



**Thurrock LSCB Annual
Report on the
Effectiveness of
Safeguarding Children in
Thurrock**

April 2009 to March 2010

Contents

		Page
Section 1:	Introduction	3
Section 2:	Progress on 2009/10 Priority Areas and Summary Assessment on the Effectiveness of Safeguarding in Thurrock	6
Section 3:	Governance and Accountability Arrangements	9
Section 4:	Monitoring and Quality Assurance Activity	14
Section 5:	Serious Case Reviews (SCRs)	30
Section 6:	Child Death Overview Panel	32
Section 7:	Priorities for 2010 to 2011	35

Section 1

Introduction

1. Background

1.1 The Annual Report on the Effectiveness of Safeguarding

This is the first annual report by Thurrock LSCB produced under the new requirement for LSCBs to publish an annual report on the effectiveness of safeguarding in the local area (Working Together to Safeguard Children, HM Govt 2010). This requirement was laid out in the Apprenticeships, Skills, Children and Learning Act 2009.

1.2 Thurrock and its children

	Southend	Essex	Thurrock	SET
Live Births 2006	2,102	15,368	2,138	19,608
Children aged 0-4 years	9,500	76,000	9,900	95,400
% of total population	5.9%	5.6%	6.6%	6%
Children aged 0-19 years	38,600	328,900	39,600	407,100
% of total population	24.1%	24.2%	26.6%	24.9%
% of children living in poverty	23.9%	16.3%	20.6%	20.2%

Source: ERPHO Child Health Profile, September 2008 (reproduced from Southend, Essex Thurrock SET Child Death Review Annual Report 2009/10)

Thurrock has a population of 152,000 people and it is growing faster than the national average. 49% of its children are girls, 51% boys. The ethnicity of the child population is rapidly becoming more diverse, with approximately 22% of children between 5 and 16 years coming from an ethnic group other than White British.

1.3 Key Achievements

During 2009/10 the Thurrock LSCB and its partners achieved the following:

- Development of new quality assurance audit processes for multi-agency safeguarding practice, such as Section 47 enquiries, Child Protection Conferences, Children in Need and Domestic Abuse cases

- Development of periodic LSCB newsletter on safeguarding issues
- Revised S11 audit process and analysis
- Endorsement of new Safeguarding Standards for the voluntary, community and faith sectors
- Development of an online forum for supporting the voluntary, community and faith sectors
- Clarification of working arrangements and shared vision between the Thurrock LSCB and the Thurrock Children's Trust, and the creation of a Stay Safe group within the Children's Trust to deliver on safeguarding issues.
- New partners have joined the LSCB to add new opinion and perspective to local safeguarding issues.
- Unannounced inspection of safeguarding conducted by Ofsted in November 2009 identified no priority areas for remedial action and was generally well received, identifying satisfactory progress of Thurrock Council and its partners in this area (see page 7 for more details).

1.4 Key Challenges

Over the same period however, the Board has had to deal with a number of key challenges within the safeguarding arena:

- The move to realign the delivery of safeguarding issues under the Children's Trust Partnership has inevitably created some tensions and delays, most notably in effective training delivery and a coherent strategy to tackle the effects of domestic abuse
- Changes in personnel and working practices within key partners, and the LSCB, has caused some disruption as new membership and new priorities have emerged.
- The effective implementation of safe recruitment and employment standards remain variable across Thurrock.

1.5 Areas for Priority Action in 2010/11

This report attempts to provide some detail as to the effectiveness of safeguarding arrangements across Thurrock in a range of issues involving children and young people.

Section 7 of this report identifies the specific priority areas that the LSCB will focus on in 2010/11.

Section 2

Progress on 2009/10 Priority Areas, and Summary Assessment on the Effectiveness of Safeguarding in Thurrock

2. Progress on 2009/10 Priority Policy Areas

Within the current Thurrock LSCB Business Plan (2008-10) four key priorities were identified.

- 2.1 **To ensure Child Protective services across Thurrock effectively respond to the needs of children suffering, or at risk of suffering, significant harm.**
- 2.2 **Children who are identified as suffering the effects of domestic abuse are increasingly supported by LSCB partner agencies**
- 2.3 **The process by which individuals of bullying and other forms of discrimination are identified is improved, and services are effective in responding to the needs of those children.**
- 2.4 **Thurrock's public, private, community and voluntary agencies to ensure they have a safe workforce when working with children.**
- 2.5 Key findings on these and other objectives scrutinised by the LSCB is provided in the table below under monitoring and quality assurance section (Section 4).

In addition, the Annual unannounced inspection of contact, referral and assessment arrangements within Thurrock Council children's services was undertaken by Ofsted in November 2009.

The Inspectors highlighted particular strengths, including:

- 'Consultant social workers (in the Initial Response teams)...are making a positive impact on the quality of the service'
- 'Good evidence of expert advice and clear intervention in ...cases in which domestic abuse and substance misuse are features'
- 'A combination of good team management and staff support, accessible and focused supervision, and relevant training and development opportunities, has helped to establish strong teams with good staff morale, ensuring that the high levels of demand for serviced are consistently well met by well considered practice'
- 'Senior managers...are closely involved in improving the quality of the contact, referral and assessment service'
- 'Contacts made by professionals and the public and the welfare of children, young people and their families are recorded clearly...' The inspectors added that good use of the Council electronic systems supported front line practice and provided good evidence of case outcomes.

- 2.6 Some progress has been reported in the key operational areas of domestic abuse and in bullying in Thurrock, and this progress is highlighted in Section 4. However, Ofsted inspectors also noted the lack of 'effective protocol between partner agencies to screen and

consider the most effective response to large numbers of incidents of domestic abuse that are referred to the council. Consequently resources (in IRT) are not used in the most efficient way’.

- 2.7 Partners will need to further consider the most effective way of providing services for those experiencing domestic abuse.
- 2.8 The child protection system has been scrutinised by means of internal audits undertaken by Thurrock Children’s Social Care and by Health partners and reported back as part of the LSCB Business Plan. In addition, the LSCB Audit Group has undertaken a number of randomly chosen case audits during the period, scrutinising the practice and adherence to LSCB procedure by partners in the Section 47 enquiry/investigation process, the Child Protection Conference process, and a random audit of action on domestic abuse reports. Ofsted Inspectors also noted that the regular use of ‘periodic quality audits that are independent of line management.... provide a sound basis to improve practice further’.
- 2.9 Finally, the submission of Section 11 audit information from partners has identified the extent to which safer employment principles are being embedded in local procedures.

Summary Assessment on the effectiveness of safeguarding in the local area

- 2.10 The LSCB has undertaken an extensive review of evidence submitted from partners during the period, and this has provided a significant amount of information for the Board to scrutinise and make a judgment on the level of effective safeguarding practice in operation within Thurrock.
- 2.11 As previously stated above, good progress has been made on priority areas, and this has been recognised both by the LSCB and by external inspection and scrutiny processes.
- 2.12 Further work is required, particularly in the areas of domestic abuse and bullying, and in the engagement of service users in future to help shape services. These have been highlighted in both the priority areas of the LSCB Business Plan, and the Children’s Trust Action Plan. The LSCB will also need to work more closely with the Children’s Trust in 2010-11 to ensure the better co-ordination and delivery of safeguarding training, and in improving safe employment practices.
- 2.13 **From evidence submitted, analysis of S11 self-evaluation audits and independent audits undertaken both within agencies, by the LSCB Multi Agency Audit Group and externally via Ofsted, the Board is therefore satisfied that overall LSCB partners have clearly identified their areas of weakness and strength, and have**

improved their effectiveness in the safeguarding and the welfare of Thurrock children and young people during 2009-10.

Section 3

Governance and Accountability Arrangements

3. Governance and Accountability Arrangements

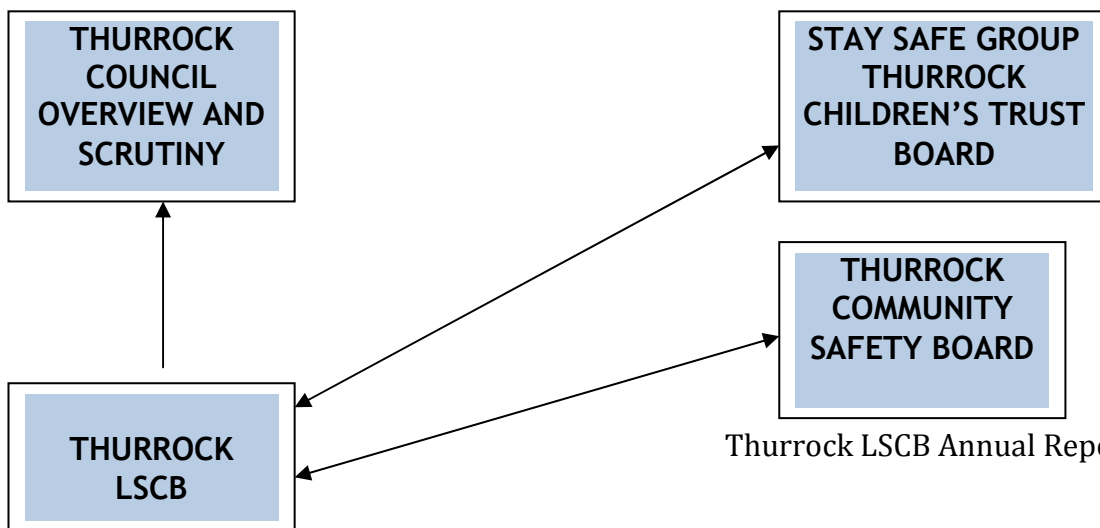
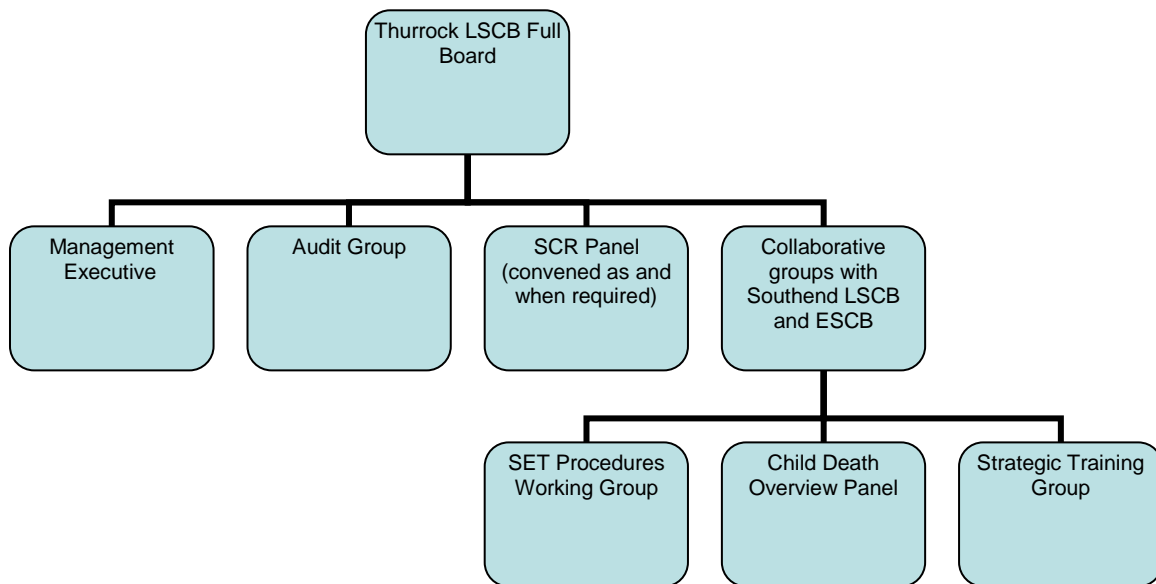
3.1 Role, Function and Structure of the Board and Sub Groups

The role of the LSCB is:

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

The functions undertaken by the LSCB reflect the requirements of the Children Act 2004, and are based upon the objectives set out in Chapter 3 of 'Working Together to Safeguard Children (2010)'.

The LSCB is structured as follows:



3.2 Relationship to Thurrock Children's Trust

The LSCB has the lead responsibility for ensuring that the welfare of all children in its area are safeguarded and protected from harm. During 2009 closer links were forged between the Thurrock LSCB and the Thurrock Children's Trust, to ensure that there was a clear understanding of the distinct roles played by each multi-agency partnership in this vital area. The LSCB has more clearly defined its responsibilities in providing the challenge and scrutiny of local partners' abilities to effectively safeguard and protect children and young people in the Thurrock area. The Children's Trust has taken a more direct role in the commissioning, coordination and delivery of services to these groups, including effective safeguarding. To assist in the facilitation of this, in June 2009 the Stay Safe group of the Children's Trust was created, with a clear remit on the operational delivery of various safeguarding priorities in Thurrock. This group is to provide the LSCB with periodic progress reports on these key safeguarding areas, showing how effectiveness has been improved, and how young people have been protected by their actions. It is for the LSCB to scrutinise this action and evaluate its effectiveness.

3.3 Membership and Attendance (including plans for lay members)

Membership of the LSCB and attendance for 2009/10 is as follows:

Member Agency/Organisation	%
Independent Chair	100
Thurrock Council Children's Services	100
Thurrock Council Adult and Community Services	100
Essex Probation Service	25
Essex Police Division	50
Essex Police Child Abuse Investigation Unit	100
NHS South-West Essex	100
Thurrock Primary Heads Association	0
NHS South Essex Partnership Foundation Trust	100
NHS Basildon and Thurrock University Hospitals NHS Foundation Trust	50
Thurrock Youth Offending Service	100
Thurrock Association of Secondary Heads	100
Thurrock Racial Unity Support Taskgroup (TRUST)	25
NSPCC	100
Essex MAPPA	25
CAFCASS	25
Designated Doctor	75
Legal Advisor to Board (Thurrock Legal Services)	100
Essex County Fire & Rescue Service	100
East of England Ambulance Trust	0

The LSCB has held initial discussions regarding the process for appointing lay members and a proposal will be tabled at the LSCB meeting in July 2010 to take this forward.

3.4 Role of Lead Member and Scrutiny by Council Members

- Periodic reports are provided to the Children's Services Overview and Scrutiny committee within Thurrock Council.
- In addition, the elected Councillor and Portfolio holder for Children's Services is invited to attend and observe the quarterly LSCB Full Board meetings.

3.5 LSCB Budget 2009/10

The LSCB received income of £104,752 for 2009/10. The LSCB budget was funded by contributions from partner agencies in the following percentage:

Agency	%age
Thurrock Council	61.4%
Essex Police	14.3%
NHS SW Essex	14.3%
Probation	9.5%
CAFCASS	0.5%
	100%

Projected and Actual Income and Expenditure

	Projected Income	Actual Income
Funding from partners	103158.60	105756.00
Income from Training	00.00	7806.00
Total Estimated/Actual Income	103158.60	113562.00
	Actual Expenditure	
Employees	81,751	
Serious Case Reviews	13,377	
Supplies and Services	9,169	
Total Actual Expenditure	104,297	

The Board will carry forward reserves of £18,610 to 2010/11.

Section 4

Monitoring and Quality Assurance Activity

4. Monitoring and Quality Assurance Activity

- 4.1 The LSCB Business Plan identified four key priority areas for consideration during 2009/10:
- How effective were child protective services?
 - How well supported were children who were suffering the effects of domestic abuse?
 - The effectiveness of recording and providing services for children experiencing bullying, and
 - How safe was the workforce working with children and young people?
- 4.2 The LSCB monitored performance in these and other areas required under LSCB regulations using three key methods:
- a) By the request of periodic reports providing an update position from relevant agencies and/or local partnerships,
 - b) By the work of the LSCB Audit Group in scrutinising a random sample of cases
 - c) By requesting and analysing self –evaluation audits into Section 11 (Children Act 2004) compliance.
- 4.3 It has been acknowledged that the current LSCB Business Plan performance indicator dataset is too complex and unwieldy to administer. Alternative arrangements will be sought for Year Three of the 2008-2011 plan. Key performance indicators and findings from relevant audit activity has been summarised in the table below.
- 4.4 The Management Executive also received and scrutinised a number of update reports during the year on progress made on serious case review recommendations. These enabled the Board to have a clear picture of the extent of successful changes made in practice in the area of safeguarding children in Thurrock.

4.4 Summary of Quality Assurance/Monitoring Activity Undertaken

Quality Assurance Activity	Findings	Action Taken/Comment
<p>LSCB Performance Indicators</p> <ul style="list-style-type: none"> ■ Indicator 1 – Percentage of children who have experienced bullying. ■ Indicator 2 – Percentage of children referred to children’s social care who received an initial assessment within 7 working days. ■ Indicator 3 – Hospital admissions caused by unintentional and deliberate injuries. ■ Indicator 4 – Number of preventable deaths recorded through the child death review panel processes (this indicator will change from April 2010 to be the number of deaths from external causes) 	<p>Latest 2009 data available – 30.8%, slightly higher than England average (28.8%) and statistical neighbours (29%)</p> <p>(73.5%) higher than England average (67.1%) and statistical neighbours (71.5%) but down 2.5% on 08/09</p> <p>Most current recorded data available is for 2008/9 Figure is 85.5 rate per 1000. Figure is significantly lower than England rate (117.4) and statistical neighbours (123.4)</p> <p>One death categorised by the Panel as ‘preventable’ in 2009/10 (Zero for 2008/09) Preventable death relates to a 2008/9 case reviewed in 09/10. Thurrock child died in London hospital while under clinical supervision.</p>	<p>Anti bullying identified in redraft of Children Plan and continues as a key priority in LSCB Plan.</p> <p>LSCB to continue to receive periodic updates on performance from LA</p> <p>Further analysis of data to identify possible actions and collect current statistics.</p> <p>Recommendations from this review were implemented soon after the child’s death within clinical settings.</p>

<p>Periodic Reports from key partners in relation to Business Plan. Reports taken on following issues during 2009/10:</p> <p>■ Private fostering</p> <p>■ Stay Safe arrangements in Early Years settings</p>	<p>Private fostering arrangements acknowledged as underreported. Over the period of April 2009 – December 2009, significant efforts have been made to raise awareness of Private Fostering within Thurrock. This has included:</p> <ul style="list-style-type: none"> ▪ Delivering leaflets to households within Thurrock; ▪ Providing training around private fostering to all staff within CEF; ▪ Attaching promotional leaflets to the wage slips of Thurrock employees; ▪ Liaising with TRUST to develop links with ethnic and religious groups. <p>During the course of 2009/10, Thurrock Fostering has so far received 17 new notifications. Of this 17, 7 received no further action, and 10 were signed off as private fostering arrangements. To date, only 9 private fostering arrangements remain, although information is still outstanding about one of these arrangements; 5 arrangements had ended</p> <p>Ofsted local authority profile data at 31st August 08 demonstrates the following: % of outcomes for staying safe satisfactory or above</p> <ul style="list-style-type: none"> • Childcare and nursery education 	<p>Report accepted by Board – ambitious campaign planned again for 10/11 in local area. Requirement to report back again with outcome of campaign.</p> <p>LSCB pleased with current position and quality of information provided to Early Years settings by LA</p>
--	--	--

<p>■ MAPPA arrangements</p>	<p>inspections 97.9%. There is a higher % in the outstanding category than the rest of England.</p> <ul style="list-style-type: none"> • Childminders 98.8% • Day care providers 95.2 %. There is a higher % in the outstanding category than the rest of England. • Sessional day care providers 89.5%. There is a higher % in the outstanding category than the rest of England. • Out of school clubs 100% • Crèches 100% • Active day care providers that offer multiple day care 100%. There is a higher % in the outstanding category than the rest of England. <p>Current Multi Agency Public Protection Arrangements within Thurrock remain both efficient and effective. There is considerable liaison between the various Agencies both on a formal and informal basis and effective communication has been achieved through good relationships having been built up and maintained over a period of time.</p>	<p>No action required</p>
<p>■ Children Missing Education</p>	<p>At any given time there are between 20 – 40 children who have arrived in borough awaiting school places, some of whom will be very difficult to place indeed. There will also be around 150 young people known to the Education Welfare Service (EWS) whose attendance is lower than 50%. On average the service deals with 300+ referrals per annum for children whose attendance</p>	<p>To be given higher profile within LSCB agenda.</p>

<p>■ Young victims of crime</p>	<p>has fallen below 80%.</p> <ul style="list-style-type: none"> • Most recorded victims of racist abuse are from the BME community. • The majority of offences took place against young persons, with 17 year olds being the most likely to be victims • Boys are <u>more likely</u> than girls to be victims of crime – boys 61.1% compared to girls 38.9% • Young People (16-18 year olds) perception of crime is worse than any other age group • Serious Knife Crime (all age groups) increased by 27% to 104 incidents in 2008/09 • In 2008 there were 24 KSI (killed or seriously injured) accidents involving young drivers on Thurrock's roads • Within Thurrock, about 829 children witnessed 505 domestic incidents. Domestic violence was found to peak between midnight and 2am, and number of incidents where young people are present was highest in May 2008 (source data Essex Police 2008/9) 	<p>This report was developed by the Community Safety Partnership (CSP) at the request of the LSCB to inform them about crime and young people. Proposal agreed that this would become an annual report to LSCB about young victims of crime.</p> <p>A number of actions were identified by the CSP and put forward to their Executive.</p>
<p>■ Hate crimes</p>	<ul style="list-style-type: none"> • For the year 2009 there were 31 reports of hate crime incidents to the Police where the victim was aged 18 or under. Of these, 4 (13%) were homophobic, the rest were 	<ul style="list-style-type: none"> • Essex Police through PCSO's are hoping to work with the Trust Youth Development Worker and Youth Offending Service to run activities for

<ul style="list-style-type: none"> ■ Multi-agency training on SCR recommendations ■ Analysis of Health audits undertaken ■ Hospital admissions ■ Audit Group analysis of SCR recommendation regarding guidance on sexually active young people 	<p>racial.</p> <ul style="list-style-type: none"> • This is a 9% decrease on 2008. Only one offence was recorded against a female. • Concern about low take up of places on LSCB courses • Eight audits were undertaken by NHS South West Essex Community Children's Services between October 2008 and September 2009. Various findings and recommendations were made. • Information to date indicates that Head Injury remains a consistent presentation in under 5's. The statistics available highlight that a significant number of head injuries are noted as not specified. • The Group followed the LSCB guidance flowchart in each case, and found that decision making by practitioners in all cases had been sound. • Cases had been escalated to Social Care/Police where appropriate and local CP procedures had been followed where there was a risk of significant harm arising from the activity. 	<p>young people to combat increased racial tensions and incidents in Purfleet</p> <ul style="list-style-type: none"> • Young people are to be sought within the Police Independent Advisory Group (IAG) and set up a youth IAG <p>Issue raised with senior partners at Full Board for remedial action.</p> <p>LSCB to receive annual report updating on findings of Health audits.</p> <p>Specific training in relation to Head Injuries has been rolled out to the Emergency Department to profile the need for vigilance in relation to non-accidental injury.</p> <ol style="list-style-type: none"> 1. Partner agencies to be reminded of their responsibility to clearly record their justifications for not passing on details of sexually active young people to either Social Care or the police so that there is an audit trail of decision making, and that this has been signed off by the appropriate senior officer. Management Executive to agree how this should be communicated. 2. The audit exercise be repeated on an
--	--	---

<ul style="list-style-type: none"> ■ Thurrock looked after young people are kept safe 	<ul style="list-style-type: none"> • Overall services provided to children in care in Thurrock are good and have been judged externally to be so at the last point they were externally inspected. 	<p>annual basis, to ensure consistent practice is being maintained in this area. Future audits to include cases from Social Care and Education.</p> <p>Number of recommendations identified:</p> <ul style="list-style-type: none"> • Ensure safeguarding standards are met in relation to foster carers and adopters • Reduce the number of young people subject to 3 or more placement moves • Monitor and review safer recruitment policy. • Ensure children in care are looked after in settings that meet their needs and are stable and secure. • Development of consultation with young people and further expansion of children in care council • Develop and implement a placement commissioning strategy to improve placement choice and stability particularly for those with complex needs. • Review all schemes within Thurrock fostering service to ensure consistent practice is in place. • Improve performance on key national indicators
--	---	--

<ul style="list-style-type: none"> ■ Management of safeguarding allegations 	<ul style="list-style-type: none"> • Period of review from 1 July 2008 to 23 December 2009, during which time there were 62 allegations reported for further investigation • The overwhelming majority of reports in Thurrock were for allegations of physical abuse at around 54%, while sexual abuse accounted for a further 17% of allegations • Only 63% of Thurrock cases were resolved in one month compared to the indicative expectation of 80% • Most of the allegations still originate from schools and social care. There has been 1 from health and none from the police • The outcomes from allegation investigations in Thurrock show that the proportion resulting in no further action is 47 this may be due to the fact that schools are reporting all allegations that are made. 	<ul style="list-style-type: none"> • Future reports will be needed to explore some of the variations in data between Thurrock and other Local Authorities, but more needs to be done to secure the involvement of some key agencies.
<ul style="list-style-type: none"> ■ Multi-Agency Groups (MAGs) and the Common Assessment Framework (CAF) 	<ul style="list-style-type: none"> • The quality of CAF assessments is variable particularly in relation to the quality of analysis of need, identifying outcomes and the impact of subsequent service provision to meet need. • Attendance at each Panel has greatly improved over the course of the year. • Overall, agencies represented engage positively in the agenda for early intervention and prevention. 	<ul style="list-style-type: none"> • A number of strategies to improve the quality of the assessments are being put in place; refreshed training, a pilot support group for CAF assessors and Lead professionals and the introduction of quality assurance audit of randomly sampled CAF's. • Work continues to maintain the threshold integrity of MAG's/CAF interventions; however this needs to be progressed to ensure that CAF is used as an assessment and not a referral form.

<p>■ Tackling bullying and discrimination in school and the community</p>	<ul style="list-style-type: none"> • All primary, secondary and special schools were invited to complete an anti-bullying review to inform the anti bullying and Social Emotional Aspects of Learning¹ consultants of key information regarding anti-bullying work in our schools • (i.e. policy in place, knowledge of Safe to Learn documents, use of DCSF Anti-bullying Charter) • This gave a clear baseline for policy and practice in school, and has directed support and intervention by the anti bullying and SEALs consultants • Training needs were identified from the Anti-bullying Review and a programme of training organised for non- school based staff, school staff and governors. • All anti-bullying policies have been collected in secondary schools and some in primary schools. The consultants have compared the policies received to the criteria agreed with the anti bullying alliance, which details what should be included in an effective policy • The LA was represented at both 2009 major Stonewall conferences and are now recognised by Stonewall as having best practice in shared ethos on homophobic bullying • The Anti-Bullying Delivery Group is now well established 	<ul style="list-style-type: none"> • Progress report well received by LSCB. Clear actions identified and plans to improve Thurrock response.
---	---	---

¹ SEALs stands for Social and Emotional Aspects of Learning

<p>■ Children and Young People Killed or injured on Thurrock roads</p>	<p>In 2009, no Children were killed and 3 were seriously injured (KSI's) on Thurrock's roads, these are provisional figures. There were no children killed and 11 children seriously injured (KSI's) in 2008.</p> <p>Thurrock Council has achieved the 50% reduction target in child KSI's compared to the baseline data from 1994 to 1998 of 21.4 casualties. There has been a reduction of 86%</p>	<p>Thurrock Road Safety Team along with Essex Police continues to undertake a significant programme of road safety initiatives to tackle this issue.</p> <p>LSCB to ensure that Children's Trust endorses and supports this activity.</p>
<p>■ Support and safeguarding of Young Carers in Thurrock</p>	<p>It was estimated from the 2001 census that there were likely to be approximately 400 Young Carers in Thurrock.</p> <p>The service to Young Carers was included part of the Thinking Families Commissioning Process. The contract was awarded to <u>'Carers of Barking and Dagenham'</u>. (CBD) in April 2009.</p> <p>To date, CBD are working with 65 Thurrock Young Carers and their families</p>	<p>Approximately 250+ young carers in Thurrock remain to be identified and receive services</p> <p>A 'Think Family' approach is currently in its infancy in Thurrock and more effective, cohesive engagement between Children, Education and Families and Community Wellbeing Directorates is essential to ensuring that those young carers who are currently not in receipt of service (including safeguarding as appropriate) are identified at an earlier stage.</p>
<p>■ Work undertaken to reduce the impact of Domestic Abuse on children and young people</p>	<ul style="list-style-type: none"> • For the period April to December 2009 there were 462 victims of crime aged 17 and under. Of these 27 offences were recorded as domestic abuse which equates to 6% • Of the 33 referrals to the sanctuary scheme in 2009 there were 50 young people involved. The sanctuary scheme is promoted to reduce homelessness and ensure that young people are able to continue to live in familiar surroundings 	<p>While progress has been steady in terms of meeting need in this area, the prevalence of domestic abuse within families referred and held in children's social care is considerable and this continues to be the case. Investment in this area of service both in terms of understanding and provision of resources must continue. In addition care must be taken to ensure informed coordination across all service areas and partnerships involved in both strategy and delivery where domestic abuse is concerned.</p>

	<ul style="list-style-type: none"> • In 2009 the sanctuary scheme was expanded to non-council tenants which enables young people affected by domestic abuse to remain in their homes • The TCSP recognises Child Safety Week and promoted this across the Borough, this included making literature available to young people on domestic abuse, including hideout and signposting to appropriate information • The Police have restructured their DV unit to incorporate sexual offences with a dedicated Inspector, Sergeant and increased no. of Domestic Abuse Liaison Officers and link into other teams as identified within risk assessments and monitoring • Thurrock Children's Trust introduced the use of the 'Freedom Programme' as a means by which awareness about the types of behaviours that perpetrators employ in domestic situations. This programme proved to be very popular with women who found it a straightforward way of both describing and validating their experiences and helping them to access the support they require to recognise and form healthy adult relationships. • The unannounced inspection of local authority referral and assessment services which took place in November 2009 commended the work of the domestic violence and substance misuse specialist practitioners and said they found good evidence in assessments that the 	<p>Plans are in place to give frontline social care managers access to the Essex Police Protect database to support management of risk in domestic violence cases.</p> <p>The TCSP is starting to discuss Olympics and any potential impact it may have on women and girls in terms of potential increase in trafficking for the sex industry in the Thurrock area</p> <p>Links will be made between domestic abuse and sexual violence against women to focus on forced marriage due to the changing demographics of Thurrock, as well as issues of female genital mutilation.</p>
--	--	---

	<p>service was being used to good effect.</p> <ul style="list-style-type: none"> • Professionals are able to access support and services for children and parents experiencing domestic abuse via the Multi-agency Group Panels (MAGs) • Thurrock Children's Social Care is piloting the use of a Domestic Abuse Specialist Practitioner post • In May 2009, the Thurrock Children's Centres held a targeted workshop event aimed at professionals and agencies working in and around children's centres. • Improved working relationships between the police and social care's Initial Response Team by ensuring that the latter is notified electronically on a weekly basis about situations where the police have been involved in domestic abuse incidents where children are in the household. The initial screening of these alerts is supported by the specialist practitioner post. 	
S 11 audit findings	<p>100% of LSCB partner agencies submitted section 11 audits as per agreed timetable. Eight were analysed for compliance with S11 responsibilities. Of these eight, three were judged to be very good, four as effective and only one deemed as inadequate. The inadequate submission from BTUH has been revised following remedial action and will be re-assessed during 2010-11. In addition, Thurrock Council audits will also undergo similar analysis during 2010-11.</p>	<ol style="list-style-type: none"> 1. The agency that was judged not to meet S11 compliance should submit an early update report to the Board, identifying the actions it has taken since the audit was assessed, and outlining improvements made and timetable for resubmission to ensure their safeguarding is brought in line with S11 requirements. This should be requested as a matter of urgency.

	<ul style="list-style-type: none"> • There was good evidence of the development of organisation specific safeguarding policies for employees, based upon agreed SET procedures. • Most organisations had identified a clear strategic and operational lead for safeguarding within their agency, and this had been disseminated to employees. • There was good evidence of agencies understanding their multi-agency role in the safeguarding and welfare of local children and young people. • Most agencies identified clear ways of demonstrating their understanding of the relationship between information sharing and safeguarding. • There were some good examples of effective engagement with young people and families to assist in the development of services for these groups. • It must be noted that NHS SW Essex provided a significant body of evidence for every standard and should be commended for their efforts • One of the recurring themes with weaker evidence related to safe recruitment and management of allegations. This occurred in half of the audits undertaken. In most of these, the agency had correctly identified its weakness and had devised an action plan to review and improve their performance in this area. • Whilst there were some good examples of engagement with young people, in a few 	<ol style="list-style-type: none"> 2. It is recommended that each agency set aside some time to review the findings of the audit analysis, and ensure their action plan reflects the areas not deemed to be S11 compliant. 3. The LSCB Audit Group should timetable further submissions from partners in response to the implementation of identified actions. This timetable should be agreed between parties and included in the Audit Group work plan for 2010-11. 4. The LSCB should consider how it should challenge weaker performance in the areas of safe recruitment and allegations management, and identify its own role in achieving improvements in this area of safeguarding. 5. Thurrock LSCB should now agree how it wishes to proceed with the next submission of S11 audits – what form should this take? Should it be another full audit by partners, using the same or a different tool? Should it cover outstanding actions only? Due to the fact that most statutory organisations operating in Thurrock also provide services to wider Essex, discussions should take place with ESCB and Southend LSCB, to ensure consistency and avoid unnecessary duplication. 6. Once agreed, a timetable should be drawn up informing partners of this requirement, and planned in to the Audit Group work plan.
--	---	---

	<p>cases there was a distinct lack of evidence, particularly in the Health Trusts (with the exception of NHS SW Essex). Work in this regard may in fact be informing practice, but clear examples were scarce.</p> <ul style="list-style-type: none"> • Other isolated issues involved lack of evidence on availability of a current safeguarding policy; proof that safeguarding was clearly identified in operational and strategic plans, and issues around training and the ability to retrieve safeguarding training data. However, these issues were not representative across all audits but specific to those organisations where evidence was weak. 	
<p>Audits of the Child Protection Process</p> <ul style="list-style-type: none"> ■ Child protection referrals ■ Section 47 enquiry/assessment process ■ Child Protection Conferences & Planning ■ Core Group activity ■ Exit thresholds/decision 	<ul style="list-style-type: none"> ■ Seven S47 cases have been reviewed by the Audit Group between 1st April 2009 and 30th September 2009. ■ Of the seven cases submitted at random for audit by the Group, four have been judged to be Good overall, against the range of audit questions posed by the Group. ■ Of the three cases not up to required standard, one case was of significant concern that required immediate intervention by the Social Care Service Manager who is a member of the Group. ■ A further 10 cases were evaluated in 	<p>Areas for development included:</p> <ul style="list-style-type: none"> ■ To be noted by Social Care: Core Assessments are still being identified by the Audit Group as being completed outside timescales or not completed at all at time of audit. It is recognised that Social Care scrutinise this as part of their internal performance management procedures, but wish to reiterate the importance of adherence to timescales. ■ Action for Police and Social Care: The issue of inconsistent recording of strategy discussions between Police and Social Care has been identified on previous

<p>making</p> <ul style="list-style-type: none"> ■ Random domestic abuse referrals 	<p>January 2010</p> <ul style="list-style-type: none"> ■ There were some examples of good practice and of a good level of detail in assessments but generally the January sample was thought to be less positive than other recent audits. ■ A review of specific domestic abuse referrals were also reviewed during 09/10. ■ Four cases were discussed in detail. More importantly, there was a very useful discussion about how such referrals can best be handled. At present two staff in Health review all the notifications whilst at the same time social care separately review them. It was agreed that a more joined-up approach is desirable. It was noted that not all the same referrals had been received by health and social care and those received had not always been received at the same time. 	<p>audits. It is recommended that both partners agree a standard practice and form of words when communicating to ensure absolute clarity about the nature of conversations and decisions taken.</p>
---	--	--

Section 5

Serious Case Reviews

5. Serious Case Reviews (SCRs)

- 5.1 The LSCB is pleased to report that no new serious case reviews were identified during 2009/10.
- 5.2 The Board did authorise an internal review of an earlier serious case report against current Ofsted standards, to ensure that the process had been sufficiently rigorous. An independent Chair and Author oversaw this work alongside the Serious Case Review Panel, and a further report was developed and ratified. The independent author commented that Thurrock had undertaken a thorough and rigorous re-examination of the facts in relation to the death, and was satisfied that the revised report built upon the correct findings in the original report.
- 5.3 Also, during this period some partner agencies commenced Individual Management Review reports in relation to a serious case review being undertaken in another LSCB area. This is due to report back during 2010-11.
- 5.3 The focus for the LSCB has therefore been to scrutinise the work of partners in implementing the recommendations from previous reviews.

5.4 Progress made in implementing actions from individual SCRs

.All recommendations from original and revised reports over the past five years have been scrutinised, and partners have provided periodic updates on progress made during the past year. The Board is pleased to note that significant progress has been made to embed the learning from these reviews and all recommendations have been subject to action.

- 5.5 There are a few areas requiring further scrutiny during 2010/11 to ensure that they have been satisfactorily addressed. These are:
 - Where agencies have produced Individual Management Reviews and identified their own actions within these reports, the LSCB will need to receive an updated position on the progress of these actions.
 - There are some specific systems that were recommended to be set up in the wake of Baby F serious case review. The LSCB is still to ensure that these systems are now in place and working effectively.
 - The LSCB still needs to consider how it can ensure that any training undertaken has had the anticipated impact on frontline practice.
- 5.6 The LSCB Management Executive will need to identify during 2010/11 how best to ensure that ongoing evidence of action is periodically reviewed by the LSCB to ensure practice and learning continues to reflect the findings of earlier reviews.

Section 6

Child Death Overview Panel

6. Child Death Overview Panel

- 6.1 Thurrock LSCB has worked together with the LSCBs of Essex and Southend to successfully establish a Strategic Child Death Overview Panel (SCDOP), supported by Local Child Death Review Panels, with reporting directly to the Board. The South West Essex Child Death Review Panel covering Thurrock met 6 times during 2009/10 and discussed 24 cases. Thurrock partners are well represented on both the local and strategic panels.
- 6.2 Also during 2009/10 the Rapid Response process was officially implemented. Rapid response teams should form to lead the initial information gathering process in relation to all unexpected (not unexplained) deaths of children. There are however some exceptions, for example suspicious deaths, where the response will always be undertaken by the Police and deaths of children with life limiting or life threatening conditions where the rapid response procedure may only operate in a limited form.

	Preventable	Not preventable	Potentially preventable
Total	2	80	18
Essex	0	63	7
Southend	1	9	4
Thurrock	1	8	7
PCT			
North East	0	16	4
South East	1	17	4
South West	1	17	8
Mid	0	15	1
West	0	15	1
Total	2	80	18

	Age at Death 0-1 Month	Age at Death 1 Month-1 yr	Age at Death 1-4 yrs	Age at Death 5-9 years	Age at Death 10-14 years	Age at Death 15-18 yrs	Total
Essex	29	19	8	5	11	10	82
Southend	6	6	3	1	0	1	17
Thurrock	4	3	4	3	2	1	17
Total	39	28	15	9	13	12	116

- 6.3 The 'preventable' death identified in the Thurrock data relates to a child who died unexpectedly in a London hospital. This was a 2008 case but due to various other investigations this was not reviewed by the Child Death Review Panel until 2009/10. However, any recommendations arising from that case were shared with the clinicians at an early stage.
- 6.4 The other 'potentially preventable' deaths were all infection related, and recommendations arising from these cases were passed to Health professionals for consideration.
- 6.5 The Child Death Review process continues to benefit from being a collaborative procedure encompassing the three LSCB areas of Essex. Other initiatives include the development of training opportunities arising from the learning and expertise being developed through this process; the creation of better information for parents about the process, and further development of key themes from an increased dataset of local child deaths.

Section 7

Priorities for 2010/11

7. Priorities for 2010 to 2011

- 7.1 The Thurrock LSCB Business Plan runs for a three year period, and 2010-11 will be the third year of this current cycle.
- 7.2 Three specific priorities have been identified for the LSCB to focus on during this period:
 1. To ensure agencies work effectively together to safeguard Thurrock children
 2. To provide a specific focus on those children at risk from domestic abuse
 3. To better communicate child safeguarding messages in Thurrock
- 7.3 These specific priorities have been identified to provide evidence that areas highlighted as requiring development from the 2009 Ofsted report can be addressed, namely the effective response to domestic abuse, and the improved use of service user views to improve the effectiveness of safeguarding in Thurrock.
- 7.4 In addition to these areas the LSCB will still be required to receive periodic progress reports on those other safeguarding areas required under national guidance to be scrutinised for effectiveness.
- 7.5 The LSCB will also need to focus more specifically on the quality of information that is being received about the training being provided to local practitioners in Thurrock.
- 7.6 Also, the analysis of S11 audits revealed the need for further scrutiny of LSCB partners' ability to effectively implement safer employment practices within their respective organisations.
- 7.7 Finally, the LSCB will also need to review those final areas of serious case review recommendations to ensure they have been implemented successfully.

REPORT ENDS