

# Inspection of safeguarding and looked after children services

Southend-on-Sea Borough Council

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**Inspection dates:** 11-22 June 2012

**Reporting inspector:** Bill Wallace HMI

**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) and one inspector from the Care Quality Commission and an Additional Inspector . The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with children and young people receiving services, parents and carers front line staff and managers, senior officers including the Director of Children's Services and 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, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010
  - a review of 73 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in May 2011
  - interviews and focus groups with front line professionals, managers and senior staff from NHS South Essex, the South Essex Partnership University Foundation NHS Trust, Southend University Hospital NHS Foundation Trust, St Luke's Health Centre, South Essex Partnership University Foundation NHS Trust, and the North Essex Primary Care Trust (PCT).

## 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
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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. Southend-on-Sea is a seaside town situated 40 miles to the east of central London. Southend-on-Sea's population includes 39,000 children and young people aged 0–19 which represents 24% of the total population. Of all school children, 17.4% are non-white British, which is below the national average, with the most common first languages being Polish, Bengali, Urdu, Shona, Albanian and Czech. Some 19.5% of children are identified as having a special educational need.
5. The Success for All Children group (previously the Children Trust arrangements) is well established with representatives from a range of local agencies including Essex Police and Essex Fire and Rescue Service. The Southend-on-Sea Children and Young People's Plan articulates the group's vision for children and young people in Southend-on-Sea and the strategic priorities to deliver this. The Southend-on-Sea Local Safeguarding Children Board (LSCB) is independently chaired and brings together organisations working with children, young people and families to deliver safeguarding services.
6. A range of services are delivered by voluntary sector partners including children's centres, the early years' development service, targeted education provision, and a volunteer support programme for children subject to child protection plans. All services are delivered within an established staged intervention model, based on integrated locality working. The common assessment framework (CAF) is used across all agencies. The CAF is also used to support step-up and step-down arrangements between universal, targeted and specialist provision.
7. There are 36 infant, junior or primary schools, one with academy status, five special schools, including one academy, and 12 secondary schools, nine of which are academies. There are four single sex grammar schools that are now academies. The further and higher education college, South Essex College, offers higher education facilities for students studying a range of undergraduate and postgraduate degrees.
8. The local authority's children's services is organised into three service areas, specialist services, school support and preventative services and commissioning and learning infrastructure. Specialist services includes social care services for children which are provided through the first contact team, three care management teams, a care management 16+ team, a children with disabilities team co-located with health services, fostering and adoption teams, a contact centre and a family centre which

provides specialist services for assessment and care planning for children. Out of hours social care services are commissioned from Essex County Council. The integrated youth support service provides a wide range of services to young people including statutory youth offending services, a young people's substance misuse service and a Connexions service.

9. At the time of the inspection there were 244 looked after children and young people and 112 children were subject to child protection plans. The council and its partners support 102 care leavers.
10. Commissioning and planning of children and young people's health services and primary care are undertaken by NHS South Essex. Universal services such as health visiting, school nursing, and paediatrics therapies are delivered primarily by the South Essex Partnership University Foundation NHS Trust. The main hospital providing accident and emergency (A&E) services for children is Southend University Hospital NHS Foundation Trust which also provides maternity and acute paediatric services. The Trust also employs the community paediatricians for south east Essex. Children and families access primary care services through one of 40 general practitioners (GPs), or the St Luke's Health Centre.
11. Child and adolescent mental health services (CAMHS) are provided by the South Essex Partnership University Foundation NHS Trust which also provides specialist services for children with learning disabilities and children with other complex health needs. Substance misuse services for young people are provided by the young person's drug and alcohol team. Inpatient and outreach CAMHS are jointly commissioned with the North Essex Primary Care Trust cluster. This cluster is the lead commissioner for the Essex Sexual Assault and Referral Centre in Brentwood. Looked after children's health services are provided by the South Essex Partnership University Foundation NHS Trust. Specialist health services for children and young people in Southend-on-Sea are commissioned by the Midlands & East Specialist Commissioning Group. There are contracts with Guy's and St Thomas's Hospital, Great Ormond Street and the Royal Brompton & Harefield Hospitals for other specialist services.

## Safeguarding services

### Overall effectiveness

**Grade 2 (good)**

12. The overall effectiveness of safeguarding services is good. The local authority and its partners have identified and secured sustained improvements in safeguarding and child protection services. Partners are passionate about improving outcomes and there is a shared and well understood vision and priorities clearly expressed through the Children and Young People's Plan (CYPP). The priorities have been widely disseminated and are understood by most front line staff. Targets to improve services are suitably ambitious. Previous targets have been mostly met and include the reduction in children being made subject to a child protection plan for the second time within a 12 month period, the sharing of reports with parents prior to child protection conferences, and improvement in the quality of child protection assessments. The partnership has addressed all the areas for development identified at the last unannounced inspection. The LSCB has achieved improvements, through a robust quality assurance and auditing framework, in both the attendance rates and the quality of written information provided by partner agencies for core group meetings and child protection conferences.
13. Partnership arrangements are a significant strength and central to the effectiveness of achieving improvements in safeguarding services. The partnership is mature and promotes constructive challenge across the council leading to sustained improvements in outcomes for children and their families. The significant investment in the staged intervention model offers early and highly effective support to families. It is well embedded across the partnership and has contributed to the reduction in the number of children who are subject to child protection plans. There is extensive use of the CAF and evidence of effective partnership working with families.
14. Children and young people with learning difficulties are a key priority for the partnership with specifically trained and commissioned advocacy services provided for them.
15. The council demonstrates good financial management and has reduced its budget while maintaining front line services. Services for vulnerable children have been further supported with the investment of additional income. Sufficiently wide ranging training opportunities are in place to meet the developing needs of the workforce. The council has created additional social work practitioner and manager posts, thereby increasing management oversight and support for practitioners, and increasing both the first contact teams and numbers of staff available to respond to referrals. While there is an established culture of continuous improvement

across the partnership, the views of children, young people and their parents do not yet routinely contribute to all areas of service development.

16. The quality of management oversight and contributions by partners to child protection work means that no children were found to be at risk, referrals are responded to in a timely manner and children are seen promptly. Assessments are robust in the majority of cases, with examples of detailed analysis and appropriate reference to research in identifying risk and protective factors. Chronologies are of variable quality and there is scope for them to be used more effectively to inform assessments, particularly in cases of neglect. Supervision is regular, valued and adjusted in frequency according to the needs and experience of workers. However, supervision records do not sufficiently reflect the detail of case discussions and decision making in respect of children's case planning and progress. There was a qualitative difference in the consistency of plans, reviews and management oversight and recording in comparison with child protection plans.

## **Capacity for improvement**

## **Grade 1 (outstanding)**

17. The capacity for improvement is outstanding. There is a very clear, well understood vision for children in Southend-on-Sea expressed through the CYPP. The Success for All Children group regularly reviews the plan against its targets in detail, driving improvements forward and scrutinising progress against the partnership's priorities for children and young people. This is supported by a clear framework to measure the expected outcomes. The council is able to confidently set increasingly ambitious targets based on a track record of success and achievement. The LSCB scrutiny panel is recognised as a model of good practice, and effective, strong leadership is exemplified by the council's contribution to the Improvement and Development Agency's peer review arrangements, and participation in a number of pilot schemes such as the 'think family' programme. The LSCB panel has encouraged front line staff to participate in multi-agency reviews of child protection alongside safeguarding specialists and as a result this has significantly increased learning opportunities. There is a strong culture across the partnership of continuous improvement underpinned by mature arrangements which promote challenge and innovative thinking. Specialist services have significantly improved the stability of its workforce, and staff have access to high quality training opportunities with newly qualified social workers (NQSWs) benefiting from detailed support programmes which they value. Investment in workforce planning and development has successfully resulted in reduced caseloads, with staff reporting these to be manageable. These improvements continue to be built on, with the council further investing in developing its staff, improving workers' opportunities to sustain high quality professional relationships with children and families, and supporting staff and managers to have greater focus on the qualitative aspects of practice.



18. Staff expressed great confidence in their managers in terms of their visibility, professional knowledge and support. Front line staff are very clear about Southend-on-Sea's ambitions for its children and there is an engrained sense of ownership in its development and delivery of the priorities for children and young people.
19. The council and its partners have a strong and sustained record of improvement. The staged intervention model has resulted in an appropriate reduction in the number of children on child protection plans, with thresholds being audited by the LSCB and judged to be safe. The voluntary sector is effectively engaged in partnership arrangements and brings significant added value with appropriately targeted services for children and young people, for example, the 'Youth at Risk', in partnership with the council and central government is successfully delivering programmes to re-engage young people through the Motivate the Estate project.. The CSV project works with families who are subject to child protection plans and continues to provide support once the plan is removed in order to prevent re-escalation. Both projects are monitored by the Partnership Joint Commissioning Group to ensure outcomes and value for money are achieved. Self assessment provides clear analysis of the effectiveness in supporting families well. This provides practical support to families which contributes to reducing the numbers of children subject to child protection plans. A number of volunteers from Eastern European migrant communities are approved as volunteers to support the growing numbers of these families in the community.

## **Areas for improvement**

20. In order to improve the quality of provision and services for safeguarding children and young people in Southend-on-Sea, the local authority and its partners should take the following action.

### **Within three months:**

- strengthen the management oversight and monitoring of children in need plans to ensure outcomes are achieved and monitored in a timely manner
- ensure that chronologies are effectively used to inform ongoing assessments, particularly in longer term work, and especially in cases of neglect, to avoid drift where evidence of families achieving improving outcomes is not apparent
- develop a coordinated approach to using the experiences of children in need and children involved in child protection processes to measure progress against stated objectives

- ensure that the frequency of staff supervision complies with the council's own guidance and that supervision records contain sufficient detailed case discussions
- NHS South Essex and Southend-on-Sea Borough Council to ensure that safeguarding referrers consistently receive feedback on the status of their referral in line with the agreed standard.

**Within six months:**

- NHS South Essex and South Essex Partnership Trust to ensure that all transitions for young people with learning disabilities and/or mental health conditions are smooth and meet individuals' needs.
- Southend University Hospital NHS Trust and NHS South Essex should ensure that the children and young people's emergency department provision is safe, audio-visually separate, and fit for purpose.

# Safeguarding outcomes for children and young people

## Children and young people are safe and feel safe

### Grade 1 (outstanding)

21. The effectiveness of services to ensure that children and young people are safe and feel safe is outstanding. In all cases examined by inspectors, children are robustly safeguarded and no children are at risk of harm. The comprehensive and coordinated approach to early intervention across partner agencies is a significant factor in keeping children safe and improving outcomes for vulnerable children. Where risk of harm is identified, timely referrals from staff in partner agencies are made to specialist services and effective and prompt action is taken across the partnership to protect children and reduce risks. As a result, the number of children requiring child protection plans is decreasing and an increased number of children and their families are being provided with appropriately targeted support services at an earlier stage, preventing problems escalating and improving outcomes for children.
22. There is significant commitment and consistent engagement from schools working collaboratively and effectively with partners to reduce harm to children and young people. School staff regularly complete CAF assessments and act as lead professionals to support children and their families. They appropriately refer escalating concerns to specialist services first contact. The needs of young carers are a high priority and extensive and effective support is in place to support them from an early age. They are also actively involved in contributing to service improvements.
23. The role of the Local Authority designated Officer (LADO) is well established. The LADO is highly effective in engaging with all partner agencies, and raising awareness widely regarding statutory obligations in response to safeguarding concerns raised about staff in their service areas. Excellent work has been done with schools and partner agencies including faith communities to ensure that children are effectively safeguarded. The LADO provides comprehensive advice which is appreciated by partners. LADO arrangements are sound with strategy meetings held in a timely manner, resulting in clear recommendations for action that ensure children are protected and employers held to account. LADO monitoring information and analysis is reported to and discussed at the LSCB on a quarterly basis .
24. Thorough and well established arrangements are in place to respond effectively to complaints. The complaints team are proactive in assisting staff to deal with complaints promptly and effectively. Complaints are analysed and learning consistently informs service development. Regular meetings between the complaints team and senior managers in specialist

services enables good tracking and monitoring of the progress of action plans developed as a result of complaints. Children and young people, including children with disabilities, are effectively supported through the use of commissioned advocacy services to make complaints. Oversight and scrutiny is further strengthened with complaint activity being reported to the council's cabinet annually.

25. Comprehensive arrangements are in place to ensure staff recruitment is safe. Clear and efficient monitoring processes are in place for checking criminal records through the Criminal Records Bureau (CRB) including systematic arrangements for renewing checks. Concerns regarding positive CRB checks are risk assessed and decisions are appropriately made at senior manager level and clearly recorded on the files seen. Registrations of qualified social workers with the GSSC are carefully monitored.
26. Fostering and adoption services are judged as 'good'. Effective and robust commissioning arrangements are in place to ensure that private, voluntary and independent sector placements are suitably vetted and performance managed to ensure that children placed have a high quality experience. Designated staff are in place to ensure that statutory requirements in relation to private fostering are undertaken effectively.
27. A wide variety of consultation activity takes place with children, young people and their families to inform service improvement, particularly in the provision of early intervention services. Children and young people report that they are given the opportunity to express their wishes and feelings on their individual circumstances and they report that they feel safe. The council reports that exploration of the experiences of children, young people and their families in child protection processes is at an early stage but continues to develop. Progress has been made in ensuring that more parents have sufficient time to fully understand the content of social work reports prepared for child protection conferences, with the introduction of advance preparation meetings. This enables parents to participate significantly better in conferences.

## **Quality of provision**

## **Grade 2 (Good)**

28. The quality of provision is good. Early intervention work is robustly supported through the use of the CAF. This is used extremely effectively by staff in a wide range of agencies to ensure that children's identified needs are met and that they are appropriately diverted from statutory intervention where it is safe to do so. Extensive, wide ranging and targeted resources are available to support families, and services are effectively coordinated through multi-agency locality panels. The effectiveness of the early intervention approach has resulted in increased appropriateness of referrals to children's social care. Continuing support is offered to families who are involved in child protection processes. This has

contributed to a significant reduction in the time children spend subject to child protection plans. Effective de-escalation through locality panels ensures that families continue to be supported by a range of multi-agency professionals where ongoing support needs are identified, reducing the need for re-referrals back to specialist services. Recent local authority data indicates that children made subject of a second child protection plan within 12 months has significantly reduced from 16.9% in 2010-2011 to 2.6% in 2011-2012.

29. Partners consistently identify risk appropriately and timely referrals are made to the specialist services first contact team. Referrals are responded to effectively ensuring that safeguarding needs are responded to promptly. The first contact team provides consultations to partner agencies and are able to advise immediately whether the child's circumstances meet the threshold for child protection intervention. There is good management oversight of all referrals, ensuring timely decision making of next steps. Some partner agencies report that they do not always receive feedback on the progress of referrals made; the first contact team have recently recognised this and have developed and implemented processes to improve feedback to referrers. This issue was first recognised six months ago and the first contact team have developed and implemented processes to improve feedback to referrers and progress is overseen by the LSCB. Early improvement is evident.
30. Assessments are completed thoroughly in the large majority of cases. A wide range of information is gathered from relevant professionals and recorded. Although there was some variability in the quality of the analysis, many good examples were seen that effectively identify protective and risk factors and use research evidence to support the analysis, leading to clear recommendations for action. Children are routinely seen by social workers and where necessary seen alone. Good attempts are made to ascertain their views, wishes and feelings which inform planning. The holistic needs of children are considered well although in a small number of cases the impact of the child's ethnicity, religion and culture was not fully explored. The views of parents are consistently sought and inform assessments. There is a good awareness amongst professionals across the partnership of the need to ascertain, capture and assess the role of significant adult males who come into contact with children as a result of learning from a serious case review and most assessments seen do give consideration to this.
31. Most children have plans in place to ensure the risk of harm is reduced. However, child protection and child in need plans are not routinely focused on desired outcomes which makes progress difficult to establish and reduces the effectiveness of their plans. This is recognised by senior managers and development of a new electronic template to ensure greater focus on outcomes is in development.

32. Processes are in place to review child protection plans through core groups and review case conferences which are generally timely and have good partner agency attendance. The local authority has established a child protection review panel chaired by senior managers to consider and review plans for children who have been subject to child protection plans for more than 12 to 18 months.. This has brought additional management oversight and decision making to these cases, reducing drift and achieving improved outcomes to others. However, there is less management oversight of child in need plans, which means that some plans have a lack of clarity and outcomes are not always achieved in a timely manner. . Most cases did not have regular management oversight through supervision. Cases seen by inspectors did not contain a children in need plan and when supervision did occur there was no correlation between expected outcomes and outcomes. Children in need review meetings did not occur consistently although no children were seen to be at risk.
33. All cases are appropriately allocated to suitably experienced social workers and no cases were unallocated. Recording is generally up to date but in some cases seen all records are not held on the individual child's file but may be held on a sibling's file. This requires navigation between sibling's files and reduces the ability to gain a full picture of a child's circumstances efficiently. Chronologies are not always effectively used to inform continuing assessment in longer term work, especially in cases of neglect, to avoid drift where evidence of families achieving improving outcomes is not apparent.

### **The contribution of health agencies to keeping children and young people safe** **Grade 2 (Good)**

34. The contribution of health agencies to keeping children and young people safe is good. There is very good engagement and partnership working with the LSCB and good Trust-based governance structures in place, which are replicated throughout the reporting structures. All designated and named health professionals' roles comply with '*Working Together To Safeguard Children*', 2010 and safeguarding policies are up to date and in place. Senior managers are well engaged with safeguarding children activities.
35. Safeguarding thresholds are reported by some health staff to be inconsistently applied with referrals concerning neglect. However, many health staff interviewed reported good use of, and confidence in, the escalation process resulting in no child being at risk. The purpose of risk management meetings for those children on child protection plans and who have behaviour concerns is not sufficiently well understood by health staff.

36. There is good access to safeguarding supervision, with good use made of professional, peer and regional networks for designated and named health professionals. GPs' engagement with safeguarding has improved. It remains a challenge for GPs to attend child protection conferences because of the time of day, the notice period and a number of single handed practices. To ensure information is presented at conferences in a consistently high quality manner, a report template is under development. At least 60% of GP practices now have a named safeguarding lead, 90% of GPs are trained to Level 1 in safeguarding, and 60% are trained to Level 3. Effective use is made of protected learning time to improve safeguarding practices.
37. The CAF is used as a referral tool but is viewed by some practitioners as too unwieldy for safeguarding referrals. However safeguarding referrals can be made through a CAF, or through a telephone call to the first contact team and to date this has not prevented them from making appropriate referrals. Midwives consistently refer unborn babies to children's social care where appropriate. Pre-birth planning has improved and there are well embedded processes which ensure that high risk maternity cases are reviewed frequently to ensure that all staff are aware of the birth and discharge plans. Ascertaining if pregnant women are victims of domestic violence is recognised as an area for development and plans are in place to improve the current practice.
38. Feedback on safeguarding referrals is not routinely received by front line health practitioners. Staff report that they have to proactively contact children's social care staff to receive feedback on the progress of referrals made, although they are advised if a referral is not being progressed by children's social care staff.
39. Safeguarding training rates for South Essex Partnership Trust (SEPT) staff are outstanding with 99% achieving Level 1, 98% achieving Level 2, and 100% achieving Level 3. These rates are better than the Trust-wide rates which are good. Since the community staff have merged with SEPT, there has been a wider range of relevant safeguarding training programmes available to them, and better access to flexible safeguarding supervision. There has been an increase in the use of e-learning materials enabling staff to choose programmes relevant to their practice. Dentists have good access to safeguarding training including domestic violence training.
40. At Southend University Hospital Trust safeguarding training rates for staff at Level 1 are 100% and 92% of staff are trained to Level 2. However, only 77% of staff are trained to Level 3 which is recognised as requiring improvement. All staff in the emergency department are trained in a range of safeguarding and emergency medicine programmes. However, this is less structured with medical staff, especially those on rotational placements. Data collection problems within the NHS commissioning cluster, partially attributable to the merger, results in training data

outcomes unable to be ascertained, showing inadequate levels of compliance with safeguarding training.

41. The Child Death Overview Panel (CDOP) is well established, with good monitoring of its publicity campaigns. Rapid responses teams are well established, with a full designated doctor rota. Maternity staff are well engaged with the CDOP process when a baby dies, with a dedicated bereavement midwife specialist providing support for parents. This midwife provides additional support to fathers through local support groups.
42. Substance misuse services are well established, with good partnership working across all agencies. All transition planning to adult services processes are robust, with some gaps in provision for some alcohol dependent individuals. There are good services to support victims of domestic violence with good dissemination of information from multi-agency risk assessment conferences (MARAC) and appropriate follow up action taken to increase the safety of victims. Transitions to adult mental health services commence at the age of 17½ years, following the care programme approach (CPA). However, for those young people with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or who are on the Autistic Spectrum, there is insufficient provision within adult services. The CAMHS inpatient provision works well with the crisis team, preventing unnecessary admissions and facilitating early discharge through the use of effective home treatment programmes. The crisis team provides a comprehensive service, resulting in fewer admissions from the emergency department to paediatric wards for those young people who have self harmed or are experiencing serious mental ill-health.
43. Children with disabilities and life limiting conditions benefit from the co-location of health staff with the social care disability team. This enables effective joint planning and delivery of services. Weekly core referrals and complex case meetings for those children under five years old are highly valued.
44. Sexual health services have targeted the teenage pregnancy 'hotspot' areas, with some effect. Overall there has been a reduction in teenage conceptions. Contraceptive and termination of pregnancy services are well accessed and delivered in flexible ways. Sexual assault and referral centre (SARC) provision is good, work to ensure the referral pathway is well established and effective performance monitoring is put in place through the safeguarding children's clinical network (SCCN).
45. The family nurse partnership is well established, delivering positive outcomes for parents, including the raising of aspiration and re-engagement of young people with education.



**Ambition and prioritisation****Grade 1 (outstanding)**

46. Ambition and prioritisation are outstanding. The council has very clear priorities to meet the need of children in Southend-on-Sea, with a track record of achievement, such as fewer children requiring a child protection plan. Safeguarding children is given the highest priority and the LSCB has ensured that the understanding of thresholds is solid, regularly reviewed, and safely maintained across the partnership. Integrated locality working, using the staged model of intervention, is well embedded and fundamental to the success of the partnership in delivering highly effective services.
47. The council proactively compares itself with other local authorities to inform its ambition to be at least in the top quartile of authorities across all performance areas. Where this target has been achieved, service areas aim to be in the top 10% of all local authorities. This ambition for its children and young people has been clearly articulated through effective and targeted service planning by senior managers and members. The council has a sound evidence base of improvement such as the impact of the early intervention model underpinned by the extensive application and quality of the CAF, and an innovative and highly effective LSCB.
48. The CYPP is the embodiment of the council's vision expressed as 'success for all children'. The action plan is robust and ambitious in its commitment to addressing its key priorities, for example, the council and its partners are already identifying new families to be supported through additional capacity on the 'think family' project. The action plan identifies clear and measurable outcomes, some of which have already been met, such as improved de-escalation rates of CAF, and increasing the number of young carers known to ensure they receive suitable support.

**Leadership and management****Grade 2 (good)**

49. The leadership and management of safeguarding services across the partnership, including workforce development and use of resources is good. Staff and managers are keenly aware of service priorities, strengths and areas for development; they are proactive in their approach to the improvement of services. A monthly social work forum is held where social workers and managers discuss service plans and their respective contributions to ensuring that priorities are delivered. Social workers report that this provides a good opportunity for them to influence service delivery.
50. The workforce strategy and action plan is effectively ensuring a high calibre of staff are recruited and retained. Southend-on-Sea's recruitment and retention strategies have reduced the social work vacancy level from 11.2% in 2007 to current rate of 4.3% with a turnover of less than 2%, indicating a stable workforce. A small number of vacancies within the first

contact service are covered by suitably experienced agency staff to ensure that families continue to benefit from thorough assessments. These vacant posts are steadily being recruited to on a permanent basis.

51. A comprehensive range of training opportunities are available to meet the needs of the children's workforce, including management training and multi-agency training. Work is underway to capture the effectiveness of training on practice although this is at an early stage of development and it is too early for its impact to be seen. The collation of training objectives identified by staff and managers in 2011-2012 has resulted in the development of training to meet identified need, for example, increasing the number of staff able to complete 'Achieving Best Evidence' training. Newly qualified social workers (NQSWs) benefit from a good quality support package which includes externally facilitated group supervision on a monthly basis, and they report highly valuing this. Staff say they are well supported by managers, and this increases their commitment to working in Southend-on-Sea. Social workers have manageable caseloads.
52. Financial resources are used effectively across the partnership to target the most vulnerable children. For example, the income generated from charging educational establishments for the Connexions service is used to support services for vulnerable children. Early intervention budgets support innovative and targeted services for children and young people to avoid the need for escalation to statutory services, for example, the empowering families project supports families, whose children have previously been subject to child protection plans, in order to prevent re-escalation. There are appropriate services in place to support children and young people who live in households where there is domestic violence. Commissioned projects, such as these, are monitored by the Partnership Joint Commissioning Group to ensure the desired outcomes are being achieved. Specialist services have invested in a practice manager who has a focus on improving the quality of assessments, and the impact of this role in improving practice in child protection assessments can already be seen.
53. A range of joint working arrangements in Southend-on-Sea, and more widely across Essex and the eastern region, maximises the available resources available to the council. Staff and managers are able to give examples of improvements in their practice as a result of learning from serious case reviews, such as the need to engage better with men who are known to children when undertaking child protection assessment work, and the need for adult and children's services to work better together.
54. The views of service users clearly inform service improvement. For example all early intervention services are required to demonstrate how service users' views are influencing the shape of the services they have received and this is taken into account in commissioning decisions.

Parents of children and young people with disabilities have a strong voice via the family voice group which regularly meets with managers to discuss the progress of services for disabled children, and has influenced the protocols for direct payments and for short breaks. The group report being listened to and valued. However, there is more to do to gather the experiences of children in need and children involved in child protection processes to inform service delivery, and this is currently under-developed. Service users are not routinely involved in staff recruitment or training. Senior managers recognise these are areas for further development and early work is underway, for example with a plan to involve service users in staff appraisals.

## **Performance management and quality assurance**

### **Grade 2 (Good)**

55. Performance management and quality assurance is good. The LSCB provides a comprehensive and robust quality assurance and auditing framework that is highly effective in driving improvement across the partnership and holding partners to account. The LSCB Scrutiny Board which includes elected members provides effective challenge to the Board. The LSCB's audits on child protection activity has resulted in improved practice and services across the partnership, for example the attendance at, and contribution of, professionals to core groups and child protection conferences was reviewed, action plans were created, and a re-audit shows improvement in both attendance rates and the quality of written information provided. Domestic violence referrals from the police are now received and risk assessed by specialist services on a daily basis following the unannounced inspection of contact, referral and assessment services.
56. The LSCB effectively and robustly utilises performance information from the partnership to ensure that services are focused and targeted. For example, specialist services share information with locality services to identify areas of high domestic violence and this is used to inform individual planning for vulnerable children, with an emphasis on building their resilience. Similarly, child road death information has been analysed to inform preventative work with the most vulnerable young people. The LSCB is currently engaged in collaborative work with Essex and Thurrock Local Safeguarding Children Boards to improve responses for children who go missing.
57. Specialist services have recently reviewed their quality assurance arrangements. The new framework is sound but due to being relatively recently introduced, its impact on practice cannot yet be demonstrated. Managers have access to a wide range of performance information that is used to identify issues in the teams they are responsible for, enabling corrective action to be taken. Managers are readily accessible to staff, provide clear advice and case direction to them, and staff report that the support they receive from managers is excellent. Case files seen by

inspectors evidence that managers provide regular supervision to workers as appropriate to their level of experience. However, supervision is not consistently recording the depth of discussions about individual children and the rationale for decisions made.

## Partnership working

## Grade 1 (outstanding)

58. Partnership working is outstanding. There is a very experienced independent chair of the LSCB who provides strong leadership, direction and challenge to the partnership. The LSCB chair is also the chair of the Southend-on-Sea Safeguarding Adults Board. This arrangement ensures a cohesive and collaborative strategic approach is brought to the work of adults' and children's agencies in Southend-on-Sea. A strong feature of the Board is the high level of engagement by partners and its constructive challenge which has driven safeguarding practice improvements. LSCB partners work effectively together to identify local priorities and current plans reflect these. The staged model of early intervention is extremely effective in coordinating agencies across the partnership, including voluntary and community organisations, through localities, to provide well-integrated services for vulnerable children. This approach is contributing effectively to the reduction in numbers of children requiring child protection plans, and assisting those who are subject to plans achieving improved outcomes.
59. Successful partnership arrangements exist across Essex and the eastern region, including active involvement of the voluntary and community organisations, that make efficient use of resources, share knowledge and experiences, and drive improvement. Excellent use is made of data to support particular communities, for example, specific work has been undertaken with the Roma community to raise its awareness of safeguarding issues. Voluntary and community organisations report that they are an integral part of the LSCB.
60. There are well established and well attended multi-agency public protection arrangements (MAPPA) and multi-agency risk assessment conferences (MARAC). The MARAC coordinator reports that all statutory agencies participate and provide relevant and timely information to ensure families are risk assessed and appropriate actions developed. Clear mechanisms are in place for reviewing the completion of agreed actions and there is a high level of compliance by all agencies in achieving agreed outcomes. This strong coordination of agencies effectively protects children and victims of domestic violence.
61. Through a comprehensive quality assurance and auditing framework the LSCB is able to satisfy itself that thresholds for safeguarding interventions have been systematically applied and well understood across most partner agencies. Regular locality panels effectively coordinate work with vulnerable families and support professionals to work with families to meet

children's needs, and to ensure that families with complex and acute needs are referred to specialist services as appropriate. The panels also ensure a safe and coordinated approach to supporting families when children are removed from child protection plans or discharged from the care of the local authority. Escalation processes are in place between agencies to resolve areas of disagreement about the required level of intervention. These processes are appropriately used and provide a clear structure for agencies share their concerns and resolve matters.

## Services for looked after children

### Overall effectiveness

**Grade 2 (good)**

62. The overall effectiveness for looked after children is good. Leaders and managers across the partnership are ambitious for looked after children, young people and care leavers. There is a shared vision to maximise opportunities for looked after children. Elected members, as corporate parents, are passionate in promoting the interests of looked after children and cross party support is evident in this pursuit. Elected members have challenged a proposed reduction to bus pass eligibility for younger looked after children, approved an increase to the leaving care grant and ensured that care leavers going to university continue to receive adequate financial support.
63. The looked after children strategy links well to the CYPP strategy and other individual service plans, with clear targets to reduce the number of looked after children, reduce delays in achieving permanency and narrow the gap for looked after children. All these targets are showing steady progress in being achieved. However, the strategy needs further development to include the needs of care leavers and to include greater consultation with looked after children and care leavers to shape future service delivery.
64. Outcomes for economic well-being are outstanding with care leavers accessing a wide range of interventions to support them in achieving well via further education, employment or training. High priority is given to looked after children progressing well from their educational starting points, and they are well supported by clear transition arrangements when transferring between schools. Schools receive good support from the looked after children liaison officer. However the role of the virtual head teacher is less well understood. The timeliness of personal education plans (PEPs) is improving but the quality of them remains inconsistent.
65. The overall quality of health provision for looked after children and care leavers is adequate; further work is required to improve services for looked after children such as ensuring that initial health assessments are timely and that care leavers receive a full health history on leaving care.
66. The proportion of all looked after children who were cautioned or convicted was in line with national indicators but lower than statistical neighbours. The numbers of looked after children who offend are lower than both statistical neighbours and national figures.
67. Looked after children and young people are encouraged to express their wishes and feelings, and children regularly attend and contribute to their reviews. Parents' views help to shape services through the looked after

children's parents group, but looked after children are not routinely involved in shaping service delivery or in the recruitment of staff. This is a shortfall recognised by the council, and work is underway to reinvigorate the Children in Care Council, Voice4all, and promote wider understanding of the Pledge. The council has recognised that the profile and effectiveness of the corporate parenting panel needs to be strengthened through the attendance of senior officers at meetings.

68. Effective workforce planning and development has resulted in a stable staff group within children's social care, who are suitably skilled and experienced. There is good support for NQSWs, opportunities to attend training and manageable caseloads. Foster carers receive good training and support, and all carers complete the Children's Workforce Development Council (CWDC) training.
69. Resources are used effectively to ensure that only those children who need to be in care are in care. The council is investing in its own fostering services and at the time of the inspection was assessing 50 potential foster carers. The council's fostering and adoption services have both been judged overall as 'good' by Ofsted. Commissioning arrangements ensure that children are only placed in provision rated by Ofsted as satisfactory or better with most children in placements rated as at least good or better.

## **Capacity for improvement**

## **Grade 2 (good)**

70. The capacity for improvement is good. The local authority and its partners have a track record of improvement which has resulted in the development of good quality services over a sustained period for looked after children and care leavers. The council has been consistently rated as performing well in the annual rating of children's services by Ofsted.
71. The local authority is ambitious for its young people as expressed in its vision, Success for All Children and is reflected in the CYPP which identifies its priorities such as reducing the need for young people to be looked after and reduce the number of young people not in education, employment or training (NEET). The partnership has a good understanding of its strengths and weakness based on detailed analysis and is suitably ambitious, monitoring performance both with statistical neighbours and national comparators. The council and its partners demonstrate good insight into the impact of its services on service users and those in need.
72. There are good outcomes for looked after children and care leavers such as improved permanency planning, low offending and re-offending rates and increasing placement choice through more foster carers being recruited. The council has successfully and appropriately reduced the looked after children population through the investment in preventative and support services while ensuring thresholds are safely maintained.

73. Managers have a good range of performance information and can evidence quantitative improvements in performance such as the timeliness of reviews, timeliness of PEPs and school attendance rates by looked after children and young people. These improvements have been driven by the Corporate Parenting Group, overseen by the Success for All Children group, evidencing the commitment of all partner agencies to improving outcomes for looked after children and young people. However, there is a need for social care services for looked after children to improve its own internal quality assurance arrangements. In recognition of this, specialist services have revised their audit plan and quality assurance framework to include more qualitative outcomes of social care services for looked after children and care leavers.

### **Areas for improvement**

74. In order to improve the quality of provision and services for looked after children and young people in Southend-on-Sea, the local authority and its partners should take the following action.

#### **Immediately:**

- ensure that all cases of children who are looked after under Section 20 of the Children Act 1989 have up to date records including chronologies, core assessments and care plans which clearly identify the outcomes to be achieved, actions to be taken, and timescales
- ensure that all the statutory requirements contained within the independent reviewing officer's (IRO) handbook are implemented so that, in particular, looked after children and young people's plans continue to progress between their reviews, and the service undertakes its quality assurance role

#### **Within 3 months:**

- ensure the needs and views of care leavers are fully taken into account in terms of the services provided for them and that service planning also takes account these issues
- ensure that looked after children and care leavers are able to contribute to the training and recruitment of staff
- ensure that all looked after children and care leavers benefit from records which include up to date chronologies, thorough assessments, and care plans, and that this is regularly checked to ensure standards are maintained



- the council ensure that the Pledge is embedded in its work and is understood and valued by all making a daily difference to the lives of looked after children and all those who work with them
- implement the revised terms of reference for the corporate parenting meeting and ensure that the meeting is attended by senior officers from all agencies and that they are held to account as corporate parents for the services to looked after children and care leavers and the implementation of the looked after children and care leavers strategy.
- ensure the role of the virtual head teacher is understood by all schools, looked after children and foster carers and that the virtual head teacher gives robust challenge in order to further raise the achievement of all looked after children
- ensure all those involved in PEPs have a full understanding of their role and take responsibility for ensuring targets are suitably challenging so that looked all after children make good progress from their starting points.
- NHS South Essex should ensure that the outcomes of the Strengths and Difficulties Questionnaires are use in the looked after children health assessment process
- Southend-on-Sea Borough Council and NHS South Essex should ensure that care leavers receive a full copy of their health histories
- the NHS South Essex should ensure that the provider arrangements (including contingency arrangements) for undertaking initial health assessments for children who become looked after, including those placed by other councils, address the demand so that timescales are met. Southend-on-Sea Borough Council should ensure that appropriate consent is secured for all its looked after children.

## How good are outcomes for looked after children and care leavers?

### Being healthy

### Grade 3 (adequate)

75. Outcomes for being healthy are adequate. There has been an historical challenge in ensuring that initial health assessments for newly looked after children have been completed within 20 days. This has recently started to improve through the impact of improved notifications and the recommissioning of provider services resulting in 80% of looked after children now have a health assessment within this timescale. However, delays in obtaining consent continues to impact negatively on the timeliness of assessments. Newly looked after children placed in Southend-on-Sea by other councils are not always notified to the team swiftly enough and this remains a challenge.
76. Health outcomes are variable; immunisations rates are 87.2% which is lower than statistical neighbours but above England averages, dental assessments are 82.1% which is in line with comparators, whilst the timeliness of annual health assessments has declined to 74.4% which is below comparators. There is an increasing number of looked after children using substance misuse treatment services.
77. The attendance at looked after children's review meetings by health staff is good. However, health practitioners report that minutes from the meetings including dates of future meetings are not always circulated in a timely manner.
78. Care leavers receive some information about their health history when they leave care, although health staff recognise the need to improve this further. There is a good care leavers' health service which enables young people to achieve independence with their health care.
79. The Strengths and Difficulties Questionnaire (SDQ), which assesses children's emotional well-being needs, is completed by social care staff with looked after children. The results for 2010-2011 are 14.2, and in line with England comparators at that time.
80. The nurse for looked after children attends multi-agency meetings where looked after children's SDQ outcomes are discussed and individual plans are developed to address needs. However, this information is not routinely taken into account in health assessments, which is a missed opportunity.
81. Health files seen during the inspection comply with professional guidance. GPs have undertaken health assessments of looked after children, with the health action plans subsequently being drafted by the named nurse. This

arrangement means that it is difficult for young people and their carers to be involved in agreeing appropriate health actions. Action plan objectives seen were not always sufficiently outcome focused. In one case seen the justification for the action was not evident from the assessment findings. There are good monitoring processes in place to ensure the completion of all health action points.

82. Health assessments take good account of the ethnic, faith and cultural needs of looked after children and young people. There is limited evidence of health promotion and sexual health activity being recorded. However, the health advisor provides a good service to older looked after young people and supports them to access contraceptive and sexual health services, including maternity services. There is good support for looked after young women (and their partners) who become pregnant. There are good links with contraceptive and sexual health services and care is taken to maintain the confidentiality of young people.
83. There is proactive service user engagement within looked after children health services, for example a recent training programme supported by the High Sheriff which was positively received by the participants.
84. There is adequate access to emotional health and well-being services including CAMHS. The recently established dedicated looked after children mental health worker provides quicker access to services for children and young people, and also provides consultation and advice for practitioners. Foster carers have access to a telephone advice line which is well used and valued.

## **Staying safe**

## **Grade 2 (Good)**

85. Staying safe outcomes for looked after children are good. Most looked after children and care leavers seen during the inspection and those surveyed prior to the inspection say that they feel safe or fairly safe within their placements. They describe their care as good or very good and that they have at least one trusted adult they could discuss any worries with.
86. The proportion of looked after children in the borough is slightly above statistical neighbours. However, this has been consistently reducing, particularly during the past year as the result of comprehensive preventative services being appropriately targeted to those on the threshold of care. This has reduced the need for children to be looked after and improved permanency planning has led to more children being discharged from care.
87. Early intervention and support services are wide ranging and the staged model of intervention has been effective in ensuring that children's needs are identified early by CAFs and that the team around the child (TAC) is effective in providing multi-agency support to meet identified needs. Family intervention project and think family are effective in supporting

families with complex needs. All partners are committed to the priority within the CYPP to reduce the number of looked after children.

88. Decisions to accommodate children are carefully considered. They are based upon detailed assessments that evaluate needs, risks and protective factors. Fewer young people over the age of 16 are accommodated as a result of effective services which help to diffuse crises in families and improve relationships between young people and their carers/parents. Where older young people need to be looked after as the best way to meet their needs, this is done.
89. Children and young people are only placed in provision rated by Ofsted as satisfactory or better with most children in placements rated as good. Inspections are monitored to ensure that all commissioned providers continue to meet acceptable standards, and any judged reductions are investigated to ensure that children in those placements are well supported and protected.
90. The well-being and safety of looked after children, including those placed outside of the borough, is promoted by regular visits from social workers, often in excess of statutory minimum frequencies. Children and foster carers reported that children are routinely seen alone, that this is recorded and that their bedrooms are seen, although this is not routinely recorded.
91. Improving and sustaining placement stability is a key priority for partner agencies and effective work to achieve this is underway. The majority of children and young people benefit from stable placements and consistent key workers. Permanency planning is a strength, with sibling groups and disabled children enabled to benefit from adoptive placements. Overall, long term stability figures show some variability but has improved from a low base in 2007/08 of 65.7%, the provisional outturn for 2011-2012 is 70.7%. This is a slight improvement on 2010/11 figure of 69.8%. Monthly permanency tracking meetings ensure that permanency plans are progressed for children under 10 years of age. Placement stability is supported by the use of SDQs which identifies children who may need additional help which could make a placement more vulnerable. Short term stability has been better than comparator authorities and the provisional outturn maintains this at 10.4%, an improvement on the previous two years figures.
92. The fostering service was judged good overall and good in staying safe in March 2008. The number of foster placements has increased by 50 since 2009, enabling more looked after children and young people to be placed close to home. Foster carers value the consistency and quality of their supervising social workers and the support they provided including accompanying the carers to looked after children's reviews. Children who have struggled to cope in foster care will also be able to benefit from placements being provided by newly recruited 12 salaried foster carers

who are able to meet more complex needs. The adoption service is judged as good overall, and all the recommendations from its most recent inspection have been implemented. Morale in the team has been boosted by them winning team of the year in the recent national social work awards.

93. Where young people are at risk from their own behaviour, multi-agency risk management meetings are held, including for those who are placed outside of the borough. These meetings effectively assess the level of risk to the young person and agree a multi-agency plan to ensure the young person is safe and placement disruption is avoided. Multi-agency responses to children and young people who go missing from care are good. The police play an active role in carrying out welfare checks when they return, however missing children do not benefit from a return interview with an independent person and this is a shortfall.
94. Allegations against staff or carers are well managed by the LADO who has the confidence of partner agencies. There are good arrangements to support carers who become the subject of allegations and Southend-on-Sea foster carers provide reciprocal support to another local authority's foster carers in these circumstances.

### **Enjoying and achieving**

### **Grade 2 (good)**

95. Outcomes for enjoying and achieving are good. Looked after children make good progress from their starting points due to the high priority given to their achievement by all schools in the borough. Designated teachers are usually head teachers in primary schools and in secondary schools, a member of the senior leadership team takes on this role. This gives the role high status and ensures that staff maintain high expectations for looked after children, and support is available where this is needed. Looked after children say they know that there is a special teacher in their school who 'keeps an eye on them' and knows how they are getting on. Schools have extremely robust tracking systems in place and closely monitor the achievement of looked after children. As a result there is a rising trend in attainment particularly at Key Stage 2. There is a fluctuating picture for attainment of five GCSEs including English and mathematics at Key Stage 4, with looked after children doing less well compared to nationally expected levels. This is due to latecomers into the care system. However, there is a rising trend in the numbers of looked after children making expected progress between Key Stage 2 and Key Stage 4. There are small numbers of pupils from minority ethnic groups who are looked after at Key Stage 4. They attain better at Key Stage 2 and Key Stage 4 than their peers. The gap between the attainment of looked after children and that for all Southend-on-Sea pupils is narrowing but not significantly, although their attainment is above that of statistical neighbours and looked after children nationally.

96. There are good transition arrangements in place when looked after children transfer from one school to another. For example, designated teachers attend the final Year 6 personal education plan meeting. A nurturing approach continues from primary into secondary schools. Secondary schools are innovative in their approach to making adaptations to the curriculum to ensure looked after children are able to achieve. This includes designing their own alternative provision so that the most vulnerable children and young people are able to remain in the school. For example, one young person recently achieved a GCSE in mathematics a year early and is now working on their English GCSE.
97. The good achievement of looked after children is underpinned by up-to-date PEPs and these are adequate. There has been recent improvement in their timeliness, however, there remain inconsistencies in their quality. Education targets are not sufficiently sharp or focused on exactly what a child should do to improve their academic work. Personal and social targets are often imprecise and there is insufficient detail about a child's cultural and religious needs. Most looked after children know they have a personal education plan but do not know or have ownership of their targets. They have a better understanding and ownership of academic and personal development targets set by their schools. Looked after children greatly value the annual award ceremony where the Mayor gives out achievement awards. One looked after child spoke with great enthusiasm about the award he had received.
98. School staff speak very highly of the looked after children liaison officer who enables children's social care services and schools to understand each others' particular 'operational language'. She monitors all aspects of looked after children's performance at school and asks challenging questions regarding their educational progress and attendance. However schools are less clear about the role of the virtual head teacher, such as monitoring the quality and timeliness of PEPs and monitoring progress data. The council recognises that the role of the virtual head teacher could be better communicated and is taking steps to address this.
99. The borough has robust systems in place to track the attendance of looked after children and as a result attendance has improved, and is in line with the national average for all children and young people. Schools are keen to avoid unauthorised absence and are proactive in supporting carers to make sure looked after children improve their attendance levels.
100. The borough has an excellent record regarding the inclusion of looked after children. There have been no permanent exclusions for the past five years and fixed term exclusions are reducing. There is robust management of fixed term exclusions by schools. Secondary head teachers coordinate managed moves in collaboration with the pupil referral unit (PRU). The borough supports primary schools with their managed moves which are also effective and prevent exclusion. The PRU

gives robust challenge to schools who wish to send pupils to them thus ensuring that schools have exhausted all possibilities within their own capacity. The PRU has a no exclusions policy and has not permanently excluded any pupil for the past eight years.

101. There are good leisure opportunities for looked after children. Some activities are funded by the private, voluntary and independent sector and some by fundraising by the Foster Families Council; for example excursions to the zoo and to the pantomime. There is a good take up of these opportunities. A free leisure pass is available to all foster carers however this is not widely known about by younger looked after children. Independent visitors are used effectively to support looked after children in accessing a range of leisure activities including going to the cinema.

### **Making a positive contribution, including user engagement**

#### **Grade 2 (good)**

102. Outcomes for making a positive contribution are good. The corporate parenting meeting hears from Voice4All, the Children in Care Council, on a quarterly basis and intends to enable young people's attendance at all the meetings so that their views can be heard more regularly. A Pledge, setting out what looked after children and young people can expect from the council, is in place but is not widely known about and therefore makes insufficient impact. Elected members and senior officers, including the Director of Children's Services, meet regularly with looked after children and care leavers to hear their views. Most looked after children attend and share their views at their reviews.
103. Senior managers are committed to increasing the opportunities for looked after children and care leavers to have influence on shaping services, for example, a care leaver has joined the fostering panel. Care leavers have also been involved in the recruitment of key posts in specialist services, and they contribute to training for foster carers, but are not systematically included in other training that the council provides.
104. Multi-agency actions to prevent offending and re-offending are well embedded and have led to significant reductions in anti-social behaviour, first time entrants to the criminal justice system and repeat offending. Strong partnership working by agencies results in good information sharing, profiling and targeted approaches. This is achieving positive outcomes. For example, a project that deals with alcohol use by young people in public, 'Red Bull', combines a range of intelligence to enable the youth engagement team and police to target 'hot spots' and provide diversionary activities for those who are found drinking. As a result, anti-social behaviour reduced by 9% last year and no anti-social behaviour orders (ASBOs) have been made against young people for the last three years.

105. The partnership's staged model of intervention works with children from five years of age to prevent offending behaviours developing. Only five looked after young people offended last year and none were remanded into local authority accommodation by the court.
106. The complaints procedure for looked after children and young people is well publicised. Looked after children and care leavers who spoke to inspectors were aware of how to make a complaint. Inspectors saw evidence of appropriate responses to complaints raised by parents. These were resolved appropriately; the findings from complaints are collated in the annual complaints report to cabinet. Action plans have been effectively implemented to ensure that the learning is maximised.
107. There is good access to the independent advocacy service for looked after children through the National Youth Advisory Service including for those placed outside of the area. There were 78 referrals made for advocacy last year, eight children benefit from independent visitors, and five are currently being matched.

### **Economic well-being**

### **Grade 1 (outstanding)**

108. Economic well-being outcomes are outstanding. The borough ensures that all care leavers have outstanding opportunities to achieve their best and move successfully into adult life. Care leavers have high aspirations to remain in education and training or to be employed due to the excellent range of opportunities provided by schools for vocational pathways and to the borough for providing a wide range of different interventions to support them into further education, employment or training (EET). Bespoke courses designed by Southend-on-Sea Adult Community College enable care leavers to gain a range of basic employability skills. For example, all the care leavers who took the course achieved a qualification in assertiveness and decision-making and most of these went on to achieve a functional skills qualification in mathematics.
109. The apprenticeship scheme has a high level of support from all partners who see this as a key part of their corporate parenting responsibility. There is also good support from local businesses that, in return for a salary subsidy, give priority to care leavers for apprenticeships. These highly successful initiatives have resulted in excellent EET data with only four out of 134 care leavers still not in education, employment or training (NEET). This is better performance than comparator authorities and nationally. Another strength of the partnership is the determination by all agencies that care leavers will succeed; this ambition can be seen in a conference to be held shortly to explore how further pathways can be developed to secure all young people, including care leavers, in a post-school placement.
110. The performance gap between care leavers and the national average for all pupils post-16 has closed but not significantly. Those attaining a Level



1 qualification are in line with statistical neighbours; Level 2 qualifications are well above statistical neighbours, with Level 3 qualifications below statistical neighbours. However a high proportion of care leavers go on to university and achieve a degree qualification. On the basis of this the care leavers team have a dedicated post to support care leavers who attend university both with their academic work and with finding bursaries to help fund the increase in their fees.

111. Care leavers have access to a wide range of good quality accommodation that meets their needs. The access point panel, a multi-agency panel of all providers ensures effective matching of care leavers to accommodation. The banding system supports accurate assessments of care leavers' needs so that they are placed appropriately. There is good emergency provision if a placement breaks down suddenly. There is excellent monitoring of placements and support given to care leavers living independently by the commissioned floating support service, helping them to maintain their placements. Care leavers who live independently are housed appropriately and are able to navigate the council's bidding for property system. Most say it is hard living on your own, but all speak very highly of the floating support workers, their social workers and personal advisers who help them develop the skills to live independently. Most can manage their budget but say the most difficult thing is to pay their bills every week.
112. All care leavers have detailed and highly effective pathway plans that are of a consistently high quality. These are always written with the young person, which empowers them to take responsibility for their lives and have real ownership of the plan. Pathway plans tell the story of the young person sensitively and extremely well, and include cultural and religious needs. There is excellent recognition of young people's achievements and very careful and thoughtful accounts of their continuing vulnerabilities, taking into account their histories. Pathway plans for young people with disabilities take good account of their disabilities and the impact these have on their daily lives. There are good, robust risk assessments, careful analyses of need and action plans to meet identified risks and needs. Support is effective, well targeted and carefully monitored between, as well as at, reviews.
113. There are robust and effective systems in place for identifying and managing the needs of unaccompanied asylum seeking children (UASC). Numbers of UASC are low; this enables the borough to provide a flexible and personalised service to meet their needs. UASC are highly committed to, and involved in, writing their pathway plans and are clear about what they want to achieve. Their achievement is good due to swift placements in appropriate care, and transition into independent living. The leaving care team ensure that parallel plans are in place so that UASC remain aware that they may not be granted refugee status and they have a plan if this should be the case.

**Quality of provision****Grade 3 (adequate)**

114. The quality of provision for looked after children and care leavers is adequate. There are clear and agreed processes for assessing risk and decision making regarding whether a child needs to be looked after or remain in care. Initial assessments contain thorough analyses of risk and protective factors, however they were not systematically updated following significant events; core assessments seen were variable in quality and also insufficiently updated. Pathway plans are of high quality and very effective, young people are mostly aware of their plan and are involved in developing them.
115. There is good access to legal advice, including out of office hours. The council's legal team undertake most work relating to legal proceedings for looked after children and report that thresholds are appropriate with legal action being exercised proportionately to protect children. Legal planning meetings support the interface between the legal team and children's social care, ensuring matters proceed promptly and delay is minimised. The legal team monitor all care proceedings to ensure all required actions are completed during the course of proceedings.
116. Where children have been, or are, the subject of care proceedings, there are good chronologies, assessments and care plans on their case files and these are robustly quality assured by the practice manager who provides support and consultation to support the social worker. However, for children who are looked after via a voluntary agreement under Section 20 of the Children Act 1989 or whose care order was made some time ago, the case file recording of chronologies, assessments and care plans is out of date, resulting in difficulties in understanding the history of the child and taking positive action to meet their needs. Although no child was seen to be at risk, the lack of up to date recording provides the potential for aspects of the child's needs to be overlooked, and for delays in meeting their needs. In contrast, inspectors also saw examples of skilful direct work undertaken with children to inform the care planning process. Social workers spoken to by inspectors demonstrated that they know children well and sometimes understand more about the child's circumstances than is recorded. The authority is aware of this variability in practice and is taking steps to improve consistency.
117. Children benefited from appropriate placements and most are placed in the authority's foster homes. Family finding is a strength, with 20 children being found adoptive families in 2011-2012 including sibling groups and children with disabilities. Multi-agency packages of care and funding to meet complex needs are agreed where required.
118. Parents spoken to by inspectors were positive about how they had been consulted about placement choice. Attention is paid to their views

including regarding their child's race, culture, language and religion, ensuring that these aspects are respected and the child's identity is well promoted. All assessments included the views of the child and their parents and the child's identity was promoted. Social workers from the children with disabilities team are skilful in communicating with children and representing their views.

119. An audit conducted by the authority found that care plans did not exist separately from the social worker's report for the child's review. It also found that, as the quality of care plans is variable and not routinely updated, the IRO report from the review is used to identify the actions needed to progress the child's plan. Whilst the actions seen were largely appropriate, the recommendations were not always sufficiently measureable or outcome focused, leading to drift in meeting some children's needs.
120. Performance in relation to timeliness of reviews is good at 97.9% and reviews are well attended by relevant professionals involved with the child. Children routinely attend and give their views. In most cases, IROs meet with children and young people in advance of the review and know the children well. The IROs are broadly effective in supporting good care planning and there is evidence of effective challenge that makes a difference in some cases. However, there has been a lack of clarity between IROs and team managers about where the responsibility for decisions lies, though this has recently been clarified. A period of exceptional levels of staff sickness in 2011 led to high caseloads with a backlog of work. This has since been addressed with caseloads now manageable and the backlog of work being addressed. Feedback is routinely sought from all attendees at reviews, and children and parents are positive about their understanding of, and engagement in, the meetings.
121. The protocol for IROs escalating concerns about children's care plans includes regular discussion with social care team managers which enables most issues to be resolved quickly. However this is not recorded on the ICS system though the authority has plans to do so. Additional oversight is provided by quarterly meetings with the Director of Children's Services to report on issues arising.. Despite these processes being in place the authority has not yet been successful in ensuring that all children have up to date chronologies, assessments and care plans. IRO's do not consistently monitor the progress of care plans between reviews though there are plans to do so in future.

## **Ambition and prioritisation**

## **Grade 2 (good)**

122. Ambition and prioritisation are good. Elected members and senior officers have successfully used their influence across the partnership to improve outcomes for looked after children and young people. Ambition and

prioritisation support outcomes for looked after children and care leavers that are at least good in all areas. For example, the apprenticeship scheme ensures care leavers are guaranteed an interview, and that looked after young people remaining in education after the age of 16 are not financially penalised.

123. The welfare of looked after children and care leavers is constantly being considered by the local authority and its partners. Their priorities and needs are well known by elected members and senior managers across the partnership. The partnership has been effective in protecting services to looked after children and care leavers from budgetary reductions as a result of the comprehensive spending review. There is an annual celebration of the achievements of looked after children which they value.
124. The multi-agency corporate parenting meeting has overseen improving timeliness of health assessments and other benefits for looked after children such as increasing allowances for mobile phones. There are improving outcomes in relation to permanent placements for looked after children and effective work with children on the threshold of care; a variety of innovative projects are commissioned to help families find their own solutions to avoid children becoming looked after.
125. The looked after children's strategy makes insufficient reference to care leavers and there is no analysis of their needs, or an action plan to progress services for looked after children and care leavers. This inhibits the ability of the corporate parenting group to monitor the progress of services for care leavers. The authority have acknowledged the current weaknesses of the group and the strategy, and have recently reviewed the terms of reference and membership of the corporate parenting meeting, and intend to refresh the strategy.
126. The Voice4all Children in Care Council is supported by the authority but a number of long standing members have left creating a vacuum. Despite this however, young people were able to describe how their voice had influenced the council in increasing the leaving care grant from £1,200 to £1,500.

## **Leadership and management**

## **Grade 2 (good)**

127. Leadership and management are good. The local authority and its partners provide strong and visible leadership for looked after children and care leavers. Services are kept under review and leaders and managers demonstrate a determination to achieve further improvement. Strong, well established successful partnerships with stakeholders, community groups and commissioned services show a range of improvements in outcomes for looked after children. These include partnerships with housing providers that secure a good range of suitable accommodation for care leavers, other partnerships resulting in low levels of offending and re-

offending, and effective services to reduce the need for children to become looked after.

128. Commissioning intentions are ambitious and derive from a whole system approach which prioritises early intervention. Unmet needs are identified well, such as a recent analysis of CAF data indicating unmet emotional and behavioural needs, resulting in the current configuration of emotional health services including CAMHS being reviewed with the aim of making services more accessible to children and their families at an earlier stage. Commissioners for short breaks for children with disabilities take the views of children and their families into account when determining commissioning priorities and proactively seek these. Funding and other support is provided to the voluntary sector to develop outcomes based approaches to service provision.
129. The authority is ambitious in its intention to provide local placements for looked after children and young people. Whilst the placement sufficiency statement lacks a thorough needs analysis or projection of needs beyond 2013, the identified priorities are sound and outcomes have already been delivered. For example, in recruiting additional foster carers including carers for children with more challenging needs. The supporting people strategy has been used to secure additional appropriate accommodation for care leavers. Financial resources are used carefully, enabling overall costs to be reduced whilst still meeting the needs of looked after children.
130. Effective action has been taken to ensure that social work teams are fully staffed and the workforce reflects the diversity of the population. Staff development opportunities are good and staff benefit from experienced and accessible managers. Foster carers also have good development and support arrangements, and are encouraged to improve their skills and qualifications. All looked after children have a qualified social worker.
131. Mechanisms for consultation with looked after children are well embedded including an annual survey of children in care. Feedback is listened to, such as their dislike of changes of social worker, reinforcing the council's commitment to improving workforce stability.
132. Although more children than comparator authorities are placed more than 20 miles from their home address, only 12.7% were newly placed at a distance during 2011-2012. Despite this, distances are mostly commutable to their home address, avoiding disruption to school placements.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

133. Performance management and quality assurance is adequate. There are clear links between strategic priorities and performance data collected. However although a performance management framework is in place, it is not yet evidencing continuous improvement for looked after children.

Current arrangements for corporate parents accountability monitoring and challenge of the looked after children strategy are not yet sufficiently robust to ensure that actions are taking place in a timely manner.

134. The corporate parenting meeting is well attended by elected members who are passionate and effective in their support for looked after children. However, limited engagement with this group by senior managers has impacted negatively on the role this group plays in quality assuring and performance monitoring outcomes for looked after children and care leavers.
135. Managers have access to regular performance information and this is used at individual and team level to monitor key performance indicators and drive improvements, for example in timeliness of assessments, and visits to looked after children. The corporate parenting meeting also regularly scrutinises data, leading to improvements in the quality and timeliness of initial health assessments. However, it has not yet been able to look systematically at the qualitative factors that contribute to good outcomes including the quality of assessments and social work caseloads.
136. Although there is a quality assurance framework in place this has been driven by the LSCB and has therefore not specifically focused on the needs of looked after children or care leavers. Apart from the monitoring undertaken by IRO and the permanency tracking panel, there is little evidence of quality assurance leading to improvements in assessment and care planning for looked after children.
137. Evidence from case file reading, supervision files and social workers indicate that social workers receive frequent supervision, which they value, find supportive and of good quality, however records of case discussion within supervision transposed to the children's electronic case recording system are of variable quality, and some do not include adequate case direction or a rationale for decisions made. Recorded actions do not routinely include completion dates although managers report that this is a weakness in recording rather than practice.

## Record of main findings:

<b>Safeguarding services</b>	
Overall effectiveness	Good
Capacity for improvement	Outstanding
<b>Safeguarding outcomes for children and young people</b>	
Children and young people are safe and feel safe	Outstanding
Quality of provision	Good
The contribution of health agencies to keeping children and young people safe	Good
<b>Services for looked after children</b>	
Ambition and prioritisation	Outstanding
Leadership and management	Good
Performance management and quality assurance	Good
Partnership working	Outstanding
Equality and diversity	Good
<b>How good are outcomes for looked after children and care leavers?</b>	
Overall effectiveness	Good
Capacity for improvement	Good
<b>How good are outcomes for looked after children and care leavers?</b>	
Being healthy	Adequate
Staying safe	Good
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Good
Economic well-being	Outstanding
Quality of provision	Adequate
<b>Services for looked after children</b>	
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Equality and diversity	Good