

People and Families Scrutiny Committee

10:00	Thursday, 15 January 2015	Committee Room 1, County Hall, Chelmsford, Essex
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Quorum: 4**Membership**

Councillor I Grundy
Councillor D Blackwell
Councillor R Boyce
Councillor J Chandler
Councillor M Danvers
Councillor K Gibbs
Councillor A Goggin
Councillor C Guglielmi
Councillor T Higgins
Councillor P Honeywood
Councillor R Howard
Councillor A Jackson
Councillor M McEwen
Councillor C Seagers

Chairman

Non-elected Members

Richard Carson
Marian Uzzell

For information about the meeting please ask for:

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www.essex.gov.uk/scrutiny



Essex County Council

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Part 1

(During consideration of these items the meeting is likely to be open to the press and public)

		Pages
1	Apologies and Substitution Notices The Committee Officer to report receipt (if any)	
2	Declarations of Interest To note any declarations of interest to be made by Members	
3	Minutes of previous meeting To approve the minutes of the meeting held on 13 November 2014.	5 - 12
4	Questions from the Public A period of up to 15 minutes will be allowed for members of the public to ask questions or make representations on any item on the agenda for this meeting. On arrival, and before the start of the meeting, please register with the Committee Officer.	
5	Children in Care To receive a report. Cllr Dick Madden, Cabinet Member for Adults and Children, will be in attendance. Paper PAF/01/15 attached, with February 2014 Ofsted report appended.	13 - 54
6	Reprocurement of community provision for children with a disability To receive a report. Cllr Dick Madden, Cabinet Member for Adults and Children, and Philippa Bull, Head of Commissioning Vulnerable People, will be in attendance. Paper PAF/02/15 attached.	55 - 80
7	Updates from Task & Finish Groups To receive oral updates from the chairmen of active Task & Finish Groups, as appropriate.	
8	Scrutiny tracker and work programme To note developments and work outstanding in the Committee's work programme. PAF/03/15 attached.	81 - 92
9	Committee Meeting Dates 2015-16 To note the dates of Committee meetings to May 2016.	93 - 94

- 10 Date of Next Meeting**
To note that the next meeting will be held on Thursday 12 March 2015 at 10.00am. Committee Room 1.
- 11 Urgent Business**
To consider any matter which in the opinion of the Chairman should be considered in public by reason of special circumstances (to be specified) as a matter of urgency.

Exempt Items

(During consideration of these items the meeting is not likely to be open to the press and public)

To consider whether the press and public should be excluded from the meeting during consideration of an agenda item on the grounds that it involves the likely disclosure of exempt information as specified in Part I of Schedule 12A of the Local Government Act 1972 or it being confidential for the purposes of Section 100A(2) of that Act.

In each case, Members are asked to decide whether, in all the circumstances, the public interest in maintaining the exemption (and discussing the matter in private) outweighs the public interest in disclosing the information.

- 12 Urgent Exempt Business**
To consider in private any other matter which in the opinion of the Chairman should be considered by reason of special circumstances (to be specified) as a matter of urgency.

**MINUTES OF A MEETING OF THE PEOPLE AND FAMILIES SCRUTINY
COMMITTEE HELD AT COUNTY HALL, CHELMSFORD, ON THURSDAY 13
NOVEMBER 2014**

County Councillors:

* I Grundy (Chairman)	* T Higgins
S Barker	* P Honeywood
* D Blackwell	R Howard
* J Chandler	* A Jackson
M Danvers	* M McEwen
* K Gibbs	* C Seagers
* A Goggin	* J Young
* C Guglielmi	

Non-Elected Voting Members:

Mr R Carson

Ms M Uzzell

*present

The following Members were also present:

Councillor K Bobbin	Items 5, 6 & 7
Councillor M Mackrory	Item 5 only
Councillor A Naylor	Items 5, 6 & 7

The following officers were present in support throughout the meeting:

Robert Fox	Scrutiny Officer
Matthew Waldie	Committee Officer

The meeting opened at 10.00 am.

1. Apologies and Substitutions

The Chairman reported the receipt of the following apologies:

Apologies	Substitutes
Cllr S Barker	
Cllr M Danvers	Cllr J Young
Cllr R Howard	
Mr R Carson	--

The Chairman noted that Councillors Page and Wood were no longer members of the Committee. He welcomed Councillors Gibbs, Goggin and Guglielmi as new Committee members.

2. Declarations of Interest

There were no new declarations of interest.

3. Minutes of previous meeting

The minutes of the People and Families Scrutiny Committee meeting of 4 September 2014 were approved and signed by the Chairman.

4. Questions from the Public

There were no questions registered from Members of the Public.

5. Essex Cares – Annual Report

Members received the Impact Report, PAF/27/14. The Chairman welcomed Liz Chidgey, managing director, and Peter Martin, non-executive director, Essex Cares Ltd, and invited them to address the meeting.

Ms Chidgey drew attention to the main points set out in a tabled presentation.

- The overall vision for the company is one that provides an integrated service to customers, with an emphasis on being part of the community
- It covers all of Essex (barring Southend and Thurrock) and all of West Sussex; this includes both urban and rural areas
- The Hub and Spoke “Community Wellbeing Centre” is a fairly new concept that involves working within communities to provide a comprehensive service. For example, it caters for all customers’ caring needs. It also draws in and involves many parties
- The Hub @ Harlow is the blueprint for this “hub and spoke “ model, providing a range of services under one roof, but also serving as a base for work going out into the community
- There is a process in hand to obtain feedback from both customers and from staff
- Essex Cares had expected 5,200 Reablement referrals in 2013, but actually received 6,680, and the work is expanding
- It is an outcome based approach, looking to get people to maximise their independence, assets and control over their own circumstances
- ECL is one of the largest equipment providers in the country, providing equipment for children as well as adults, some of which is very specialised. The company holds over 4,000 core products and makes 100,000 deliveries per annum. This requires careful planning, as demand varies a lot at different times of the year and according to specific needs.
- The sensory service provides support for those with hearing and/or sight loss; it had 415 referrals in the last financial year
- There are 29 wellbeing and activity centres, which provide a range of activities, including help for older people and those with learning difficulties
- There are 20 work based training centres that aim to maximise potential in vocational training and in providing help with finding work activity of some kind for those who are unable to carry out normal employed activities.

Members then made some comments, and Mr Martin and Ms Chidgey responded to questions:

- There is a good deal of sharing of information, but what is needed is a greater understanding of the agencies and the recognition that information should be shared if it is in the best interest of the individual
- In response to a suggestion that the company's annual accounts were not easy to find on the website, Mr Martin agreed to look into this and that appropriate action would be taken
- Essex Cares Ltd has five dormant subsidiary companies, one of which is ECL Trading and there are no plans to use it at present
- £5.3 million is listed under Debtors; this is incidental to the timing, as this represents a snapshot of the situation at a particular date. 90% of debt is to the County Council
- A dividend of £1million has been paid to the County Council over the 2013-14 period. The ECC benefits in two ways from its arrangements with Essex Cares. First, it works along with the Commissioners to provide the service at a best value rate cost – so, in effect, directly benefiting the ECC Budget. Secondly, the surplus returns to ECC according to how it would like the money invested
- £2 million additional costs are shown in the Annual Report. There are three main reasons for this: 1, six new contracts were put in place in the course of the year; 2, a higher than expected level of activity, calling for increased frontline staffing; 3, investment in new systems
- With regard to quantifying savings, Essex Cares is working with Health Providers in particular, to assess three elements: 1, actual costs and where benefits arise; 2, the quality of the service; and 3, the efficiency in dealing with demand
- The contract with West Sussex was obtained by open procurement exercise. Essex Cares regards Essex as its principal concern, particularly in respect of health & social care provision, but it may look to see if other, neighbouring authorities may provide further opportunities to expand
- The question of the company's ability to reinvest money is one that should be addressed to the County Council.
- Two particular financial needs for Essex Cares are: 1, clarity from ECC Shareholders on what financial returns it requires; 2, clarity on a long-term policy on how profit should be reinvested, to enable it to react quickly to a changing market. Regular meetings are held with stakeholders and the Shareholder (ie ECC)
- Although Southend has no contract with Essex Cares, there is some cross-border activity. A number of people come to deal with Essex Cares direct – 517 in 2013, and almost 500 already in 2014
- Transparency is becoming increasingly important – as expressly required by the Care Act – and so individual spending will have to be clearer and more careful records will have to be kept
- There is a need to reduce the costs of delivering care and to reduce the number of staff at managerial level – perhaps by 10% of the workforce. Views of staff have been sought during the current period of consultation, so that better working practices will be found. Certain principles underpin this process. Greater efficiency is not just about reducing costs but also involves maintaining quality and improving the utilisation of staff. The intention is to have a greater skillbase, more integrated working and to make necessary changes at management level. It is a complex process.

- The company has received very good feedback on what it does and who does it. They employ various techniques for getting customer feedback, eg surveys and forums. There is also a Director at Board level responsible for quality and customer feedback
- The rapid response service, which was created in response to a specific demand in the West of the County, has now been rolled out across the county. We are currently providers in Mid-Essex. The intention is to bring rapid response into the reablement team and to fully integrate it into the service
- Essex Cares aims to maximise its customers' potential in all aspects of their lives and, with this in mind, only deals with reputable firms who take a similar ethical stance, to provide work opportunities for Essex Cares customers
- In response to specific questions on how the company's finances seemed to have declined recently, Mr Martin clarified certain points:
 - over the 5-year period, the company made £6 million profit, with £5 million being reinvested and £1 million being given to ECC as a dividend
 - it is now back in operating profit
 - the recent loss came from new contracts along with unexpected rising costs
 - reserves, which were held over from previous years, were used to address the loss
- The County Council is represented by Cllr John Spence on the Board, and Jonathan Coyle, Director for Traded Development, as a non-executive director.

In conclusion, Mr Martin confirmed that he and Ms Chidgey would be happy to attend further Committee meetings, and he particularly invited Members to visit the Company, to see first hand how it operates.

The Chairman thanked Mr Martin and Ms Chidgey for their contribution. He acknowledged the enormous changes taking place in the health and social care sector, and the good work carried out by the staff of Essex Cares.

6. Essex Safeguarding Adults Board – Annual Report 2013-14

Members received the Annual Report of the Essex Safeguarding Adults Board, 2013-14, PAF/28/14. The Chairman welcomed Paul Bedwell, business manager, Safeguarding, and invited him to address the meeting.

Mr Bedwell drew Members' attention to a few salient points:

- The role of the Board is to ensure Safeguarding works efficiently across the County. Inter alia, this involves working with certain interested partners (eg NHS, CCGs and Police). The Care Act has served to focus the Board's activities, and has created a new statutory duty to work with these partners
- Much work has been carried out on training and development, using DVDs and e-learning as well as more traditional courses
- An audit was conducted on those key statutory organisations working with adults. The results were mostly good, although some areas needed more work (eg child sex abuse and grooming based abuse). The audit has just been sent out to relevant parties for this year and results will be available

on the website from January 2015. Mr Bedwell hopes to see improvement this year

- Performance is a key area. They want to look at safeguarding from a broader perspective, eg considering crime data from the police and community safety information
- The Board has carried out a governance review, to ensure that it complies with Care Act requirements
- Another area is that of Serious Case Review systems. Following a lack of serious case review activity during 2013-14, there has been an increase in activity here; six have come forward in the past three months.

Mr Bedwell then responded to comments and questions from Members, as appropriate:

- The Board does cover a wide range of activities – it picks up most issues through its partnership agencies (eg, Police); but it is keen to get feedback from local communities
- Certain bodies, such as Housing Associations and Independent Care Providers, have expressed an interest in assessing their safeguarding levels, and this is an area the Board are interested in developing. A web-based audit system is used, which makes it both more widely available, and it carries out analysis of the figures as well
- District and Borough councils have become more active in the last few years. They have been training certain individuals, who are then able to train others. There is also a move toward taking it more to a grassroots level, in leisure centres, for example
- The Safeguarding Adults Helpline is for those who may have a concern but are not confident about contacting the police. It provides information and advice, and it receives approximately 600 calls per year
- Members then made some comments, and Mr Martin and Ms Chidgey responded to questions:
- Making people aware of the Safeguarding Board's activities across the County is challenging, especially in the light of the cost involved. Various campaigns have been used, viz billboards, cinema and buses. A communications officer has now been recruited to assist in this process. Mr Bedwell is always pleased to speak about the Safeguarding Board and its work.

The Chairman thanked Mr Bedwell and hoped that he would have plenty of opportunities to inform people and organisations of the work of the Board.

7. New operating model for the Youth Service

Members received report PAF/29/14 on the progress the Youth Service has made since February 2014. Cllr Ray Gooding, Cabinet Member for Education and Lifelong Learning, and Michael O'Brien, Head of Commissioning, Education and Lifelong Learning, were in attendance.

The Chairman reminded Members that the Cabinet Member had been asked to report back on the progress made by the new operating model, six months after presenting it to the Committee. He welcomed Cllr Gooding and Mr O'Brien and invited them to address the members.

Cllr Gooding began by pointing out to Members that the consultation that had already taken place had been very helpful, and had led to a more practical approach. He intended to seek out the views of young people again, and would be prepared to report back to the Committee again, if wanted.

Mr O'Brien took Members briefly through the main areas/activities covered by the Youth Service:

- 1) The Senior Leadership Team has been reduced from 9 to 5 people, with some of these being new
- 2) The Service Redesign is underway, with a staff consultation being undertaken at present. The outline business plan suggested there would be a reduction of 25 FTE; this is more likely to be 17-18
- 3) Youth Work Outcomes. Members were referred to Appendix B of the paper, which set out Outcomes against Indicators and Measures. This aims to be a meaningful way of looking at and articulating good outcomes from what is being done. Work is ongoing on producing actual numbers on these. One positive outcome noted so far is the significant number of people who have expressed an interest in working with young people.
- 4) Duke of Edinburgh Award. Essex is consulting with schools, colleges and relevant parties to operate the scheme while retaining it within the Youth Service
- 5) Young Carers – the procurement process has started to provide young carers' provision in all 12 districts across the County. Assessments will be carried out by the Targeted Youth Adviser team. They are aiming to ramp up the number of these assessments
- 6) Youth Strategy Groups – these are generally seen to have been successful overall, although a few are still finding their feet, and some have membership issues
- 7) National Citizen Service scheme has been very successful, creating a positive view of young people. Essex is hoping to build this up during the year, and the ambition is for all Year 11's to participate in time
- 8) The TCHC contract has not been as successful as had been hoped. A different approach is now being sought: £3 million funding through social impact bonds. Essex is in the final short list for projects being considered
- 9) Young Inspectors. Several groups are already trained, to inspect services for young people, and more are being trained.

Cllr Gooding and Mr O'Brien then responded to Members' questions:

- 1) Senior Leadership Team. This is made up of 4 Commissioners and 1 Operating Delivery Manager. The Commissioners are each responsible for different elements: 1, Curriculum and delivery of provision; 2, Health & Safety, Safeguarding and Business Continuity; 3, Accreditation, Learning & Development; 4, Line management of district based commissioners.
- 2) Service Redesign. The reduction to a likely 17.89 has been achieved by some of the savings this year that have left the Service in a better position. The emphasis is on saving costs, not necessarily reducing posts.
- 3) Youth work Outcomes. These are determined by the district based commissioners and would be broad in scope – eg any assessment of outcomes from "Rock School" would not be limited just to musical development, but would look at elements such as impact on an individual's

self-esteem or ability to deal with social situations. This applies to all groups (from bell-ringing groups to education sessions in sexual health)

- 4) Duke of Edinburgh Scheme. Cost neutrality will be achieved by charging schools for the service (at present it costs them virtually nothing). It normally would cost a school about £1,000 per annum to obtain a licence from the Scheme, whereas Essex has borne most of the cost in the past. In future the intention is to charge a slightly reduced rate.
- 5) Young Carers. There are three groups external to the Council, with the rest run by the Council; in future, all will be external. Historically, often the assessment would overestimate the service needed, so committing Essex to providing more than was required. So in future the assessments will all be carried out in house, and so will be more carefully managed.
- 6) Youth Strategy Groups. With regard to the provision of youth services, it was noted that the stated aim of the new scheme had been for 100% of provision to have been through 'community capacity building' – ie through the working of local young people alongside youth workers. When the scheme was introduced, the proportion was 30%; it is now about 68%. Mr O'Brien acknowledged that this was short of the target, but it did represent progress. Furthermore, a further 131 community based groups were now in existence, which had not been there at the outset, which impacted on these percentages.
- 7) National Citizen Service. It was suggested that this should be given particular attention when this was next considered by the Committee.
- 8) TCHC. The initial percentage return was 11% and this has only risen to 14-15%. This is not due to the inability of Essex to deliver against the contract, but because the provider has over-estimated its ability to provide funding. The process of getting funding through the Youth Engagement Fund has been very complicated, but they hope to know the outcome of their application by Christmas.

It was noted that, although the Consultation Reserve had not yet been drawn on, it was likely that approximately £0.5 million would be drawn from it in due course.

In response to the suggestion that £800 thousand had been taken out of the budget at the most recent Cabinet meeting, Mr O'Brien pointed out that £1 million has been set aside to fund Youth work, as follows:

£200 k to improve the IT infrastructure in youth centres

£300 k to improve buildings

£500 k to support capitals projects.

He was unaware of any of this being taken out of this pot. The Cabinet Member agreed to confirm the precise position.

When queried about the impact of the change from having "youth workers" to having "district based youth commissioners", Mr O'Brien pointed out that their workload had expanded, as they were no longer simply based in youth centres but were now out in the community, working with local people and liaising with other youth workers to deliver a better service.

The Chairman thanked Cllr Gooding and Mr O'Brien for their input and asked that they return in May 2015 to provide the Committee with a further update.

8. Updates from Task & Finish Groups

Members received a brief oral report on the status of Task & Finish Groups:

Commissioning Services for Young People. Cllr Naylor will be joining this Group. Next meeting date to be confirmed.

Carers. Next meeting confirmed as 28 November.

Educational Attainment. A group of Young Essex Assembly members provided input at the last meeting (13 October) and these will be fed into the Group's final report. The Committee is awaiting a briefing pack from the Educational Commissioners.

Cllr Grundy added that HOSC had invited a member of this Committee to sit on their Obesity Task & Finish Group. Member to be confirmed.

9. Date of next meeting

The Committee noted the date of the next meeting:

Thursday 15 January 2015, in Committee Room 1.

The meeting closed at 12:25 pm.

Chairman

		AGENDA ITEM 5
		PAF/01/15
Committee:	People and Families Scrutiny Committee	
Date:	15 January 2015	
<u>Children in Care</u>		
Enquiries to:	Robert Fox Scrutiny Officer Corporate Law & Assurance 033301 34585 robert.fox@essex.gov.uk	

The attached report was considered by the Corporate Parenting Panel on 16 December 2014.

Update on the implementation of recommendations from the Leaving Care Review

1. Context

A review of the Leaving Care Service was undertaken at the beginning of 2013, with recommendations agreed for implementation between June 2013 and January 2014.

The priorities for the review were:

- Meet all statutory requirements for young people in care and young people leaving care, including those with disabilities and unaccompanied asylum seeking children and young people
- Minimise changes of worker
- Develop a flexible approach that recognises difference between young people and the age at which they mature
- Build on identified strengths of service
- Take proper account of young people's views
- Increase specialist advice regarding employability of young people
- Increase availability of post 18 accommodation, including permanent accommodation
- Improve the quality of Pathway Planning
- Minimise disruption to staff and service

2. Recommendations and outcome

- I. 0 – 18 service for children and young people who have been looked after before the age of 16. These young people remain in the CiC service until the age of 18, with a PA allocated alongside the SW from the age of 17, who will then remain the allocated PA after the young person reaches 18.

This has been implemented. There has been a 3 fold increase over the past year in the number of 16 and 17 year olds remaining with their allocated Social Worker in the Children in Care teams.

- II. Exceptions to the above will be made when a young person is aged 16 or over and their allocated CiC SW leaves or there is a mutual agreement between the young person, IRO and Social Work team that a transfer to a different worker is in that young person's interests. In these cases young people will be transferred to a Leaving Care Social Worker.

As above. There has been a recent additional exception agreed in respect of unaccompanied asylum seekers, due to the significant increase in the number of such children and young people over the last 3 months. This has placed the Children in Care Specialist team under extreme pressure and action was required in order to mitigate this.

- III. Young people who enter care from the age of 16 will be allocated to a SW from the Leaving Care Service. If that young person remains in care that worker will remain involved until at least the age of 19, possibly beyond depending on level of vulnerability. There will be no separate PA allocated.

This has been implemented.

- IV. Management of UASC to remain as now, except that young people aged 16 will transfer to LaCT as soon as they have been age assessed, accepted for a service and completed the preliminary immigration agency requirements. Advice to Leaving Care workers regarding UASC issues will be provided by CiC Specialist team as required.

See Point ii above

- V. Young people with disabilities to be considered within the context of CWD review, with the possibility of either a 0 -25 service or all age disability service, with a specific in-care/leaving care pathway agreed.

0 - 25 service now established. In this service young people in care continue to transfer to the 16 – 25 team at the age of 16, but will then have no further change of worker whilst they remain eligible for leaving care services

- VI. Independent Reviewing Officers to chair the first Pathway Plan review after the 18th birthday (subject to agreement from young person).

Implemented.

- VII. Establishment of 4 (1 per quadrant) Employability Workers, transferred/seconded from Youth Service, based within the Leaving Care Service and working alongside the Targeted Youth Adviser. These workers would focus on the development and brokering of work readiness schemes, including work experience, apprenticeships and shadowing, particularly within the council and district partner agencies. The workers would link closely with the council's Employability Unit.

This recommendation has been both amended and delayed. Since the review the DWP has established a new programme of Social Justice Coaches, who are employed to work with people who are vulnerable to being long term unemployed. Care leavers have been highlighted as a specific target group and the DWP offices in Essex have allocated a Social Justice Coach to work alongside the Leaving Care Services in each quadrant. This is proving highly successful. Each quadrant also continues to benefit from a Targeted Youth Adviser, whose job it is to focus on care leavers who are not engaged in education, training or employment. In order not to duplicate the work already being undertaken by the Social Justice Coaches and the TYAs we have amended the specification for the Employability Workers, who will now

be focused on the creation of work opportunities for care leavers. There will be two of these workers across the council and they will be based within the Employability and Skills Unit.

The delay in establishing these posts has been caused by the need to review budgets in the light of the corporate spending review. We are now hopeful that funding has been identified and these posts will be established in early 2015.

- VIII. Use of “HMOs” for 16 and 17 year olds is already being reviewed within ART, with a move to significantly reducing their use, particularly for more vulnerable young people. Their title should be changed to “Supported Housing” as “House of Multiple Occupation” gives an impression of lack of individual care and attention.

Implemented; although the term semi-independent accommodation is more widely used than Supported Housing. Use of the term HMO has ceased within Family Operations although it remains the regulatory term for this type of accommodation and is still adopted by DfE, therefore our DfE returns continue to refer to HMOs.

The number of placements in semi-independent accommodation has reduced, from 110 placements in 2013/14 to a projected 97 by March 2015 (currently stands at 65 this year).

- IX. An assumption of continued foster care to the age of 18 for all young people aged 16 and 17 who are already in foster placements.

Implemented – the culture of expecting young people in foster care to prepare for a move to semi-independent accommodation at the age of 16 or 17 has now changed. The introduction and expansion of Staying Put has further supported this change of culture and expectation. The majority of young people eligible for Staying Put arrangements are taking this up, with 116 young people taking up this offer so far this year and 61 current arrangements.

- X. A range of supported options, including foster care or supported lodgings, available for young people who have been living in residential units.

This remains extremely challenging. Given that our first choice of accommodation for children and young people in care is always foster care or supported lodgings it follows that we only opt to use residential care for children and young people for whom foster care or supported lodgings is not suitable or possible. We do work with our Residential Providers on the understanding that the care plan for the child is to achieve a move from residential care into family care but the older a young person is the more difficult that is to achieve before they are 18. Work is continuing to establish a culture of expectation of family based care regardless of age and alongside that the current Sufficiency Project

has a focus on increasing the availability of carers for older and more “challenging” children and young people.

- XI. Semi-independent accommodation predominantly aimed at young people aged 17 or 18+ who will be able to remain there as a transition to permanent independent housing.

See viii above. We have not yet achieved the position we wish to be in of semi-independent accommodation being a placement of choice for a small cohort of young people, it continues to be used mainly as a last resort.

- XII. Development of district housing links within the ART team, focusing on access to a range of permanent housing options for care leavers aged 18+, including reviewing and consolidating the council housing offer at district level.

There has been concerted work over the past year to raise district councils’ awareness of their corporate parenting responsibilities. Most districts have now responded with Chelmsford City Council standing out by setting up a Task & Finish group to consider how children in care and care leavers could be supported at a city council level. The report of the Task and Finish group is attached for information.

Access to permanent housing for care leavers continues to be the most pressing and intractable issue. Although care leavers are a priority group for housing within legislation the pressures on local housing stock are growing and the localism agenda provides loopholes that our care leavers frequently fall victim to. This will only be addressed by continued dialogue and negotiation at a local level.

- XIII. Mental Health Co-ordinators are now allocated across all quadrants, increasing this resource for care leavers. This requires review after 6 months.

Implemented. These posts have been highly successful in providing easily accessible mental health support to young people.

- XIV. The existing Looked After nursing contract already includes provision of a health service up to the age of 19, but this needs to be consistently invoked. This will include the provision of a health passport for all young people leaving care.

The provision up to 19 has been included in the new contracts.

Jenny Boyd
Director of Local Delivery West
5/12/14

Essex County Council

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

and

Review of the effectiveness of the local safeguarding children board¹

Inspection date: 14 January 2014 – 5 February 2014

The overall judgement is **good**

The local authority leads effective services that meet the requirements for good.

It is Ofsted's expectation that, as a minimum, all children and young people receive good help, care and protection.

1. Children who need help and protection		Good
2. Children looked after and achieving permanence		Good
	2.1 Adoption performance	Good
	2.2 Experiences and progress of care leavers	Good
3. Leadership, management and governance		Good

The effectiveness of the Local Safeguarding Children Board (LSCB) **requires improvement**

The LSCB is not yet demonstrating the characteristics of good.

¹ Ofsted produces this report under its power to combine reports in accordance with section 152 of the Education and Inspections Act 2006. This report includes the report of the inspection of local authority functions carried out under section 136 of the Education and Inspection Act 2006 and the report of the review of the Local Safeguarding Children Board carried out under the Local Safeguarding Children Boards (Review) Regulations 2014.

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Section 1: the local authority

Summary of key findings

This local authority is good because

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

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

What does the local authority need to improve?

Areas for improvement

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

Information about this inspection

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

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

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

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

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

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

The inspection team

Lead inspector: Ian Young

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

Information about this local authority area²

Children living in this area

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

Child protection in this area

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

Children looked after in this area

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

² The local authority was given the opportunity to review this section of the report and has updated it with local unvalidated data where this was possible.

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

■ **In the last 12 months:**

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

Other Ofsted inspections

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

Other information about this area

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

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

Inspection judgements about the local authority

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

61. A good range of learning opportunities helps looked after children to achieve as well as their classmates educationally. Clear strategic priorities for raising standards and accelerating the progress of children in care have led to the restructuring of the virtual school and to better use of targeted resources. Furthermore, equality of access to additional resources ensures that looked after children meet their targets, with a significant minority exceeding them. The authority's clear and deliberate policy ensures that looked after children mostly attend schools that are judged by Ofsted to be good or outstanding.
62. Educationally, when children enter care the majority are starting from a low base. The achievement service has made strong progress in guiding schools to focus more sharply on the achievement of these pupils. Under the virtual head, key appointments of senior staff have helped to establish a clear vision for improvement, and priorities are being met. As a result, over the last five years, the rates of progress have risen to the point where, in 2013, Key Stage 1 and 2 results for Essex were in line with the national averages for children in care, statistical neighbours and other children in the authority area. The number of looked after students gaining five A*-C grades at GCSE was in line with the national average for children in care. This includes the good achievement of 13 young people who achieved between six and 15 GCSE grades A*-C, including English and mathematics. The attainment gap is closing in each key stage and the rates of progress over time are broadly in line with national expectations for looked after children.
63. The introduction of a new personal education plan (PEP) format has led to a significant improvement in their completion rate and quality. In May 2009, the completion rate of the integrated PEP was 65%. The current completion rate of PEP 1, completed by school, is 81% and PEP 2, completed by social workers, is 98%, which is good. Schools have embraced the process, which has increased their accountability. Systematic tracking of looked after children's progress against specific and measurable targets quickly identifies needs and allows for personalised support.
64. Careful consideration is given to using the pupil premium³ funding. Planned activities, such as personal tuition, employing extra support staff and buying

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

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

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

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

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

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

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

The graded judgment for adoption performance is good.

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

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

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

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

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

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

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

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

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

Leadership, management and governance are good

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

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

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

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

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

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

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

What the inspection judgements mean: the local authority

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

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

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

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

Section 2: the effectiveness local safeguarding children board

The effectiveness of the LSCB requires improvement

Areas for improvement

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

Key strengths and weaknesses of the LSCB

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

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

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

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

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

What the inspection judgments mean: the LSCB

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

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

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

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

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		AGENDA ITEM 6
		PAF/02/15
Committee:	People and Families Scrutiny Committee	
Date:	15 January 2015	
<u>Reprocurement of community provision for children with a disability</u>		
Enquiries to:	Philippa Bull Head of Commissioning Vulnerable People 01245 431621 Philippa.Bull@essex.gov.uk	

The attached report went before Cabinet on 16 December 2014.

It is being considered by the People and Families Scrutiny Committee as part of the consultation process.

Report to Cabinet	Forward Plan reference number: FP/791/09/14
Date of Meeting: 16 December 2014	County Divisions affected by the decision: All Divisions
Title of report: Re-procurement of the community provision (clubs, activities and packages of care and support) for Children with a Disability, including the extension of current contracts	
Report by Councillor Dick Madden - Cabinet Member for Children and Families	
Responsible Director: Barbara Herts, Director for Integrated Commissioning and Vulnerable People	
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1. Purpose of report

To obtain cabinet approval and agreement to:

- 1.1. Procure contract(s) for a Lead Provider(s) to coordinate and manage county wide provision of clubs and activities for Children with a Disability on behalf of Essex County Council.
- 1.2. Procure a contracted framework of suppliers to deliver packages of support to Children with a Disability and their families via spot purchase arrangements.
- 1.3. Extend the current contracts (see 3.2.2) for a period of six months to 30th September 2015

2. Recommendations

- 2.1. Agree to invite tenders for a Lead Provider to co-ordinate and manage the County wide provision of Clubs and Activities for children with disabilities
- 2.2. Agree to the creation of an Essex County Council contracted Framework of suppliers to deliver packages of support and personal care to Children with Disabilities and their Families .
- 2.3. Agree that both contracts may be awarded by the Cabinet Member for Children and Families for a period of three years from 1 October 2015 with the possibility of extension for a further year.

- 2.4. Agree to the extension of those existing contracts for the provision of clubs and short breaks to children with disabilities for a further six months to 30 September 2015, to ensure continuity of provision during the tender process and allow sufficient time to embed a new model of delivery with the young people and their families and, where necessary, to grant a waiver under the Council's Procurement Rules to allow this to happen.

3. Background and proposal

3.1. Context

- 3.1.1. Essex recognises that disabled children have largely the same aspirations as non-disabled children and the outcomes they would like to achieve are therefore similar. Essex also acknowledges there is a need for many disabled children and young people to be given the opportunity to achieve fundamental outcomes including good communication skills or behaviour management, before other outcomes can be achieved.
- 3.1.2. The Children and Families Act 2014 replaces statements of special educational need with Education, Health and Care Plans, which are to be phased in over the next 3 years. This generates a need for Local Authorities and Clinical Commissioning Groups to develop stronger integrated commissioning models to ensure smooth transition. This is a timely opportunity to review provision for all children with SEN and disabilities requiring further support to confirm that their care is appropriate and effective.
- 3.1.3. The Council has been reviewing and reshaping provision for children with disabilities since 2012 and continues to do so. It aims to improve outcomes for disabled children and young people and those with special educational needs and life-limiting illness, building their resilience and that of their families and enabling them to be ready to make choices for an independent adult life. Services thus far across health, education and care have not generally led to good outcomes for these children and young people. Improving outcomes is the key focus of the Children and Families Act 2014.
- 3.1.4. All current service contracts are due to expire on 31 March 2015, and need to be re-procured in order to meet and support the requirements of the Act, as set out above.

3.2. Current Provision

- 3.2.1. For several years, Essex County Council through Community Based Short Breaks service (previously Aiming High for Disabled Children) has ensured that services for Children with Disabilities are provided and accessible across all Essex whilst remaining committed to ensuring the continuity and development of the range of services.
- 3.2.2. There are a range of services and interventions available in the community for children and young people which are primarily delivered by the voluntary and community sector. Children and young people can access most of these services without a formal assessment which reduces waiting lists and waiting times for

provision. This availability and approach supports the Authority's Early Intervention Offer.

- 3.2.3. The current model has multiple access points to services and support which often leads to confusion for children, families and professionals and time delays in families receiving support. The market would benefit from more coordination and signposting to available resources and improve working together to provide a more holistic service to meet the need of individuals. The Council currently commissions **five** different types of services from a range of providers, as set out below:

Clubs & Activities	Participation*	Holiday Overnight Stays	Overnight* Stays in Childs Home	Individual* Day Care.
The Ark Centre	Premier Childrens Services	Accuro	Papworth Trust	Accuro
Stepping Stones		Essex Outdoors	Premier Childrens Services	Core Assets
4 Children		The Ark		Crossroads (Uttlesford)
Dimensions				Crossroads (Tendring)
Efua Sey				Crossroads (REH)
Accuro				Premier Childrens Services
Papworth Trust				
Epping Forest DC				
Interact				
PARC				
Columbus Discovery Club				
SNAP				
Essex Outdoors				
Royal Association for the Deaf				
SHARE				
BOSP				
Core Assets				

These services were originally commissioned through the Aiming High for Disabled Children Grant, and have been in place since 2011/12. They may be used as a stand-alone provision or as complimentary to other assessed provision, in order to provide a holistic offer to the young people and their families.

In addition to the contracts identified above many of the contracted providers are currently being spot purchased by social work teams to provide packages of care and support to children and their families

- 3.2.4. Whilst the services are mainly commissioned by the local authority, from a wide variety of providers. Some services are provided to meet assessed needs and are provided free of charge. Others are provided to provide wider support to children with disabilities and providers generally make a small charge to the family to promote a sense of value for the services they receive. As the new model develops, ECC needs to further embrace the personalisation agenda which will lead to the balance of traditional commissioning changing in order to implement the requirements of the SEND Reforms.
- 3.2.5. Previous consultation with families about a range of Children with Disabilities services suggests that improved access to community based short breaks can reduce the need for higher level social care interventions that can only be accessed by completing the comprehensive assessment process.
- 3.2.6. Providing early intervention type activities will have a positive impact on enabling children to remain with their family, building resilience within the family unit accessing services closer to home and being supported in less institutional ways and settings.

3.3. Options

- 3.3.1 The following options have been considered for the future of community provision for Children with a Disability and their families.

Option 1: Cease to fund the service provision.

- 3.3.2 We could cease funding to the providers of these services and allow parents to access the activities utilising their own funds and/or personal budgets if available. However this removes stability for the market which is primarily made up of small voluntary sector providers, who would be unable to operate without some level of funding at this time. This would mean a reduction in Community Short Breaks available, which would increase the risk of family breakdown and pressure on Social Work Teams to bring Children into Care, at increased cost to the Authority. Accordingly this option is not recommended.

Option 2: Re-commission Current Services on Current basis

- 3.3.3. Whilst it is recognised that there is a degree of choice and variety available in the current model of delivery, this is not the recommended option because:
- There will be a continuing need to be a highly complex procurement to undertake, that will result in the award of multiple low value contracts.
 - There will continue to be a large number of contracts and suppliers to manage and monitor, with reducing capacity within the Authority to do so.
 - A continued lack of coordination throughout the market with suppliers holding waiting lists rather than signposting parents to other provision where appropriate, or working together to provide a more holistic service to meet the need of individuals.
 - Confusion for suppliers and parents alike as to which of the myriad of services they are seeking or providing under which contract.

- A continued lack of development within the market, there has been very few new providers set up within Essex since the award of the previous contracts – ultimately affecting parent choice.
- A lack of support for the smaller providers in relation to the preparation required to 'personalise' their offer in accordance with Legislation.

Option 3: Commission a Lead Provider for each Quadrant

- 3.3.4 This option is not the recommended option, because although it would enable the management of the market with the local area, there is a risk that boundaries would be created by having four lead providers, with quadrant based allocated funding which may lead to families having difficulty accessing activities and facilities outside of their quadrant i.e. there is a risk that this model could lead to families being denied access to services based on where they live.

Option 4: Commission a single Lead Provider or Consortium of providers to coordinate the delivery of clubs and activities across Essex, coupled with a directly contracted framework of suppliers to provide packages of care and support.

- 3.3.5 This proposal is the recommended option because.
- Simplified access for families and social work teams.
 - Reduce the amount of waiting lists through better coordination of the supply base.
 - Contract Management and Monitoring will be simplified.
 - Ability to shape and flex to meet local need where required.
 - Consortia and partnerships would be encouraged and considered in order to maintain local knowledge.
 - The ability to flex funding to address local capacity issues, and understand the needs of the local communities.
 - Reduced management time and cost for ECC
 - Ensure consistency of quality of provision across the County. A single view of the market, informing future direction and design of services
 - It supports efficiencies and provides improved demand management information.
 - Support for small VCS organisations with their 'personalised' offer in accordance with new legislation.

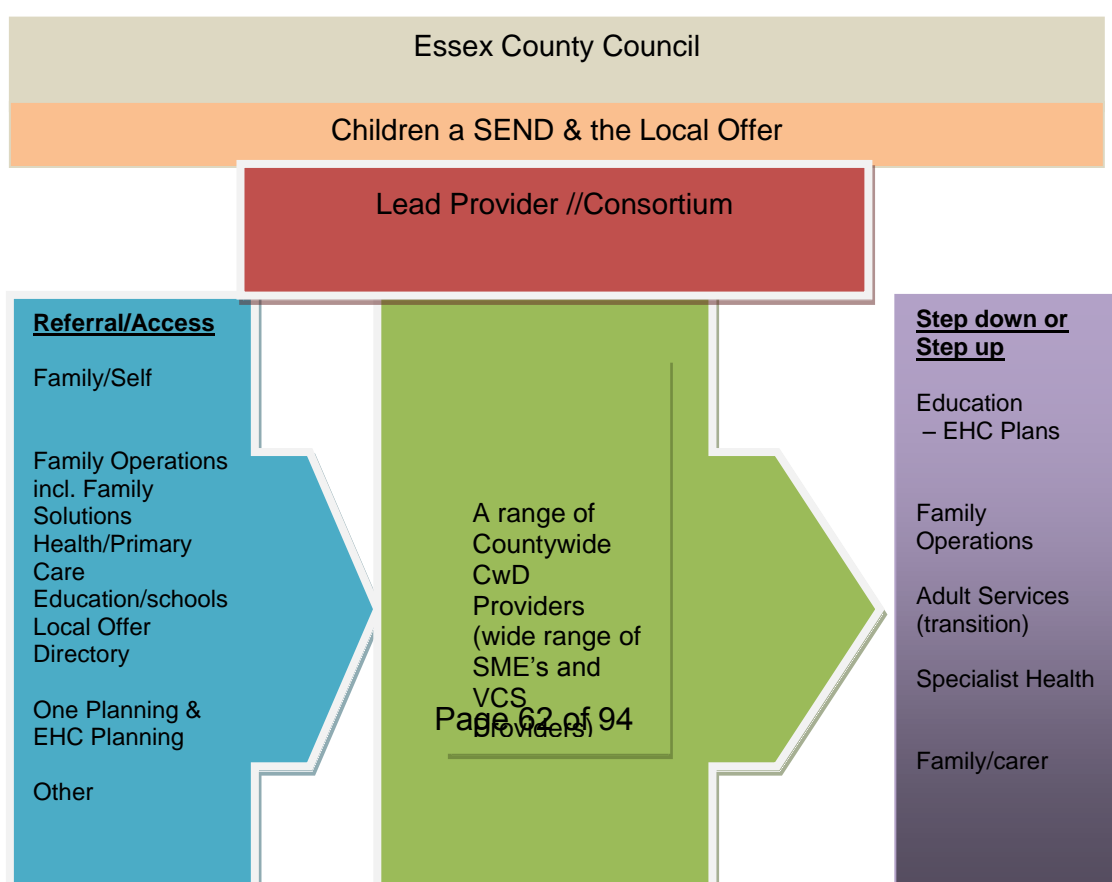
3.4. Consultation

- 3.4.1 We are working in partnership with FACE to engage with children and families and other stakeholders such as current children with disability providers and professionals including social workers and other Family Operations staff. Encouraging and enabling co-production has been an important element in the development of the future model.
- 3.4.2 Families, children and young people are informing the final model currently and will continue to be part of the coproduction and subsequent procurement processes. Initial discussions with families have suggested that they like much of what is currently available but would prefer to have more choice on a local basis which can be accessed through a single point of contact rather than having to sometimes travel across the county to access the chosen activities, which can be expensive and time consuming.
- 3.4.3 Social workers are currently being consulted with; initial findings include the preference for a single referral point and equity of services.

- 3.4.4 Incumbent providers have been engaged and have raised the importance of localised provision and a wide range of activities to suit different abilities, needs and ages. They recognise that as savings are required they will have to work closely and collaboratively if they are going to survive.
- 3.4.5 In addition to the above Essex County Council Commissioners have reviewed a number of consultation and involvement reports that were carried out 2012-14, which support the above findings, including:
- Review of Children with Disabilities Residential Provision provided by or on behalf of ECC (2013);
 - Report on consultation about overnight short breaks for children with disabilities (2014);
 - Report on Family Operations consultation on the review of services for disabled children (2014);
 - Whole Essex Community Budget report - Our Lives Have been Transformed 2014 (The Essex Children's Individual Budget Pilot - Outcome Based Support.

3.5. The Proposed Model

- 3.5.1. The Lead Provider Model for future delivery of Community Provision for Children with Disabilities has been developed based on the evidenced needs and preferences of families for a more easily accessible localised services and a personalised approach to the delivery. This model will provide more flexibility and choice in the market, supported by the Local Offer, underpinned by the personalisation agenda, putting the children and families at the centre of planning and delivery.
- 3.5.2. It is the intention that the Lead Provider will be able to access the procured framework of suppliers of packages of care and personal support, in order to further support the access by families to the clubs and activities, with quality assured carers provided at consistent secured rates.



3.5.3. The preferred approach for the commissioning of the future Community Provision for Children with disabilities is to launch a competitive procurement process in early spring 2015 in line with the timetable at 3.7 to seek a Lead Provider to:

- Manage and grow the market to ensure sufficiency of places and a variety of clubs and activities to meet need.
- Support and encourage smaller organisations as they move to more personalised service offers.
- Ensure awareness of and link with families and social work teams in the local area.
- Provide a central link for the Authority in order to inform strategic direction.
- Act as a central information point for families and foster carers to understand the availability of support within their local area.

3.5.4. The creation of a contracted framework of providers will quality assure the services that are currently accessed by Family Operations, to provide support to families where they require personal care and support. The framework will seek to secure rates for a period of 4 years and will be accessible by the Lead Provider.

3.5.5. ECC acknowledges that some families cannot pay for services so commissioners recognise that there is a need for a mixed economy of provision, meaning that ECC will commission some elements, whilst some organisations will enhance their offer by developing their business and marketing acumen to embrace the personalisation agenda.

3.5.6. Commissioners consider that Essex should create a CwD system which supports children and families to become independent and resilient. Through the Lead Provider provision can be stepped-up and down to address need at the appropriate level to avoid crisis, adopting personalisation for coherent delivery.

3.5.7. It will take time to implement and embed these changes and ECC Commissioners and Support Services are committed to working with families, children and young people and existing and new suppliers to embed the new model.

3.5.8. An outcomes focused specification will be developed which will promote independence, resilience and emotional health and wellbeing in children and young people and their families.

Procurement Approach

3.6. The recommended option is that set out in 3.3.5 to commission a single Lead Provider or Consortium of providers to deliver and coordinate the delivery of clubs and activities across Essex, coupled with a contracted framework of suppliers to provide packages of care and support.

3.6.1. The preferred approach for the commissioning of these services is to launch two competitive procurements in February 2015 following the timescales outlined below in 3.7

3.6.2. The requirement outlined above dictates the need for two procurements, the first for the Lead Provider will follow a two stage tender process, given the number of

suppliers able to deliver this service, and also the potential for this to increase with the development of consortium offers. The second for the framework of suppliers to provide packages of care and support will follow a single stage tender process to encourage and allow sufficient numbers of suppliers to join to meet the need and provide choice to families. Both tenders will be undertaken in line with ECC policies and procedures for EU threshold Part B procurement activities. The tender will be advertised in the OJEU and subsequent procurement will be delivered in line with Part A timescales

3.6.3. The proposed contracts will run from October 2015 for an initial period of three years with the option to extend for a further year should ECC wish to do so. The option to extend the contracts will be subject to continued funding.

3.6.4. The tenders will be evaluated using a 70% price / 30% quality split in line with ECC policies and procedures. In both procurements suppliers will be required to demonstrate.

- a) The ability to grow and manage services to ensure sufficient skill, capacity and choice is available in the delivery of services, county wide.
- b) An approach that will ensure the best outcomes and deliver value for money
- c) Evidence that providers are continually looking at ways to improve their service to make the best use of available resources to maximise the numbers of young people and the families supported through their service delivery.

3.6.5 A Corporate Impact Assessment (CIA) has been undertaken and the tender question and evaluation criteria will be designed to ensure that any considerations highlighted are addressed. These included:

- a) Local Employment opportunities could be considered when awarding the contracts to ensure that Essex based residents are given opportunities, where available, to gain employment through the contracts.
- b) Awarding higher scores to those organisations that further develop the economic and social capital in Essex by offering students from local educational establishments, including Social Work students' placements as part of their professional development.

3.7 Timescales

3.7.1 The indicative timeline which is set out below following approval to proceed is subject to change, dependent on any part of the process.

Lead Provider – 2 stage		Supplier Framework – 1 stage	
Full Cabinet Approval	December 2014	Full Cabinet Approval	December 2014
Procurement Preparation	December – February	Procurement Preparation	December – February
Market Engagement	January	Market Engagement	January
Process To Commence	February	Process to Commence	February
Award	June 2015	Award	April 2015
Service Mobilisation	June – September	Service Mobilisation	June – September

	2015		2015
New Service Start	1 st October 2015	New Service Start	1 st October 2015

3.8 Conclusions and Next Steps

- 3.8.1 Following approval from Cabinet to extend the existing contracts and begin the process of procuring the new contract(s), we will work further to determine the key steps necessary for the implementation of the high level model already developed.
- 3.8.2 We will engage further with suppliers, children and families during November and December 2014 to inform the development of the model and inform interested organisations of the requirements of this service ahead of beginning the procurement process in January 2015 to select the most suitably qualified and experienced provider(s) for this service.

4. Policy context and Outcomes Framework

- 4.1. The proposal set out in this paper supports the intended direction of the Authority as set out in 'Vision for Essex 2013/17'

“We will reduce dependency: we believe individuals and communities value their independence and their ability to make their own decisions and choices. Our focus will be on early intervention and prevention, helping equip vulnerable people, families and communities with the support and skills that they need to live independently and to help themselves. For example, we want to enable as much health and care support as possible to be delivered safely in the community and in people’s homes.”

The proposal supports the adoption of this principle, whilst the following commissioning strategies and corporate outcomes support the proposals delivery.

Commissioning Strategy / Outcome	Relevant Indicators
Children in Essex get the best start in life	Percentage of children ready for school
	Percentage of children achieving a good level of development by the age of 5 years
People in Essex enjoy good health and wellbeing	Percentage of children achieving at school
	Life satisfaction rates
	Prevalence of healthy lifestyles
People in Essex have aspirations and achieve their ambitions through education, training and lifelong learning	Percentage of children achieving at school
	Percentage of children attending good schools
	Rates of literacy and numeracy at all ages
People in Essex live in safe communities and are protected from harm	Number of children subject to child protection plans
	Number of children in care
People in Essex can live independently and exercise choice	Number of children and adults who receive social care support

and control over their lives	Number of people with personal budgets
	Proportion of people who live independently

5. Financial Implications

- 5.1 Approval is being sought to re-procure the contract(s) for community provision (clubs activities and short breaks). In order to achieve an optimal, joined up service for children with disabilities the authority is also seeking to extend the current Clubs and Activities contracts for a period of six months to 30th September 2015.

Provision has been made in the 2015/16 - 2017/18 Medium Term Resource Strategy (MTRS) at **£2.3m** each year for this activity. The profile of the budget is expected to be used as follows:

Financial Year	Contract Extension £m	Re-procurement £m
2015/16	1.1	1.2
2016/17	0	2.3
2017/18	0	2.3

In the contracts awarded after the procurement, Essex will be requiring the provider(s) to demonstrate a year on year efficiency, by delivering greater volumes and improved quality of services within the same cash envelope.

6. Legal Implications

- 6.1. Where the council procures services it is required to act in accordance with the Public Contracts Regulations 2006. These regulations classify services as part A or B. The regulations allow the Council to procure part B services without following the prescribed competitive processes in the regulations. However, other provisions of EU law do require a competitive process to be followed where there is potential interest from providers in other parts of the EU. In this case the Council proposes to undertake the main procurement of part B services via a competitive process, which is lawful. The extension of the current contracts is also lawful because in some cases the contracts allow for extensions and in other cases a short six month extension to an existing service is unlikely to be of interest to providers outside the UK given the short duration of the extension which means that the risks and complexities involved in setting up a service for such a short period would be likely to make it uneconomic for most providers to bid. It is, however, important to ensure that the procurement of the new service is undertaken expeditiously.
- 6.2. The Children and Families Act 2014 will, when it is fully in force, make significant changes to the law for children with special educational needs and disabilities. The reconfiguration of these services is an attempt to ensure that services will continue to improve.

7. Staffing and other resource implications

- 7.1. All services under the current contracts are externally provided therefore there would be no TUPE implications for ECC, however TUPE may still apply and this will need to be established between the potential Lead Provider and current service providers.

8. Equality and Diversity implications

- 8.1 Section 149 of the Equality Act 2010 creates the public sector equality duty which requires that when ECC makes decisions it must have regard to the need to:
- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act
 - (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.
- 8.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation.
- 8.3 The equality impact assessment indicates that the proposals in this report will/will not have a disproportionately adverse impact on any people with a particular characteristic. The services set out in this paper are being procured to support and benefit those that are disadvantaged and vulnerable due to their disabilities, therefore the services will have a positive impact on those children young people and families supported.

9. List of appendices

Appendix 1- Equality Impact Assessment

EQUALITY IMPACT ANALYSIS – Appendix 1

Guide for Initial Screening and Analysis

Policy, practice, function or project analysed	
ECC Children with Disabilities (CWD) and their families	
Lead Officer : Philippa Bull	Tel: 01245 431621 Email: Philippa.Bull@essex.gov.uk
Those undertaking the analysis :	
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Jacquie Hills	Tel: 03330136457 Email: Jacquie.hills@essex.gov.uk
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	Tel: E mail:
Start date of analysis:	Completion of analysis:
Reference Number:	

- In making decisions ECC must have regard to the public sector equality duty (PSED) under s.149 of the Equalities Act 2010, ie have due regard to the need to: A. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act. B. Advance equality of opportunity between people who share a protected characteristic and those who do not. C. Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding
- This initial Equalities Impact Analysis (EQIA) screening document should be used as a tool to test and analyse the nature and impact of either what we do or are planning to do in the future. It can be used flexibly for review of existing arrangements but in particular should enable identification where further consultation, engagement and data is required.
- Please use this series of questions to guide thought processes and record your findings in relation to the analysis of the level of impact of a proposed or existing policy, function, service or practice. **All high or medium impacts will require a full analysis.**
- For public sector purposes if the policy or function is subject to a Scrutiny presentation or business case development this evidenced EQIA screening process will be required as a minimum for supporting documentation.

This initial screening EQIA will be published on the ECC Website stating the outcome and providing links to further documents where appropriate and other contact details for enquiries.

A.	POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ANALYSED
A1	Is this a new or change to an existing policy, practice, function or project? Yes <input checked="" type="checkbox"/> CheckBox1 No <input type="checkbox"/> CheckBox2

A2	<p>Is this policy or function associated with any other Council policy or priority?</p> <p>Yes <input checked="" type="checkbox"/> CheckBox3 No <input type="checkbox"/> CheckBox4</p> <p>Essex County Council is committed to ensuring that every child in Essex with disabilities has the same opportunities as able bodied children and young people to access activities and programmes that promote physical and emotional wellbeing and can lead to them achieving the best possible outcomes possible.</p> <p>Documents that support this ambition are:</p> <ul style="list-style-type: none"> • ECC Strategy for Children and Young People with Special Educational Needs and Disability (2013) • Essex County Council Children and Young People's Plan 2013-15; • Essex SEND Strategy 2014-2019 • Short Breaks Strategy 2011-2015 <p>How does it support the meeting of any priority?</p> <p>The provision of support to children with disabilities and their families is relevant to a number of our corporate outcomes and in particular the following outcomes:</p> <ul style="list-style-type: none"> • Children in Essex get the best start in life • People in Essex enjoy good health and wellbeing • Aspirations and achieve ambitions through education, training and lifelong-learning • People in Essex live in safe communities and are protected from harm • People in Essex can live independently and exercise control over their lives <p>By working closely with families, children and young people to help manage expectation, and working with suppliers to review and restructure provision through innovative thinking and planning Essex will move nearer to the All Age Commissioning Approach it wants for its citizens.</p> <p>Essex recognises that disabled children have largely the same aspirations as non-disabled children and the outcomes they would like to achieve are therefore similar. Essex also acknowledges there is a need for many disabled children and young people, to be given the opportunity to achieve some fundamental outcomes initially that will act as a foundation for other outcomes to be built on, the most important being communication.</p>
A3	<p>If statutory please refer to relevant statute.</p> <ul style="list-style-type: none"> – Children & Families Act 2014 – Health & Social Care Act – Short Breaks for Disabled Children
A4	<p>Does or will it affect -service users, employees, the wider community or particular groups of people particularly where there are areas of known inequalities.</p> <p>Yes <input checked="" type="checkbox"/> CheckBox5 No <input type="checkbox"/> CheckBox6</p> <p>Will the policy or function influence how organisations operate and /or involve substantial changes in resources?</p> <p>Yes <input checked="" type="checkbox"/> CheckBox7 No <input type="checkbox"/> CheckBox8</p> <p>(Particular groups protected under the act are people who share one or more protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.)</p> <p>If yes to any of these questions, then it is relevant to achieving fair equal outcomes and will require further screening as to nature and level of impact. Please continue answering the questions from A5</p> <p>If no- please record your comments here. No further action is required other than sign off at end of document</p>

A5	<p>Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function?</p> <p>The existing provision was originally commissioned 3 years ago under the Aiming High agenda. Due to pressures identified in the ECC transformation and the financial climate savings have needed to be identified throughout this period. Through the strengthening of legislation for Children with Disabilities through the SEND agenda from the Children and Families Act 2014. These changes and due to the current contracts coming to an end in March 2015 Essex is now in a position to review and redesign the model for delivery. Current providers are aware of the contracts coming to an end and have been engaged with as part of the co-design work being undertaken and understand that they will need to go through a competitive tender process in early 2015 to secure contracts from October 2015.</p> <p>The new service model will:</p> <ul style="list-style-type: none"> • Ensure the range of services for Children with Disabilities and their families will be the most appropriate service and intervention, taking into account their health, education and social care needs. • Enable Children with Disabilities and families access to a range of local, community based provision, which can support individually identified and assessed needs. • Have a clear outcome framework that is monitored through regular performance meetings to support the continued improvement of the service (s). • Have the updated Children with Disabilities Needs Assessment (JSNA) to inform and support future priorities and decisions. • Realise the necessary 1.7 million pounds efficiency savings within the overall Children with Disabilities budget over the next 2 years. Plans to achieve this include the re-negotiating of the costs of spot purchase contracts, reviewing the resources/capacity available at residential provision and to introduce a model that will reduce management costs and increase flexibility of provision. • Promote and support the personalisation agenda across the CWD service provision which will in turn identify creative and flexible providers that best meet the needs of those needing and accessing services. • Bring improved choice for families and children with disabilities, through the lead provider managing the market and developing the appropriate service offer <p>Essex County Council Commissioners have reviewed a number of consultation and involvement reports that were carried out between 2012-14, including:</p> <ul style="list-style-type: none"> • Review of Children with Disabilities Residential Provision provided by or on behalf of ECC (2013); • Report on consultation about overnight short breaks for children with disabilities (2014); • Report on Family Operations consultation on the review of services for disabled children (2014); • Whole Essex Community Budget report - Our Lives Have been Transformed 2014 (The Essex Children's Individual Budget Pilot - Outcome Based Support. <p>Will the outcomes involve the decommissioning of a service, directly provided, commissioned externally or supported by Grant to a voluntary sector organisation¹?</p> <p>Yes <input checked="" type="checkbox"/> CheckBox9 No <input type="checkbox"/> CheckBox10</p>
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¹ Please refer to the Essex Compact to determine how to involve voluntary sector organisations that will be impacted by our decisions.

A6	<p>Referring to A4 above do you know how many people are affected or will be affected either as existing and/or intended beneficiaries/stakeholders of the policy or functions and from what sections of the community? Describe what you know.</p> <p>The Children and Families Act 2014 has provided an opportunity for Essex to develop the SEND agenda, in reality this means the alignment of children with disabilities provision with the Special Educational Needs services. Essex wants to respond to the challenge by promoting multi-agency working through the Local Offer to provide robust Education Health Care Plans (EHC) to all children and young people that meet the criteria.</p> <p>Essex also wants to promote nurturing and secure care for children and research suggests that this is best achieved where the care is provided closer to home and can be achieved by building on existing services such as specialist fostering expertise so children can be cared for in a home environment rather than a short term shared care unit. However, Essex recognises that some children and families will still require the very specialist placements.</p> <p>Essex Wider Population:</p> <p>There are 328,200 children and young people in Essex, of which 16.1% are living in poverty and whilst child poverty in itself is not the sole indicator of how many CYPF might create a demand on statutory services it serves a good proxy, indicating that potentially over 52,840 children, young people plus their parents/carers could potentially make a demand on reactionary services.</p> <p>Essex CwD population:</p> <p>There are approximately 4,000 children with a disability in Essex and only around 1500 (37.5%) of these children are open to and receiving a service from a Children's Social Care team. The remaining 2500 children (62.5%) are not known to children's social care, although they may be accessing a community based provision (including from providers of Short Breaks services). The population is increasing year on year and therefore we can project that these figures will rise to 4,350 children with a disability in Essex, with 2,719 being known to a Children's Social Care team.</p> <p>In the future, we would like to see the numbers of children with a disability receiving a social care service safely reduce, as more early intervention and support is available to families in the community and the empowerment of families is increased via personalisation, personal budgets and the opportunity for an individual payment. Looking forward we can project that the aspirational target of 25% of children being open to children's social care and accessing early help and support in the community 1,087 children would be receiving a service from Children's Social Care – a 1.6% reduction on the project if nothing changes:</p> <p>All children with disabilities will be eligible for support from Community Based provision, and it is recognised that some children will also be receiving support from Children's Social Care and through special education settings as they have more complex needs.</p> <p>Community based provision is a range of lower level interventions that do not require a social care assessment and they tend to support families to look after their child on an ongoing basis by providing activities that children and young people enjoy and benefit from, the time also acts a respite style break for parents and the wider families leading to an improved relationships long term.</p> <p>Community Based Short Breaks include the following:</p> <ul style="list-style-type: none"> – Clubs and Activities – Individual Daytime Care – Holiday Overnight Stays – Support to Participate in Universal Activities – Respite Services – Inclusive Play Equipment in Essex Parks – Changing Places (accessible toileting facilities) <p>In the future we want to see a cohesive approach to delivering exciting effective activities for children with disabilities and would expect to see a lead provider model being commissioned and developed in Essex.</p>
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B.	Evidence/Data and Consultation² In determining whether the policy or function could have a different impact it is expected that all information that is available is considered. In addition through this process identify what gaps in information exist.
B1	<p>What monitoring or other information do you have about relevant groups (who share a protected and /or unprotected characteristic³), which will support your understanding of the impact of the policy or function? E.g. service uptake/usage, customer satisfaction surveys. performance data, research information (national, regional and local)</p> <ul style="list-style-type: none"> • Review of Children with Disabilities Residential Provision provided by or on behalf of ECC (2013) • Report on consultation about overnight short breaks for children with disabilities (2014) • Report on Family Operations consultation on the review of services for disabled children (2014) • Summary of feedback from children and parents with special needs in Essex (2013) • Whole Essex Community Budget report – Our Lives Have been Transformed 2014 (The Essex Children's Individual Budget Pilot – Outcome Based Support). <p>Other work has included, some of which is ongoing:</p> <ul style="list-style-type: none"> • Comprehensive Needs Assessment (JSNA); • Further review and possible consultation with CYP and families regarding community provision, building on what has already taken place; • Mapping current provision to eliminate duplication and ensure a consistent , countywide provision of services for children with all levels of disability and their families; • Setting out the Strategic direction for CWD which will include the development of a model taking into account Family Operations intentions for managing residential needs, building the foster care offer and ensuring that the community provision is integrated. <p>Family Voice Data</p> <p>In January 2014 Essex County Council produced a report on the consultation that it had recently carried out for Short Breaks for Children with Disabilities, although the overall result of the consultation was expected, the comments from the parents also provided an insight to their thoughts of the services they were receiving or were eligible for – below highlights some of the key messages from the consultation.</p> <p>Will the foster carers cope with children who escape or are destructive or violent.</p> <p>Concerns about the consistency of carers for children who need routine and structure.</p> <p>Some Parents felt that activity holidays couldn't provide the relationship and empathy that they felt their children needed</p> <p>Direct payments can provide choice however are difficult to manage and could create additional stress on families.</p> <p>Concern that the independent sector would provide sub standard care for increased profit.</p> <p>Important factors for parents: 1. A safe environment 2. Regular communication about their child's needs.</p> <p>Homes managers should be empowered to make decisions on compassionate grounds to support the families without the need of the panel. Under utilised beds could be offered at short notice, for a nominal fee?</p> <p>Concerns about the skills of carers for those that have severe or complex needs and require 2:1 care</p> <p>DIRECT PAYMENTS</p> <ul style="list-style-type: none"> • No one model of short breaks that suits all families. • It is the right of families to have a choice. • Having the budget so long as there are a wide variety of suitable respite alternatives available for families. • Reliability issues with individuals and agencies.

² Essex Insight [Public Engagement guidance](#)

³ An unprotected characteristic are those not covered by the Equality Act such as people on lower income or lone parents.

B2	<p>What does the information tell you about those groups identified in A6 above? Are they likely to have different access points, needs, experiences or outcomes as a result of this policy?</p> <p>Children with Disabilities and their families need to be correctly matched to the support and locality that best meets their needs, one that will achieve the best individual outcome at the most competitive price. Their experiences should improve with localised services, thus improving targeted outcomes.</p> <p>As a result of this function there will be an improvement in the consistency that families can expect to receive from a service and the workforce delivering those interventions that will be personalised to their needs..</p> <p>Providers will be expected to continue to work together across services and within local systems to reduce duplication, avoid families repeating their issue and ensure swift and easy access.</p>
B3	<p>Have you compared the data you have with comparative data, such as national statistics or the equality profile of the local population? What does it show?⁴</p> <p>Data is not readily available nationally for comparative analysis purposes, as data recording for Children with Disabilities accessing Aiming High provision has been poor. However, steps are in place to improve this and the Children and Families Act 2014 will also influence improved reporting.</p> <p>However, what we know about the Essex population to date shows that projections based on Mid-2011 year populations (ONS) suggest a year-on-year increase in the population of 0-19 year olds from 328,800 in 2011 to 361,900 in 2012. This is an estimated 33,100 more 0-19 year olds in 2021 compared with 2011, an increase of 10.1%.</p> <p>In terms of quinary age groups only the 15-19 year old age group shows a projected decrease in population in 2021 compared with 2011. This is an estimated 5,600 fewer 15-19 year olds, a decrease of 6.5% from 86,200 to 80,600. All other populations by quinary age bands are expected to increase, with the highest proportional increase in the 5-9 year old age band of 26%, followed by 0-4 years (11.5%) and 10-14 year olds (10.9%). The 0-4 year age group shows an increase of 9,400 from 2011 (82,000) to 2021 (91,400). The 5-9 year old age group shows an increase of 20,300 additional children from 2011 (78,000) to 2012 (98,300). The 10-14 year olds age group shows an increase from 2011 (82,700) to 2021 (91,700) of 9,000 additional children.</p> <p>The above data will help to plan services in the future.</p>
B4	<p>Have you identified any improvements or other changes that could be made from analysing the data? E.g. improving access to services/ opportunities, customers' experience or outcomes.</p> <ul style="list-style-type: none"> • Families will be supported and encouraged to identify their own challenges, needs and solutions and to access local universal and additional services • Aim to build resilience and capacity in children and young people to give them the skills and support to develop into adulthood as confident individuals • When we are made aware that a child or young person has needs beyond those that can be met by their family and direct access to universal and additional services, we will talk and listen to that child/young person and their family, offer advice and support to meet that need, and develop a plan of support • We will seek to support children and young people to live at home and attend the most suitable local school. Where children and young people need to be supported overnight or long-term away from home, we will seek to provide that support in a familial setting such as foster care wherever possible • Support will always be provided in proportion to the needs identified. We will seek to provide support that promotes independence and resilience for the disabled young person and their family, and avoids creating dependency

⁴ Data sources within ECC include [Essex Insight](#) with links to JSNA and 2011 Census

B5	<p>Have you consulted or involved external stakeholders about the policy or function? If so, what were their views and how have their views influenced your decision?</p> <ul style="list-style-type: none"> Professionals including social workers are currently being consulted with; initial findings include the preference for a single referral point and equity of services. The final conclusions will be available at the end of November 2014 Incumbent providers have been consulted with and have raised the importance of localised provision and a wide range of activities to suit different abilities, needs and ages. They recognise that as savings are required they will have to work closely and collaborate more closely if they are going to survive. <p>Families, children and young people are being consulted with at the moment and final findings will be available at the beginning of December. Initial discussions with families have suggested that they like much of what is currently available but would prefer to have more choice on a local basis rather than having to sometimes travel.</p>
B6	<p>Have you undertaken any consultation⁵ with staff e.g. employee forums or subject matter experts to assess their perception of any impacts of the policy or function? If so, what has been learnt from them?</p> <p>Regular meetings with budget holders, subject matter experts and officers who have held face-to-face meetings with providers and service users and their parents concerning extension of existing contracts to allow time for evaluation and design of new services. Realisation that successful monitoring of the these services has not been regularly undertaken and some organisations may be in receipt of funding that could be more effectively allocated without detriment to the users of the service.</p> <p>Discussions have been had with senior officers in Essex County Council and cabinet members about the political nature of this work and it has been welcomed that provision is going to be broadened but simplified for the purposes of understanding what is available across the county.</p> <p>Discussions have taken place with senior officers/commissioners in Education and Lifelong Learning to ensure the pathway into education/learning environments is developed and access to review and assessment as the roll-out of the EHC Plans takes over from the previous education statements.</p>
B7	<p>If you have not consulted or engaged any stakeholders in your decision making please provide details on when you intend to carry out consultation or provide reasons for why you feel this is not necessary.</p> <p>Consultation is in the process of being completed with information being available November/December 2014</p>

⁵ Reutilising existing data may reduce the extent of consultation required.

C1. Impact of the Policy or Function

Use the considerations in sections A & B to assess the potential impact on each of the equality characteristics/groups. Impact could be positive, adverse, or neutral and **if adverse** for any choice then assess whether that impact is **low, medium or high**. Characteristics can relate to residents and/or employees who are likely to be impacted by the change. Refer to the evidence you use.

Description of Impact	Nature of Impact	Extent of Impact
Identify the potential impact of the policy/function on the following groups	Positive, Neutral , Adverse	Low, medium, High
	Double click box select choice and click move to assess choice	
AGE		
Children and Young People 0-25	Positive	Low
RACE AND CULTURE		
	Positive	Low
DISABILITY		
Children with Disabilities and their Families	Positive	Low
GENDER (Sex)		
	Positive	Low
SEXUAL ORIENTATION		
	Positive	Low
RELIGION/BELIEF		
	Positive	Low
GENDER REASSIGNMENT		
	Positive	Low
PREGNANCY AND MATERNITY		
	Positive	Low
MARITAL STATUS AND CIVIL PARTNERSHIP		
N/A	Positive	Low
CROSS CUTTING THEMES :		
SOCIO-ECONOMIC		
Support for low income families where direct payments can be accessed.	Positive	Low
HEALTH INEQUALITIES e.g. addressing inequalities of health outcomes		
Emotional Health & Wellbeing	Positive	Low
ENVIRONMENTAL- e.g. Housing, transport links/rural isolation		
Social connectedness and a improved sense of wellbeing will improve as children with disabilities and their families have the choice to attend more localised services, thus cutting down on transport time and costs incurred	Positive	Low

C2.	<p>Could you minimise or remove any adverse or potential impact that is high, medium or low significance, in advance of a full equality impact analysis? Explain how.</p> <p>N/A</p>
C3	<p>Does the policy or function actively promote equal opportunities and good community relations? Or could changes be made so that it does so?</p> <p>YES</p>
C4	<p>Consider any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this analysis.</p> <p>Data collected to improve measuring the long term outcomes and impact of the services</p>

D. CONCLUSIONS		Leave check box clear if answer different to preceding column	
D1. Was there sufficient data to complete the stage 1 analysis?	Yes?	<input checked="" type="checkbox"/> CheckBox11	If “ NO ”, what arrangements are in place for evidence gathering and continuing with the analysis? Please use the Action Plan to highlight relevant actions.
	No?	<input type="checkbox"/> CheckBox12	
D2. Is the outcome of the initial analysis outlined in section C that the impact of the policy or function would be adverse with a medium or high impact on one or more target group?	Yes?	<input type="checkbox"/> CheckBox13	<p>If “YES”, proceed to a full Stage 2 analysis? If so, what arrangements are in place to carry out the full analysis? Please use the Action Plan to highlight relevant actions.</p> <p>Stage 2 Full Equality Analysis available here Template</p>
	No?	<input checked="" type="checkbox"/> CheckBox14	
D3. Is the outcome of the initial analysis in Section C that the policy or function would have a neutral or positive impact on equalities?	Yes?	<input checked="" type="checkbox"/> CheckBox15	<p>If “YES”, please include proposals in the Action Plan to further improve the impact of the policy, practice, function or project on equalities.</p> <p>Taking account of sections C2, C3 and C4 do you plan to review the service or policy again in future to assess whether there has been any change? If so, when? Please use the Action Plan to highlight relevant actions.</p> <p>Has the functional D&E Steering Group reviewed the analysis? If so what were their comments?</p>
	No?	<input type="checkbox"/> CheckBox16	
<p>D4. Do you have any other conclusions/outcomes from the initial analysis?</p> <p>Data and information is available from a variety of settings; however it is not always recorded so going forward there needs to be a consistent approach to data recording and reporting.</p>			

ACTION PLAN for enhancing existing practice/identify key personnel for Stage 2 analysis if required

Recommendation/ issue to be addressed	Planned Milestone	Review date	Planned completion of milestone (date)	Officer Responsible	Progress
XXXX Contracts to be extended in line with other end dates to allow time for extensive review				Kate Martin	Completed

RESOURCES: Does the above action plan require any additional resources?

No

ARRANGEMENTS FOR MONITORING

Please think about your plans for monitoring the achievement of the actions you have set out and record them here.

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SIGN OFF: The officers below confirm that this initial analysis has been completed appropriately with the Council's guidance

Signature of Tier 3: Lead Officer

Date:

Signature of Accountable Officer:		Date:
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Please retain an electronic copy for your records and forward a copy to your D&E steering group representative and the Head of Diversity and Equality for monitoring purposes. Please upload a copy on Essex Insight for publishing.

2014/15 SCRUTINY RECOMMENDATIONS TRACKER AND WORK PROGRAMME

PAF/03/15

COMMITTEE: PEOPLE & FAMILIES SCRUTINY COMMITTEE - 15 January 2015 Agenda Item 8								
PRE-MEETING					POST-MEETING		AGREED ACTION & IMPLEMENTATION	
COMMITTEE	SCRUTINY ITEM & REF.	APPROACH	LEAD OFFICER	COMMITTEE DATE(S)	OUTCOMES, ACTIONS ARISING & UPDATES	RESPONSIBLE MEMBER/ OFFICER	REVIEW DATE	IMPLEMENTATION REVIEW DATE AND OUTCOME
People & Families	Sensory Services Recommendation to the Cabinet Member (COP/25/12)	T & F Group (Chairman: former Cllr Mike Garnett)	Anna Saunders	13-Sep-12 05-Dec-13 10-Jul-14	RECOMMENDATION: ECC should commission a new integrated service on the open market via the councils regulated procurement process.	Cllr Anne Brown	Mar-15	UPDATE: A revised recommendation to be submitted for Committee approval, prior to receipt by Cabinet Member. An update was delivered to the Committee in December 2013 and agreed to receive a further update on the two potential provider options in 2014. A further update was received in July 2014.
People & Families	Occupational Therapy (COP/02/13)	Full Committee	Mike Boyle	10-Jul-14	RESOLVED: Officers to produce a report for the February 2013 meeting, which provides full details of the problems, including numbers of delays by area, and relevant budget/spending.	Cllr Anne Brown	Jul-14	UPDATE: The Committee received an update in September 2014. There are now zero delays as a result of the improvements made to the service. NO FURTHER ACTION

People & Families	All Age Disability Framework (COP/11/13)	Task and Finish Group	Barbara Herts	14-Mar-13	RECOMMENDATION: The cost benefits of a computer system to be implemented that allows Children's, Adults and Health Services to 'talk to each other' which allow for a universal care record. This should be a financial priority. A small Members focus group be established to follow the project through to implementation		Sep-13	UPDATE: The All Age Disability Strategic Framework will be incorporated into People Commissioning as part of the new approach to commissioning services for disabled children, young people and adults and those with special educational needs. It will act as a set of guiding principles for commissioners across the Council. Health partners are supportive of the approach and will adopt the framework as colleagues work together to develop fully integrated commissioning strategies in areas such as LD and emotional health and wellbeing services for children and young people. The Committee is asked to note the progress and maintain a watching brief. Therefore, the Task and Finish Group is placed in hiatus.
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People & Families	Ageing Well (COP/16/13)	Task and Finish Group (Chairman: former Cllr Janet Whitehouse)		11-Apr-13	<p>RESOLVED: The Scrutiny Board would consider the Report (and the 15 recommendations therein) at its first meeting following the County Council elections in May 2013. A decision in terms of attributing the recommendations across Portfolios and Committees will be made at that meeting.</p> <p>RECOMMENDATIONS: 1. Data regarding falls and their severity should be recorded, while recognising that many are not reported, to ensure better maintenance of footways; 2. There should be data gathered on pedestrian foot journeys to map priority pedestrian routes throughout the county. This could be undertaken by local</p>	Chairman of the Scrutiny Board/Cabinet Members	Jan-15	<p>UPDATE: The Scrutiny Board referred the recommendations within the report to the relevant Cabinet Members in June 2013. Therefore, the impact review date is December 2013. Cabinet Members have been requested to respond to the November meeting of the Committee prior to the impact review date. The Cabinet Member responses were received in January 2014. The responses which were accepted (including partially) were: Recommendation 2 which can be investigated; Recommendation 6 which was agreed; Recommendation 7 which was agreed; Recommendation 8 which was agreed; Recommendation 11 which will be investigated once a permanent Diversity & Equality Manager is appointed; Recommendation 12 which was agreed; Recommendation 13 which was agreed; and Recommendation 14 which was agreed.</p>
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People & Families	Children's Partnership Review (CYP 7 Feb 13, minute 4)	Full Committee (Briefing)	Roger Bullen	07-Feb-13	RESOLVED: A chart and explanation of the future structure of children's partnership arrangements was requested alongside regular progress reports	Cllr Dick Madden	Mar-14	UPDATE: The Children's Partnership Board has been re-established with revised Terms of Reference. The Board met for the first time (Chaired by Cllr Madden) in May 2013. A revised Children, Young People and Families Plan has been developed drawing together the national priorities for improving outcomes for Children and Young People in Essex. The Plan is due for endorsement by Cabinet and the HWB in September 2013. The Committee is asked to note progress and maintain a watching brief.
People & Families	Families with Complex Needs (CYP/01/13)	Full Committee (Briefing)	Philippa Bull	07-Jan-13	RESOLVED: A progress report for spring 2014 has been requested	Cllr Dick Madden	Mar-15	
People & Families	Special Educational Needs and Disability (CYP/03/13), (PAF/04/13) and (PAF/15/13)	Task and Finish Group (Chairman: Cllr Theresa Higgins)	Karen Jones	05-Dec-13	RESOLVED: An interim progress report was received in July 2013	Cllr Theresa Higgins	Sep-13	UPDATE: Task and Finish Group re-established. Membership (Cllr's Higgins, Gadsby, Honeywood and Rev. Richard Jordan). Meets on 30 September 2013. A report on the strategy to be received on 5 December 2013 . The Committee approved the Strategy.
People & Families	Carers Strategy (COP/08/12)	Task and Finish Group	Sharon Longworth	12-Sep-13		Cllr Theresa Higgins	May-15	UPDATE: Task and Finish Group to be re-established. Membership (Cllr's Higgins, Chandler, Cutmore, Danvers and Howard). The Task and Finish Group has met on 14 Oct 14; 28 Nov 14; and 8 Jan 15.

People & Families	The Deanes School (PAF/03/13)	Task and Finish Group and Full Committee (for ratification of Report and call-in)	Tim Coulson	14-Nov-13	RECOMMENDATION: There is insufficient evidence to close The Deanes School on the basis of current evidence, and a repositioned school could be a success and offer an alternative to other schools in the area. Before reaching any decisions on the future of the School the Cabinet Member is requested to review carefully his proposal to consult on its closure taking into account the following points that are drawn from the main body of the scrutiny report: Governance Arrangements, Housing Demand and Pupil Forecasting Data, Other Local Schools, School's Business Case, Glenwood School and Community Role.	Cllr Graham Butland	Sep-13	UPDATE: Task and Finish Group established on 4 July 2013. Five evidence sessions and final report published with recommendation to Cabinet Member on 30 August. Report was ratified on 12 September meeting of the Committee. Cabinet decision called-in by six Members of the Committee.
People & Families	The Deanes School (PAF/12/13) CALL-IN	Full Committee	Dave Hill/ Tim Coulson	14-Nov-13	Cabinet decision called-in by six Members of the Committee. Call-ins heard on 14 November. Committee voted 9:6 to refer decision back to the decision-taker (The Cabinet). There was unanimity amongst the Committee that the decision be referred to the Cabinet or Full Committee.	Cllr Ray Gooding	N/A	UPDATE: Following of referral back to the decision-taker a special meeting of Cabinet was convened on 28 November to reconsider the decision. The original decision was unanimously ratified. NO FURTHER ACTION.

People & Families	Children in Care	Task and Finish Group (Chairman: Cllr Norman Hume)	Helen Lincoln	12-Sep-13	The Committee agreed to establish a Task and Finish Group, to be Chaired by Cllr Norman Hume.	Cllr Norman Hume	Jan-15	UPDATE: Task and Finish Group established. Membership (Cllr's Hume, Blackwell, Gadsby, McEwen, McGeorge, Maddocks and Rev. Richard Jordan). Task and Finish Group has met three times 9 October (witnesses Councillor Madden and Helen Lincoln), 27 November 2013 (scrutiny review scoped) and 13 January 2014. An Ofsted Inspection of ECC Children's Services was announced on 14 January 2014 so it was agreed by the Committee to suspend the work of the T&F Group until the Report of the Inspection is published. A status report will be received at the January 2015 meeting of the
People & Families	Proposal for partnership working between the Committee and the YEA (PAF/08/13)	Full Committee	Clare Ratcliffe/ Sheila Woodward/ Lee McDermid	12-Sep-13	The Committee agreed that a small group of Members of the Committee attend a YEA Cabinet meeting.	Clare Ratcliffe	May-14	UPDATE: Cllr's Butland, Blackwell, Deakin and McGeorge attended YEA Cabinet on 11 October 2013 to discuss potential future work. Potential areas for joint-working were established and will be taken forward.
People & Families	Home to School Transport (PAF/13/13)	Full Committee	Tim Coulson	05-Dec-13	The Committee made suggestions of revisions to the Cabinet Member.	Cllr Ray Gooding		UPDATE: CABINET MEMBER DECISION CALLED-IN (SEE LINE BELOW).
People & Families	Home to School Transport (PAF/04/14) CALL-IN	Full Committee	Tim Coulson	04-Feb-14	The Call-in was heard by the Committee. The Committee voted 12:3 to ratify the Cabinet decision.	Cllr Ray Gooding		NO FURTHER ACTION.

People & Families	ECC Youth Services Strategy (PAF/14/13)	Full Committee (Briefing)	Tim Coulson	05-Dec-13	The Committee received a briefing on the Youth Service Strategy consultation. A decision is expected in the winter/spring of 2014.	Cllr Ray Gooding		NO FURTHER ACTION.
People & Families	New Operating Model for the Youth Service (PAF/07/14) CALL-IN	Full Committee	Tim Coulson/ Michael O'Brien	12-Mar-14	The Call-in was heard by the Committee. The Committee voted 11:1 to ratify the Cabinet decision. RESOLVED: It was noted that the Cabinet Member for Education and Lifelong Learning should return to the Committee in October 2014 to give a six-month report on the implementation of the new delivery model. The Chairman pointed out that the Committee would invite the Cabinet Member to attend, as the majority of Committee Members have concerns and doubts about certain aspects of the decision.	Cllr Ray Gooding	May-15	An update on the new operating model was received by the Committee in November 2014. The Committee requested a further update in May 2015
People & Families	Safeguarding Adults Annual Report (PAF/01/14)	Full Committee (Briefing)	Stephen Bunford	16-Jan-14	The Annual Report was presented to the Committee.	Cllr Anne Brown	N/A	NO FURTHER ACTION.
People & Families	Children's Centres (PAF/05/14) CALL-IN	Full Committee		04-Feb-14	The Call-in was heard by the Committee. The Committee voted 9:3 to ratify the Cabinet decision.	Cllr Dick Madden	N/A	NO FURTHER ACTION.

People & Families	Increasing Independence for Working Age Adults (WAA) (PAF/06/14) and (PAF/09/14)	Full Committee (Briefing)	Nick Presmeg	04-Feb-14	RESOLVED: A briefing on the increasing Independence for WAA project was received at the Committee meeting of 12 March 2014. Cabinet report received (25 March Cabinet). The Full Business Case was made available for Members to view.	Cllr John Aldridge	Mar-14	NO FURTHER ACTION.
People & Families	Educational Attainment In Essex (PAF/08/14)	Full Committee (for Briefing) Task and Finish Group	Tim Coulson/ Clare Kershaw	13-Mar-14	Scoping document agreed by the Committee on 12 March. An initial briefing was provided by officers with attainment data presented. Scoping document shared with the relevant Cabinet Member.	Cllr Ray Gooding	May-15	UPDATE: The Committee agreed on T&F Group membership (Cllr's McEwen, Barker, Bobbin, and Richard Carson). The T&F Group has met three times on 10 and 13 October 2014; and 19 December 2014.
People & Families	<i>EssexCares</i>	Full Committee	Peter Martin (Chairman, Essex Cares) Liz Chidgey (Managing Director, <i>Essex Cares</i>)	13-Nov-14	To receive the Annual Report of <i>EssexCares</i> .	Cllr Anne Brown	May-15	A report was received from the Chairman of <i>Essex Cares</i> , Mr Peter Martin; and the Executive Director Ms Liz Chidgey. The Committee agreed that a further report on activity should be received in May 2015.
People & Families	Social Impact Bonds	Full Committee (Briefing)	Clare Burrell/ Tanya Gillett	04-Sep-14	A briefing will be provided at the next meeting of the Committee.	Cllr Dick Madden	Sep-15	UPDATE: A report was received in September 2014 and the Committee requested an update twelve months hence.

People & Families	Commissioning of Services for Vulnerable People	Task and Finish Group		08-May-14	Scoping document agreed by the Committee on 12 March. Scoping document shared with the relevant Cabinet Members.	Cllr Dick Madden, Cllr Ray Gooding and Cllr Ann Naylor	Jul-14	UPDATE: The Committee agreed on T&F Group membership for the review (Cllr's Blackwell, Cutmore,). The T&F Group has met once on 24 November 2014; future meeting are being established with a view to report back to the Committee in May 2015.
People & Families	Commissioning Strategy: People in Essex can live independently and exercise choice and control over their lives	Full Committee	Sheila Norris	10-Jul-14	Draft strategy received and considered by the Committee on 10 July 2014. Letter sent from Committee Chairman to the Cabinet Member highlighting issues to be addressed as part of the consultation phase. It was RECOMMENDED i) it is not completely clear in parts of the strategy whether total populations or specific targeted populations are being referred to; ii) there should be an overt acknowledgement in the strategy that 'one size doesn't fit all'; iii) tackling loneliness and isolation through community involvement; iv) voluntary sector engagement and the recruitment of potential	Cllr Anne Brown	Sep-14	NO FURTHER ACTION.

People & Families	Commissioning Strategy: People have aspirations and achieve their ambitions through education, training and lifelong learning	Full Committee	Chris Kiernan	10-Jul-14	Draft strategy received and considered by the Committee on 10 July 2014. Letter sent from Committee Chairman to the Cabinet Member highlighting issues to be addressed as part of the consultation phase. It was RECOMMENDED i) consideration should be given to how we engage adults with literacy and numeracy problems to go to courses and ensure they can access services; ii) the strategy should contain a section on engaging with employers so that they might assist with adult literacy and numeracy; iii) no reference is made in the strategy to gypsy/traveller education; or those	Cllr Ray Gooding	Sep-14	NO FURTHER ACTION.
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People & Families	Commissioning Strategy: Children in Essex get the best start in life	Full Committee	Chris Martin	10-Jul-14	Draft strategy received and considered by the Committee on 10 July 2014. Letter sent from Committee Chairman to the Cabinet Member highlighting issues to be addressed as part of the consultation phase. It was RECOMMENDED i) early intervention is laudable but solutions for locating those hard-to-reach people that do not actively seek out services should be sought; ii) with regard to hard-to-reach people there is no mention in the strategy of gypsy/traveller groups; or those who are home-educated; iii) there should be consideration to referencing other partners who have	Cllr Dick Madden	Sep-14	NO FURTHER ACTION.
People & Families	Member Visits to Care Homes	Full Committee		04-Sep-14	RESOLVED: Members would be circulated with details of the homes they would be expected to visit. Members would be given appropriate support when making visits.	Cllr Terry Cutmore	N/A	NO FURTHER ACTION
People & Families	Community Agents	Full Committee		12-Mar-15	The Cabinet member suggested the Committee receives an update in the spring of 2015	Cllr Anne Brown	Mar-15	

People & Families	Domestic Violence	Full Committee	Sheila Norris	21-May-15	The Committee shall receive a status report in May 2015.	Cllr Dick Madden	May-15	
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		AGENDA ITEM 9
		PAF/04/15
Committee:	People and Families Scrutiny Committee	
Date:	15 January 2015	
<u>Meeting Dates 2015-16</u>		
Enquiries to:	Robert Fox Scrutiny Officer Corporate Law & Assurance 033301 34585 robert.fox@essex.gov.uk	

Purpose of the Paper:

To note the proposed full committee meeting dates to May 2016:

Thursday, 12 March 2015
 Thursday, 21 May 2015*
 Thursday, 9 July 2015
 Thursday, 10 September 2015
 Thursday, 12 November 2015
 Thursday, 14 January 2016
 Thursday, 10 March 2016
 Thursday, 12 May 2016

*NB – 3rd Thursday in May

All meetings to be public and to begin at 10.00 am, unless specified otherwise.

Venue: Committee Room 1.

