

Inspection of safeguarding and looked after children services

Essex County Council

Inspection dates

28 June – 9 July 2010

Reporting inspector

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Age group: All

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About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of three of Her Majesty's Inspectors (HMI), 1.5 additional inspectors and three inspectors from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
 - discussions with 50 children and young people and 50 different parents and carers receiving services, front line managers, senior officers including the Director of Children's Services, Directors and senior manager representatives of the North East, Mid and West Essex Primary Care Trusts, the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives.
 - analysing and evaluating reports from a variety of sources including a review of the Children and Young People's Plan (CYPP), performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of serious case reviews undertaken by Ofsted in accordance with 'Working Together To Safeguard Children', 2006.
 - a review of 34 case files for children and young people with a range of need. This provided a view of services delivered over time and the quality of reporting, recording and decision making undertaken.
 - the outcomes of the most recent annual unannounced inspection of the local authority contact, assessment and referral centres conducted in November 2009.

The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

Service information

4. Essex has 316,604 children and young people up to the age of 19 years. This is 22.67% of the total population in the county. The proportion entitled to free school meals is 10% which is below the national average. Children and young people from minority ethnic groups account for 11.5% of pupils in primary schools and 9.9% of pupils in secondary schools which is below the national average of 24.5% and 20.6% respectively. This includes 0.2% children and young people from Gypsy, Roma and Traveller communities.

5. The Essex Children and Young People's Local Strategic Partnerships were set up in 2005 and the Children's Trust established in November 2009. Five local children's trust boards sit below the overarching Children's Trust Board and are accountable for driving forward and delivering the children's agenda. The Trust membership includes representatives of the five Primary Care Trusts (PCTs), Essex Police Authority, 12 District Councils, Connexions, the Learning and Skills Council, community and voluntary organisations, schools and the further education sector. The Essex Safeguarding Children Board (ESCB) is chaired by an independent chair and brings together the main organisations working with children, young people and families in Essex to deliver safeguarding services.

6. Social care services for children have 640 fostering households. Children's residential care is provided by 10 local authority children's homes including one secure unit. Additional services are commissioned from registered and approved independent providers. Community-based services are provided by an initial response team, 25 assessment and family support teams, 14 permanency teams, four leaving and after care teams, seven fostering teams,

four adoption locality teams, a specialist post adoption team, a specialist team for seeking adoptive placements for older children and six children with disabilities teams. Private fostering services are provided through a designated team situated within the local authority fostering service. Other family support services are delivered by seven family centres and 86 countywide children's centres.

7. At the time of the inspection there were 1468 looked after children. They comprise 300 children under five years of age, 865 children of school age (5–16) and 303 post-16 or care leavers.

8. Commissioning and planning of health services are carried out by five Primary Care Trusts based in the west, mid, north, south west and south east areas of the county; this inspection focused however on the three Northern Primary Care Trusts, North East Essex, Mid Essex and West Essex Primary Care Trusts. Acute hospital services included in this inspection are provided by Mid Essex Hospital Services NHS Trust, The Princess Alexandra Hospital NHS Trust and Colchester Hospital University NHS Foundation Trust. Learning disability services are provided by Essex County Council, South Essex Partnership University NHS Foundation Trust, North Essex Partnership NHS Foundation Trust and the five Essex Primary Care Trusts. Adult mental health services are provided by South Essex Partnership NHS Foundation Trust and North Essex Partnership NHS Foundation Trust, and Child and Adolescent Mental Health services (CAMHS) are provided by North Essex Partnership NHS Foundation Trust and Essex County Council.

The inspection outcomes: Safeguarding services

Overall effectiveness

Grade 4 (inadequate)

9. The overall effectiveness of safeguarding services in Essex is inadequate. The effectiveness of action to ensure that children and young people are safe across services and agencies is variable. Action by children's social care services to identify and respond to safeguarding and protection needs has recently improved significantly but still remains inadequate overall. Action taken to ensure that initial and core assessments, child protection enquiries and child protection plans are effective is still inadequate. This results in poor outcomes for some children.

10. The strategic bodies responsible for driving forward and delivering children's services have yet to ensure consistent performance monitoring and quality assurance of service delivery. The accuracy of performance data is significantly improved from a chaotic and inaccurate system that existed prior to November 2009 and is now adequate. The Essex Safeguarding Children Board (ESCB) and the Children's Trust recognise that systems and capacity for audit and performance monitoring are improving from a very low baseline. Although there was a background of serious failings in Essex children's social care services, where the local authority is the lead agency, the lack of scrutiny, insufficient challenge across the partnership and ineffective leadership by both the ESCB and Children's Trust Board contributed to the overall failure of partners to provide robust safeguarding services. They now have a clearer understanding of their role and accountability for driving improvement forward. The interim Executive Director for Schools, Children and Families (DSCF) and the management team have a clear understanding of the scale of change required and can demonstrate significant progress since November 2009 in making safeguarding services safer.

Capacity for improvement

Grade 3 (adequate)

11. The 2008 joint area review judged safeguarding to be inadequate overall. Between the joint area review and November 2009 when an unannounced inspection of the contact, referral and assessment service was conducted, the council and its partners had no record of achieving continuous improvement in safeguarding provision or outcomes for children and young people. Continuing workforce deficiencies across both health and children's social care have compounded the difficulties. Children's social care has taken action to address this issue but interim arrangements have placed a high reliance on agency staff and high social worker turnover has impeded progress. Health communities have yet to review and address the lack of capacity within health visiting, school nursing and the designated doctor and nurse roles. Within the council, a change in elected member leadership in key children's roles, the appointment of an interim DSCF, ministerial intervention and a notice of improvement have all contributed to recent improvements to safeguarding

services. The historical delay cannot be ignored but since November 2009 positive action has been taken and the rapid pace of improvement activity can be well evidenced.

Areas for improvement

12. In order to improve the quality of provision and services for safeguarding children and young people in Essex, the local authority and its partners should take the following action:

Immediately:

- Essex County Council to improve the quality of analysis and recording of case directions, assessments, chronologies, child protection plans and child in need plans to ensure required actions are documented in measurable ways within set timescales and through effective senior management audit, performance monitoring and evaluation.
- Essex County Council to ensure that all Section 47 investigations are investigated appropriately and within timescales and to ensure initial assessments are not used inappropriately to investigate child protection concerns.

Within three months:

- Essex Primary Care Trusts to provide clear and effective leadership for safeguarding of children and young people through clearly defined and substantive designated and named nurse and doctor roles, building teams working across the health communities.
- Essex County Council to ensure accurate systems are in place for the recording and data collection of allegations against staff bringing together historical and current data to enable robust risk assessments to be made.
- Essex County Council to review its engagement with the military welfare services to ensure coordinated and appropriate services are in place to respond to the wider safeguarding needs of children and young people from military families.

Within six months:

- Partnership boards to implement and embed effective joint performance management and quality assurance systems.
- The Boards of Essex Primary Care Trusts to demonstrate that the partnership priorities agreed with the Children's Trust Board and the

Essex Safeguarding Children Board are embedded and outcomes improve throughout the Essex health economy.

- Essex Safeguarding Children Board and health partners to ensure Group 3 interagency and Level 3 health safeguarding training is commissioned and provided to meet need and accords with the guidance given in 'Working Together to Safeguard Children – 2010'
- Ensure the Essex Safeguarding Children Board monitors the safeguarding arrangements across the partnership so that significant and continued progress is made in delivering robust safeguarding services across Essex for children and young people.
- Essex Primary Care Trusts to ensure there is sufficient capacity within health visiting and school nursing services to provide universal and targeted services to safeguard children and young people in Essex, both currently and during/after the planned separation of provider services.
- To ensure that provision for examination and support for children and young people who may have been sexually assaulted is responsive and effective, with a sufficient complement of medical expertise.

Outcomes for children and young people

The effectiveness of services in taking reasonable steps to ensure that children and young people are safe. Grade 4 (inadequate)

13. Despite significant improvements made by the local authority to its safeguarding services, weaknesses still remain in the quality of assessment and planning within its child protection and child in need services. This makes the effectiveness of services in taking reasonable steps to ensure that children and young people are safe inadequate overall. This judgement has to be understood within the context of the partnership's history. Lack of progress by the partnership since the joint area review in 2008 to address service deficiencies was reflected in the Ofsted annual inspection of the local authority's contact, referral and assessment service in November 2009. It identified significantly high rates of referrals and high staff turnover, vacancies and sickness. Work was not being allocated in a timely manner; children and young people were at risk of not being appropriately protected and families only responded to at times of significant crisis. In November 2009 there were 1850 unallocated cases awaiting assessment or other interventions. Although the local authority is the lead agency for safeguarding, there is little evidence that statutory partners were working together to share their respective responsibilities and accountability to contribute positively to safeguarding children. Consequently, safeguarding services across the partnership continued to deteriorate. This culminated in December 2009 in the authority receiving ministerial intervention

and a Notice to Improve. A new interim Director of Schools, Children and Families (DSCF) was appointed with a clear brief to improve services and make them safe.

14. Additional resources were made available by the local authority to increase capacity and at the time of inspection the backlog of unallocated cases had been cleared and there was no unallocated work. The initial response team is becoming better established and proving effective at providing consistent and appropriate advice and guidance to other professionals who wish to discuss or raise safeguarding concerns. For example, thresholds for access to children's social care services are still not well understood by all referring agencies but understanding is improving through consistent application of the criteria by the initial response team. The increased confidence of other professionals in other agencies is helping to protect children and young people because they are starting to believe 'something will be done'. More importantly they are starting to recognise and accept their own responsibilities in contributing to the process.

15. Because the council's safeguarding service is unsafe, early improvements have of necessity focused heavily on establishing a clear strategy, defining unambiguous structures and assessment processes and in clearing the backlog of unallocated cases. This determined focus has been successful and clear plans and structures are now in place to move to the second stage of implementing robust practice standards to ensure the quality of practice significantly improves. For example, although contacts are responded to promptly, decision making by managers as to whether a contact should be passed to the assessment team as a referral for an initial assessment is not always taken within 24 hours. Some initial assessments are used inappropriately to assess child protection concerns and there are still some cases where section 47 investigations are not always instigated where appropriate or in a timely way. In some core assessments inspected there was insufficient evidence of identification of risk and protective factors or robust case analysis. Until the quality of practice improves consistently to address these issues, children and young people remain insufficiently well protected.

16. Recording and monitoring systems for the vetting and barring of staff within the council's children's services is good and the new corporate process has significantly improved safe recruitment and staffing practice since the joint area review in 2008. Appropriate checks are undertaken and a central record is in place. Current decision-making processes and practice for the signing off of positive Criminal Record Bureau checks across the council as a whole are robust with final decision making resting with the DSCF. Vetting and barring arrangements across the wider partnership are to be subject to a planned baseline audit to be carried out by the ESCB later in 2010.

17. While there is evidence of good and innovative practice within a wider range of preventative interventions, many of the initiatives have only recently commenced or been re-launched within the past three months. More established interventions that demonstrate a positive impact include the

following examples. The 'Think Family' multi-agency training programme is stimulating improved joint working within substance misuse programmes. The engagement of primary health teams within children's centres is improving access to health and lifestyle information and support for young parents and families. The sexual health teams are reaching young people effectively through a range of drop-in settings. Young carers spoke positively of the support they receive from the network of 15 young carers' groups and of their contribution in producing the 'Do you Care' magazine. They consider that general practitioners (GPs) across the county are not all sufficiently aware of support available to young carers and therefore do not routinely ask parents and carers with complex needs about their dependent children who may benefit from the support of the young carers' team. Within health their concerns are being addressed by health partners and some good progress has been made in identifying young carers by health partners. For example, Mid Essex PCT has recently appointed a carers' champion to visit GPs and other settings to emphasise the importance of recognising young carers and providing them with support and information.

18. The accident and emergency units in the three inspected acute trusts across the county have effective systems in place to monitor repeat attendance and children who are the subject of child protection plans. The Mid Essex Hospitals NHS Trust follows up effectively on referrals to social services and also on missed out-patients appointments through phone calls to parents and appropriate follow up through the health visiting team. However, this action is not consistently applied by all trusts countywide. The sexual health service is effective with good cross-team working across the three PCTs. However, not all schools follow the guidance in relation to the delivery of sex and relationship education in schools and this may have a detrimental effect on the partnership's ability to reduce teenage pregnancy conception rates. For example, one school that does not subscribe to any external support has recently had three unplanned teenage pregnancies and in another part of the county a school experienced an increase in alcohol related sexual assault. Currently, there is inadequate provision for the examination of children and young people who may have been victims of sexual assault. The partnership has plans to resolve this deficit and a sexual assault referral centre is due to become operational but not until 2011.

19. Partnership working across both statutory and voluntary sectors to safeguard children from domestic abuse is adequate. Staff across all agencies are aware of the risks to children and take steps to be proactive. For example, improved assessment processes within maternity services in North and West Essex ensure risks to and support for pregnant women are appropriately identified and delivered. Consistency of agency practice across Essex has yet to be fully achieved. Within the health community, GPs, health visitors and school nursing identify a lack of training in domestic abuse as an important deficit. The police system for identifying the impact of domestic abuse incidents on children is adequate and referrals are now directed to social care in a timelier manner. Multi-Agency Risk Assessment Conferencing (MARAC) arrangements are well-

established with an appropriate level of representation from partner agencies. Children's cases are always discussed first on the agenda in order to maximise the attendance of professionals. Tracking of these cases shows that children's social care is effective at taking appropriate cases to initial child protection conferences, identifying refuges for parents and responding appropriately to issues of domestic abuse. Good linkages between MARAC and the Multi Agency Public Protection Agency (MAPPA) chaired by Probation are well established. Where a referral is made to MAPPA which does not meet its criteria it is referred on to the police and/or children's social care as appropriate.

20. Overall safeguarding provision is judged as good or better in the majority of schools inspected. Safeguarding arrangements are in place for children and young people who are home educated. All home education advisers have received safeguarding training but report that they have not become aware of any situations where they have had to implement it. Joint work across partner agencies for children missing from home, care or school is underdeveloped. Draft policy and procedures are due to be presented to the ESCB in October for sign off. However, individual agency responsibilities for collecting and risk assessing children and young people when they have been found and conducting 'safe and well' checks have not yet been agreed. Work by schools to reduce absenteeism is showing positive impact with levels of absence reducing in both primary and secondary schools. In secondary schools it is at its lowest level since 2002-03. The local authority's own data indicate that overall absence levels are in line with that of similar authorities and below that nationally. Behaviour and attendance partnerships have impacted positively by reducing the rate of exclusions through appropriate referrals to pupil referral units and managed transfers between schools. A learning and behaviour panel piloted in the north east of the county has helped to build successfully the capacity of schools to work directly with some pupils at risk of exclusion.

21. The availability of effective services for children with learning difficulties and/or disabilities is adequate with some good aspects. Good outcomes are dependent on whether individual need is appropriately met and sufficiently well resourced. For some young people with autism or Aspergers their needs are not met within school settings and in some instances this leads to poor parental confidence. Overall, needs are met through the provision of a range of services including direct payments and short breaks. Thirty families are involved in piloting individual budgets. There is Parent Partnership involvement in developing and delivering services and examples where parents of children with autism have been trained to provide support in schools as part of the 'New Beginnings' programme. Although there is a joint process applicable to both health and social care for the ordering of equipment and adaptations for children with disabilities, parents and carers do not fully understand the system and perceive practice to be variable across the county. The current system is confusing and while children's needs are individually met it is not without added frustrations for parents. Similarly the new Transition Pathway Service (TPS) is currently in the process of implementation and is being established to support and improve current transition services in Essex. The lack of commonality in

age for transition, 16 within the acute trust, 19 for community paediatricians and 18 for therapy services and children's social care, further frustrates parents who report that for some young people this leads to a lack of appropriate health interventions between the ages of 16–18.

The effectiveness of services in taking reasonable steps to ensure that children and young people feel safe. Grade 3 (adequate)

22. Inspectors met with 50 children and young people representing a range of groups and backgrounds including young people who had committed offences, young carers and children and young people who are looked after by the council. The majority of children report they feel safe and most know where and how to access help if they need it. The children and young people confirmed they have many opportunities to make their views known on a range of topics relating to safeguarding through consultation events, student councils and council democratic groups, such as the Young Essex Assembly. Most report that they are listened to and their views are respected. Most were able to demonstrate how they feel safe at home and in their communities. They were able to explain how services have helped improve their lives and the part they have played in delivering services. For example, their direct involvement in beat bullying conferences and in peer mentoring schemes complement the partnership's priorities to reduce homophobic bullying and raise awareness of e-safety. Initiatives demonstrate positive impact with a sustained reduction in reported bullying from 53.7% in 2008-09 to 30.7% in 2009-10.

The quality of provision Grade 4 (inadequate)

23. The quality of safeguarding provision remains inadequate despite some recent improvement since the 2008 joint area review. Although the workforce across children's services strongly expresses its commitment to improving safeguarding services, the systems and practices underpinning their work are only just starting to become embedded. Recent improvements to processes have ensured that significant child protection concerns are responded to immediately and that all assessments are allocated to qualified social workers. However, the quality of work is variable and of the 12 cases selected randomly pre-inspection, three were referred back to the DSCF for follow up because of the poor quality of assessment and planning, and lack of identification of risk factors. A further eight cases of initial assessment selected during the on site inspection were returned for review for similar reasons. These cases show that some children, including those on the edge of care, remain at risk. Day time social care services are supported by the out of hours service where responsiveness is good with sufficient capacity to meet need.

24. Referring agencies are not routinely informed about the progress of assessments, although there are individual examples of good practice. Some assessments inspected were too narrowly focused on single issues and did not sufficiently consider wider needs, including the needs of siblings. Historical information is not adequately used to inform current action and overall analysis

of risk is poor. There is some evidence of improvement in information sharing between partner agencies. Arrangements are in place for children and young people to contribute to reviews of their support or protection plans but are not consistently applied. There are some good examples of individual support and advocacy arrangements, but these are not sufficiently available to all children in need or those subject to child protection plans. Participation in the child protection planning process is variable across the county. In some offices child protection conferences are only held during school hours and are always office-based. This practice potentially limits the attendance and direct participation of children and young people in decisions that affect their lives and is reliant on their social worker ensuring their wishes and feelings are accurately represented. Children are generally seen alone during assessments but their wishes and feelings are not consistently reflected in records of interviews or core group meetings.

25. The assessment of the needs of vulnerable children using the common assessment framework (CAF) is adequate and was re-launched in April 2010. Previously there was inconsistent engagement in the use of CAF by partner agencies particularly within health communities. The recent establishment of Multi-Agency Allocation Groups (MAAG), which link to the CAF are held in each locality and involve managers from all key partner agencies in decision making. This practice ensures that resources are identified and committed from a wide range of agencies to develop outcome-based creative packages of support to meet the needs of children, young people their parents and carers. Early indications are that this is viewed very positively by all partners and that there are signs that some of the early support packages are having positive outcomes. For example outcomes from the MAAG in one area of the county identified that 80% of CAFs focused on 8-12 yr old boys who display behavioural difficulties. A positive outcome of this analysis resulted in a greater youth offending resource in the area to address the wider issue and six additional family support workers to work with and support individual children and parents.

26. There were 13 overdue serious case reviews which have now been completed. The ESCB has made considerable effort to ensure actions arising from the reviews are followed up. Monitoring arrangements for all serious case reviews are now more robust with quarterly updates required from all agencies as to progress made in implementing actions and improving practice. Eighty per cent of recommendations are now completed with the remaining 20% being closely monitored with most actions underway. Schools have generally been slowest to implement required actions. Impact measures have been introduced but have yet to be evaluated.

27. Case planning is of variable quality and is adequate overall. Some individual examples were seen of good child centred and focused work but in others there was insufficient assessment and no clear case direction or timescales evident. Child protection plans are not always sufficiently focused to identify what needs to change to reduce the risk to the child and this is not

always followed through by the reviewing officers. The authority's performance data for May 2010 taken from manual records indicate that 95.1% of child protection reviews were held within required timescales.

28. Case recording, including minutes of child protection conferences, is variable in quality. Good examples were seen but overall too much case recording is superficial and lacks robust analysis of risk. Management oversight and monitoring of the effectiveness of child in need and child protection plans are ineffective and are not evidenced on case files. Systematic case audits are now in place and the first full audit which aims to examine 150 cases a month has been completed. Outcomes from the audit concur with the outcomes from this inspection. Social workers report they have manageable caseloads and regular supervision. Supervision files inspected were of good quality, well maintained and evidenced reflective child protection supervision and case direction. Within health communities safeguarding supervision is good for clinicians across the partnership.

29. Statutory guidelines in relation to complaints are followed. The complaints service has recently been strengthened to improve the timeliness and quality of response to complainants. The booklet 'Have Your Say' has been developed with the involvement of children and young people. There is limited evidence as to how the learning from complaints has effectively improved practice. There are adequate advocacy arrangements in place to support children and young people who wish to make a complaint. A new advocacy service has been re-commissioned to commence in August 2010 to strengthen access and support for children and young people. Currently, not all children and young people who are in receipt of services are aware of how to make a complaint. The system for the management of allegations against staff was re-launched in June 2010 with the appointment of two qualified social workers to undertake the role of the local authority designated officer. Prior to this time the function was undertaken by Safeguarding and Allegation Officers with delegated responsibility who were not qualified social workers, but who had practice experience of child protection lead roles and held recognised qualifications in health and education. The data derived from this system have not been used to comprehensively coordinate historical and current information or monitor whether statutory agencies are referring cases appropriately to the local authority designated officer, or whether resolution was concluded in a timely manner.

Leadership and management

Grade 3 (adequate)

30. The unannounced inspection of contact, referral and assessment arrangements which took place in November 2009 identified several areas for priority action and for improvement. This inspection confirms the extent of the shortcomings that were then evident of the significant failings in the leadership of children's services since the joint area review in 2008 and of the recent and significant improvements made to improve the service. Within the council, the findings from the joint area review were largely ignored even though

safeguarding had been judged inadequate. Effective action was not taken at an early enough stage to address the deficits. Elected members did not accord safeguarding the priority it needed and did not hold officers sufficiently to account. This state of affairs was reflected across other partner agencies which then used it as a reason to withdraw from their own safeguarding responsibilities. Currently, across health partners countywide there is a lack of strategic vision to consolidate the safeguarding arrangements for children and young people. The Children and Young People's Plan 2009-11 fails to address and prioritise the seriousness of the failings in safeguarding services.

31. At the time of this inspection, the interim DSCF was able to demonstrate the significant level of progress made since taking up the post in November 2009. As lead partner, the local authority is demonstrating its ambition to make its safeguarding services excellent for the children and young people of Essex through its determination and commitment to improving services. There is now a much greater understanding of safeguarding with unanimous cross-party support for the proposed direction of travel. A new senior management team is in place through a combination of permanent and interim social care managers. Key elected members have also changed with new but experienced councillors holding key roles and functions. Clear proposals and plans are in place to address workforce development and capacity issues. There is a clear strategy for improvement agreed to by the local authority's corporate management board and supported by significant additional funding to secure its implementation. However, within the health community, risks associated with the proposed structural changes to provider community functions have not been sufficiently well identified. Workforce planning, safeguarding responsibilities and governance have yet to be addressed.

32. The ESCB is more effective in its community and leadership role than it was when the joint area review took place in 2008. The subsequent appointment of an independent chair resulted in improved leadership which has been effective in setting down foundations but is only just beginning to have impact. The introduction of partner agencies statutory safeguarding returns in 2009 has proved very effective in engaging the 12 district councils in safeguarding issues and there are several examples of how the engagement has led to improved outcomes for children and young people. Currently, not all members of the ESCB executive board are of an appropriate level of seniority to influence and drive forwards the priorities and work of the ESCB their own agencies. This is a particular issue within the five PCT who all operate independently. Membership is currently being reviewed but at the time of inspection health partners had not all nominated persons of an appropriately senior status.

33. The Children's Trust Board was established in its present form in December 2009. It now has a much clearer understanding of its leadership role and function and like the ESCB is beginning to set down foundations but has yet to demonstrate robust leadership. All chief executives across the partnership have agreed the Board's priorities and it is now incumbent upon

them to drive the priorities forward within their constituent organisations. Across the health community there is evidence that the key priorities set by the trust are beginning to influence the strategic planning and vision of the three primary care trusts inspected. The establishment of five Local Children's Trust Boards that sit under the overarching executive board is bringing partners together at a local level to deliver the children's agenda. However, these are recently established and it is too soon for impact to show.

34. Although there is a detailed joint needs analysis in place, shared with two neighbouring authorities, there is no joint performance monitoring group established within the partnership to review performance from a partnership perspective. Each agency collects and reviews its own performance data. Within health, commissioners have included well thought out key performance indicators as part of detailed service specifications and these are used effectively in the monitoring of contracts. There is good use made of exception reporting at PCT Board level across the three primary care trusts inspected. Performance management arrangements within children's social care have been reviewed resulting in the provision of a high level of corporate support and investment to bring rigour and accuracy to performance management within the directorate. This has been successful and whereas previously the local performance management data submitted to the corporate processes had been inaccurate, data reporting is now secure. Prior to November 2009 the lines of accountability and performance management were weak and insufficiently understood at all levels, including by members of the previous Children's Trust arrangements, ESCB Board partnerships and by elected members. This resulted in a lack of challenge and effective scrutiny and an over-reliance on national performance indicators and the self-reporting of managers and staff. This has now changed and robust reporting arrangements to the cabinet and scrutiny committees are in place and the DSCF is required to report monthly to the improvement board on performance against priorities. While of necessity the focus has been on meeting national and local performance indicators, the next stage of improvement is underway through addressing the quality of work underpinning the indicators. The monthly case audits of 150 social work cases implemented in June 2010 are designed to have a qualitative focus and raise practice standards, leading to better outcomes for children and young people.

35. Development of the children's workforce is limited by the lack of a joint workforce strategy established across partner agencies. A one workforce implementation group has recently been re-launched but it is too soon for impact to show. Currently, staffing and resource capacity within children's services is sufficient to meet the needs of the service but there is a very heavy reliance on agency workers including some who have worked for the council for some time. Additional corporate investment and support in terms of finance and designated personnel have been allocated to children's services to address both short and medium term priorities and to ensure improvements are sustained. A good recruitment and retention plan has been developed and is starting to show positive impact with 43 offers of permanent employment made to qualified social workers, including some existing agency workers and a further

20 starters. A sufficient number of newly-qualified social workers have been recruited and activities are now directed towards attracting qualified and experienced social workers to ensure an appropriate balance and skill mix. Social workers' caseloads are of manageable size and there is good support for newly qualified social workers. Where competency issues are identified these are now being actively addressed through performance management processes. Within the community NHS providers there is a severe shortage of health visitors and school nurses and while there have been attempts to mitigate the risk through skill mix, resourcing remains inadequate and the service is insufficient to fully safeguard the needs of children and young people. Similarly, there is an insufficient number of designated doctors and nurses across the county to meet the need for an efficient and effective safeguarding service.

36. Social workers report positively on the training opportunities they receive. Training plans across the partnership as a whole are under developed and joint training occurs on an ad hoc rather than a formalised basis. Good progress has been made in ensuring that within the health community, safeguarding training at Levels 1 and 2 has been delivered. However, all health organisations inspected are not compliant with Level 3 safeguarding training. The Group 3 training provided by the ESCB is insufficiently resourced and of variable quality. Monitoring the outcomes of training has not been undertaken by the ESCB as its focus has been on delivery. This is to change in September 2010 when the Children's Trust becomes responsible for providing safeguarding training and the ESCB's function will become one of evaluating training impact and outcomes.

37. The voice of children and young people is valued and they are involved in a wide range of safeguarding projects, consultations and active engagement. Most children and young people who met with inspectors recognise they have made an input and from their viewpoint feel they have made a difference. Some groups, such as the parent partnership for children with learning difficulties and disabilities feel listened to and involved in decisions about services. Within health there are examples of where users have informed specific service development and delivery. However, there is no coordinated and strategic approach across the PCTs as a whole for service users to inform service planning and delivery to meet more appropriately the needs of the children and young people and to involve and engage them routinely in service delivery.

38. Partnership working in children's services has been inadequate at a strategic level but is slowly improving. At an operational level there has been ineffective partnership working in delivering the Children and Young People's Plan priorities and in sharing responsibility and accountability for safeguarding children and young people across Essex. It is only recently that partner agencies have been held to account by the ESCB to ensure they discharge their statutory duty to cooperate. The reconstituted Children's Trust Board with sign up and commitment from chief executives across the partnership are committed to drive improvements forward but it is too soon to judge effectiveness.

Voluntary and community bodies are fully engaged at both strategic and operational levels. At an operational level there is a range of good examples of partner agencies working together to deliver services to individual children, young people, their families and carers. There is insufficient partnership working with military personnel responsible for the welfare of a significant number of children and young people from military families living in Essex. Heightened welfare concerns for some children and young people from military families experiencing social and emotional concerns due to parental deployment to war zones, separation or bereavement are not fully understood or appropriately responded to by statutory agencies. There is a lack of representation from the military welfare services on key partnership boards.

39. Outcomes and leadership on equality and diversity in safeguarding are adequate overall and good in some individual cases. There is a good understanding of the needs of different groups and communities. Clear governance structures are in place through the corporate equality and diversity board and directorate steering groups. Good knowledge of the diverse needs within districts is leading to the development of bespoke provision to respond to local circumstances. For example, £3.1 million has been distributed through the local priority fund to support specifically targeted groups, with young people fully engaged in the assessment and selection of providers. Equality impact assessments are starting to be used to identify relevant issues. Although data are collected it is unclear how these are used strategically to influence improving outcomes for children and young people or how well these are used to influence local commissioning to meet identified need. Inspection fieldwork identified examples of good initiatives and projects across the partnership which are making a difference to individual children and groups. For example, provision for unaccompanied asylum seeking children and young people is good and well managed by all agencies. A group for Polish women in Tendring provides good family support, child health and signposting services. The improving choice programme has enabled an increase in number from 29 in 2007-08 to 109 currently of young people over 16 with learning difficulties and/or disabilities to be educated within the county.

40. Value for money is adequate. Joint commissioning arrangements are not yet established but significant progress has been made in improving commissioning arrangements. The establishment of the MAAGs, the single agency Essex Allocation Resource Panel (EARP) and the Joint Allocation Panel (JAP) for children and young people with complex needs are already showing positive impact. For example, there is emerging evidence that the establishment of MAAGs in the 12 districts are effective in using the common assessment framework to allocate resources and develop packages of care to support families. Cross-party support has been given to ensuring adequate resources are in place and secured to restore safeguarding services to a good and safe level of performance.

The inspection outcomes: services for looked after children

Overall effectiveness

Grade 3 (adequate)

41. The effectiveness of services for looked after children, young people and care leavers is adequate overall with some good features. Since the joint area review in 2008 there has been some improvement in most areas of service provision. Statutory requirements are met including those for care assessment, planning, review and social worker visiting. Although all looked after children and young people are allocated to a qualified social worker, the quality of assessment, case planning, recording and permanency planning is variable. Similarly, management decision making, monitoring and evaluation although improving lacks consistency. The independent reviewing service does not always provide robust and systematic challenge to practitioners where care plans are drifting. Corporate parenting arrangements are effective but are limited to an individual agency approach and not undertaken as a shared responsibility across all agencies. Elected members demonstrate a strong commitment to corporate parenting and effectively carry out visits to children's homes where they meet with looked after children and young people.

42. Outcomes for looked after children, young people and care leavers are adequate and demonstrate that the council and partnership are meeting their individual needs through providing them with safe care. Service provision for those on the 'edge of care' has not been satisfactory and a number of parents express their view that services are not available until they reach crisis point. Improvements to the safeguarding assessment and allocation processes are helping to address this issue with earlier identification and support responded to through the MAAGs, EARPs and child in need planning. Although the quality of practice shows significant improvement from that noted in the 2008 joint area review it remains variable. The quality and comprehensiveness of health and educational support for looked after children, young people and care leavers are adequate. Health assessments across the county are conducted by a range of health professionals and results in the variable quality of health assessments. Looked after children and young people are positively encouraged to pursue healthy lifestyles and broaden their horizons through leisure and cultural opportunities. Systems to track the educational progress of a looked after child from their start point are newly implemented but are not yet sufficiently robust. Care leavers are well supported to achieve independence and encouraged to continue education, employment and training.

Capacity for improvement

Grade 2 (good)

43. The council and its partners have good capacity to improve services for looked after children, young people and care leavers. Since the joint area review in 2008, partnership working has improved and is effective in delivering good quality provision to looked after children, young people and care leavers.

The service for looked after children has effective leadership, with shared ambition and prioritisation at all levels to meet the needs of Essex's looked after children and care leaver population. Performance against indicators for looked after children is at least in line with similar areas, with some improvements continuing to be made. Management information systems are in place but the electronic system has yet to have amendments made and consequently some important management information is only available in manual records. The council is taking action to address this issue and a planned upgrade is scheduled for August 2010. Outcomes for children, young people and care leavers are improving. Improved investment in preventative services and improved commissioning arrangements are starting to reduce the number of children and young people from entering care. Across the partnership, shortfalls in the workforce have been identified and are being addressed within children's social care. However, capacity issues remain within health visiting, school nursing and the designated safeguarding doctor and nurse sectors and this is an important weakness.

Areas for improvement

44. In order to improve the quality of provision and services for looked after children and care leavers in Essex, the local authority and its partners should take the following action:

Immediately:

- Essex County Council to improve and sustain the quality of assessment, case planning, recording and permanency planning through effective senior management performance monitoring and evaluation.
- Essex County Council to ensure all care plans robustly and accurately identify and record risk and protective factors.
- Essex Primary Care Trusts to ensure appropriately trained individuals undertake health assessments and implement a robust monitoring system to ensure consistent good quality of assessments.

Within six months:

- Essex County Council to ensure the independent reviewing service is effective in providing robust and systematic challenge to practitioners so that timely and effective decision making significantly reduces avoidable drift within the care system for looked after children and young people.
- Essex Primary Care Trusts to review and address lack of capacity and consistency of practice across the county within the looked after children nurse service.

- Essex Children's Trust to ensure that strategic partnerships demonstrate effective leadership in setting vision, ambitions and priorities for looked after children with clear performance expectations and robust monitoring of these.
- Essex County Council to establish and maintain robust systems for tracking the educational progress of looked after children and young people from their start points.
- Essex County Council to establish a children in care council to enable children and young people to have greater influence in the service planning and delivery of care services.

Outcomes for children and young people

Grade 3 (adequate)

45. Overall health provision for looked after children and care leavers is adequate. There is a lack of consistency between PCTs in the provision of health input to looked after children, young people and care leavers. The service is insufficiently resourced to meet need. The inspection identified this as a particular issue in West Essex PCT. There is limited health input into the training and support of foster carers to help prevent breakdown. Most children and young people who responded to the pre-inspection Care4me survey report they have a healthy diet and receive good support to sustain a healthy lifestyle. There is a good take up of opportunities by looked after children to learn to cook and eat well. Gym membership, healthy eating and activities to build confidence and self esteem are actively encouraged for care leavers. Negotiations with district councils have resulted in concessionary or free leisure passes to encourage engagement in a wide range of sporting activities. In Mid and North East PCT effective work is undertaken by specialist health advisers for looked after children and care leavers aged 15-19 years of age to promote good health advice and guidance. Consequently, an increasing number of young people are electing to receive appropriate health advice, take up immunisations and receive sexual relationship education. However, such advice and guidance are dependent upon which PCT area the young person is living in and therefore there is inequality of access across the county as a whole.

46. There is a good range of specialist mental health and substance misuse services, including a drug and alcohol outreach team available to looked after children and young people. These services are accessible and take up is good. A fast track CAMHS for looked after children, young people and care leavers provides flexible services to parents and carers and individual therapeutic support to looked after children and care leavers. This resource is highly valued by carers and young people alike.

47. In some instances the lack of capacity impacts adversely on the timeliness and the quality of the annual health checks for looked after children. Children's social care does not consistently provide core information to the

looked after children's teams within health to enable the completion of a holistic assessment. On occasion the authority omits to obtain and/or forward a signed parental or guardian consent to treatment. In some cases it was clear that work has been undertaken to raise the quality of initial health assessments and health care plans. However, practice is inconsistent and is not being developed on a countywide basis using appropriately trained medical professionals. Some initial health assessments are carried out by GPs and some by community paediatricians with annual health assessments conducted by nurse practitioners or school nurses. The lack of a coordinated approach and consistency in practice reduces the opportunity for there to be an overall picture of the health needs for looked after children and reduces the opportunity to influence service planning. The looked after children's nurses are responsible for arranging health checks for those who are placed out of the county but there is not a clear system for coordination and these arrangements are often negotiated on an individual basis.

48. Safeguarding arrangements for children and young people who are looked after are adequate. All looked after children and young people are allocated to qualified social workers. At the latest inspections, adoption and fostering services were judged as good and satisfactory respectively and the private fostering service judged as good. With the exception of one children's home judged inadequate, all of the authority's own residential provision has been judged to be at least satisfactory. Additional residential and some fostering provision is commissioned from the independent sector. The safety of children in external placements is effectively monitored through regular statutory visits from social workers and robust contracting arrangements ensuring providers adhere to safeguarding compliance requirements. There is a strong focus on promoting and maintaining placement stability with some good outcomes noted. Since 2006 there has been a reducing trend in the percentage of looked after children experiencing three or more placements during the year. Similarly, long term placement stability has increased and performance against both national indicators remains above that of similar councils and the national average. The new Missing from School, Home and Care policy is in the process of being revised and its effectiveness has yet to be proven. The out of hours services provide foster carers with appropriate levels of support.

49. Children and young people surveyed and met with as part of this inspection confirm that the advice they receive from adults about keeping safe is valued and if they were being harmed there are people they would be able to tell about it. However, they and their carers did express concerns as to the frequent changes of social workers they experience. Consequently, looked after children and young people are reluctant to develop a trusting relationship with their social worker. Many identified their independent reviewing officer as the main professional whom they know and trust best. The inspection saw good outcomes for some looked after children, young people and care leavers but it also identified cases where the standard of assessment and care planning was

insufficiently robust to ensure timely progression of child centred plans to secure safe and secure placements for all looked after children. For example, in one case reviewed the pre-proceedings assessment was not sufficiently rigorous. Further work was required to enable the formulation of a suitable permanency plan.

50. The impact of services on enabling looked after children and young people to enjoy and achieve is adequate. The virtual school and team capacity has been strengthened and are now managed within the school improvement service. The council does not yet have in place a sufficiently robust database to demonstrate how a looked after child or young person has been tracked to ensure the progress made from his or her start point. This makes it difficult for the council to know how successful it is at raising a child's individual performance or meeting appropriate need. Good progress has been made by the council to address this issue and the introduction of a new management information system in September 2010 will enable closer monitoring of the progress of looked after children living in and out of county. All looked after children and young people have a personal education plan. However, the quality is variable and actions are in place to address this issue. The use of the personal education allowance provides children and young people with a range of additional activities tailored to meet their individual needs. There is good access to a range of leisure activities and looked after children and young people are encouraged and supported to engage in a range of hobbies and extra-curricular activities.

51. The attendance of looked after children and young people shows a year on year improvement and compares favourably with attendance rates for all children. Unauthorised absences have reduced from 17% in 2007 to 8.5% in this academic year to date. There is a low level of permanent exclusions of looked after children and young people with none over the past three years and only one during 2009-10. Additional support through pupil referral units, managed transfers between schools and intervention from the learning and behaviour panel has helped to maintain this good performance.

52. The educational attainment of looked after children and young people is adequate. There are year-on-year fluctuations in attainment at Key Stage 1 and 2 and currently outcomes in performance are slightly below the national average for these indicators. Compared to similar councils and the national average, results at GCSE have shown a continuous trend of improvement. In 2009 the percentage of looked after children achieving 1 GCSE A*-G or GNVQ equivalent was 72.2% compared to the national average of 68.2% with 16.5% achieving 5 GCSEs at A*-C compared to the national average of 14.8%.

53. Opportunities for looked after children and care leavers to make a positive contribution are good. While efforts to create and sustain a children in care council have not been realised and no formal group is yet in place, wider outcomes from participation work indicate that many looked after children and young people are benefiting from opportunities to get involved in a range of

activities and several have been supported to develop leadership skills. Some looked after children and young people who met with inspectors confirmed they participate well in their reviews and they and their carers are confident that their contribution makes a difference. Good use is made of consultation forms and there is evidence of child-centred work by independent reviewing officers to facilitate their inclusion. The appointment of independent reviewing officers to work specifically with looked after children and young people with disabilities is good. Time and resources are secured to ensure children with disabilities can communicate and participate appropriately. Joint work with children and young people placed in foster and residential care to prevent offending and re-offending is accorded a high priority and is proving to be effective. On the latest data available, after a small increase in 2009, the numbers of looked after children and young people entering the criminal justice system are again reducing. Some innovative work, including a neighbourhood resolution and restorative justice approach, is taking place to respond to the particular needs of looked after children and young people identified at risk of offending. A dedicated police officer is linked to the assessment centre with good outcomes reported for the individuals concerned.

54. The impact of services to improve the economic well-being of care leavers is good. The vast majority have an up to date Pathway Plan which is regularly reviewed although the quality is variable. Care leavers who met with inspectors are positive about the support they receive from the 16+ team. The proportion of care leavers living in suitable accommodation has improved and is good at 95.7% with 67% living in stable placements. Care leavers' needs for emotional and practical support are well understood and met in a timely way with access to a range of services including a specialist mental health worker and the substance misuse service. Young people are encouraged to have high aspirations and are being well supported to work towards their ambitions. The number of looked after young people and care leavers not in education employment or training is low. In 2009 there were 31 young people (6.1%) of all care leavers at university, the highest number ever. There are good initiatives in place to build the capacity of looked after young people and care leavers to secure and sustain employment. For example, the council is committed to subsidising and developing 1,700 new apprenticeships targeted at vulnerable groups which will include 100 places specifically for looked after young people and care leavers with the council contributing 50% of the young person's wages to the employer. The council demonstrates strong commitment to act as a good corporate parent to young people leaving care.

The quality of provision

Grade 3 (adequate)

55. Service responsiveness is adequate with some good aspects. Preventative services for children and young people on the edge of care have not been fully effective but are improving. Parents who contributed to this inspection were united in strongly expressing and evidencing their views that families are being left too long without support before a crisis triggers a

response such as a demand from them that their child or young person becomes looked after. A comment from one parent was that 'you have to show how desperate you are before any agency will help'. Once in receipt of services families feel the situation improves. For example one parent commented that she now has a good social worker who is 'trusted and helping us get back on track'. Unaccompanied asylum seeking young people receive a good service with assessment and service provision tailored to meet individual need. All have pathway plans in place and are well supported by the leaving care team.

56. The inadequacy of children's social care services together with the ineffective and inconsistent use or disregard of the CAF by partner agencies resulted in a failure to identify and safeguard some children and young people on the edge of care. Its re-launch in April 2010 linked to the establishment of the single and joint agency allocation panels is starting to have a more positive impact. Through the multi-agency panels, more creative and individual child-centred care packages are now provided to meet the needs of children and young people on the edge of care and there are early signs of success. Examples of support services to prevent young people entering care now available are an adolescent service that includes a focus on homeless 16 and 17 year olds and a variety of lower level services funded by the Local Priority Fund many of which are delivered by the voluntary and community sector. Family intervention projects including the council's family support worker service show effectiveness in improving parenting capacity and supporting children and young people to remain at home. Family group conferencing is used well to ensure members of the extended family are included in planning for children who may need safeguarding or care. Although 468 family group conferences were held in 2009-10, the collection of outcome data is at an early stage and limited data are available to demonstrate effectiveness. Of the most recent 49 conferences family plans were agreed in 26 cases, additional support packages were agreed in a further 21 with only two children requiring care. Where care is required a child-centred approach is taken and if it is necessary to secure a child's welfare through court processes then court costs do not inhibit initiating proceedings.

57. At the time of inspection there were 1468 looked after children, young people and care leavers, an increase in number of 143 since the end of March 2009. This partly reflects the national picture of an increase in demand but is also due to increased demand resulting from completed assessment work and care planning associated with the backlog of 1850 cases. Once a child or young person is in care there is good partnership working at all levels to meet their individual and changing needs. Looked after children and young people are positively encouraged to develop good self-esteem and high aspirations. Young people seen during the inspection describe how they feel respected and valued. All looked after children are allocated to a qualified social worker. At 16 years of age most looked after young people transfer to the 16+ team which provides services more appropriate to their needs. Only 50% of looked after children and young people who completed the pre-inspection survey indicated they know how to make a complaint and none had used it. Few of the looked after

children and young people who met with inspectors were aware of the Children's Rights Officer or how to access an advocate to support them in expressing their views at their review meetings. Too few looked after children and young people placed outside the county have access to an independent visitor.

58. Assessment and direct work with looked after children and young people are adequate but with some good outcomes for many looked after children and young people. Although there has been frequent changes of social workers within the workforce social workers are able to evidence that they have a good understanding of children's needs, visit in accordance with statutory requirements and in most cases looked after children and young people are seen alone. Improved commissioning and procurement practice is leading to better outcomes in relation to health, education and placement stability. Placement stability is good and supported by a good range of outreach services and through direct work by professionals with foster carers such as that provided by CAMHS, substance misuse services and in Mid and West Essex PCT areas, the specialist health advisers for 15-19 year olds. There have been no adoption breakdowns in the past two years. The timeliness of adoption remains a challenge for the council. In most cases delay is attributed to Court processes. Active intervention has been taken by the council's legal services to address this issues and impact is becoming evident with improved timescales beginning to show.

59. Care planning, review and recording are adequate overall. A majority of looked after children and young people have an adequate care plan but on cases sampled not all care plans were documented in a sufficiently clear style. In some, there was a lack of analysis, contingency planning or updated assessments. Senior managers are aware of this, and the role of the independent reviewing officers has been strengthened to provide more challenge and quality assurance. Strengthened monitoring arrangements and a more robust focus on care plans is addressing drift and is improving outcomes for looked after children and young people. Discharge plans for some children and young people placed at home on a Care Order are being reviewed and where appropriate discharge of the order applied for. For those needing permanency a significant rise has been identified in the numbers referred for adoption, special guardianship and residence orders and appropriate action is being taken to progress the new plans. In 2009-10 only 71.1% of looked after children and young people were reviewed on time through statutory processes Performance was significantly below that of similar councils at 92.8%. In the year to date, against the council's own annual target of 98% for the timely completion of review rates, May 2010 data show performance to be just below target with a timely completion rate of 96.8%. Participation rates of looked after children and young people at 89.7% are adequate and those who met inspectors confirmed they value the continuity provided by their independent reviewing officer. Decisions arising from reviews are not uniformly distributed within timescales leaving looked after children, young people and their carers unclear as what actions are to be taken to progress their care plan. Although

only 52 children and young people took part in the pre-inspection survey, nearly all reported that the standard of care they receive is good and that they are living in the right place for them. Eighty-one percent reported they felt their reviews worked well or very well to make sure the care they receive is what they need and 94% reported that they felt their wishes were taken into account well or very well. There has not been systematic management audit and oversight of case records. The quality of recording, therefore, is variable and does not always reflect the focus and quality of work undertaken. Social workers interviewed articulated better the outcomes they were working towards with children and young people and highlighted some good work.

Leadership and management Grade 3 (adequate)

60. Strategic leadership and management of services for looked after children are adequate. Priorities and ambitions for children who are looked after by the council are reflected in the Children and Young People's Plan. The attention rightly given to improving safeguarding and child protection services overall has resulted at a strategic level in less focus and priority being given to improving outcomes for looked after children and young people. Despite this, the corporate parenting group and committed practitioners across agencies have continued to secure adequate and sometimes good outcomes for most looked after children, young people and care leavers. Staff comment positively on the new leadership and comment 'we've moved away from a situation where managers were heard and not seen to one where they are seen and have conversations.' Elected members on the corporate parenting board demonstrate a commitment to listening to the views of children and young people and have a sound grasp of the issues that affect their lives. All had made personal links with partner agencies and district councils to good effect and take seriously their responsibilities for regulation 33 visits to children's homes. The appointment of a senior manager to strengthen commissioning arrangements for looked after children and young people is improving outcomes for them. The council is now making more robust demands of providers as to what is required from a placement to meet need and promote safe practices.

61. Performance management, quality assurance and evaluation are adequate. However, there is no clear shared understanding across the partnership of trends in performance or of changes in the population of looked after children. The corporate improvement board receives management information on the service and holds officers to account. At an operational level, performance management systems for managers to ensure that statutory visits are made within timescales, that children are seen alone and reviews are held on time, are adequate. Agreed proposals for restructuring and increasing capacity in safeguarding services have appropriately included planned actions to address identified deficiencies in service capacity for looked after children and young people. For example, to boost workforce capacity and capability within fostering and adoption teams, a recruitment drive is currently underway for an additional service manager and increased establishment for supervising social workers. Supervision of staff within children's services is generally carried out in

accordance with the policy and is adequate. The quality of decision making is not consistently reflected in the records and there is no evidence that regular audits of case files have been undertaken to inform managers on areas of strength or deficits in practice. The council is taking action to address this issue through the newly introduced 150 monthly case audits.

62. User engagement is good. Looked after children and young people report satisfaction with the services they receive and that they have positive and respectful relationships with the professionals who support them. Children and young people who met with inspectors confirm that elected members are visible, listen to them and they feel valued. Their views are usually recorded in assessments and reviews but it is less clear how their views are taken into account to develop services. The children in care council is not yet established but looked after children and young people are widely represented in established user groups such as 'Lively Training', Young Essex Assembly, the Youth Council or area youth forums. Training opportunities for foster carers are increasing. Additional resources from the council's Learning and Development service have enabled new courses to be delivered to address the deficits identified in the last fostering inspection report. Foster carers are encouraged to undertake NVQ 3 and a new diploma for foster carers commencing in September 2010 at a local college.

63. Partnership working is adequate overall at both a strategic and operational level. Voluntary organisations play a part in delivering services to looked after children and young people. There are satisfactory examples of effective partnership working, such as the emerging commissioning work to address the purchasing of specialist and some support services for looked after children and care leavers. The use of pooled budgets, joint commissioning and the securing of value for money across all aspects of children's services is work in progress and forms part of the new commissioning strategy due to be implemented in late 2010. At an operational level and in order to support and improve outcomes for looked after children and young people, a wide range of services work effectively together to deliver at least adequate and some good outcomes.

64. The promotion of equality and diversity for looked after children is adequate. Needs arising from racial, cultural and religious backgrounds are adequately and sensitively met at an individual level, although not always reflected well within care plans and recording. While individual need is met, it is unclear how the joint needs analysis or equality impact assessments have strategically influenced services for looked after children, young people and care leavers. Inconsistencies in daily practice were noted. Some individual young people report they are well supported with attention paid to their individual needs while other examples seen by inspectors suggest a lack of attention to equality and diversity in practice. Carers who took part in the inspection commended the sensitive support provided by school staff for individual looked after children and young people. Examples given included those with special educational needs, those who are either the perpetrator or

recipient of bullying at school or who present with challenging behaviour. Language line and specialist workers are deployed well to ensure that children and families whose first language is not English or who need assistance with communication are enabled to participate fully in their child's assessment and care planning.

65. Value for money is adequate. Commissioning arrangements indicate a good understanding of what needs to be done to reduce spend on external placements and re-invest in the recruitment and retention of in-house carers. The council is investing to save and has increased resources to target foster carer recruitment to achieve the approval of 100 new fostering households during 2010-11. Good progress has been made in the year to date with a specialist recruitment team in place and a 50% success rate against the target already achieved. The placement of looked after children and young people not living at home with parents but fostered by relatives or friends at 15.6% is good and better than that of similar councils at 11.1%. More robust commissioning arrangements have reduced significantly the unit cost of non-county residential care from £140,810 in September 2009 to £126,874 per month in May 2010. Robust safeguarding compliances are in place within contracts and services are not newly commissioned from any independent provider that has been judged to be inadequate in an Ofsted regulatory inspection. The commissioning of services from voluntary organisations is adequate and indicates value for money is well understood. The improved co-ordination of commissioning activity as a direct result of the EARP process has resulted in the council becoming more proactive and smarter at managing and shaping the market.

Record of main findings: Essex County Council

Safeguarding services	
Overall effectiveness	Inadequate
Capacity for improvement	Adequate
Outcomes for children and young people	
Children and young people are safe: effectiveness of services in taking reasonable steps to ensure that children and young people are safe	Inadequate
Children and young people feel safe: effectiveness of services in helping to ensure that children and young people feel safe	Adequate
Quality of provision	
Service responsiveness including complaints	Adequate
Assessment and direct work with children and families	Inadequate
Case planning, review and recording	Inadequate
Leadership and management	
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Good
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Adequate

Services for looked after children	
Overall effectiveness	Adequate
Capacity for improvement	Good
Outcomes for looked after children and care leavers	
Being healthy	Adequate
Staying safe	Adequate
Enjoying and achieving	Adequate
Making a positive contribution	Good
Economic well-being	Good
Quality of provision	Adequate
Service responsiveness	Adequate
Assessment and direct work with children	Adequate
Case planning, review and recording	Adequate
Leadership and management	Adequate
Ambition and prioritisation	Good
Evaluation, including performance management, quality assurance and workforce development	Adequate
User engagement	Good
Partnerships	Adequate
Equality and diversity	Adequate
Value for money	Adequate