

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

# **Children's Services Overview and Scrutiny Committee**

The meeting will be held at 7.00 pm on 14 July 2015

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

# Membership:

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

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

#### Substitutes:

Councillors Martin Kerin, Joycelyn Redsell, Andrew Roast and Kevin Wheeler

#### **Agenda**

Open to Public and Press

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# 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 10 March 2015.

# 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

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# Queries regarding this Agenda or notification of apologies:

Please contact Jessica Feeney, Senior Democratic Services Officer by sending an email to Direct.Democracy@thurrock.gov.uk

Agenda published on: 6 July 2015

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#### DECLARING INTERESTS FLOWCHART – QUESTIONS TO ASK YOURSELF

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

#### **Helpful Reminders for Members**

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

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

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



#### Does the business to be transacted at the meeting

- relate to; or
- · likely to affect

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

Disclosable Pecuniary Interests shall include your interests or those of:

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

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

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

.....

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

#### **Pecuniary**

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

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

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

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

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

#### Non- pecuniary

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

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

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

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

- **1. Create** a great place for learning and opportunity
  - Ensure that every place of learning is rated "Good" or better
  - Raise levels of aspiration and attainment so that residents can take advantage of local job opportunities
  - Support families to give children the best possible start in life
- 2. Encourage and promote job creation and economic prosperity
  - Promote Thurrock and encourage inward investment to enable and sustain growth
  - Support business and develop the local skilled workforce they require
  - Work with partners to secure improved infrastructure and built environment
- 3. Build pride, responsibility and respect
  - Create welcoming, safe, and resilient communities which value fairness
  - Work in partnership with communities to help them take responsibility for shaping their quality of life
  - Empower residents through choice and independence to improve their health and well-being
- 4. Improve health and well-being
  - Ensure people stay healthy longer, adding years to life and life to years
  - Reduce inequalities in health and well-being and safeguard the most vulnerable people with timely intervention and care accessed closer to home
  - Enhance quality of life through improved housing, employment and opportunity
- **5. Promote** and protect our clean and green environment
  - Enhance access to Thurrock's river frontage, cultural assets and leisure opportunities
  - Promote Thurrock's natural environment and biodiversity
  - Inspire high quality design and standards in our buildings and public space

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

**Present:** Councillors Val Morris-Cook (Chair), James Halden (Vice-Chair),

Charles Curtis, Martin Kerin, Tunde Ojetola and Graham Snell

Reverend Darren Barlow, Church of England Representative

**Apologies:** S. Ali – Youth Cabinet Representative

J. Henderson – Youth Cabinet Representative

In attendance:

Carmel Littleton, Director of Children's Services

Andrew Carter, Head of Care and Targeted Outcomes Janet Clark, Strategic Lead Operational, Resources and

Libraries Unit

Temi Fawehinmi, Contract and Performance Manager

Michele Lucas, Learning & Skills Manager

Malcolm Taylor, Strategic Lead - Learner Support Stephanie Cox, Senior Democratic Services Officer

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

#### 32. Minutes

Councillor Ojetola advised that he was not in attendance at the last meeting held on 10 February 2015, which was not reflected in the minutes. He also asked when an item on Admissions would be referred to the Committee, to which the Director of Children's Services advised that a briefing note would be circulated following Members agreement at the previous meeting.

Councillor Halden felt that the minutes were accurate but requested that action points arising from meetings should be progressed faster. He observed that the protocol that was agreed at the last meeting to be referred to the Corporate Parenting Committee had not been actioned and that the Cabinet Member for Children's Social Care had not yet made a statement to full Council which had been requested at the last meeting.

The Director of Children's Services proposed that it would be more appropriate to refer the protocol for informing Members of serious issues in future to the Children's Services Overview and Scrutiny Committee rather than the Corporate Parenting Committee, to which Members agreed to the amendment.

The Minutes of Children's Services Overview and Scrutiny Committee, held on 10 February 2015, were approved as a correct record.

# 33. Items of Urgent Business

There were no urgent items of business.

#### 34. Declaration of Interests

Councillor Kerin declared a non-pecuniary interest in respect of Agenda Item 8, Pupil Place Plan 2014-2015, as his wife was an employee of the Harris Academy Chafford Hundred.

Councillor Curtis declared a non-pecuniary interest in the general business of the meeting by virtue that he had grandchildren attending Bulphan School and was a Governor at the Ockendon Academy.

Councillor Ojetola declared a non-pecuniary interest in relation to the general business of the meeting as he had children attending the Gateway Academy, Belmont Castle Academy and was a Governor at Palmer's College and Gateway Academy. He also declared a further non-pecuniary interest in respect of Agenda Item 8, Pupil Place Plan 2014-2015, as he was one of the parents who had applied for a school place at the Harris Free School, Chafford Hundred.

Reverend Barlow declared a non-pecuniary interest in the general business of the meeting as he had children attending St Thomas Primary School, Grays Convent and Palmer's College. He was also a trustee and corporation member at Palmer's College and his wife was employed at St Thomas Primary School.

#### 35. Multi-Agency Action Plan - Serious Case Review

The Head of Children's Social Care introduced the report and action plan, included in appendix 1, which detailed the progress that had been made in Children's Social Care and Education in response to the findings of the Serious Case Review.

Councillor Halden observed that all items detailed on the action plan were of a 'green' status, and was worried about this given the severity of the issues that had been presented.

The Head of Children's Social Care explained that the 'green' status meant that progress was on track and that no additional action was required but that did not mean that all actions had been completed as development would be ongoing.

Councillor Ojetola observed that he was happy the actions were on track and affirmed that as long as regular updates were provided to the Committee he was happy for the process to continue.

The Director of Children's Services informed the Committee that the team had been progressing ahead at pace in order to achieve the green indicators and that regular updates were provided to the Management Team every fortnight in order to ensure work was on target.

Councillor Morris-Cook remarked that initially she was concerned that the outcomes did not follow SMART methodology and were not easily measurable, however on further inspections she welcomed the 'RAG' status, evidence and target dates so that progress could be validated.

Councillor Halden questioned the Head of Children's Social Care and received responses as follows:

- In relation to the matter as to whether the board were aware that Children in Need processes were vulnerable to pressures on Social Work teams, Councillor Halden observed that he had raised this concern at the previous meeting and was assured that workload pressures or time constraints had not attributed to this case being flagged up.
- The Head of Children's Social Care explained that the issue had not been progressed further primarily due to the fact that there had been a preoccupation with identifying the case as a rape case, and therefore a criminal matter, rather than one of Child Sexual Exploitation.
- Councillor Halden was concerned that the introduction of the Multi Agency Safeguarding Hub (MASH) had increased the number of the agencies involved, in light of the fact that one of the failings which had been identified was that agencies felt that their duty was complete because they had shared information rather than taking responsibility for their own actions in the safeguarding arena. He questioned how this had been addressed.

The Head of Children's Social Care advised that cases were referred into the Multi Agency Safeguarding Hub (MASH) and escalated as necessary, where all agencies were challenged. This was reinforced by the fact that each agency was represented in the MASH.

The Director of Children's Services informed Members that a monthly audit of case files took place, where a sample of case files were audited by line managers and social workers questioned to establish what relationships were like and identify if escalation was required.

#### **RESOLVED:**

That Members be invited to scrutinise the Multi-Agency Action Plan and the feedback be noted.

### 36. Child Sexual Exploitation Update

The Head of Children's Social Care introduced the report which provided an update on the Children's Social Care Child Sexual Exploitation Action Plan and on actions in response to the Ofsted Thematic Inspection – 'The Sexual Exploitation of Children: it couldn't happen here, could it?'. In introducing the report he explained that 'Stranger Danger' had recently been provided in addition to Child Sexual Exploitation Champion training.

Councillor Kerin asked whether a dedicated Senior Social Worker had been recruited yet, to which the Head of Children's Social Care advised that he hoped someone would be in post by the end of the month.

Councillor Ojetola asked for clarification as to how 'missing' was defined. In response officers explained that unauthorised absences did not constitute as missing, however any regular patterns of unauthorised absence of missing education were fed into the Child Sexual Exploitation Panel.

Councillor Halden raised concerns that that the Serious Case Review had highlighted that the case was closed prematurely, Social Workers wrongly believed that the young person could not be seen without her mother, and certain procedures were not followed. He questioned whether there was a problem with training individuals or if further professional development was required.

In response the Head of Children's Social Care highlighted that the Ofsted thematic review was not Thurrock specific but assured Members that medium and high risk cases were discussed regularly at strategy meetings to ensure that all concerned were satisfied the level of risk was being addressed.

Councillor Halden expressed his confidence in the senior management team in satisfactorily addressing and identifying the level of risk, but was concerned how this was being put into practice by staff at all levels on a 24/7 basis. The Head of Children's Social Care explained that Thurrock was working with both Essex County Council and Southend-on-Sea Borough Council to undertake a review of cases from the past 5 years, and further advised that a specialist Child Sexual Exploitation Coordinator would shortly be appointed and a programme of Child Sexual Exploitation Champion training was underway.

Rev Barlow questioned whether all recommendations from the Ofsted thematic inspection had been adopted by Thurrock, to which it was confirmed that the recommendations had been adopted and were having the required impact. The Head of Children's Social Care explained that a further report could be brought back to the Committee in the new municipal year to update Members as to the progress.

The Committee were advised that a sample of cases were regularly identified through the casework system so that managers could monitor that all appropriate actions were on track, which would be an ongoing process

through the work of the Coordinator. Members were advised that if any action was overdue it would show as a red.

Councillor Curtis asked whether schools in Thurrock were engaged with the Child Sexual Exploitation process, to which it was explained that officers were not complacent and were engaging with all schools. It was reported that every school was represented at the last Sexual Exploitation training session and that schools were working well with the local authority.

Councillor Morris-Cook asked how Child Sexual Exploitation comfortable the service was that children and young people educated at home were not at risk and questioned how issues could be reported in these circumstances. The Director of Children's Services explained that this was a difficult area as by law the Local Authority had no specific right to be made aware of children educated at home because parents did not have to register as home educators; however a visit by an officer of the Council was offered to all home educators. It was reported that the offer of visits were often taken up and these visits could identify any potential issues.

The Head of Children's Social Care further advised that potential Child Sexual Exploitation cases could be identified in many other ways outside of the school setting, for example through GP's.

Mrs Wilson questioned whether officers were working effectively with schools, and felt that there had been instances in the past where engagement had been one sided, with the local authority not adequately responding to teachers requests. The Committee were assured that this was a two way process and that through the Early Offer of Help and Troubled Families programme, where an officer was based in schools, the Multi Agency Safeguarding Hub and the Head teachers Group and Senior Management Team visits to schools there was a strong link, but that it was important schools did challenge the local authority.

Councillor Morris-Cook asked the Head of Children's Social Care and the Director of Children's Services what worried to them. In response the Head of Children's Social Care felt that the authority could improve the identifications target and the Director of Children's Services was worried about the cases that they did not know about, and recognised that it was important to be continually proactive.

#### **RESOLVED:**

# 1. That progress against the Child Sexual Exploitation Action Plan be noted.

The Head of Children's Social Care felt that the presentation of the action plan could be improved in future so that the Committee could better monitor progress, to which Members agreed that the format could be changed however the Chair advised that she was keen to maintain the 'RAG' Status rating.

The Chair advised that she proposed to bring forward 'Item 9, Multi-Agency Serious Case Review' on the agenda, following which the remaining items would be taken in the order printed. Members were in agreement.

# 37. Youth Cabinet Activity and Impact 2014-15

The Interim Strategic Lead for Learning and Skills introduced the report which explored the work that the Youth Cabinet had undertaken to explore alternative delivery vehicles for the delivery of youth related activities across Thurrock.

Rev Barlow questioned how well the activities of Youth Cabinet were promoted to other young people across the Borough, to which officers explained that Youth Cabinet members disseminated information in their schools and used Social Media to engage with young people across the Borough.

The Committee were advised that the Youth Cabinet newsletter was circulated via schools, youth activities and across a range of partners.

Councillor Halden expressed his appreciation that Youth Cabinet members were actively involved in the Supporting Pathways into Work for Young People Task and Finish Review. He observed that he wanted to widen Democracy Week beyond Youth Cabinet as he felt that the event had become internalised.

Councillor Ojetola commended the activities of Youth Cabinet and the work that was being done in relation to Democracy Week. He observed that they did not shy away from debating controversial subjects.

Councillor Morris-Cook paid tribute to the hard work of the team and liked the name 'Inspire' which had been selected by young people to brand work going forward. She felt that it was refreshing to see young people engaged in meetings and taking ownership of local issues. She further observed that it was crucial to maintain the level of engagement in future and requested that officers examine whether it was appropriate for young people to be allowed to contribute to the work of other Overview and Scrutiny Committees if possible.

As a result, Councillor Morris-Cook proposed an amendment to recommendation 1.1 in the printed report in order to identify whether young people could add value to the Overview and Scrutiny Committee process in other areas, to which the Committee agreed.

#### **RESOLVED:**

1. To continue to support the work undertaken by the Youth Cabinet thus enabling young people to remain at the heart of decision making regarding youth related activities, and to identify whether

young people can add value to the Overview and Scrutiny process in other areas.

2. To support members of the Youth Cabinet in the exploration of an alternative vehicle for delivering youth related activities recognising the need to secure savings going forward, whilst ensuring young people remain at the heart of the regeneration agenda.

# 38. A progress report on the Grangewaters Outdoor Education Centre Alternative Delivery Models Project

The Director of Children's Services introduced the report which detailed the progress that had been made with respect to the work to be undertaken in order to commission out the opportunity to manage Grangewaters Outdoor Education Centre.

Councillor Halden asked when the service would be in a position to produce a 5 year vision for the future of Grangewaters and present the document to the Committee, as he was unclear on what the intention was for Grangewaters in the longer term. In response the Director of Children's Services advised that it was anticipated the work would be completed in the next municipal year in order to coincide with the proposal to develop a Youth Mutual.

Councillor Ojetola thanked the Director of Children's Services for her reassurances at maintaining Grangewaters as a community based asset, and asked what was being done to overcome the legal issues. In response the Committee were advised that officers were working with the Cabinet Office to develop a Youth Mutual, which the Grangewaters project would feed into, and that in the interim important remedial work to improve Health and Safety at the outdoor education centre were being implemented as a priority.

Councillor Kerin asked whether officers had worked with other similar providers, such as nearby Stubbers. The Director of Children's Services advised that she felt well informed about all the options and a business model had captured information from similar outdoor activity centres, but highlighted that some organisations were very different and operated within the commercial sector.

Rev Barlow asked how the final decision would be made and how criteria would be weighted, whether in favour of best value for money or the best structure to serve the community.

The Director of Children's Services reassured Members that she wanted the Committee to have full sight of what the criteria would be and felt that any decision should be weighed against what best served the community in order to make best use of the site and extend weekend opening hours.

Members were advised that the full criteria would be referred back to the Committee for consideration before any final decision was made regarding the future of Grangewaters.

The Committee welcomed this proposal and further requested that an update report be brought back to the Committee at an appropriate time during the following municipal year.

#### **RESOLVED:**

- 1. That members note the content of this report intended to provide an update on the Grangewaters Alternative Delivery Models project.
- 2. That it be agreed a further update report be scheduled for the 2015/16 municipal year and a separate report to set out the criteria be referred to the Committee for consideration and comments at an appropriate time before a final decision regarding the future of Grangewaters is reached.

Councillor Halden left the meeting at 8.18pm.

# 39. Pupil Place Plan 2015-2019

The Strategic Lead for the Operations, Resources and Libraries Unit introduced the report which outlined the latest draft version of the Pupil Place Plan (2015-2019) and detailed the forecast of pupil place requirements and the creation of a Schools Forum Pupil Place Planning Sub Group. In introducing the report the following points were highlighted:

- That there was a high demand in Thurrock for in-year pupil places.
- In 2013/14 146 children had moved into Thurrock from overseas and 366 had moved into Thurrock from elsewhere in the UK.
- In the five months from September 2014 to January 2015 this target had been exceeded with 199 children coming to Thurrock from overseas and 493 from within the UK, which had created demand in-year for an additional 692 places.
- It was reported that this additional demand had eaten into the surplus of places Thurrock did have but that Thurrock had a contingency target of 7%, although only 2% of additional places were funded by government.

Councillor Ojetola welcomed the involvement of the service at meetings of the Planning Committee which assisted Planning Committee Members take into account educational issues, and questioned officers and received responses as follows:

 That he had hoped to see the Admissions Report which would be relevant to examine in conjunction with the Pupil Place Planning report.

The Director of Children's Services highlighted that the Committee had agreed at the previous meeting that a briefing note would be

circulated on Admissions instead of a formal report due to the volume of business to be transacted at the last meeting of the municipal year.

 Whether the delay of the opening of the Harris Academy Free School in Chafford Hundred had been factored into the Pupil Place Plan and how the service would plan for further demand on in-year pupil places.

The Strategic Lead for the Operations, Resources and Libraries Unit explained that the recent news that the opening of the Harris Academy Free School would be delayed had not been factored into the draft Pupil Place Plan but that it would be included in the finalised document

The Committee were further advised that the local authority were required to build in between 5-10% of surplus places into the plan and that Thurrock provided 7% of surplus places which was well within the recommended guidelines, despite the fact that funding was only provided for 2%.

Councillor Kerin observed that every local authority was obliged to provide sufficient school places and was concerned that if plans for the new Harris Academy Free School had completely fallen through then Thurrock Council would have been required to resolve the issues that this created.

The Director of Children's Services advised that there was sufficient provision without the Harris Academy Free School, and that if this had not been the case plans would have been developed as an alternative back-up option. The Committee were advised that the service had been informed of the delay of the opening of the Harris Academy Free School two days prior to admissions letters being sent to parents and that although the whole admissions process could not be rerun at this late stage, suitable places had been identified for all children affected.

Councillor Kerin asked whether there was a point when officers would be concerned regarding a lack of uptake at a school, and highlighted that out of 120 places available at Harris Academy Free School there were only 90 applicants.

The Committee were informed that generally when a new school opened up it was often under subscribed until it became more established, and that in the case of the three form entry Harris Academy Free School it would be opened gradually, with the full 120 school places available from September 2016.

Councillor Kerin questioned whether further schools needed to be opened in other parts of the Borough, to which officers explained that there was demand on school places across the authority but that school expansions were the most appropriate way to meet this demand. Members were further advised

that due to the housing development in Purfleet a new school would be required to serve that area.

Councillor Curtis observed that often residents in South Ockendon were not successful in securing their first choice school and was concerned that this would worsen with the new housing development on the old ford factory site. He advised that this was particularly problematic for parents when they were offered places for siblings at different schools.

Officers explained that the new housing development in South Ockendon had been taken into account and included in the forecasts. Members were advised that an additional 210 places had been created at Bonnygate Primary School through the expansion scheme, but that the latest Pupil Place Plan identified that more work needed to be undertaken in that area. Officers recognised that there was demand to place siblings in the same school and that the service worked to achieve this wherever possible.

The Committee were advised that places were ready for the September intake and that some schools would be working with temporary accommodation in addition to the permanent expansion of two schools.

Members were informed that it was difficult to permanently expand schools with one year funds but that the team worked hard to plan long-term and secure capital investment.

Members welcomed the clustering of schools and were advised that if a child did not receive their first preference of a school place other schools in that cluster would be examined, although applications could cut across cluster groups.

Rev Barlow highlighted that the greatest demand on school places was in the Chafford Hundred and Grays area rather than to the East of the Borough, and felt that this could be exacerbated by future developments in and around Grays. Officers assured Members that with the expansion schemes and new school there was no danger that there would not be sufficient school places in Grays, however this was always examined in the consideration of planning developments and developers could be required to build a new school under the Section 106 agreement.

Councillor Morris-Cook felt that it was important the use of temporary accommodation was avoided wherever possible and questioned whether there was enough special education provision to meet demand. In response the Committee were advised that officers were looking to create additional places at Treetops School but that there was less pressure on Beacon Hill.

The Director of Children's Services advised that the service was looking to undertake a review of Specialist Educational Needs places across the Borough and that there was specific demand in relation to autism.

#### **RESOLVED:**

- 1. That the Overview and Scrutiny Committee comments on the draft forecasts, the proposed amendments to Planning Areas and the introduction of the Schools Forum Pupil Place Planning Sub Group be noted.
- 2. The Chair thanked the Director of Children's Services, her team and Democratic Services for all their help over the past municipal year.

The meeting finished at 8.47 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



2.	2. CHILDREN'S SERVICES OVERVIEW AND SCRUTINY COMMITTEE						
App	ointed by:	Number of Elected Members:					
The Council		Six, of whom none may be Cabinet Members.					
Chai	ir and Vice-Chair appointed	Political Proportionality:					
The	Council	The elected Members shall be appointed in accordance with Political Proportionality					
Quo	rum:	Co-opted Members to be appointed by Council:					
elect	e elected Members or two ed Members and one Co-opted ber with voting rights.	Four Co-Opted Members, as follows, to have voting rights in respect of educational matters, and non-voting in respect of all other matters					

#### Functions determined by Council:

- 1. Universal Services (schools, colleges, settings and services)
- 2. Targeted Services (SEN, Behaviour and Attendance, narrowing the gap in outcomes)
- 3. Specialist Services (safeguarding, child protection, children in care, youth offending)

#### **Cross-cutting**

The manner in which services of the Authority, the Police and the National Health Service address the needs of children and young people in Thurrock.

**Note:** Where a National Health Service issue affects the population generally, i.e. including children, the matter shall be referred to the Health and Well-being Overview and Scrutiny Committee unless that Committee or its Chair agrees otherwise.

#### **Functions determined by Statute**

All the powers of an Overview and Scrutiny Committee as set out in section 21 of the Local Government Act 2000 and Local Government and Public Involvement in Health Act 2007.



14 July 2015	ITEM: 6					
Children's Services Overvi	ew and Scrutiny (	Committee				
<b>Education Commission Up</b>	date					
Wards and communities affected:	Key Decision: Non key					
•	Report of: Carmel Littleton, Director of Children's Services  Roger Edwardson, Interim Strategic Leader School Improvement, Learning and Skills					
Accountable Head of Service: Roger Edwardson – Interim Strategic Leader School Improvement, Learning and Skills						
Accountable Director: Carmel Littleton, Director of Children's Services						
This report is Public						

### **Executive Summary**

This report outlines the outcomes of the Education Commission this year and provides an update on projects approved to date.

- 1. Recommendation(s)
- 1.1 Children's Overview and Scrutiny Committee is asked to:
  - Comment on the progress and achievements of Thurrock schools and partners (see 2.3), and
  - Comment on currently funded activity and suggest further developments that it would wish to be taken to further the education standards for all children and young people in Thurrock.
- 2. Introduction and Background
- 2.1 The Education Commission was established in 2013 and reported to Children's Overview and Scrutiny in July 2014 on the six core recommendations. Following extensive consultation with schools, governors and others the Council fully adopted the recommendations and is taking forward each of the recommendations as shown in Appendix 1.

# 2.2 The 6 Key Recommendations are:-

- 1. Build and communicate a compelling case for change and a powerful vision for education across the community in Thurrock that increases pride in what is being achieved and ambition for achieving even more.
- 2. Redefine the role of the local authority, agree with partners what change means in practice and make sure services are provided efficiently.
- **3.** Grow the role of schools themselves as the leaders in supporting other schools to improve.
- **4.** Recruit and retain the best teachers and leaders by establishing greater pride in Thurrock.
- **5.** Use Governors as key agents of support for improvement both within their own schools and across the school system in Thurrock.
- **6.** Recognise and celebrate education in Thurrock.

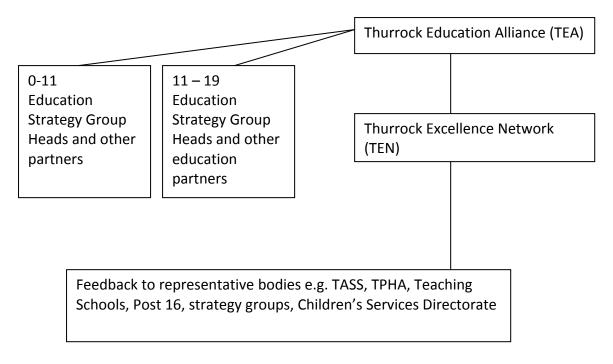
# 2.3 There has been good progress since then:

- Head teachers and governing bodies report good progress and strong relationships with the local authority leadership.
- Data on school attainment and progress continues to be a strength and that this is the basis of effective school led school improvement.
- Governance continues to strengthen Governor training on key areas of pupil achievement; safeguarding and financial management is effective.
- The focus on recruitment of high quality senior leadership in schools is effective and through delivering the Commission recommendations will be strengthened further.
- Supporting school sustained school improvement through Progress Boards and detailed Accountability Meetings with specific school leaders and governors is effective in challenging schools to improve achievement.
- Self-initiated and brokered school to school support is showing impact in terms of improving quality of leadership, teaching and learning and pupil progress.
- Acknowledged support for schools requiring improvement and schools in categories through clarity of provision and commissioning Thurrock Improvement Consultants for these schools as part of the school improvement strategy continues to demonstrate impact.
- The proportion of pupils attending good and outstanding secondary schools is in the top 10% of schools nationally and the number attending good or better primary schools is increasing. Together 81% of pupils are attending good or better schools and academies in Thurrock which is about one percentage point above the national average.
- The partnerships with maintained schools, academy chains, free standing academies and free schools are very productive and positive and now form a system wide approach for school driven school improvement.

- There is an active Services to Schools offer available on line of particular note is the 100% buy back of data services from the local authority. This has been built up over a number of years and is highly regarded by schools and settings.
- There continues to be effective delivery of services supporting schools such as admissions with high percentages of children being allocated first choice schools in a timely way and effective provision of music education.
- School Partnerships are working well and the TRIADs (group of three schools working together) are developing at different rates. Schools and academies are sharing information on progress and attainment of their pupils to enable Thurrock to set and achieve ambitious targets for children and young people from early years through to the age of 19 and beyond.
- The recruitment of new teachers remains a key challenge for the local authority and the family of Thurrock schools. Following concerns expressed by the key groups of Heads the 0 to 11 Strategy Group, the 11 19 Strategy Group and the work of the emerging Thurrock Excellence Network; there is now a higher profile in terms of recruitment and retention strategies. This builds on the work of the teaching school alliances in Thurrock and some innovative work taken by the Gateway Learning Trust.
- A vision and strategy document has been produced, with head teachers which includes a range of entitlements and responsibilities for children and young people as well as clear targets for achievement across the system.
- An Ambition, Achievement and Aspiration Strategy was developed working with all schools and academies alongside the Teaching Schools Alliances.
   An LA CPD programme was also produced in conjunction with the teaching schools.
- Major initiatives are currently being delivered that will continue to raise the
  profile and celebrate practice in Thurrock. These include the Cultural
  Entitlement with the Royal Opera House. The Thurrock Education Awards
  which were held last year were well received and will be run again this
  autumn to celebrate the very best educational practice in Thurrock.
- 2.4 The initiatives are strongly supported by the Thurrock Education Alliance (TEA), which meets regularly to approve and monitor projects. The Thurrock Excellence Network (TEN) is leading on implementation of Recommendations. Its focus is to ensure the school led system for school improvement is well established and outcomes are sustainable over time.

# 3 Thurrock Education Alliance (TEA)

3.1 The Thurrock Education Alliance (TEA) now meets half-termly and considers all bids received from the sub groups identified below:-



# 4 Thurrock Excellence Network (TEN)

- 4.1 The Thurrock Excellence Network (TEN) is the operational body of professional colleagues accountable to the overall Education Alliance and tasked with delivering the recommendations. This body was established starting with meetings with the three Teaching School Alliances in Thurrock. Teaching School Alliance designation is a national award and those with this award have specific responsibilities for system wide school improvement and teacher development. The Excellence Network encompasses all schools and academies in Thurrock and is driven by meeting the needs of every school to secure an Ofsted judgement of good or outstanding, and remaining so. The purpose of Thurrock Excellence Network is to promote school to school improvement. The TEN group is considered as the executive engine and will assume the delivery aspect of this role.
- 4.2 TEN is dealing with issues relating to the following priority areas submitted by the different Head teacher groups:-
  - Recruitment and retention
  - CPD (Continuing Professional Development)
  - School to school support
  - Delivering the cultural entitlement through ROH
  - Monitoring school performance to identify and set out priorities for action
  - Knowing the strengths and areas for development in schools and arranging programmes for improvement

- Delivering on the overall strategic aims of the 0-11 and 11-19 Strategy Groups and other professional bodies.
- Supporting the delivery of the Teaching Schools' requirements

# 5. Structure of the Alliance, Network and Strategy Groups

- 5.1 There are two principal head teacher led groups that are structured to ensure that the most up to date priorities are considered and sufficiently acted upon. The strategy groups are the 0-11 Early Years and Primary Strategy Group and the 11-19 Strategy Group.
- 5.2 The recommendations provided by these strategy groups arise from half termly meetings with colleagues from related provisions. Information is gathered from a wide area and various other groups and meetings to ensure that the most important priorities are considered. These groups are playing a major role in delivering the Ambition, Achievement and Aspiration Strategy for Thurrock.
- 5.3 The Alliance discusses and agrees upon the actions to be undertaken in regard to these recommendations. This information is then shared with the Thurrock Excellence Network whose priority is to agree the commissioning and delivery of appropriate services to address these actions. The Thurrock Education Alliance holds the Thurrock Excellence Network to account.

#### 6. Reasons for Recommendation:

6.1 Overview and Scrutiny is requested to comment on the contents of the report and to suggest to The Thurrock Education Alliance areas that might be the subject of more detailed further work.

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

- 7.1 The Education Commission recommendations were agreed following consultation with Schools, Governors, and Children's Overview and Scrutiny and others. They were adopted formally by cabinet and the Council.
- 8. Impact on corporate policies, priorities, performance and community impact
- 8.1 This report relates to the council priority to improve the education and skills of local people.

# 9. Implications

# 9.1 Financial

Implications verified by: Kay Goodacre

# **Finance Manager**

In establishing the Thurrock Education Commission, the Council has committed up to £1,000,000 over three financial years to take forward the recommendations of the Commission. The desired outcomes are overseen by Thurrock Education Alliance. The Director of Children's Services is the accountable Director.

The Commission uses the resource allocated to address the recommendations to support development which is then sustained by schools and academies and is an LA resource for school improvement.

# 9.2 Legal

Implications verified by: Lucinda Bell

#### **Education Solicitor**

The Committee is asked to note the contents of this report and make suggestions. The Authority has overarching duties that are relevant. These are contained in sections 13 to 15 b of the Education Act 1996. It must ensure that efficient primary, secondary and further education is available to meet the needs of the population; ensure that its education functions are exercised with a view to promoting high standards ensuring fair access to opportunity for education and learning, and promote the fulfilment of learning potential and secure that sufficient schools for providing primary and secondary education are available for their area. `It must also comply with the public sector equality duty (section 149 of the Equality Act 2010).

# 9.3 **Diversity and Equality**

Implications verified by: Becky Price

# **Community Development Officer**

The recommendations of the Education Commission seek to improve attainment of all children in Thurrock, including those in underperforming groups.

This report is for comment and noting only. There are no diversity implications.

- 10. Background papers used in preparing this report (include their location and identify whether any are exempt or protected by copyright):
  - None

#### **APPENDICES TO THIS REPORT:**

• See TEA updates on approved projects below. (Appendix1)

### **Report Author Contact Details:**

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# Appendix 1

# Thurrock Education Alliance (TEA) - Projects approved

Below is the current list of work commissioned by Thurrock Education Alliance (TEA). The document outlines the agreed work (and date), the intended outcome/impact of the work, dates of start and completion, key persons responsible and current work to date. This document will be updated regularly as new work is commissioned and work is delivered. For all recommendations, please see recommendation proforma for more details.

All Projects updated: 15.05.15

Title of agreed work (and group which provided the recommendation)	Date agreed by TEA	Brief description of agreed work	Costings agreed	Lead contact	Current work to date (summary)	Timescale	
D							
Page		0-11 Strategy Gr	oup Recomr	nendations			
EX Early Years Advocate	6.11.14	Focus on developing the transitions of families into the borough, how they can be supported, access to services and language in Thurrock.	£23,000 Band 6 Each year for two years	Laura Fishleigh	Application closing date: 30 <sup>th</sup> April 2015 Shortlisting: 1 <sup>st</sup> May 2015 Interviews: 7 <sup>th</sup> and 15 <sup>th</sup> May 2015  We are currently in the process interviewing candidates for this role. We had 20 applicants (including two after the deadline) and we shortlisted down to 4 possible candidates.  Unfortunately, two of the four candidates withdrew from the interview process and we are currently in the process of interviewing the remaining two candidates.	Recruitmen t in March 2015. Position begins in September 2015.	
	11-19 Strategy Group Recommendations						

11 – 19 Delivery Group – Professional curriculum development support to navigate current changes in qualifications.	5.2.15	Thurrock wide curriculum pathways identified for young people.  Curriculum research undertaken Pathways identified for young people Academic/vocational pathways identified Labour market research to look at future job opportunities	£20,000	Barbara King Michele Lucas	11-19 Delivery Group will not meet until an independent chair is recruited.  Recruitment of independent chair will be actioned by BK and ML. Initial interviews taken place and we are looking to secure this resource by mid-June '15.	April 2015 – End of March 2016
Recruitment and retention 'Growing local talent'  Page 2	5.2.15	Programme developed with Prince's Trust entitled 'Get into Teaching', aimed at Year 12 students considering a career in teaching.  • Six week programme developed to enable Year 12 students to gain greater understanding in relation to a teaching career  Partnership work undertaken with Princes Trust to use methodology already identified for other key sectors e.g. construction	£10,000	Steve Munday	Initial meetings have taken place with Princes Trust, further planning to be undertaken to develop the programme linking closely with the Strategic work being undertaken across the LA around the recruitment of teachers in Thurrock.	Sept. 2015, completed by March 2016.
Opportunity Thurrock	5.2.15	To continue to sustain the Thurrock wide careers event.  Borough-wide careers event organised All schools and colleges signed up to the event Strong support from local and regional employers	£10,000 over two years.	Michele Lucas	Date set for 7 <sup>th</sup> October 2015. ROH Backstage Production Park has been booked for venue. Transport has been booked and timetable being put together. Employers have saved the date. Currently identifying workshops to be held throughout day.	October 2015

Thurrock's Next Top Boss	5.2.15	To support business engagement and entrepreneurial activity with young people.  Project supports business and educational engagement Green solution challenge undertaken in partnership with Essex and Suffolk Water Business challenge undertaken with linked business partner	£10,000 over two years.	Michele Lucas	Date set for 17 <sup>th</sup> March 2016 for Celebration Awards and Networking evening. Venue to be confirmed. TNTB Strategy Board meeting booked for 9 <sup>th</sup> September 2015.	2014-15 & 2015-16
Child Poverty Page 28	5.2.15	To host a workshop event with young people to identify ways in which to address child poverty in Thurrock.  • Refreshed strategy due to be launched in the Spring 2015 • Looking at geographical areas that indicate higher levels of child poverty  Multi agency support to address inequalities across Thurrock	£8,000	Wendy Warman Dave Petrie	Initial discussions have taken place and a plan is currently being developed.	Completed Sept. 2015
Information, Advice and Guidance	5.2.15	Develop model for Thurrock wide IAG entitlement.     Research undertaken around models of IAG     Curriculum framework developed to support impartial information advice and guidance across Thurrock.	£10,000	Kate Kozlova- Boran	This work has begun. Update at next meeting on 15/7/15  This work will be overseen by the newly constituted 11-19 Deputy's Group.	April 2015, completed by October 2015.

Higher Education Event	5.2.15	To host an event around HE for Thurrock residents (including young people and mature students).  • Higher education fair developed to support life-long learning agenda across Thurrock.  This will include both academic and vocational pathways (e.g. Level 4+ apprenticeship opportunities)	£8,000	Wendy Barnes (SEC) Gail May (UEL) Sharon Walsh (TACC)	Discussion took place at 11-19 Strategy Group meeting (6/5/15), colleagues agreed to meet and submit briefing paper for event.	May 2015
		TAG Rec	commendation	ons		
	1	TPHA Re	commendati	ions		
P						
Page		TASS Re	commendati	ions		
External consultant/s to lesse a Recruitment & Retention Commission  Produce a 'Teach Thurrock' strategy document that sets out clear recommendations for the Short, medium and long term	5.2.15	Attracting the best Graduates to Thurrock. Produce a 'Teach Thurrock' strategy to include: Short, medium and long term objectives to secure and retain the best teachers in Thurrock.			Roger Edwardson, Interim Strategic Lead for School Improvement and Learning and Skills met with John King on Friday 15th May to discuss this position. John King has been commissioned to undertake this work, most of which will now occur in the new academic year as he is already committed to other projects in the meantime. John has agreed to develop a cross-phase recruitment and retention strategy no later than October 2015. John will approach academies and trusts as well as maintained schools to explore current activities which will support this project. It should be noted that Emma Field has decided to halt her current work until it is clarified what her role might be within the project brief in the future.	Feb/March 2015

Tribal Inspection Skills course funding	5.2.15	All schools to send two leaders onto Tribal Inspection Skills course			Further to TEA agreement, funding was secured for two senior members of staff from each secondary school in Thurrock to attend the Tribal Inspection Skills Course – Reviewing Your School. Course is run in two parts (over four days) and has taken place at Harris Academy Chafford Hundred on 28th & 29th April and 19th & 20th May. Delegates are required to attend all four days. As of 18/5/15 we are yet to complete days three and four of the course.  The course is priced at £1200 per delegate.  Beacon Hill is only able to release one member of staff for these course dates but would like to have a second member of staff attend a future course. Therefore the total cost for delivery to all schools (2 delegates per school) = £31200.	Feb – April 2015
Regnite DHT forum	5.2.15	With LA involvement but chaired by an independent professional officer			Professional Officer to be commissioned. Lynette Carr is due to be approached. TASS and 11-19 group have worked together to set agenda and formulate terms of reference.	To start after Easter 2015
	'	Teach	ning Schools			
Ensuring the schools are confident with their approach to assessment as we assess under the new curriculum and life after levels.		Thurrock Primary Assessment Tool (TPAT)  A working party has been formed to work towards ensuring that the assessment of children against age related expectations in the new curriculum is consistent and simplified, by providing easily accessible resources and exemplification materials. To aid the project, some funding has already been set aside by the Dilkes Primary Teaching School Alliance. (DPTSA)  The project intends to create free online	£10,000	Dilkes Teaching School	Moderators from Thurrock have met on a number of occasions and developed the vision for Thurrock Primary Assessment Tool.  Following a request to all Primary Schools in Thurrock for a selection of writing, the moderators selected a range of pieces of work which demonstrated national expectations for each year group. Using the Performance Descriptors from the Department of Education, we grouped year group examples into working towards, working at, working above, and Mastery in Year 2 and Year 6. Currently the website is under construction awaiting scanned work to be uploaded. Website	January 2015 – On- going

	access for all Thurrock schools who agree to join the project.  Schools, Standards a	nd Progress	s Boards (SS	contains personalised logo for TPAT.  Project currently focusing on writing standards but will develop further to all curriculum areas. The number of schools involved has increased as the project has developed. It is hoped that all Thurrock Primary schools contribute.  [PB]	
	Additional recommendations agreed	d prior to TE	A/TEN struc	ture being in place	
Trailblazer Project (Cultural Entitlement)	Cultural Entitlement project for 21 Thurrock schools and academies. Schools engaged in cultural activities with children and CPD developments for teachers.	£60,000	Matt Lane, Gabrielle Forster- Still	Three CPD strands developments continuing across schools. Cultural Champions development continuing with workshops and monthly meetings. FUSED and In-Fused events in July planned for peer learning and learning new skills through workshops. To put forward bid for second year of the project.	2014-
Retention (Emma Field)	The Vision: To attract, develop and retain a highly motivated, aspirational, diverse workforce, which is responsive to the needs of children, young people, their families and carers and shares our pride in Thurrock.  The Aims: Ensure top quality teachers are recruited, appointed, supported and retained in Thurrock schools.  To maintain and raise standards through good teaching appointments and effective recruitment practices.	£60,000	Supporte d by Emma Field, Sue Lamkin,	Continued to work with Teach Thurrock Primary Partnership to recruit and interview prospective students for salaried and PGCE training places. This has been successful with enough applicants and schools willing to take them that we have applied to the University for a further two salaried placements.  From university visits for NQT's there were 25 applicants, 14 primary and 11 secondary. Of the 14 primary all but one were invited to interview with 6 turning up on the day. From this 3 were recommended and have since been offered jobs in Thurrock schools.  Planned recruitment event for 18th May now cancelled due to low number of applicants which	2014-2016

				were not suitable for interview. There was a large interest in the event from schools, with 12 schools declaring interest and a total of 31 teachers which highlights how desperate the recruitment situation is.  Unless instructed otherwise, Emma Field ends her role as Recruitment Strategy lead for Thurrock from May 11th onwards.	
Page 32	<ul> <li>Intended Outcomes:         <ul> <li>To allow Thurrock schools to become part of a growing movement of teachers who want to do more for their students than just coach them for exams</li> <li>Access the latest research and thinking in teaching practice</li> <li>Train to use Action Research in classroom practice</li> <li>See Thurrock Action Research published and shared with colleagues</li> </ul> </li> <li>Rediscover the spirit that made you choose to teach in the first place</li> </ul>	£10,000	eedNET at Winchest er Unviersity Dilkes Academy	Ruth Brock recently presented a Thomas Tallis event where the influence this project has had was shared.  Reports for all participating schools are to be completed by 1st May. Bill will give individual feedback to schools before final hand in, and the creation of the first 'Thurrock Journal of Teacher Enquiry'.  Celebration event on 25th June where all participating schools give presentations to show their key findings from their action research projects.	2014- 2015

14 July 2015	ITEM: 7						
Children's Services Overvie	Children's Services Overview and Scrutiny Committee						
Youth Offending Service fur	nction and perfor	rmance					
Wards and communities affected:	Wards and communities affected: Key Decision:						
All	Non key						
Report of: James Waud. Strategic Lea	d, Youth Offending Serv	ice					
Accountable Head of Service: Andrev	Accountable Head of Service: Andrew Carter, Head of CATO						
Accountable Director: Carmel Littleton, Director of Children's Services							
This report is Public							

### **Executive Summary**

To give an overview of the duties and responsibilities of the YOS, its current performance and funding arrangements

# 1. Recommendation(s)

- 1.1 That the Overview & Scrutiny Committee comment on the function and performance of the YOS and review plans to address the two areas of improvement as set out in the HMIP, Short Quality Screening Report dated 20<sup>th</sup> May 2015:
  - a) Intervention planning should genuinely involve children and young people and their parents/carers. The plans should be constructed in such a way that they are effective tools to drive successful interventions.
  - b) Multi-Agency Public Protection Arrangements need to be fully understood by all staff and managers.

#### 2. Introduction and Background

- 2.1 Youth Offending Services (YOS) were created by the 1998 Crime and Disorder Act to prevent offending and re-offending by young people between the ages of ten and seventeen years. The YOS effectively has a dual duty; to provide interventions that turn young people away from crime, maximise their potential and keep them safe but also to protect the public from their actions.
- 2.2 YOS is responsible for the enforcement of all criminal court orders and for the delivery of interventions attached to those orders plus the planning and through care of those young people serving custodial sentences. Much of the work is done in the criminal courts both Magistrates (Youth) and Crown who cannot, in law, operate without YOS Officers in attendance to guide and

advise in respect of suitable and available disposals that address identified risk factors. YOS also provide risk assessed bail packages offering viable alternatives to Youth Detention Accommodation (formerly Remands in Custody and Court Ordered Secure Remands). Thurrock YOS is held in high esteem by legal advisors, advocates and magistrates. This is important as it is only with the confidence of the courts that we can achieve the best outcomes for our young people.

2.3 The YOS is multi-disciplinary, staffed and funded by partner agencies in Police, Thurrock Social Care, Education, Probation, Health and the Ministry of Justice via the Youth Justice Board to whom it reports. It has a governance board, comprising senior members of partner agencies with a reporting line to the Children and Young People's Partnership. Line management of Local Authority staff is through the Council and YOS manage staff from the partner agencies on a day to day basis in conjunction their own agency line management arrangements.

#### 2.4 Offices

As a result of the Grays Court House being redeveloped the YOS have moved into new premises in Corringham's old police station. Despite the initial move, which took place in January last year, being successful, Health & Safety issues have arisen, primarily around leaks in the roof and the presence of asbestos, which need to be resolved urgently. A comprehensive action plan following a full health and safety inspection is now in place.

The original lease on the police station was due to end in November 2015. Discussions have been ongoing between the YOS and Essex Police in relation to extending the lease. Essex Police have currently agreed an extension until November 2016.

The YOS are therefore exploring accommodation options for beyond November 2016 which currently include:

- a) Remaining at the current location at Corringham old Police Station.
- b) Moving to the Civic Offices as part of the renovation work that is being planned for the ground floor.
- c) Locating alternative premises.

#### 2.5 Structure and Staffing

Thurrock YOS has had to make considerable efficiency savings this year with further savings to be made next year. Indicated reductions in staffing numbers are as a result of the necessity to balance the current budget.

2.5.1 The YOS is essentially in three parts. The biggest function has five case managers (a reduction from seven), including the seconded Probation Officer, the Practice Manager and two Social Workers who manage all the court work, intervention, enforcement and, finally, through-care and resettlement from the secure estate. The Youth Inclusion Support Programme (YISP) and Triage focus on prevention and consist of one full time officer and one 3/5 officer who delivers prevention programmes for 8-16 year olds and pre-court diversion programmes for 10-17 year olds. The third function is ISS (Intensive)

Supervision and Surveillance) which also had two full time staff who delivered programmes for the most prolific/dangerous/high risk cases as a direct alternative to custody. Young people on these programmes receive a minimum twenty five hours, seven day per week contact. Thurrock YOS has cut both these ISS posts and will manage such cases as and when they arise by redeploying remaining staff.

- 2.5.2 Supporting all three functions are a CAMHS specialist seconded from Health and a Police Officer from Essex Police.
- 2.5.3 There is also a second CAMHS worker funded by direct grant from the Department of Health to support the Triage programme.
- 2.5.4 YOS also employs a victim support worker and a reparation co-ordinator as part of our statutory duty to offer reparation to victims of youth crime. Reparation may be direct in the form of Restorative Justice Conferences where victim and perpetrator meet under carefully controlled conditions or indirect in the form of unpaid work in the community. Much of this is done with the elderly population, either in their own homes or in sheltered housing complexes. This work generates some very appreciative letters.
- 2.5.5 Thurrock YOS also used to employ a number of sessional workers who could be brought in to support all of the above roles as and when needed but these are also now unaffordable.
- 2.5.6 The organisation has enjoyed an extremely stable workforce over the years and has thus created a body of experience and expertise and an intimate knowledge of the borough and its offending population.

#### 2.6 **Performance**

Thurrock is a low spending authority generally and has the smallest YOS in the country. The value for money indicators are therefore good for Thurrock's YOS. Thurrock YOS generally achieves a lower re-offending rate than the national, regional and statistical family averages.

- 2.6.1 Thurrock YOS was last inspected in January 2012 by both the Care Quality Commission and HMI Probation. Both outcomes were very positive with an overall minimal improvement required & the action plan as a result of the inspection was successfully implemented.
- 2.6.2 The inspection criteria for Youth Offending Services has now been changed looking at a systemic approach as opposed to case based. Additionally the criteria for the decision for inspection have changed, with this now being based on poor performance or an identified cause for concern. Currently the Youth Justice Board is pleased with the performance of Thurrock YOS and as a result we do not expect to be inspected in the near future
- 2.7 YOS is now measured nationally against three outcomes:-
  - Use of custody
  - First time entrants
  - Rate of re-offending

#### 2.7.1 Use of custody

Use of custody									
	11-12	12-13	13-14						
Thurrock	11%(18)*	10% (14)*	6% (8)*						
Family	Not available	Not available	Not available						
National	Not available	Not available	Not available						

Commentary: As a result of community solutions and the success of TRIAGE in greatly reducing the first time entrants to the youth justice system in Thurrock (a reduction of 40% on the 2010 cohort), the reduction in those appearing before the Courts & undergoing sentencing has greatly reduced & those that are appearing for sentencing are therefore the more serious & persistent offenders and at higher risk of a custodial sentence. Additionally the lesser crimes are now being dealt with by the prevention/pre-Court disposal and can no longer be used to counter balance custodial sentences. This is reflected in the figures above (\*young people v percentage).

#### 2.8 First Time Entrants

Thurrock YOS continues to perform highly in the reduction of first time entrants to the criminal justice system. Based on the numbers prior to the introduction of TRIAGE and the re-launching of the Youth Inclusion & Support Programme, it has reduced the first time entrants by over 80 % in total - outperforming all groups it is measured against.

## 2.9 Rate of re-offending

The percentage re-offending rate continues to be one of the lowest in region, family and national. (please note there is a year's drag for this data as it is based on re-offending activity in the year following the conviction).

#### 2.10 Prevention

Last financial year Thurrock YOS worked with 68 young people as part of our prevention service, with 51 being subject to TRIAGE and 17 interventions via Youth Inclusion & Support Programmes.

- 2.10.1 So far this financial year (1/4/14-1/2/15) we have worked with only 29 young people on these programmes but this was largely due to YISP being suspended for six months due to staffing difficulties.
- 2.10.2 However, we have managed to extend our prevention service to offer interventions in local schools, whether this is a specific piece of work to address an identified risk or a general intervention regarding the consequences of crime and anti -social behaviour. So far this year we have worked in six local schools ranging from primary level through to Sixth Form with a further seven having booked sessions.

Re-offending								
	11-12	12-13	13-14					
Thurrock	46%	43%	27%					
Family	Not available	Not available	Not available					
National	Not available	Not available	Not available					

Commentary: The out turn for the last financial year 2013/2014 was the lowest reoffending rate in Thurrock YOS history and well below the YJB predicted rate of 39% based on previous trends and socio demographic make up of the borough.

2.10.3 The good news is that the re-offending rate for the tracked cohort of prevention/Triage cases this year is 0%.

#### 2.11 Violent Crime and knife crime

Knife crime accounted for less than 1% of offences committed in Thurrock by Youths in 2013/2014. However this year we have seen a small increase and what appears to be a number of firearms offences although these relate to a single incident with one offender..

In respect of the data I can give the following for the period 1/4/14 - 31/1/15:

Possession of bladed article - 3

Possession of imitation firearm with intent - 4 (all relating to one incident)

This is from 179 Offences. So knives would be 1.5% and firearms 2.5%

## 2.12 Migration to Thurrock and Serious Youth violence (gangs).

One emerging issue locally is the migration of young people and their families, primarily from the London Boroughs. These boroughs often have supported accommodation and foster placements in Thurrock. This coupled with the introduction of the benefit cap and the relatively low cost local accommodation, there has been a significant increase in case transfers and oversight supervision for Looked After Children from other authorities. These cases currently account for about 17% of caseloads.

2.12.1 With this migration comes the risk management of some young people who have significant gang affiliations in their originating boroughs. These moves come about for a variety of reasons, not least the wish of parents and police to separate these individuals from their home territory. Most of these young people are assessed as a high risk of serious harm and have to be supervised accordingly. They present a far more challenging prospect, with differing needs and risks than the indigenous young people of Thurrock. However, they rarely offend locally preferring to return to their originating boroughs to commit offences.

### 2.13 Education, Training, Employment (ETE)

This is one area of where the YOS traditionally underperforms. The number of young offenders engaged in education, employment or training has rarely risen above 55%. Although this is no longer a National Indicator, it is a local one.

2.13.1 However, figures so far look promising with an end of an of year figure for 14-15 being over 80%. Whether this is sustainable with youth unemployment at high levels nationally especially with young people who have the added disadvantages of often poor school attainment and a criminal record will be seen over the coming months.

## 2.14 Funding

For the year 12-13 YOS funding from the Ministry of Justice was cut by £14,000 to a total of £345,000 which resulted in the loss of some staff hours dedicated to EET and reparation.

- 2.14.1 This financial year, there has been a further 16% cut in the funding from the Ministry of Justice and a top sliced devolvement of remand funding.
- 2.14.2 The funding for the current financial year is £291,000 from the Ministry of Justice and a £47,000 remand budget also from the Ministry of Justice, Funding from YOS partners in Police, Health and Probation remains the same as it has for the last five years at £93,000 in total but due to financial constraints the Local Authority reduced it's contribution this year from £595,000 to £395, 000. This has resulted in the loss of the posts outlined above plus curtailment of some activities and the planned expansion of the prevention programme as part of the Early Offer of Help.

### 2.15 Links with wider Children's Services and partner agencies

This last year has seen the continuing integration of the YOS and Children's Social Care which should improve the delivery of service to those young people who are known to both services, or who are at risk of entering the criminal justice system, with resources from both services being used to enhance the breadth and effectiveness of each.

- 2.15.1 YOS staff work closely with Social Care colleagues and are made aware of care plans before implementing their own intervention plans which must, of course, take any LAC, CIN or Child Protection plans into account to ensure cohesion and non-duplication of work.
- 2.15.2 Additionally the implementation of the Youth Detention Accommodation Order and the consequent "looked after" status of young people "remanded in custody" has further cemented this working relationship.
- 2.15.3 YOS also works closely with the Troubled Families programme and this year will see the introduction of new working models of practice to ensure that our combined resources enhance the potential for desired outcomes for both services.
- 2.15.4 YOS have also worked extremely closely with the police this year on monitoring and sharing intelligence on emerging gang issues within the borough as per the section on "serious youth violence" above. These are at a low level at the moment but clearly have the potential to increase without continued vigilance and work with those individuals concerned.
- 2.15.5 YOS CAMHS workers have also developed a consultation service which is open to other professionals to offer advice and guidance on cases where young people are suffering emotional or mental health difficulties. This is not designed to replace statutory services but will offer a quick signposting.

## 2.16 Diversity and Equality

Last year (2013-14) the racial background / ethnicity of Thurrock's youth offending population (as known to the YOS) was:-

## Ethnicity 2014

White 65	72.2%
Mixed 9	10.0%
Asian or Asian British 2	2.2%
Black or Black British 9	10.0%
Chinese or Other Ethnic Group	0
Unknown 5	5.5%

#### 2.16.1 Gender Break Down 2014/15

Male 83% Female 17%

2.17 In April 2015 the YOS received a Short Quality Screening from Her Majesty's Inspectorate of Probation. The report as attached in appendix A is highly complimentary of the work undertaken by the YOS, particularly in relation to safeguarding.

## 3. Issues, Options and Analysis of Options

Future direction of YOS now appears to be settled as the indications are that the government like the model and will largely continue with it. However there is a "stocktaking" exercise about to start by the Ministry of Justice which will look at YOS resources and results which may have some further funding implications.

#### 4. Reasons for Recommendation

- 4.1 1. To continue to address the two areas of improvement as set out in the HMIP, Short Quality Screening Report dated 20<sup>th</sup> May 2015:
  - a) Intervention planning should genuinely involve children and young people and their parents/carers. The plans should be constructed in such a way that they are effective tools to drive successful interventions.
  - b) Multi-Agency Public Protection Arrangements need to be fully understood by all staff and managers.
- 5. Consultation (including Overview and Scrutiny, if applicable)
- 5.1 N/A

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

All aspects of Crime and Disorder Act, including Section 17, as YOS statutory duty is prevention of offending and re-offending.

- 6.1 The work that YOS undertakes with young offenders has a clear impact on the community's perception of crime and fear of crime.
- 6.2 Youth crime is a major issue for most communities and must be seen to be tackled effectively. Whilst most people look to the police in the first instance to tackle crime it is what happens post apprehension that impacts on the community especially in the management of violent or sexual offenders.

6.3 With government policy determined to reduce the use of custody this will inevitably mean more high risk offenders needing to be managed in the community which will have resource implications in addition to the risks outlined above.

## 7. Implications

#### 7.1 Financial

Implications verified by: Kay Goodacre

**Finance Manager** 

The financial implications are contained within the body of the report.

It is apparent the general direction of the service and key service targets continue to move in the right direction, despite the financial pressures. The report brings to light new ways of working collaboratively and proactively with children's services and other programmes and affiliated agencies which will identify synergies with YOS services, which in turn will support the ongoing budget reductions and maintain service outcomes.

## 7.2 Legal

Implications verified by: Lindsey Marks

Principal Solicitor Children's Safeguarding.

This report is for information only and there are no legal implications arising from this report.

## 7.3 **Diversity and Equality**

Implications verified by: Natalie Warren

**Community Development and Equalities** 

Manager

As the data included in the report demonstrates, diversity is monitored by the service and this will continue to be monitored as the demography of Thurrock continues to change.

- 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
  - HMIP Short Quality Screening report dated 20<sup>th</sup> May 2015
  - https://www.justiceinspectorates.gov.uk/hmiprobation/wpcontent/uploads/sites/5/2015/05/Thurrock-SQS-0415.pdf

## **Report Author:**

James Waud
Strategic Lead
Youth Offending Service
jwaud@thurrock.gov.uk

14 July 2015	ITEM: 8					
Children's Services Overview and Scrutiny Committee						
Julia – SCR Action Plan Update						
Wards and communities affected:	Key Decision: Non key					
Report of: Andrew Carter, Head of CA	ТО					
Accountable Head of Service: Andrew	v Carter, Head of CATO					
Accountable Director: Carmel Littleton, Director of Children's Services						
This report is Public						

### **Executive Summary**

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

- 1. Recommendation(s)
- 1.1 That the Overview & Scrutiny Committee continues to monitor progress against the multi-agency action plan with a particular focus on Children's Services
- 2. Introduction and Background
- 2.1 A copy of the full 'Julia' Serious Case review report can be found on the Thurrock LSCB website and all members are encouraged to read the report in full: <a href="http://www.thurrocklscb.org.uk/procedures/serious-case-and-managed-reviews/">http://www.thurrocklscb.org.uk/procedures/serious-case-and-managed-reviews/</a>
- 2.2 I refer members to appendix 2 10<sup>th</sup> March Children's Overview and Scrutiny Report: Multi-Agency Action Plan –Serious Case Review for the full background to this updating report.
- 2.3 The Multi-Agency Action plan presented in March 2015 was an extract of the full multi-agency action plan covering the areas in relation to Children's Services.
- 2.4 With the agreement of partner agencies, the current Multi-Agency Action plan is the full action plan across all agencies / partners.
- 2.5 A further update of actions against the full Multi-Agency Action plan is being undertaken by the LSCB but will not be completed by the submission date for this report.

## 3. Issues, Options and Analysis of Options

None

#### 4. Reasons for Recommendation

- 4.1 For the Children's Overview and Scrutiny committee to satisfy itself that the action plan is being effectively implemented and that actions are having an impact to improve outcomes for children within Children's Services and in partnership with the LSCB and key agencies.
- 5. Consultation (including Overview and Scrutiny, if applicable)
- 5.1 The LSCB Action Plan was circulated to all partners of the LSCB and LSCB sub-committees prior to ratification.
- 6. Impact on corporate policies, priorities, performance and community impact
- 6.1 The review calls upon the authority to review the findings against existing policies and procedures and consider making any changes reflected in the review.
- 7. Implications

#### 7.1 Financial

Implications verified by: Kay Goodacre

**Finance Manager** 

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

## 7.2 Legal

Implications verified by: Lindsey Marks

Principal Solicitor Children's Safeguarding.

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

## 7.3 **Diversity and Equality**

Implications verified by: **Becky Price** 

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

- 7.4 **Other implications** (where significant) i.e. Staff, Health, Sustainability, Crime and Disorder)
  - None.
- 8. Background papers used in preparing the report (including their location on the Council's website or identification whether any are exempt or protected by copyright):

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

## 9. Appendices to the report

- 1. Thurrock LSCB, 'Julia' Serious Case Review Action Plan
- 2. 10<sup>th</sup> March 2015, Children's Overview & Scrutiny, Multi-Agency Action Plan Serious Case Review

#### **Report Author:**

Andrew Carter
Head of Children's Social Care
<a href="mailto:acarter@thurrock.gov.uk">acarter@thurrock.gov.uk</a>



10 March 2015	ITEM: 9					
Children's Services Overview & Scrutiny Committee						
Multi-Agency Action Plan – Serious Case Review						
Wards and communities affected: Key Decision:						
All	Not applicable					
Report of: Andrew Carter, Head of Chil	dren's Social Care					
Accountable Head of Service: Andrev	v Carter, Head of Childre	en's Social Care				
Accountable Director: Carmel Littleton, Director of Children's Services						
This report is Public						

### **Executive Summary**

The Multi-Agency Action Plan in response to the Serious Case Review is included for Members scrutiny and comment, following the request of the Children's Services Overview and Scrutiny Committee on 10 February 2015.

The extract of the Multi-Agency Action Plan, included in appendix 1, details the progress that has been made in Children's Social Care and Education in response to the findings of the Serious Case Review.

Members are advised that appendix 1 is an extract of the full multi-agency plan, which includes Police and Health contributions.

- 1. Recommendation(s)
- 1.1 That Members be invited to scrutinise the Multi-Agency Action Plan and provide any feedback.
- 2. Introduction and Background
- 2.1 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out the requirement for Local Safeguarding Children's Boards to undertake reviews of serious cases where:
  - (a) abuse or neglect of a child is known or suspected; and
    (b) either (i) the child has died; or (ii) the child has been seriously harmed and there is cause for concern as to the way in which the Authority, their

the child.

Board Partners or other relevant persons have worked together to safeguard

- 2.2. This case was referred formally to the Thurrock Local Safeguarding Children Board Serious Case Review Panel to consider the case under Regulation 5. The Panel found that this case met the criteria for a Serious Case Review and agreed the commissioning arrangements in order to meet the requirements of such reviews as laid out in HM Government 'Working Together to Safeguard Children, 2013.
- 2.3 A Serious Case Review Team was established and although Julia and her family had been known to Universal and Specialist Services for many years, the SCR Review Team agreed that the period to be reviewed would be from November 2010 to February 2013 when Julia became subject to a Child Protection Plan.
- 2.4 The review was commissioned in May 2013 and completed in May 2014 and the subsequent findings presented at a series of Safeguarding Board meetings and presented to the recently initiated National Serious Case Review Panel (new requirement) before going before the LSCB Full Board for final ratification and agreement in September 2014.
- 2.5 The review was officially published on 15<sup>th</sup> December 2014 and will remain on the LSCB website for a period of 18 months in accordance with guidelines (Working Together 2013).
- 2.6 The review identified seven findings for the Safeguarding Board to consider.
- 2.7 The board conducted an initial assessment of progress made during the course of the review and this is reflected within the final document.
- 2.8 A detailed multi-agency action plan has been developed and agreed by the partner agencies to monitor progress of each of the seven findings and outcomes from this review.
- 2.9 The governance and monitoring of the action plan has been tasked to the Safeguarding Board's Audit Group and overseen by the Serious Case Review group and subsequently reporting to the LSCB Full Board.
- 3. Issues, Options and Analysis of Options

None.

#### 4. Reasons for Recommendation

4.1 It is a statutory requirement for Local Safeguarding Children Boards to publish all Serious Case Reviews. It is good practice for these reviews to be submitted to Overview and Scrutiny.

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

5.1 The document was circulated in draft for consideration and comment to all partners of the LSCB and the various LSCB sub committees prior to ratification.

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

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

## 7. Implications

#### 7.1 Financial

Implications verified by: Kay Goodacre

Finance Manager - Children's Services

The delivery of the LSCB Business is undertaken within existing budgets. Those budgets are established through annual partnership funding and specific budgets allocated for training and serious case reviews. All agencies contribute to the LSCB budget.

## 7.2 Legal

Implications verified by: Lindsey Marks

**Principal Solicitor** 

This serious case review fulfils the requirements of Regulation 5 of the Local Safeguarding Children Boards Regulations 2006.

## 7.3 **Diversity and Equality**

Implications verified by: Teresa Evans

**Equalities and Cohesion Officer** 

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

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

None

- **8. Background papers used in preparing the report** (including their location on the Council's website or identification whether any are exempt or protected by copyright):
  - SCIE Serious Case Review Report "Julia"
- 9. Appendices to the report
  - Appendix 1 Multi Agency Action Plan

## **Report Author:**

Carmel Littleton
Director of Children's Services
Children's Services

# Thurrock LSCB SCR under SCIE Methodology

## Child A - 'Julia'

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

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

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

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

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
1a. Does the	Thurrock	Yes - As a CCG this has	Ensure that the CCG	G	Lack of engagement from	Regular meeting with	CCG Associate	
	CCG		quality and governance		providers		Designated	and Sexual Health of young
recognise that			team are able to				Nurse (ADN)	people is embedded in
this is an issue		their raised serious	recognise all which may			abuse cases. A copy of	Lin Tanadala	contracts and performance
within Thurrock?		incidents (SIs). It has also been identified from	have elements of CSE.			the action plan has been forward to the Quality and		and practice.
THUITOCK?		previous case reviews so					Patients Safety	
		the CCG will seek				Governance ream	i alients Salety	
		assurance from provider						
Page		services to ensure there						
Q		is increased awareness						
		and all professionals	Raise awareness with	G		CSE Workshop for the		
52		working with young	quality and governance			whole health economy		
		people have the	team, NHS England Area			planned - 31/10/14. NHS		
		skills/competency to identify and respond to	Team safeguarding Leads			England safeguarding		
		CSE.	through Case reviews/			lead has been invited		
		002.	Workshops/ Audits.					
			CCG will work closely	G	-	D/N raise with Chief/Exec		
			with commissioner and			nurse and contract team		
			the contract team to			Evidence can be		
			ensure that CSE is			requested through		
			included as Key			CQRC/PSQ Meeting		
			Performance Index,			minutes	Designated	
			contracts and				Nurse (D/N)	
			Exceptional report.				(=)	
			CSE to be discussed at	G		As above		
			Clinical quality meetings					

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

Probation	Probation was not directly involved in this case, the issue of CSE is relevant to the agency.	Operational investigation manager (OIM), who was a review team member, will complete a generic	А	There has been some delay in the dissemination	30/09/2014	Alex Bamber OIM	Increase in awareness among staff regarding CSE.  Improve confidence among
		dissemination document about this SCR which will be disseminated to offender managers, highlighting the issues raised around CSE in this case.		discussed with staff. This has now being addressed and it is anticipated that the review will have disseminated by the end of December 2014			staff in recognising a service user who may be sexually exploiting a young person.  Cases identified and discussed in staff supervision.
							Evidence from internal inspections
втин	BTUH are aware this is an issue within Thurrock. Named Nurse SGC attends TSCB CSE meetings	Identified Front line staff are completing CSE online training rolled out by TSCB.     The Child's Voice is profiled during L3 Mandatory Safeguarding Children Training.     Staff attending training is made aware of the need to consider	A	RAG status amber due to:  - Ongoing and developing training and education relating specifically to sexual health and the young person.  - Ongoing education relating to ensuring appropriate documentation relating to the voice of the child		HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 Mandatory Safeguarding Children training.  Yearly documentation audit to specifically identify the voice of the child
		language being used e.g. 'who are you sleeping with?' and not use the term partner					
		Specific training for acute front line paediatric staff relating to awareness of clinical conditions and their relation to sexual activity e.g. UTI caused by sexual activity	A				

	Education	that all staff working across education have the support and training to ensure that the supportive approach to	Ongoing training and support for school staff to ensure appropriate pupil access to sexual health information and promotion, within a framework that identifies and addresses abuse and exploitation	G		Training and Awareness raising for Headteachers and Safeguarding leads on track	NL/LSCB	To ensure that there is a clear awareness of the risks of CSE and a consistent, appropriate and timely response to CSE by all Schools, Colleges, settings and Education agencies.
1b. Does this Board have any further information about hat is gettine in the way enabling professionals to strike a balance between advice around sexual health and an awareness of sexual exploitation?		Lack of clarity around the National guidance on sexual health and the Sexual Offences Act 2003. The confusion between child sexual abuse and child sexual exploitation. Government agenda on reducing teenage pregnancy and providers meeting their target	CCG to seek assurance from providers that appropriate training is been delivered to their frontline staff.  Ensuring that clarity around the difference between the mentioned guidance and document are embedded in training and practice.	G	CCGs do not hold the GP contracts  Newly appointed named GP	CSE on the agenda for LOG and Named Professional Meeting  Multiagency training content is being reviewed, email sent to LSCB and Named Nurse advising them to include CSE in multi-agency training. Copy of the new Intercollegiate attached	Associate Designated Nurse	Commissioners are able to challenge all providers if they are not meeting their targets.  All frontline practitioners have a clear understanding of the difference between CSE and underage sex
			CCG to work closely with providers to deliver joint training/ workshop.	G		Joint CSE/FGM workshop for all frontline staff planned for 31.10.14. GUM and SRH reproductive service training planned for the 14/10/14	CCG Safeguarding Team	

		CCG to ensure that Health economy have identified CSE Champions and that they are clear about their roles and responsibilities within their organisations	G		CCG and their main providers have nominated CSE Champions  Thurrock LSCB has a list of all agencies nominated CSE Champion		
		CCG to ensure that NHS E Area Team are engaged and involved in the CSE agenda.	G		Meeting scheduled for 21/08/14 to update NHS England area team about SCR/CSE template		
Police	giving advice regarding sexual health. The CSE Triage Team are the recipients of risk assessments and	Development of MASH within LA increasing opportunity for ID of risk and appropriate signposting to agencies	G	MASH currently deal with cases of children involved in domestic abuse. They do not at this time deal with all reports of Child Abuse.		Strategic partners within the MASH arrangement	A MASH which receives and assesses all referrals relating to child protection
	referrals from all agencies around CSE and have all received (and some delivered) the champions training to recognise signs of vulnerability. They will triage cases and any that appear non exploitative and between young people in appropraite relatioships will be passed to Child Abuse Investigation Teams and/or Sexual Offence Investigation Teams	Development of RA tool CSETT Team within Public Protection	G		Risk Assessment tool and referral pathway into CSETT has been fully implemented	Head of Child Abuse Investigation	A process whereby all known information from partner agencies is known and used to assess the case and identify risk for appropriate level of investigation

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

	Probation	No response	Develop CSE policy to provide staff guidance	G		30.09.14 - To get update from DV lead on progress with policy 03.11.14 draft policy available  26.01.15 - CSE Policy now completed and on NELFT intranet for all staff to access	DV and harmful	
Page 58	BTUH	BTUH is limited as they only see children for very short periods of time within an acute A/E setting.  There is little opportunity to build a professional relationship in a maximum of 4 hours, which discourages disclosure by the young person.	Staff would review A/E attendances in relation to frequent attender.     PHVL service would be advised of this concern.     Referral to MASH      Play specialist would try and build rapport as not seen as the 'professional in uniform'	A A A	RAG status amber due to: - ongoing concerns with implementation of MASH	·	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	Desired outcome will be achieved by:- •Training and education through:- •Level 3 Safeguarding Children's' Training •CSE eLearning (Thurrock) •Supervision •CSE Champions within Paediatric CSU
ω	Education	Schools carry out programmes of sexual and relationship education and are required to have regard to the Sex and Relationship Guidance (DfEE 200).	Schools need to ensure that their PHSE is not focused solely on sexual health but encompasses issues of consent & exploitation	G		Walk On Line Roadshows and COP programmes across schools in Thurrock as part of LSCB and multi- agency provision. Multi- agency training and briefing for school staff re: CSE; CSA; peer on peer abuse and neglect		Ensure that schools are addressing CSE within PHSE curriculum. Continue to promote work by schools re: online safety
1c. What are the options available for tackling this issue?	Thurrock CCG		In addition to the above, the CCG is planning a joint workshop on CSE with providers across the health economy for all frontline professionals working with children and young people.	G		CSE Workshop delivered on 31/10/14 for the South West Health Economy		

		Date OD a success of			Astron Disaster and dis		
		Raise GP awareness of, risk assessment /Intelligence gathering tool and the CSE. Traffic light indicator			Action Plan forwarded to all GP Safeguarding Leads in Thurrock. GPs invited to CSE workshop on 31.10.14. GP Safeguarding Leads update will be based on SCR findings and learning	Safeguarding Team	
		Clear pathways for contacting statutory agencies / CSE leads	G		Referral pathway shared at the workshop		
Police	The ongoing development of the MASH	within LA increasing opportunity for ID of risk and appropriate signposting to agencies	G	As before	Inclusion of all child protection cases to be dealt with in the MASH	for the MASH	All CP cases to be dealt with by the MASH for consistency of assessment and response
	The development of the Child Sexual Exploitation triage team	Development of RA tool CSETT Team within Public Protection	Action complete			Deputy Head of Crime and Public Protection	Team set up 2013 and subject to review end of 2014, early 2015 leading to a review and change of the terms of reference and processes.
Children's' Social Care	Ensure that the CSE strategy is revised. Make CSE training compulsory part of induction and NQSW /ASYE modules. Ensure all agencies are providing effective CSA training	Ensure staff are completing CSE training. Revise CSE strategy. Continue to provide appropriate Child Sexual Abuse (CSA) training.	G		Whole service briefing held on 30.1.15. Staff have and are completing CSE training. Training is in place for NQSWs as part of ASYE academy. CSE training is compulsory. CSE champions training in place for March 15 re: all frontline managers. Revised CSE strategy is in place. Ongoing CSA training is provide.	AC	Increased awareness leading to early identification of and effective risk management of CSE;CSA and Peer on Peer abuse. The appropriate level of plan is in place and cases are escalated to legal proceedings where sufficient change is not made or maintained.
CAFCASS	To ensure all staff are aware and refreshed of issues relating to CSE training	Ensure Practitioner staff complete e learning in relation to CSE					Respond Tool with indicators risk assess

	Training on line	Assess awareness of CSE in safeguarding assessments in Performance learning review  Circulate SCR Julia for development/discussion					
NELFT	ensure all staff working with young people have increased awareness,	at team meeting All frontline staff working with children and YP to complete basic awareness online CSE training	G	LSCB to send logins to staff	Sept 14 - LSCB online training available staff have received logins and completed training	AD's for sexual health services and 0-19 services	All health staff have the required knowledge and skills to identify and respond to CSE
	CSE. Staff need to be able to provide sexual health advice and also consider the distinction between normal adolescent behaviours and potential indicators of	All safeguarding supervisors to be trained as CSE Champions and to facilitate discussion of CSE cases in safeguarding supervision	A		Nov 14 - CSE Champions identified. Training dates identified by LSCB for Feb/March 15	AD for Children's' Services	
	CSE	Risk assessment tool to identify vulnerability indicators for CSE to be developed and implemented for use by SN/SRH services	A		Nov 14 - Multi agency CSE risk assessment tool to be added to SytmOne units across children's services. Presently on SN unit	AD's for sexual health and Head of Service Children Services and Named Nurse	
		Develop CSE policy to provide staff guidance	G		30.09.14 - To get update from DV lead on progress with policy 03.11.14 draft policy available  26.01.15 - CSE Policy now completed and on NELFT intranet for all staff to access		

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	In addition to the above, NELFT is delivering with Designated Nurse a joint workshop on CSE with providers across the health economy for all frontline professionals working with children and young people.		G		CSE Workshop delivered on 31/10/14 for the South West Health Economy. CSE referral pathway shared at the workshop		All health staff have the required knowledge and skills to identify and respond to CSE
	CSE is included in all safeguarding training in line with intercollegiate document 2014 for health care staff				Training packs updated to include CSE	NELFT Safeguarding Children's Team	All health staff have the required knowledge and skills to identify and respond to CSE
Probation	No response						
BTUH	When young people attend for morning after prescription, there is very specific detail on the proforma to ensure CSE / trafficking is considered	then be rolled out within		RAG status amber due to: Guidance still awaiting approval	Oct-14	HoN CyP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters	Full implementation of policy within clinical environment with yearly audit

Education	Targeted advice to schools as part of ongoing safeguarding training with regards to exploitation	Ensuring all staff across the partnership including schools undertake on-line CSE awareness training as a minimum	G		Julia briefing to Strategic Partnership Board. Briefing for Head Teachers. Roll-out of briefings to school governors (summer term). Online CSE awareness training. Ongoing CSA awareness training		Equip school staff/bodies to quickly identify patterns and risks re: CSE, CSA and peer on peer abuse. Enable staff to refer appropriately, challenge and escalate.
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Finding 2: If professionals record the language used by young people and their parents regarding early sexually exploitative experiences without clear analysis and challenge it has the potential to leave children and young people without an adequate response or protection

#### Issues for the Board to consider

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

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Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
		Yes - This has been highlighted within the National Guidance, various SCR and case reviews.  It is essential that front line professionals working with young people are able to analyse and challenge language used by young people themselves as well as their parents	CCD to support health economy safeguarding leads to raise awareness of the type of language used by young people and their parents to identify early sexual exploitative situations.	G	Lack of engagement from all frontline professionals, agencies and service providers  Lack of capacity within safeguarding team	Planned workshop will raise awareness on the use of language in sexually exploitative situation. Special Workshop planned for GUM/SRH health workers within Thurrock on 14.10.14	Safeguarding Team	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE.  Also have the confidence to challenge the language used by the parents, young people and other professionals

Police	This is an issue and one that affects not just professionals across the specialist units but the whole force	To provide training on CSE and associated risk factors alongside safeguarding principles in general. This to be included ina safeguarding package rolled out to all staff. The development of a three day public protectin package for roll out to all officers and staff	G	Training time and competition with other priority training	The safeguarding children package is already available and completion rates are monitored. The three day public protection package has received Chief Officer sign off and is being rolled out across the force.	Head of Learning and Development	The completion by all officers and staff of both packages.
Children's' Social Care	This is an issue that the board should be concerned about given potential to undermine effective responses to CSA, Peer on Peer abuse & CSE.	Expectations that board agencies will challenge any inappropriate language / use escalation process where necessary. Training for CSC staff and peer monitoring. Spot-checks on case notes.	G		CSC audits and spot checks in Dec 14 & April 15. Checks to be embed in audit processes and supervision from May '15 onwards	NL/ RM /AC	To ensure that CSC & the professional network uses language which appropriately reflects abuse and exploitation.
CAFCASS	We need to respond to Sexual abuse in an open way so that CSE can be explored.						
NELFT	Yes	Please see below					
Probation	No response						
ВТИН	BTUH is aware and appropriate action is being taken to ensure compliance with recommendation	Named Nurse must ensure a representative attends TSCB CSE meetings to positively demonstrate the organisation's commitment to safeguarding young people. Key front line staff have been put forward to complete on-line CSE training.	G		Achieved Review yearly July	HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	- Awareness of staff regarding the use of language used by young people and their parents regarding early sexually exploitive experiences - Attendance records to meetings - Training attendance records

	Education	This is an issue that the Board should be concerned about. Evidence of inappropriate use of language to describe young people's sexual behaviour must be challenged and escalated.	Expectations that Board agencies will challenge any inappropriate language using formal escalation process where necessary	G	Advice to schools through information as part of Headteachers Bulletin; online CSE training; 'Julia' briefings & LSCB conference on neglect	NL/AC/LSCB	To ensure that schools and all agencies supporting them uses language which appropriate reflects the abuse and not minimising it by language which shifts the blame and responsibility
	Thurrock CCG		CCG to share serious incidence raised as a reflective learning forum with safeguarding leads	G	CCG regularly share learning from raised SI through LOG, CQRC, and Named Nurse Professional Meetings. Action learning set is also used for some meeting with safeguarding leads and managers.	Designated Nurse	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE.  Also have the confidence to challenge the language used by the parents, young people and other professionals
e 64			CCG to seek assurance around record keeping audit (GUM/SRH).	G	Workshop for SRH/GUM team delivered. DN to discuss GUM/SRH recording keeping audit with Named Nurses at the next Named Professional meeting.  Meeting held between D/N & GUM SRH Service Manager	Designated Nurse	
			Work with Named Professionals to ensure that professionals reflect on their understanding of language at supervision	G	Ongoing. DN has regular Case supervision/reflection with Named Nurses	Associate Designated Nurse	

CCG to audit telephone consultations with GP practice around CSE/CSA	A	CCG currently keep logs of telephone calls from GP requesting advice on CSE cases.	
Capture types of cases/issues discussed at GP training forums	A	Safeguarding team will capture CSE cases raised/discussed at GP safeguarding lead forums	DN
NHS England/Named GP to include in GP appraisal/peer review	A	to all GP safeguarding leads in Thurrock and NHSE safeguarding leads	DN Safeguarding Team
Feedback from the GP Safeguarding Leads Forum.	A	Feedback from GP safeguarding lead forum will be monitored by safeguarding team	
CCG have nominated senior staff as strategic lead for CSE who will ensure the CSE agenda remains as an agenda item at meetings	G	DN is the strategic lead for CSE and attends the meetings so will ensure CSE remains on the agenda shared across South West. CSE Health Economy Assurance Template disseminated to Providers	
Evidence of assurance from providers - Assurance template to be shared with provides to complete	G	Assurance Template sent out	
Awareness raising with CCG Commissioners and Contracts Team	A	Ensuring that CSE is reflected in Providers Service Specification. That CSE Police and Risk Assessment is embedded in the 2015 contracts.	DN

Police	Investigations of Crime and Public Protection chairs the SET CSE Strategic Group. Thurrock are representated on this group and have been involved in developing the joint strategy and priorities for tackling CSE across the county. Training, awareness and communications form part of this strategy which will include appropriate use of language	person coordinator is now embedded in this team and monitors all reports of missing children and results of safe and well, checks for appropriate language. Any trends are escalated to line managers for appropriate use of language	Action complete	Team formed in 2013 and reviewed at the end of 2014. Following review new terms of reference have been adopted and new processess put in pace to ensure appropriate gatekeeping and risk assessment.	D/Supt Investigations. Crime and Public Protection	CSETT formed
		National CSE awanress days was held on 18th March 2015 which Essex Police promoted to all staff and on their external website and social media and this raised awareness of both the public and staff. Consistent messages about CSE highlights appropriate language.	Action complete	18th March 2015 campaign appeared on Social Media sites and internal and external websites	Head of Media	Number of hits and explosure to articles
Children's' Social Care	CSC is committed to embedding the CSE Strategy; challenging	Revise strategy to ensure there is reference to language used by professionals.  Ensure all agencies are aware of escalation process for raising concerns	G _	Completed	Strategy sub- group. JW/ NL /AC	Clear processes to monitor and address the use of inappropriate language
CAFCASS	No response					

NELFT	NELFT will need to ensure that staff working with YP are able to recognise if a young person has suffered sexual abuse and know how to respond. Staff must be able to recognise and assess if a	All staff working with children and young people to receive training update to assure they can recognise sexual abuse and assess capacity to consent	G		01/11/2014 - Recognition of sexual abuse included in Level 2 SC training.  Sexual health training delivered to SN's August 14	health and	All health professionals are able to recognise sexual abuse and assess for CSE. Ensure the approach used is child centred and young people are informed of the risks and are effectively safeguarded.
	young person is at risk of CSE and have the skills to discuss and analyse consent, explore language used and make young people aware of their vulnerability to CSE	All staff working with children and YP to acquire the skills and competencies to effectively communicate and analyse language used by adolescents	G		CSE Workshop arranged to SRH/GUM staff 14.10.14.  Dissemination of learning 07.11.14  CSE/FGM Workshop 31.10.14		
Probation	No response						
BTUH	BTUH will work within the remit of the local safeguarding boards CSE strategies and ensure that this is represented within appropriate Trust guidance and policy  Professionals will be mindful that although young people of 16-under 18 years of age may be more likely to have a	undergoing specific CSE	A	RAG status amber due to: This is still in early stages of implementation within the service and strategies/policies presently being ratified	Jan-15	HoN/Named Nurse and Named Doctor for Safeguarding Children/Execu tive Safeguarding Lead	<ul> <li>Awareness of staff regarding sexual activity by young people and appropriate adherence to strategies and policies •Attendance records at meetings •Training attendance records</li> <li>•Approval of strategies/policy and guidance through appropriate Trust processes</li> </ul>

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	professional to seek assurance that it is a mutual relationship as opposed to coercion or misplaced trust	CSE is key component of level 3 safeguarding children training. This training will specifically ensure that professionals will be mindful that although young people of 16-under 18 years of age may be more likely to have a sexual experiences, this should not deter the professional to seek assurance that it is a mutual relationship as opposed to coercion or misplaced trust.  Staff will be also be aware to ask the young person if they allude to being engaged in any sexual activity, do they know the age of the person, full name, if they have been given special gifts, made to feel extra special	A			
Education	committed to embedding the CSE Strategy; challenging language and practice as necessary	Review strategy to ensure there is reference to language used by all staff in schools and ensure safeguarding leads are in a position of sufficient influence to ensure appropriate challenge takes place.	G	Completed	AC/NL/LSCB	Clear processes to monitor and address the use of inappropriate language

2c. Are there other opportunities or levers at the Boards disposal for changing professional practice and language in this area?	Thurrock	CCG to share serious incidence raised as a reflective learning forum with safeguarding leads	G	GP. GP forums to be restarted in 2015	CCG regularly share learning from raised SI through LOG, CQRC, and Named Nurse Professional Meetings. Action learning set is also used for some meeting with safeguarding leads and managers.	Designated Nurse	Front line professionals are able to record/analyse language used by young people to enable them to identify children who are at risk of CSE.  Also have the confidence to challenge the language used by the parents, young people and other professionals
Page 69		CCG to seek assurance around record keeping audit (GUM/SRH).	G		Workshop for SRH/GUM team delivered. DN to discuss GUM/SRH recording keeping audit with Named Nurses at the next Named Professional Meeting Meeting held between D/N & GUM SRH Service Manager	Associate Designated Nurse  Safeguarding Team	
		Work with Named Professionals to ensure that professionals reflect on their understanding of language at supervision	G		Ongoing. DN has regular Case supervision/reflection with Named Nurses	Designated	
		CCG to audit telephone consultations with GP practice around CSE/CSA	A		CCG currently keep logs of telephone calls from GP requesting advice on CSE cases.		
		Capture types of cases/issues discussed at GP training forums	А		Safeguarding team will capture CSE cases raised/discussed at GP safeguarding lead forums	DN	

	NHS England/Named GP to include in GP appraisal/peer review	A	to all GP safeguarding leads in Thurrock and NHSE safeguarding leads	DN Safeguarding Team	
	Feedback from the GP Safeguarding Leads Forum.	A	Feedback from GP safeguarding lead forum will be monitored by safeguarding team		
	CCG have nominated senior staff as strategic lead for CSE who will ensure the CSE agenda remains as an agenda item at meetings	G	DN is the strategic lead for CSE and attends the meetings so will ensure CSE remains on the agenda shared across South West		
Page 70	Evidence of assurance from providers  - Assurance template to be shared with providers to complete	G	Assurance Template sent out		
	Awareness raising with CCG Commissioners and Contracts Team	A	Ensuring that CSE is reflected in Providers Service Specification. That CSE Police and Risk Assessment is embedded in the 2015 contracts.		

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	There needs to be a consistent approach to use of language and an agreed standard set by the Board. The SET Strategic CSE Board now has representation from Barnardos and the Children's Society and so can advise on what is appropriate and feed into the communications strategy		A		Board members	
Children's Social Care	The board and partner	Address with providers of SW training / include in all ASYE modules.	G	Completed re: ASYE and on track re: providers of social work training.	NL/AC/ WA	Increased professional awareness and competency
CAFCASS		FCAs to attend any relevant training by the LSCB				
NELFT	Yes	All staff working with young people to receive an annual update to cover subjects including recognising sexual abuse, assess capacity to consent and communication with adolescents. Clinical leads for SRH / 5-19 services to also include case discussions in clinical supervision / time to learn sessions to discuss cases and lessons learnt		forward this will be put on staff PDP to be	AD's sexual health and Head of Service Children's' Services, named nurses	
Probation	No response					

Page 72	BTUH  Staff within Children's A&E and staff who work with under 18's are aware that young people need to be asked direct questions about their sexual activity and to avoid using words like boyfriend or partner	Identified Front line staff are completing CSE online training rolled out by TSCB. The Child's Voice is profiled during L3 Mandatory Safeguarding Children Training. Staff attending training is made aware of the need to consider language being used e.g. 'who are you sleeping with?' and not use the term partner  Specific training for acute front line paediatric staff relating to awareness of clinical conditions and their relation to sexual activity e.g. UTI caused by	A	RAG status amber due to:  Ongoing and developing training and education relating specifically to sexual health and the young person Ongoing education relating to ensuring appropriate documentation relating to the voice of the child		ed Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 mandatory Safeguarding Children training  Yearly documentation audit to specifically identify the voice of the child	
			Continue the positive information sharing with Health Visitor Liaison Service and Named Nurse for Thurrock NELFT along with Specialist Safeguarding Children Lead	A				
	Education	to the need for analysis and challenge with regard	Lesson learnt from 'Julia@ SCR briefings to be rolled out across schools. Ongoing development of AIM programme with Children's Social Care as lead agency	G		Multi-agency training offer in place via LSCB.	AC/NL	Ensure that sexually harmful behaviour is identified and addressed in relation to both the victim and perpetrator

2d. How will the Board know if it is being effective in addressing this issue of language?	Thurrock		This can be evidenced from supervision with Named Nurses, telephone consultations, discussions at the Named Professions/LOG meetings and feedback from training/workshops and GP safeguarding leads forum.  The CCG do work directly with frontline staff and families but the provider services (BTUH and NELFT) will audit the effective of language use within their services (will be covered in providers action plans)	G	The CCG safeguarding team so not work directly with frontline practitioners	The issue of language use has been incorporated into level 3 training for GPs and also have covered it on workshop delivered to the whole health economy	Safeguarding Team	
Page 73	Police	By way of joint audits of cases and case notes via the Audit Group.		А	Limitations of the capacity of the Audit Group		Chair of Audit Group	Section added to audit tool if not already embedded
	Children's Social Care	Audits and thematic case audits of CSC files.	Evidence through file audit that appropriate language is being used and inappropriate language is being challenged by managers through supervision.	G		Questions in relation to CSE have been introduced to the audit tool. Thematic audit in place and ongoing.	NL/AC	Increased professional awareness and competency as evidenced by records showing an appropriate use of language.
	CAFCASS		Communicate and analyse language in reports and case planning. This to be reviewed in internal case auditing					

NELFT		Quarterly Audits to be completed where incidents have been raised for disclosure of sexual assault or CSE to review records for evidence of analysis of language used and actions taken	A	01/02/2015 - Leads to review datlx raised for sexual assault across children's services and SRH/GUM. Discuss next Thurrock Q&S Group 28.10.14		
		CSE to be added to clinical supervision /time to learns to discuss cases and lessons learnt	G	Cases to be discussed at clinical supervision and safeguarding supervision going forward to considering auditing as part of safeguarding supervision audits	Clinical leads sexual health and 0-19 services	
Probation	No response					
ВТИН	child's hospital health record would record the voice of the child exactly as it was spoken. Staff	Any concerns identified through the voice of the child would be highlighted to children's social care and the police where appropriate	A	Oct-14		Yearly documentation audit to specifically identify the voice of the child
Education	Statutory safeguarding reporting by schools	Focus group activity with school designated child protection staff, feedback from School statutory safeguarding reports	G	Ongoing	NL/AC/LSCB	Increased professional awareness and competency as evidenced by records showing an appropriate use of language

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

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

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

		CCG to support Named professionals to ensure that frontline staff have the confidence/competence to challenge professionals from other agencies around CIN processes	G		Unresolved concerns around cases are escalated appropriately	CCG and Providers Named Professional	
Police	Not evidenced or witnesses by Police. Police attend ICPC and have no direct role in CIN plans and/or reviews. No actions offered on this finding - accepted by Chair.	N/A	Action complete	N/A	N/A	N/A	N/A
Children's' Social Care	to ensure that Children in Need processes operate	New CIN processes. Guidance has been issued to staff. The document was re- circulated again to all teams	G		In place & ongoing	RM/SMT	CIN cases regularly reviewed and robust step up/down process in place
		CIN surgeries set up across Family Support Teams chaired by Service Manager, to review all cases, ensuring robust/SMART plans are in place	G		In place & ongoing	RM/SMT	CIN cases regularly reviewed and robust step up/down process in place
		Adolescent Support Team (AST) to set up CIN challenge surgeries	G		In Place	JW	CIN cases regularly reviewed and robust step up/down process in place
CAFCASS	Cafcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						

NELFT	Yes	Please see below					
Probation	are subject to CIN plans. The issue of recognising children in need has arisen in a recent Serious Further Offence (SFO) review. SFO reviews are completed when an offender who is subject to an order or licence commits a serious offence, generally a serious violent or sexual offence.	learning from the SFO focused heavily on offender manager's work with child in need cases. The proposed dissemination document will address the issues of staff engagement with CIN procedures.		November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014	30/09/2014 31/12/14	Alex Bamber OIM	Increased awareness and engagement of staff in Child In Need processes.  Evidence from internal safeguarding audits and internal inspection process.
втин	BTUH is aware of Child in need processes and would participate where required or requested  The Acute setting is not involved in Child-in-Need meetings, nor does it receive minutes of these meetings	If concerns are identified in relation to a specific child, subject to child-in- need plan appropriate policy and guidance would be followed	G	The Acute setting is not involved in Child-in-Need meetings, nor does it receive minutes of these meetings	Complete	HoN/Named Nurse and Named Doctor for Safeguarding Children	To continue to work within the Child-In-Need processes.  Ensure incidents are completed when safeguarding concerns arise/correct policy is not followed
Education	Safeguarding leads to be reminded of the role of schools in CIN procedures and escalation routes available to them following a decision by social care	Renewed advice/guidance to school safeguarding staff on follow up routes available to schools following a MASH or other safeguarding concern and their duties in relation to CIN	G		Further clarification advice to be delivered as part of Headteachers' briefing on SCR and follow up to be delivered as part of safeguarding training in summer term 2015.	NL/AC	Schools fully aware and empowered to seek further clarification and where appropriate challenge decisions made by partners

3b. Is there more the Board could do to establish the extent of this issue, e.g.	Thurrock CCG		A member of the CCG is presented at the Audit/Performance Group	G		The Audit/Performance LSCB Subgroups are attended by the Associate Designated Nurse	Associate Designated Nurse	
case audit?			CCG will continue to encourage GP safeguarding leads from the GP forum to share their concerns or issues	A		GP notes are reviewed for the Audit Group. Named GP and Safeguarding Team to discuss at safeguarding forum. Also at one to one practice visits	Named GP	
Page	Police	CIN continue to be part of the Audit Groups programme. Additionally the Board can maximise scoping and gathering results of single agency audits of CIN bases to inform the Board		A	Capacity of the Audit Group		Chair of Audit Group	Report to the Board from the Audit Group
78	Social	Multi-agency focus on threshold	Regular peer audits	G		Completed	CS	Cases appropriately escalated/deescalated when
	Care & Education		CP surgeries established challenging plans over 12 months .	G		Completed	AC/NL/RM	risks and needs change.
			Audit of 30 S47 decisions undertaken	G		Completed	NP/RM/JW	
	CAFCASS	Cafcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						
	NELFT	NELFT need to ensure staff are compliant with CIN procedures	LSCB audit group to randomly audit CIN cases	А		Part of LSCB Audit cycle senior attendance from NELFT at Audit Group		NELFT staff will be compliant with CIN procedures, and will support robust CIN plans to be in place

	Probation	No Response						
	BTUH	BTUH is not an active participant in the Child in Need Process	N/A	G	BTUH is not an active participant in the Child in Need Process	N/A	N/A	N/A
3c. What can the Board do to address this?	Thurrock CCG	Yes - This can be evidenced from the local case audits. Also some cases that have been raised for case reviews have highlighted that there has been gaps in the Child In Need processes in Thurrock.	CCG to work with partner agencies through the LSCB Audit and Performance Subgroups to minimise any risks.	G	When relevant information is not shared by Lead agency for Children's Services	Associate Designated Nurse attends the LSCB Audit & Performance subgroup ensures selected cases including CSE are nominated for audit subgroup.	Associate Designated Nurse	All child In Need plans are formalised, review meetings are taking place and partner agencies are contributing to improve outcomes for the children. This could be evidence through CSC audit report.
Page			CCG to seek assurance from providers that frontline practitioners are aware of CIN procedures and will escalate if CIN meetings are not taking place	A		DN to confirm from Providers that CIN processes and Escalation Processes are embedded in practice and effective	DN	
79			CCG to ensure that this is placed on the LOG/Named Professional meeting agenda	G		Included in the agenda for LOG and Named Professional meeting (December)	DN	
			CCG to seek assurance from Named Professionals that Threshold document & MASH are implemented and embedded in practice	G		Link to update Threshold Document sent to providers and Named Nurses and all relevant information on the MASH project has been disseminated to Named/Thurrock Safeguarding leads, including GP's		

		CCG to support Named professionals to ensure that frontline staff have the confidence/competence to challenge professionals from other agencies around CIN processes	G	Unresolved concerns around cases are escalated appropriately	CCG and Providers Named Professional	
		A member of the CCG is presented at the Audit/Performance Group	G	The Audit/Performan LSCB Subgroups ar attended by the Associate Designate Nurse	Designated Nurse	
Police	See previous response to 3b					
Children's Social Care	to challenge single	Establish multi-agency LSCB Performance Panel to challenge single agency performance and outcome data	G	Completed - LSCB Performance Panel is operational	NL/AC	Evidence of effective risk management of CIN cases- step up and step down
CAFCASS	Cafcass are not able to comment on Child in Need Procedures/processes as					
NELFT	Ensure staff are fully engaged with CIN procedures	Clinical leads to audit staff attendance at CIN meetings	G	01/11/2014 - Discusse at allocation meetings and within supervision with staff	Operational leads	NELFT staff will be compliant with CIN procedures, and will support robust CIN plans to be in place
		Clinical leads to support staff, through clinical and case management supervision to challenge other agencies if CIN plans are not reviewed to avoid drift and ensure children are safeguarded.	G	Nov 14 - Discussed at allocation meetings an within supervision with staff and going forward be audited by safeguarding team	clinical leads	

			Staff to be reminded via cascading email that any health professional can call a multi-agency meeting	G		Sept 14	Named Nurse	
	Probation	No Response						
	BTUH	BTUH is not an active participant in the Child in Need Process	N/A	G	BTUH is not an active participant in the Child in Need Process	N/A	N/A	N/A
	Education	Ensure feedback is in place from schools to the LSCB on the involvement of school in CIN meetings.		G		Feedback and actions from school survey on CIN to be reported to LSCB following data gathering in summer term 2015	MT/NL	Evidence of effective inclusion on schools in CIN meetings; challenge and escalation.
3d. How will the Bard know they have beek a successful in ensuring that Child in Need	Thurrock CCG		Through multi-agency audits. Increased referrals/escalations	G	The CCG Safeguarding Team does not work directly with Children, Families and Frontline Staff.	Safeguarding Team will continue to action concerns raised/escalated through Named Professionals	Safeguarding Team	
processes is embedded in multi-agency practice?			Feedbacks from providers at CCG LOG, CQRG, Named Professional meetings	G		Safeguarding Team will continue to action concerns raised/escalated through Named Professionals		
			Through feedback from GP forum, training, telephone consultation	G		Safeguarding Team will continue to action concerns raised/escalated through Named Professionals		
	Police	By monitoring the case audits at the Full Board	Audit of CIN cases	А	Capacity of the Audit Group		Chair of Audit Group	
	Children's Social Care & Education	Through multi-agency audits and single agency audits.	Re-issue threshold document to agencies and schools. Complete multi-agency audits and single agency case file audits.	G		Threshold documents have been re-issued and audits are on track.	CS/ AC	Thresholds are clearly understood across agencies

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CAFCASS	Cafcass are not able to comment on Child in Need Procedures/processes as we are seldom involved						
NELFT		Audit Systmone records for presence of CIN plans and minutes and Staff attendance at CIN meetings is 100%	G		01/11/2014 - Heads of service have completed random audits on records. 10 cases were randomly selected from children in need case load and reviewed to ensure attendance at CIN meetings where invited.		Staff attendance at CIN meetings are firmly established in practice to reduce risk and improve outcomes for children and young people
Probation	No Response						
BTUH	one to enable and ensure that clinicians are aware of any safeguarding	Staff have access and are trained in System One The Child-in-Need symbol is identified on the community database that acute service has a read only access to	G	BTUH is not an active participant in the Child in Need Process	Complete	HoN CYP/Band 7 Paediatric Clinical Educator/Band 7 Senior Sisters/Named Doctor for Children's Safeguarding	Children A&E staff access system one routinely for each attendance

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

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

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
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4a. Are the Board aware of this as an issue facing professionals?	Thurrock CCG	Yes from previous case reviews and supervision with Named Professionals in the provider services.	CCG to seek assurance from provider this is addressed in training delivered to their front line practices.  Within case audits, enquiries from GP to CCG Safeguarding Team	G G	Guidance and protocols not adhered to with regard to poor/sporadic engagement by parents. (No action taken when parents fail to engage). Lack of engagement from partner agencies.	Providers have assured CCG that this is incorporated into training  CCG Representative attends Multi-Agency Case Audits. Actions are taken to address any telephone consultation with GP's relating to difficult to engage families	Safeguarding Team  Safeguarding Team	Professionals have the confidence and skills to work with uncooperative families to improve outcomes for their children
Page 83	Police	parental resistance / passive resistance is a national issue across agencies. The police investigate crime and have enforcement powers of arrest and other such activity to overcome this resistance so are not as reliant on parents engagement as others as police are not so involved with longer term work	to enforce activity as opposed to gaining voluntary agreement. Monitored by supervision reviews and performance meetings. Also monitored by Professional Standards department with Head of	Action complete as these powers are already in place, monitoring is a continual process.			Head of Child Abuse Investigation	
	Children's Social Care	Working with parental resistance / passive resistance is a national issue.	Requires focus by staff & managers on purposeful intervention / regular review and robust supervision. Introduction of case discussion tool to focus on resistance and disguised compliance.	G		Case Discussion Tool has been introduced (Feb'15). Disguised Compliance PowerPoint discussed in all teams during Feb & March '15. Ongoing support and monitoring to be provided in supervision.	SMT/AC/ CS	Non-Compliance and Disguised Compliance is recognised and appropriate actions taken to safeguard children and young people.
	CAFCASS	Yes						

NELFT	with resistant, complex non engaging parents, ensuring they remain	working with hostile and non-engagement families and professional dangerousness as part of their PDP's	А	Depending on availability of training	Nov 14. Some level 3 training available for staff to access  LSCB training dates 18.11.14 and 24.3.15	Head of Universal Services	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
	prevent further harm.	Identified staff to be trained as cascade trainers for working with non-engagement parents	R		01/11/2014 - Discussed at team meetings and 121 with staff	Head of Universal Services	
		Review of Trust DNA Policy to ensure pathway for safeguarding children is included			Sept 14 Policy completed. Pathways for safeguarding children and vulnerable adults to be added to policy	Named Nurses	
		Staff to be reminded by cascaded email /team meetings to discuss cases of parental non engagement in management and safeguarding supervision	G		June 14 Completed	Named Nurses	
Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place.	Probation works with a client group for whom engagement and compliance can often be challenging, but where contact must be maintained and so this is a common phenomenon. The challenges for staff remain the same as for other agencies, however.	Α	November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	30/09/2014	Alex Bamber	Increased awareness of engaging offenders who have parent/carer responsibilities with services, including universal provision and incorporating that in the sentence plan

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		The need to promote cooperation of parents/carers with relevant plans for children, will be included in the dissemination document. Safeguarding audits and thematic (child protection) inspections are conducted internally to ensure compliance with the relevant practice instruction.	A				
BTUH	Paediatric Out-patient departments within BTUH and at Orsett inform the Paediatric Health Visitor liaison service of children who are not brought to their follow-up appointments in order for this to be identified to the health visitor / school nurse.  The child's GP's is notified the parent failed to bring the child for medical follow-up Staff follow a Parents Did Not Bring Child to an Appointment Policy	the Safeguarding Children team when it is known there are identified health needs. The safeguarding children team forward this information to the	G	It is not yet established how or what processes will be arranged once School nursing service transfers to private enterprise.	Complete July 2013	HoN CYP/Band 7 Paediatric Outpatient lead/Band 7 Senior Sisters/Named Doctor and Nurse for Children's Safeguarding	Yearly documentation audit to specifically identify from hospital health records that it is clearly documented when a parent does not bring a child to an out patient appointment
Education	Schools are a key point of contact for agencies, parents and families. Pastoral support teams in schools are used to engage parents on a range of issues.	Requires close working between social care teams and school based staff to ensure the existing contacts in school are used to best effect.	G		Process of developing close working relationships to be supported through post SCR briefing to head teachers in March 2015 and further work directly with safeguarding leads	MT/NL	Close links between school based staff and social care teams to ensure opportunities for parental engagement are achieved

LSCB know if staff locally have been equipped to work with resistant parents both in single agency and partnership working?	Thurrock CCG	Yes	CCG is represented at the Thurrock LSCB Training Subgroup and is aware that the multiagency training delivered addresses the issues of resistant (uncooperative parents)	A		To ensure that this is covered in training package delivered by LSCB. Assurance from Named Professional on frontline staff confidence/skills to deal with resistant patients	Associate Designated Nurse	
			In addition some of the single agency training by providers also cover the issue of resistant (uncooperative parents)	G		Both Providers assures the CCG that Training Packages includes Unco- operative Parents. In 2015, the CCG Safeguarding team will peer review providers training delivery and content	Safeguarding Team	
Page			CCG also addresses this issue through a critical analysis of SI's (Root Cause Analysis) raised by provider services	G		All SI received are critically analysed and lesson learnt are disseminated	Safeguarding Team	
86	Police	Yes, police officers are trained and equipped to apply the law when investigating incidents of concern around children which gives them the power to enforce activity if necessary. Police do not tend to work with families in the longer term setting but often are involved due to an acute event occurring. The longer term work is often passed to other agencies as appropriate and police will be involved in the joint planning until the end of their involvement.		N/A	N/A	N/A	N/A	N/A

Social Care	CSC staff have been and continue to be provided with training and support to work with resistant families.	Review all open CIN cases for SMART plans. Where cases are open for longer than 6 months - review purpose of continued intervention.	G	First wave completed Sept'14. Second wave to be completed by July 15 and third wave by Jan' 16.	RM/JW/NL	To ensure that cases are effectively managed and appropriately stepped up or down based on a clear assessment of risk.
		Workshop undertaken with staff regarding SMART plans. See above CIN Surgeries	G	Sept 14	CS	To ensure that cases are effectively managed and appropriately stepped up or down based on a clear assessment of risk.
	Escalate concerns DNA policy Risk assessment on missed appointment Non engagement discussed	Clear Processes are in place in Cafcass. This could be strengthened by consideration of risk assessment being filed with the court if there is non co-operation/DNA				
	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded	NELFT is represented at the Thurrock LSCB Training Subgroup and is aware that the multiagency training delivered addresses the issues of resistant (uncooperative parents).	G	Training evaluations and safeguarding supervision provide assurance that this is effectively covered in training and staff feel confident to respond to resistant and non engaging families	Safeguarding Team	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
		NELFT provides an internal training programme which includes level 3 training on working with resistant families	G	Safeguarding Training packages include working with resistant families	Training dept and safeguarding team	All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded.
Probation	No Response					

	BTUH	The issue of non- engagement in relation to outpatient appointments is addressed in L3 safeguarding children training. It is referred to as parents/carers who fai to bring their child to appointments, to emphasise the responsibility of the parent to meet the health care needs of their child.		G	Complete	HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children	
Pag	Education	Schools are a key point of contact for agencies, parents and families. Pastoral support teams in schools are used to engage parents on a range of issues.	Requires close working between social care teams and school based staff to ensure the existing contacts in school are used to best effect.	G	Process of developing close working relationships to be supported through post SCR briefing to head teachers in March 2015 and further work directly with safeguarding leads	MT/NL	Close links between school based staff and social care teams to ensure opportunities for parental engagement are achieved
4c. How m the Leas B I praction ner overcome to obstacle to effective practice?	nelp CCG s his		CCG works with the health economy and the SI governance team to share the Root Cause Analysis and action plans from safeguarding serious incidences relating to poor engagement.	G	Safeguarding leads meet with SI Lead quarterly. CCG Safeguarding Team analysis and review all SW SI's/SCR action plans and also challenges practice as necessary. CCG encourages and support Named Professional to prevent drifting of cases	Safeguarding Team	

Police	To provide all professionals with the confidence to challenge other agencies practice if they recognise this issue as affecting effective practice	Install Confidence in staff to escalate concerns.	A	Consider providing all agencies with knowledge of each others roles and responsibilities to understand whether all available tactical options are employed appropriately and to recognise ability to challenge. This is to be balanced with other training priorities.	Chair of the Training Group	
Children's Social Care	Multi-agency training for staff working with resistant families.	Provide multi-agency training for staff and managers on effective working with resistant families	G	2015/16 Training Plan	LSCB	Staff are able to quickly identify and address resistance.
CAFCASS	No Response					
NELFT	Ensure staff have the appropriate training and access to supervision and made aware of where to seek advise e.g. MASH	Staff encouraged to discuss cases in safeguarding supervision and to follow escalation guidance where appropriate. Complete Referrals to MASH where appropriate.	G	Staff have attended MASH briefings.  Staff to discuss cases of non engagement in supervision and share concerns with partner agencies to ensure children are safeguarded.		All staff have an understanding of reasons parents fail to engage and have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
				Staff follow missed appointments policy 2014		

	Probation	Probation supervises adult offenders who are parents/carers. Our children and families practice instruction requires offender managers to include a sentence plan objective relating to child in need or child protection plans, where one is in place						
<b>ס</b>	BTUH	TSCB has implemented MASH Project to promote the need for Early Intervention in a multi-agency format.  BTUH are engaging in this new project as a Virtual Partner	Non-attendance to out- patient appointments are automatically notified to the GP of the child, who would hold other information from other settings with regard to non-engagement	А	System One roll out will enable Paediatric Outpatients to have access to Community Health Records on read only access perspective	Oct-15	HoN CYP/Assistant Service Manager WaCS	Appropriate information sharing resulting in effective and early intervention where required
Page 90	Education	Advice to schools on working with hard to reach / resistant parents to be included as an area of school safeguarding training.	Provide multi-agency training for staff and managers on effective working with resistant families	G		Training plan in place	NL/AC/MT	Staff are able to quickly identify and address resistance.
4d. How will the Board know when this has been effective?	Thurrock CCG		Feedback and report from the SI governance team. A reduction in the number of SI relating to poor engagement.			Action plans sent to the quality and governance team reviewing all SI's	SI and Safeguarding Lead meeting held in November indicators that the number of SI's have reduced significantly. Workshop events held by Nelft on the 11/11/14 on SI/SCR learning from events for frontline staff	

	Not specifically relevant to police as no real long term family engagement other than enforcement and investigation.  Problem solving approach to CP issues may involve an element of engagament but this is often done using the skills of other agencies or third sector.		N/A	N/A	N/A	N/A	N/A
	Audits; reports to board and LSCB Challenge Panel.	CSC to undertake and present findings from audits to LSCB. CSC to provide performance data to LSCB re: Challenge Panel. Regular performance reports to be presented to LSCB. Statutory safeguarding reports from schools to clearly address neglect across all age groups	G		Audit process embedded. Challenge session held with LSCB. Regular performance reports submitted to LSCB	NL/CS/AC	Staff are able to quickly identify and address resistance.
CAFCASS	No Response	across an age groups					
NELFT	Staff feel confident to escalate concerns.  Increases in cases brought to supervision for non-engagement  Increase in MASH referrals due to resistant non engaging parents/carers	Include in audit cycle	G		Supervision Audit  Report of number of CAF's and MARF's raised by NELFT	Named Nurses	All staff have an understanding of reasons parents fail to engage an have acquired the skills to recognise non engagement and respond effectively to ensure young people are safeguarded
Probation	No Response						

ВТИН	obstacles. Referral to children's services is	patient appointments are automatically notified to the GP of the child, who	G	HoN CYP Band 7's Paediatric Outpatient lead/Senior Sisters Named Doctor, Named Nurse for Safeguarding Children
		Horrengagement		

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

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

Qu@stions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
5a. Are the Boarth ware that adolescent neglect is a significant issue facing professionals?	Thurrock CCG	YES This has been identified as concern from a recent Case review (neglect) and	CCG will continue to work with partner agencies to continue to address the		CCG safeguarding Team does not directly work with Children and Families. Lack of engagement from partner agencies. Clarity around needs of the adolescent population.	CCG Safeguarding Team	Safeguarding Team	Professional to be assess the needs of adolescent and have the skills to address identified needs

		CCG to seek assurance from providers that professional attitude around the of adolescent population / neglect is addressed within their training packages.	G		Designated Nurse to raise this at supervision, LOG and Named Professional meeting with provider. South West health economy training workshop planned to address issues 14th October and 31st October 2014		
		CCG to seek assurance that all professionals working with families understand the roles and responsibilities around adolescent neglect.	G		Designated Nurse to raise this at supervision, LOG and Named Professional meeting with provider. South West health economy training workshop planned to address issues 14th October and 31st October 2014		
		CCG will continue to encourage GPs to use the assessment triangle and refer adolescent s when neglect is identified	G		This is included in GP level 3 training package. This is also discussed at GP Safeguarding lead forum and Face to Face Practice Visits		
		CCG to include case scenario on adolescent neglect within GP training to help them understand the impact on the young person life.	G		A scenario on adolescent neglect is included in the GP training package (June and October 2014)		
	Yes but only from Julia SCR. Author has no other knowledge as to whether this is an issue.	N/A	N/A	N/A	N/A	N/A	N/A
Social Care &	Thurrock has a high prevalence of neglect cases across all age groups.	Focus on neglect within LSCB Conference. Adolescent 'neglect toolkit' to be rolled out within Adolescent Team	G		LSCB conference 'Spotlight on Neglect' completed. Adolescent 'neglect toolkit' on track re: March '15 target date	JW/ AC	Earlier identification of adolescent neglect and affirmative action taken to risk manage and address.

CAFCASS	Yes						
NELFT	Yes	Please see below					
Probation	The afore mentioned internal review related to concerns around the welfare of adolescent children.	The need to be mindful of adolescent neglect will be included in the dissemination document.	A	November 2014 update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014	30/09/2014 31/12/2014	Alex Bamber	Increased awareness of the issues around neglect and increase in referrals to services.  Improve confidence among staff in recognising a service user who may be sexually exploiting a young person.  Cases identified and discussed in staff supervision.  Evidence from internal inspections.
BTUH	significant dilemma for professionals. BTUH are a virtual partner to MASH. Safeguarding Children team would liaise with PHVL service and any identified social worker or other professional i.e. LAC team Professionals will be mindful that although young people of 16-under 18 years of age may be more likely to have a sexual experiences, this should not deter the professional to seek assurance that it is a mutual relationship as	Identified Front line staff are completing CSE online training rolled out by TSCB. The Child's Voice is profiled during L3 Mandatory Safeguarding Children Training. Staff attending training is made aware of the need to consider language being used e.g. 'who are you sleeping with?' and not use the term partner Specific training for acute front line paediatric staff relating to awareness of clinical conditions and their relation to sexual activity e.g. UTI caused by sexual activity	A A	RAG status amber due to:  Ongoing and developing training and education relating specifically to sexual health and the young person. Ongoing education relating to ensuring appropriate documentation relating to the voice of the child		HoN CYP/Named Nurse and Named Doctor for Safeguarding Children	95% target of all front line staff to attend L3 mandatory Safeguarding Children training.  Yearly documentation audit to specifically identify the voice of the child

5b. How can this be tackled by the Board?	Thurrock CCG		As above 4 & 5				
	Police	be looked into as chronology of events rather than individual events.	bulletin articules around neglect. Greater	R		Head of Child Abuse Investigation	Delivery of CPD event jontly with CPS and CSC and subsequent audit of neglect referrals.
	Social Care &	By addressing adolescent neglect within the LSCB multi-agency and single agency training plans.	Provide appropriate training and ensure robust auditing / monitoring to evidence that learning is being translated into improved practice.	G	Auditing process in place training plan in place	JW/CS/ LSCB	Impact of training can be evidenced in practice improvements. Feedback from service users.
ge 95	CAFCASS	No Response					
G	NELFT	staff are able to recognise adolescent risk taking behaviours and	Identify training plan to enable staff to recognise and respond to adolescent risky behaviours	A	Nov 14 Scoping exercise had been completed. Training plan is being developed.  All frontline staff at 79% compliance with CSE training. All staff attend safeguarding training as per matrix	Head of Universal Services	All health staff working with young people have the skills and knowledge to respond to adolescent neglect and recognise and respond to behaviours associated with CSE
	Probation	as above					

	BTUH	Engagement with MASH	To continue to provide timely information to PVHL service and LAC team and relevant Children's Services		Ensuring staff have the knowledge to complete documentation appropriately as at this juncture this is a new process	Sep-14	HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's' Safeguarding	Staff develop an increased understanding and awareness of adolescent neglect within the acute paediatric setting
5c. How can professionals be supported to develop a more effective response to adolescent	Thurrock CCG		CCG will encourage providers to release Staff to attend the LSCB Conference on neglect 2014.	G		Date for the forth coming LSCB conference forwarded to Named Nurses and all GP Practices and their leads have been invited		
neglect?			Capturing the Voice of the child and how they can influence service delivery through the LAC strategic group.	G		Designated Nurse for LAC is on the voice of the child subgroup & attends participation & engagement group. Attends children in care council. Also attend activity day.		
96			Support Named professionals to escalate cases to avoid drift.	G		Named nurses refer cases needing escalation to CCG Safeguarding Team for support		
			CCG to advice providers to have clear pathways for working /referring non engaging families/ young people.	G		DN to seek assurance from Named Nurse within the providers that they have clear pathways for referring non engaging families into MASH		

	Consideration to referral to police if neglect cases are showing no improvement despite support and intervention by CSC managers. This needs to be coupled with an appetite for more criminal neglect investigations from police.	Understanding that neglect can be criminal and need to refer at early stage, see previous action on 5b.	see action 5b			
Social	By addressing adolescent neglect tool kits	Rolled out to all Adolescent Team staff & managers	G	In place & re-launched	JW	Staff can consistently identify neglect and respond appropriately.
		Evidence of toolkit used in supervision	G	Mar-15	SMT / JW	Managers can consistently support workers in identify neglect and responding appropriately.
CAFCASS		Internal training and training through LSCB				
		Reviewed under Safeguarding assessment in Professional learning review process				
	NELFT need to ensure staff have the skills to challenge and question parents / agencies when adolescent neglect is identified.	Identified staff working with children and YP to acquire the skills and competencies, through clinical supervision and time to learn sessions, to effectively question and challenge parents when not accessing healthcare, recognising this as adolescent neglect	G	01/11/2014  All staff attend safeguarding training as per matrix. Time to learn event has been disseminated out for November 7th 2014.	Head of Universal Services	Health staff are able to recognise adolescent neglect and respond in a timely manner to reduce the risk of harm and ensure the young person's health and wellbeing is maintained

			Identified staff to attend training on growing a questioning culture	А	Dependant on the availability of training sessions	Training is being delivered by LSCB 18.11.14 and 24.03.15 staff have been identified to attend		
	Probation	as above	as above	as above	as above	as above	as above	as above
	BTUH	Support through safeguarding supervision		G			HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's' Safeguarding	
Page 9	Education	By training support.	Ongoing training and support for school based staff, through signposting by LA staff to appropriate training and direct support in individual cases.	G		On-going	MT/NL/AC	School staff can identify neglect and respond appropriately
5d. How will the Board know its response has been effective?	Thurrock CCG		This can be evidenced from feedback from CQRG, LOG, Named Professionals meetings. Increased escalation	А		March 2015 Safeguarding Team will analysis minutes for feedback from Named Professional, LOG and training	Safeguarding Team	
	Police	suggests the ongoing	Set up a meeting between police, CSC and LA legal depts across South, Essex and Thurrock to consider communication and a process when dealing with cases of chronic neglect where criminal proceedings and investigation should be considered	R	The complexity of the subjective decision of when you switch from supporting the family and trying to improve their parenting to then reaching the threshold for a criminal offence	Meeting and potential process to be set up by the end of June 2015	Head of Child Abuse Investigation	

Children's Social Care	Neglect is quickly recognised and addressed.	Frequent review of CP Plans.	G	a	Frequent CLA surgeries are being held as additional scrutiny.	AC/ RM / NL	Fewer children subject of a plan for two years or more
		Frequent review of CIN cases.	G	a	Frequent CIN surgeries are being held as additional scrutiny.		
Social Care & Education		Increase in referrals to EOH and Troubled Families	G	v 2	Compare 2013/14 rate with final rates for 2014/15 target for completion June 15.	MT/NL/AC	Families are effectively turned around' inline with Troubled Families criteria.
CAFCASS	No Response						
NELFT	Increased referrals for adolescent neglect	Staff to attend training	A		MARF Audits completed biannually		Health staff are able to recognise adolescent neglect and respond in a timely manner to reduce the risk of harm and ensure the young person's health and wellbeing is maintained
Probation	As above						
втин	Through effective positive working relationships in an interagency format within MASH. TSCB audit process		G			HoN CYP/Band 7 Senior Sisters/Named Doctor and Nurse for Children's' Safeguarding	

Finding 6: Is there a pattern whereby Multi-agency working has become overly focussed on information sharing, at the expense of a shared analysis, face to face meetings and shared plans to meet the needs of children and young people?

Issues for the Board to consider

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

Questions	Agency	Response		RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
6a. Does the Board accept this Finding?	Thurrock CCG	Yes Through the recent neglect case and previous case review.	The CCG has signed up to MASH information sharing agreement	G	Professionals lack the confidence /skills to challenge other partner agencies.	Signed ISA in June 2014. Exec Nurse and DN are members of the EOH/MASH Board.	Executive Nurse and DN	Named Professionals to have skills to critically analyse Safeguarding information received / have the ability to challenge colleagues in order to have
			CCG to continue to work with SI governance team, provider services and all partner agencies to have open and transparent safeguarding systems.	G		Meetings held with Executive Lead for Safeguarding (NELFT) and Head of Safeguarding (BTUH) to ensure systems are transparent.	DN	an effective /transparent safeguarding outcomes
Page 100	Police	time completing checks and searching for information that their capacity to attend meetings face to face and complete the work is being stifled. CSETT have experienced a high level of referrals where originating agency then appears to feel their responsibility has ceased.	Thurrock MASH to assist with identifying cases where longer term neglect may be an issue, and identified and when to refer to CAIT for investigation. CSETT to ensure they gatekeep the receipt of referrals to ensure agencies take the responsibility for dealing with the issue rather than passing responsibility with the information. The team are a triage team whose role it is is to assess all the information and decide the appropriate team/agency to deal whilst mapping any repeat victim, offenders or location to prioritse.	Action complete		January 2015, new terms	Public Protection	To enable the CSETT to complete its coordination and triage role by all agencies retaining their responsibility to deal with the risk.

Social Care (CSC) &	There is a danger that agencies can believe that their duty is complete by sharing concerns with CSC and not taking responsibility for their own actions in the safeguarding arena.	All agencies to be frequently reminded of their safeguarding responsibilities and the need for shared analysis. Best practice models to be promoted based on the strength of practice within the MASH.	G		March '15 and ongoing	AC/ NL/ LSCB	Shared analysis leading to increased early intervention, drawing on strengths of MASH partnership
CAFCASS	No Response						
NELFT	Yes	Please see below					
Probation		This finding will be included in the dissemination document.	А	November 2014 update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	30/09/2014 31/12/14	Alex Bamber	
ВТИН	BTUH supports the Named Nurse for Safeguarding Children in attendance to TSCB Audit meetings Any information shared from Named Nurse for SGC has an analysis where applicable as part of that process	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G		Complete	Named Nurse and Named Dr for Safeguarding Children	BTUH will continue to share information in a timely manner and provide analysis where applicable in the best interest of the child or any other sibling with the facts available

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	Thurrock CCG		CCG can establish if this is a significant issue through analysis of Safeguarding Sis raised by provider services, feedback from training, GP safeguarding leads forum, supervision with Named Professionals and telephone enquiries.	G	Quarterly meetings are held with SI, CCG Team to ensure processes are effective and monitored. SI is monitored through monthly CQRG chaired by the Exec Nurse	Executive Nurse safeguarding Team Named GP	
	Police	By considering feedback/results of audits to assess time spent information sharing as opposed to completing activity	Multi-agency thematic audits are completed by the LSCB Audit Group	G	Jun-15	LSCB Audit Group	Audits show evidence of effective information sharing and shared analysis
Pag	Children's Social Care & Education	By undertaking multi- agency thematic audits	Multi-agency thematic audits are completed by the LSCB Audit Group	G	Jun-15	LSCB/AC	Audits show evidence of effective information sharing and shared analysis
	CAFCASS	No Response					
102	NELFT	agency meetings are sharing analysis of their assessments and effective multi agency plans are being developed and reviewed by the multi-agency network to avoid drift and ensure improved outcomes for young people.	Clinical Leads to audit CIN minutes and plans for recorded evidence of shared analysis face to face meeting and shared plans	G	Nov-14	AD for Children Services	All staff fully understand the purpose of multi-agency working and planning and effective multi-agency assessments and plans are developed and shared to meet the needs of children and young people
	Probation	No Response					

	втин	Through participation at Audit review meetings	Attendance at TSCB Audit meetings and other appropriate and applicable meetings Completing S17 and S47 and Initial and Review Child Protection Reports with analytical detail where applicable	G	Complete	Named Nurse and Named Doctor for Safeguarding Children	BTUH will ensure representation at TSCB Audit meetings from a member of the safeguarding children team
6c. What can the Board do to address it?  Page	Thurrock CCG		As above 6a & b  Reduction in the number of Safeguarding SI's raised around poor analysis of safeguarding information	G	Learning from SI shared with frontline practitioners at the November learning event.  The CCGs reviews all safeguarding SI's raised and poor safeguarding practice identified are escalated to the Quality & Governance Group/SI Lead and also shared with Named Professionals		
103	Police	Promote better attendance at strategy meetings and ICPC by implementing IT solutions to prevent all agencies spending valuable time travelling to mirror successful implementation of similar use of conference calls within the police for other functions. Face to face is perferrable but with issues in many agencies this is not always the best use of time and is often inefficient		R		LSCB Board members	Conference or video conference ability for all strategy meetings nad CP conferences which is inexpensive and provides face to face virtual attendance to better maximise the use of all agencies resouces and will improve attendance.

	Children's Social Care & Education	Promote effective multi- agency ownership of risk and risk management	Review and strengthen LSCB work plan for 2015- 16	G	Mar-15	LSCB	Agencies appropriately manage risk and constructively challenge each other in the best interests of the child
Page	CAFCASS		Ensure practitioners are aware and empowered to arrange multi agency meetings to safeguard and meet the needs of children and young people.				
	NELFT		Staff to be reminded of their role and responsibilities for attendance at CIN/Multiagency meetings via cascaded email/team meetings	G	Sep-14	Named Nurses	
	Probation	No Response					
104	ВТИН	Ensure that child protection plans have effective review dates and identified professionals to assist the child in achieving the desired outcomes and to prevent drift	applicable meetings Completing S17 and S47 and Initial and Review	G	Complete	Named Nurse and Named Dr for Safeguarding Children	To continue to contribute to Audit meetings
6d. How will the Board know it has been successful?	Thurrock CCG		As above 6a& b  Reduction in the number Safeguarding SI raised around poor analysis of safeguarding information.	G	The CCGs review all safeguarding SI raised and poor safeguarding practice identified are escalated to the appropriate manager		

Police	Implementation of IT solutions to attendance to provide virtual face to face at CP conference and strategy meetings	Video and conference capability is provided and attendance monitored post implementation	R		LSCB Board	
Children's Social Care & Education	effective information sharing and shared	Audit programme linked to LSCB single agency challenge sessions. Audit of MASH contacts from schools and feedback from school safeguarding leads	G	Single agency challenge session have taken place and are planned for the rest of the year.	NL/ AC	Children and young people receive timely multi-agency interventions.
CAFCASS	No Response					
NELFT	CIN Plans demonstrate effective multi agency working and planning	Multi agency audits to be completed by LSCB audit group	А	Included in LSCB Audit Plan		
Probation	No Response					
ВТИН	As the acute setting is not a case holder, the only means of identifying a positive outcome for the child is from attendance at audit meetings		G		External audit	

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

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

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
7a. How will	Thurrock	Most GPs in Thurrock do	CCG will carry out post	G	Named GP is new to post	Post Section 11 audit	Named GP and	For GPs to become an
the Board	CCG	recognise safeguarding	Section 11 practice visits		·	visit to all practices in	Safeguarding	integral part of safeguarding
establish		but more needs to be	to all GP practices in		Case conference time and	Thurrock completed	Team	process and for them to
whether this is		done to engage them to	Thurrock to highlight		venue not suitable for GP			recognise their role/
a significant		contribute to the wider	these issues.		to attend.			responsibility with regarding

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issue and which needs addressing?

	safeguarding work	CCG will highlight the need for GP to participate and be fully engaged with wider safeguarding network at GP safeguarding lead forum and safeguarding training and the face to face practice visits.  All Practices to have a Named Safeguarding GP Lead  CCG will work with NHS England Named GP to address / highlight / escalate practice issues.	G	Appropriate Information not shared with GP in a timely way	Raised at the August GP forum. Recommendation to TLSCB to commence an audit of GP referrals on CSE related and Neglect cases. Discussed with Safeguarding Leads during Post Section 11 audit to all practices in Thurrock. All GP practices in Thurrock have an identified Safeguarding Lead. List circulated to CSC and TLSCB Business Support Team  Ongoing discussion around escalation. Encouraging GP's to challenge agencies around safeguarding. GP's to share any concerns and disagreed referrals to MASH/CSC		to identifying young people who are or may be victims of CSE
	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted	No evidence offered by police - accepted
Children's Social Care & Education	This is a local & national issue.	Review local and national data, SCRs and research.	G		Ongoing	N/L	Improved engagement is facilitated for GPs.
	Cafcass are unable to comment on this issue						
	YES , needs to be addressed.						
Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions

	BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist	N/A	G	N/A	Complete		
7b. How will the Board explore the engagement of GPs in the safeguarding network?  Page 107	Thurrock CCG		As mentioned above  CCG / Named GP will facilitate GP safeguarding forum to discuss the outcome of the case review and share findings.	G	Lack of Link Meeting between GP safeguarding lead and HV/SN	DN held a meeting with the newly appointed Named Doctor to discuss the SCR action plans. SCR was on agenda for GP forum in August. Discussed importance of GP role and engagement with CP/Safeguarding procedures. Mandatory/Statutory protected time for training on Safeguarding Children. RCGP Tool Kit 2014 circulated to all GP's. Safeguarding team working closely with the new Named GP encouraging GPs to have MDT meetings	Associate Designate Nurse	
			CCG/ NHS E / Named GP will encourage GP at their meeting to share / offer suggestion on how best to improve engagement.	G		Ongoing through training and forums. Discussed at GP forum in August. GP views shared with LSCB & Local Authority	Safeguarding Team	

Police

	Engagement has been explored through Safeguarding S11 GP practice visit and any CCG safeguarding contacts with GPs	G		All GP practices in Thurrock have received safeguarding audit contact. Report on practice feedback available on request. GP's role and expectation in Safeguarding are re- iterated at every contact	Associate Designated Nurse	
	CCG to encourage providers to have seamless pathway for information sharing with GP  CCG to continue to encourage/promote safeguarding link (HV/SN) meeting between practice Safeguarding Lead and frontline practitioners	G		Email sent to service managers to encourage them to provide an update list of link of HV/SN to all GPs in the area. Encourage GPs to establish MDT meeting between GPs, HV, S/N and allied health professionals	Safeguarding Team  Associate Designated Nurse	
	CSC / Named GP to offer Safeguarding lead shadowing opportunities.	A		This has been discussed with the Named GP. To be discussed with CSC	DN	
	CCG Safeguarding Team to incorporate findings of case review into GP Protect Time To Learn.	G		CSE & SCR Julia has been incorporated into GP training delivered at TTL in June Workshop on 31/10/14 GP safeguarding Lead forum	Safeguarding Team	
Police are not able to contribute to this issue	Police will monitor referrals from GPS into the CSE Triage Team.	G	N/A	CSE TT data to be provided to LSCBs as part of Police data set.	D/Supt Mark Wheeler	Provision of LSCB data form Police.

Social Care	CSC managers and LSCB members to regularly attend GP Forum.	CSC managers and LSCB members to regularly attend GP Forum.	G	Dates proposed for CSC Head of Service to attend GP Forum	AC	Effective partnership with GPs lead to early identification of CSE; CSA and peer on peer abuse.
CAFCASS	Cafcass are unable to comment on this issue					
NELFT	NELFT to ensure staff engage with GP's when safeguarding issues are identified	All GP's in Thurrock to receive contact details for named HV/SN services bi annually	G	Sept 14 Lists of HV/SN sent to GPs	Head of Universal Services	Effective communication pathways are established with GP's to ensure effective and high quality safeguarding
		Reminder cascaded via email/team meetings to be sent to staff to ensure they alert named GP and share information where safeguarding concerns identified for a child/YP	G	Sept 14 Email sent to clinical leads to cascade to staff 23.09.14  Clinical leads to also discuss in team meetings and send minutes as evidence	AD Children's' Services	Processes are in place to reduce risks to children and young children
		Role of GP in safeguarding network to be included in safeguarding children training	G	Training amended	Named Nurses	
	As an organisation we do not work directly with children					
BTUH	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist		G			

	Education	Education are aware that schools often have important links with GPs and may therefore be in a position to provide further information on this concern through contact with safeguarding leads	contact with GPs as part of safeguarding audit	G	Ongoing	NL/AC	Effective partnership with GPs lead to early identification of CSE; CSA and peer on peer abuse
7c. What are the options for addressing this issue?	Thurrock CCG	Suggestions from GPs	Children Social Care to consider: Changing case conference time/venue	G	DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services	DN	
P			Explore other ways of engaging GPs in conferences/ CIN meeting e.g. telephone conferencing.	G	DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services	DN	
Page 110			Holding some CIN meeting/ Case conference/ at GP practices.	G	DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services	DN	
			Use agreed Section 47 form devised by GP and CSC (2012)	G	DN to raise with CSC Heads of relevant services (Head of CATO & CP & QA Services	DN	
	Police	The suggestion from CCG regarding telephone conferencing will support earlier suggestions made by police to explore IT solutions to case conference and strategy meetings to secure better attendance. No other evidence offered by Police regards this issue.	Explore options around IT and teleconferencing	G	Police to engage with CSC and CCG around ICPC options.	DCI Tracey Harman	N/A

Social Care &	As suggested by GPs the following proposals are being explored by CSC and the CCG	Children Social Care to consider changing case conference time/venue	G	To be progressed at GP Forum Meeting	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		Explore other ways of engaging GPs in conferences/CIN meeting e.g. telephone conferencing	G	To be progressed at GP Forum Meeting	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		Holding some CIN meeting/ Case conference/ at GP practices.	G	To be progressed at GP Forum Meeting	YA/AC/NL	Increase ability of GPs to manage their surgeries and attend CP conferences and CIN meetings.
		An educational MASH video is being made to assist GPs and other professionals in making referrals to CSC	G	Filming is complete and video is being edited; on track for March 15 completion target	YA/AC/NL	Increase awareness of referral pathways
CAFCASS	Cafcass are unable to comment on this issue					
NELFT	Ensure effective communication from NELFT to GPs	GP surgeries to be informed of link HV and SN	А		Head of Universal Services	Effective communication pathways are established with GPs to ensure effective and high quality safeguarding process' are in place to reduce risks to children and young people
Probation	No Response					
ВТИН	This is not a recognised issue for BTUH as GP's are an integral aspect in relation to any child where safeguarding concerns could potentially exist		G			

Chapter 4 of Review Report - ADDITIONAL LEARNING

#### 1. The importance of holistic assessments

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

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

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

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

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

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

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
8a. Does the Board recognise that the quality of	Thurrock CCG	This is not applicable to the CCG	directly with Children and	This is not applicable to the CCG				
assessment in Thurrock is an issue for the safety and wellbeing of children and young people?	Police	Whilst the police contribute to assessments in terms of information sharing, they are not responsible for completing them and so this is not applicable. As a member of the board however, it is recognised that the quality of assessments is critical to assess the needs of children.		N/A	N/A	N/A	N/A	N/A

Children's Social Care	The awareness and quality of assessment re: CSE has improved but as is the picture nationally, ongoing work is taking place to continually improve the consistency of high quality assessments in this area.  Assessments are holistic and continued to challenge is required re: any assessment that fails to take into consideration the needs of all children in the household	training. Managers to monitor assessments for potential CSE risks before approving. Managers to equally ensure that all children within the household have been considered as part	G		Completion in April 15 of thematic audit of current and historic CSE cases. Medium to high risk cases over a period of the last 5 years from 2014. Ongoing individual case feedback from auditor to improve any areas of immediate practice. Ongoing management oversight of C&F assessments re: ensuring these adequately cover all children in the household.	AC/NL/RM	Assessments clearly identify and lead to prompt actions re: risks of CSE & CSA. Staff feel confident, well trained & supported to assess and address CSE, CSA & neglect.
CAFCASS	No response						
NELFT	Yes, family assessments should be completed, NELFT promotes think family approach						
Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions
BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	community services	Organisation	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services

	Education	Schools will require ongoing advice and support to ensure that all information relevant to individual children and their families is appropriately recorded in school giving a long term picture of needs which is included in assessments	Ongoing training support in schools regarding their role in information gathering	G		Advice to Headteachers through bulletin and briefing March 2015. training for schools in summer term 2015	NL/AC	Effective & holistic assessment and information sharing by school staff
8b. Does the introduction of the Single Assessment provide an opportunity to improve the	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
quality of assessments, and sure that choistic approach is		This is not applicable to the police as police, whilst contributing, do not produce the assessment.	N/A	N/A	N/A	N/A	N/A	N/A
taken?	Social Care & Education	introduced in April 2014 in Thurrock. The principle objective of SA is that it captures and reflects on child's journey starting from early intervention (CAF) through to Children Social Care with a holistic approach to consider the family as an unit rather than the assessment only focusing on the subject child.	safeguarding hub) undertaking initial CSE risk assessments (where appropriate) to increase	G		Audits in Dec 14; March 15 & June 15 - ongoing spot-checks and periodic thematic audits	RM/NL	Evidence of an initial CSE risk assessment by MASH being completed on relevant cases and leading to appropriate further assessment and initial actions.
	CAFCASS	No response						

	NELFT	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these		Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these
		No Actions					No Actions	No Actions
	BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	Organisation	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
8c. Does the Board have any	Thurrock CCG	No response						
evidence about the quality of Assessments local pand what the barriers to effective practice might		Police do not produce assessments but contribute by way of information sharing. Assessments are not routinely reviewed by police so unable to comment.	N/A	N/A	N/A	N/A	N/A	N/A
be?	Social Care &	Quality of CAFs to be monitored and improved within single and multi- agency audits. Audit outcomes to be feed into training needs analysis.	Complete single and multi-agency audits periodically throughout 2014/15 and embed into audit cycle for 2015/16	G		CSC single agency audits Dec 14; Jan 15 & March 15 - Multi-agency audits by LSCB	RM/ CM/NL	Assessments where appropriate clearly consider CSE. Training is offered to multi-agency network to improve quality of assessments
	CAFCASS	No response						
	NELFT	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these		Social Care lead on assessments so unable to comment on the quality of these	Social Care lead on assessments so unable to comment on the quality of these

	Probation	As an organisation we do not work directly with children						
	BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	Organisation	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
8d. Does the Board have an awareness of the key issue for effective assessment of young being sexually exploited and what needs to be put in place to optimise assessment practice in this area?	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
	Police	of exploitation from all agencies. They have a good understanding of	Review of CSETT processes to ensure the receipt and gatekeeping of referrals is sound and based on risk factors, intelligence and all available information. The referral pathway is a priority for the SET Strategic CSE Board for 2015-16 and will be reviewed by a TF group to ensure it is fit for purpose	G		New terms of referrence and process for CSETT implemented in January 2015. TF Group to review referral pathways work is ongoing.		Streamlined referral pathways and easy referral from GPs to Police and other agencies.
	Children's Social Care	CSE risk assessment to be undertaken on all young people over 10 who go missing.	Complete & review CSE risk assessments on current missing cases.	G		Nov 14 & Audit March 15	NL/JW/PC/RM	All children who regularly go missing have effective CSE risk assessments.
	CAFCASS	No response						
	NELFT	CSE risk assessment to be completed						
	Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions

	BTUH	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services	As an Organisation BTUH does not feel able to comment as they are not an agency involved with community services
	Education	Schools need to be fully aware of the risks of CSE		G		Ongoing	NL/LSCB/AC	Schools are able to consistently identify & address CSE risk factors
8e. How will the Board know it has been	Thurrock CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG	This is not applicable to the CCG
successful? Page 117	Police	By the monitoring of referrals and outcomes by the SET CSE strategic group to assess recognition of risk factors.	The SET CSE strategy group to consider an appropriate data set to monitor effectiveness of CSE recognition and referral across the county. SET Strategic CSE board will report into the LSCB to update on progress.	G		By end of June 2015	D/Supt Investigations, Crime and Public Protection	
	Children's' Social Care	Evidence on LCS of clear identification of young people understood to be at risk of CSE	Complete CSE Risk assessments on current cases.	G	LCS ability to flag cases, discuss with Liquid Logic and consider upgrade to CSE workspace when available in June 15.	March 2015 and ongoing as new cases identified.	JW/NL/PC/RM	CSE risk assessments are embedded into practice and regularly reviewed
	CAFCASS	No response						
	NELFT	Identification of young people at risk of CSE and appropriate intervention put in place						
	Probation	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions	No Actions

втин	BTUH does not feel able to comment as they are	comment as they are not an agency involved with community services	Organisation BTUH does not feel able to	comment as they are not an agency involved with community services	BTUH does not feel able to comment as they are not an agency involved with community services	Organisation BTUH does not feel able to	
Education	Statutory safeguarding reports from schools & multi-agency audits	Statutory safeguarding reports from schools & multi-agency audits	G		Ongoing		CSE screening and appropriate referrals are embedded into practice

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

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

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

Questions	Agency	Response	Actions	RAG	Constraints/Problems	Target Date/Evidence	Lead Person	Desired Outcome
9a. How will	Thurrock	This is not applicable to	The CCG does not work	The CCG does	The CCG does not work	The CCG does not work	The CCG does	The CCG does not work
the Board	CCG	the CCG	directly with Children and	not work	directly with Children and	directly with Children and	not work	directly with Children and
know that			Families	directly with	Families	Families	directly with	Families
these changes				Children and			Children and	
have occurred				Families			Families	
and are								
embedded in								
practice?								

Police	The Board will be required to monitor referrals made about this age group and track the outcomes and thresholds met to satify themselves. The police conduct joint investigations with CSE and Section 47 are audited at the Audit Group. Continuation of CSE Chamption Training to highlight CSE as an issue, covering all ages up to 18 years.	The Audit Group to consider an audit of referrals about this age group and assess against threshold for Section 47.	A			Chair of Audit Group	The audit to evidene that the threshold for Section 47 is applied farily to all age groups to allow access to services
Children's Social Care & Education	Strengthen SET procedures regarding sexual exploitation and use of CP procedures. Monitor CP rates in relation to teenagers.	Review & update SET procedures. Undertake multi-agency audits of adolescent CIN cases against thresholds	G		Revised SET procedures have been completed. Audits are ongoing	NL	Updated procedures that incorporate learning from 'Julia'; Jay Report and Ofsted Thematic on CSE. Thresholds are applied appropriately and cases escalated where necessary using full legal powers open to the LA
CAFCASS	No response						to the Liv
NELFT	staff to ensure referrals are made for all young people who have suffered significant harm and abuse	Monitor acceptance of adolescent referrals through MASH/cases brought to supervision for escalation					
Probation	Probation – the children and families practice instruction includes reference to offender managers escalating concerns through a manager.			November 2014 - update. There has been some delay in the dissemination document being discussed with staff. This has now been addressed and it is anticipated that the review will have been disseminated by the end of December 2014.	31/12/2014	Alex Bamber	

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	BTUH recognises that Children's Safeguarding relates to all patients that come into any area of our Service. At present time this is Children and Young People aged 0 – 18th birthday which is reflected in current training and education						
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14 July 2015	ITEM: 9				
Children's Services Overview & Scrutiny Committee					
Adoption and Permanence Services Partnership					
Wards and communities affected: Key Decision:  Key					
Report of: Carmel Littleton, Director of	Children's Services				
Accountable Head of Service: Andrew Carter – Head of Children's Social Care					
Accountable Director: Carmel Littleton – Director of Children's Services					
This report is public					

## **Executive Summary**

The Adoption and Children Act 2002 provides the framework for the local authority in implementing plans for the adoption of children. Section 3 of the Act places a duty on local authorities to maintain an adoption service within their area and sets out the minimum facilities that must be made available in the provision of the service.

The local authority is not obliged to provide all the facilities itself but may make use of the services provided by voluntary adoption agencies and adoption support agencies or other suitable service providers.

Thurrock as of yet has not fully developed a programme for 'fostering to adopt' to promote early permanency and avoid changes in placement for children. As a single agency it is not considered viable for Thurrock to fully develop such a programme successfully and therefore partnership arrangements are required to achieve maximum benefit.

In order to increase the pool and diversity of prospective households and maximise post adoption support, Thurrock is looking to form a strong partnership with a leading adoption agency with a strong track record of adoption support.

In the context of significantly changed market conditions there is a need to ensure continuing, timely high quality assessments and placements for children and resilient services for adopters. There is also the need to address inspection requirements in ways which can ensure flexible management and deployment of social work resources as well as addressing the need for permanence planning in conjunction with the Children's Social Care teams.

At Cabinet on the 8<sup>th</sup> July it was proposed that Thurrock enter into a partnership with Coram for a 3 year period through a grant agreement, in line with appropriate delegated decision making levels for the Council. This will enable benefit realisation for Thurrock's children, timely delivery and responsiveness to the agenda for change/improvement and identified key performance indicators.

#### 1. Recommendation(s)

1.1 That members of the Overview & Scrutiny comment on the development of a partnership by way of a grant agreement to provide an integrated programme of activity to optimise adoption outcomes for children following the decision at Cabinet on July 8<sup>th</sup>.

# 2. Introduction and Background

- 2.1 The Adoption and Children Act 2002 provides the framework for the local authority in implementing plans for the adoption of children. Section 3 of the Act places a duty on local authorities to maintain an adoption service within their area and sets out the minimum facilities that must be made available in the provision of the service. The Education and Adoption Bill (2015) builds on the 2002 Act proposes new power for the Secretary of State to require local authorities to work together or work with an adoption agency.
- 2.2 The local authority is not obliged to provide all the facilities itself but may make use of the services provided by voluntary adoption agencies and adoption support agencies or other suitable service providers.
- 2.3 It is with regard to this option that this report is provided to consider the options for delivery of some elements of the adoption process and make recommendations for the future delivery of these.
- 2.4 Thurrock is a small adoption agency and has previously benefited from economies of scale by being part of an adoption consortium with Southend and Havering Councils. Following a decision by Havering Council to withdraw from the consortium, Thurrock has a memorandum of understanding in place with Southend. This is a viable arrangement in the short term but does not provide Thurrock with the capacity to make significant developments and advances in the field of adoption both locally and nationally.
- 2.5 Thurrock have been successful in the generic recruitment of prospective adopters but needs to be able to target recruitment to meet the needs more specifically of children needing adoptive families and to expand the options of permanency via adoption to meet the needs of older children, children with disabilities and children with complex needs.

- 2.6 On currently published data (Adoption Scorecard) children in Thurrock, on average between 2011-14, waited 710 days between becoming looked after and being placed with an adoptive family. It is the desired outcome of partnership arrangements that Thurrock will be able to accelerate the current rate of improvement and bring the average times that children wait below the England average.
- 2.7 Thurrock as of yet has not fully developed a programme for 'fostering to adopt' to promote early permanency and avoid changes in placement for children. As a single agency it is not considered viable for Thurrock to fully develop such a programme successfully and therefore partnership arrangements are required to achieve maximum benefit.
- 2.8 In order to increase the pool and diversity of prospective households and maximise post adoption support, Thurrock is looking to form a strong partnership with a leading adoption agency with a strong track record of adoption support.

## 3. Issues, Options and Analysis of Options

- 3.1 In the context of significantly changed market conditions there is a need to ensure continuing, timely high quality assessments and placements for children and resilient services for adopters. There is also the need to address inspection requirements in ways which can ensure flexible management and deployment of social work resources as well as addressing the need for permanence planning in conjunction with the Children's Social Care teams.
- 3.2 The national child and family charity Coram approached Thurrock Council with regard to working in partnership to develop adoption services in Thurrock supported by a grant they have received from the Department for Education.
- 3.3 Coram has extensive experience in providing adoption support services and recent evaluation showed that adoption was successful for 99% of children placed through their adoption services. Their services are able to bring additional expertise and capacity to the current local authority provision to find and prepare prospective adoptive parents who can best meet the needs of Thurrock children in care.
- 3.4 The model being proposed by Coram would provide a hub approach bringing together a number of local authorities to achieve an increased range of prospective adopters for Thurrock children and increased opportunities for Thurrock potential adopters.

- 3.5 The development of a partnership agreement would provide an integrated programme of activity to optimise adoption permanence outcomes for children in Thurrock by means of:
  - adopter recruitment, assessment and approval by an Ofsted registered / judged outstanding agency
  - recruitment, assessment and approval of concurrent planning/foster to adopt carers
  - provision of the adoption and concurrent planning panel
  - hub access to Coram's Parent and Adoption Support Services (PASS)
  - flexible deployment of capacity/skills to address local needs
  - partial management of the Thurrock Adoption services to agreed delivery model
  - delivery as relevant to permanence planning for example SGO assessments, and/or broader management and supervision and QA activity.
  - Case by case post adoption support services on request to be supplied by Coram in dialogue as to required input to needs and availability;
  - Improved use of resources
- 3.6 Practice excellence is at the heart of considerations by officers with regards to the development of this model and members are asked to note that in recent (February 2015) inspections, Coram is judged Outstanding in every category by OFSTED for both Adoption and Fostering.
- 3.7 In addition Coram Capital Adoption aims always to provide the best possible preparation and support for adopters and offers a range of additional support services including parenting skills groups, music and art therapy and clinical expertise.
- 3.8 If it is agreed to develop this partnership model with Coram Capital Adoption the aim is to enhance early permanence to reduce drift and delay for children within the care system, further drawing on Coram's long established expertise in concurrent planning and early permanence reflecting child focussed delivery.
- 3.9 The delivery would be underpinned by Investment in staff and exemplary professional standards, CPD, supervision and learning to meet new challenges underpins quality delivery.
- 3.10 Coram's track record in current planning and formation of a Coram Capital Advisory Group will advance working relationships with the courts and CAFCASS in particular to underpin early permanence planning for children and continuous learning for confident evidence based delivery of services.

- 3.11 The development of a pilot project to move delivery through Coram Capital Adoption will bring:
  - Improved outcomes for children and cost benefit of earlier placements secured through broader placement choice (from the wider pool of Coram adopters) and through concurrent planning and fostering to adopt;
  - Cost-efficiency by shared services e.g. single panel, effective deployment of hub expertise;
  - Sustainability from scale and mixed economy protecting small delivery units from market volatility;
  - Delivery based on diagnostics informing service improvement and planning releasing new potential within the system for sustained delivery;
  - Innovative matching and adoption support practice including marketing strategy and concurrency planning and training;
  - Robust accountability in the context of legal, policy and regulatory standards;
  - Flexible and responsive delivery presumption informed by local partnership, vision and effectiveness models;
  - Generative approach to champion high standards and direct expertise and resource to where it is most needed by virtue of market developments, service feedback and information from service feedback and evaluation, and,
  - Membership of Coram Capital Adoption Advisory Board with representation from Judiciary and Cafcass and LA shared expertise

#### 3.12 Thurrock and Coram Partnership Proposal

- 3.13 The proposal is for Coram and Thurrock to enter into a partnership for a 3 year period through a grant agreement, in line with appropriate delegated decision making levels for the Council. This will enable benefit realisation for Thurrock's children, timely delivery and responsiveness to the agenda for change/improvement and identified key performance indicators.
- 3.14 The proposal enables the impact of market volatility to be monitored and service reshaping through a variable cost model so that flexibility is in built to the delivery approach. An advisory group to Coram Capital Adoption with Thurrock Council and legal and recognised professional experts will be formed to advise and inspire opening up new avenues for support.
- 3.15 Practical focus on the shape and design of the partnership service specification is under consideration aimed to reflect the best solutions mutually agreed for enhanced delivery. It is not proposed that there will be any staff subject to TUPE due to the high vacancy levels currently in Children's Social Care teams.
- 3.16 A robust quality assurance process and reporting framework will ensure effective delivery alongside supervision and continuous professional development for co-located social workers in line with best practice

#### 3.17 Financial parameters

- 3.18 Based on current demand it is estimated that 5 adoption placements will be required in year one. These currently cost £28k per placement (total estimated annual cost £140k), by purchasing this through the proposed partnership the total annual cost will be £131k. This includes Coram staff and management services fee.
- 3.19 This model provides capacity for up to 5 adoption placements on the basis of the standard ratio of social work time to assessment. If there are less than 4 or more than 6 placements, the resourcing requirement will be re-examined in partnership. In addition Thurrock will provide accommodation within existing resources whilst Coram will provide capital funding under grant for the implementation of the CHARMS database to enable consistent reporting. Once the CHARMS system is set up there will be a one off CHARMS implementation cost for detailed due diligence to maintain improved report performance once the system is set up and to cover the duration of the initial contract period.
- 3.20 Thurrock will retain full control over its adoption allowance commitments and any interagency fee required for a child will be addressed by Thurrock on a variable cost basis. At its discretion but subject to Coram capacity and agreement, Thurrock will hold a designated commissioning allocation and could under the agreement and subject to availability commission the following elements by spot purchase:
  - Additional assessments (beyond team capacity) for SGOs, long term foster care or non-agency approvals at an agreed rate of £3k per assessment
  - Wider training and development or systems design on a bespoke basis
  - Additional quality assurance supervision for at a cost of £5k per staff member to be supervised (based on £400 per day).

#### 3.21 Added value and unique contribution

- 3.22 Coram, as a voluntary adoption agency equipped to cover the range of services required and with a track record of success in such local authority partnerships and London specific presence. In addition, Coram has secured grant funding which will provide specific additional benefits for the lifetime of the Partnership Agreement by means of:
  - Training and practice improvement in adoption and adoption support delivery (DfE VCS grants) and including access to specialist support for adopters with children under 5 and access to the Coram Academy offer where applicable
  - Participation in the Concurrent Planning/Fostering to Adopt Learning set with a value of £2k pa
  - Specific value contribution to Thurrock under the CVAA expansion grant to Coram CapitalAdoption for partnership formation, permanence development and investment in the management database (CHARMS) at a value estimated at £10k
  - Free diagnostic analysis of 3 year trends and patterns to inform future service planning

# 3.23 Services to be retained by Thurrock Council in keeping with its statutory duties.

- 3.24 The local authority will maintain the following service provision in line with its statutory duties:
  - Adoption Panel functions (children / matches)
  - Agency Decision Maker functions for children and matches
  - Family finding service with a view to progressive integration
  - Inter-country adoption
  - Life story work/later life letters/letterbox contact
  - Post Adoption Support Fund & Adoption Allowances
  - Office accommodation for co-located staff and interface IT networks

- 3.25 There is flexibility within the proposed model to enable it to evolve over time, adapting to the needs of the local authority however the expected advantages are as follows:
  - Improved outcomes for children and cost befit of earlier placements
  - Cost efficiency from shared services
  - Sustainability from scale and mixed economy protecting small delivery units from market volatility
  - Informed delivery based on diagnostics and wider findings
  - Innovative matching and adoption support practice to meet the needs of adopters and harder to place children who by characteristic of age, length of time in care, sibling group, BME community or disability or recognised complexity of need, require additional targeted focus to make suitable placement delivery happen
  - Potential to create additional new resources to benefit children through their not for profit status and fundraising potential.
  - Robust quality and standards accountability integral to remit with Trustee Board oversight and Ofsted registration.
- 3.26 Officers therefore make the recommendation that a three year grant agreement be entered into as an innovation project that provides the flexibility to adapt the agreement should demand fall. This model provides greater financial stability for the Council.
- 3.27 Our average time between a child becoming looked after and placed for adoption for children adopted between 2010-13 was 784 days. Some of the 784 could be explained in terms of 'legacy' cases but this remains an area that we are committed to making no excuses, learning and developing best practice for children.
- 3.28 Our average time between a child becoming looked after and placed for adoption for children adopted between 2011-14 was 710 days compared to an England average of 628 & SN average of 655. Our 2011-14 average is therefore shorter than our 2010-13 average.
- 3.29 Our average time between a court providing authority to place a child and the local authority deciding on a match for 2010-13 was 323 days. Our average time between a court providing authority to place a child and the local authority deciding on a match for 2011-14 was 244 days compared to the England average for the period of 217 days (SN average of 227). Our 2011-14 average is therefore again shorter than our 2010-13 average.
- 3.30 While we are pleased with this progress and improved trend we recognise that we still have concerted work to do to bring our average level or below the England average which is our aim.

#### 4. Reasons for Recommendation

- 4.1 Thurrock is a small adoption agency and currently does not benefit from being part of an effective adoption consortium.
- 4.2 While Thurrock have been able to achieve progress in reducing the average number of days between children becoming looked after and being placed for adoption, Thurrock lacks the capacity on its own to maximise opportunities to develop further and take significant advantage of new developments within the field of adoption. This direction of travel is in line with the requirements of the Education and Adoption Bill (2015)
- 4.3 A partnership arrangement will allow Thurrock to:
  - Benefit from economies of scale within the adoption market in meeting local, regional and national need;
  - Provide the capacity to build on and improve the timeliness of placement for adoption for children where adoption is in their best interest;
  - Provide the capacity for Thurrock to explore early permanency approaches that reduce delay for children and potential changes in placement (e.g. 'fostering to adopt');
  - Expand the provision of adoption support pre and post the making of an adoption order (for newly approved adopters under the partnership arrangements);
  - Provide flexibility in assessments for permanency and changes in the profiles of children needing permanency.

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

- 5.1 Consultation will take place with staff and Children's Overview and Scrutiny and the Corporate Parenting Committee to support the development of a robust quality assurance and monitoring process and ensure that the partnership delivery is subject to scrutiny.
- 6. Impact on corporate policies, priorities, performance and community impact
- 6.1 This report has a positive impact on the following Corporate Priorities:
  - create a great place for learning and opportunity
  - build pride, responsibility and respect
  - improve health and well-being

## 7. Implications

#### 7.1 Financial

Implications verified by: Kay Goodacre

**Finance Manager** 

In this partnership there is the opportunity to improve outcomes for children and adopters whilst achieving better economies of scale. By entering into a grant agreement there is the flexibility to alter the annual costs should demand reduce or change significantly thus reducing financial risks to the Council. As well as improved outcomes for the child reducing the waiting time for adoption has the potential to significantly reduce the costs of interim placement arrangements.

# 7.2 Legal

Implications verified by: Lindsey Marks

**Principal Solicitor Children's Safeguarding** 

The Adoption and Children Act 2002 provides the framework for the local authority in implementing plans for the adoption of children. Section 3 of the Act places a duty on local authorities to maintain an adoption service within their area and sets out the minimum facilities that must be made available in the provision of the service.

The local authority is not obliged to provide all the facilities itself but may make use of the services provided by voluntary adoption agencies and adoption support agencies or other suitable service providers. This proposal ensures that the local authority continues to meet its statutory duties.

The use of a grant agreement rather than a contract provides the flexibility to review the provision annually and adapt it as the needs change. As this is a new venture for Thurrock this approach best meets the needs of children whilst supporting the development of innovation.

#### 7.3 Diversity and Equality

Implications verified by: Karen Wheeler

**Head of Strategy & Communications** 

This proposal supports the provision of support and placement of the most vulnerable children thus reducing the risk of inequality and poorer outcomes. It also improves the early permanence for children who may otherwise be hard to place by increasing the pool of adopters available to meet specific needs.

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):
  - Adoption Statutory Guidance 2013: <a href="https://www.gov.uk/government/publications/adoption-statutory-guidance-2013">https://www.gov.uk/government/publications/adoption-statutory-guidance-2013</a>
  - Background information on Coram Services <a href="http://www.baaf.org.uk/webfm\_send/3216">http://www.baaf.org.uk/webfm\_send/3216</a>
- 9. Appendices to the report
  - None

## **Report Author:**

Sue Green

Strategic Leader Children's Commissioning & Service Transformation Children's Services



14 July 2015	ITEM: 10				
Children's Services Overview & Scrutiny Committee					
Shaping the Council and Budget Update					
Wards and communities affected: Key Decision:					
All	Key				
Report of: Councillor John Kent, Leade	r of the Council				
Accountable Head of Service: Sean Clark, Head of Corporate Finance and Section 151 Officer; Karen Wheeler, Head of Strategy & Communications					
Accountable Director: David Bull, Interim Chief Executive					
This report is Public					

#### **Executive Summary**

The Council set a balanced budget for 2015/16 having made some difficult decisions about where savings could be made which resulted in service reductions. The cumulative effect of £83.2m savings over 6 years now visibly impacts on communities. The ability to make further savings through efficiencies and 'top slicing' service budgets is increasingly challenging, pushing some services to statutory limits and unsustainable levels.

This report sets out the Medium Term Financial Strategy (MTFS) and need to meet an estimated budget gap of over £26m for the four years between 2016/17 and 2019/20. This is in the context of a growing population and service demand pressures within children's and adult social care and housing, and legislative changes such as the Care Act.

A robust approach to budget planning is needed more now than ever. Work has started on how we can improve the strategic approach to shaping the Council in this financial context with Leadership Group workshops in Strategy Week in June and cross-party consideration of the complexity and scale of the challenge that lies ahead.

This report seeks Cabinet endorsement of the Shaping the Council approach for 2016/17 and beyond. This work aims to develop sustainable and innovative solutions for our services and towards a Council that retains a focus on growth and is contemporary, digital, empowering and entrepreneurial for the benefit of all Thurrock's residents.

1. Recommendation(s):

That the Cabinet:

- 1.1 Note the Medium Term Financial Strategy (MTFS);
- 1.2 Endorse the approach to Shaping the Council and budget planning for 2016/17 and beyond including the establishment of a cross-party Budget Review Panel.
- 2 Introduction and background
- 2.1 The Council set a balanced budget for 2015/16 having made some difficult decisions about where savings should be made resulting in service reductions. The cumulative effect of £83.2m savings over 6 years now visibly impacts on individuals and communities where services have reduced or stopped and on the appearance of the borough.
- 2.2 The ability to make further savings through efficiencies and 'top slicing' service budgets is increasingly challenging, pushing some services to statutory limits and unsustainable levels. A robust approach to considering the future shape of the Council and budget planning process is therefore required.
- 2.3 In previous years the approach has been to set budget targets for services with proposals largely developed in isolation to meet the gap with little or no options and choices for Cabinet to consider. Communication and engagement with residents, stakeholders and staff has been limited apart from through formal consultation mechanisms. Although opportunities for Overview and Scrutiny Committees to consider the proposals have been built in to the overall approach and timetable, this could have been more effective.
- 2.4 The approach to shaping the Council for 2016/17 and beyond must therefore aim to develop sustainable and innovative solutions for our services and establish a direction of travel towards a Council that retains a focus on growth and is contemporary, digital, empowering and entrepreneurial for the benefit of all Thurrock's residents with a significantly reduced budget.
- 2.5 This report provides an update on the Medium Term Financial Strategy (MTFS) which shows savings required of £26m for the four years 2016/17 to 2019/20, and proposed approach to shaping the Council and finding longer-term solutions to addressing the gap.
- 3 Medium Term Financial Strategy (MTFS)
- 3.1 Statements from the government have been clear. Austerity measures and for local government that means further reductions in resources provided by the government will not only continue to reduce but will reduce at a higher level than seen in the previous five years. This is reflected in the Council's MTFS projections, the impact of which is set out in this report in monetary terms.

- 3.2 The figures used for this report reflect announcements made in the Autumn Statement in 2014 and the national budget in March 2015. Announcements before and after the parliamentary elections in May 2015 have clearly suggested that these may be increased and accelerated. Councils are expecting further direction in the budget on 8 July 2015, the date of this meeting, and a further update will be provided at the meeting as necessary.
- 3.3 Before moving onto the MTFS for future years, it is worth considering what has already been achieved. The following table is an extract from the Portfolio Holder report for Strategy and Finance considered by Council on 24 June 2015. It has been updated to show where the majority of savings and unavoidable growth, over the period 2010-2016, have been achieved so as to give Members the full context of the financial impact on services:

3.4

Savings Requirements	2010/11 - 2014/15	2015/16
	£m	£m
Reduced Grant	25.0	9.9
Inflation / Service Pressures / Other	36.4	11.9
Savings Requirements	61.4	21.8
Cumulative	61.4	83.2

Planned Savings and Unavoidable Growth	2010/11 – 2015/16 £m			
	Savings	Growth	Net	
- Adults, Health and Commissioning	(13,601)	2,971	(10,630)	
- Children's Services	(17,839)	8,115	(9,724)	
- Environment	(8,199)	595	(7,604)	
<ul> <li>Planning and Transportation</li> </ul>	(4,696)	703	(3,993)	
- Chief Executive's Office and Delivery Unit	(9,360)	2,992	(6,368)	
- Commercial Services	(4,671)	22	(4,649)	
- Public Protection	(1,986)	265	(1,721)	
- Housing Services (General Fund)	(767)	673	(94)	

NB: there has also been significant cost avoidance and treasury related savings.

- 3.5 There are already a number of pressures within the 2015/16 budget that need to be considered and, if not resolved, become an addition to the 2016/17 projected deficit reported elsewhere in this report.
- 3.6
  - The report considered by Cabinet on 10 June 2015 reported a budget pressure of £1.546m that has come from the target saving of £0.700m from Serco and £0.846m from employees' terms and conditions not being achieved. This has been allocated to services to meet through additional inyear expenditure reductions;

- There remains a £0.200m pressure, as reported in previous reports, from no longer receiving shared service contributions towards the cost of senior management. The February budget was set on the basis that the restructure started by Graham Farrant would deliver these savings although any restructure has now been put on hold until the arrival of a new Chief Executive;
- The government has announced a £200m in-year national reduction to the Public Health Grant. If this was reduced in-line with original allocations to local authorities, this would mean a reduction of £0.614m to Thurrock. This would be difficult to achieve as the full award of £8m has been fully committed with at least 75% contracted out for the full year with any contract requiring 6 months' notice to terminate; and
- The commitment to Environmental Services announced at 10 June 2015
   Cabinet has an estimated impact of £0.550m in 2015/16 relating to charging
   for brown bins, a further £0.100m for four additional teams throughout the
   Summer and a further £0.219m as the Environment's share of the £1.546m
   target above. There is then a further increase of £0.250m in 2017/18.
- 3.7 To summarise, the impact on the MTFS to be met from either reserves or additional savings, is as follows:

	2015/16	2016/17
	£m	£m
Shortfall in Serco and Terms and Conditions targets  – all being delivered with the exception of Environment	0.219	-
Senior Management	0.200	-
Public Health grant	0.614	-
Environmental Services	0.650	0.250
Totals	1.683	0.250

- 3.8 Any 2015/16 pressure met through the use of reserves needs to be added to the 2016/17 total for MTFS terms. This is because a permanent saving will not have been achieved to meet the pressure and so the pressure remains within the base budget.
- 3.9 The latest version of the MTFS is attached at Appendix 1 and has been amended for the following material items:
  - An assumption that there will be a further Council Tax freeze grant and so no increase has now been factored in for 2016/17. Despite this, officers would still recommend an increase as the additional funding would protect services and, once in the base, provides more certainty over future years;

- The budget outturn report considered by Cabinet in June identified Minimum Revenue Provision (MRP) savings of £2.5m per annum and a net benefit to the GF of £0.3m per annum from the transfer of commercial properties; and
- The final accounts process has identified changes to the impact of the Council Tax and Business Rates Collection Fund on 2016/17.
- 3.10 The overall impact of the above has been to reduce the projected deficit for the period 2016/17 to 2019/20 of £29.8m of which £4.8m relates to 2016/17. Should there be no mitigating action on the 2015/16 pressures within the table at 3.3, these increase to £31.7m and £6.7m respectively.
- 3.11 It does mean that the budget setting methodology set out later in this report can and should take two different approaches that can run in parallel. The projected deficit of £4.8m £6.7m needs to be addressed for 2016/17 and can partly be achieved through efficiencies and use of the demographic provision within the MTFS and conversations with Serco about the future of the Strategic Services Partnership continue and should make a contribution towards this budget gap. In all probability, there will also need to be service reductions if the deficit is at the higher end.
- 3.12 If this can be achieved, this would allow officers and Members to concentrate on reshaping the Council and reaching agreement on proposals for implementation to impact the budget for 2017/18 and beyond.
- 3.13 To put all of the above in perspective, the Council's net published budget in 2010, increased for comparison purposes for Public Health, was calculated as £134m and, despite significant inflationary, demand and new burden pressures, is estimated to be circa £93m by the end of this decade.

#### 4 Shaping the Council

- 4.1 As set out above there is unrelenting pressure from reduced Government funding and other demands impacting on the Council's financial position. Work has started on how we can improve the strategic approach to shaping the Council in this financial context. Strategy Week, held in June 2015, focused on this challenge and brought together the Council's Leadership Group with other officers from across services, partners and Members to consider the areas of priority and cross-cutting opportunities. Discussions in Strategy Week reinforced how well placed Thurrock is and the unique opportunities available which could help alleviate some of the budget pressure.
- 4.2 The vision and priorities provide a consistent strategic ambition for Thurrock:

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

- Create a great place for learning and opportunity
- Encourage and promote job creation and economic prosperity

- Build pride, responsibility and respect
- Improve health and well-being
- Promote and protect our clean and green environment

In this context the Council needs to work towards financial self-sustainability through place leadership, facilitating economic growth, protecting the most vulnerable, and enabling communities and individuals. A Council that is **contemporary, digital, empowering** and **entrepreneurial** for the benefit of all Thurrock's residents.

#### **Strategy Week**

- 4.3 Strategy Week provided an opportunity to consider these challenges in more detail and the possibilities for changing the way the Council operates and provides services. Workshops were run with Leadership Group, other officers and health partners, including sessions on:
  - External partnerships
  - Managing demand and early intervention
  - · Implications and benefits of growth
  - Enabling communities
  - Alternative delivery models and income generation
  - Procurement
  - Health and social care integration
  - Workforce reform
  - · Communication and engagement
- 4.4 Specific examples of areas identified in Strategy Week for further work (in addition to existing initiatives) include:
  - Considering integrated public realm functions including services in environment, housing and highways
  - Reducing bureaucracy in internal processes including procurement, recruitment and ICT
  - Developing alternative service delivery models
  - Identifying projects for the next round of bidding to SELEP
  - Reintroducing Let's Talk (Cabinet and Directors Board question and answer sessions in the community) and increased use of social media
- 4.5 The outcomes from the workshop discussions will now be developed into a co-ordinated Shaping the Council work programme framed around becoming contemporary, digital, empowering and entrepreneurial. This will reflect work that is already underway and feed into the budget setting process where big strategic solutions will be identified as potential savings opportunities.

#### **Budget Review Panel**

4.6 As a key part of the Shaping the Council programme, a cross-party Budget Review Panel will be established to support a fundamental review of services

and how they are resourced. The Panel will hold a series of meetings informed by and running in parallel with the work coming out of Strategy Week. This has been agreed in principle with Group Leaders.

- 4.7 The purpose of the Panel is to:
  - Build and strengthen awareness and ownership of portfolio budgets and issues across Group Leaders, shadow portfolio holders and other opposition leads
  - Consider and comment on the Council's draft 2020 Vision, the four change programmes, and the on-going bottom up review of Council functions
  - To explore options for budget savings in either 2015/16 or 2016/17 to be taken forward through the autumn scrutiny process, ensuring proposals are broadly consistent with the 2020 Vision and direction of travel
  - To refer to Corporate O&S the task of overseeing the BRP process
- 4.8 Group Leaders, Deputy Group Leaders, the Interim Chief Executive and Head of Corporate Finance will form the Panel and attend all the sessions supported by the Head of Strategy and Communications. The Leader will Chair the Panel. Portfolio Holders and Directors will be invited to attend specific sessions.
- 4.9 The Panel will meet in August and early September. The first session will focus on Environment.
- 4.10 The Panel is not decision making. Areas identified by the Panel will be considered alongside the outcomes from Strategy Week and drawn together to identify areas for public consultation and review by Overview and Scrutiny (O&S) Committees. There is a role for Corporate Overview and Scrutiny Committee to take an overview of the Shaping the Council programme.

#### Communication and engagement

- 4.11 The Council's approach to communication, consultation and engagement with residents, stakeholders, staff and Councillors through Overview and Scrutiny Committees is a fundamental part of the Shaping the Council programme.
- 4.12 This requires a new approach beyond service specific formal consultation with residents to include a wide reaching awareness raising campaign and conversations with communities to understand their views on the potential strategic solutions in the longer-term, their ideas about what we could do differently and levels of services, and to engage them in thinking about how they can help through, for example, recycling effectively, reducing litter and volunteering.
- 4.13 Part of this approach will reintroduce Let's Talk Cabinet and Directors Board question and answer sessions in the community and increase the use of social media as well as maximising the use of other communication channels.

- 4.14 Engaging staff in the programme in terms of specific initiatives and in thinking about the scale and solutions for the longer-term challenge is vital, especially as 80% of Council staff are residents. This started in Strategy Week.
- 4.15 A detailed communication and engagement plan will be developed in line with the timetable below.
- 4.16 The overall outline timetable is suggested below:

Month	Activity
July 2015	Cabinet agree Shaping the Council approach
	Consultation on 2015/16 in year savings proposals starts
	Budget Review Panel meeting preparation
August	Budget Review Panel meetings
September	Budget Review Panel meetings
	Let's Talk sessions
	17 <sup>th</sup> – Corporate O&S receive update
October	Budget Review Panel meetings
	Let's Talk sessions
	14 <sup>th</sup> - Cabinet agree 2015/16 in year savings post consultation
	and 2016/17 savings for management action or consultation
November	11th - Cabinet agree 2015/16 in year savings post consultation
	and 2016/17 savings for management action or consultation
	19th - Corporate O&S update
	Let's Talk sessions
December	9 <sup>th</sup> - Cabinet agree any further savings post consultation and
	draft budget 2016/17
	Let's Talk sessions
January 2016	Let's Talk sessions
February	Cabinet recommend 2016/17 budget to Council
March	Implement agreed savings 2016/17
	Ongoing development of proposals for 2017/18+
April	Implement agreed savings 2016/17
	Ongoing development of proposals for 2017/18+
May	Local Elections
June/July	Cabinet agree savings proposals for 2017/18 for management
	action or formal consultation if required

## 5 Issues, Options and Analysis of Options

- 5.1 The issues and options are set out in the body of this report in the context of the latest MTFS and informed by discussions during Strategy Week and with the Leader and other Group Leaders.
- 5.2 Members could decide not to agree the proposed approach to shaping the Council and budget planning but an alternative methodology would need to be

developed in order to achieve the level of savings required to address the budget gap.

#### 6 Reasons for Recommendation

The Council has a statutory requirement to set a balanced budget annually. This report sets out a proposed approach to shaping the Council and budget planning for 2016/17 and beyond in the context of needing to achieve over £26m of budget reductions over four years.

### 7 Consultation (including Overview and Scrutiny, if applicable)

- 7.1 The approach to communication, consultation and engagement with residents, stakeholders, Overview and Scrutiny Committees and staff is set out above. This will include a wide awareness raising campaign and conversations with communities as well as consultation on specific savings proposals when identified.
- 7.2 Any internal consultation required with staff on specific proposals, particularly where there is a restructure, will be in line with HR policy and guidelines.
- 7.3 This report has been developed in consultation with the Leader, Portfolio Holders and Group Leaders, Directors Board and the wider Leadership Group as part of Strategy Week in June 2015.

# 8 Impact on corporate policies, priorities, performance and community impact

- 8.1 The implementation of savings proposals has already reduced service delivery levels and our ability to meet statutory requirements, impacting on the community and staff. Delivering further savings in addition to those previously agreed is particularly challenging in light of the cumulative impact of such a significant reduction in budget and in the context of a growing population and service demand pressures within children's and adult social care and housing, and legislative changes such as the Care Act. As such a new approach is proposed as set out in the report to establish sustainable and innovative ways of delivering services in the future to mitigate this impact.
- 8.2 There is a risk that some agreed savings may result in increased demand for more costly interventions if needs escalate particularly in social care. This will need to be closely monitored. The potential impact on the Council's ability to safeguard children and adults will be kept carefully under review and mitigating actions taken where required.

#### 9 Implications

#### 9.1 Financial

Implications verified by: Sean Clark

**Head of Corporate Finance/S151 Officer** 

The financial implications are set out in the body of this report and in the attached MTFS.

Council officers have a legal responsibility to ensure that the Council can contain spend within its available resources. Regular budget monitoring reports will continue to come to Cabinet and be considered by the Directors Board and management teams in order to maintain effective controls on expenditure during this period of enhanced risk. Austerity measures in place are continually reinforced across the Council in order to reduce ancillary spend and to ensure that everyone is aware of the importance and value of every pound of the taxpayers money that is spent by the Council.

### 9.2 Legal

Implications verified by: David Lawson

Deputy Head of Legal & Governance - Deputy Monitoring Officer

There are no direct legal implications arising from this report.

There are statutory requirements of the Council's Section 151 Officer in relation to setting a balanced budget. The Local Government Finance Act 1988 (Section 114) prescribes that the responsible financial officer "must make a report if he considers that a decision has been made or is about to be made involving expenditure which is unlawful or which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency to the authority". This includes an unbalanced budget.

# 9.3 **Diversity and Equality**

Implications verified by: Natalie Warren

**Community Development and Equalities Manager** 

There are no specific diversity and equalities implications as part of this report. A comprehensive Community and Equality Impact Assessment (CEIA) will be completed for specific savings proposals and informed by consultation outcomes to feed into final decision making. The cumulative impact will also be closely monitored and reported to Members.

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

Any other significant implications will be identified in any individual savings proposal business case to inform the consultation process where applicable and final decision making.

- 10 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):
  - Budget working papers held in Corporate Finance
  - Strategy Week papers held in Strategy and Communications

#### 11 Appendices to the report

Appendix 1 – Medium Term Financial Strategy

### **Report Authors:**

Sean Clark, Head of Corporate Finance/S151 Officer, Chief Executive's Office Karen Wheeler, Head of Strategy and Communications, CEDU



ITEM 9

Conservative	Independent	Labour	UKIP	Co-opted
Cllr Halden		Cllr Gupta	Cllr Gamester	1. Mrs P Wilson
Cllr S Little		Cllr Pothecary		(Roman Catholic Church Representative)
		Cllr Baldwin		
Substitutes	Substitutes	Substitutes	Substitutes	2. Reverend D Barlow
Cllr Redsell		Cllr Kerin	Cllr Wheeler	(Church of England Representative)
Cllr Roast				
				3. Myra Potter
				(Parent Governor Representative)
				4. Sarah Sanders
				(Parent Governor Representative)

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

Topic Name	Description of areas to be explored	Why this should be scrutinised	Outcome	Lead Officer	Brought to Committee by (Officer/ Member/ Statutory Reason)			
<b>币</b> 14 July 2015								
Supporting Schools				Carmel Littleton	Member			
Youth Offending Service update in Corringham				James Waud	Member			
Serious Case Review Update Actions from Julia				Andrew Carter	Officer			
Adoption and Permanence Partnership				Sue Green	Officer			
Shaping the Council Budget update	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer			
		15 <sup>th</sup> September 20	15		2			
Serious Case Review Update for Megan and Julia				Andrew Carter	Officer			
Grangewaters Alternative Delivery Models	To consider options prior to presenting to	To ensure all options have been fully explored	Agreement on recommendations to	Malcolm Taylor / Sue Green	Officer			

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Topic Name	Description of areas to be explored	Why this should be scrutinised	Outcome	Lead Officer	Brought to Committee by (Officer/ Member/ Statutory Reason)
	Cabinet		go to Cabinet		
School Transport					Member
Shaping the Council Budget update (if applicable) required	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
YOS annual report	An account of the activity and effectiveness of the Youth Offending Service over the past year	Members need to be satisfied that the Youth Offending Service is effective and making a positive difference to the lives of those referred to it	An analysis of the effectiveness of measures to reduce youth offending	James Waud	Officer
Child Sexual exploitation Action Plan				Andrew Carter	Officer
		10 November 2019	 5		
School on School improvement- Scrutinise the impact					Member
Multi Academy Trust Relationships					Member
Work placements and the pathway into work for young people in Thurrock				Carmel Littleton / Kenna-Victoria Martin/ Michele Lucas	
School Results/School Performance	An update on results at KS1, KS2, KS4 and post 16	To determine the progress of Thurrock schools and academies	Updated information and scrutiny of outcomes of national assessments and relative performance of schools	Carmel Littleton	Officer
Shaping the Council Budget update (if applicable)	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
		19 January 2016			
Shaping the Council	Details of budget	2010		Sean Clark /	Officer

## ITEM 9

					ITEM 9
Topic Name	Description of areas to be explored	Why this should be scrutinised	Outcome	Lead Officer	Brought to Committee by (Officer/ Member/ Statutory Reason)
Budget update (if applicable)	area to be confirmed			Carmel Littleton	
Children's Social Care – Statutory				Rhodri Rowlands	
Complaints Annual Report					
Annual report of the LSCB	An account of the activity and effectiveness of the Local Safeguarding Children Board over the past year	To ensure that the LSCB is effectively discharging its duties by contributing council scrutiny to the process	Understanding of the effectiveness of the LSCB in undertaking its safeguarding responsibilities	Alan Cotgrove	
		9 February 2016			
EOH, troubled families and MASH intervention update and impact assessment and Troubled Families Unitiative Phase 2 Launch	Update on the project Impact and success	To ensure the programme is on track and making a real difference to the lives of families in Thurrock.	Dissemination of good practice from the programme	Sue Green/ Andrew Carter	Officer
Update on the commissioning out of Local Authority day nurseries in Tilbury					Member
Changes to Library Provisions					Member
University Attendance Rates					Member
Shaping the Council Budget update (if applicable)	Details of budget area to be confirmed			Sean Clark / Carmel Littleton	Officer
Child Mental Health				Andrew Carter	Officer
Cultural Entitlement				Carmel Littleton	Member
		8 March 2016			
Pupil Place Planning				Janet Clark / Carmel Littleton	Member
Supporting Parents returning to work					Member
Shaping the Council	Details of budget			Sean Clark /	Officer

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Topic Name	Description of areas to be explored	Why this should be scrutinised	Outcome	Lead Officer	Brought to Committee by (Officer/ Member/ Statutory Reason)
Budget update (if applicable)	area to be confirmed			Carmel Littleton	,
Admissions Forum Report				Carmel Littleton	Member – requested at meeting on 6 January 2015
Youth Cabinet Report				Michele Lucas / Youth Cabinet	Officer

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Meeting	Pre Meeting
14 <sup>th</sup> July 2015	6 <sup>th</sup> July 2015
15 <sup>th</sup> September 2015	7 <sup>th</sup> September 2015
10 <sup>th</sup> November 2015 ( Requested to be held at	2 <sup>nd</sup> November 2015
Gable Hall)	
19 <sup>th</sup> January 2016	4 <sup>th</sup> January 2016
9 <sup>th</sup> February 2016	1 <sup>st</sup> February 2016
8 <sup>th</sup> March 2016	29 <sup>th</sup> February 2016

Additional Meetings			
Meeting	Date		
Additional Session for all members to be briefed on "achieving excellence in child social care".	21 <sup>st</sup> July 2015		
Youth Centre visit with the Committee.	August 7 <sup>th</sup>		
Joint session on the budget – all chairs	Feb 2 <sup>nd</sup>		
Task and Finish Group on work experience / employable future	18 <sup>th</sup> August 2015* I have let Kenna know about this date as she is the clerk for this group.		

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