead Professional role effectively. Both the Health Visitor, the nursery and school were left anticipating a positive outcome from the Prevention and Support Service work, which did not materalise. They raised concerns during this time but could have made a direct referral to Social Care. It appears that the Prevention and Support Service programme was perceived as the gatekeeper to further escalation which mitigated against a robust evaluation of the concerns.

81. **What were the barriers/inhibitions for practitioners in dealing with neglect? Examine whether previous tools, training and recommendations for dealing with neglect have been effective, and if not, why?**

82. Neglect is the on-going failure to meet a child's basic needs, and it is the most common form of child abuse. There are broadly considered to be four types of neglect. *Physical neglect* - where a child's basic needs for food, clothing and a safe home environment are not met or where they are not properly supervised and kept safe. *Educational neglect* – where a parent does not ensure that their child receives an education. *Emotional neglect* - where the child does not get the nurture and stimulation they need, and *medical neglect* - where a child is not given proper health care. Neglect can be very difficult to identify but it is widely recognised that the cumulative effect of these signs can cause serious problems, both at the time and as adverse childhood experiences which may have lasting impact.

83. Research studies conducted over the past decades involving maltreating families confirms that the vast majority of parents who are neglectful lack competence in their

role because of inadequate availability of resources, poor preparation and support in their role as parents, and impairment in coping due to overwhelming sources of stress present in the family and community. All these factors applied to mother and father.

84. Practitioners need to be supported by a system that allows them to make good relationships with children and parents and supports them in managing the risks of harm that stem from maltreatment. This includes both the harm from neglect and the way that neglect can conceal other risks and dangers.

85. There is a need to improve practitioners' understanding of the prevalence of neglect, to improve the identification of this, and to optimise responses to the problem. Neglect has been a feature of previous Serious Case Reviews conducted by the Safeguarding Partnership in Thurrock, and there has been training and workshops on the topic. It is not clear why this knowledge has not been applied more consistently.

86. Ensuring that practitioners and their managers have access to high-quality, specialist training on the recognition and management of neglect could be an important means to move towards better responses. Part of this could focus on appreciation of the definition of child neglect and, most importantly, the application of this in relation to casework. Completing child neglect assessment using a tool such as the Graded Care Profile 2 could ensure that the Department of Health definition of child neglect is not used in isolation, and such tools could assist with decision-making in difficult circumstances. Thurrock has now adopted this tool but it was not fully implemented during the timescale of this case and training on using the tool was not available to all practitioners. Although the Health Visitor correctly identified that it might help establish a baseline for the concerns about neglect and home conditions, she had not yet been trained to conduct such an assessment. A shared record of what were the concerns around neglect, and more robust tracking of whether there was any substantial improvement would have provided different professionals with a common point of reference and also made it easier to set clear expectations for the family – and also identified those issues with which they might need help – such as rent arrears, damp and maintenance problems, untidiness, clutter and domestic hygiene. Specific and practical objectives were not set clearly in this case, which made it difficult for the parents to improve or for professionals to evaluate progress and assess whether risks were reduced.

87. The description of neglect set out in *Working Together 2015* makes it very clear that action can and should be taken to safeguard and promote the welfare of the child in circumstances where the evidence suggests that serious impairment to the child's health and development is likely. This is important to highlight and reminds professionals that the aim should be to prevent impairment rather than only acting after it has occurred.

88. Neglect is often characterised as acts of 'omission' rather than 'commission', but the distinction is not always that clear cut because neglect and abuse often coexist and acts such as leaving the child in the care of someone unable to look after them

properly can be seen both as commission and omission.

89. **How were concerns escalated - both where there were differences of opinion and where greater expertise and direction was sought?**

90. When working with a family in different situations and setting it is inevitable the different impression and assessment will be made. Open and frequent communication between professionals is essential to ensure that these interpretations are checked out, confirmed or modified, and that a consistent and common plan of advice, care and support is agreed with the family. Even when there were regular multi-agency meetings in this case, it is not always clear that there was a shared and agreed plan – either with the family or with other professionals. Meeting notes record actions and follow-up, but do not reflect clear goals, constraints or consequences if things do not go to plan. This was especially true during 2017. This made it difficult for the family to own and complete the goals for themselves and led to confusion over responsibilities and options for professionals. Setting out a clear care plan – at whatever Tier or level of intervention – which was shared and accepted by all agencies - would have provided a more robust framework for this family and enabled a more consistent judgement to be made as to whether things were improving for Kyle and Sam.

91. Contributions at the Practitioners' Event illustrated that there had been, and remained, differences of view about the severity of the concerns about the family, and a strong sense from other agencies that children's services, and particularly the Prevention and Support Service, had been reluctant to accept the level of possible harm for Kyle and Sam or the need to escalate the case for a Social Care assessment. This may not have been entirely reflective of the true position, but it appeared, in hindsight, to have coloured the expectations that professionals had of each other. This is critical in ensuring there is a joint understanding of who holds risks and at what level. Against the threshold criteria then in place, the view from children's services that this was a Tier 2 case was reasonable – and therefore that statutory social care intervention was not justified. However, for periods, especially when Kyle was very young, a higher level of scrutiny and support ***was*** considered appropriate (Interim Care Order, Supervision Order and Child in Need) and the fundamental concerns which were apparent in 2012/13 were not different when support was offered as Early Offer of Help or the Prevention and Support Service in 2016 and 2017, and when the family were coping again with a new baby.

92. One of the key learning points from this Review is the continuing need for different agencies and practitioners to keep checking out their understanding of the formal responsibilities of each other – and to keep refreshed their understanding of how this works in practice through the application of thresholds and referral processes. All parties share a responsibility to keep this dialogue open and positive.

93. **What were the arrangements for management oversight - did they support and give**

confidence to practitioners appropriately?

94. There is evidence of appropriate supervision and management oversight in the work of the Maternity Safeguarding Team through both of mother's pregnancies. Appropriate professional advice was sought by community midwives on a family which had a range of challenges – and the focus on the wellbeing of both mother and the children was maintained.

95. There is evidence of supervision by managers when the decision to step down from Child in Need to Early Offer of Help was made in May 2014, The management oversight of the Prevention and Support Service programme is less clear – and concerns raised by other professionals do not appear to have been reflected in the direction given during this period.

96. Arrangements for supervision of health visiting cases are not clear, especially as there is a high caseload of universal cases – many of which do not present safeguarding issues.

97. It appears that there was no written policy in 2017 with regard to recording management oversight of the Prevention and Support Service cases. The record keeping shown to the review is patchy and does not always align with information recorded by other agencies in terms of visits, contact with parents, and exchanges of information between professionals.

98. **What does this case tell us about supporting young and vulnerable parents? Were these vulnerabilities recognised?**

99. The vulnerabilities of both mother and father were identified before the birth of Kyle and led to prompt and decisive action by Children's Social Care to intervene and place Kyle under an Interim Care Order. This oversight by statutory agencies was sustained through the subsequent Supervision Order granted for twelve months in September 2013. The Looked after Child review process through to August 2013 ensured that relevant agencies were included in the support and care offered to Kyle. It was recognised that both parents would require considerable assistance if they were to provide consistent and stable parenting for Kyle.

100. It is clear that the engagement of both mother and father varied, and at times both of them resisted the offer of services or chose not to take up services. They had some suspicion of statutory intervention in their lives – understandable given their previous histories. It is less clear that this was recognised as part of the dynamic of working with them, and that professionals adopted strategies which sought to overcome this.

101. Several professionals involved in the case have commented on the lack of services specifically to support young and vulnerable parents. Both mother and father were offered a number of contacts and sessions to address parenting issues, but it is not clear whether these had the necessary expertise to help with their previous trauma

and the difficulties they experienced in implementing consistent parenting practice.

102. In retrospect mother has asked why there was not continuing support for her from Adult Social Care when she left children's services herself. She feels strongly that there could have been more support for her to support her children, if offered with the right encouragement and guidance within the family home.

103. **How did contact with universal services inform assessment and evaluation of risk by more specialist support?**

104. Nursery, school education and health visiting were universal services that kept in touch with this family and were concerned about their welfare and noted the impact of neglect on the children. During the periods when there were regular Looked after Child reviews or Team Around the Child meetings it was easier to co-ordinate the work between universal, targeted and specialist services. When these meetings lapsed, or there were long gaps, this became more difficult and led to frustration between partner agencies. Clear escalation arrangements need both to be in place and to be used to allow concerns to be aired in a timely and professional way, with suitable access to managers across agencies to resolve differences of view. Although there were differences of view about how to work with this family, and on the severity of the concerns, these were not raised formally by universal services through any escalation process, although these processes were in place. As I have commented earlier, this may reflect a level of uncertainty between agencies and professionals about respective remits. This is not unusual, or unique to Thurrock. In the complex world of services for children all parts of the Local Authority Children's Services function are often seen as "Social Care" – just as the diverse services across health are all regarded as "health". Better awareness of the responsibilities and scope of each agency needs to be refreshed.

105. Since autumn 2017 the Local Authority Children's Services have undertaken a review of its services and early support offer, resulting in a refreshed approach through its "Brighter Futures" programme and the development of its Prevention and Support Service, incorporating the Troubled Families programme creating a greater joined up approach to early intervention which also includes NELFT 0-19 Healthy Families Programme, Children's Centres, Disabled Children's Short Break and Outreach Service (formerly the Sunshine Centre) and a range of commissioned services that tackle the root causes of demand i.e. Domestic Abuse, Substance Misuse, Parenting Support and Sexual Violence.

106. Tier 2 needs (early help interventions) are those where there are indications that without the provision of additional services this may escalate, or circumstances deteriorate to the detriment of the children or families concerned. Services provided within Tier 2 are designed so that they can be activated as early as possible, sometimes even where need is predicted rather than presenting. For example, there may be services and interventions that could assist parents where there are known to

be specific vulnerabilities or risk factors. Within Tier 2, participation is now most likely to be on a voluntary basis where parents and children or young people, alongside supportive professionals, have identified a need and are willing and able to access appropriate services. In general children who require early intervention and preventative services are those with 'additional needs'.

107. The role of the Case Manager within the Prevention and Support Service is now to offer advice, guidance and support to professionals working alongside children and their families. They will also provide direct intervention with families, based on their individual specialisms within PASS. The role is pivotal in offering consultation, signposting and allocation of the most appropriate services which will, include multi agency service provision. This role was underdeveloped in 2017 when PASS worked with this family and this led to a lack of clarity in who was leading work and what direct work was intended to take place. Mother has said that more immediate and practical help would have been helpful, which was not provided during the PASS involvement in 2017.

108. The Prevention and Support Service now has social work trained Case Managers who will also intervene and have oversight of those cases that have been stepped down from Children's Social Care or whose needs are subject to safeguarding concerns and require to be stepped up. They also provide initial visits to families where it is unclear whether the case should progress to Statutory Social Care Team.

109. The most recent Ofsted report on the current operation of the Prevention and Support Service indicates that many of the issues that arose for this case have now been addressed.

> "Judicious, targeted investment in the newly reconfigured locality-based preventative and support service (PASS) as part of Thurrock's Brighter Futures strategy means that early help is carefully prioritised for the most vulnerable families. The pathway into PASS is clear: a 'team around the family' and well-being model takes a holistic, multi-agency perspective in addressing families' needs. As a result, children and families get the right level of help and protection at the right time, delivered by caring and skilled professionals, and this is making a difference to their day-to-day lives and protecting them from harm. Actions by managers to align performance monitoring, as well as audit programmes with children's social care, are positive developments. "
>
> Ofsted Inspection Report (December 2019)

Equality and Diversity

110. There is no evidence that any of the nine protected characteristics under the Equality Act 2010 were exceptionally relevant to the circumstances of this case or affected access to services or their delivery. The family identified as white British.

Learning Points

111. The challenges for this family and the concerns articulated by professionals did not significantly change from before Kyle's birth until Sam's death. However, the case was managed over six years in a variety of different ways and without clear overall objectives which connected each separate intervention and linked separate episodes and plans together. This did not make it easy for mother and father to appreciate professionals' concerns or to have a consistent framework within which to develop their parenting skills and confidence. At times the emphasis was on their needs – at others on the children. Both parents loved their children and wanted to care for them well but needed clear encouragement and direction in order to do so safely. Parents were inexperienced and lacked role models for positive parenting, were not able to prioritise consistently the needs of the children, were not able to provide a safe and clean home environment, were inconsistent in their approach, and found it difficult to set appropriate boundaries for the children or on their own behaviour.

112. The parents' experience of positive parenting was limited. They attempted to engage with some of the services and offers of help, but it is not clear that this resulted in sustained improvement in the conditions in which Kyle and then Sam were living. It is not clear that the purpose of different sessions and referrals was made clear – explaining how each was intended to contribute to better and more confident parenting. Monitoring focused on compliance and attendance, rather than whether it had made a difference to the family's lived experience, and how well it was possible to bring all the offered help together into a coherent package of support. Father was often less engaged in parenting or with professionals, while mother was fearful that she might lose care of her children. She has now lost Sam due to an unexplained death, and Kyle to permanent care by the Local Authority, and naturally feels angry and let down.

113. The Maternity Safeguarding Team recognised and were concerned about the trauma of mother's earlier life and her experience of abuse and her life in care and felt that she was a vulnerable mother who needed considerable support. They were not clear why there was not a more proactive intervention from Thurrock Social Care, both in 2012 and when mother was pregnant with Sam. Mother has herself asked why there was not continuing support for her as an adult when she left children's services. The strength of this view was articulated at the Practitioner Event, especially by health, nursery and school staff, and there is learning to be gained from mother's experience of a fragmented response from services about more coherent support for young people leaving care, particularly where this is remote from the placing authority.

114. The overall impression from the recording on this case is of agencies working in silos – raising concerns or asking for a response, rather than developing a shared

understanding of the complexities and challenges of the case and working out a plan together. Thresholds were seen as entry mechanisms to "get into Social Care" rather than as 'vantage points' from which concerns could be evaluated and joint plans put in place.

115. Professionals concentrated on their own engagement with parents and their compliance, rather than attempting to place the child at the centre, and assess the situation from Kyle's perspective or later to assess the situation for Sam. Kyle was a young child who was provided with inconsistent boundaries, whose behaviour could be challenging, who found relationships with other children difficult, and who experienced delays in social and emotional development. There were also concerns about Kyle's speech and language development. Kyle was also a child who was loved by their parents and could respond to support and guidance to improve their behaviour and keep them safe. When starting school Kyle was frequently soiling and swearing and aggression were problematic. Although these continued to be challenges, Kyle also made progress. There is little sense in the plans recorded of Kyle's lived experience and what goals and objectives were being encouraged. Kyle was observed to behave differently in different settings – but there was little exploration across agencies of why this might be and how the more positive behaviours could be reinforced and supported.

116. When Sam was expected the opportunity to undertake a pre-birth assessment and establish a comprehensive picture of the family's needs and wishes was not taken. There was a slow recognition of the complexity and potential significance of the concerns which were being observed by professionals. This might have enabled a more constructive engagement with parents and made more lasting improvements in the lives of Kyle and Sam.

117. There were several critical points at which different decisions could have been made about how to manage this case and to establish a better understanding between professionals and with parents and to explore wider networks of support. In May 2015 the decision to end the section 17 Child in Need involvement of Children's Social Care was based on the absence of current child protection concerns, but the issues of parenting and neglect were still not resolved. In February 2016 the step down from Early Offer of Help was due to the declining engagement from parents, as the Team Manager was clear that the early offer could only continue with parental consent, but there were not significant changes in the circumstances for Kyle – and Sam was a newly arrived baby. Paternal Grandmother had suggested that the case be kept open from December to await Sam's birth – which was a sensible and practical move. Although she was seen as a positive support with the children, there was little exploration of whether any other networks of family or friends could be part of a safety plan. The Signs of Safety approach, now adopted in Thurrock, would expect these possibilities to be actively explored. There is a contrast in the record of the Team Around the Child discussions between generalised feedback that was positive, but still specific examples of concerns. I believe there was an understandable desire

from all to hope that things would get better, despite the fact that the same concerns continued to be raised, and that parents struggled to be consistent.

118. Mother has commented in reviewing the final report that there needs to be greater advocacy for children to ensure that their voice is heard and that all are made aware of the impact of plans on their lived, day-to-day experience.

119. From May 2017 the family was supported through the Prevention and Support Service programme. There is a disjuncture between the continuing concerns raised by the Health Visitor and by nursery and school as they prepared for Kyle to attend in September 2017, and the assurance from the Prevention and Support Service programme that things were improving. In the recording there are no firm dates when visits were made (other than by the Health Visitor which are separately recorded). Several of the entries in the notes of the review meetings are repeated for succeeding meetings – making it unclear to what and when they relate. The interventions from a Family Support Worker, which were proposed in the autumn 2017 in the face of repeated requests from the other professionals for a more active engagement, did not take place. It appears that other professionals felt inhibited from escalating the case because the Prevention and Support Service were involved but were equally frustrated by the lack of progress or urgency. When the concerns resulted in a social work referral, visit and assessment in December 2017, the concerns quickly led to a recognition by Children's Social Care that there were significant issues to be addressed. Sam's tragic death, from unrelated and unknown causes, was unrelated to the issues that prompted a Child Protection Conference and the decision to take Kyle into care.

120. It was clear from discussions at the Practitioner Event that the level of cooperation and trust between professionals and different agencies had been less than ideal. There were different views about the level of concerns and what was the appropriate way to respond to them. There were differences of opinion around thresholds and on the impact of circumstances on the children. This illustrated that these concerns had not been escalated or resolved at the time. There was some uncertainty about whether all professionals were aware of how to escalate concerns, both within their own organisations or with partner agencies.

121. Since the time period of this case (2012-early 2018) Thurrock has extended two approaches (Signs of Safety, and the Graded Care Profile 2 for assessing the impact of neglect) which, if used more effectively might have provided common ground for assessing concerns and agreeing practical steps to meet needs. However, these were at an early stage of introduction and not all practitioners had yet received training to use these tools. Recent internal reviews and external inspection suggest that both these approaches are now much more firmly embedded.

Recommendations

122. Thurrock Safeguarding Children Partnership should review within the next six months its procedure for the escalation of concerns and for resolving differences of view between professional and agencies. This should especially consider where there are challenges to the thresholds applied to cases which involve a number of agencies, and where there are persistent concerns about either neglect and/or parental engagement.

123. Thurrock Safeguarding Children Partnership should develop a series of practice workshops to be run between agencies to explore and build on better co-operation and understanding of handling complex or persistent cases. Case studies should be used – such as this Review - and the development of joint or group supervision approaches should be explored. This should be viewed as an opportunity to strengthen understanding between services and encourage wider joint working and sharing of relevant information about concerns.

124. Thurrock Safeguarding Children Partnership should, using the principles within the Signs of Safety approach, review interagency procedures for establishing agreement with families of written care plans involving all those working with a child, with shared, clear and practical objectives that can be monitored– especially in persistent cases of poor parenting and neglect.

125. Thurrock Safeguarding Children Partnership should consider auditing the operation of the Prevention and Support Service programme to establish the extent to which the positive evaluation in the 2019 Ofsted report has been sustained and strengthened.

126. Thurrock Safeguarding Children Partnership is recommended to encourage the continued development of the Signs of Safety approach, and the use of the Graded Care Profile 2 for use across agencies and professional groups.

David Ashcroft
Independent Report Author
June 2020

Appendix 1 Independence of Review Chair and Author

David Ashcroft was appointed as the Independent Overview Author of this Review in November 2018. He has worked at a senior level in children's services for the past 20 years, including operational responsibility for all aspects of safeguarding and children's social care in a number of local authorities. Mr Ashcroft currently chairs Norfolk Safeguarding Children Board and Safeguarding Partnerships in Sheffield for both Adults and Children and has been the Chair of South Tyneside and Manchester Local Safeguarding Children Boards. He was for three years the national chairman of the Association of Independent Local Safeguarding Children Board Chairs. He is also an independent member of other Improvement and Children's Partnership Boards. He is an accredited C4EO Sector Specialist in child protection, and an associate member of the Association of Directors of Children's Services.

Mr Ashcroft has conducted, as an independent chair and/or overview author and lead reviewer, over twenty Serious Case Reviews, Domestic Homicide Reviews and other inquiry, inspection and investigation assignments. He has undertaken extensive training in review methodologies including the Home Office Domestic Homicide Review training module and has been an expert adviser to several national projects to develop training and improve standards in reviews and report writing. He has no managerial connection with the agencies involved in this case or with the Safeguarding Partnership.

David Peplow was appointed as the Independent Chair of the Serious Case Review. He is an experienced chair and reviewer who has worked with many Safeguarding Partnerships and Boards.

Both Chair and Author are independent of all agencies within Thurrock.

References and additional reading

Cawson, P., Wattam, C., Brooker, S. and Kelly, G. (2000) Child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect. London: NSPCC.

Hicks, L. and Stein, M. (2010) Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers. London: Department for Children, Schools and Families.

Horwath, J. (2007) Child Neglect: Identification and assessment. Hampshire: Palgrave MacMillan.

Horwath, J. (ed) (2009) The Child's World: The Comprehensive Guide to Assessing Children in Need Assessing Children in Need. London: Jessica Kingsley Publishers.

Moran, P. (2009) Neglect: research evidence to inform practice. London: Action for Children.

New Economics Foundation and Action for Children (2009) Backing the Future. London: New Economics Foundation.

Radford, L., S. Corral, et al. (2011) Child Cruelty in the UK 2011: An NSPCC Study into Childhood Abuse and Neglect Over the Past 30 years. London, NSPCC.

This page is intentionally left blank

SCR Sam and Kyle Action Plan

Actions	Timescale	Lead
1. Escalation Policy finalised in July 2020 to be reviewed in the light of the recommendation and recirculated across the Partnership. 2. Individual agencies to report on how the escalation policy is implemented and identify good practice and areas of learning. 3. Terms of Reference for Practice Standards Multi-Agency Meeting to be agreed at the next Learning and Practice Review Group meeting. The Practice Standards Meeting will address issues of concern and learning points can be raised across agencies to improve inter-agency communication. When the Terms of Reference are agreed the Practice Standards Meetings can be established in December.	30.12.2020	Sub-Group of the Learning and Practice Review Group to lead on this work on behalf of all agencies, supported by the LSCP Business Team
1. Inter-Agency Reflective Practice sessions three times a year focussing on the learning from specific case/s to be presented and delivered jointly across agencies. 2. Arrange debriefing after a particular case where there is learning so that can be shared etc. To be agreed between at least two agencies - learning points reported to the LSCP. 3.Create and implement models of Multi-Agency group supervision.	Plan in place by 31.12.2020	Sub-Group of the Learning and Practice Review Group to lead on this work on behalf of all agencies, supported by the LSCP Business Team
1. Review guidance within the SET Procedures and re circulate to Partner agencies. 2. Multi-Agency Signs of Safety training is scheduled before end Dec 2020 and will focus on the co-production of plans with children, young people and their families. 3. Complete audit of plans via the Audit Group - to ascertain if the plans are Multi-Agency and have been created with families. 4. LSCP to work with key safeguarding leads to establish how the practice of shared written care plans can be embedded by all agencies working with Thurrock Children	Complete preparation work by 30.12.20 and audit by end of Feb 2021	LSCP and all agencies
1. Children's Social Care Quality Assurance Team to complete a dip sample within the next 2 months of PASS cases 2. Whole day multi agency case review session to focus on PASS cases involving key practitioners - to be planned for March 2021 - this will be led by the LSCP.	CSC dip sample audit by end November 2020. Multi-Agency case review March 2021	Children's Social Care, LSCP and all agencies

1. Signs of Safety Conference on 21st October 2020. 2. Multi-Agency Signs of Safety training for MARAC, MASH + Child Exploitation/Missing in place Autumn 2020 3. Graded Care Profile 2 training in place commencing Autumn 2020, 4. Graded Care Profile 2 trainers to offer desk side assistance on specific cases in relation to neglect. 5. Dedicated Signs of Safety and Graded Care Profile 2 training to be led by Signs of Safety Consultant to be in place by Jan 2021. 6. All agencies to view Graded Care Profile 2 training as a priority for relevant staff.	To be in place by end of 2020	LSCP and Partner agencies

6 October 2020	ITEM: 8
Children's Services Overview and Scrutiny Committee	
2019/20 Annual Complaints and Representations Report – Children's Social Care	
Wards and communities affected: All	**Key Decision:** Non Key
Report of: Lee Henley, Strategic Lead, Information Management	
Accountable Assistant Director: Joe Tynan, Interim Assistant Director, Children's Services	
Accountable Director: Sheila Murphy,Corporate Director, Children's Services	
This report is public	

Executive Summary

The annual report on the operation of the Children Social Care Complaints Procedure covering the period 1 April 2019 – 31 March 2020 is attached as an appendix.

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

1. Recommendation(s)

1.1 That scrutiny committee consider and note the report.

2. Introduction and Background

2.1 This is the annual report for Thurrock Council on the operation of the Children Social Care Complaints Procedure covering the period 1 April 2019 – 31 March 2020. It is a statutory requirement to produce an annual complaints report on Children Social Care complaints.

3. Issues, Options and Analysis of Options

3.1 This is a monitoring report for noting, therefore there is no options analysis. The annual report is attached as an appendix and includes consideration of reasons for complaints, issues arising from complaints and service learning.

3.2 **Summary of representations received 2019/20**

3.2.1 The following representations were received during 2019-2020:

- 30 Compliments
- 65 Initial feedback
- 17 Complaints
- 3 LGO
- 15 MP Enquiries
- 22 Members Enquiries

Further details are summarised within the Appendix.

3.3 **Local Government & Social Care Ombudsman**

There were 3 LGO complaints/enquiries received during the reporting period. Further details are summarised within the Appendix.

3.4 **Learning from Complaints**

Complaints and feedback provide the service with an opportunity to identify things that can be improved; they provide a vital source of insight about people's experience of social care services.

Upheld complaints are routinely analysed to determine themes and trends and services are responsible for implementing learning swiftly. Further details are outlined in the appendix.

4. Reasons for Recommendation

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

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

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

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

6.1 All learning and key trends identified in the complaints and compliments reporting have a direct impact on the quality of service delivery and performance. The reporting ensures that valuable feedback received from service users and carers is captured effectively and regularly monitored with the primary focus on putting things right or highlighting and promoting where services are working well.

7. Implications

7.1 **Financial**

Implications verified by: **Jonathan Wilson**

Assistant Director Finance

There are no specific financial implications arising from the report.

7.2 **Legal**

Implications verified by: **Tim Hallam**

Deputy Head of Law and Deputy Monitoring Officer

There are no legal implications as the report is being compiled in accordance with regulation 18 of the Complaint Regulations.

7.3 **Diversity and Equality**

Implications verified by: **Natalie Smith**

Strategic Lead Community Development and Equalities

There are no specific diversity issues arising from this report.

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

- None

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

- None

9. Appendices to the report

- Appendix 1 – 2019/20 - Children's Social Care – Complaints & Representations

Report Author:

Lee Henley

Strategic Lead, Information Management

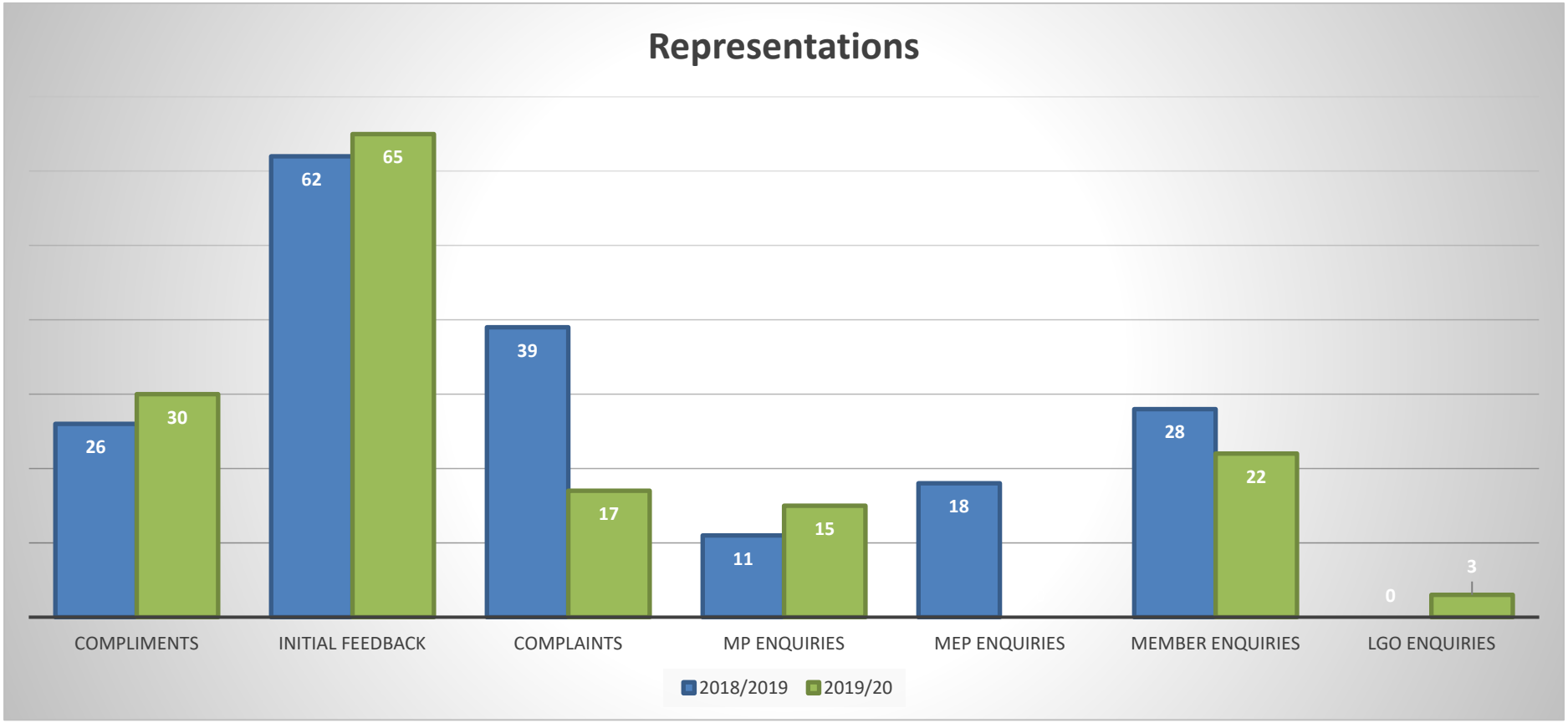
HR, OD & Transformation

This page is intentionally left blank

Appendix 1 - 2019/20 - Children's Social Care – Complaints & Representations

Volume of Representations – 2019/20 vs 2018/19:

Below is a comparison of all representations received during both years. A total of **152** representations were received in 2019/20 compared to **184** in the same period of 2018/19.



Complaints – 2018/19 vs 2019/20:

Below is the comparison between the two years with additional details provided. There were no escalations beyond stage 1 for both periods. The reduction in complaint volumes can be attributed to a more proactive process of meeting with residents to prevent issues becoming complaints and/or staffing related complaints now being captured as corporate complaints (and not statutory complaints):

Feedback:	Initial Feedback	Stage 1 complaints	Stage 2 complaints	Stage 3 complaints	Alternative Dispute Resolution Cases	Cases closed in period*	Cases Cancelled	% of complaints upheld in period	% timeliness of response for those due in period*
2019/20	65	17	0	0	2	14	4	50%	47%
2018/19	62	39	0	0	1	35	3	51%	87%
Difference	+3	-22	0	0	+1	-21	+1	-1%	-40%

***For 2019/20, of the 14 closed complaints, 13 relate to the period 2019/20 and 1 relate to 2018/19 (but was closed during 2019/20)**
*** 2019/20 % timeliness is based on 15 complaints being due in the period (7 from 15 within timeframe). 1 was closed in March 2018 and so appeared on last year's report.**

Root cause analysis and associated learning:

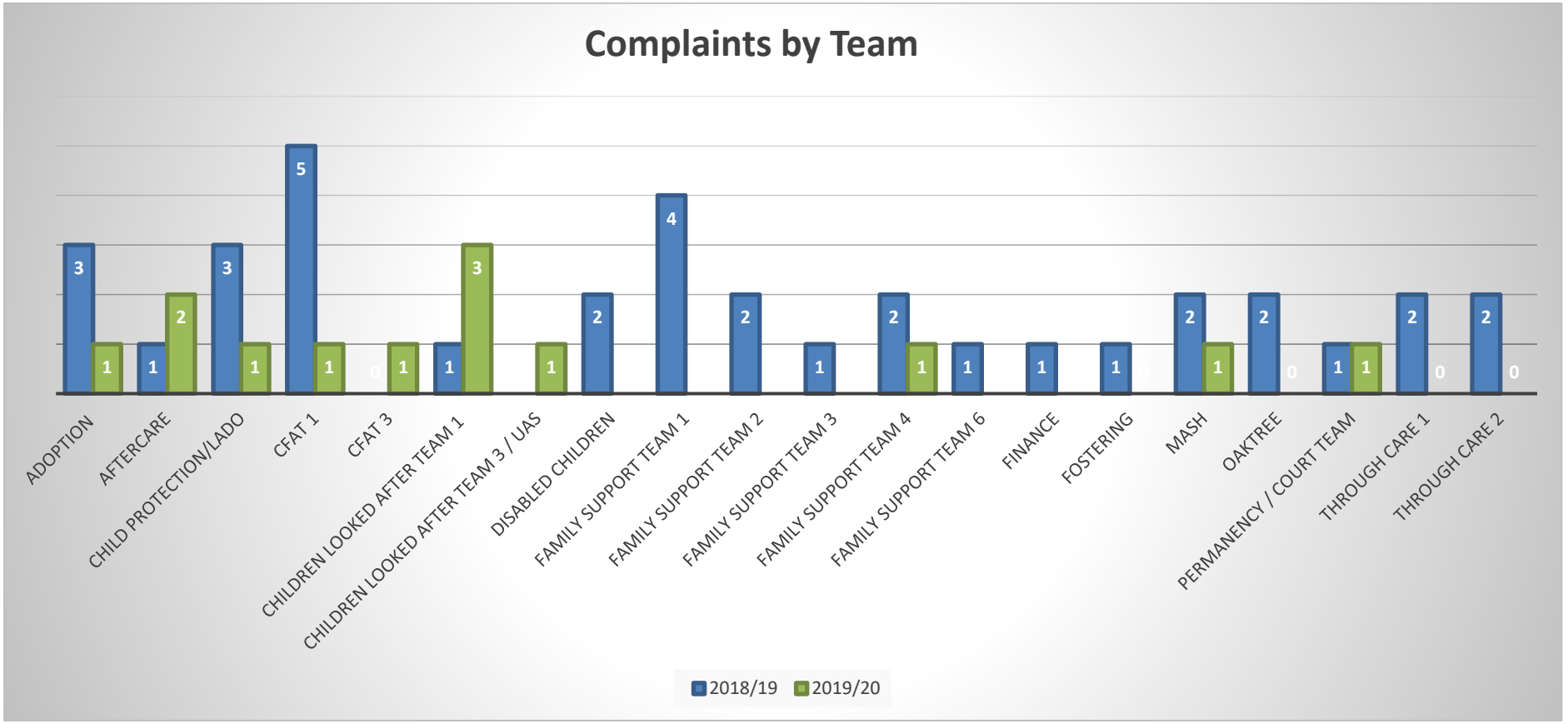
Key learning themes are identified below for the reporting period. Learning from upheld complaints is recognised by the service as part of complaint resolution.

Root cause analysis and learning from upheld complaints:	Root Cause 1 and associated learning	Root Cause 2 and associated learning	Root Cause 3 and associated learning
Learning for 2019/20	**Communication** Discussions have taken place within the service in relation to: • The importance of sharing plans across the service on a need to know basis (**Children Looked After Team 1)** • The need to ensure that information given to children about their care plans is accurate and up to date (**Children Looked After Team 1)** • Change over arrangements to be improved with joint visits to be conducted with both the new and outgoing	**Savings** The team have developed a new process to: • Address inconsistencies in savings for looked after children **(Aftercare)** • Ensure all young people receive regular savings going forward **(Aftercare)** • To review allowance payments annually and to ensure the system in place does not cause any disruption and/or inconvenience to the carer **(Adoptions Team)**	**Assessment** A formal review to be conducted to ensure standards are maintained in all cases involving unaccompanied asylum seekers (**Children Looked After Team 1)**

	social workers (**Children Looked After Team 1)** • Share all reports and communicate with families to prevent any disruption in education during placement moves **(Children Looked After Team 1)** • Staff reminded of expected customer service standards during visits (**Courts Team)**		
Learning for 2018/19	**Communication** Internal changes to rota spreadsheets to reflect contact in the community. Staff given reflective practice sessions to attune themselves with how service changes affect users. Better handling of Letterbox administration to ensure birth relatives and adoptive parents maintain proper contact. Recruitment of staff to allow for resumption of life story book productions.	**Decision Making** Both sides of families to be contacted where children only live with one parent to ensure equal sharing of information. Staff retrained on LADO referrals and social workers to fully familiarise themselves with the case prior to initial meetings.	**Policy and Training** Policy to be drafted to address the issue of savings for children in care. Further training to be provided to staff to remember the impact that professional opinion and timekeeping has on cases.

Breakdown of complaints received:

This may be different to figures within the upheld complaints section as this is based on closed complaints (not complaints received). The figures below will also exclude cancelled complaints.



Upheld Complaints:

Percentages for upheld complaints (based on complaints received and closed during the reporting period) across some areas are high as volumes of complaints are relatively low. Figures in brackets below represent the numbers of upheld complaints.

Complaint Area	Volume 2018/19	% Upheld	Volume 2019/20	% Upheld
Adoption	3	67% (2)	1	100% (1)
Aftercare	1	100% (1)	2	50% (1)
Child Protection/LADO	3	33% (1)	1	0%
CFAT 1	5	40% (2)	1	0%
CFAT 3	0	N/A	1	0%
Children Looked After Team 1	0	N/A	3	100% (3)
Children Looked After Team 3 / UAS	0	N/A	1	0%
Disabled Children	2	50% (1)	0	N/A

Family Support Team 1	4	25% (1)	0	N/A
Family Support Team 2	2	100% (2)	0	N/A
Family Support Team 3	1	0%	0	N/A
Family Support Team 4	2	0%	1	0%
Family Support Team 6	1	100% (1)	0	N/A
Fostering	1	100% (1)	0	N/A
MASH	2	0%	1	0%
Oaktree	2	100% (2)	0	N/A
Permanency / Court Team	1	100% (1)	1	100% (1)
Through Care 1	2	50% (1)	0	N/A
Through Care 2	2	50% (1)	0	N/A

LGO Complaints/Enquiries:

There were 3 LGO complaints/enquiries received during the reporting period.

Area	Issue Nature	Ombudsman Findings	Financial Remedy
Children & Families Assessment Team	Action taken to support a resident fleeing domestic violence	Final Decision received – Council at fault	£750
Disabled Children	Assessment and communication with the child's parents	Awaiting Draft Decision	N/A
Aftercare Team	Support with appropriate housing and quality of accommodation	Draft Decision received – Council at fault	£300

Alternative Dispute Resolution (ADR) Cases:

Complainants are seeking resolution and welcome the involvement of a neutral third person who will be able to assist both the complainant and the service in negotiating a settlement to their complaint. ADR is implemented as a mechanism to resolve complaints swiftly should the complainant request escalation. This involves assessment of the presenting issues by the Complaints Team**.** It can also include mediation with the complainant and the service area.

For the reporting period, there have been 2 cases of successful ADR, both of which prevented escalations to Stage 2. This has resulted in an estimated saving of £3600 for the service/Council.

Initial Feedback:

The Council receives feedback which following assessment does not constitute a formal complaint but still requires addressing. Those within scope of an 'Initial Feedback' are sent to the service with a request that swift action takes place to resolve the issue. This should negate the need for a formal complaint taking place. For the reporting period the following 'Initial Feedback' has been recorded:

Team	Feedback Total
CFAT 1	12
Disabled children	7
Family Support Team 4	6
Children Looked After Team 1	6
MASH	5
Aftercare	4
Permanency / Court Team	4
Fostering Team	4
CFAT 2	3
Children Looked After Team 2	3
Family Support Team 3	2
Children Looked After Team 3 / UAS	2
Adoption Team	2
Prevention/Support Service	1
Operation of homes	1
Oaktree	1
Child Protection/LADO	1
Family Support Team 2	1

Enquiries

During the reporting period the following enquiries were received:

- 22 Member/Cllr Enquiries
- 15 MP Enquiries

Cllr Enquiries	Number by Team
MASH	4
Youth Services	3
Children Looked After Team 1	3
Disabled Children	3
Fostering Team	2
CFAT 1	2
CFAT 2	2
Operation of Homes	1
Family Support Team 2	1
Family Support Team 4	1

MP Enquiries	Number by Team
CFAT 1	4
Aftercare	2
Family Support Team 4	2
MASH	2
Child Protection/LADO	1
Fostering Team	1
Support for childminders	1
Children Looked After Team 3 / UAS	1
Family Support Team 1	1

External Compliments:

30 Compliments have been received during this period, breakdown of teams is below.

Service Area	Total Received
Families Together	9
Prevention/Support Service	5
CFAT 4	2
Disabled children	2
Family Support Team 4	1
Family Support Team 2	1
Child Protection/LADO	1
Children Looked After Team 2	1
Family Support Team 3	1
Family Support Team 6	1
Children Looked After Team 1	1
Fostering Team	1
CFAT 1	1
Permanency / Court Team	1
Aftercare	1

Family Support Team 1	1

6 October 2020	ITEM: 9
Children's Services Overview and Scrutiny Committee	
SEND Inspection Outcome - Written Statement of Action Update	
Wards and communities affected: All	**Key Decision:** Non Key
Report of: Michele Lucas, Assistant Director, Education and Skills	
Accountable Assistant Director: Michele Lucas, Assistant Director, Education and Skills	
Accountable Director: Sheila Murphy, Corporate Director, Children's Services	
This report is Public	

Executive Summary

This report outlines the progress on the work identified within the SEND Written Statement of action, which was agreed by Ofsted in October 2019. It includes an update against the key areas identified in Appendix One.

Whilst the report will focus on the WSoA a wider system approach to improvement is being undertaken to ensure that we are listening to parents/carers and young people in the delivery of SEND services.

Outlined below are the Ofsted WSoA recommendations:

- Action 1: Inaccurate and incomplete records and ineffective oversight mean that leaders did not know the whereabouts of some children and young people and what provision they have.

- Action 2: Quality assurance is not rigorous enough to ensure effective governance and oversight across the provision and services for 0 to 25-year-olds with SEND. Leaders are reliant on working relationships rather than processes. Leaders are over reliant on the limited information given to them by educational providers about the quality of the provision they purchase.

- Action 3, is about the quality of EHCP's and Annual Reviews and is broken down into the following strands:

    - Strand 1: EHC plans and the annual review process are of poor quality. The local authority has no system in place to make sure that relevant professionals and services are notified when EHC plans need reviewing or updating.

    - Strand 2: Professionals are not routinely informed of requests to submit written information within specified timescales.

    - Strand 3: Too often, EHC plans are out of date and do not accurately reflect the needs or views of children and young people, or the views of the families.

    - Strand 4: The information from EHC plans and annual reviews is not used to inform the commissioning of services, particularly, but not exclusively, for young people between the ages of 19 and 25 years.

1. Recommendation

1.1 O&S to scrutinise the work that has been undertaken during this period and offer challenge and support.

2. Introduction and Background

2.1 This report builds on the work that has been presented to O&S in previous committee meetings. Detailed progress against the WSoA's action plan is provided in Appendix One.

2.2 The SEND Improvement Board, chaired by the Portfolio Holder for Education is overseeing both the WSoA and the wider issues identified within the inspection outcome letter. The SEND Operational Group provides regular updates to the SEND Improvement board which in turn reports back to Children's Overview & Scrutiny.

2.3 A number of actions in the WSoA were impacted by COVID-19 and a revised timeline plan, with revised dates, was taken to SEND Improvement board by the SEND Operational Group. The revised dates were agreed by the SEND Improvement Board and are reported on in the WSoA plan at Appendix One.

2.4 Ofsted have begun a limited SEND inspection programme between September 2020 and March 2021. These short inspections are focussed on safeguarding and work during COVID in SEND and do not include the full inspection framework. It is not known when we will receive a SEND Inspection visit to reassess against the WSoA, however, it is likely to be within the next year.

3. Issues, Options and Analysis of Options

3.1 The Council has a statutory duty to support SEND children and young people and as such we are working on ensuring that a whole system approach is taken to ensure smooth transition pathways.

Appendix One gives an update around the key objectives within the WSoA, including the impact of the work and progress against those actions.

Outlined below are the areas that are not within the agreed timescales on the WSoA and the mitigation that has been put in place to address this:-

Work around participation and engagement has been challenging due to a number of reasons, these include; COVID 19 and the recent decision by CaPa to dissolve the parent partnership. We are working closely with Contact the national infrastructure organisation for parent participation, to support the development of a new parent/carer forum. The regional DfE lead who sits on the SEND Improvement Board, has confirmed that the development of a new parent/carer forum can take time – recognising this we have introduced some engagement activities whilst a new forum is formed, an example is given below:-

- We have continued to work closely with parents around our preparing for adulthood strategy and this group have informed some of the work we have committed to around transition into adult services. To support this work we have met with parents and carers which included adult social care and health colleagues. Parents identified a range of opportunities and these are being integrated into our communication & engagement strategy. Parents have volunteered to support with individual areas eg the refresh of the local offer

The Annual Review Process – this still remains a risk as we are dealing with historical backlogs in the system. Additional capacity has been introduced and the senior management team receive a weekly report of progress; this addresses the area of weakness around senior management oversight. The systems integration will support this work and the increase in capacity across the team will see this risk reducing.

The quality of ECHP's - we have introduced a quality assurance framework but this needs time to embed – audits are taking place and a report will be going to the November SEND Improvement Board which will outline the findings from the audit, including the learning undertaken as a result of the audits.

4. Reason for Recommendation

4.1 Children's Overview and Scrutiny have a clear and accountable governance and responsibility around supporting children with additional needs – the standing agenda item will enable committee members to be reassured of the progress and provide scrutiny in ensuring we are meeting the objectives

outlined in the WSOA. We would ask committee member to consider how they would like us report back on progress.

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

5.1 Children's Services Overview and Scrutiny Committee

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

6.1 This report contributes to the following corporate priorities:

Create a great place for learning and opportunity

7. IMPLICATIONS

7.1 Financial

Implications verified by: **David May**

Strategic Lead Finance

Additional resources have been identified to ensure that we implement the change programme that is being developed to support children with special needs. This will be monitored alongside the written statement of action to ensure that they have been targeted in the appropriate place to see improved outcomes for children and young people.

In addition, the Dedicated Schools Grant has prioritised resources to support the improvement plan and respond to the increase demand in EHCP.

7.2 Legal

Implications verified by: **Judith Knight**

Interim Deputy Head of Legal (Social care and Education)

The Council is subject to various duties under the Children and Families Act 2014 in relation to children with special educational needs. These duties are set out in more detail in The Special Educational Needs and Disability Regulations 2014 SI 2014/1530. The regulations set out various timescales for particular steps such as decisions to make and review EHC plans.

7.3 Diversity and Equality

Implications verified by: **Becky Lee**

Team Manager – Community Development and Equalities

Supporting our children and young people who have special educational needs is a key strategic priority for Thurrock Council. The service continues to promote practice to achieve equality, inclusion and diversity, and will carry out its duties in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy. We have recently redesigned our work around how we engage with children young people and parents/carers who require additional support. To support with this work we have recruited an engagement officer who will be working with local stakeholders to enable us to gain feedback on service delivery and how we can ensure it is linked to service transformation.

7.4 **<u>Other implications</u> (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental**

None

8. APPENDICES TO THIS REPORT:

Appendix 1 – Written Statement of Action – progress update

Report Author:

Michele Lucas

Assistant Director, Education and Skills

This page is intentionally left blank

Appendix One.

SEND LOCAL AREA

Written Statement of Action

Author: Michele Lucas, Assistant Director Education and Skills

September 2019

Version 10

SEND Strategy Priorities 2019-22

Ensure that children and families are at the heart of an effective send system	• Parental engagement and co-production in all areas of SEND. • The role of the Parent/ Carer Forum in putting forward parent voice though CaPa • Parent, child and young person engagement in service commissioning, Planning and delivery • Co-production of individual Education, Health and Care Plans (EHC Plans) • Pupil voice and targeted engagement work • Feedback via surveys and group work
Ensure every child and young person is making good progress and attends a good place to learn	• A comprehensive range of high quality SEND services available in mainstream and special early years settings, schools and colleges for children and young people at SEN support and EHC Plan • Measures of individual outcomes progress through EHC Plan and SEN support and beyond academic attainment • Appropriate range of specialist places in place • SEND progress measures in schools and bases for EHC Plan and SEN support • Targeted monitoring and support for all vulnerable groups including SEN support, EHC Plan, LAC, CIN and Young Offenders
Ensure children and families are well supported	• High quality comprehensive information on all SEND services through the Local Offer • High quality support services in all provision to enable parents, children and young people to achieve identified outcomes • High quality advisory and support services through Information, Advice and Guidance services (IAGS) • Clear and comprehensive routes of access to Co-ordinated Health & Social Care support including SEN support, CAF, Health Pathways including Emotional, Health & Mental Wellbeing and EHC Plan
Ensure an effective and responsive approach to assessing and meeting the needs of children and their families	• High quality and efficient SEN assessment, delivery, monitoring and administration at early years settings, schools and college provision with effective Local Authority, Health and Social Care contributions • Comprehensive support for children and young people in place leading to enhanced outcomes for all children and young people
Ensure the identification of early support for children with send	• Comprehensive early identification and support systems including Early Support, Portage, Outreach services and co-ordinated support in Early Years settings incorporating Health, Social Care and Education systems under a single co-ordinated system • Clear systems of support and advice to early years settings to ensure identification of needs and support including support from the Area SENCO
Ensure young people are well prepared for adulthood	• Clear and timely Preparing for Adulthood (PFA) Planning ensuring young people have a wide range of opportunities and achieve across all six areas of PFA • Clear and effective systems enabling young people to transition to adult education, Employment, Health and Social Care services based on their individual needs

Introduction

This document outlines the commitment of Thurrock Council and Thurrock's Clinical Commissioning Group (CCG) to address the areas of concern, which were identified in Thurrock's Local Area SEND Inspection, which took place 4th-8th March 2019.

The document highlighted three key areas:

- **Area of Concern 1:** Inaccurate and incomplete records and ineffective oversight meant that leaders did not know the whereabouts of some children and young people and what provision they have.

- **Area of Concern 2:** Quality assurance is not rigorous enough to ensure effective governance and oversight across the provision and services for 0 to 25-year-olds with SEND. Leaders are reliant on working relationships rather than processes. Leaders are over reliant on the limited information given to them by educational providers about the quality of the provision they purchase.

- **Area of Concern 3:** Education Health and Care Plans (EHC Plans) and the annual review process are of poor quality. The local authority has no system in place to make sure that relevant professionals and services are notified when EHC Plans need reviewing or updating. Professionals are not routinely informed of requests to submit written information within specified timescales. Too often EHC Plans are out of date and do not accurately reflect the needs or views of children and young people, or the views of the families. The information from EHC Plans and annual reviews is not used to inform the commissioning of services, particularly, but not exclusively, for young people between the ages of 19 and 25 years.

Our Written Statement of Action has been produced in partnership with the Thurrock Council, CCG and Public Health to ensure that all key partners are working together to address the weaknesses identified in the recent inspection. In addition, we have shared the document with our Children's Overview and Scrutiny board, young people, our parent groups, and a focus group of parents and carers recognising the importance of shared ownership and commitment to children and young people with SEND.

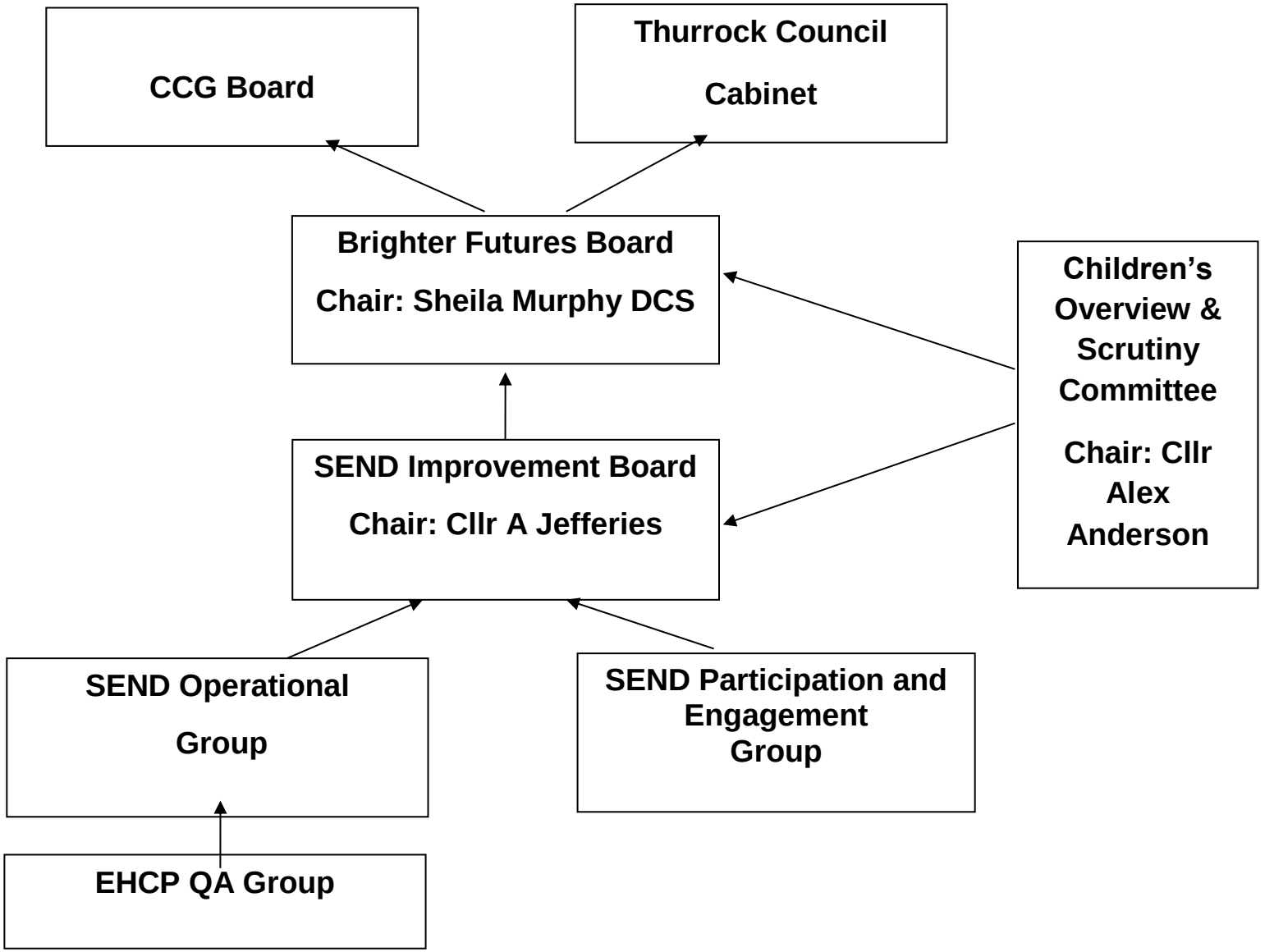
The monitoring of this statement of action will take place on a quarterly basis with the Department for Education (DfE) and NHS England, and implementation will be monitored and scrutinised through the Thurrock SEND Improvement Board, which is chaired by the Portfolio Holder for Education and Health. Our Operational SEND Group will oversee our work Plans and monitor internal performance measures to ensure we have a robust system of quality assurance in place.

Thurrock has a long standing commitment to an inclusive system of education health care and support that actively enables access and full participation to all aspects of community life. This is in compliance with the Salamanca Statement and Framework for action on Special Needs (1994), the UN Convention on the Rights of the Child and is embedded in the Equality Act 2010.

Key responsible people

Portfolio Holder for Education & Health (PFH)	Cllr Andrew Jefferies	**CEO Thurrock Council**	Lyn Carpenter
Leader of the Council	Cllr Rob Gledhill	**Portfolio Holder Children & Adult Social Care**	Cllr James Halden
Chair Children's Services Overview & Scrutiny Committee	Cllr Alex Anderson	**Corporate Director (CD)**	Sheila Murphy
Assistant Director, & Consultant in Public Health	Teresa Salami-Oru	**Assistant Director Education & Skills (ADES)**	Michele Lucas
Assistant Director Children's Social Care	Joe Tynan	**Strategic Lead Specialist Provision / Principal Educational Psychologist (SLSPPEP)**	Malcolm Taylor
Strategic Lead School Effectiveness and SEND (SLSESEND)	Andrea Winstone	**Strategic Lead Employability and Skills (SLES)**	Kate Kozlova-Boran
Strategic Lead Business Intelligence (SLBI)	Mandy Moore	**Assistant Director for Integrated Commissioning for Children, Young People & Maternity**	Helen Farmer
Chief Nurse, CCG	Jane Foster-Taylor	**Strategic Lead for Children Services Commissioning (SLCSC)**	Sue Green
Designated Clinical Officer (DCO)	Louise Warren		

SEND Governance Structure



Governance Structure

Thurrock Council working in partnership with Thurrock CCG and Parent Carer Forum has undertaken a review of its Governance of the SEND work across the Local Area.

Children's Overview and Scrutiny will monitor the impacts associated with this plan on bi-monthly basis.

Brighter Futures – Children's Partnership provides the overarching governance arrangements for SEND, work to address the issues within the written statement of action and the wider SEND strategy will be reported to the Brighter Futures – Children's Partnership on a six monthly basis.

SEND Improvement Board meets six weekly and is chaired by the Portfolio Holder for Education and Health. The membership is made up of senior management from across the Partnership including the CCG and Public Health and the Parent Carer Forum.

SEND Operational Group meets six weekly to ensure the work programme set out in the written statement of action and the wider SEND improvement priorities are on track ensuring effective action. This group reports to the SEND Improvement Board. Membership of this Group is cross partnership and includes operational leads from the LA, CCG, Public Health and Parent Carer representation.

The SEND Participation and Engagement group meets quarterly co-chaired with the Parent Carer Forum to enable a wide range of co-production including Health Education and Social Care across all areas of SEND improvement.

EHCP Quality Assurance Group – this group meets monthly and will oversee the QA process of EHCP's it will report into the operational group and quarterly reports will be provided to the SEND Improvement Board.

RAG RATING KEY	
RED	**The action has not yet started or there is significant delay in implementation. The action must be prioritised to bring it back on track to deliver.**
AMBER	**The action has been started but there is some delay in implementation. The action must be monitored to ensure the required improvement is delivered.**
GREEN	**The action is on track to be completed by the agreed date. Evidence is required to show that the improvement has been embedded and sustained.**
BLUE	**The action has been completed and is now fully embedded.**

Written Statement of Action

Area of concern 1: Inaccurate and incomplete records and ineffective oversight meant that leaders did not know the whereabouts of some children and young people and what provision they have.

Aim of this programme of work:

To ensure that the Local Authority knows where all children and young people are placed and what provision they are accessing. To develop processes to confirm the quality of provision and the welfare of children and young people placed in different settings particularly those placed out of the authority.

We will undertake a review of SEND, EHC Plan records and ensure that they are updated by the SEN team. This will be audited monthly by members of the senior manager team and reported through our performance management framework to Directors Board and the SEND Improvement Board.

KPIs / Targets for assessing overall success of the programme

- All EHC Plans are reviewed and quality assured to meet statutory assessment timelines

The system at any time can produce this information readily.

An accurate list of all C&YP with EHC Plans:-

- Where they are placed
- Date the EHC Plan was reviewed and when next review is due
- For those placed in residential /out of authority or home educated dates of the last monitoring visits to check welfare
- Up to date information around children/young people who are “awaiting specialist provision”
- Clear processes in place to ensure we are tracking those that may be missing education

Area of Concern 1: Inaccurate and incomplete records and ineffective oversight meant that leaders did not know the whereabouts of some children and young people and what provision they have

Aims: To ensure that the Local Authority knows where all children and young people are placed and what provision they are accessing. To develop processes to confirm the quality of provision and the welfare of children and young people placed in different settings particularly those out of the authority.

Actions	Action completed by	Responsible Officer	Outcomes and measures
A1. Management oversight- Realignment of Education and Skills leadership so that there is an enhanced focus on quality and performance monitoring of provision a) Complete re-alignment documentation b) Consultation with management team members re the new structure. c) Realign duties to Strategic Leads and Post 16 Lead and amend job descriptions d) Strategic Leads and Post 16 Leads line managed by ADES e) Rigorous monitoring of the SEND services to ensure that outcomes and measures are met **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**July 2019** **July 2019** **July 2019** **July 2019** **Ongoing**	**ADES** **ADES** **ADES** **ADES** **ADES**	**Outcomes** Distributed leadership of service – service realigned into three areas Specialist provision, Operations and Post 16 Service leads closely monitor and performance manage the SEND operational teams Service leads attend case management decision making panel Service leads visit each out of borough placement to QA There are clear lines of responsibility and reporting Rigorous monitoring improves performance of SEND team measured by timescales, feedback from parents and education establishments, % of plans audited that comply with the QA framework, % of annual reviews completed on time (see section 3) Quarterly report on performance to the SEND Board starting in October 2019 **And as a result:** Local Authority (ADES) has effective oversight of where all children and young people with SEND are placed and the provision they are accessing thus ensuring they are achieving their outcomes Increased management capacity which will lead to closer scrutiny of all cases ensuring all children and young people are placed in appropriate provision

			Progress will be governed by SEND Improvement Board
A1 progress update - March to September 2020: Actions **a) - d)** around the management realignment have been completed. Action **e)** remains ongoing with evidence of current progress outlined below. 1. EHC Plans completed within 20 week timeframe has improved month on month consistently 70% in time over three month period which is above both national and statistical neighbours. 2. COVID action plan developed around delays around some actions – this has been reviewed and timelines and have amended with approval from SEND Board. 3. Clear management oversight relating to specialist provision – QA of all provision has been undertaken and recommendations have been implemented around the plans 4. Post 16 QA provision has been developed to review the offer and identify with young people's involvement newly commissioned provision.			
A2. Records and oversight of all Post 16 provision for CYP with SEND to be reviewed to ensure accuracy of placement for the young person in line with Ofsted Written Statement of Action e) Identify additional funding stream for additional capacity through a business case to Director's Board b) Recruit 3 additional post 16 officers with careers advice and guidance qualifications and 1 tracking officer c) Create a quality assurance framework for post 16 provision using regional guidance to be developed further with Children , Young People, Parents /Carers and Partners d) Commission post 16 provision using the framework developed – action date	**April 2020** **July 2019** ~~**Feb 2020**~~ **Oct 2020** ~~**Feb 2020**~~ **Oct 2020**	**P16SM** **P16SM** **P16SM** **P16SM**	**Outcomes** Increased capacity in Post 16 team to address areas of identified concern in the Ofsted Inspection. New learning pathways and courses are developed locally for Preparing for Adulthood(PfA) building on current provision for young people All CYP from year 9+ have will have an annual PfA advisor attend their annual review will deliver CEIAG (Career education, information and guidance) to SEND YP in Year 9,10,11, 12, 13 and 14 to identify needs early on, consistently work on SMART career targets using the Careers Action Plan as the golden thread throughout the YP's journey. Reporting on destinations of YP is robust. **And as a result:** CYP welfare and quality of education is regularly assessed and monitored

e) Agree KPIs with all post 16 providers to enable the officers to measure impact of provision f) In collaboration with South Essex College, USP and Thurrock Adult Community College improve the post 16 offer locally, ensuring information from PFA meetings/ annual reviews taken into account g) The Action Plans for Young People undergoing transition with EHC Plans are collated by the Preparing for Adulthood Officer on a termly basis to inform the future provision h) Embed seamless pathways between Children's and Adult Social Services through PfA monthly meetings Create new career action plans appropriate to different year groups **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	~~**April 2020**~~ **Oct 2020** ~~**April 2020**~~ **Oct 2020** **Dec 2019** **Nov 2019** **Sept 2019**	**P16SM** **P16SM** **P16SM** **P16SM** **P16SM**	Post 16 provision is commissioned based on intelligence from PfA sections of reviews of EHCPs **Evidenced by**: Development of new bespoke programmes to ensure learner needs are met. Improvement to the curriculum; internship opportunities; careers advice and access to employment and apprenticeships for young people. Additions to the post 16 curriculum for young people with SEND (both with EHCPs and at SEND support) for the academic year 2020/21 compared with 2019/19. Increase in supported internship from baseline in the SEN2 return 2019 of 24. Increase in apprentices with EHCPs for the baseline in the SEN2 return 2019 of 19. Changes in the levels of YP aged 16-19 with EHCPs NEET from 2019 baseline. Changes in the overall level of YP who are NEET from 2019 baseline. Leaders know the whereabouts of all children and young people and what provision they have evidenced by records produced from the database/IT system. Young people meet their potential and have fulfilling lives and careers as evidenced by :- Young people have access to new bespoke programmes to meet learner needs. Improved access to the curriculum; internship opportunities; positive transitions from children to adult health services; careers advice and

			access to employment and apprenticeships; positive transitions from children's to adult's social care, access to housing and support for independent living.

A2 Progress update: - March to September 2020 :

A number of actions [**(a) (b) (g) (h) (i)**] have been completed. However, we have had some issues around timescales due to COVID restrictions for actions [**(c) (d) (e) (f)**]. These revised timescales have been approved by the SEND improvement board in summer 2020 and below is an overview of the activity which has taken place including information around support for young people during the period of school closure.

1. Three PFA Advisers have been recruited into the team to increase capacity in delivering the annual reviews post 16. One Tracking Officer has been recruited to ensure robust destination monitoring – which has meant we have clear protocols in places to ensure we can track and support all our young people.
2. Post 16 providers have agreed to establish focus groups in their establishments to enable the voice of the YP to be heard, this will happen during October 2020. The outcome of the focus groups will determine the bespoke provision for Post 16 SEND. This is planed for January 2021 making sure it is YP led and is reflective of what the YP want their learning journey to look like.
3. Current work is progressing to ensure we are able to support young people with the newly established internship opportunities that will be generated for January 2021 – which are addressing the issues around post 16 opportunities.
4. A Commissioning work stream has been developed that is addressing the providers' KPIs and scoping paper has been presented to the board
5. New plans for each Year group have been designed - as the YP progresses through the years each plan will inform the following one and enhance it enabling the plans to be as robust as possible and reflecting YP's needs.
6. A newly established post-16 Innovative programme is being delivered at Grangewaters, which incorporates team building, H&S, First Aid - programmes enhancing YP's employability skills.
7. **16-18** year old SEND Not in Education Employment or Training/Unknown is currently at 3% which is significantly below the Eastern Region of 7.9% (March 2019 is the latest comparative data) and National of 10% (March 2019 is the latest comparative data) and shows a positive picture.
8. **16-25** year old SEND learners Not in Education Employment and Training is currently at 7.5% - national data is difficult to source however Thurrock has a strong tracking team which enables us to have a clear data set around where our young people are. This figure relates to a wider cohort than the 16-18 year olds.

During the lockdown period SEND YP post 16 were contacted in the following ways:-

- Written to
- Contacted to check well-being
- Contacted with an Offer of a Careers Interview
- All Year 11s were offered a September Guarantee (SG)
- All Year 13s had intensive careers offer to minimise NEET

The new QA Peer Review Group for all Post 16 Training Providers will be introduced in October nd will increase confidence in the local offer, enhance provision as well as give the LA an opportunity to gain feedback around the local offer resulting in positive progression of YP into EET/employment on completion of courses. NEET data will be analysed to bring understanding of the progression routes post 19.

Young people will not experience any delays in the start of their training provision; provision will be of high quality enabling to progress into a positive destination.

Person centred approach is at the heart of provision as KPIs reflect the targets of the EHCPs leading to successful students achieving their outcomes.

PFA advisers have very close links with three colleges (TACC, SEC , USP) and know the YP on their caseload. Feedback from YP is that they feel listened to and know where to turn for career / preparation for adulthood advice.

Young people start preparing for adulthood from Year 9 giving them the time to grow in confidence in their chosen career path

The young person gets a holistic offer that meets their social, health and educational needs leading to better outcomes.

Person centred approach allows children/YP to build on their strengths from year to year leading to consistent journey towards independence and employment. Aspirations are increased and young people feel more ambitious about their future careers

Timelines have slipped due to COVID 19 this has been discussed with SEND Improvement Board and new timelines have been approved. The impact on YP has been kept to minimum as we have kept in touch with then over lockdown period.

Commissioning process have been affected by COVID 19 but will commence over the Autumn term Filming of the young people in their Post 16 provision to enhance the Local Offer has been paused; to be resumed in September 2020. There has been slippage in the production of Annul Reviews due to the impact of the Covid-19 mainly due to accessibility

A3: Governance of SEND Service will be reviewed to ensure, there is effective oversight all children and young people. a) SEND Improvement Board and SEND Operational Board to be established b) Agree terms of reference for the boards and arrangements for communicating decisions and reporting lines c) Board to be Chaired by Portfolio Holder, and DCO, ADES, ADCS, CD attend board meetings d) Embed the operational aspects of governance structures, working groups and forums established by WSoA and already in existence in order to ensure aligned and effective implementation of WSoA. e) The board will hold performance of SEND department to account through monthly performance data monitoring **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**July 2019** **July 2019** **July 2019** **Jan 2020** **Jan 2020**	**ADES** **DCO** **ADCS** **CD**	**Outcomes and measures** • Increased senior management oversight • Challenging but realistic targets are set • Clear lines of accountability • Poor performance is challenged and addressed **And as a result:** Membership agreed. The chair of the board is the PFH for Education and Health and OFSTED Regional Lead is also a member New board meeting on 14th June to oversee the development of the Written Statement of Action Board have met and signed off the re-submitted WSOA. The performance framework will demonstrate a system wide approach to children and young people with SEND Performance of department will improve and children and young people's experience of support arrangements for SEND will improve

A3 Progress update March to September 2020:

All action points **[(a) – (e)]** have been completed. Governance has been strengthened with the development of the SEND operational group and the SEND Improvement Board as well as Children Overview & Scrutiny and the Health & Wellbeing Board holding the SEND service to account.

1. Operational Group meetings on a monthly basis with the SEND Improvement Board meeting every 6 weeks providing support and challenge**.**

Impact

2. Monthly data returns demonstrate that the % EHCPs finalised within the 20 weeks timescales has remained above the published data for England (60%). **The average % of plans finalised in time April – July 2020 was 88.4%**

A4: Improve the accuracy and quality of record keeping a) Update all data currently held on the Synergy SEN Data base system to ensure annual review dates, placements/ schools/ year groups and other information is correct.	**Sep 2019**	**SLSESEND**	**Outcomes** The system at any time can produce this information readily to support Children and Young People's outcomes. 100% Records are accurate and up to date Staff training has commenced and is undertaken by all staff on a Bi-weekly basis An accurate list of all C&YP with EHC Plans:- - Where they are placed - Date the EHC Plan was reviewed and when next review is due - For those placed in residential /out of authority or home educated dates of the last monitoring visits to check welfare - Up to date information around children/young people who are "awaiting specialist provision" **And as a result:** All current data on Synergy is complete and accurate. CME processes are clear and understood by all
b) Bi-weekly training programme in place for all SEND team in the processes for annual reviews/ case work/ recording/ customer service/ practice standards	**July 2019**	**SLSESEND**	
c) Train SEND caseworkers to use all the modules on the Synergy SEND system	**Feb 2020**	**SLSESEND**	
d) Embed SEND Children Missing Education (CME) processes and recording through CME monthly monitoring of cases.	**Dec 2019**	**SLSPPEP**	
e) Distribute CME reporting and recording processes to SEND/ EWS/ Admissions/ Social Care/ schools	**Nov 2019**	**SLSPPEP**	

RAG

Oct 2019	Jan 2020	April 2020	July 2020
Oct 2020	Jan 2021		

All partner agencies have copies of the revised CME process and have undertaken training or awareness raising on the new process

Clear processes in place to ensure we are tracking those that may be missing

20 week timescale for completing EHCPs is met in line with the SEND code of practice 2015

All members of the SEND team will have completed a training programme to understand the current SEN team requirements for data recording and to understand how to input this data into Synergy

The Synergy system can produce all required information, accurately and in a timely manner

CYP have timely annual reviews of the EHC Plans

A4 Progress update – March to September 2020:

All actions **[(a) – (e)]** have been completed. Please see below for an overview of the systems work that has been undertaken.

1. The information held on Synergy has been updated and two further updates to the software have been installed. This will now enable routine data reporting and clean up in future.
2. The bi-weekly training is in place and is ongoing. New casework staff have been inducted and have received intensive training. As a result caseloads per caseworker have been reduced to approx. 150 cases per full time equivalent from a previous average caseload of 300. This will support timescales within the service to ensure it is more efficient and effective.
3. All staff have undertaken customer service training, and new practice standards have been developed and are being used by all staff. The practice standards ensure a consistent approach to all tasks and duties and has resulted in fewer complaints and increased compliments.
4. A new telephony system has been purchased. Monitoring shows that all calls and emails are responded to within timescales. This data has been presented to SEND Improvement Board.

Impact

5. There are no late phones calls on the call log and the number of complaints have reduced. Calls to the service have reduced by 46% since the new system was introduced and no calls were abandoned. The reduction in calls is a positive sign as less calls means less people needing to contact the service.

6. Ofsted recognised that the CME process for all children and YP was fit for purpose and robust during the ILACS.
7. CME Meetings taking place monthly, Action Minutes in place including individual casework actions
8. Updated CME guidance sent to schools by email 30/8/2019, Guidance published on Local Authority web site

A5: SEND data integration project. a) Identify resources to Progress the Synergy Health Check work b) Recruit additional capacity for Synergy system c) Identify the current shortcomings in the current system d) Create an options appraisal for systems integration e) Identify appropriate system providers f) Review and update data management system g) Research the introduction of Synergy or other line EHC PLAN system h) Introduce an online EHC Plan system that is user friendly for parents/ CYP/ stakeholders- ensuring training is in place for all from system provider **RAG** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**July 2019** **Oct 2019** **Sep 2019** **Sep 2019** **Oct 2109** **Oct 2019** **Dec 2019** **March 2020**	**SLBI** **SLBI** **SLBI** **SLBI** **SLBI** **SLBI** **SLBI** **SLBI**	**Outcomes** A fully integrated system that supports the work of the SEND service and provide better outcomes for young people. **And as a result** System is being used to full capacity Records are up to date and accurate Workflows in place to remind caseworkers and managers of tasks The team performance improves The system to include views and wishes of parents/carers/ CYP is on line and user friendly and enables all to give feedback to inform service development

A5 Progress update – March to September 2020

Actions **[(a) – (g)]** have been completed. The systems integration project will be completed in two phases.

1. Additional capacity and research was undertaken. This has enabled the work relating to integration to move forward.
2. Phase one of the data integration project has been completed this will enable a single view of education and skills data to be viewed. The Synergy system will support routine data reporting to support data clean up and performance management. This gives greater management oversight of where our children and YP are and how the EHCP is supporting their educational outcomes.
3. **(h)** Remains red due to delays in the phase two project which will introduce a new online EHCP portal. A project plan has been developed and is due to be signed off by the SEND Improvement Board in October 2020. This will look to improve performance and support some of the potential reduction in timescale for the development of EHC plans.

Area of Concern 2: Quality assurance is not rigorous enough to ensure effective governance and oversight across the provision and services for 0 to 25-year-olds with SEND. Leaders are reliant on working relationships rather than processes. Leaders are over reliant on the limited information given to them by educational providers about the quality of the provision they purchase**.**

Aim of this programme of work:-

(i) Ensure relevant governing bodies (e.g. SEND Improvement Board and Health and Wellbeing Board) have access to a range of indicators relating to outcomes, service quality and performance to assess how well the local area is meeting the needs of C&YP with SEND

(ii) Ensure the development and application of the performance framework engages children and young people with SEND and their parents

(iii) Ensure there is a robust quality assurance framework for those children and young people with EHCPs placed outside Thurrock that ensures they make progress, promotes their independence and ensures their wellbeing and safety.

(iv) Strengthen the quality assurance arrangements for the provision of post 16 education for students with SEND and specialist school provision

(v) Ensure key services for C&YP operate within a high quality QA framework that embeds co-production – particularly with regard to the drafting and review of EHCPs (section 3 below, post 16 provision, provision for children and young people placed out of borough. This will be compliant with the SEND Code of Practice (2015).

KPI's/Targets for assessing overall success of the programme:-

a) Developing a strategic data dashboard covering education, health and social care provision which includes outcomes and indicators of service quality and performance for use by strategic managers and governing bodies responsible for overseeing the provision of services of C&YP with SEND and taking policy/commissioning decisions (see area concern 1)

b) Developing a QA framework for key aspects of service delivery with a range of partners with priority being given to the following:

- EHC Plans include the views, wishes and feelings of children, young people, their families and carers
- EHC Plans are clear, concise, understandable and accessible
- EHC Plans set out how partners will co-ordinate and work together to support the child, young person, parent and carers
- EHC Plans clearly identify need and include specific outcomes

The framework will also be inclusive of those placed in independent/non maintained/residential settings and special circumstances.

c) Reviewing post 16 local offer and how it links into the adult social care transitional pathway.

Area of Concern 2: Quality assurance is not rigorous enough to ensure effective governance and oversight across the provision and services for 0 to 25-year-olds with SEND. Leaders are reliant on working relationships rather than processes. Leaders are over reliant on the limited information given to them by educational providers about the quality of the provision they purchase.

Aims: Ensure relevant governing bodies (e.g. SEND Improvement Board and Health and Wellbeing Board) have access to a range of indicators relating to outcomes, service quality and performance to assess how well the local area is meeting the needs of C&YP with SEND and key services for C&YP operate within a newly refreshed QA framework.

Ensure the development and application of the performance framework engages children and young people with SEND and their parents.

Ensure there is a robust quality assurance framework for those children and young people with EHCPs placed outside Thurrock that ensures they make progress, promotes their independence and ensures their wellbeing and safety.

Strengthen the quality assurance arrangements for the provision of post 16 education for students with SEND and specialist school provision.

Actions	Action Completed by	Responsible Officer	Outcomes and measures
B1: Develop a strategic performance monitoring dashboard engaging parents/carer in its development and review a) Review possible indicators and their availability b) Consult with stakeholders and the key indicators for inclusion in dashboard including engaging parent carers to ensure a strong ethos around co production c) Use an interim dashboard of key indicators and revise and finalise following consultation **RAG** Oct 2019 | Jan 2020 | April 2020 | July 2020	**March 2020** ~~**March 2020**~~ **Sept 2020** ~~**March 2020**~~ **Sept 2020**	**SLSP** **SLSP** **SLSP**	**Outcomes** A framework that will: Enable the governing bodies (and the public) to know how well the local area is discharging its duties in meeting the needs of C & YP with SEND across education, health and social care. Identify priority areas for improvement. **Evidenced by:** The notes of the SEND Participation and Engagement Group, and other governing bodies that the indicators are regularly reviewed and any implications are discussed and used to guide service improvements

Oct 2020 / Jan 2021				

B1 Progress update – March to September 2020:

Action **(a)** has been completed. Actions **(b)** and **(c)** have been delayed due to COVID 19. We are working with partners including parents and carers to review the data sets. Outlined below is an overview of the work that has been undertaken to date.

1. The development and presentation of data has been reviewed and monthly scorecard has been developed – this is an integrated data set including health and social care data.
2. Agreed by both the operational and SEND Governance framework
3. Reviewed by external partners. However, still awaiting feedback from parents and carers.
4. Recent feedback from the regional lead has provided a more detailed data suite and this is being prepared and will be presented to the SEND Improvement Board in November 2020.

B2: Enable the voice of Parents/Carers to ensure the quality assurance of all areas of support for Children and young people with SEND			**Outcomes**
a) Write, publish and complete the strategy and action plans of the Engagement and Communication Strategy informed by a range of partners.	~~**March 2020**~~ **Oct 2020**	**SLSPPEP**	Engagement & participation Plan in place with the action plans evidencing partnership with parents/carers and young people. Established links in place with key partners identifying priorities to inform the new engagement strategy. Strategy will enable the engagement & participation with parents/carers and young people There is a clear offer in place for all children and young people focussed on achieving meaningful outcomes, which has been developed through joint commissioning and co-production with CYP and their parents/carers. Feedback from quality assurance activities with parents/carers children and young people leads to identified areas of improvement in SEND provision.
b) In line with the Integrated Commissioning Framework for SEND, ensure all commissioning is co-designed with children, young people and parents	~~**March 2020**~~ **Oct 2020**	**SLCSC**	
c) New SEND Inclusion Support officer recruited whose role is to use the feedback from	**March 2020**	**SLSPPEP**	

parents/carers children and young people to embed our quality assurance framework d) Support the development of the Parent Carer Forum (CAPA) to increase its scope and reach to children and young people attending mainstream as well as special schools. e) Ensure parent/carers are involved in the development and review of the multi-agency performance dashboard to ensure it reports on areas they feel are most important to their children. **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	~~**March 2020**~~ ~~**Dec 2020**~~ ~~**April 2020**~~ **Oct 2020**	**SLSPPEP** **SLBI**	Increase in the engagement from parents/carers of CYP attending mainstream provision as well as Special Schools. Evidenced by membership numbers of the parent carer forum from January 2019 baseline. The leadership/governing bodies in Thurrock are assured they are considering performance indicators that reflect aspects of service quality that are important for parent/carers and children with SEND Improved pathways and outcomes for CYP with SEND and meaningful training and employment opportunities are accessed **And as a result.** There will be clear evidence of improved outcomes achieved across all aspect of the SEND system Services will have improvements identified and acted on based on Parent/Carer, CYP feedback. Post 16 bespoke programmes are designed to create innovative pathways for young adults which will lead to a greater level of independence

B2 Progress update – March to September 2020:

Action **(c)** has been completed. However, actions **[(a) (b) (d)** and **(e)]** are significantly delayed due to the recent closure of CaPa the parent carer forum. More detail of this is outlined in the O&S report. Below is an outline of the work that has been completed with parents and carers.

1. Data from random sampling of parents and EHCP feedback portal (July 2020) demonstrates a higher satisfaction rate than the baseline taken in November 2019. In July 2020 76% of parents agreed/strongly agreed that they felt fully involved in the EHCP process and increase from 40% in November 2019.
2. New focus groups for Parents carers SENCOs and Young People is being developed with support from Contact the infrastructure organisation who will support with the development of the parent/carer forum. This work will commence in September 2020.
3. Post 16 programme for Autism is developed and commissioned annually and is based on the outcomes of identified needs for post 16 children and YP in Thurrock. This run with support from adult social care, health and parents/carers and young people.

4. Recent meetings with parent/carers around the preparing for adulthood strategy have given a clear view on the plan and how to take this forward. This has already been utilised around the operational plan for PFA which will be presented to SEND Operational Board in October 2020.

B3: Engagement with children/young people New Pupil/Student Engagement Strategy and Implementation Plan to be written and published. a) Collect the views of parents/carers/ CYP with SEND through the new engagement portal as a baseline and continue to measure throughout the service transformation b) PFH and ADES will host a minimum of four engagement events a year for parents/carers/ CYP to gain feedback in relation to service development. c) Participatory Joint Strategic Needs Assessment refresh looking at the lived experience of children and young people and their families **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**March 2020** **Nov 2019** ~~**July 2020**~~ **Dec 2020** **April 2021**	**SLSPPEP** **SLSPPEP** **ADES** **ADPH/** **SLSPPEP**	**Outcomes** Strategy, Engagement Plan will be co-produced by young people will be in place and demonstrate the impact of children/young people's views on services. This will include workshops with the Youth Cabinet, training and implementation of peer ambassadors and pupil workshops. Governed by SEND Improvement Board & Thurrock's Youth Cabinet To gain greater clarity on how engagement with schools can be improved **And as a result:** CYP's voice will inform service transformation and be central to their EHC Plan Co-production will work at: a) Strategic level e.g. JSNA, Joint Commissioning strategy, Capital Programme b) Service level e.g. reviews and redesign of the Health , Education or care services delivery c) Individual Level e.g. plans will be based on individual needs identified from a person-centred approach.

B3 Progress update – March to September 2020:

Action **(b)** has been completed and action **(d)** is on track to be completed. On the other hand, actions **(a)** and **(c)** have been delayed due to COVID 19. The SEND Participation Officer has hosted a number of sessions to gather the voice of our children and young people which are outlined below.

1. Online portal is in operation and is providing ongoing feedback on the SEND processes. This report is provided on a monthly basis and feedback from the porta is fed into SEND casework training meetings. An example of this is that parents wanted more information about the EHCP process and timelines. We have produced the attached leaflet for parents.
2. Pupil engagement outline plan in place. Further work needed to develop the plan in partnership with parents carers and children and stakeholders. Some of this has been delayed due to Covid and the collapse of the Parent Carer forum. Work plan prepared to engage a refreshed parent carer forum. This work will be ongoing over autumn term with aim of launching a new parent carer forum in Spring 202.
3. Meetings with schools also being reinstated autumn term.
4. A zoom party took place over the summer and the feedback from young people was extremely positive. Ace Knights Management group run several zoom parties for families and young people aged between 13 and 17 with SEND in Thurrock. They had a 'back to school' theme and some of the young people wore their school uniform. It was really well received and all of the attendees thoroughly enjoyed it

B4: Quality of provision – Non-Maintained Special Schools and Independent Special schools. Process of out of borough visits and quality assurance of placements to be reviewed and strengthened via rigorous QA visits and QA framework a) Commissioning activity for individual placements include the voice of the child/young person within each specification b) Ensure there is an up to date record of placements containing a planning schedule to ensure all placements are monitored annually including quality assurance process.	**Aug 2020** **Jan 2020**	**SLSPPEP** **SLPPEP**	**Outcomes** 100% of all out of borough provisions are visited utilising the quality assurance framework developed by Health, Social Care and Education. Planning schedule of monitoring visits in place, updated on a monthly basis All out of borough placements will be visited once a year ensuring that all provision is meeting the needs of the children and young people attending. More frequent visits will be undertaken where there is a need KPI's developed linking with national best practice

c) Introduce new KPI monitoring framework for all independent schools through a commissioning framework. **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**Aug 2020**	**SLCSC**	**As a result**: Provision is identified as meeting the KPI and appropriate actions taken with providers to address any identified underperformance as evidenced by notes of visit and records of follow up actions All CYP with SEND attend a good or better educational provision – no RI and inadequate providers will be used as new placements as evidenced by department records on placement.
B4 Progress update – March to September 2020: Action **(b)** has been completed. Actions **(a)** and **(c)** remain ongoing with some delay due to COVID 19. An outline of the work undertaken is below. 1. Full review of out of borough placements and updated information on Synergy completed ensuring that we are clear where our children and young people are. 2. New Quality Assurance Framework for individual placements has been implemented and includes specific consultation with young people to ensure the voice of the child/young person is an integral part of this process. Feedback is being fed back into the service via training events Information from pupils where visits took place as part of the QA framework visits, led to discussions with providers where appropriate to ensure the needs of individuals were being met and any general issues for the provider are being addressed. Any key points arising from QA visits are discussed with senior management. 3. Full QA process completed on all Independent and Non-Maintained special schools completed August 2020. All issues identified in Audit actioned with providers. Examples would include ensuring provider websites include all necessary information and amendments to policies where appropriate.			
B5: Commissioning of provision a) Produce and sign off with Providers new Service Level Partnership Agreements for local provision - ensuring all are updated with appropriate KPI's in place.	~~**April 2020**~~ **Oct 2020**	**SLSPPEP**	**Outcomes** KPIs informs information re quality of provision and service delivery therefore is evidenced as meeting the needs of the CYP attending.

b) Implement the Integrated Commissioning Framework for SEND, which will ensure there is a fully planned and consistent approach to the commissioning of all special school placements. c) Audit of provision to be reported to SEND Improvement Board **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	~~**Aug 2020**~~ **Oct 2020** ~~**Aug 2020**~~ **Oct 2020**	**SLCSC** **SLSPPEP**	Governed by SEND Operational Group & SEND Improvement Board **As a result:** QA of provision has senior management oversight and the children and young people are accessing appropriate quality provision monitoring reviews and feedback from children, young people, carers and parents

B5 Progress update – March to September 2020:

All actions have started but we have experienced some delay due to COVID 19. Outlined below is work that has been undertaken with regards to these actions.

1. Key Performance Indicators have been developed all schools will be visited in the autumn term to agree KPI's and finances.
2. New Service Partnership Agreement structure agreed with Schools and reported to School forum. General Key performance Indicators agreed.
3. Review of all Independent Special schools in place including individual placement issues and general Quality Assurance process including review of external reports – all current provision is good. We have followed up through the COVID period to ensure our young people are safe and that all reasonable endeavours are taking place to support the work of the EHCP.

4. All specialist provision providers have been through a quality assurance framework a report has been represented to the SEND Improvement Board. This work is being used to inform discussions with the providers and changes to the educational offer where necessary

Area of Concern 3: EHC Plans and the annual review process are of poor quality. The local authority has no system in place to make sure that relevant professionals and services are notified when EHC Plans need reviewing or updating. Professionals are not routinely informed of requests to submit written information within specified timescales. Too often EHC Plans are out of date and do not accurately reflect the needs or views of children and young people, or the views of the families. The information from EHC Plans and annual reviews is not used to inform the commissioning of services, particularly, but not exclusively, for young people between the ages of 19 and 25 years.

Aim of this programme of work

To ensure that the Local Authority and other partners produce a Plan that clearly articulate the needs of the child/young person having taking into consideration the voice of children/young people developed in partnership with Education. Health and Social Care. Annual review to be completed within timeframes and clearly reflect the views of children/young people, parents/carers and educational providers.

KPI's / Targets for assessing overall success of the programme

EHC PLANs:

- Improved staffing capacity to meet statutory requirements
- Strengthening management oversight to ensure that we are clearly sited on EHC PLAN progress
- Developing or revising the QA framework (to include practice standards and parent feedback and feedback from children and young people)
- Skills audit and training Plan being developed this will include Leadership Skills.
- Training of staff to include:
  - (i) caseworkers in the SEND team on how to successfully bring out the key point from specialist and other assessments to ensure this information is an integral part of the Plan as well as being included in the appendices)
  - (ii) social care staff
  - (iii) health staff
  - (iv) SENCOs

Increase in EHC Plans completed within 20 weeks from the 2018 baseline to be at least at the national average

Increase in new EHC Plans that meet standards established in the new QA framework (baseline date January 2020) when the QA framework will be operational

% of parents/carers who report on the feedback form that:

- They felt fully involved in the process
- They felt the communication was good
- They felt the EHC Plan accurately reflected their child's and young person's needs

- They felt the outcomes were good
- They felt the provision would meet their child's and young person's needs
- Baseline established autumn 2019

Feedback from education establishments:

% who felt the EHC Plan accurately reflected needs

% who felt the outcomes were clear

% who felt the EHC Plan would improve access to teaching and learning and improve progress

Baseline established December 2019

Review of EHC PLANs

% of EHC Plans that were reviewed within required timescales (baseline = % for secondary transfers, % of post 16 transfers, % others)

% of EHC Plans finalised within 12 weeks of the AR meeting where the decision taken was to amend the Plan

% of parents/carers who reported that:

- They were fully involved in the review
- They were satisfied with the outcome
- They were fully involved in the preparing for adulthood transition
- Baseline established

Area of Concern 3: EHC Plans and the annual review process are of poor quality. The local authority has no system in place to make sure that relevant professionals and services are notified when EHC Plans need reviewing or updating. Professionals are not routinely informed of requests to submit written information within specified timescales. Too often EHC Plans are out of date and do not accurately reflect the needs or views of children and young people, or the views of the families. The information from EHC Plans and annual reviews is not used to inform the commissioning of services, particularly, but not exclusively, for young people between the ages of 19 and 25 years.			
Aims: To ensure that the Local Authority and other partners produce a Plan that clearly articulate the needs of the child/young person having taking into consideration the voice of children/young people developed in partnership with Education. Health and Social Care. Annual review to be completed within timeframes and clearly reflect the views of children/young people, parents/carers and educational providers			
Actions	**Action Completed by**	**Responsible Officer**	**Outcomes and measures**
C1: Quality of EHC Plans to ensure they meet the needs of children and young person and enable them to meet their identified outcomes. a) Examine current EHC Plan and Annual Review processes within the Council and identify where: • Improvements in processes can be introduced • Improvements in communication can be introduced • Improvements in timescales can be introduced b) Identify where additional capacity is required • Identify what is an appropriate case load for a SEND caseworkers c) Identify training needs of each individual caseworker/manager • All caseworkers to complete SEND Caseworker L3 and L4 courses	**Dec 2019** **July 2019** **Oct 2019** **Sep 2019** **Dec 2019** **Sep 2019** **Dec 2019** **July 2020** **Jan 2020**	**SLSPPEP** **SLSESEND** **SLSESEND**	**Outcomes:** EHC plans are fit for purpose The area delivers its statutory duties to CYP with SEND in a timely, transparent and person centred way. Information gathered through EHC assessments and annual reviews is shared consistently and transparently with CYP with SEND and their families Children and young people and their families confirm that their views and aspirations are shared across services within the area to ensure that they only have to tell it once Person centred outcomes are identified by key professionals working with the child or young person Leaders are aware of the training and development needs of the staff and put in place appropriate and timely interventions to support their development Key SEND transition points are Planned in a timely manner and meet the needs of the CYP/ learner Baseline data captured in Autumn 2019.

• Through bi-weekly training ensure all SEND team are aware of non-negotiables and appropriate training is delivered and commissioned including SEN law • Introduce minimum practice standards to operational team based on customer service practice standards d) Complete audit of SEN output/ team and write business case for increasing the number of caseworkers in order that caseworkers have a manageable case load • Undertake Customer service quality framework assessment and produce and action plan with clear deliverable outcomes. **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**Oct 2019** **Sept 2019** **July 2020**	**SLSESEND**	**And as a result:** The number of complaints received by the service will be reduced from previous year The number of complaints upheld will be reduced from previous year The local authority has fewer appeals and tribunals upheld in comparison to previous years baseline for 2018 Increase in EHC Plans completed within 20 weeks from the 2018 baseline Increase in new EHC Plans that meet standards established in the new QA framework (baseline date January 2020) when the QA framework will be operational Survey data evidences that there is an increase from autumn 2019 baseline in percentage of parents/carers who report on the feedback form that: - They felt fully involved in the process - They felt the communication was good - They felt the EHC Plan accurately reflected their child's and young person's needs - They felt the outcomes were good - They felt the provision would meet their child's and young person's needs **Feedback from education establishments: from autumn 2019 baseline** Increase in % who felt the EHC Plan accurately reflected needs Increase in % who felt the outcomes were clear

			Increase in % who felt the EHC Plan would improve access to teaching and learning and improve progress

C1 Progress update – March to September 2020 :

All actions have been completed, except for one aspect of action **(c)**. This has been impacted due to COVID 19 and the lack of level 3 and 4 training nationally. The quality of EHCP's was an area that Ofsted outlined in the WSoA – to address this the following work has been undertaken to ensure that the quality of EHCP plans improves.

1. EHCP processes have been reviewed and improvements have been identified regarding the checking process, letters and mailing of EHCPs. This has been evidenced in the increase of EHCP's completed within the 20 week timeframe.
2. We have introduced a new EHCP format which is simpler and allows for users to ensure section B, E & F are aligned - this work was undertaken in partnership with a range of professional and parents/carers.
3. We have held SENCO forums via Teams where we have engaged with over 150 staff, governors, and senior leaders to improve EHCPs. This work is ongoing with a suite of training for 2020-2021. This will ensure a greater focus on person centred planning.
4. New telephony system has been introduced and this has resulted in improved communications as well as improved response time to emails and calls - which are now logged. More EHCPs are completed within 20 week statutory time scales.
5. It is recognised that the optimum caseload is between 125 and 150 per casework, National data is difficult to source however having a 50% reduction in overall caseloads will enable us to tackle historical challenges around timescales and timeliness. We have recruited more caseworkers which has reduced the caseload to approximately 150 cases per FTE caseworker. Induction Training for new staff is completed.
6. We have recruited to SEN Tribunal and appeals Officer post and to replace the SEN Monitoring & Support Officer posts. Both officers have a great deal of experience in SEND and have added capacity to the team.
7. We have also taken on additional capacity to the historical backlogs and have employed a new SEN Casework supervisor
8. Bi-weekly training programme is in place; training has been provided by IPSEA, NASEN, Thurrock Coalition and in house
9. Practice standards are continually in development this is a working document and as such is reviewed on a regular basis.- communication/ better letter training/ customer service training all taken place. Managers are monitoring through phone/ email logs. 121s and supervision.
10. QA framework being used to audit current plans and to ensure quality improves. A report will be presented to SEND Improvement Board in November.
11. L2/3 Training for caseworkers delayed because of Covid-19 pandemic. No face to face training was available- we will be identifying equivalent, relevant training online e-learning modules during Autumn 2020.
12. 79% of EHCPs were finalised within statutory timescales. Due to schools facing challenges around Covid 19. The Government temporarily changed the law to give local authorities more flexibility around timelines for EHCPs due to the redeployment of health colleagues, schools partial closures and the inability for meetings to take place. The temporary changes to the law will expire on 25 September. 79% is the amount of EHCPs completed on time this year so far, the late plans will still be recorded as late but they will be a valid exception and we won't be penalised for them.
13. During the partial school closures, children with EHCP could attend school. however, many parents chose not to send their children to school
14. All SEND caseworkers have continued to receive bi-weekly training via MS Teams. We have also delivered face to face induction and training for the recently appointed caseworkers and they now have their own case-loads. The additional staff has allowed us to redistribute case-loads. Each full-time caseworker now has a caseload of 150, which is significantly lower than at the time of the inspection. This will result in an improved

service this is for September 2020 and will be continually reviewed. This will include an increase in the timeliness of annual reviews remaining above regional and national levels for completion of ECH plans and data to support and evidence the quality of plans and how we have used the information to improve services

Impact

- Complaints reduced to one stage 1 complaint in quarter 1; Apr-Jul. Two compliments were received within the same timeframe. Both compliments were about communication from caseworkers
- Reduced caseload for each caseworker resulting in more annual reviews being finalised and plans amended.
- Monthly data returns demonstrate that the % EHCPs finalised within the 20 weeks timescales has remained above the published data for England (60%). The average % of plans finalised in time April – July 2020 was 88.4% despite a 10% increase in the number of plans maintained and finalised by Thurrock
- Data from survey with parents in questions about EHCP demonstrate an improvement in 4/5 areas of between 23-36 percentage points.
- Analysis of the feedback gathered via the EHCP feedback portal and random telephone survey, demonstrates that there is improved satisfaction in parents, children and young people with the EHCP process
- Data from Telephone survey of 67 parents who received a new final EHCP between Jan2020 and August 2020 gave the following information
    - 79% of parent carers or guardians either agree or strongly agree that they were fully involved in the process
    - 76% of parent carers or guardians either agree or strongly agree that communication throughout the process was satisfactory
    - 80% of parent carers or guardians either agree or strongly agree that their child or young persons EHCP accurently reflects their needs
    - 62% of parent carers or guardians either agree or strongly agree that the provision in their child or young persons EHCP would meet their needs

C2: Revise and Review the Annual Review Process to ensure that EHC Plans are appropriately updated. a) Refresh and co-produce the annual review process for CYP with EHC Plans to ensure it gathers information on progress towards outcomes and informs joint commissioning decisions and that annual reviews take place within timescales and where necessary Plans are amended b) Agree joint area approach to statutory decision making- initiation and case management panels – agree and publish new terms of reference and membership c) Revise existing templates, process and guidance for completing multi-agency contributions to EHC needs assessment d) Recruit to Vacant appeals and Tribunals post e) Establish EHC Plan quality assurance process, schedules for quality assurance of EHC Plan, which allows the area to evaluate the strengths and weaknesses of EHC Plans (new and amended) quarterly quality assurance of EHC Plan to be undertaken by SEND Operational Board f) Put in place protocols that ensure prompt and appropriate contributions are received when drafting EHC Plans from Education, Health and Care. This will include compliance and escalation to relevant service managers and senior leads.	**Dec 2020** **Sept 2019** **Dec 2019** **Sept 2020** **Nov 2019** **Jan 2020** **Feb 2020**	**SLSESEND** **SLSPPEP** **SLSESEND** **SLSESEND** **SLSPPEP** **SLSESEND** **SLSESEND**	**Review of EHC PLANs** Increase in % of EHC Plans that were reviewed within required timescales (baseline = % for secondary transfers, % of post 16 transfers, % others) from Autumn 2019 baseline Increase in % of EHC Plans finalised within 12 weeks of the AR meeting where the decision taken was to amend the Plan Increase in % of parents/carers who reported that: - They were fully involved in the review - They were satisfied with the outcome - They were fully involved in the preparing for adulthood transition - Baseline established

g) Key issues report to be used by to SL SE SEND to inform staff development needs h) Using Enhance training materials to implement guidance for completion of sections of EHC Plans i) Using engagement portal survey parents/carers/ CYP on their experience of the EHC Plan/ annual review process- gather a baseline in Autumn 19 and then repeat quarterly to evidence improvements/ direction of travel **RAG rating** Oct 2019 | Jan 2020 | April 2020 | July 2020 Oct 2020 | Jan 2021	**Oct 2019-July 2020** **Oct 2019**	**SLSESEND** **SLSPPEP**	

C2 Progress update March – September 2020:

Whilst a number of these actions **[(a) – (i)]** have been completed we are still dealing with historical delays in relation to the annual review process as a result this remains amber until we can evidence progress against the backlog of AR's but further evidence is needed to ensure the work has been fully embedded. The timeframes for annual reviews continues to be a challenge. Outlined below is work that has been undertaken to address this.

1. Annual review process being reviewed – utilising the system upgrade and simplify the processes will lead to greater timeliness by having a single view across education & skills this will reduce the amount of potential data anomalies which will lead to improve performance.
2. New post holder (Performance & Tribunals Officer) started April 2020 – this role is working at an earlier stage with parents to try and avoid tribunals and is leading the QA work.
3. Working with health and SC partners to improve compliance- some delay due to Covi9-19 health colleagues redeployed to front-line/ schools under pressure from reduced staff
4. New Quality Assurance process of EHC plans underway, based on multi agency partnership work including parent/carers. QA Process carried out using ENHACE QA Framework. Monthly meetings taking place sampling a range of EHC Plans. Feedback on Plans shared across agencies with

initial key learning issues to be feedback to the wider SEND team for continuous improvement A report on this is due to be presented to SEND Improvement Board in November 2020

5. Parent Portal in operation- baseline information recorded.
6. An EHCP Quality assurance process has been introduced so that a sample of plans are audited monthly and the learning is shared with contributors to the plan to support continued improvement
7. There was only one stage 1 complaint reported this quarter and two compliments were received.

Impact

8. Out of timescales reviews reducing following addition of resource to bring these up to date within 6 months 42% of EHCPs have been reviewed and amended and are up to date. We have a plan to catch up on the remainder of the backlog.
9. Data from survey portal demonstrates an improvement in % of parents/students who had a positive experience of annual review process.
10. 79% of parents surveyed felt that they were fully involved in the EHCP process; this is an improvement of 39 percentage points on the baseline
11. Only 6% of parents surveyed felt strongly that they were not fully involved compared to 40% in the baseline.
12. 76% of parents surveyed thought the communication was good compared to 45% in the baseline
13. 80% of parents surveyed felt the EHCP reflected their child compared to 45% previously
14. 60% of parents surveyed felt the outcomes for their child was good and 62% felt the provision would meet the needs of their child.
15. 79% of EHCP plans were completed within 20 weeks. N.B this data has been affected by COVID-19 school closures and NHS staff being redeployed to COVID_19 work. Those that are late for these reasons will be reported as valid exceptions in line with the temporary change to the law which is due to expire 25 September.
16. Quarterly quality assurance of EHCPs in in place with external partners (Health, Social Care, PATT) monthly internal quality assurance has begun. Reports will be shared with Improvement Board in November 2020.

This Written Statement of Action has been written in consultation with:

Children's Overview and Scrutiny

Parent Carer Forum - CaPa

Director's Board

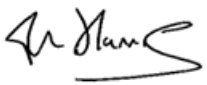
Clinical Commissioning Group

Head teachers and College Principals

SEND Improvement Board

SEND Operational Group

SEND Engagement and Participation Group

X 

Roger Harris
Corporate Director

X 

Mandy Ansell
Chief Officer, Thurrock Clinical Commissioni...

This page is intentionally left blank

6 October 2020	ITEM: 10
Children's Services Overview and Scrutiny Committee	
Thurrock School Wellbeing Service	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Gemma Fitzgerald, Team Lead, School Wellbeing Service	
Accountable Assistant Director: Michele Lucas, Assistant Director, Education and Skills	
Accountable Director: Sheila Murphy, Corporate Director, Children's Services	
This report is Public	

Executive Summary

The School Wellbeing Service (SWS) is a partnership model between Thurrock Childrens' Services, Thurrock Public Health, Thurrock Clinical Commissioning Group and local Schools and Academies. The universal service focuses on prevention by promoting protective factors and reducing factors, in order to strengthen and improve the emotional wellbeing of school aged children and young people, as well as supporting families and school staff. The service works in partnership with schools to enhance staff skills and knowledge whilst integrating and embedding best practice to create mentally healthy environments for Children and Young People (CYP), School staff and the wider community.

1. Recommendation

1.1 Children's Overview & Scrutiny to identify how they would like the new team to report back.

1.2 Children's Overview & Scrutiny to note the work that has taken place.

2. Introduction and Background

2.1 The issue of CYP's mental health in Thurrock was highlighted within the 2016/17 Brighter Futures Survey. From local research and discussions with CYP, schools and families it is clear that there is an increasing need for more mental health support for CYP. The development of the Thurrock School Wellbeing Service was a clear recommendation from the Thurrock Mental Health Summit in May 2018.

2.2 Increasing pressure is being placed on schools to cope with emerging mental health difficulties and there is a rising demand for treatment services. However, it is evident that there is a great deal of support and innovative practice already taking place across the locality to try and address CYP's mental health needs. The SWS is working in partnership with schools and local mental health services to deliver evidence based interventions and programmes. This universal, preventative and sustainable model focuses on increasing CYP's resilience by promoting protective factors and reducing risk factors.

2.3 The School Wellbeing Service will integrate, embed and strengthen existing services to provide training, workshops and reflective discussions to school staff. It is the intention that the SWS will provide an opportunity for schools to extend and enhance their existing work on promoting good mental health and supporting those who are experiencing difficulties, knowing when to provide universal, targeted support or when to refer to a local specialist service.

2.4 Covid-19

Due to covid-19 and the school closures the SWS were unable to complete the delivery of the Brighter Futures Survey to all schools. This has impacted on the ability of the service to delivery any interventions or resources as per service plan, as the service is being evaluated by the University of East Anglia and the baseline data had to be obtained prior to schools receiving interventions. However, the service was aware of the wellbeing needs of school staff and families, therefore the service created a support line that could be easily accessed via phone or email for school staff and parents/carers. The support line was facilitated Monday to Friday 08:00am-18:00pm. The service also adopted their approach and provide reflective sessions for school staff who requested them, these were completed virtually. The service also worked with EWMHS Mental Health Support Teams to create short videos for families about how to support families with the transition back to school. The service also worked closely with the MIND charity to create a range of short videos increasing awareness of how to promote positive wellbeing, all of which were showcased on social media channels.

3. Issues, Options and Analysis of Options

3.1 This is a three year funded programme and we will need to consider how we can ensure this work is imbedded in mainstream delivery. The external evaluation will provide an evidence base of impact of the service overtime.

4. Aim of the service

4.1 To transform the way that emotional wellbeing and mental health support is delivered in schools and academies. This will be achieved by supporting schools to create mentally healthy environments for students and staff by tackling problems quickly, working preventatively and intervening at an earlier stage with meaningful and effective interventions that promote positive

wellbeing, allowing CYP to become emotionally available to access education, make academic progress and thrive.

5. Service Objectives, Outcomes and Actions

Please see appendix for details.

6. Key Performance Indicators

6.1 Key performance indicators (KPIs) have been identified which enable the service to measure progress. They will also help to determine whether action has been taken, ensuring that the service has been embedded within the locality and that it has been effective in strengthening the universal preventative approach that schools adopt when supporting Children and Young People's wellbeing and mental health:

Service KPI Scorecard		**Progress**
All schools in Thurrock to complete a needs assessment	95%	100%
All schools to complete a Mental Health Action Plan	80%	80% Due to Covovid-19 the allocated practitioners are liaising with schools to arrange a follow up meeting so that any amendments can be made to their action plans to reflect the current level of wellbeing need)
SWS to deliver mental health awareness and relevant training to all schools and academies	95%	In accordance with the evaluation the SWS were informed to complete the Brighter Futures Survey as a baseline prior to delivering any further training. Due to covid-19 we were unable to complete delivery in all schools. The service are arranging to deliver the survey again within all schools in Thurrock. As soon as the surveys are delivered the delivery of interventions and resources will commence.
SWS to work with the SWS partnership board members to explore all funding opportunities	£20,000	The SWS have obtained 15,000 funding from the Community Safety partnership to create a programme that identifies the needs of students who are at risk of permanent exclusion, the programme will also highlight strategies for schools and parents to utilise whilst highlighting the voice of students, parents/carers and schools. This is currently on hold due to the theatre company that we

		are working with being furloughed. We have a meeting booked in for October 2020. 2,000 funding has been obtained from the CCG to create mindfulness sessions. Sessions have been created for primary and secondary students as well as school staff. These will be shared with schools this academic year – we have explored virtual platforms for these to be easily accessed.

7. Improvement Areas and progress

7.1 The School Wellbeing Service launched on the 15th October 2019. The Action plan details 5 improvement areas, please see the table below for details on each area and the progress that has been made to date. In response to the Covid-19 pandemic, the School Wellbeing Service have adapted their approach to supporting schools. The SWS has worked in partnership with the Educational Psychology Services to create a support line for School staff, parents/carers and professionals to access during lockdown.

Improvement area	**Progress**
1. Establishment of the School Wellbeing Service.	All posts within the School Wellbeing Service have been successfully recruited to. All schools and academies within Thurrock have been informed of their allocated SWS practitioner. The SWS have liaised with all local services and charities that provide wellbeing and mental health support to children, young people and their families (both universal and targeted services). The SWS have established a Thurrock CYP Mental Health Network (school mental health leads and representatives from services and charities).
2. Schools will receive a tailored programme of support, resources and training that meets the wellbeing needs of their students, families and staff.	All Schools have been informed of their allocated SWS practitioner and have received an initial meeting to discuss the SWS offer. Over 40 schools and local CYP services and charities attended the SWS launch. All Schools have identified a Mental Health Lead.

	100% of schools and academies had completed an action planning meeting with their allocated SWS prior to lockdown. Prior to the delivery of the Brighter Futures Survey, the following interventions were delivered: • 13 schools have received bespoke Mental Health Awareness CPD training sessions. • 10 schools have received staff Reflective Discussions. • The SWS had been working with students and staff to create the role of the Student Wellbeing Champion. • Several Mental Health Network meetings had taken place prior to lockdown. These will continue into the new academic year, but will now be delivered virtually over Microsoft Teams. In line with the evaluation the SWS were advised to pause the delivery of interventions until the baseline 'Brighter Futures Survey' had been delivered to all schools. The Brighter Futures Survey was delivered to 26 schools prior to the schools closing. All results have been uploaded and the School Health Education Unit are creating the report. The school Wellbeing Service will be delivering the Brighter Futures survey following the authorisation of direct service delivery and risk assessment approval. The SWS team have attended training on a range of evidence based programmes including; anxiety management, anger management, Managing Emotional Triggers (MET), self-harm management, building resilience and stress management. The SWS have built good working relationships with local services and charities in order to share best practice and resources. The SWS continue to work in partnership with the University of East Anglia in regards to the service evaluation. Careful consideration has been given to the evaluation with regards to the impact of covid-19.

3. A School Wellbeing Service pledge has been developed to allow schools to show their commitment to working in partnership with the service.	Schools have been introduced to the Pledge during their Action Planning meetings, and at the Launch. The action plan document includes a space for schools to sign the pledge. Schools will be reintroduced to the pledge when their allocated SWS practitioner meets with them during the first academic half term of 2020/202
4. Transforming the way that wellbeing and mental health support is delivered in education, by providing a platform for CYP's to take a lead on promoting positive wellbeing within their school/academy and community.	The SWS met with the Youth Cabinet and delivered a training session on mental health awareness and to obtain feedback on the SWS offer. Since the initial meeting the SWS have meet with the cabinet again and will continue to liaise with them to obtain the voice of CYP in Thurrock. The SWS have met with local services CYP's forums including SERICC and EWMHS to ensure that the voice of the child runs throughout the development of the service. The SWS have met with a number of students from both primary and secondary schools to develop the role of the Student Mental Health Champions. The SWS worked with 4 primary schools in preparation for the launch to obtain their views on mental health. The student's art work was displayed during the launch.
5. To facilitate the reduction of permanent exclusions (related to mental health) that are being made in the locality by schools and academies.	The SWS continue to work with the Partnership Board, schools and services to identify evidenced based programs that aim to reduce the number of permanent exclusions of C&YP who are experiencing mental health difficulties. This piece of work had to pause due to the school closures, lockdown and the social distancing measures. The SWS have been in contact with the theatre company that are co-developing a programme for schools, staff and students.

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

8.1 Children's Services Overview and Scrutiny Committee

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

9.1 This report contributes to the following corporate priorities:

People – a borough where people of all ages are proud to work and play, live and stay.

Prosperity – a borough which enable everyone to achieve their aspirations.

10. Implications

10.1 Financial

Implications verified by: **David May**

Strategic Lead Finance

There are no financial implications. The School Wellbeing Service has been funded from the LA, Public Health, CCG and Schools. This funding has been identified for three years. We will need to consider how the work can be continued going forward. Funding streams will need to be identified by the School Wellbeing Partnership Board.

10.2 Legal

Implications verified by: **Lucinda Bell**

Education Lawyer

This report requires the committee to identify how they would like the new team to report back and to note work that has taken place. It does not require any further decision and there are no legal comments.

10.3 Diversity and Equality

Implications verified by: **Roxanne Scanlon**

Community Engagement and Project Officer

Mental Health is key barrier for many children and young people and has a direct impact on how they can become community based citizens. This programme is looking to address some of the inequities around mental health and offer tools for schools to develop and build resilience. The evaluation of this programme is central to how we can look at this as a whole system approach.

10.4 <u>Other implications</u> (where significant) – i.e. Section 17, Risk Assessment, Health Impact Assessment, Sustainability, IT, Environmental

None

11. APPENDICES TO THIS REPORT:

- Appendix 1 - Thurrock School Wellbeing Service Objectives, Outcomes and Actions

Report Author Contact Details:

Gemma Fitzgerald

Team Lead

School Wellbeing Service

Appendix 1: Thurrock School Wellbeing Service Objectives, Outcomes and Actions

Service Objective	Outcomes	Action / Outputs	Golden Thread	Delivery Date
All schools in Thurrock will receive mental health awareness training delivered by the SWS.	Schools will have attended and participated in wellbeing and mental health training.	SWS will deliver wellbeing and mental health training sessions to provide evidence based programmes that will enable staff to promote positive wellbeing. Schools will receive a bespoke package of support meeting their specific needs.	P1a P1b P1c	Launched October 2019
CYP will be able to access preventative programmes, resources and support in regards to wellbeing and mental health within their school environment.	Mental Health Leads and other school staff will have the relevant resources to effectively support students. CYP have ease of access to effective support and resources within the school environment.	SWS will work closely with the Mental Health Leads. SWS will support schools in the development of their individualised Mental Health Action plan. SWS will work in partnership with schools to deliver bespoke training session to the Mental Health Leads and other relevant staff. Mental health awareness training will be offered to all school staff via a CPD session. The SWS will work with schools to promote student wellbeing champions, they will receive support from the schools allocated SWS Practitioner. SWS will broker outside agencies to provide further specialist support when required.	P1a P1b P1c	Launched October 2019
Parents and Carers to access wellbeing and mental health awareness training.	Parents and Carers to feel more informed about mental health and how to access further support if required.	SWS will work in partnership with schools to offer Parent/Carer workshops.	P1a P1b P1c	Launched October 2019

SWS will report into the Brighter Futures Board.	Brighter Futures to be fully informed of the progress, delivery and outcomes of the SWS.	To continue to work in partnership with the Brighter Futures Board and the SWS Partnership Board. The SWS will submit a written report twice per year.	P1a P1b P1c	Launched October 2019

6 October 2020	ITEM: 11
Children's Services Overview and Scrutiny Committee	
Council Tax Exemption for Foster Carers	
Wards and communities affected: All	**Key Decision:** N/A
Report of: Joe Tynan, Interim Assistant Director for Director for Children's Social Care and Early Help	
Accountable Assistant Director : Joe Tynan, Interim Assistant Director for Children's Social Care and Early Help	
Accountable Director: Sheila Murphy, Corporate Director of Children's Services	
This report is Public	

Executive Summary

This report sets out the proposal for implementing a Council Tax exemption scheme for Thurrock Council's internal foster carers and connected persons / kinship carers who live in Thurrock.

1. Recommendation

1.1 For members to recommend that the introduction of a Council Tax exemption scheme starting in April 2021 (2021/2022 financial year) as outlined in section 3 in this report is considered by Cabinet.

2. Introduction and Background

2.1 Council Tax Benefit is means tested and generally has the same conditions to qualify as Housing Benefit (HB). Any fostering allowances are not eligible when making a claim for Council Tax Benefit and this includes any reward element that a foster carer is paid for their services. If a sole foster carer is caring for a disabled child, then they may also qualify for a Disability Reduction in their council tax bill of up to 50%.

Council Tax deduction schemes have been implemented within a small number of Councils with a reported positive impact on current foster carers, the recruitment of new foster carers and the transfer of foster carers from Independent Fostering Agencies (IFAs). Upon analysis of the yearly cost of external placements for children and young people, it is evident that Local Authorities are able to save a significant cost by reducing Council Tax

payments from in-house foster carers if the in-house cohort is increased and the IFA placements reduced.

2.2 Liverpool is an example of an authority offering council tax exemption. They identified that they needed to recruit 10 additional foster carers to offset the cost of introducing an exemption of council tax for foster carers. Liverpool Council had 8 foster carers from IFA's transferred across to them within the first year of introducing the scheme, therefore almost hitting their target with IFA foster carers alone. The overall positive outcome from introducing this scheme Liverpool Council identified was the positive boost to foster carer's morale after receiving an indirect payment, reflecting the amazing work they do protecting and supporting the City's most vulnerable children and young people. Liverpool Council looked to change their offer to make sure that foster carers only received an exemption once they had a placement, as they experienced carers who did not take a placement but received the exemption.

2.3 Thurrock is proposing that to receive the exemption foster carers will need to have consistently had placements for 26 weeks in the first and subsequent year following approval. The following arrangements for council tax exemptions or discounts for foster carers have been identified:

- Cheshire East Council – Full exemption
- Camden Council – Full exemption for those who live in Camden
- Waltham Forest Borough Council – 66% off council tax bill if foster carers live in Waltham Forest or a payment is given
- Redbridge Council – discounted bills for foster carers
- Wokingham Borough Council - Full exemption
- Islington – Full exemption
- Liverpool – Full exemption

2.4 In terms of neighbouring authorities, Southend, Essex, Barking and Dagenham and Havering who are our nearest competitors for foster carers, do not currently offer an exemption for Council Tax.

2.5 Thurrock Council has invested significantly to support the recruitment and retention of foster carers in Thurrock through the development of a recruitment team and the recent review of payments to foster carers. The proposals within this report aim to build on this investment by improving our offer to Thurrock based foster carers, making us an attractive option and therefore increasing our internal fostering capacity. This would set us apart from competing Local Authorities and Independent Fostering Agencies.

2.6 When children are placed in-house with Thurrock carers, our Fostering Team have a good knowledge of their carers' abilities and due to this, know that the children and young people will be provided with stability and good care resulting in good outcomes.

2.7 With a council tax exemption we would be sending a message that we value the work Thurrock foster carers do in making a difference to children's lives. If

we can support more people to foster, this will ultimately benefit everyone in Thurrock by reducing costs for expensive out-of-borough care and enabling children to be placed in their home community.

2.8 Council Tax Bands in Thurrock

Valuation band	Council tax 2020/21
Band A	**£1,070.22**
Band B	**£1,248.59**
Band C	**£1,426.96**
Band D	**£1,605.33**
Band E	**£1,962.07**
Band F	**£2,318.81**
Band G	**£2,675.55**
Band H	**£3,210.66**

3. Reasons for Recommendation

3.1 Thurrock currently has 58 fostering households who are approved by and living in Thurrock. The average council tax cost per annum based on Band D is £1605.33. The proposal is to develop an offer which will help to attract and retain our own foster carers by exempting Thurrock based foster carers from paying council tax whilst looking after children who are resident in their households.

3.2 The average cost of an in-house placement for children in Thurrock is £24,544 per annum. The average cost of placing a child in an Independent Fostering Agency (IFA) placement per annum is £44, 408.

3.3 If we were to apply a council tax exemption to the 58 fostering households based on Band D it would cost the authority £93,109. If we had an increase of 20 households per year over the next three years that would be an additional cost of £32,107 each year (£96,321 over three years). These figures are a maximum projection and are based on all households that meet the criteria being eligible for a 100% exemption. The additional costs incurred will be offset by reducing Independent Fostering Agency purchases and associated costs through the use of in-house Foster Carers. This proposal will also have the added benefit of creating capacity for more Looked After Children to retain their local links and support networks.

3.4 In April 2020, we had 110 active IFA placements with an estimated spend of £92,010 per week. If IFA placements were to remain at this level each year, the approximate spend per year on IFA's would be £4,784,520. The spend for the same number of children placed in-house based on average placement costs would be £51,920 per week (£2,699,840 per annum) a difference of a little over two million pounds per year.

3.5 The table below identifies what additional capacity our recruitment team would need to achieve in order to offset the costs of exempting our current foster carers from paying council tax and a projection over three years to:

Period	Maximum Households eligible	Maximum cost to the LA	Additional built-in fostering capacity	Cost avoidance of not placing with IFA
Current Year	58 households	£93,109	6 children	6 children £119,184
Year 1	20 additional households eligible	£32,107	2 children	2 children £39,728
Year 2	20 additional households eligible	£32,107	2 children	2 children £39,728
Year 3	20 additional households eligible	£32,107	2 children	2 children £39,728
TOTAL by year 3	119	£189,430	12	£238,368

3.6 Recruitment of foster carers is a lengthy process, which can be impacted upon by a number of events such as receiving health checks and DBS checks. The recruitment team actively pursue applications following an expression of interest. Once an application is received an initial visit is carried out with the prospective household. From this appointment to approval can take between 4 and 6 months. Over 50% of assessments are completed within 4 months, inside the national guidelines of 6 months.

3.7 **Who would be eligible?**

3.7.1 The scheme would not be open to foster carers registered with another agency or local authority, temporary approved foster carers or those in receipt of a zero balance Council Tax bill. Council Tax benefit entitlements will not be impacted upon. This will mean that if a foster carer is already entitled to a 50% reduction in their Council Tax Bill the scheme will cover the other 50%.

The scheme will be open to in-house foster carers who live in Thurrock and;

- are actively fostering
- is actively available to foster
- is a newly registered foster carer following their first placement
- Having reached an average of at least 26 weeks placements for at least one child in a year
- who enter into a 'staying-put arrangement' until the young person reach the age of 21

3.7.2 Thurrock Council cannot exempt foster carers living in other local authority areas from paying their local council tax. However, we wish to match the reward to these carers who are currently registered as Thurrock Foster Carers

who live outside of the Borough and have consistently provided placements, in recognition of their valuable contribution to the care of Thurrock children. This is a transitional arrangement for these foster carers who currently approved to foster by Thurrock. Based on the current numbers and a band D rate in Thurrock, this could potentially have a maximum impact of an additional £46,555 and would be subject to their meeting the criteria. A Financial Relief Payment would be provided to assist with the payment of other local authority Council Tax in line with Thurrock's Council Tax rates.

In exceptional circumstances and in the interest of meeting the needs of a child, payment may be made outside of the circumstances described above. This can only be agreed by the Director or delegated officer in their absence on an individual basis and in order to achieve permanency for that child. In making the decision to continue payments the following will be taken into account:

- The permanency planning for the child.
- The length of time the child has been in placement with the foster carer.
- The child's relationship with the foster carer(s) and the carer's ability to provide permanency for the child throughout their childhood.

The tables below set out how this cost will be met based on the current calculations and the number of foster carers who will be eligible for an exemption/relief payment. The figures below are based on a maximum financial commitment. It is likely that some foster carers will be receiving a percentage discount if they are in receipt of benefits.

A. Current situation ;

In-House Fostering Households		
Living in Thurrock	58	£93,090
Living outside of Thurrock	29	£46,555
Total in-house Fostering Households	**87**	**£139,645**

B. Minus

Completely exempt from Council Tax	2	£3210
Entitled to single person discount	12	£4815
Unlikely to exceed 200 days fostering within the last financial year	28	£44,950
Total		**£52,975**
Total cost for all in-house carers		**£86,670**

= A – B		

Benefits of implementing Council Tax exemption to in-house carers residing in Thurrock	Risks of implementing Council Tax exemption to in-house carers residing in Thurrock
• Possible transfer of foster carers from Independent Fostering Agencies who do not offer an exemption on Council Tax. • Transferring of external agency foster carers will mean experienced foster carers may transfer. Narrowing the IFA payment fee gap. • Unique selling point, which IFAs do not match or compete with. • Positive publicity. • Foster carers will feel valued by the local authority and their morale will be boosted. • Excellent retention method. • Retention rate will improve. • Placements of local authority children locally maintaining links with family network and community. • Cost avoidance if this contributes to an increase of in house carers. • Reduction in number of children placed at distance and through other agencies. • Some fostering households will already have an exemption or reduction in their Council Tax payment.	• Complaints/ disruption from future in-house foster carers who live outside of Thurrock and feel they are not being treated fairly. • Possible complaints/disruption from external agency foster carers living in the local authority who also have children placed by Thurrock. This is a lesser risk as there will be an opportunity for these carers to join Thurrock. • Possible, but less likely, complaints from the general public.

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

None

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

None

6. Implications

6.1 Financial

Implications verified by: **David May**

Strategic Lead Finance

The Financial implications for providing an exemption to foster carers is set out in the table at 3.5 and 3.7.3. The report sets out the maximum financial implication based on all in-house foster carers living in Thurrock requiring 100% council tax relief and the financial commitment for all in house carers based on current known circumstances. The table further identifies potential for offsetting the payment over the next three years.

6.2 **Legal**

Implications verified by: **Judith Knight**

Interim Deputy Head of Legal (Social Care and Education)

Under Section 13A(c) of the Local Government and Finance Act 1991 a billing authority may reduce the council tax a person is liable to pay in respect of a chargeable dwelling in the borough. This is power permits the reduction of liability to nil and can be reserved for specific groups. This would cover an exemption for foster carers. This is separate to the scheme for Council Tax Reduction Scheme for people in financial need.

Any provision to provide support to foster carers who live out of borough would need to be provided by way of a fostering allowance.

6.3 **Diversity and Equality**

Implications verified by: **Roxanne Scanlon**

Engagement and Project Monitoring Officer

The Service is committed to practice which promotes inclusion and diversity, and will carry out its duties in accordance with the Equality Act 2010 and related Codes of Practice and Anti-discriminatory policy.

In order to ensure fairness for all existing foster carers, it is proposed that all existing Thurrock foster carers, regardless of whether they live in the Borough, will be offered this exemption/relief payment in recognition of their contribution to caring for Thurrock children. However, in the future newly recruited foster carers will be offered the exemption only if they live within the Borough, in order to promote the recruitment of local carers for Thurrock children. As described in 3.7.2 consideration will be given on an individual basis to making this payment to in-house foster carers who live outside of the Borough in the interest of children and their permanency plan.

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

None

7. Background papers used in preparing the report

None

8. Appendices to the report

None

Report Author:

Joe Tynan
Interim Assistant Director for Children's Social Care and Early Help

Children's Services Overview and Scrutiny Committee
Work Programme 2020/21

Dates of Meetings: 7 July 2020, 6 October 2020, 19 October 2020 (EXEMPT session), 12 November 2020 (Extraordinary meeting), 1 December 2020 and 2 February 2021

Topic	Lead Officer	Requested by Officer/Member
7 July 2020		
Portfolio Holder Update (Verbal)	Cllr James Halden	Members
Safeguarding Children During COVID-19	Joseph Tynan	Officer
Education during COVID-19 Update (Verbal)	Michele Lucas	Chair
Youth Cabinet Verbal Update	Roberta Fontaine	Standing Item
Update on Thurrock Children's Services Continuous Development Plan	Joseph Tynan	Members
Annual Report of the Director of Public Health, 2019/20: Serious Youth Violence and Vulnerability	Ian Wake	Officer
Thurrock Council Home to School Travel and Transport Policy - Update	Temi Fawehinmi	Officer
SEND Inspection Outcome - Written Statement of Action Update	Michele Lucas	Members

Update on the Free School Programme	Michele Lucas/Sarah Williams	Members
Work Programme	Democratic Services	Standing item
6 October 2020		
Youth Cabinet Verbal Update	Roberta Fontaine	Standing Item
PFH Update	Cllr Halden	Members
Items Raised by Thurrock Local Safeguarding Partnership Board – Serious Case Review	Jane Foster-Taylor (Thurrock CCG)	Standing Item
2019/20 Annual Complaints and Representations Report – Children's Social Care	Lee Henley	Officer
SEND Inspection Outcome - Written Statement of Action Update	Michele Lucas	Members
Thurrock School Wellbeing Service	Gemma Fitzgerald	Standing item
Council Tax Exemption for Foster Carers	Joe Tynan	Officer
Work Programme	Democratic Services	Standing item
19 October 2020 (EXEMPT MEETING)		
Review of High Risk Notifications (EXEMPT)		Officer
12 November 2020 – Extraordinary meeting		
Pupil Place Plan	Sarah Williams	Officer
School Capital Programme	Sarah Williams	Officer

Childcare Sufficiency	Sharon Bushnell	Officer
Inspire Update	Michele Lucas	Members
1 December 2020		
Youth Cabinet Verbal Update	Roberta Fontaine	Standing Item
Items Raised by Thurrock Local Safeguarding Partnership Board		Standing Item
WSOA Update	Michele Lucas	Standing item
Fees and Charges	Kelly McMillan	Officer
Update on the Progress of the Recommendations in the Annual Public Health Report of Serious Youth Violence and Vulnerability	Ian Wake	Members
Children's Social Care Performance	Joe Tynan	Officer
Work Programme	Democratic Services	Standing item
2 February 2021		
Youth Cabinet Verbal Update		Standing Item
Items Raised by Thurrock Local Safeguarding Partnership Board		Standing Item
WSOA Update	Michele Lucas	Standing item
Work Programme	Democratic Services	Standing item
To be confirmed		

Children Looked After Needs Assessment	Teresa Salami-Oru	Officer