

APPENDIX B

Children Services Update for the People and Families Policy Scrutiny Committee, Thursday 18th March 2021

1. How have services adapted due to the pandemic?

- 1.1 Children & Families was well placed to respond to the pandemic and very quickly established the Children & Families Function Resilience Group (known as the KIT Meeting) to provide leadership throughout. During the first lockdown, as events moved rapidly, meetings were convened daily but settled proportionately, into a weekly rhythm and have remained at this level to date. This was crucial to supporting consistent standards and delivery of service across the county and provided senior managers the opportunity to share information. Additionally, in each of the quadrants the Directors of Local Delivery have continued to hold weekly meetings with their respective extended management teams to disseminate the latest information and receive feedback regarding any issues.
- 1.2 During the first and third lockdowns, essential duty workers continued to attend the office, in order to meet statutory duties, e.g. holding abandoned children pending placement in care, and providing care leavers with support and their weekly allowances. In consultation with colleagues in Public Health, Property, Corporate Health & Safety and Mitie, Covid-safe measures were put in place, allowing between 50% and 60% of staff to attend the office. This was essential both for their mental wellbeing and professional support and development.
- 1.3 The Secretary of State made the Adoption and Children Act (Coronavirus) (Amendment) Regulations 2020, to allow easements of regulatory standards affecting both social work visiting and the operation of adoption and fostering services. The only easement employed was that of virtual visiting: the authority has a statutory duty, for example to visit children subject of a child protection plan, and rather than visiting homes in person, the regulation allowed for an online call. This was essential for maintaining contact with children and their families when they had a case of Covid-19 in the household. None of the other easements were applied, as this would have been an unnecessary reduction in the quality of service.
- 1.4 In order to decide whether a visit should be virtual or face-to-face, a risk assessment was conducted of the child's vulnerability, and where a face-to-face visit was indicated, a second risk assessment was conducted, to identify the safest means of achieving it. This included creative ways in seeing children and families, in outdoor spaces like parks, on the doorstep in addition to within homes.
- 1.5 Child in Need Reviews, Child Protection Conferences and Statutory Reviews of care plans for children in care, have been held as hybrid meetings, with family members, the social worker and meeting chair in the office, and other participants joining online.
- 1.6 For non-statutory work, for example in Family Solutions or the Essex Child & Family Welfare Service, 'visiting' has mostly been via online meetings. Overnight short breaks for disabled children, at Lavender House and The Maples have continued, as these contribute to family stability, and prevent breakdown. The Essex Fostering Service, the Adoption Service and Children & Young People's Placement Service (CYPPS) conducted their work online.

2. How are consistent services being maintained across the whole of Essex or are there particular circumstances that necessitates a differing service in places – if so, why?

2.1 There have only been small differences in service delivery across the county, throughout the pandemic. Qualitative and quantitative data was available to the KIT Meeting, so that differences in delivery could be identified and common solutions agreed. A new Operating Model was established, to support this, and, at the time of writing, the Recovery Plan is being devised to mirror the four-step approach set out in the Government's roadmap, *Covid-19 Response – Spring 2021*.

2.2 However, it is important to recognise that delivery in pandemic conditions has been difficult and challenging and has not resulted in the same outcomes for children and their families as highlighted below:-

- In the lockdowns, there was a different rate of infection in different parts of the county, resulting in short-term service disruption;

- Calls from families, professionals and the public, concerned about children's welfare have been significantly down, compared to previous years, implying that some children and families in our community are not receiving the same level of support or protection;

- While maintaining the threshold for children entering the care system, it was harder to exit children from care safely, resulting in an increased number of placements;

- Where social workers visited virtually, they could not use all of their senses: they could not see or hear the reaction of people off camera, touch to play, or smell, which is extremely important in cases of neglect; and

- While social workers have continued to visit face-to-face, our partners have not always done so, limiting the available data in assessing risk to the child.

3. How are the most vulnerable still being supported at this difficult time?

3.1 Children & Families frontline workers have continued to visit children and families face-to-face throughout the pandemic.

3.2 Where face-to-face visits had to be shorter, or were not possible, they have been creative in their work. Yet, the throughput of work in the system has not progressed as quickly as usual, and has been more complex, due to the direct and indirect impacts of the pandemic, e.g. increased family stress, being locked down in small homes; fewer opportunities for victims of domestic abuse, to report their situation; and limited data to make assessments of risk, to the same standard, as in non-pandemic times.

3.3 Nevertheless, there have been some positive developments, too:

- Hybrid meetings had enabled GPs and Consultants to join child protection conferences. Furthermore, some young people in care have attended their statutory review meetings for the first time, citing the online experience preferable to being in the room. This has enabled better, more informed planning, and while colleagues from Essex Police were joining meetings online prior to the pandemic, we expect this solution to be available to all professionals going forward.

- The distribution of laptops and other devices, both by the Department for Education and through our own laptop recycling scheme, has meant that vulnerable children have been able to access support from their social care staff, and engage more effectively in online learning.

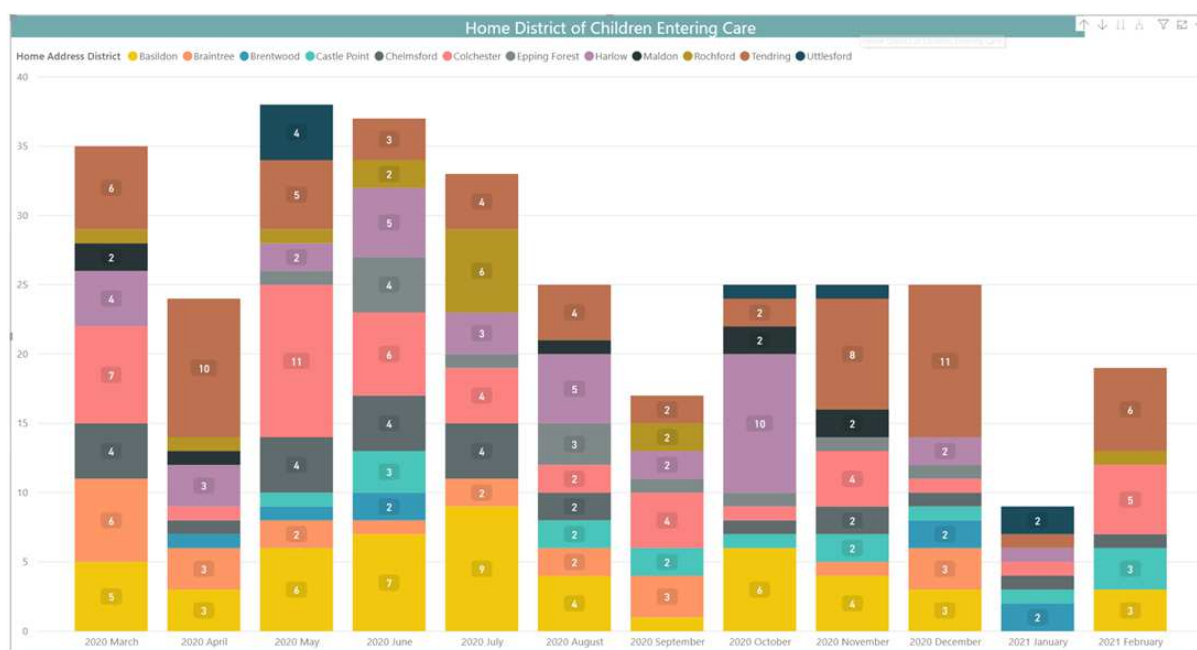
- Boredom Boxes were created packed with activities for children and young people, to help survive the lockdown; and provided food parcels to the most deprived families known to the service. These were extremely well received and helped social workers to establish good relationships with families: an essential precursor to achieving positive change for the child.

Looked-after children

4. What are the numbers coming into care and are there different patterns across different parts of Essex?

4.1 The numbers of children coming into care have fluctuated during the period of the pandemic and levels have been higher in some districts than others. Requests to bring a child into care are made to the quadrant weekly resources panels that are chaired by the Directors of Local Delivery and approval is required before permission is given for a placement search. Senior manager oversight provides an opportunity to ensure there are additional levels of scrutiny and that the right children come into the care system.

4.2 Looking at the entries into care in the table below, the districts with increases and peaks in care numbers are not surprisingly the areas that have higher levels of deprivation, poverty and significant challenges. Tendring and Basildon are dominant with some monthly peaks in Colchester and Harlow. Prior to the pandemic, Tendring had experienced persistently higher numbers of children in care which increased curiosity as to the reasons and resulted in a deep dive exercise, culminating in the allocation of additional resources. In February 2021, the Multi-Disciplinary Team was launched to work with some of our most vulnerable and complex families to effect positive outcomes and prevent escalation into the care system.



4.3 With reference to the ages of children entering care, the table below indicates an increase of babies under the age of 1 and also teenagers, with a higher proportion of 16-17year olds

coming into care. This correlates with the referrals from frontline teams to our Children and Young People's Placement Service (CYPPS) who are responsible for sourcing all accommodation for children and young people requiring care or a change in placement due to placement breakdown. At the beginning of 2021, 37% of the requests received by CYPPS, was for accommodation for the 16+ age group and 31% for 10-15 age group.



5. Is there increased vulnerability for this cohort to exploitation by County lines and drug gangs?

- 5.1 It is difficult to determine if the cohort of young people described above have an increased vulnerability to county lines and drug gangs as the numbers of young people being sexually exploited and criminally exploited have not significantly increased from the end of 2020 to the present. However, due to the lockdowns, the intelligence shared by partners highlights that online exploitation is on the increase. Child exploitation has become more hidden, exacerbated by less oversight of children and young people by professionals and locations for exploitation moving away from parks/high/streets/leisure venues. With the recent re-opening of schools and the roadmap for bringing some normality back for society; professionals like teachers will be more cited on the impact of the lockdown on children and young people. It is envisaged that referrals into social care and requests for statutory social work intervention will increase and are preparedness for this will be addressed in the Recovery Plan.

6. How difficult is it to find placements for these children?

- 6.1 The pandemic has had a detrimental impact on the sufficiency of placements for all children for a variety of reasons including the delays in the court system preventing the timely move of children requiring permanency. Therefore, finding placements for young people with complex safeguarding issues, challenging behaviours including those who may be either gang affiliated or criminally exploited continues to create additional issues for the CYPPS Team. It remains particularly difficult in securing placements for older children and searches are made by CYPPS across internal and external provisions using carefully compiled profile information of the young people. Creative packages are considered and where necessary bespoke

wraparound services to support and strengthen potential placements for our most difficult young people.

7. Who scrutinises decisions made on placements?

- 7.1 As mentioned earlier the decision for a child to enter the care system is a significant one and can only be made by the Director of Local Delivery. Robust processes are in place and the responsibility of searching for a suitable placement based on the child's profile is the task of the CYPSS Team. If an internal foster placement cannot be identified a search for an external provision will require Director of Local Delivery approval. As the cost of external provisions are significantly higher, final sign off is required by the Director of Local Delivery prior to the child being placed.

Essex Child and Family Wellbeing Service

Please note that all data used in this report is year-to-date as of month 10 (January), 2020-2021(financial year).

8. How services are arranged and delivered

- 8.1 ECFWS is operationally divided into four quadrants. Each quadrant has a Quadrant Manager, Clinical Practice Teachers, Quadrant Administrator and centralised administration team, who are supported by an Essex-wide senior management team made up of Virgin Care and Barnardo's staff, and by the national Virgin Care and Barnardo's support functions.
- 8.2 Each of the 12 districts is home to one main Family Hub (formerly known as a children's centre) with affiliated satellite Delivery Sites. We have 26 Delivery Sites county-wide, from which Essex County Council has mandated ECFWS to provide services from.
- 8.3 Each quadrant has between five and nine multidisciplinary Healthy Family Teams (29 in total) who work from their respective Family Hubs and / or Delivery Sites in serving their local communities. They also 'out-reach' into family homes, schools and in other community spaces such as GP practices, libraries and village halls.
- 8.4 A key feature of ECFWS as compared with traditional models is that the multidisciplinary teams have the ability to provide a continuous service from pre-birth to 19, which effectively means the same Healthy Family Team supports children and their families as they pass through the milestones of life.
- 8.5 ECFWS was rated 'Good' by the Care Quality Commission (CQC) in July 2019 and received a Very Low Risk grade on 3rd February 2021 as part its new Transitional Regulatory Approach (TRA) audit process. (Grades are Very Low, Low, Medium, High and Very High).

9. How we identify the most vulnerable children and families

- 9.1 ECFWS use our electronic patient system SystemOne to record whether a child, young person or their parent / guardian has personal characteristics that places them in need of support and may make them vulnerable or put them at risk. The classification of need and vulnerability is referred to as 'Priority Groups' and ECFWS routinely run reports to identify those belonging to a specific Priority Group (e.g. Living in Poverty) and those belonging to multiple Priority Groups (e.g. Living in Poverty, Single Parent Household, Living in Temporary Accommodation).

10. How services adapted and responded to the COVID-19 pandemic

- 10.1 ECFWS responded quickly to the COVID-19 outbreak by establishing an emergency planning leadership team and adopting a consistent and phased approach to the different stages of the virus' lifecycle and the evolving NHS England and Public Health England guidance. In short, face-to-face and virtual (online) activities have been scaled-down and scaled-up equally across all parts of Essex as the service has adjusted to the restrictions placed on the population.
- 10.2 ECFWS has maintained high levels of staff availability and preserved core services throughout the pandemic with staff COVID-related sickness absence rates being remarkably

low. Since the beginning of the pandemic staff availability has remained stable between 89% and 94%.

- 10.3 Throughout the pandemic ECFWS has proudly preserved all core universal contacts – antenatal, new birth, 6-8 weeks (post birth), one and 2-3 year development reviews of toddlers – as well as Universal Plus, Universal Partnership Plus, Safeguarding and Looked After Children appointments. The service has also preserved all face-to-face children's community nursing contacts and essential therapy, paediatric and specialist nursing contacts. Our highly valued sub-contracted partners – Home-Start Essex, Home-Start North East Essex, Community 360 and Youth Enquiry Service have also maintained their level of service provision for Essex families.
- 10.4 The pandemic has driven forward innovation across the health and care sector. During the first week of May 2020, ECFWS was one of the first services in the country to introduce virtual universal and targeted parenting education and support groups. These groups were not restricted by geography and parents could join groups irrespective of where they lived in Essex.
- 10.5 The children's community therapies team implement video consultations and virtual modified group therapy programmes, although face-to-face appointments also continued when essential to care. The service provided a Speech and Language Therapy telephone drop-in clinic to replace traditional drop-in clinics.
- 10.6 The service modified its Autism diagnostic clinics from September 2020 by implementing the newly developed Brief Observation of Symptoms of Autism (BOSA) assessment, to ensure these essential assessments could continue whilst maintaining safe social distancing for families and clinicians.
- 10.7 Due to ECFWS' ability to identify families in need, it has played a pivotal role in connecting people with Local Authority services and charities or, in some cases, acting as a distributor for essential provision.

Some examples include:

- Supporting 1,445 families across Essex with £30 and £40 food vouchers
 - Distributing 600 out-of-school learning activity packs
 - Issuing 40 children with new laptops to help them with home schooling
 - Providing 50 families with gas / electricity top-ups, in partnership with the Salvation Army
- 10.8 In May 2020, ECFWS were one of the first services to introduce electronic consultations and prescribing by paediatricians in West Essex, which increased efficiency and reduced the number of children and young people and their families requiring face-to-face appointments in order to receive prescriptions.

11. How has the service performed throughout the pandemic?

- 11.1 ECFWS is contracted to deliver against more than 40 locally agreed KPIs, 45 public health metric KPIs - sometimes referred to as 'surveillance measures'.
- 11.2 ECFWS has performed extremely well against these KPI's and more detail on this can be found in appendix C.

12. What is planned for the year ahead?

- 12.1 ECFWS' primary focus is to re-introduce the full suite of face-to-face activities in our Family Hubs, Delivery Sites, clinics and community sites as the pandemic-related restrictions ease.
- 12.2 In North East Essex, the recent announcement that East Suffolk and North Essex NHS Foundation Trust (ESNEFT) will lead an Alliance of local partners, including Virgin Care, will provide the opportunity to replicate parts of West Essex by integrating children's community health provision with Public Health nursing and early help offer.

ATTACHMENTS

- 2019-20 Annual Quality Account (submitted to the Department of Health and Social Care)
<https://virgincare.co.uk/wp-content/uploads/2020/11/Essex-Child-and-Family-Wellbeing-Service-Quality-Account-2020.pdf>

Domestic Abuse

13. Background

- 13.1 Essex County Council makes provision for victims of Domestic Abuse. Until now this has been a voluntary decision taken by the council. However, 1st April 2021 will see the introduction of new statutory duties and guidance to combat domestic abuse and respond to the need of victims and children who have been impacted by it.
- 13.2 The Act will **not** create an offence of “Domestic Abuse” in itself but a **legal definition** of it, and outlines guidance and support for agencies to prevent and respond to domestic abuse.
- 13.3 The duties that apply to Essex County Council as the Tier 1 Authority and are concerned appointing a local partnership board, charged with commissioning effective support for victims of domestic abuse and children who are victims; **AND** the 12 Boroughs, Districts and City as tier 2 tier authorities and which are concerned with the provision of housing and life-time tenancies.
- 13.4 A range of other measures and powers are being introduced for the Criminal justice system which aim to strengthen agency response to domestic abuse. There is further guidance for all agencies that enable good and improved practice to identify and support victims and these include employers, financial institutions, health, social care, schools, colleges and voluntary and community sector organisations.

14. Current trends

- 14.1 Evidence from other countries suggest that domestic abuse incidences would increase during the lockdown period and in the UK the calls to the national domestic abuse helpline have gone up significantly, however this has not been born out locally in Essex. Notably, in Essex, it is the norm for the highest number of referrals to be made by the victims themselves and so it is no surprise that numbers went down initially, which is mirrored in most other Local Authorities. During 2020 domestic abuse incident numbers returned to within comparable numbers to 2019 and levels by May/June 2020 and in the main has followed the usual patterns during the rest of the year.

15. Consistency of services and support for victims

- 15.1 The Southend, Essex and Thurrock Domestic Abuse Board (SETDAB), which is made up of representatives from agencies and organisations across SET, adopted a pandemic response plan in March 2020 which ensures partners are holding each other to account and monitoring risks together. Our response to Domestic Abuse has remained robust to the challenges presented by the pandemic to ensure services were still delivered in a safe and timely way.
- 15.2 “MARAC” is the Multiagency Risk Assessment Conference that meets daily to consider cases identified as ‘high risk’ and develops a coordinated safety plan to protect each victim. Virtual MARACs were put in place in March 2020 and the processes have proved to be effective and efficient and continue to run at the present time as video conference call meetings.
- 15.3 Joint commissioning Essex County Council and Police and Fire Crime Commissioner services consist of a single point of access (Compass), run by Safe Steps, and community outreach,

Independent Domestic Violence Advisors and refuge accommodation, delivered by Changing Pathways and The Next Chapter.

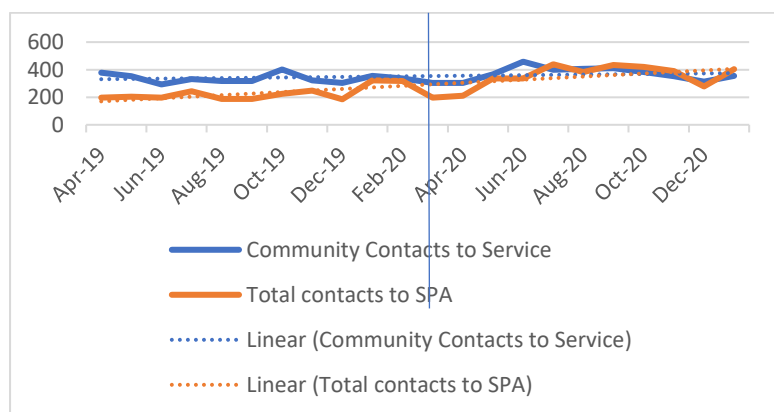
- 15.4 All services moved to homebased working in March 2020 but have continued to deliver good levels of service virtually, over the telephone or through their websites via web chat. Referral Refuge provision has continued to be delivered and victims placed provided they are not covid-19 symptomatic. Where there are high risk cases, and if a victim is willing to do so, face to face meetings have been taking place within government guidance.
- 15.5 The police have continued to attend reported Domestic Abuse incidents and assess incidences as standard medium or high risk and either refer to MARAC or give the appropriate information and/or referrals that aim to keep victims safe including the Compass Helpline. Mirroring the commissioned services, Essex Police data shows that emergency calls for domestic abuse have returned to the levels seen 'pre COVID'. Police have continued to apply to the courts for Domestic Violence Prevention Orders and whilst overall reports of domestic abuse haven't increased volumes of these orders have compared to 2019.
- 15.6 Perpetrator programmes have continued to work throughout 2020 and the Change Hub, which offers support perpetrators, has been providing over the phone committed to offering support to perpetrators throughout using safe and appropriate alternatives to face to face work such as telephone/video-calling. However, for clients that do not have access to technology or where risk is judged high, they will try to facilitate face to face contact
- 15.7 Magistrates/Family Courts deal with large numbers of domestic abuse cases and trials, as do the Crown Courts. Plexiglass screens have been installed to increase capacity and ensure a COVID-safe environment. Magistrates' courts are now dealing with most hearings and any backlog is beginning to decrease. Essex Criminal Justice Board members meet fortnightly to discuss our local response to Covid-19 and our partnership approach to recovery planning.

16. Current trends, impact, services management communications

- 16.1 Through the pandemic all services have responded well. Risk assessment and operational plans for home working were mobilised quickly and risks were mitigated through a range of measures, including the training of Essex Social Care staff as a contingency to support commissioned services if there were to be a significant increase in demand.
- 16.2 Essex County Council, Essex Police and the Office for Police, Fire and Crime commissioner Office and commissioned services have run regular campaigns on social media, in the local press and radio features to raise awareness of domestic abuse, signposting potential victims on where they can safely report and get help, as well as alerting the public to recognise the signs of domestic abuse.
- 16.3 The overall picture for domestic abuse has been a consistent one and the anticipated demand and potential impact on services has not materialised to date. Figures 1. And 2 illustrate the picture for 2019/20. Any peaks and comparable with previous years and these are usually predictable, for example the December holiday period would normally see a reduction in referrals.
- 16.4 Following recent central government Covid-19 road map announcement partners are working together to establish a return to business as usual within the context of what we

have learned to deliver efficient, effective and safe services and support for victims of domestic abuse, and within the context of the forthcoming duties. The priority remains to keep victims safe and we remain alert and ready to response to any increased demand as we emerge from this current lockdown.

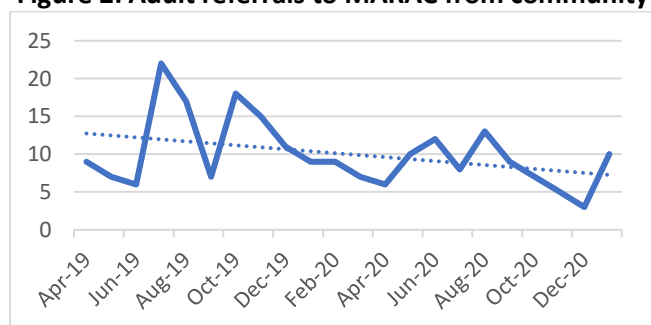
Figure 1: Contacts to Compass front door and Community providers



16.5 Trends in contacts to our single point of access service, initially showed a 71% increase at the start of the pandemic from 197 in March 2020 to 337 contacts in May 2020. At the highest point since the pandemic started, there were 439 contacts in July 2020. Contacts to the service to date have remained at this level, with a slight dip in December

16.6 The number of contacts to our commissioned community services have shown a slight increase since the start of the Pandemic. In March 2020 the number of contacts to community was 304, this increased by around 50% to 458 in June 2020. Cases are now levelling off to pre-pandemic levels. Latest data for January 2021 shows there are 354 contacts to the community services.

Figure 2: Adult referrals to MARAC from community services



16.7 The number of cases heard at Essex MARAC between April 2020 and December 2020 was 1216. This is lower than the same time period for 2019. Whilst non police referrals numbers continue to increase into MARAC (37% of all cases heard in December 2020), the number of police referrals to MARAC has dropped.

16.8 Adults referrals into MARAC from the community services showed an initial increase since the start of the Pandemic. At the peak, there were 13 referrals in August 2020. This has slightly decreased with a dip in December 2020.

Other initiatives

17. Short Breaks, Clubs and Activities and Overnight Short Breaks

- 17.1 I have previously presented information on Short breaks to the committee and the committee are aware of the work that we are doing to refresh our short breaks strategy. We continue to work closely with the parents in developing this strategy and in agreement with the chairman of this committee we will bring back an update on this when it is appropriate to do so.

18. Mental Health Support

- 18.1 Essex County Council has been providing a number of initiatives throughout the pandemic to support young people with their mental health including the Family innovation fund, Embrace which is a trauma perception pilot that we have initiated in Basildon and Clacton schools. We have mental health school teams working closely with education in rolling out emotional and wellbeing support in schools too. Our youth service has done a phenomenal job engaging with young people during the pandemic including 36,984 wellbeing checks during the first lockdown alone.
- 18.2 We will also be launching very soon our Education Recovery Task Force which will look to address the emotional, physical and social impacts of the disruption that children have encountered to their education. We have set aside £1.5m in a reserve to support the work of the task force. That is on top of an additional £500k specifically for children's emotional wellbeing and mental health.

19. Summer Camps and Winter funding

- 19.1 Essex was well ahead of the government in relation to the importance of summer camp provision in aiding children to catch up emotionally, shown by our comprehensive package last year offering 24k free places across Essex to families and this year we will be increasing this number tenfold.
- 19.2 This work will be invaluable to ensuring that young people are able to get out and about this summer and experience social connections and better mental and physical health.
- 19.3 We delivered Free school meal vouchers to around 34,400 children on free school meals in the Christmas and February half term, this enabled those families to be get through those difficult winter months.
- 19.4 Essex invested £900k to provide 5,000 laptops for children who most need them so that they are able to access schoolwork from home. This has been invaluable to some families who are unable to afford to buy such equipment.

20. COVID recovery funding

- 20.1 Extra funding of £4.45m is being distributed to the voluntary and community sector (VCS) across Essex to help contain and respond to Covid-19.
- 20.2 This fund will be split as follows:
- £1m goes to Essex Community Foundation for grants up to £20,000 for voluntary organisations

- Essex County Council will distribute £1m directly in grants up to £50,000 for medium-sized frontline organisations
- £500,000 goes to Essex Association of Local Councils for small grants up to £5,000 for 'mutual aid groups' – residents or volunteers who've come together to help others in their communities
- £150,000 goes to ECL (Essex Cares Ltd) for more support to people with sensory needs who have found it harder, during the pandemic, to safely access their communities and get the support they need.
- The rest will be split between the county's 12 volunteer centres, Provide Community Interest Company and NHS partners to co-ordinate volunteering efforts and meet emerging needs such as for community transport to vaccination centres.