

# Essex County Council

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

and

## Review of the effectiveness of the local safeguarding children board<sup>1</sup>

**Inspection date: 14 January 2014 – 5 February 2014**

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| <p>The overall judgement is <b>good</b></p> <p>The local authority leads effective services that meet the requirements for good. It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.</p> |             |
| <b>1. Children who need help and protection</b>   | <b>Good</b> |
| <b>2. Children looked after and achieving permanence</b>  | <b>Good</b> |
| 2.1 Adoption performance  | <b>Good</b> |
| 2.2 Experiences and progress of care leavers  | <b>Good</b> |
| <b>3. Leadership, management and governance</b>   | <b>Good</b> |

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| <p>The effectiveness of the Local Safeguarding Children Board (LSCB) <b>requires improvement</b></p> <p>The LSCB is not yet demonstrating the characteristics of good.</p> |
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<sup>1</sup> Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspection Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2013.

# Contents

|   |           |
|---|-----------|
| <b>Section 1: the local authority</b>                                 | <b>3</b>  |
| Summary of key findings   | 3         |
| What does the local authority need to improve?                        | 5         |
| Information about this inspection                                     | 6         |
| Information about this local authority area                           | 7         |
| Inspection judgements about the local authority                       | 10        |
| <b>What the inspection judgements mean: the local authority</b>       | <b>30</b> |
| <b>Section 2: the effectiveness local safeguarding children board</b> | <b>31</b> |
| <b>What the inspection judgments mean: the LSCB</b>                   | <b>34</b> |

## Section 1: the local authority

### Summary of key findings

#### This local authority is good because

1. When children, young people and families need help the right services are provided as soon as they need them. The thresholds document 'Effective Support for Children and Families in Essex' sets out the services that are available, including the Early Help Hub and Family Solutions. Children who need to be protected immediately are safe because social workers and the police work together quickly and well.
2. Social workers are very good at getting to know children and families and work closely with them when they are making assessments. This means that social workers can quickly identify and provide immediate positive help and support for children and families.
3. Social workers record the work they are doing with children and families really well. This ensures that others know what is happening if the social worker is not available.
4. Where children and young people have difficulty saying what they want, for example because they are disabled, social workers are skilled at finding out through other ways of communicating with them.
5. Social workers and their managers are making sure that the right children are being looked after, and that they have safe and secure places to live. If there is a possibility of children staying or returning home, they make sure that families get support to do this.
6. Social workers are getting much better at assessing and planning for what looked after children need, particularly if the case goes to court. This means that decisions are made without delay; children and young people have plans for permanent homes and are kept safe.
7. The local authority is good at making sure that looked after children do well at school and they are now much better at completing Personal Education Plans to support this. They are particularly good at making sure looked after children are not absent from school.
8. Most looked after children have the chance to stay where they are currently placed because the authority has an effective system in place for planning permanency. For example, the fostering service is good at making sure there are enough foster families available for looked after children, so that they can live with a family that matches their needs. Low numbers of children move because their carers cannot continue to look after them.

9. Looked after children get a consistent, high quality service. Their reviewing officers are good at making sure that social workers are delivering what they planned to do. If looked after children live out of the county, social workers visit them regularly to make sure they get the same service as if they lived in Essex. The adoption service is good at finding the right families for looked after children and making sure that adoptive families know what it is that children need, so that they stay with them and do not have to move. The local authority is very good at supporting adoptive families to make sure this happens.
10. Young people leaving care get a good service. This supports them to get a job or a place to study, and somewhere safe to live; it helps them to become independent adults.
11. To make sure services to children and families continue to improve, senior and frontline managers receive regular performance information. This shows what is working well and what they could do better, so that they know what action they need to take. When senior managers make changes to improve services, they make sure they understand the issues and consult with children, young people and their families and listen to what they want. As a result, changes are flexible, workable and realistic in meeting children's needs.
12. Children and young people are supported well if they want to complain. The Children in Care Council has worked with staff to improve the service, provide helpful leaflets and promote the advocacy service. A good system is in place to make sure the local authority learns from complaints.
13. Senior managers have been very effective in improving services for children, young people and families in Essex. They have very good plans in place that are working well to make sure that they employ, support and keep good social workers to ensure that services can be maintained.

## **What does the local authority need to improve?**

### **Areas for improvement**

14. Professionals who assess and offer early help to children and their families should make clear in plans how things will get better for children, not just for their parents.
15. The local authority should make sure professionals and partners know when the threshold is met to contact the social care Initial Response Team (IRT) in line with 'Effective Support for Children and Families in Essex'.
16. Social workers and their managers should make sure that in every case where there is a plan there is also a clear contingency for what will happen if the plan does not work.
17. The authority should make sure that the joint arrangements for protecting and supporting children who go missing become stronger. This includes risk assessments, strategy meetings and return home interviews, taking account of changes to statutory guidance, published at the time of the inspection.
18. Senior managers should make sure that partners are consistently sharing information and working together to identify and prevent young people being sexually exploited or trafficked.
19. The resource and care panels should adapt their role to challenge and/or endorse social workers' decisions to look after children.
20. Senior managers should make sure that young people with mental health problems have good assessments and easy access to good quality mental health services.
21. The local authority should make sure that care leavers are consistently involved when their pathway plans are being written so that their voice is heard, and that they know how to get someone to advocate for them if needed.
22. The authority should make sure the LSCB is held to account to deliver key objectives to timescales.
23. The authority and partners should continue to reduce the backlog of Multi Agency Risk Assessment Conference (MARAC) cases.

## **Information about this inspection**

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

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

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

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

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

The inspection team consisted of seven of Her Majesty's Inspectors (HMI) from Ofsted, one of Her Majesty's Inspectors (HMI) designate and one Associate Inspector.

## **The inspection team**

Lead inspector: Ian Young

Team inspectors: Fiona Millns, Nigel Parkes, Carolyn Spray, Lynn Radley, Mike Ferguson, Carmen Rodney, Graham Tilby and Deane Jennings.

## Information about this local authority area<sup>2</sup>

### Children living in this area

- Approximately 296,683 children and young people under the age of 18 years live in Essex. This is 21.1% of the total population.
- Approximately 17.1% of the local authority's children are living in poverty. The proportion of children entitled to free school meals:
  - in primary schools is 13.6% (the national average is 18.1%)
  - in secondary schools is 10.1% (the national average is 15.1%)
- Children and young people from minority ethnic groups account for 8.5% of all children living in the area, compared with 21.5% in the country as a whole.
- The largest minority ethnic groups of children and young people in the area are mixed ethnicity and Asian.
- The proportion of children and young people with English as an additional language:
  - in primary schools is 5.7% (the national average is 18.1%).
  - in secondary schools is 4.1% (the national average is 13.6%).

### Child protection in this area

- At 31 January 2014, 6,220 children had been identified through assessment as being in need of a specialist children's service. This is a reduction from 6,739 at 31 March 2013.
- At 31 January 2014, 438 children and young people were the subject of a child protection plan. This is a reduction from 547 at 31 March 2013.
- At 31 January 2014, 29 children lived in a privately arranged fostering placement. This is an increase from 27 at 31 March 2013.

### Children looked after in this area

- At 31 January 2014, 1,139 children were being looked after by the local authority (a rate of 38.4 per 10,000 children). This is a reduction from 1,260 (42 per 10,000 children) at 31 March 2013.
  - Of this number, 246 (22%) live outside the local authority area

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

- 100 live in residential children’s homes, of whom 52% live out of the authority area
- eight live in residential special schools, of whom 100% live out of the authority area
- 861 live with foster families, of whom 18% live out of the authority area
- 19 live with parents, of whom 21% live out of the authority area
- 28 children are unaccompanied asylum-seeking children.

■ **In the last 12 months:**

- there have been 99 adoptions
- 34 children became subject of special guardianship orders
- 531 children have ceased to be looked after, of whom 4.5% subsequently returned to be looked after
- 156 children and young people have ceased to be looked after and moved on to independent living
- 15 children and young people have ceased to be looked after and are now living in houses of multiple occupation.

**Other Ofsted inspections**

- The local authority operates five children’s homes. Four were judged to be good or outstanding in their most recent Ofsted inspection.
- The previous inspection of Essex’s safeguarding arrangements / arrangements for the protection of children was in October 2011. The local authority was judged to be adequate.
- The previous inspection of Essex’s services for looked after children took place in August 2010. The local authority was judged to be adequate.
- The previous inspection of Essex’s fostering service took place in May 2013 and judged it to be good, and an inspection of the adoption service in March 2012 judged it to be good.
- The previous inspection of Essex’s private fostering arrangements took place in February 2013 and they were judged to be good.

**Other information about this area**

- The Director of Children’s Services has been in post since November 2010. He has a dual role and became the Statutory Director of Adults’ Social Care in January 2013.

- The chair of the LSCB has been in post since June 2012. Prior to that he held the post of interim Chair of the LSCB.

## **Inspection judgements about the local authority**

### **The experiences and progress of children who need help and protection are good**

24. The multi-agency partnership implemented new threshold criteria in April 2013, which include the early help strategy 'Effective Support for Children and Families in Essex'. This was in response to a needs assessment in January 2013 that identified that 47% of children were on a child protection plan for neglect. This strategy is transforming the way in which children and families are helped and protected. The partnership's approach is designed to ensure that children and families get the right help and support at the right time. This has resulted in positive reductions in the number of children who have a child protection plan or require specialist services and the number of children looked after. This is a move away from a reactive approach to managing short-term crises in children's lives based on an over-reliance on the provision of social care.
25. Young children and families receive good early help from children's centres. These have been refocused as part of an integrated approach. This has led to a much sharper emphasis on the impact of the help children's centres provide, with good systems now in place to track children's progress. The centres' reach extends to minority groups, as well as supporting isolated children and families living in rural communities. Good partnership work between a range of agencies is used to signpost women who are subject to domestic abuse to the Freedom Programme run by children's centres. This gives them access to the skills necessary to protect themselves and their children.
26. Children and families with additional needs benefit from good coordinated multi-agency help and support. The shared family assessment (SFA), which has replaced the common assessment framework (CAF), ensures that parental consent is routinely obtained. This allows information to be shared between agencies appropriately, in line with requirements of legislation and guidance.
27. As part of 'Effective Support for Children and Families in Essex' the Early Help Hub (EHH) provides enhanced signposting to early help services. This is helping professionals to identify the right mix of community-based support to children and families. Trained advisors based in the EHH use a comprehensive directory of local services to provide good quality information, advice and guidance to professionals. This ensures that children, young people and families get the right level of help and support in a timely way. It is too soon to assess the full impact of the EHH but the early signs are very positive.
28. Children and families who need intensive support are able to access the professional multi-agency Family Solutions service. Family Solutions plan and

work effectively with families to improve parenting skills. The support offered includes direct work with children, young people and parents to achieve change in those areas of their lives that are negatively affecting parents and their children. The work includes liaising with other key agencies, for example those dealing with domestic abuse, mental health or substance misuse, advice on debt (including rent arrears), and then offering practical help. The service is located where the highest levels of need in the county have been identified, and it includes an experienced and qualified social worker in each of the eight teams. Good working arrangements between Family Solutions and children's social care ensure that the level and intensity of help and support provided is responsive to families' changing needs and can be escalated if required. Children and families are very positive about Family Solutions and about the impact it is having on their lives. One mother interviewed said 'I'm not a bad mum but I had reached rock bottom; without Family Solutions my children would probably be in care now.'

29. Threshold criteria for access to social care services are well understood and owned at a strategic level. Referrals made are appropriate. The re-referral rate for 2012–13 is 25%, in line with that of statistical neighbours and England. The new arrangements were only introduced from April 2013. Some positive impact has been seen but the volume of calls and emails continues to be high as the service becomes embedded. Between 1 November 2013 and 31 January 2014, monitoring by the local authority shows that staff in the IRT dealt with 12,351 contacts, including domestic abuse notifications and information requests. Of those, 3,077 went forward for an assessment by social workers based in one of the locality-based Assessment and Intervention Teams (A&ITs). Of the callers, 3,539 were offered advice, information and guidance; no further action was required with 5,221 contacts. From cases looked at during the inspection, managerial oversight was appropriate and other support services were provided as necessary.
30. Qualified social workers work alongside trained children's advisors in IRT and the team responds promptly to telephone calls and emails. The service is effective in identifying those children and families who require social care intervention. Appropriate checks and balances are in place, with good management oversight ensuring that the screening process is safe. Social workers based in the IRT provide a valuable consultation service to other professionals, enabling them to address issues and concerns so that children and young people receive the right level of support and are kept safe.
31. A rapid response to children identified as being at risk of harm ensures they are effectively protected. Assessments are undertaken by qualified social workers and senior practitioners based in one of 14 Assessment and Intervention Teams (A&ITs) across the county. A well-resourced emergency duty team (EDT) provides an effective response outside normal office hours to children and families in need of help or protection. Experienced senior practitioners based in the EDT have good links with the daytime teams and this means a high quality social work service is available at any time.

32. Children at risk, including children with disabilities, are effectively protected. In the vast majority of cases seen by inspectors, strategy discussions and meetings were appropriately attended by multi-agency partners, particularly the police. This has led to good analysis of risks and strengths, which is used well to plan, manage and review child protection enquiries. The meetings ensure that information is shared quickly and effectively, and appropriate protective action is taken promptly. No examples were seen by inspectors of children or families being subjected unnecessarily to child protection procedures.
33. A large majority of cases sampled by inspectors demonstrated that children and families receive the help and protection they need from social workers promptly and routinely, without waiting for their assessment to be completed. Good packages of support are provided while assessments are ongoing, preventing children's circumstances worsening while they await the outcome of an assessment, and their cases escalating unnecessarily. Social workers ensure that they see the children alone and listen to what they say. Social workers have manageable caseloads. This means that they have the time to use a range of direct work techniques to get to know and understand children and young people well, build positive relationships with them and provide well-tailored packages of support.
34. The quality of most assessments is good and the voice of the child is present in the large majority. Risks and protective factors are well understood and analysed as part of a strength-based approach. Chronologies and case summaries are generated through the integrated children's system (ICS). An improved format for chronologies has been developed and is being introduced to all teams across the county. In the majority of cases, evidence was seen by inspectors that these provide a historical record of the case and are being used effectively to inform social work assessments and interventions. The summaries provide detailed relevant information and an historical overview.
35. The implementation of a strength-based model of working has resulted in children being supported through clear and simple, outcome-focused, highly specific and measurable child protection plans. This method provides professionals with a way of engaging parents in a collaborative approach to protecting their children. It uses plain English to identify and describe risks and strengths and agree what 'safe' will look like for the child. Child protection conferences (CPCs) using this approach involve families more effectively and are much more interactive than conventional CPCs. However, the new format is not being consistently used across the county.
36. Child protection processes are effective. All children who are assessed as requiring a child protection plan have one. During the inspection, no children were seen left at risk of significant harm and no cases were referred to the local authority. Child protection conferences and core groups are good at protecting children. The vast majority are timely. They meet regularly and

are effectively chaired, well attended by partners, well recorded and are good at monitoring and managing risks.

37. Extensive evidence of good management oversight of casework was seen by inspectors in supervision notes and on electronic case files, including an appropriate level of critical challenge. This ensures that the right decisions are taken at the right time and that plans are reviewed and updated at regular intervals. Appropriate action is taken to ensure that cases are not allowed to drift.
38. The quality and timeliness of case recording is an area of strength. Almost all case records seen provide a good level of detail about the work undertaken. This includes considering the child's view and consultation with other professionals, with a clear explanation of how key decisions were reached. The vast majority of case records are up-to-date. This ensures that the information is available for social workers to draw upon and make decisions in a timely and effective manner when the allocated social worker is not present.
39. All children who go missing from education are the subject of rigorous scrutiny. A commissioned service makes daily calls to schools to identify children who are absent, including those who have been excluded. This high level of vigilance is supported by the targeted activities of education welfare officers. Currently there are 700 children known to the local authority who are being educated at home. A risk management system is in place to prioritise education advisor visits to those children, as part of a commitment to safeguarding them.
40. The proactive approach of education welfare officers has resulted in the rate of persistent absence reducing from 7.7% for all children in care in 2009–2010 to 5.2% in 2012–13. This is keeping pace with the reduction nationally. Overall absence of children in care in Essex has reduced from 5.4% to 4.6% for 2012–13 which is better than the Essex average for all children. In addition, appropriately arranged changes of school are used well to engage and keep children looked after in full-time education. Positive referrals between schools have contributed to reducing exclusions. Consequently, attendance at 95.4% is better than the national average for children in care and the local average for all pupils. This is again keeping pace with the reduction nationally.
41. A shared strategic understanding of arrangements for missing children has been strengthened by the introduction of the multi-agency Missing Children Partnership. As a result of closer partnership working, police information is now recorded by IRT on the children's social care electronic database. Senior managers receive weekly reports on all missing children, enabling them to provide a level of scrutiny. No examples were seen by inspectors of young people who go missing being left at immediate risk. There was also evidence of services such as Family Solutions and the Divisional Based Intervention

Teams being used successfully to reduce missing episodes for individual children. However, strategy meetings and return home interviews are not used routinely by social workers, and there is limited evidence of a proactive approach to understanding why children go missing.

42. Management information available from this system shows that in the year until December 2013, there were 1,085 episodes of 251 young people going missing. 58 (23%) were missing from home and 193 (77%) were missing from care; of these, 81 (32%) were Essex young people placed in Essex, 67 (27%) were Essex children placed outside Essex, and 45 (18%) were young people placed by other local authorities in Essex. In the case of looked after children who go missing, newly revised procedures provide clear guidance about the need for them to be classed as missing and subject to a strategy discussion if absent from where they live for six or more hours. IROs are routinely notified when children are missing from care and can bring forward their review, providing an additional safeguard.
43. An extensive training package, part of the Essex Safeguarding Board training programme, has helped to increase awareness of Child Sexual Exploitation (CSE) across the partnership. Following the recruitment and training of CSE 'champions' across all partner organisations, the number of investigations being carried out by the police has significantly increased, including joint investigations with children's social care. Case tracking by inspectors provided examples where high levels of monitoring provided by the care leavers team and the police were ensuring individual young people's safety. To strengthen joint working arrangements the local authority has recently appointed a senior practitioner who works jointly with the police for missing children and a team manager for CSE. This is to improve consistency, including the use of multi-agency strategy meetings.
44. A prompt and effective response is made to allegations of harm involving professionals. As a result children are safeguarded against the potential threat posed by adults who are not fit to work with them. The role of the Local Authority Designated Officer (LADO) in Essex has been re-structured and strengthened with the appointment of a LADO in each locality.
45. For children living in families affected by domestic abuse, the police and partners use the Domestic Abuse, Stalking and Honour-Based Violence (DASH) tool to identify, assess and manage risks. Where children are involved, notifications are sent to the IRT promptly by the police. IRT routinely informs schools in cases that are already known to social care to enable them to monitor and be proactive in keeping children and young people safe. A Joint Domestic Abuse Triage Team (JDATT) has recently been created by the police and social care in order to streamline the notification process and ensure that only appropriate referrals are received.
46. Children identified as being at high risk of emotional harm from domestic abuse are effectively protected. Partners are fully engaged with Multi-Agency

Risk Assessment Conferences. Although there is currently a backlog of cases waiting to be discussed, in the interim, timely, appropriate risk ratings result in coordinated action, involving both the police and children's social care to protect children. Plans are firmly in place to enhance support for victims, by increasing the number of Independent Domestic Violence Advocates (IDVAs) from six to 18.

47. Children and young people have access to a confidential, independent, advocacy service commissioned through a voluntary agency. This promotes the 'voice of the child', assists in the early resolution of complaints and supports children and families who are subject to child protection processes. Child Protection Conference Chairs meet with children and young people in advance of the child protection conferences and are proactive in giving them information about the advocacy service.
48. A team of homeless youth specialists (HYS) working closely with district housing officers ensure that young people aged 16 or 17 who are homeless or at risk of becoming homeless are safeguarded and supported. HYS assess the need for accommodation. Some young people are referred to children's social care; others are supported to return home. When this is not possible, they are helped to find suitable alternative accommodation. Since July 2013 the team has supported 74 young people to return home successfully and 56 to find alternative accommodation.
49. Effective systems are in place to identify and respond to notifications of private fostering arrangements. Privately fostered children and their carers are well supported. Assessments are timely and children are seen and seen alone at regular intervals, in line with statutory guidance. Private foster carers say they feel well supported and are able to access training available to other foster carers.
50. The diversity of individual children, young people and families is well recognised and is reflected in assessments and plans. Children with disabilities receive effective support from social workers who have good insight and who are imaginative and creative in identifying their needs, wishes and feelings. Close links to the Transitions Pathway Service ensures that for older children with disabilities, transitions are well planned, person-centred and are effective in maximising and promoting their independence.

## **The experiences and progress of children looked after and achieving permanence are good**

51. Decisions to look after children are appropriate, timely and proportionate. Social workers in the children in care teams have manageable caseloads and provide families with support through direct work and relationship based social work. Assessments incorporate effective assessment of risk and demonstrate a comprehensive understanding of the needs of children. Records are detailed, include good case summaries, are up-to-date and clearly reflect the voice of the child. If children return to the care of their families wide ranging support is put in place to maximise the chance of successful rehabilitation. Only a very small number of children reunited with their family re-enter care.
52. Good quality and effective services to children and young people on the edge of care are offered by time-limited, solution-focused intervention and multi-systemic therapy teams. Parents and young people spoken to value these services and the resulting improvements in their lives. These services, alongside other family support services such as Family Solutions, and the implementation of robust exit from care plans, have significantly reduced the number of children looked after while still keeping them safe.
53. Resource and Care Panels provide effective management oversight to ensure only those children who need to be looked after come into care. Decision making by the panel is currently recorded against resource allocations, but could be further strengthened through the recording of the professional challenge and endorsement of social workers' decisions.
54. Assessment and planning of looked after children's cases are strong. Social work written reports for reviews are comprehensive and up-to-date. Reviews observed and social workers spoken to by inspectors clearly articulate the child's care plan and how it is being progressed. However, a small minority of written care plans seen were not sufficiently SMART, and did not therefore focus on what was needed to make sure the plan worked.
55. Effective legal planning meetings support pre-proceedings work and a very large majority of cases enter the court arena at the right time for the child. The average length of proceedings is now standing at 28 weeks, down from 50 weeks in 2012–13. Legal practitioners interviewed said that there is now little need to commission expert witnesses as analysis in social workers' assessments for court continues to improve. Timely assessments of family and friends are undertaken by a specialist team. These improvements have all significantly reduced delay for looked after children in securing legal permanence and allowing planning for their long term future.
56. The involvement and participation of looked after children in matters affecting their lives are very strong. Children and young people looked after are fully consulted, both by their social worker and their IRO. Their wishes

and feelings are clearly expressed in social work records and the outcome of reviews. The comprehensive IRO Feedback Report for 2012/13 records that the 'majority of children and young people in care said they are happy where they live and that they would not change anything about it.' Furthermore, 'the majority report that they enjoy school, have good relationships with social workers and positive experiences of reviews.' This was also evidenced in the inspection as part of case tracking. Cases reviewed by inspectors demonstrated a good level of involvement of children and young people and a good level of understanding by the IRO of their needs. Social workers in the teams dedicated to working with disabled children use creative and inventive methods to ensure that views of those who do not use speech as a means of communication are understood.

57. Children understand how to complain and have access to a good advocacy service provided by a voluntary sector organisation to help them complain if they want to. This service has helped achieve early satisfactory resolution of concerns before they become formal complaints. The Corporate Parenting Panel meets routinely with members of the Children in Care Council (CiCC) and an action plan is being implemented to address the issues they have raised. The CiCC communicates effectively with children through meetings, their website and a regular newsletter. The views of children are gathered and reported by a dedicated involvement team. This is clearly informing service developments, such as the restructuring of the leaving and after care teams.
58. The local authority operates an effective independent visitor service, managed by a project co-ordinator responsible for the recruitment, training, supervision and support of 50 volunteers. The Project Coordinator also manages referrals to the service and the matching process. All volunteers are requested to provide a minimum of two years commitment and in some cases the independent visitor remains involved with the young person up to the age of 21.
59. Where bullying of looked after children is identified, appropriate action is taken. This includes foster carers receiving training to ensure they offer appropriate support. Feedback from children as part of the IRO Feedback Report indicates that the large majority of looked after children (70%) and young people (79%) do not feel bullied. This is in line with children who are not looked after, and no instances of bullying were seen by inspectors tracking and sampling cases and meeting with young people during the inspection.
60. A very large majority of looked after children say in feedback to the authority that they feel healthy and well. Most children have current health assessments (87.4%), dental checks (86.8%) and immunisations (83.5%). Dedicated health coordinators in each local area, who are valued by social workers as a source of accurate advice, also ensure that children placed out of the authority area receive appropriate services. Strength and difficulties

questionnaires (SDQs) were routinely completed in cases seen by inspectors, and these help assess children's well-being and inform their health plans. A review of Essex Child and Adolescent Mental Health Services (CAMHS) acknowledges the need to improve services and has involved wide consultation with service users. In the interim, improved access to CAMHS services is being achieved locally through mental health practitioners based within the children in care and care leavers teams. These are providing effective support to workers and working directly with children and young people.

61. A good range of learning opportunities helps looked after children to achieve as well as their classmates educationally. Clear strategic priorities for raising standards and accelerating the progress of children in care have led to the restructuring of the virtual school and to better use of targeted resources. Furthermore, equality of access to additional resources ensures that looked after children meet their targets, with a significant minority exceeding them. The authority's clear and deliberate policy ensures that looked after children mostly attend schools that are judged by Ofsted to be good or outstanding.
62. Educationally, when children enter care the majority are starting from a low base. The achievement service has made strong progress in guiding schools to focus more sharply on the achievement of these pupils. Under the virtual head, key appointments of senior staff have helped to establish a clear vision for improvement, and priorities are being met. As a result, over the last five years, the rates of progress have risen to the point where, in 2013, Key Stage 1 and 2 results for Essex were in line with the national averages for children in care, statistical neighbours and other children in the authority area. The number of looked after students gaining five A\*-C grades at GCSE was in line with the national average for children in care. This includes the good achievement of 13 young people who achieved between six and 15 GCSE grades A\*-C, including English and mathematics. The attainment gap is closing in each key stage and the rates of progress over time are broadly in line with national expectations for looked after children.
63. The introduction of a new personal education plan (PEP) format has led to a significant improvement in their completion rate and quality. In May 2009, the completion rate of the integrated PEP was 65%. The current completion rate of PEP 1, completed by school, is 81% and PEP 2, completed by social workers, is 98%, which is good. Schools have embraced the process, which has increased their accountability. Systematic tracking of looked after children's progress against specific and measurable targets quickly identifies needs and allows for personalised support.
64. Careful consideration is given to using the pupil premium<sup>3</sup> funding. Planned activities, such as personal tuition, employing extra support staff and buying

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<sup>3</sup> The pupil premium, is additional government funding provided for students eligible for free school meals, children looked after by the local authority and students with a parent in the armed services.

learning resources, are well matched to the learning needs of individual children and young people. Since September 2013, schools have begun to work in clusters to spread the benefits of good practice widely. It is, however, too early to evaluate the impact of these strategies on improving progress.

65. Robust systems are in place to identify and tackle persistent absence from school. This has led to a decline in persistent absence amongst children looked after, from 7.7% in 2008–09, to 5.2% in 2012–13. Attendance is now not only above the national average for children in care, but above that for all pupils in Essex schools. This is a significant achievement by the authority. Exclusions are rare, and the one permanent exclusion in the last five years was successfully challenged within the local authority's procedures and also raised with the Secretary of State. Effective support, including managed moves between schools, is used well to engage and keep looked after children in full time education.
66. Arrangements for supporting looked after children placed outside the county's provision are strong. Careful commissioning of placements means that only 22% of Essex looked after children are placed out of county compared to the national average of 36%. Appropriate systems are in place to ensure that children placed outside Essex have timely and suitable arrangements for health and education services. Looked after children living out of county, and those in alternative provision, are monitored the same as those living inside the county boundaries. They are supported to receive their full entitlements and achieve as well as their peers. Cases tracked by inspectors evidence that children continue to see their social workers regularly and receive appropriate support. These are kept under review by the Resource and Care Panels, with a view to bringing them back to Essex or moving them if appropriate to foster placements, if in their best interest. A sample of children placed at a distance from the county was visited by Ofsted's regulatory inspectors during the inspection. They were observed to be well placed, with sound placement plans to ensure that their complex needs were met. When interviewed, they said that they were happy with where they lived and were visited regularly by their social worker and family to ensure they maintained contact with home.
67. The local authority strategy that supports the commissioning of sufficient places for looked after children is underpinned by both good self-knowledge and the creative use of feedback from children and users. Arrangements for sourcing, contracting and quality-assuring independent fostering services, residential and supported accommodation placements are effective. Sufficiency is monitored and reviewed regularly by senior managers. The commissioning teams have good knowledge of providers in the market, include social work and special education expertise, and they collaborate with neighbouring authorities through a regional consortium. As a result, they are able to identify quickly placement options which take account of both the care and education needs of looked after children.

68. Planning to find a permanent place for looked after children to live starts early, and is formalised by the second looked after review at four months. To avoid unnecessary delay, parallel planning is used routinely, as is a consideration of family and friends care. A very small number of plans evidence some drift, but overall management oversight is robust and effective in reducing delay. Progress in delivering the plan for permanence is subject to a tracking process, and the plans of children under five are subject to a review on a quarterly basis. This is more frequent than required. It ensures timely referral to the Adoption Agency and encourages consideration of other permanent alternatives to looked after children living in long term care.
69. Strong support services maximise looked after children being found permanent families to live in, outside the care system. The numbers of children currently placed for adoption and being made subject to special guardianship orders (SGOs) have consistently increased. The use of SGOs in Essex is high: in 2012–13, 12% of the children who ceased to be looked after became the subject of an SGO, compared to an England average of 9%; the average from 2010 until 2012 was 11% for Essex and 7% for England. There are presently over 400 SGOs in place in Essex, and this led, appropriately, to the establishment of a specialist team for SGO support in October 2013.
70. Good quality, effective systems and processes are in place within the fostering service, ensuring robust and swift recruitment and assessment of foster carers to provide homes for looked after children. Scrutiny of foster carer case files demonstrates timely and rigorous assessment processes, with all checks and references being effectively undertaken and recorded.
71. Retention of foster carers is good. Foster carers are well supported and can access training that they say they value. In 2012–13, 45 new foster carers were approved together with 27 family and friends, while only 25 foster carers were de-registered, creating an expanding pool of in-house options to improve matching. Over 60 foster homes do not currently have children placed with them. This is in order to maximise the opportunity for suitable matching. This is supported by a good training programme, low caseloads for supervising social workers, a payment for skills scheme and good take up of certificated training; 933 out of a total of 995 foster carers have a Children’s Workforce Development Council certificate. In addition, a dedicated household reviewing team specialises in foster carer reviews and this is also a strength, enabling focused attention on the needs of foster carers.
72. Looked after children and young people benefit from stable, secure places to live so that they enjoy improved life chances. Performance data demonstrate that at March 2013 only 9.2% of looked after children had experienced three or more placements and 69% had lived in the same placement for two years or more. Essex compares very favourably nationally against both of these

indicators, as the England average for looked after children experiencing three or more placements is 11.1% and 67.3% have lived in the same placement for two years or more.

73. Family finding is well resourced and systematic, and both fostering and adoption teams have workers whose primary function is to find families for children who need a permanent alternative family. The local authority has good child-centred processes for managing cases where long term fostering is the best possible permanency option. The authority's monitoring indicates that older young people take longer to match and may have a history of placement moves. Managers of the service have identified the need to recruit more specialist foster carers for adolescents with complex behaviours, such as those experiencing sexual exploitation and involved in offending.
74. Considered, sensitive and wide ranging efforts are made to secure and manage both direct and indirect contact with their families for children in adoption, special guardianship and long term fostering cases. Complex contact arrangements are managed well by social workers, and facilitated or supervised by support workers, to ensure that they are a quality experience for looked after children. IROs both monitor and effectively challenge the impact of contact arrangements on children and the families caring for them.
75. Good attention is paid to helping children develop secure attachments to the people who look after them and helping them understand and manage their previous experiences. Support for them is wide ranging and includes improved access to specialist therapeutic services offering one-to-one work. Also, a rolling programme of group work for foster carers is facilitated by fostering teams and individual life story work is available for children. Training for foster carers and family and friends carers also helps equip carers to address better the needs and attachment difficulties of the children they care for.
76. The IRO Service is strong, meets statutory requirements and provides appropriate challenge. IROs have manageable caseloads, review plans regularly and routinely see children between review meetings, ensuring children's views and wishes are well represented. The IRO service is working effectively to avoid drift and progress permanence planning, and where necessary it reviews care plans at double the statutory frequency. Reviews ensure that the needs of children arising from identity, gender, race, culture, sexual orientation and gender identity are identified and addressed. Evidence was seen of IROs challenging social workers to update plans and assessments. Review meetings are well recorded and children's progress and achievements are set out clearly. Timely and effective arrangements are in place for responding to the needs of unaccompanied asylum seekers, provided by the ethnically diverse staffing within children in care teams who have a good understanding of cultural needs. Unaccompanied asylum seekers are well matched with suitable families. This includes commissioning places outside the county, with continued support by specialist services as

required. Young asylum seekers often come into care in their teenage years and are supported well through transition to leaving care and aftercare.

**The graded judgment for adoption performance is good.**

77. Adoption and permanency options are considered for all children looked after when it is identified that this is in their best interest. Over the past three years the local authority's adoption performance has consistently improved. The authority is getting closer to meeting the national adoption scorecard thresholds, and already performs above the national average rate for placing children over the age of five.
78. A well-established permanency policy and effective management strategies support prompt action in care planning. For example, children under five benefit from 'tracking' meetings overseen by managers of the independent reviewing service, and this ensures prompt action to progress plans.
79. A clear commitment to placing children with the right families as quickly as possible means that in over a third of cases adopters are simultaneously approved and matched to specific children. The effective use of independently commissioned social workers to assess applicants where they are drawn to a particular child avoids unnecessary delay.
80. Some delay in matching is caused by very good performance in timeliness of court proceedings overtaking the volume of adopters who are being assessed and approved. A commitment to careful matching for children with complex needs, or where there are brothers and sisters to be adopted together, means that there are currently 28 children awaiting a match. This includes 16 children who require specialist provision, comprising seven with disabilities, and three brother and sister groups of three. There are 10 approved adopters without a match.
81. Social workers and family finders prioritise keeping brothers and sisters together even when this may mean waiting longer for a match with the right adopters. When separation of brothers and sisters is considered, the decision is underpinned by good quality assessment by the specialist Family Finders team.
82. Imaginative and research-based adopter-led recruitment strategies help secure the right permanent families for children. Individual children's profiles are used at recruitment events, and where prospective adopters are drawn to a particular child the authority prioritises early assessments and matching. Assessment, approval and matching of adopters are thorough and linked to a good and comprehensive programme of preparation and training. Where children cannot be matched to locally approved adopters, swift use is made of the Adoption Register and national family finding initiatives.
83. The two stage assessment and approval process is well established. An impressive range of locally developed materials supports rigorous and timely

practice in progressing applicants through to panel approval. A good example is the prospective adopter workbook. It uses intensive and supported self-evaluation to reduce duplication during stage two of the assessment process. Fostering for adoption was seen being used to very good effect in one case looked at. Further recruitment is planned.

84. Well-trained adoption panel members are led by a very experienced and skilled independent chair. Good practice is promoted by working closely with effective panel advisors to ensure high standards of reports. Robust policies underpin the decision making of the chair in matching and approving adopters at the same panel. While not appropriate in all cases, the benefits for children from such early attachments to their adoptive families are considerable. In the last 12 months there have been three placement disruptions; none of these involved children whose placements had been made through adopter-led matches. Agency decision makers work effectively and are supported by a clear and systematic procedure. Recommendations are appropriate and made with the benefit of easily accessible medical and legal advice.
85. Effective services are provided for all parties in adoption, including tracing and facilitated reunion of birth relatives and adopted people. Adoption support is a strength in Essex. A highly skilled, county-wide team offers and delivers a comprehensive range of effective, good quality research-based interventions and assessments. In 2012–13, 107 adoptive families and 194 adult adoptees were receiving support. Social workers are specifically trained to deliver a range of therapeutic interventions to support adopted young people with complex and challenging needs. A psychotherapist is attached to the team and is easily accessible for consultation and on-going treatment. Good management of both direct and indirect contact is sensitive, constructive and focused on the contribution of birth parents to their children’s long term stability.

**The graded judgement for the experiences and progress of care leavers is good**

86. Young people leaving care who met with inspectors confirmed that they feel safe in their home environment and community. From the time of their entry into care, looked after children and young people receive good quality support from a range of services to ensure that they know how to keep themselves safe. Care leavers spoken to by inspectors confidently articulated their views of feeling safe. Planning and support for care leavers considers aspects of health and any potential risks regarding young people’s safety and well-being. Services are provided so that care leavers can develop the right skills to enter adulthood. For example, those in custody have a clear support plan to help prevent them from re-offending.
87. Pathway plans clearly demonstrate care leavers’ specific needs, which are generally well considered and addressed precisely. There is good attention to

ensuring that life skills and matters around identity are tackled. As part of the recent restructuring of the care leavers service the authority has strengthened the capacity of managers and practitioners to increase their level of engagement with care leavers. Emerging evidence indicates that this is improving the time allocated to work directly with care leavers. Scrutiny by inspectors of unaccompanied asylum seekers' pathway plans shows they are effectively supported and achieve well, regardless of their starting points. Care leavers were instrumental in shaping the redesigned leaving and after care services. However, care leavers spoken to say there is still a need to embed good practice through their involvement in pathway planning and awareness of the availability of advocacy.

88. Pathway planning is part of a continuous process, rather than a one-off interview or discussion. Various partners work with care leavers over a specified period of time, collating information about their ambitions, to develop their plans. Young people know that this process, combined with more formal meetings, is used to record information about their lives and help them to achieve independence.
89. Transition planning ensures that care leavers are given good support when they are leaving care. The allocated social worker now works with care leavers until they are 18 years old, providing stability and individualised help. Personal advisors work with care leavers alongside social workers from the age of 17 years. Consultation as part of the review process is good. Evidence from case tracking by inspectors indicates that IROs scrutinise the quality of pathway plans thoroughly, and provide appropriate challenge to social workers.
90. The health care needs of care leavers are well met. Practitioners from different medical fields ensure that support is extended up to the age of 19, following which health advisers provide the necessary specialist guidance needed. Care leavers who spoke to inspectors said they have good access, guidance and support to accessing their health records and personal histories. These records are, however, not always readily available and delivered promptly. Mental health practitioners based in the care leavers teams ensure that young people with a history of poor mental health, but who do not meet the thresholds for adult services, can receive a personalised therapeutic and consultative service. The experiences and health needs of care leavers are dealt with sensitively through organised training and development of practitioners. An information pack developed by a local General Practitioner is used to disseminate the benefits of this work widely across the county.
91. A range of effective approaches are enabling care leavers to access the support of advocates and make a complaint if required. Care leavers value the advocacy service when it is needed. Unaccompanied asylum seekers and refugees are provided with good quality care, guidance and advocacy support with immigration matters.

92. The Corporate Parenting Panel, the Involvement Team and the IRO Service all ensure that young people have the opportunity to represent their views. For example, the Involvement Team has sought to identify and resolve any issues that make care leavers dissatisfied. Good quality support, guidance and encouragement are enabling an increasing number of care leavers to enter higher education. Currently, 54 care leavers are studying at university, including two who are completing a higher degree.
93. The local authority is successfully helping unaccompanied asylum seekers to achieve very well. For example, of this group, two thirds are in further or higher education, including 13% at university compared to 8% of other care leavers; and 57.2% are in education other than university compared with 27.3% of all other groups. Care leavers who are students are well supported and visited regularly. They are enabled to access their full entitlement to bursaries and have a family home to return to during the holidays. Those on apprenticeship schemes receive financial assistance with travel. Similarly young mothers, including those with health problems, are assisted to pursue their studies; for example, through the Open University or as a student living on campus. Success is celebrated and young people who have left care often return as ambassadors to support younger care leavers.
94. Opportunities for support into working life are good. In 2013, the percentage of care leavers not in employment, education or training declined from 42.5% to 33.3%. This is below the national and local average. The decrease is linked to the increasingly good support that is tailored to the needs of care leavers. For instance, targeted youth workers ensure that care leavers are aware of and access their entitlements. Employability workers also support care leavers to stay in employment, while developing employers' understanding and expectations of these young people. Care leavers have good access to a wide range of work experience and apprenticeship opportunities. This has been possible primarily because of the good and creative partnership work between the authority and targeted youth workers who brokered the employability scheme. Altogether, 34 care leavers are undertaking an apprenticeship. Weekly alerts across departments about internships are leading to more care leavers entering employment or training. A recently introduced tracking system is beginning to identify trends in the employment or otherwise of care leavers, but it is too soon to assess the impact of this recent change.
95. The number of care leavers in suitable accommodation is good and improving. In 2012–13, Essex reported that 88% were in suitable accommodation, which is directly comparable with the all England figure. Arrangements for young people to access a good range of accommodation are well managed. Care leavers have support from their personal advisers, targeted youth workers and employability workers to ensure, and support them in accessing, their entitlements to housing. Social workers advocate widely for young people who want to Stay Put and 82 care leavers currently benefit from the Staying Put, policy where they can remain with the families

they grew up with. Managers champion the cause of young care leavers, including unaccompanied asylum seekers, to secure suitable accommodation and private tenancies. Increasingly, they are challenging the twelve district councils with responsibility for housing to ensure that care leavers are prioritised for a tenancy. It is too early to comment on the impact of this new level of challenge which started in January 2014.

### **Leadership, management and governance are good**

96. In August 2010 the Ofsted Safeguarding and Looked After Children Inspection judged safeguarding in Essex as inadequate. In October 2011 Ofsted re-inspected safeguarding arrangements and judged them adequate. The local authority has demonstrated significant progress since that time. The DCS was appointed in November 2010 and, along with the senior management team, has been instrumental in driving the significant improvement in children's services across the county. A clear and highly effective strategy and action plan sustains the children's workforce. In the past three years there has been a drive on supporting the change and improvement in the delivery of services and outcomes for children, young people and families.
97. The authority knows its strengths and weaknesses well and has worked effectively with strategic partners in Essex to realign the delivery of services to improve outcomes for children, young people and families. Strategic priorities are clearly identified in response to local need, external scrutiny, inspections and national initiatives. These priorities are communicated by the children's partnership through the prevention and early intervention strategy, the sufficiency and commissioning strategy for children in care, and the children in care and leaving care partnership strategy. These all link closely to the priorities of the joint strategic needs assessment (JSNA). A clear commitment to learning and openness to feedback is demonstrated by the authority's participation in the peer review process. The self-assessment and the scorecard provide a comprehensive and detailed overview of the commitment to improvement, and a local programme of peer inspection checks that progress is maintained.
98. The strength and sustainability of children's social care in Essex has been achieved through a culture change, promoted by senior partners, of strategic progress and direction being directly informed by the views of frontline practitioners and service users. Developments and improvements in social work practice are being achieved through investment in strengths-based working, systemic practice and direct work with children and families. These changes can be seen to be steadily improving the quality of social work practice, leading to improved outcomes for children.
99. Robust commissioning arrangements and priorities across the partnerships and the voluntary sector, defined through needs analyses and service user feedback, underpin the effective delivery of services. There is strong

partnership working across the local authority, public health and the five clinical commissioning groups, responsive to locality needs and priorities. The voluntary sector service providers are an important partner in the delivery of services and are enabled by the authority to work innovatively with children and families to improve outcomes. For example, in developing a children's centre on a caravan park to provide targeted support to very vulnerable families. Key strengths of commissioning include the early help and children's centre contracts and family solutions. Commissioning is supported by rigorous quality assurance, contract monitoring arrangements and feedback.

100. Corporate parenting arrangements are strong, and strengthened further by the involvement of children and young people from the CiCC. They have worked alongside new elected members to provide training about what it means to be a corporate parent and what signing up to the children in care 'Pledge' means. To ensure a clear understanding of progress against 'The Pledge', the corporate parenting board receives performance information with a dataset drawn from the overall performance reports and a clear analysis provided against the commitments in 'The Pledge'. It is acknowledged by the senior leadership that the corporate parenting board operates to a business cycle of meetings which are reactive, and could be further strengthened by the adoption of a strategic business plan.
101. The Leader of the Council (local authority) has a detailed understanding of his responsibilities. Clear accountabilities are in place between the Leader, who chairs the Health and Wellbeing Board and the independent chair of the Local Safeguarding Children Board (LSCB), who is also a member of the Health and Wellbeing Board. In accordance with their statutory duties, the Chief Executive of the council and the independent chair of the LSCB meet regularly to discuss safeguarding matters. However, the LSCB has not been held sufficiently to account by the local authority in ensuring that the priorities identified in the business plan are met.
102. The cabinet member for families and children is fully aware of and engaged in the agenda for children. A rigorous schedule of meetings and informal briefings with other senior leaders includes the Leader of the Council, the independent chair of the LSCB, the Director of Children's Services and Executive Director for Family Operations. The cabinet member is briefed in detail on his portfolio, and takes public accountability for the performance of a service that receives significant media attention.
103. A clear and effective structure is in place for performance management and quality assurance. Performance is managed well through a programme of meetings, with an appropriate emphasis on better performance and outcomes through improved social work practice. A detailed set of reports demonstrate that performance is in line with or exceeds comparators against most indicators. Where deficits are identified, managers of the service are held accountable to improve. Auditing is used effectively to promote managers' understanding of performance issues. Lessons learnt from the

programmes of routine single and multi-agency audits are drawn together and disseminated through learning bulletins. This helps promote improved social work practice. Additional 'thematic' reports are completed to provide a deeper understanding on specific areas of practice.

104. Management oversight of frontline practice is very good. Managers appropriately undertake observations of social work practice and learning is shared to improve the performance of the wider team. Staff are well supported in working with children, young people and families through regular reflective supervision processes. In the vast majority of cases supervision is good, and where there have been historical deficiencies, such as in the care leavers team, an increase in managers and reductions in caseloads for social workers means that there is an improving trend. In addition to individual supervision, some managers, having undertaken training in systemic practice, have introduced monthly reflective group supervision, which further supports good quality casework.
105. Confidential and independent advocacy services, commissioned following consultation and feedback from children and young people, are provided through a voluntary agency. The service is available to support all children within complaints procedures. It is also available within child protection processes, for children in care and to children and young people who have been missing from care.
106. Complaint processes have been strengthened through the involvement and feedback from children and young people. This identified that there was a low number of complaints from children in care. IROs ensure that children and young people know about the advocacy service and how to make representations, including complaints, to ensure that action can be taken to address concerns. Complaints are responded to in a timely manner, with 93.4% within statutory timescales in 2012–2013. The advocacy service works closely with the customer care team to facilitate early resolution of issues, where possible prior to a formal complaint. Contact details about the service have been incorporated into the public information on making a complaint, as well as on the CiCC website. Learning from complaints is disseminated through action planning, team meetings and through individual case work and supervision.
107. Feedback from children, young people and carers following consultation has been instrumental in changing and shaping services. For example, children were involved in developing leaflets explaining child protection processes and in the commissioning of the advocacy service. The IRO service is now sharing minutes of meetings with children and young people in a child-friendly format, and a young inspectors programme is currently being introduced to support the monitoring of contract arrangements.
108. The well-considered restructuring of the achievement service, which includes the virtual school, has strengthened its position to challenge and hold

schools to account for the achievement of children looked after. Clarity of direction, including the appointment of specialist advisers, and increased monitoring and accountability means that schools are fully engaged in improving looked after children's life chances.

109. The number of staff in children's services has increased with the creation of the Family Solutions, Divisional Based Intervention Teams, a new adoption post and the Children in Need reviewing officers, alongside the reunifying of CAMHS workers from NHS secondments into social work teams. Good links with local universities, including involvement on panels for recruitment to social work courses and provision of student placements, are providing a good supply of qualified social workers. The average social work caseload is 14 and the stability of the workforce is improving, with reductions in the use of agency staff from 37% in October 2010 to 13.8% in December 2013. The voluntary turnover of staff is slowing, and the vacancy rate in Essex is reducing, from 26 full time equivalent posts in April 2013 to 21.9 in December 2013, which is better than other local authorities in the region and in London.
110. The local authority, working closely with the Family Justice Board, has ensured that appropriate actions have been taken to expedite delay in care proceedings. Also, that placement orders for those children requiring an adoptive placement are secured at the earliest opportunity. The quality of training available for professionals including social workers, teachers and solicitors has improved.

## What the inspection judgements mean: the local authority

An **outstanding** local authority leads highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** local authority leads effective services that help, protect and care for children and young people and those who are looked after and care leavers have their welfare safeguarded and promoted.

In a local authority that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of looked after children is safeguarded and promoted. Minimum requirements are in place, however, the authority is not yet delivering good protection, help and care for children, young people and families.

A local authority that is **inadequate** is providing services where there are widespread or serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded and promoted.

## **Section 2: the effectiveness local safeguarding children board**

### **The effectiveness of the LSCB requires improvement**

#### **Areas for improvement**

111. Ensure that senior schools representatives attend the LSCB regularly so that their views are represented at board level and that effective communication is maintained.
112. Develop a system to monitor the reach of training, ensure that it reflects assessed need and priorities, and evaluate its influence, including the lessons learnt from serious case reviews (SCRs).
113. Ensure that the Board's annual report provides increased analysis of the effectiveness of safeguarding arrangements across Essex.
114. Strengthen oversight of issues relating to missing children, in particular the work of the Essex Missing Children Partnership and the detail of children going missing, in order to improve strategic planning in compliance with recently introduced statutory guidance.
115. Ensure that thresholds defined in 'Effective Support for Children and Families in Essex' are understood and consistently implemented across the partnership to promote appropriate referrals and support safeguarding of children and young people.

#### **Key strengths and weaknesses of the LSCB**

116. The LSCB meets its statutory requirements. The chair of the LSCB is sufficiently independent to challenge partners and hold them to account. Following a review of the board in 2011, the chair has been successful in engaging most partners to improve scrutiny of safeguarding arrangements across partnerships in Essex. A particular strength is the involvement of district councils and health partners, through the Health Executive Forum. The LSCB influence and challenge is limited because senior representatives from schools, fundamental to safeguarding children, do not attend the Board on a regular basis. The LSCB is actively trying to resolve this situation through discussion with partners.
117. The LSCB chair is also the chair of the Adult Safeguarding Board and a member of the Health and Wellbeing Board. This helps to ensure that safeguarding is prioritised across these key strategic bodies. Recently-formed links with the local area-based Stay Safe groups are improving communication between the board and local front-line practitioners, including schools. The LSCB has helped to drive developments such as the Joint Domestic Abuse Triage Team. This has helped to develop an awareness

and strategic response across the partnership to domestic abuse. The LSCB has been instrumental in developing and publishing the comprehensive threshold document 'Effective Support for Children and Families in Essex'. The document is widely owned and understood by agencies and is driving change in practice and improving outcomes for children, young people and families. The impact of this is not yet fully embedded and reflected in frontline practice, with continuing high levels of contacts to IRT.

118. The Board's annual report does not give a clear analysis of the effectiveness of local arrangements to safeguard children. The report describes the Board's role and its work, such as the number of audits carried out and awareness-raising about safe sleeping, but the strength of the work across the partnership and priorities for action are not sufficiently detailed.
119. The Board has recently developed a robust set of performance data, which are reported on regularly. A data analyst employed by the Board has begun to interpret this data to provide reports that identify potential areas for consideration and action. This ensures that the Board is in a better position to understand front line practice and the experience of children. There is emerging evidence of well-informed challenge to practice within board meetings.
120. Detailed multi-agency audits have been undertaken into some specific areas of practice, such as the higher than expected number of child protection plans in one of the local areas. This has led to appropriate discussion and challenge of the findings by the Board. The Board oversees a series of audits carried out under Section 11 of the Children Act 1989. The increased number of these audits completed by partners demonstrates appropriate prioritisation of safeguarding. An initial report highlighting key strengths from Section 11 audits has recently been produced. An action plan is being developed to improve practice across the partnerships, building on the findings of this report.
121. The Board offers an appropriate range of multi-agency training opportunities. These include training on safeguarding and on domestic abuse, which are offered at different levels, as appropriate to the needs of practitioners. There is insufficient evaluation of the impact of training across the partnership.
122. The Child Death Overview Panel plan presents an analysis of information from child deaths, draws out themes and proposes appropriate actions to address identified needs. A recent review of the child death review process led to the introduction of an additional step with a specific focus on ensuring that families are supported.
123. Regular reporting ensures that the Board has a good understanding of the work of the pan-Essex Strategic Child Sexual Exploitation Group. LSCB sub-groups are helping to drive the take-up of training and the development of the role of CSE 'champions' across the partnership. The Board does not have

a detailed overview of work with missing children across the partnership, particularly the work of the separate Essex Missing Children Partnership. This will be required to meet the requirements of recently introduced statutory guidance on children who run away from home and care.

124. A clear and well understood process is in place for convening a panel to consider if the criteria are met for an SCR. Ofsted has received five notifications of serious incidents in the past twelve months. Two serious case reviews are currently being conducted following a thorough scoping exercise. Even when criteria for a full SCR are not met, a systemic approach is taken to learn lessons from the death or serious injury of a child. The Board recognises the challenge of disseminating the lessons learned from SCRs across the county to frontline multi-agency staff members. Recent, more formal alignment of the locality-based Stay Safe groups to the LSCB is enriching communication between the Board, frontline practitioners and schools. This is developing a stronger focus on quality, standards and learning from SCRs and good practice.

## What the inspection judgments mean: the LSCB

An **outstanding** LSCB is highly influential in improving the care and protection of children. Their evaluation of performance is exceptional and helps the local authority and its partners to understand the difference that services make and where they need to improve. The LSCB creates and fosters an effective learning culture.

An LSCB that is **good** coordinates the activity of statutory partners and monitors the effectiveness of local arrangements. Multi-agency training in the protection and care of children is effective and evaluated regularly for impact. The LSCB provides robust and rigorous evaluation and analysis of local performance that identifies areas for improvement and influences the planning and delivery of high-quality services.

An LSCB **requires improvement** if it does not yet demonstrate the characteristics of good.

An LSCB that is **inadequate** does not demonstrate that it has effective arrangements in place and the required skills to discharge its statutory functions. It does not understand the experiences of children and young people locally and fails to identify where improvements can be made.

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