

Children and Families Overview and Scrutiny Committee

Agenda

Date:	Monday, 27th November, 2017
Time:	2.00 pm
Venue:	Committee Suite 1,2 & 3, Westfields, Middlewich Road, Sandbach CW11 1HZ

The agenda is divided into 2 parts. Part 1 is taken in the presence of the public and press. Part 2 items will be considered in the absence of the public and press for the reasons indicated on the agenda and in the report.

It should be noted that Part 1 items of Cheshire East Council decision making and Overview and Scrutiny meetings are audio recorded and the recordings will be uploaded to the Council's website

PART 1 – MATTERS TO BE CONSIDERED WITH THE PUBLIC AND PRESS PRESENT

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 3 - 6)

To approve the minutes of the meeting held on 25 September 2017

3. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

4. **Whipping Declarations**

For requests for further information

Contact Katie Small

Tel: 01270 686465

E-Mail: katie.small@cheshireeast.gov.uk with any apologies

To provide an opportunity for Members to declare the existence of a party whip in relation to any item on the agenda

5. **Public Speaking/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers.

Note: In order for officers to undertake any background research, it would be helpful if members of the public contacted the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting to provide brief details of the matter to be covered.

6. **Summer Born Children**

To receive a presentation on education outcomes of Summer Born Children.

7. **Transport Update**

To receive a presentation updating members on the implementation of transport reforms.

8. **Local Authority Designated Officer Annual Report 2016/2017** (Pages 7 - 28)

To give consideration to the annual report for 2016/17

9. **Annual Improvement Progress Report** (Pages 29 - 84)

To give consideration to the self assessment against the Ofsted recommendations

10. **Children and Families Performance Scorecard - Quarter 2, 2017-18** (Pages 85 - 92)

To receive an overview of performance across the Children and Families Service for quarter 2 of 2017-18.

11. **Work Programme** (Pages 93 - 100)

To give consideration to the work programme

CHESHIRE EAST COUNCIL**Minutes of a meeting of the Children and Families Overview and Scrutiny Committee**

held on Monday, 25th September, 2017 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor Rhoda Bailey (Chairman)
Councillor S Pochin (Vice-Chairman)

Councillors B Dooley, I Faseyi, M Grant, G Merry, J Saunders, S Edgar and D Mahon

11 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors M Beanland, B Burkhill, M Deakin, D Flude and J Nicholas, and also Jill Kelly and Colette Garner.

12 MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the meeting held on 26 June 2017.

RESOLVED: That the minutes be approved as a correct record and signed by the Chairman.

13 DECLARATIONS OF INTEREST

Councillor Beverley Dooley declared a non-pecuniary interest for agenda item seven, (Transport Update) as a Board member of Transport Service Solutions (TSS). Councillor Gill Merry declared a non-pecuniary interest for agenda item eight (Annual Report 2016/17) as the Chairman of the Corporate Parenting Committee.

14 WHIPPING DECLARATIONS

There were no whipping declarations.

15 PUBLIC SPEAKING/OPEN SESSION

There were no members of the public present who wished to speak.

16 LSCB ANNUAL REPORT 2016-17

Nigel Moorhouse, Director of Children's Social Care attended the meeting to present the Local Safeguarding Childrens Board (LSCB) Annual Report 2016-17.

Nigel advised the Committee that earlier this year the Children's Social Work Act was passed. Since then, Local Safeguarding Children's Boards (LCSB) have

been disestablished, and there was a requirement for the partnership to establish new arrangements that would come into force in 2019.

The three main agencies: the Council, Health and Police would continue to work in partnership to safeguard children, however the strategy guidance moving forward has not yet been published.

The Committee sought clarification about the £73k underspend, Nigel advised that this was a reserve fund that subsidised work that partnership contributions could not cover. The reserve was a reducing reserve because of this.

Mark Palethorpe, Acting Executive Director of People, advised the Committee that there had been a roll out of training for staff within Cheshire East, that dealt with the early identification of issues, to advance understanding and awareness. This ensured that staff looked for signs of safety more holistically, this was a different approach to ensure that even if the member of staff was not a specialist, they would be able to recognise the need to register their concerns with relevant officers for tighter, more joined up working.

The Committee noted that the recruitment and retention was the best ever rate across the borough.

RESOLVED

That the report be received and noted

17 TRANSPORT UPDATE

Jacky Forster, Director of Education and 14-19 skills, attended the meeting to update the Committee following budget planning. The budget had identified that there were identified savings from a review of transport. This review had looked at three main areas:

- 1) Policy;
- 2) Efficient Travel Arrangements; and
- 3) Effective Governance of transport arrangements.

Jacky advised the Committee to consider the Policy aspect at this stage, because the next steps would be for Cabinet to make a decision to consult on changes to the transport policies in October.

Some community engagement had already started and some of the Committee members had been involved in walking some of the routes to schools as part of the phased engagement.

The Committee agreed that any walking route must be fit for purpose and this was incumbent on the Council.

The policy drafted for Cabinet had concentrated on just the statutory offer by the Council, it was recognised that the current offer included a lot of discretionary travel. There was also part of the policy that included exemptions and adding discretion into the policy where appropriate. Routes will be fit for purpose and robust before any decision is taken.

There will be further scrutiny post consultation of school age travel in January 2018.

Jacky added that the review is also considering procurement of vehicles with TSS, the Committee would be advised about this in due course.

RESOLVED

- (a) That the report be received and noted.
- (b) That a further update be scheduled for the 27 November 2017.

18 CORPORATE PARENTING COMMITTEE ANNUAL REPORT 2016-17

Consideration was given to the Corporate Parenting Committee Annual Report 2016-17. The report had already been to Cabinet, because the Corporate Parenting Committee was an advisory committee to Cabinet.

Councillor George Hayes commented that there was much more Member involvement in Corporate Parenting which had demonstrated stronger Corporate Parenting within the borough.

Areas for improvement included the need to develop the enhanced voice of the child not only for themselves and their care packages; but in terms of the Committee work on overview and strategy.

The Committee noted that the data relating to those Not in Employment, Education or Training (NEETs) would show a truer annual figure if shown as a March-March figure as opposed to July-March.

Nigel Moorhouse, Director of Children's Social Care, answered questions from the Committee about accommodation for Care Leavers, he advised that the Council know where all the Care Leavers move on to although they do not always take up the offer of accommodation from the Council.

RESOLVED

- (a) That the report be received and noted;
- (b) That Councillor Hayes be thanked for his report and Nigel Moorhouse for his contributions to the discussion; and
- (c) That another Annual Report be brought to the Committee in September 2018.

19 2016-17 ANNUAL REPORT OF MEMBER FRONTLINE VISITS

Councillor George Hayes advised the Committee that the Head of Services responses on Page 91 gave a reassurance that issues are being challenged more regularly and thoroughly than previously.

Councillor Hayes, as the lead Member for Children's Services, has given a commitment to undertake frontline visits in order to see how policy, strategy and location changes are impacting positively, negatively or neutrally on frontline services.

Councillor Hayes has scheduled in meetings with Executive Directors to flag common themes that may emerge from different parts of the same service to ensure a holistic view in the round as opposed to in isolation.

RESOLVED: That the report be received and noted.

20 CHILDREN AND FAMILIES PERFORMANCE SCORECARD - QUARTER 1, 2017-18

Consideration was given to an overview of performance across the Children and Families Service for quarter 1 of 2016/17.

The Chairman noted that items with a negative direction of travel such as item 1.4- the number of repeat referrals, could in part be explained through items being missed at the first referral which had resulted in a re-referral.

The Committee considered the trends across the Scorecard.

RESOLVED:

- (a) That the report be received and noted;
- (b) That the Committee receive Quarter 2 Performance in 3 months time.

21 FORWARD PLAN

Consideration was given to the areas of the forward plan which fell within the remit of the Committee.

RESOLVED:

That the forward plan be received and noted.

22 WORK PROGRAMME

Consideration was given to the Work Programme.

The Committee noted that four All-Member briefings were being scheduled for Safeguarding both before and after Christmas.

RESOLVED:

- (a) That the Work Programme be received and noted;
- (b) That a separate meeting be scheduled for January to discuss budgetary overspend.

Councillor Rhoda Bailey (Chairman)



ANNUAL
REPORT
2016-2017

Local Authority Designated Officer

Introduction

The role of the Local Authority Designated Officer (LADO)

Working Together to Safeguard Children 2015 (WTSC 2015) requires local authorities to have a particular officer or a team of officers to be involved in the management and oversight of allegations against people who work with children. The officer or team of officers should be sufficiently qualified and experienced to fulfil this role effectively. It also requires newly appointed officers to be qualified Social Workers.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

The LADO oversees individual cases, provides advice and guidance to employers, voluntary organisations and liaises with the Police and other agencies as required. The LADO has a responsibility to monitor the progress of individual cases to ensure they are dealt with quickly, fairly and consistently, as well as identifying significant patterns and trends across the workforce.

In Cheshire East there are currently two part time LADO's and dedicated Business Support Officer; they sit within the Children's Safeguarding and Quality Assurance Unit.

Context

WTSC 2015 provides the threshold criteria for the management of allegations regarding individuals who work with children and young people. The guidance not only applies to allegations where it is considered that a child has suffered or is likely to suffer harm but also allegations, which suggest that a person has:

- Behaved in a way that has harmed, or may have harmed, a child.
- Possibly committed an offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates that they may pose a risk of harm to children.

These procedures should be applied where there are allegations or concerns that an individual may pose a risk of harm and they are employed on a paid or voluntary basis including casual, agency, commissioned and self-employed workers. The procedures capture concerns, allegations or offences emanating from outside of work, as well as within a person's paid or unpaid role working with children.

WTSC clarifies that the guidance applies in its entirety to all schools, including independent schools, academies and free schools, who all have duties in relation to safeguarding and promoting the welfare of pupils, consistent with Keeping Children Safe in Education.

LADO Performance Data: 2016/2017

Referrals

During 2016/17 there were 233 referrals to the Cheshire East LADO.

The LADO's response to referrals are categorised into 3 areas:

- **Consultation:** Referrals where the LADO threshold is not met (as per WTSC 2015 guidance).
- **No Further Action after Initial Consideration:** Referrals where some preliminary investigation is required by the referrer or employer to determine whether further action is required under LADO procedures.
- **LADO Threshold is met:** An investigation with LADO oversight is required and a LADO strategy meeting is needed.

Of the 233 Referrals: 91 (40%) were categorised as Consultations; 85 (36%) as No Further Action after Initial Consideration; and 57 (24%) met the threshold for a LADO strategy meeting.

Table 1 Referral Comparisons 2012 - 2017

	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Referrals met LADO threshold	78 (38%)	63 (19%)	46 (19%)	72 (22%)	57 (24%)
Not met LADO threshold	127 (62%)	262 (81%)	193 (81%)	250 (78%)	176 (76%)
Total	205	325	239	322	233

- The percentage of referrals meeting the threshold for a LADO strategy meeting is largely consistent with previous years.
- The majority of referrals (76%) did not meet threshold for a strategy meeting, which suggests that designated managers across the children's work force might require further training about when to refer their concerns to the LADO. However, the LADO role does involve providing advice to employers and it is expected that the threshold will not be met following every consultation/referral.
- Referrals not meeting the threshold for a strategy meeting came from all organisations: there are no discernible themes in relation to particular sectors or organisations.
- Of the 8 local authorities participating in regional data collection, 4 reported similar data in relation to referrals that met threshold for a strategy meeting (range of 21-24%).

Referrals by Referring Agency (the agency making the referral)

The data in table 2 relates to the 57 referrals that met the threshold for a LADO Strategy Meeting.

Table 2: Comparison Referrals by Referring Agency April 2012 – March 2017

	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Early Years	6	4	4	5	4
Education	25	17	20	14	17
Fostering	12	13	1	12	5
Health	0	1	0	2	0
Leisure LA	0	1	1	2	0
Ofsted	4	2	3	2	3
Police	5	5	6	4	8
Residential	4	11	3	8	5
Social Care	18	7	5	17	12
Transport	3	1	1	3	1
Vol Organisations	1	1	2	3	1
*Other					1
Total	78	63	46	72	57

*Other: Another LADO

- Most referrals were from professionals working in the Education Sector (30%) which is a return to the 2013 – 2015 trend and a 10% increase from last year.
- There were a total number of 56 contacts from education professionals of which 17 (30%) met the threshold for a LADO strategy meeting: 28 (50%) were consultations only and did not need any preliminary investigation to determine whether the threshold was met.
- There was no clear distinction between types of schools making referrals to LADO.
- 21% of referrals came from social care, which is consistent with last year when 24% of referrals came from social care. It should be noted that only 1 (8) % of these referrals related to a social care employee. The remaining 98% related to Education staff (67%); Foster Carers (17%) and transport (8%).
- The total number of contacts with LADO from social care was 39, of which, only 31% met the threshold for a LADO strategy meeting.
- This reporting year, 14% of referrals were from the police, an increase of 10% from last year. 7 out of the 8 referrals came from Cheshire Police, the other came from GMP. None of the referrals related to police officers.
- Cheshire Police have confirmed that the DCI in their Professional Standards Unit is fully aware of their obligations regarding referrals to LADO and is confident that any case that would require a referral to LADO will be made. The DCS has invited PAN Cheshire LADOs to challenge and escalate any cases they are aware of that have not been referred appropriately.

- Referrals from and about those working in the voluntary and faith sectors remain low. LADO's throughout the country have reported similarly low levels from these sectors, however it is reported that relationships with safeguarding leads in the respective diocese is largely positive.
- Given the high degree of non-recent allegations for this sector, and the limited infra structure for many of the smaller groups, it may be helpful for the LSCB to ask for assurance in respect of current safeguarding practice in these sectors which give assurance that there are no flaws in their processes for recognising, identifying and responding to allegations.
- Alongside this, the LADO plans to meet with the respective Cheshire East LSCB representatives for the faith and voluntary sectors to discuss the possible reasons for low referral rates and how best to promote the LADO service in faith and voluntary settings.
- There have been 15 referrals in relation to Children with Disabilities, of which 7 (12% of the total) met the threshold for a LADO strategy meeting. All the allegations related to physical harm. All 7 allegations were thoroughly investigated and the child's specific needs were considered throughout the process.
- The LADO will meet with Head Teachers from specialist provisions and Local Authority Managers with responsibilities for children with disabilities to: ensure children, parents, carers and those working/volunteering with such children are aware of Managing Allegations procedures and the LADO role; and discuss how best to support children with communication difficulties to raise safeguarding concerns and make allegations.

Referrals by Employing Agency (the agency where the adult is employed)

The data in table 3 relates to the 57 referrals, which met the threshold for a LADO Strategy Meeting.

Table 3: Comparison Referrals by Employing Agency April 2012 – March 2017

	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Early Years	7	5	4	9	9
Fostering LA	7	10	1	13	2
Fostering Non LA	7	5	0	6	4
Social Care	2	2	1	6	2
Leisure LA	1	1	1	0	0
Health	0	2	0	3	0
Residential	8	11	3	7	5
Education	32	19	23	18	27
Self Employed	7	4	5	3	1
Transport	3	2	2	5	3
Other	0	0	1	0	1
Vol Organisation	3	2	5	2	3
Total	78	63	46	72	57

- Most referrals relate to adults who work in schools: 27 referrals (46%). These can be broken down into type: primary school 35%; specialist school 31%; secondary school 26%; independent school 4%; free school 4%.
- There has been a 21% increase in referrals relating to adults who work in schools since last year. There is no apparent reason for this and apart from an expected decrease in referrals in August; referral rates have been consistent throughout the year.
- 21 (77%) referrals about adults who work in schools related to allegations of physical harm to pupils. 2 (8%) related to sexual harm of pupils and 4 (15%) related to adults posing a risk of harm to pupils. Allegations related to employees' alleged behaviour both in the workplace and their personal life.
- 9 (16%) referrals related to early years settings: 1 related to a childminder; 3 after school club staff and 5 children's day nursery staff.
- There has been a sharp fall (16%) in referrals relating to Cheshire East Foster Carers. This has been highlighted with the Service Manager and it is agreed the LADO will attend a team meeting to promote the LADO service and local and statutory guidance about managing allegations.

Categories of Harm

Table 4: Comparison Categories of Harm April 2012 – March 2017

	2012 / 2013	2013 / 2014	2014 / 2015	2015 / 2016	2016/2017
Emotional	2	4	0	2	2
Risk of Harm	38	25	11	15	14
Physical	31	27	22	40	33
Sexual	7	7	13	4	8
Neglect	category not used			1	0
Total	78	63	46	72	57

Table 5: Categories of harm by agency setting.

	Physical	Risk of Harm	Sexual	Emotional	Neglect
Early Years	2	5	0	2	0
Education	21	4	2	0	0
Foster Carer	3	2	1	0	0
Residential	4	0	1	0	0
Social Care	0	2	0	0	0
Sports	0	0	2	0	0
Self Employed	0	0	1	0	0
Transport	2	0	1	0	0
Voluntary	1	0	0	0	0
Total	33	14	8	2	0

- Referrals relating to physical harm continue to account for the majority of referrals: 56% in 2015-16 and 58% in 2016-17.
- The amount of referrals relating to the more general category 'risk of harm' has remained static at approximately 20%. Almost all referrals in this category related to the adult's alleged behaviour towards children outside their workplace.
- Referrals relating to sexual harm have remained static as have those relating to emotional harm.
- No referrals were due to neglect and this is most likely a result of relatively low numbers of referrals about foster carers and residential settings where neglect would be most likely.

Outcomes

The following data and analysis relates to the referrals that were concluded during the reporting period April 2016 – March 2017.

Table 6: Outcomes of referrals closed during 2016-17

Substantiated	17
Unsubstantiated	17
Unfounded	12
Malicious	0
Total Cases Closed	46

- There has been an increase (18%) in substantiated allegations in comparison to last year and a decrease in unsubstantiated allegations (25%).
- Unfounded allegations have increased by 13% since last year. It is worth noting that 50% (6) of these allegations related to physical intervention by staff in schools, which is the sector which generates a high proportion of allegations. In 4 of these cases it was proven that staff had physical contact with children, however they were acting in accordance with statutory guidance and agency procedures and there was no intention to harm the child. The remainder of unfounded allegations relate to concerns raised about the adult's behaviour outside the workplace.
- Having less unsubstantiated allegations and more allegations either unfounded or substantiated should be viewed positively as it provides greater clarity for both the involved children and staff members.

Employer Action Following Investigation on Cases Closed April 2016-March 2017

Cessation of Use	2
Dismissal	5
No action/NFA	12
Employer Risk Assessment	1
Resignation	7
Further concerns/Training Needs Identified	18
Deregistered	1
TOTAL	46

- A high proportion of investigations (39%) concluded there was a need for further training and this is consistent with the previous year's data. The majority (78%) related to unsubstantiated and unfounded allegations where employers recognised staff training will support the prevention of future allegations.

- Although a relatively high number (26%) required no further action it is worth noting that 50% of these were unfounded allegations and 17% related to historic allegations where the adult no longer worked with children.

Time from Referral to Completion April 2016-March 2017

Time taken	Total
Less than 1 month	8
1-3 months	27
4-6 months	5
7 months +	6
Total Cases	46

- The LADO has continued to ensure that allegations are managed in a timely way: 76% of referrals were concluded within 3 months.
- Of those cases that took longer than 7 months to conclude, 33% involved complex police investigations and subsequent court proceedings. The remainder related to a period of staff changes in the LADO service resulting in cases remaining open on the database, which ordinarily would have been concluded within 3 months.
- There have been several cases which have incurred significant delay (more than 12 months) once they reach the court arena. The delay appears to be a result of judiciary capacity and beyond the involved agencies control. Such delay is reported to have had a substantial detrimental impact on the emotional well being of both the alleged victims and the alleged perpetrators and their respective families. The delay also impacts on resources as the alleged perpetrator is likely to be suspended pending the outcome of the court process.
- The LADO completes a 4 weekly review on all open cases to ensure there is no unnecessary delay and drift

Service Delivery, Reflection and Improvement

- Implementation of a simplified, more transparent data recording and collection system has enabled effective working arrangements between two or more people covering the LADO duties and supported greater management oversight.
- The improved recording of consultations with LADO, where the threshold for further action has not been met, is ensuring information regarding individuals who potentially pose a risk of harm is being collated for future reference. This provides greater safeguards for children in Cheshire East.
- Cheshire East LADO practice standards, setting out shared expectations between LADO and organisations providing services to children in Cheshire East have been implemented.
- The LADO One Minute Guide has been updated to reflect changes from WTSC 2015 and to include information on the LADO / managing allegations process.

- The LADO has met with Cheshire East's Transport Service Solutions (TSS) and Taxi Licensing to challenge the lack of children's safeguarding training for taxi drivers and passenger assistants. It is reported that a children's safeguarding training programme is now being developed by TSS and will form part of the driver and passenger assistant induction.
- The LADO delivers Managing Allegations training twice a year, with the support of the LSCB Training Manager. The training content has been updated and is now delivered in a half day session. Feedback has been positive with delegates citing trainer knowledge and experience as key aspects of their learning experience. Delegates also commented on the benefit of being trained by practitioners: being able to put a face to the name: meeting the LADO gave them greater confidence in approaching the LADO for advice.
- Managers from the voluntary sector are underrepresented at Managing Allegations training which will be addressed by additional promotion (see below).
- The LADO continues to attend quarterly North West Regional LADO meetings and participates in joint development initiatives via a shared regional work plan. Current Work Plan activity includes the development of a shared threshold in relation to LADO strategy meetings and the redevelopment of leaflets for those involved in an allegation. Cheshire East LADO is leading on this task.
- The LADO participated in a regional practice audit: it was confirmed that practices, standards and procedures for managing allegations in Cheshire East are consistent with other local authorities in the region.
- The LADO attended the National LADO conference in March 2017 and continues to provide feedback on development initiatives which aim to provide a collective LADO voice regarding the development of legislation and statutory guidance regarding the managing of allegations.
- The LADO attended a national seminar in March 2017: Predators In Positions Of Trust. This highlighted the need for employers to create safe environments for children and young people and for professionals to pay more attention to research from studies with convicted sex offenders. This has been reflected in the Managing Allegations training delivered by the LADO.
- Promoting the LADO role and LSCB Managing Allegations procedures will remain a priority in the coming year:
 - The LADO will meet with the LSCB's designated leads for the Faith and Voluntary sectors.
 - The LADO will meet with the NSPCC's Child Protection in Sport Unit (CPSU) County Lead
 - The LADO will lead on the implementation of multi-agency working agreements and pathways in relation to appropriate referrals and efficient management of allegations.
 - The LADO will meet with Head Teachers from specialist provisions and Local Authority Managers with responsibilities for children with disabilities to: ensure children, parents, carers and those working/volunteering with such children are aware of Managing Allegations procedures and the LADO role; and discuss how best to support children with communication difficulties to raise safeguarding concerns and make allegations.

Appendices

Appendix 1: LADO Business Plan 2017/18



LADO Business Plan
2017 - 18.docx

Appendix 2: One Minute Guide



lado-omg-01.08.16.p
df

This page is intentionally left blank

High level Outcomes Children's Plan	1. Having A Voice	2. Feel and Be Safe	3. Happiness and Mental Health	4. Being Healthy and making positive choices	5. Best skills and qualifications	6. Additional Needs, Additional Chances
-------------------------------------	-------------------	---------------------	--------------------------------	--	-----------------------------------	---

1. HAVING A VOICE

Team Priorities: We will continue to shape the LADO service to promote the child's voice in the managing allegations process. The process will continue to ensure the adult who the allegation is against has an opportunity to have their say within the investigation process and is treated fairly throughout.

Ref	Action	Lead	Evidence	Agreed sign-off
1.1	Develop a process for consulting with children and parents about their experiences within the managing allegations process.	LADO:MC	Children's and parent's views will be reported in the LADO annual report and used to develop the LADO service and managing allegations procedures.	
1.2	Develop a process for consulting with involved adults about their experiences within the managing allegations process.	LADO:MC	Involved adults views will be reported in the LADO annual report and used to develop the LADO service and managing allegations procedures.	
1.3	Produce leaflets for, children, parents, involved adults and professionals about the Managing Allegations process.	LADO:MC	All involved in the managing allegations process will be fully informed.	
1.4	Develop an exemplar for employee investigations.	LADO:MC	Investigations will be child focussed, fair, sufficiently thorough and robust, reach a conclusion and make recommendations.	

Evidence of Achievement and Impact

Measures of success against actions	Impact (What does it show?)	Thresholds		
		Requires Improvement	Good	Outstanding
Feedback from all involved will evidence that they have been consulted appropriately about the allegation and subsequent actions.	Children's and parent's positive and negative experiences will be heard and used in service development,			

Investigations will be carried out to consistent standards across the children's workforce .	Investigations will identify risks to children and recommendations will identify if and how they can be managed: Children will be safeguarded from harm.			
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

2. FEEL AND BE SAFE

Team Priorities: LADO will promote: Cheshire East LSCB's Managing Allegations procedures; the LADO role; and LADO Standards across the children's work force (including voluntary agencies) to ensure that allegations are managed consistently in a way that keeps children safe from harm.

Ref	Action	Lead	Evidence	Agreed sign-off
2.1	LADO will consult with the LSCB strategic lead for faith and voluntary organisations to consider how best to promote managing allegations procedures and the LADO role.	LADO: MC	There will be an increase in referrals to the LADO from faith and voluntary organisations.	
2.2	The LADO will meet with the NSPCC's Child Protection in Sport Unit (CPSU) County Lead.	LADO: MC	Local sports clubs will demonstrate a good understanding of local managing allegations and LADO procedures.	
2.3	The LADO will lead on the implementation of multi-agency working agreements and pathways in relation to appropriate referrals and efficient management of allegations.	LADO: MC	There will be less inappropriate referrals to LADO and designated managers will be more confident in managing allegations and safeguarding concerns that don't meet the threshold for LADO involvement.	
2.4	The LADO will meet with Head Teachers from specialist provisions and Local Authority Managers with responsibilities for children with disabilities to: ensure children, parents, carers and those working/volunteering with such children are aware of Managing Allegations procedures and the LADO role; and discuss how best to support children with communication difficulties to raise safeguarding concerns and make allegations.	LADO: MC	Children with disabilities and those caring and working with them will demonstrate a good understanding of local managing allegations and LADO procedures. Children who find it difficult to communicate through speech will be able to raise safeguarding concerns and make allegations.	
2.5	LADO will continue to develop the twice yearly Managing Allegations training via review and analysis of participant feedback.	LADO:MC/PA	Feedback will evidence that training is meeting service needs.	

Evidence of Achievement and Impact

Measures of success against actions	Impact (What does it show?)	Thresholds		
		Requires Improvement	Good	Outstanding
Appropriate referrals will be made by all partner agencies	That there is awareness of managing allegations procedures across all relevant sectors			
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

3. HAPPINESS AND MENTAL HEALTH Team Priorities: LADO will promote the needs of children				
Ref	Action	Lead	Evidence	Agreed sign-off

Evidence of Achievement and Impact

Measures of success against actions	Impact (What does it show?)	Thresholds		
		Requires Improvement	Good	Outstanding
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

4. BEING HEALTHY AND MAKING POSITIVE CHOICES Team Priorities:				
Ref	Action	Lead	Evidence	Agreed sign-off

Evidence of Achievement and Impact				
Measures of success against actions	Impact (What does it show?)	Thresholds		
		Requires Improvement	Good	Outstanding
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

5. BEST SKILLS AND QUALIFICATIONS Team Priorities:				
Ref	Action	Lead	Evidence	Agreed sign-off

Evidence of Achievement and Impact

Measures of success against actions	Impact (What does it show?)	Thresholds		
		Requires Improvement	Good	Outstanding
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

6. Additional Needs, Additional Chances

Team Priorities: CP IRO's will report on key themes and trends in Child Protection, Child in Need, CSE, MFH, AIMS and Private Fostering to support effective multi agency working and practice.

Ref	Action	Lead	Evidence	Agreed sign-off

Evidence of Achievement and Impact

Measures of success against actions	Impact (What does it show?)	Thresholds		
		Requires Improvement	Good	Outstanding
Qualitative Information	Feedback from Children and Young People, Parents and Carers	Feedback from Staff		

One Minute Guide

1st August 2016

Local Authority Designated Officer (LADO)

Statutory Guidance (WTSC 2015) states local authorities should have a **Local Authority Designated Officer (LADO)** to be involved in the management and oversight of allegations made against adults who work/volunteer with children and young people.

The Cheshire East LADO oversees allegations and concerns about adults who work/volunteer with children and young people in Cheshire East when the following criteria are met:

The adult has allegedly:

- Behaved in a way that has harmed, or may have harmed a child;
- Possibly committed an offence against, or related to, a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The above criteria relates to the adult's behaviour in the **workplace**, the **community** and in their **home and social life**.

The LADO provides advice and guidance to employers and voluntary organisations, liaises with the police and other agencies and has oversight of all investigations to ensure a timely, thorough and fair process.

Referrals to LADO

Allegations meeting the above criteria should be referred to the LADO within one working day (WTSC 2015) using a LADO referral form. LADO referral forms can be accessed via the Cheshire East LSCB website: www.cheshireeastlscb.org.uk or from the LADO Business Support Officer (contact details below).

Completed referral forms must then be sent securely to the LADO inbox: LADO@cheshireeast.gcsx.gov.uk

The LADO will provide an initial response to the referrer within one working day advising the need for further action under LADO procedures. If the LADO advises no further action is needed they will provide a written rationale within one working day.

If further action is necessary under LADO procedures a LADO Strategy Meeting will be convened within five working days of this decision being made.

One Minute Guide

The LADO chairs the LADO Strategy Meeting. The employer will always attend and other attendees might include Police, Social Care, HR, Regulatory Bodies i.e. Ofsted CQC. The adult who the allegation has been made about **does not** attend the LADO Strategy Meeting.

The LADO Strategy Meeting will consider: the allegation details; employment details; the involved children; immediate and wider safeguarding concerns and the need for:

- A police investigation of a possible criminal offence;
- Children's social care enquiries and/or assessment about whether a child is in need of protection or services;
- Consideration by an employer of disciplinary action.

A LADO Strategy Review will take place every four weeks; however it is expected that the majority of cases will have reached a conclusion within one month of the allegation being made.

A final LADO Strategy Review will consider the outcome of the investigation and determine whether the allegation is: Substantiated; Unsubstantiated; Unfounded; or Malicious.

The LADO will retain a confidential record of the allegation and subsequent actions for future reference.

Information regarding allegations is collated and reported to Cheshire East LSCB to inform: training; research; safer recruitment processes; safer working practice guidance; and to raise awareness.

The Cheshire East LADO sits within the Children's Safeguarding and Quality Assurance Unit. The LADO is supported by a LADO Business Support Officer who undertakes the administrative duties of the LADO role.

In the absence of the LADO, a Child Protection Independent Reviewing Officer will carry out the LADO's duties.

LADO contact details:

LADO: 01606 288931

LADO Business Support Officer: 01270 685904

Email: LADO@cheshireeast.gcsx.gov.uk

Annual Improvement Progress Report

Self-Assessment against the
Ofsted Recommendations

August 2017



Contents

Section		Page
Overview of this Report		4
Overview of the Quality of Services		4
Driving Improvements to Practice		6
Summary of Assessment against the Ofsted Recommendations		8
Proposal for Improvement Monitoring Activity		10
Self-Assessment of Progress against the Ofsted Recommendations		12
Recommendations which are being addressed through the Improvement Plan		12
Quality of Practice		12
2	Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children (paragraphs 37, 84)	12
3	Ensure that supervision is reflective, challenging and consistently focuses on continual professional development (paragraphs 33, 130)	16
4	Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help (paragraph 25)	19
5	Ensure that strategy meetings and decisions are informed by relevant partner agencies (paragraph 27)	21
6	Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107)	23
7	Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing (paragraphs 41, 42, 58, 175)	26
8	Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances (paragraphs 29, 30, 51, 54, 59, 82, 98)	30
9	Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115).	34
10	Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded (paragraph 39)	37

Recommendations that we agreed were met in July 2016		39
Quality of Practice		39
11	Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78)	39
12	Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales (paragraph 67).	40
17	Ensure later-in-life letters provide details of all known information, are written in plain English and are accessible to children so that they understand their stories (paragraph 107)	42
Listening to Children and Young People		43
15	Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142)	43
Management Oversight		45
1	Strengthen senior managers' oversight and monitoring of: <ul style="list-style-type: none"> • complex cases where there are historic drift and delay in taking decisive action (paragraph 36) • private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83) • care leavers who are homeless (paragraph 112) 	45
13	Ensure audit arrangements have a sharper focus on looked after children (paragraph 140)	49
14	Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138)	50
16	Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150) <ul style="list-style-type: none"> • reviewing the use of foyer accommodation for 16–17 year olds • ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation and review the practice of using this provision (paragraph 114) • ensuring sufficient health provision for older looked after children and care leavers (paragraphs 121, 124) • improving the use of family group conferences so that all possible options for children are consistently explored (paragraph 55) • increasing the capacity of advocacy services to support children and young people identified as in need (paragraphs 45, 85, 150). 	51
Appendix: Monitoring arrangements for recommendations that have not yet been met		54

Overview of this Report

This report is a self-assessment of our progress to date against the recommendations from the Ofsted inspection in July 2015. A self-assessment of our progress was completed last year in July 2016. On the basis of this assessment, it was agreed that a number of the recommendations had been met but that our progress against all the recommendations would be revisited in a year's time to ensure that progress had been maintained, and also to evaluate our position relative to the other longer term quality or practice recommendations that had not yet been met.

This report outlines for each of the Ofsted recommendations:

- The **background to the recommendation** – why the recommendation was made and the issues at the time of the inspection
- Our **strengths** – areas where our practice is strong and arrangements are robust and effective
- Any **areas for improvement** – areas where our practice still needs to improve further or we need to strengthen arrangements
- **Next steps** – our plans for how we will continue to address the area of improvement to achieve good and outstanding practice
- An **evaluation** on whether the recommendation has been met

The report is sectioned by:

- **Recommendations we are addressing through our Improvement Plan.** These are the recommendations which were not yet met in July 2016.
- **Recommendations we agreed were met in July 2016.** Some recommendations that were agreed as met were agreed to be subject to close monitoring and scrutiny to ensure progress was sustained.

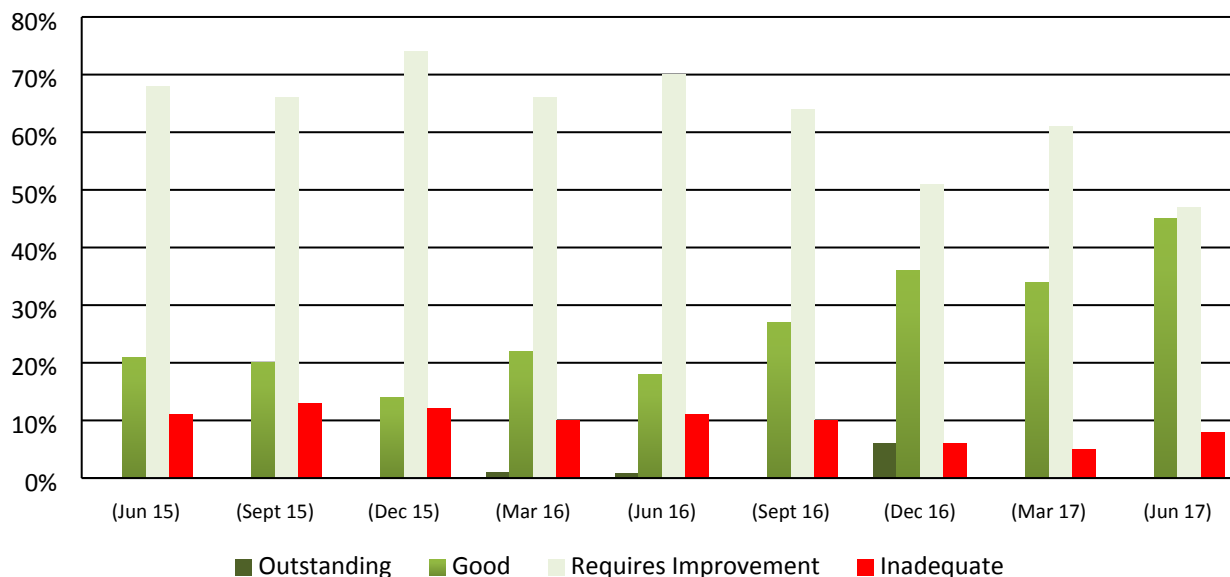
We are now two years on from the inspection period, and the quality of our practice has considerably improved in this time. With this improvement, the focus of our improvement activity has moved from meeting the Ofsted recommendations to achieving our aspirations to achieve the best outcomes for children and young people through high quality practice. How we will achieve this is outlined in our [Improvement Plan](#).

Progress against the eight LSCB Ofsted recommendations will be evaluated and reviewed by the LSCB at the board meeting on 22 November 2017.

Overview of the Quality of Services

We have continued to build on the progress we have achieved so far in our journey, and the amount of good quality practice continues to increase. Our quality of practice as measured through audit has shown a continued positive trajectory over the past year. Overall, audit judgements show an increase in the percentage of cases considered to be good or better (45% cases in Q1 compared to 34% in Q4, and circa 20% throughout the previous year 2016/17), along with a 17% decrease from the last quarter in those cases judged to be inadequate or requiring improvement. This is a significant achievement; this is a massive 32% decrease in cases that are less than good since last year.

Judgements for all Audit Streams



Practice is strongest within referral and planning, with 78% referrals, 56% Child in Need Plans, 50% of Child Protection Plans, and 65% of Cared for Plans being judged as good or better in the last audit in quarter 1 (Q1).

Children and young people are continuing to receive the right service to meet their needs; in the last audit, 96% cases showed that the social worker took the right action at the right time to protect the child/ young person and their siblings, and 87% evidenced that intervention had improved outcomes for the child/ young person. A common theme that re-occurred throughout the positive judgements made in this cycle was that social workers shared information and communicated with other agencies throughout their involvement. This promoted good working relationships and a team approach to achieving the best outcomes for children based upon clear expectations of all those involved with the family.

Although the quality of practice continues to improve, overall, the majority of our practice is not yet good, and is not yet at the quality and consistency we want for our children and young people. Plans are in place to continue to drive improvements to practice, including the adoption of **Signs of Safety** which will support us to achieve a cultural change in our practice so we are more child-centred, solution-focused, and respectful and inclusive of families. This will support us to make the step change to consistently good and outstanding practice, leading to improved outcomes for our children and young people.

A wealth of research is available which shows that Signs of Safety achieves improved outcomes for children. It is widely recognised internationally as the leading approach to child protection casework, and has been commended by Ofsted. Signs of Safety is a framework for social work that supports strong risk assessment and analysis of the impact on the child/ young person, and co-production of plans with families based on the wishes and feelings of children and young people. Through developing solutions with families, Signs of Safety supports families to achieve outcomes that they can sustain in the long term.

For more information on our adoption of Signs of Safety please see our Signs of Safety Strategy.

Driving Improvements to Practice

Robust arrangements are in place to ensure managers at all levels are regularly informed on and held to account for the timeliness and quality of their service, enabling effective action to be taken in response to our areas for improvement. A consistent finding from all inspection and peer review activity has been that we know ourselves well. These arrangements include:

- **A comprehensive audit programme** conducted by senior managers and all team managers across the service, which includes hearing the views and experiences of children, young people and families. Findings are collated for each quarter. Our audits have increasingly moved to focus on the quality of practice and outcomes achieved for children and young people as we have achieved increasing consistency in compliance with our practice standards and statutory requirements. This focus on quality is continuing to support learning and reflection on good practice. Audit findings are communicated to all Children and Families staff through the audit bulletin, and are scrutinised by the Children's Social Care Leadership Team, Children and Families DMT, and the partnership through the LSCB.
- **Monthly IRO Audits;** deep dive thematic audits on specific topics highlighted as areas for further exploration from our performance information as scrutinised in the Performance Challenge sessions. These audits include gaining feedback from partners on the quality of practice. The findings are shared with the LSCB Safeguarding Children Operational Group (SCOG) where there are implications for partnership working, and this group has been responsible for improving processes and practice across a number of work areas. Findings are scrutinised by the Children's Social Care Leadership Team, Children and Families DMT, and the partnership through the LSCB.
- **LSCB Multi-agency Audits;** regular thematic audits which drive improvements to partnership working and are scrutinised through the LSCB.
- **Supervision audits** review the quality of supervision. These audits are complemented by a supervision and PDP tracker which tracks compliance with regular supervision and the PDP process.
- **Performance Challenge Sessions,** supported by a full suite of performance information critical to each service down to individual level that is provided to team managers on a fortnightly basis.
- **Performance Trackers** giving managers oversight of key areas of practice and children and young people who are most at risk of drift or delay.
- **IRO Practice Alerts and Good Practice Notifications** challenge poor practice, including partnership practice, and recognise good practice.
- **Children in Need and Child Protection Feedback Survey, and Compliments, Comments and Complaints report** ensure children, young people and parents/ carers views are heard and inform service planning and development. Findings are shared at Management meetings.

- **Annual Social Work Staff Survey** ensures the views of the workforce are heard and responded to so we can effectively support, develop and retain staff. The Practice Champions Group are leading the creation of an action plan in relation to the results from the latest survey to ensure that solutions in response to practitioner issues are practitioner led.
- **The Children and Families Scorecard and Corporate Parenting Scorecard** ensure key performance information is scrutinised by elected members.
- **Regular reports to Partnership Boards and internal scrutiny.** Clear reporting structures are in place and regular updates on service quality and performance are scheduled and received by Children and Families DMT, Children and Families Overview and Scrutiny Committee, the LSCB and relevant sub groups, Corporate Parenting Operational Group and Corporate Parenting Committee, and the Health and Wellbeing Board.
- **LSCB Quality and Outcomes Sub Group Deep Dives** around partnership issues are driving improvements to partnership practice.

The majority of these have been in place prior to the inspection in July 2015, are fully embedded and have been shown to be effectively driving improvements to practice. A range of other mechanisms are in place which have also been shown to be successfully driving improvements to practice. These include:

- **Involving children and young people in service design** and development through the work of our partnership boards
- **Practice and Performance Workshops**, where professionals are involved in developing our service and good practice is shared
- **Practice Champions**, who champion good practice within their teams, develop resources for professionals and troubleshoot and respond to issues raised by professionals.
- **LSCB Safeguarding Children Operational Group (SCOG)** which has been driving developments to practice as a partnership.
- The mandatory **Core Training Offer** for social workers and managers, linked to progression
- **Masterclasses** to support specific areas of practice
- Our successful **Recruitment and Retention Strategy** and steering group which has supported us to build a stable workforce.

Summary of our Self-Assessment against the Ofsted recommendations

The evidence presented in this report demonstrates that we have now met the following recommendations:

- **Rec. 2:** Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children
- **Rec. 3:** Ensure that supervision is reflective, challenging and consistently focuses on continual professional development
- **Rec. 6:** Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded
- **Rec. 10:** Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded

The following recommendations which were agreed as met in July 2016 remain met:

- **Rec. 11:** Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays
- **Rec. 17:** Ensure later-in-life letters provide details of all known information, are written in plain English and are accessible to children so that they understand their stories
- **Rec. 15:** Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice
- **Rec. 1:** Strengthen senior managers' oversight and monitoring of:
 - complex cases where there are historic drift and delay in taking decisive action
 - private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations
 - care leavers who are homeless
- **Rec. 13:** Ensure audit arrangements have a sharper focus on looked after children
- **Rec. 14:** Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice

The CSE element of this recommendation has been met:

- **Rec. 7:** Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing

All elements of this recommendation have been met, except the use of family group conferences:

- **Rec. 16:** Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by:
 - reviewing the use of foyer accommodation for 16–17 year olds
 - ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation and review the practice of using this provision
 - ensuring sufficient health provision for older looked after children and care leavers
 - improving the use of family group conferences so that all possible options for children are consistently explored
 - increasing the capacity of advocacy services to support children and young people identified as in need

Recommendation 4 will be met once timeliness is restored following recruitment to the new staffing structure in Early Help Brokerage:

- **Rec. 4:** Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help.

Significant progress has been achieved for the following recommendations, although the majority of practice is not yet **consistently good** so these recommendations are not yet fully met:

- **Rec. 5:** Ensure that strategy meetings and decisions are informed by relevant partner agencies
- **Rec. 8:** Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances.
- **Rec. 9:** Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused, and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear.

These are key elements of social work practice and will remain a key area of focus for further development. Plans are in place to continue to drive progress in these areas, including the adoption of Signs of Safety as our way of working with families.

The following recommendations remain areas for improvement and **require dedicated focus**:

- **Rec. 12:** Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales.
- **Rec. 7:** Strengthen frontline practice to ensure effective action is taken to support children who go missing
- **Rec. 16:** Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by improving the use of family group conferences so that all possible options for children are consistently explored. **Whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings.**

Proposal for Improvement Monitoring Activity

Extensive activity has been undertaken which has resulted in significant and sustained progress. A range of mechanisms are in place to support service development activity which are effectively informing managers on quality and supporting them to effectively drive change. The quality of practice continues to improve.

Cheshire East has been on a four year improvement journey since our inadequate inspection in March 2013. Since this time, progress against the Ofsted recommendations and the quality of Children's Social Care services have been scrutinised and reported separately, and dedicated forums and scorecards have been developed to support challenge on progress in these areas. The majority of recommendations have now been met, and we are in a significantly stronger position than we were in the last inspection in July 2015. Over time, arrangements have been increasingly brought within business as usual service development activity, and this activity has appropriately moved to a focus on achieving good quality practice rather than meeting the Ofsted recommendations or measuring compliance with these.

The quality of our practice still requires further improvement as it is not yet consistently good. There is a significant body of work devoted to ensuring this is achieved, including the adoption of Signs of Safety as our way of working, work to improve the quality and timeliness of court work, and work to ensure robust assessments of family and friends arrangements. Strong plans are in place to support this work, and there are existing arrangements for monitoring and driving progress in these key areas, for example through the Signs of Safety Project Board and Court Work Task and Finish Group. This work can and is being effectively driven through existing arrangements.

Effective oversight of the quality of Children's Social Care services is in place from team management level at the Performance Challenge Sessions, through to directorate level within the Children and Families Directorate Management Meetings. External scrutiny and challenge is provided through the Children and Families Overview and Scrutiny Committee, LSCB and sub groups, Corporate Parenting Committee and Operational Group, Children and Young People's Trust and Health and Wellbeing Board. Audit reports and scorecards are comprehensive and demonstrate the current quality of services.

Therefore, it is recommended that improvement activity in Children's Social Care becomes fully incorporated within business as usual processes as **service development** rather than improvement (as recognition that our practice is increasingly good quality and that our aim is to continually develop this), and is no longer reported separately within improvement monitoring reports to dedicated monitoring sessions. Under this proposal, dedicated activity to the meet the outstanding recommendations would be incorporated within the Children's Social Care Service Plan rather than a dedicated Improvement Plan.

The vast majority of arrangements are now within business as usual processes. Items which are additional and specific to improvement monitoring activity, and the proposed replacement arrangements under business as usual are outlined below:

Current Improvement Monitoring	Proposed Business as Usual
Improvement Challenge sessions with the Director of People's Services	Performance Challenge Sessions for Children and Families Directorates
Improvement monitoring reports	Audit reports, scorecards, reports on service development activities
Children's Improvement Plan	Service Development Plan
Improvement Plan Scorecard	All the measures on this scorecard are already contained on other scorecards

The monitoring arrangements for the recommendations which have not yet been met are outlined in the appendix.

Review of the Ofsted Recommendations from the Inspection in July 2015

Recommendations we are addressing through our Improvement Plan

Quality of Practice

- | | |
|----------|--|
| 2 | Ensure the challenge provided by child protection chairs and independent reviewing officers addresses drift and improves planning for children (paragraphs 37, 84) |
|----------|--|

Background to the recommendation

In the inspection, a sample of the CP cases open over 15 months showed that there was drift and delay in making progress on plans for some children and young people.

Child protection review conferences were not always held within timescale, with 11% taking place later than planned.

Independent Reviewing Officers' (IROs') Practice Alerts were not having sufficient impact on the overall quality of assessment and planning for cared for children.

Strengths

The effectiveness of Child Protection (CP) IRO challenge in cases of drift and delay is scrutinised and robustly monitored through Performance Challenge Sessions. The number of children on longer plans has reduced, which shows that challenge is being effective in addressing drift; in Q1 2015-16 last year, 11% of Child Protection Plans had been open for over 15 months, compared with just 5% in June 2017. The CP IRO's are currently devising a set of measures to support them to evidence the effectiveness of their challenge.

Child protection review conferences continue to be held within timescales. Performance on this has remained consistently high since Q3 in 2015-16 when 98% of reviews were held in timescales, the current figure remains at 98%.

The format of CP Conferences has also been changed to ensure the focus is on the impact for the child. The Making Children Safer Conference model (based on Signs of Safety) is supporting more evidenced decision making and SMARTer Child Protection Plans. Evidence from audit suggests that this model is having a positive impact on the effectiveness of plans and is reducing the number of children and young people subject to repeat plans. Through using this model, Child Protection IRO's, Social Workers and partners are becoming more skilled at developing effective Child Protection plans and measuring their impact on children and young people. This demonstrates the impact that Signs of Safety practice has made to children and young people and indicates the further scope for improvements to the quality of our practice once we adopt this approach across all of our practice.

Child Protection IROs ensure that parental motivation and capacity to change is a central consideration in all Child Protection Conferences and planning, and that positive change for the child or young person, which the family can sustain, is clearly evidenced where cases are stepped down. IROs ensure that there are clear contingency plans in place when cases are stepped down from Child Protection; this supports timely and appropriate decision making for the child if their circumstances begin to deteriorate.

In the last audit in Q1, there was evidence of IRO scrutiny and oversight in 96% cases. Audit demonstrates that the quality of child protection plans have improved; they are child centred and increasingly SMART. 50% Child Protection plans were judged as good or better in the last audit in Q1. The lived experience of the child is increasingly coming alive within conference through the chairs asking 'so what' questions and through the effective use of advocates.

IROs complete themed audits every month to support learning and developments to practice. These are actively supporting improvements to practice, and themes are repeated to assess the impact of service changes on practice. For example, a follow up audit of Strategy Discussions took place during September - October 2016, which reviewed the impact of subsequent service improvements on the quality of strategy discussions, following the initial audit in January 2016. The repeat audit showed the impact of awareness raising activity around strategy discussions. Multi-agency involvement had significantly improved; 55% of cases in September/October 2016 involved participants from at least one other agency apart from the Police, whereas in January 2016 this was true in only 12.5% of cases. The significant body of work underway to improve timeliness for children and young people in public law proceedings (outlined under recommendation 6) was driven by the findings of an IRO audit on PLO.

The Practice Alert process is now embedded for social workers and multi-agency workers. During 2016/17, IROs raised and resolved 122 issues informally with social workers and their team managers through this process. The robust IRO challenge and escalation of issues to improve outcomes for children has been embedded and accepted as an integral part of the care planning and case review process.

IROs track and provide additional scrutiny for children and young people who are on a second or subsequent plan through:

- Tracking via supervision and in monthly performance challenge sessions
- Monthly themed audits to identify learning points, themes and issues
- Effective gatekeeping at the point of conference request
- Robust contingency planning
- Appropriate escalation. The IRO escalation process has been further embedded. The quarterly IRO escalation reports are shared with managers and senior leadership team, including any emerging themes.

Cared for IROs continue to actively track the progress of children's care plans, particularly when they are in care proceedings, and appropriately escalate any cases that are not progressing within the child's timescale. Timely notifications and sharing of court documents/ orders has improved following the involvement of the Cared for IRO's in the PLO/ Court Work and Proceedings Procedures Working Group.

The majority of Cared for Children's Plans are now good quality or higher (65% in the last audit in Q1). This is a considerable improvement.

The Cared for IROs have initiated a Task and Finish Group to improve key elements supporting placement stability, including assessments, matching, support, management of disruptions, and the tools and reports used within these processes.

Areas for improvement

Arranging reviews and the endorsement of final care plans at the end of the care proceedings still remains an area for further improvement. However, this has been improving and there has been a specific focus on good practice regarding planning and timescales within care proceedings. IRO's are participating in a specific work stream within the PLO/ Court work Task and Finish Group and this is helping to ensure there is sufficient time for IRO scrutiny and review/endorsement. Across the North-West region we have been achieving better outcomes on this aspect in comparison with some other IRO services.

Next Steps

The CP IRO's are currently devising a set of measures to support them to evidence the effectiveness of their challenge.

In line with Signs of Safety, CP IROs will be requiring all partners to set timescales for parents and carers on the likely duration of plans from September 2017. This will support timely planning for children and young people and makes it clear for parents and carers what we expect and when we think this should be achieved by.

For the Cared for IRO Service, service development activity will focus on:

- Understanding, addressing and reducing placement disruptions for our Cared for Children, with a strong focus on the prevention and management of placement instability.
- Working with the Virtual School on understanding trends and methods of addressing the needs of underachieving cared for children and young people,
- Closer co-operation with the teams involved with the SEND agenda, in relation to embedding consistent processes for the child between their EHCP reviews and statutory case reviews, in line with the relevant national practice guidance,
- Exploration of the impact of implementation of the joint homelessness protocol in cases of cared for young people age 16-17 who ask for support from local authority,

Evaluation

This recommendation has been met.

Child protection review conferences are consistently being held within timescale.

IRO oversight and challenge is now well embedded and accepted as an integral part of the care planning and case review process. IROs are challenging practice to ensure that plans are child-centred, good quality, and drift and delays are prevented. The quality of plans has improved; plans are increasingly child-centred and SMART, and there is now a much higher proportion of work that is good or better quality. IRO thematic audits are effectively driving improvements to practice. Developments to Child Protection conferences and IRO

involvement in service development has led to improvements to the quality and timeliness of planning for children and young people.

IROs are challenging poor practice and potential drift effectively using Practice Alerts. The number of children on longer plans has reduced, and there is a robust process in place where these cases are closely scrutinised on a monthly basis to prevent drift and delay and ensure plans are appropriate.

- 3** Ensure that supervision is reflective, challenging and consistently focuses on continual professional development (paragraphs 33, 130).

Background to the recommendation

Social Workers felt supported by their Managers and received regular supervision, but they could not describe how their practice was monitored or challenged through supervision.

Managers were not consistently using personal development plans (PDPs) to drive practice improvement through supervision.

It was difficult for inspectors to see what impact training was making on improvements to practice as explicit links were not made to continual professional development needs.

Strengths

Bespoke management training for team managers is delivered to ensure they have the skills and knowledge they need to support, inspire and challenge their teams to always put children and young people first. A workshop on Reflective Practice for Managers took place in March 2017 which included reflective supervision and developing reflective teams. Supervision training for managers and for supervisees is part of the mandatory core training offer. Constructive challenge is modelled through the Performance Challenge Sessions.

There has been a focus on ensuring that all social workers receive regular, good quality supervision which supports reflection and learning so we can effectively support our children and young people. A Supervision Tracker is in place to track the frequency of supervisions and this is monitored and challenged in Performance Challenge Sessions. This tracker also includes PDPs to ensure and monitor compliance with this process.

Supervision audits are being completed on a regular basis to monitor and inform improvements to the quality of supervision. The last supervision audit in March 2017 found that the majority of supervision records were graded as good or better (69%). These audits demonstrate that supervisees speak positively about supervision and found it was a safe place to develop and challenge practice.

My experience of supervision has been very positive. It is regular, not rushed and very reflective. Lots of opportunity to discuss cases as well as team issues, training, more general career issues etc. I find my team manager very supportive and we can have good, open discussions. There is nothing else that I would like from it that is not already been provided.

The next supervision audit report is currently being compiled and the regular nature of these is creating a more representative picture regarding areas of supervision that are working well and areas for development. Personal development plans are now much more embedded and are being used to drive practice improvement. 81% had a PDP in place in the supervision audit.

In the Social Work staff survey, the vast majority of respondents (89%) rated the support from their line manager as a seven or higher on a scale of 0-10 where 10 is the support is excellent, they can always ask for support when they need it, and their manager cares about their development, and 0 is that they do not feel supported. 34% rated it as a 10. The comments from this survey show that social workers are receiving regular supervision which is supporting their professional development.

Supportive manager who will talk through anything, cares about progression and about ensuring I am happy. Wants to help and encourage and ensure I develop the necessary skills. Any worries, concerns or areas of improvement I have requested before has been taken on board and put into practice. Has even sat with me and looked over different areas such as assessments, care plans, chronologies etc. A terrific manager.

Support is thorough and clear
A number of people in the survey suggested the use of group supervision as a development tool to enhance the opportunities for learning and reflection across the team. This will be

Variety of courses available to suit staff at all levels in their career

Fair, approachable, assists in reminding about performance, supervision, encourages development

introduced with Signs of Safety.

A core training offer for Social Workers and Managers has been developed which is ensuring that the training and development trajectory is clear and that these needs are being met. Specialist training in relation to key areas for practice improvement, for example court skills, has been commissioned and is being rolled out to teams. In the social work staff survey, 68% respondents rated the training and the development opportunities they receive as a seven or above with 10 being excellent and 0 being poor.

Court skills is very good.

They are wide ranging, frequent and encouraged

Quality of training in Cheshire East is very good

Training and development opportunities have improved greatly over the six years I have been with the

Next Steps

The Supervision Audit policy and processes will be reviewed and aligned with Signs of Safety. Signs of Safety will support the further development of reflection and challenge within supervision through the introduction of group supervision facilitating joint learning and sharing of practice. The impact of this will be monitored through future Supervision Audits.

Management training continues to be developed; from January 2018 we will be linking in with Staffordshire University to access the Aspiring Managers module.

Evaluation

This recommendation has been met.

Supervision is being carried out to a good quality which is reflective, challenging and is supporting professional development. A comprehensive training programme is in place, and the use of PDPs is now much more embedded. The introduction of Signs of Safety and the

Team Manager Leadership programme will support continued improvement of supervision.
The impact of this will be measured through future supervision audit reports.

- | | |
|----------|--|
| 4 | Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help (paragraph 25). |
|----------|--|

Background to the recommendation:

Some contacts that were identified for early help were not progressed as quickly as they could be at the front door as cases for referral to social care were prioritised.

Strengths

Since the inspection we have established the Early Help Brokerage Service. This service is dedicated to progressing contacts that do not meet the threshold for social work intervention. This specialist service was designed to ensure that these contacts are progressed swiftly, and the right support is identified to meet the needs of the child or young person.

A comprehensive review and restructure of the front door has taken place including mapping the pathways from referral to allocation to ensure families receive a timely service. Within the redesign, we have increased the support available to partners undertaking CAF to ensure that partners are supported to develop the confidence and skills to lead high quality work with families. This is a significant additional resource.

A work plan for the LSCB Early Help Sub Group has been developed and implemented to drive developments across the partnership and ensure we support families at the earliest possible stage. The work on the group has included the development of a new Early Help Strategy. The levels of need are currently being refreshed and are out for consultation with partners. These will be discussed in detail at the LSCB in September 2017.

The Common Assessment Framework (CAF) team has been re-established and CAF training is to be relaunched with partners. Regular CAF audits have been re-instated and are being reported to the Local Safeguarding Child Board (LSCB) to identify areas for partnership improvement. The last prevention audit in Q1 found that all CAFs audited were good or better quality.

Areas for improvement

The impact of the restructure of the Integrated Front Door has had an impact on the timescales for decisions made within Early Help Brokerage. Under the new structure, more of the triage function takes place in the Brokerage service. Additional staffing to support this increase in work is included within the new structure, but these new staff are not yet in post so this has had an impact on timescales. The standard for decisions in relation to Early Help cases is within 3 working days; for Q1 56% of cases had a decision and were passed on to services within that timeframe, which is a significant reduction from previous timescales. However 79% were within 5 working days. Timescales are expected to return to the previous consistently high levels once the new staff are in place.

Next Steps

We will continue to closely monitor the timeliness of decision making at Early Help Brokerage to ensure this returns to the previously high levels.

A review of Early Help services is underway to ensure that we meet the needs of our children and young people early and prevent escalation. Signs of Safety will be adopted across early help services to ensure we have a consistent approach for working with families.

Evaluation

Once timely performance returns, this recommendation has been met.

Structures are in place to ensure that children and young people who do not meet the threshold for social work intervention have their needs considered promptly and they are referred to the right early help service. The recent restructure in the front door has impacted on the timeliness of decision making, but performance is expected to return to previously high levels once additional staff are in post. Performance is monitored on a monthly basis.

- | | |
|---|---|
| 5 | Ensure that strategy meetings and decisions are informed by relevant partner agencies (paragraph 27). |
|---|---|

Background to the recommendation

In the majority of cases seen, strategy discussions were telephone conversations between a team manager and the police, without the involvement of other agencies, such as health, so decisions did not consistently take account of all relevant information. Agencies were not always asked to contribute so not all the relevant information informed decisions.

Strengths

An audit of strategy discussions in January 2016 showed that only 13% of discussions were multi-agency (involved at least one other agency other than the police). Considerable improvement has been achieved since then as a result of awareness raising activity and workshops.

In the last audit in Q1, 58% strategy discussions and section 47s were judged as good or better. A deep dive on strategy discussions was completed by the Head of Service in May 2017 to challenge managers on non multi-agency discussions. This deep dive found a number of good examples of multi-agency discussions, and for pre-birth strategy discussions the vulnerable families midwife was consistently involved. However it also revealed that practice is still variable in relation to multi-agency inclusion. There were 18 discussions found where strategy discussions were just discussions between the police and Children's Social Care but should have involved other agencies.

An IRO repeat audit of Strategy Discussions was undertaken during September to October 2016. This follow up audit reviewed the impact of subsequent service improvements on the quality of strategy discussions. The audit outlined the following strengths:

- Decisions to proceed to a Strategy Discussion were more considered. Improved information gathering was informing decision making, 32% cases were thought to require more information before a decision was made compared with 50% in the previous audit.
- Multi-agency involvement in Strategy Discussions had improved from 13% to 55%.
- This had resulted in improved decision making. There was decrease in follow up strategy meetings and an increase in the proportion of cases progressing to a S47 enquiry (46% compared to 38%). Very few cases proceeded to strategy discussion where this may not have been necessary. In the previous audit, auditors disagreed with the decision to proceed in 44% cases, and this had reduced to just 11%.

In response to the audit findings, the LSCB Safeguarding Children Operational Group (SCOG) established a Task and Finish Group which reviewed the current process for requesting attendance at strategy meetings, and obstacles in achieving multi-agency attendance. An action plan has been developed to address this and a new process for requesting attendance from partners when a strategy meeting is called has been put in place.

Quality assurance on strategy discussions is currently being undertaken by jointly the Service Manager for the front door and the police.

Areas for improvement

Multi-agency involvement in Strategy Discussions still requires further improvement.

Next Steps

A repeat IRO audit on Strategy Discussions will take place in October 2017.

Regular Police Liaison meetings take place and Strategy Discussions are to be a standing agenda item. We are currently reviewing the process for Strategy Discussions that take place shortly after referral to see if this could take place in the front door with the involvement of the integrated multi-agency team.

A task and finish group is currently reviewing how lack of invitation or attendance can be challenged by partners, and whether themes and trends can be collated and reported to the LSCB Executive. Work is also being undertaken to support better use of video conferencing across the partnership to enable all partners to participate.

Evaluation

This recommendation has not yet been fully met.

Multi-agency involvement in strategy discussions has significantly improved and work continues as part of our continual business improvement to enhance the quality and involvement in these discussions. Progress will be evaluated in the audit in October 2017.

- 6 Improve the quality of recording so that all key discussions and decisions about children and their families, including management oversight, are clearly recorded (paragraphs 21, 23, 25, 33, 50, 55, 59, 86, 107).

Background to the recommendation

Not all CAF assessments recorded children and young people's views. The rationale for closing CAF plans was not always clearly recorded, making it difficult to evaluate the effectiveness of the help received.

Historical information considered in decision making on contacts was not always recorded in as much detail as it needed to be, which led to delays as Practice Managers needed to request further information to make a decision. There was not always a clear rationale recorded on contacts for why the decision had been made to proceed without consent for information-sharing.

Practice Managers' oversight of casework was not clear in most of the cases seen, and there was little evidence of direction, challenge or support where plans for children had not progressed or work had not been completed in a timely way.

Key discussions and decisions were not always fully recorded on the child or young person's record. This made it difficult to follow the child's story, to evaluate if further work could have prevented the child or young person becoming cared for, and could mean important information could be missed by new workers to the case. Recording was not always detailed enough to show the benefits of contact with families for cared for children and young people.

The work presented to courts was of variable quality.

Strengths

All the cases in the last Preventative services audit in Q1 were judged as good or better which evidences that the quality of CAF has improved.

Audit demonstrates that the quality of work at referral is good, with 78% of cases being judged as good or better in the latest audit cycle in Q1. 100% consultations in the audit in Q4 (the last audit to collect performance against this measure) considered historical information. Performance on this has been consistently high since Q3 in 2015-16. Audit has also shown that management decision making within ChECS has been consistently strong over the last two years.

Measure	Q4 15/16	Q1 15/16	Q2 16/17	Q3 16/17	Q4 16/17
Standard for management decision making and recording met at ChECS	100%	100%	100%	100%	100%
History considered at ChECS	80%	100%	80%	70%	100%

Managers are scrutinising work, in the last audit in Q1 there was clear evidence of managers actively scrutinising and authorising plans in 97% cases, and the rationale for management decisions was clear in 86% cases.

The quality of practice and recording has significantly improved since the inspection. 45% cases were judged to be good or better in the last audit Q1 compared to just 21% two years

ago. Improvements in the number of cases judged to be good or better has seen a steady rise over the last year. Audits have shown that the quality of case recording met the practice standard for the vast majority of cases over the last year:

Measure	Q4 15/16	Q1 15/16	Q2 16/17	Q3 16/17
Quality of case recording - CIN/CP	78%	83%	83%	100%
Quality of case recording - Cared for	83%	90%	100%	100%

The core training offer for Social Workers and Managers has been developed to embed good quality of practice and ensure that the whole workforce has the skills they need to deliver this level of service. This includes training on producing good quality court reports for ASYEs. Specialist Court Skills training has also been commissioned to support staff to enhance the quality of their court work.

A large body of work is underway to support timely and good quality court work. A workshop on improving our processes around Public Law Proceedings has been held focusing on making our action more timely for children and young people, and an action plan has been established, which is being delivered by task and finish groups. The action plan covers the following areas:

- Care Proceedings Policy and Procedure
- Workforce development
- Working effectively with the Safeguarding Unit
- Achieving positive outcomes for children
- Assessments and permanency planning

As part of this work:

- A new policy has been developed to ensure expectations on the timescales for Legal Advice Meetings (LAMs) and the completion of parenting assessments within the Child Protection Process are clear.
- Service Managers are screening requests for LAMs to ensure they are timely and that there is a clear plan in place for the child.
- A review of the Pre-proceedings letter and contents has taken place to ensure there is consistency regarding the use of the chronology and contract of expectations.
- The timeliness of initial PLO meetings is being monitored and RAG-rated through the court tracker, this information is monitored through the legal liaison meetings and performance challenge sessions.
- Cared for IROs are overseeing the endorsement of the final care plan, and weekly updates on the court and LAM trackers are being disseminated to the whole IRO team. The Cared for IRO manager attends Permanence Tracking meetings to scrutinise the progress of court work in relation to children achieving permanence as well as when discharges of care orders are needed.
- Representatives from Legal Services and Children's Social Care have attended Team Meetings with IRO's to provide updates regarding the PLO work within Cheshire East and developments in case law.

- 'Lessons Learned' meetings between children's social care and legal services have been introduced to review key cases where the outcome we expected in court was not achieved to identify learning and any areas for improvement
- An updated Legal Advice Meetings document has been implemented regarding decisions on applications to court

Areas for improvement

Recording is now much stronger than at the time of the inspection. We still need to improve how we evidence improved outcomes for children which we will support through the adoption of Signs of Safety.

Next Steps

Work is underway to align our forms with Signs of Safety so that they support best practice, and streamline our reporting requirements.

Work on creating a new Preventative Services Case Work and Recording Standards Guidance is underway, which will clarify expectations for staff and support increased consistency in where information is recorded in EHM.

Delivery of the court work action plan will continue, including the development of a comprehensive Care Proceedings Procedure including timescales and the role of specialist teams, along with a workflow for Legal Advice Meetings, Pre-proceedings and Care Proceedings, and the review of the Pre-birth procedure to ensure it includes timescales in respect of court process.

Evaluation

This recommendation has been met.

The quality of practice and recording has improved significantly since the inspection as shown through the audit judgements. Continued improvements to the quality of practice and recording will be continued to be supported through the regular audit cycle and adoption of Signs of Safety.

- | | |
|---|---|
| 7 | Strengthen frontline practice to ensure effective action is taken to support children at risk of child sexual exploitation and those who go missing (paragraphs 41, 42, 58, 175). |
|---|---|

Background to the recommendation

The findings from return home interviews were not always being used to inform on-going work with children and young people, or to explore wider issues such as links with other missing young people. The response to children going missing from care was variable, the recording of return home interviews was not always comprehensive, and there were delays in these being sent to Social Workers.

Tools to assess the risk of child sexual exploitation were being used, however there was not enough skilled, sensitive work completed with children and young people to understand their individual vulnerability and risk. Some Social Workers had not had training in recognising and responding to the signs of child sexual exploitation due to the high turnover of staff.

Strengths

Guidance for practitioners on how to complete an effective return home interview has been completed and is available on the LSCB website.

The Missing from Care Focus Group brings together multi agency professionals from residential care, housing, health, Children's Social Care and the Integrated Missing from Home and CSE Team. The Group shares information, develops strategies and identifies key areas for future planning. During this process the group have:

- Created consultation tools for child/ young people and parent attending Trigger Missing Level 1 or 2 meetings to ensure that they are fully informed about the process and their views are captured should they choose not to attend.
- Updated relevant templates for recording actions during these meetings, processes for recording Return Interviews and Trigger Meetings on the child's ICS Record and co-designed a relevant report to monitor the trends/ figures.
- Identified gaps in Foster Carer knowledge around Missing from Care which has led to the Integrated Missing from Home and CSE Team delivering some information and awareness sessions with the fostering team and foster carers.

The impact of this work has been:

- Better awareness of Social Workers and carers which has led to more adequate support to children who go missing and the purpose of the Return Home Interview.
- A consistent approach to increasing child and parent ownership of risk management and action planning prior/ during the Level 1 and 2 meetings.
- Consistency of agenda and records for these meetings, which are available for scrutiny and audit as well as data available for reports within a dedicated ICS workflow.
- Data reports are available for analysis at challenge sessions for both fieldwork and IRO services to support enhanced planning and decrease the rates of children going missing.

All CSE Screening Tools completed in the local authority are initially screened by ChECS to ensure the child is safeguarded at the right level and then by the Integrated MFH and CSE Team to ensure that advice and guidance can be provided to professionals at an early stage. This is also used as an opportunity to feedback on the quality of the screening tool to acknowledge good practice and improve this. A good practice example of a completed screening tool is available on the LSCB website. Due to the success of the CSE Operational Group, use of the CSE screening tool is now embedded. The quality of CSE screening tools has increased across the partnership following the training and consultation provided by the CSE and MFH team.

Staffing within our social work teams is now stable and mandatory CSE and MFH training is provided through the Core Training offer. The quality and content of the LSCB CSE training has been reviewed in partnership with young people to ensure that professionals receive the right messages to influence and improve their practice in a way that engages young people. Basic, targeted and bespoke training is available through the LSCB. The CSE and MFH Team have delivered workshops on completing CSE Screening Tools based on a need-led approach through the identification of themes and trends across the local authority, and have delivered a monthly drop-in at each of the three Children's Social Care sites to improve working relationships with Social Workers and to provide ongoing support in robust planning for children at risk of MFH and CSE.

A health assessment tool and referral pathway has been developed to ensure all Children and Young People in Cheshire East who are flagged due to a risk of CSE have a robust assessment of all of their holistic health needs. A process is in place for ensuring that young people with vulnerabilities in respect of CSE are transitioned between Children's and Adult's Social Care and there is a strengthened relationship with Adult's Social Care.

The Children and Families Overview and Scrutiny Committee appointed a Task and Finish Group to investigate the adequacy of the Council's arrangements to protect young people in Cheshire East from sexual exploitation. The group undertook different stages of work, including visits to services and observations of meetings. The group met regularly during 2016 and presented their final report and recommendations to Cabinet in January 2017 where the recommendations were accepted. An action plan is in place in response to the findings.

New links with the CSE team and Education Welfare Support have been established to ensure that accurate and timely education attendance information is made available on the CSE tracker. Although this link is new, early indications of a positive impact are evident. This will however need to be embedded to provide accurate feedback.

Within Local Policing Units (8 across Cheshire) Child Sexual Exploitation is prioritised and considered together with priority threat risk and harm matters at "Fast tac" meetings every two weeks. During these meetings intelligence is shared and gaps are identified to ensure that the threats can be addressed and minimised. Police Community Support Officers act as the eyes and ears of local policing and a key role within each of the LPUs following this process is the deployment of PCSOs. Where locations and individuals are identified as having potential for involvement in CSE activity, PCSOs are deployed to those areas at the relevant times to gather and report local intelligence enabling safeguarding activity to be taken.

There is closer partnership working between the Integrated Team and Police Local Units through close working with CSE SPOCS in each policing area. Links are being considered

between children who go missing and their wider networks. A Greater Manchester Police Operation took place due to intelligence shared by the CSE and MFH Team following disclosures made during return home interviews.

The CSE and MFH Team have worked closely with partners including police, Youth Prevention Service, Youth Offending Service, Youth Support Service, Health, Housing, Probation and Children's Services to map out areas and people who are of concern to groups of vulnerable children and young people in Cheshire East to ensure robust multi-agency responses to reduce ongoing risk.

Disruption activities are a key area of focus of the team in order to prevent offences taking place and to keep children safer in the local authority. One key disruption tool that is utilised in Cheshire East is the issuing of Child Abduction Warning Notices (CAWNs) where a person of concern is having regular contact with a child without parental permission, particularly when a child is frequently missing from home or care. Disruption techniques do appear to be being used at an earlier stage by police and partner agencies which are key in ensuring that concerns do not escalate to the point of requiring Child Abduction Notices (CANs). In addition to CAWNs, other disruption tactic used by police in this period included strict police bail conditions, restraining orders and direct partnership working with licensing.

Areas for improvement

A recent audit in April 2017 of cases where a return home interview from the CSE and MFH team had been declined by the young person showed that for only 22% (4) of these cases the interview had been carried out and recorded by the social worker. However only two of these cases used the Pan Cheshire Return Home Interview form. Notification of Decline forms sent by the CSE and MFH team to Children's Social Care were being recorded as return home interviews which indicates that the information within these is not carefully considered. Therefore use, recording and completion of return home interviews still requires improvement. Missing from Home Risk Assessments were also not consistently evident on the child's record.

Next Steps

The CSE and MFH team will deliver workshops around analysis of risk, developing SMART plans and the MFH Protocol for Social Workers to support completion of high quality return interviews and ensure that information from these interviews informs planning. The CSE and MFH team will inform Team Managers of Service Declines at regular intervals and for those in care this will also be sent to the Safeguarding Unit for additional IRO oversight to support improvements to practice. Activity to support improvements to the quality of assessment and planning are outlined under recommendations 8 and 9.

Evaluation

The CSE element of the recommendation has been met.

The quality of practice has improved since the inspection, and the CSE and MFH team, LSCB Training and the core training offer is effectively supporting the workforce to develop their skills in relation to working with young people at risk of CSE. CSE is being recognised and responded to across the partnership.

Links between children and young people are being explored and appropriate action is being taken.

Ensuring return home interviews inform planning remains a key area for improvement.

Findings from return home interviews are not always consistently used to inform planning. Return home interviews are not consistently completed by social workers when young people decline an interview from the CSE and MFH service.

- | | |
|----------|---|
| 8 | Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to reflect changes in circumstances (paragraphs 29, 30, 51, 54, 59, 82, 98). |
|----------|---|

Background to the recommendation

Not all assessments were of a sufficient quality. Not all assessments demonstrated that the risks to children and young people from domestic abuse, parental mental health problems or substance misuse were fully considered and understood and Adult Social Care was not routinely involved in assessments where factors for adults were present. The specific needs of each child or young person within the family were not always differentiated. Issues of diversity and cultural needs were not consistently well explored or responded to. Assessments did not fully explore issues of race and gender and how they impact on children and young people's experiences within their own family. Timescales for completion of assessments were not always adhered to.

Assessments were not consistently updated in response to a change in circumstances. When children and young people returned home from care an updated assessment was not always undertaken to inform this decision and identify the appropriate level of support needed.

In some cases, contact with families for cared for children and young people was not always rigorously risk assessed. Where cared for children were living with friends or relatives, assessment of those connected persons was not always sufficiently robust.

Strengths

There has been considerable activity within Children's Social Care to increase the quality of Social Work assessment including:

- **Masterclasses**, which continue to be offered on a regular basis, these have been well attended so far. Masterclass workshops have been held on:
 - Assessing Parental Capacity to Change
 - Exercising Professional Judgement
 - Parenting Assessments
 - Engaging with Birth Fathers
- **Workshops** focussing specifically on the use of change models in assessment.
- The appointment of **temporary Independent Parenting Assessors** (IPA's) to provide modelling and support to Social Workers to improve practice.
- CP IRO's have placed an increased **emphasis on change theory** within conference discussion and decision making in order to support understanding of parental capacity to change.
- A **review of the parenting assessment template and tools** has been completed. The Parenting Assessments Masterclass is now embedded as part of the routine training offer for Social Workers. This is to ensure parenting assessments are timely, good quality and used to inform decision making regarding the child and parents' capacity to change.

In order to consider the impact of focused activity in relation to parenting assessments, an IRO Thematic Audit on Parenting Assessments, specifically regarding parental motivation and capacity to make sustained positive change, was undertaken during January – March 2017. The auditors specifically looked for evidence of change models being used. Compared with previous themed audits completed by the CP IRO's during 2016, which identified that parenting assessments were rarely completed on cases prior to care proceedings and that parental motivation and capacity to make sustained positive change was in most cases not considered either within parenting assessments or child protection reports, this audit had positive findings:

- 55% of assessments clearly identified parental ability to change, 60% considered sustainability and 70% of assessments considered motivation.
- 55% of assessments explored all three of the above elements of change.
- 45% were good or outstanding.

These findings indicate that there has been significant improvement in social workers understanding of change theory and their use of this in assessment; this can be used to support more timely and effective planning for children.

The audit on assessments which resulted in no further action found that over two-thirds of the assessments were good quality, and a number of good practice examples were identified. The majority of assessments (82%) reflected the child's voice and lived experience and there were again a number of good practice examples of direct work with children in which the child's lived experience was clearly explored and recorded.

The children's social care audits in Q1 found that 34% combined assessments were good or better, and 37% of cared for assessments. This is a significantly improved picture from the time of the inspection. Assessments are regularly updated within timescales and this is monitored through Performance Challenge sessions.

A Child Risk and Needs Assessment on domestic abuse was developed jointly by the Specialist Domestic Abuse Sector and Children's Services and promoted through Practice and Performance Workshops, Safeguarding Children from Domestic Abuse Training provided by the LSCB and through Children's Services Managers Meeting. It forms part of the suite of tools presented in Toxic Trio training which covers the impact of domestic abuse, substance misuse and mental ill health and is also provided through the LSCB. This course has been extremely highly rated by the workforce for its quality. This is supporting understanding of the impact of these issues on children and young people. A multi-agency audit on domestic abuse in November 2016 showed that the risks from domestic abuse are appropriately and swiftly identified and responded to, and that risk assessment tools are consistently used to assess the level of risk.

The Council employs the Independent Domestic Violence Advocacy (IDVA) team who now have access to the Children's database, Liquid Logic, to improve partnership work to safeguard children. IDVAs and commissioned domestic abuse services are also co-located 3 days per week with each CiN/CIP team and attend all Initial Child Protection Conferences where domestic abuse is a factor in order to improve multi-agency safeguarding responses. Independent Reviewing Officers and specialist domestic abuse staff confirm these measures are improving planning and decision making for children and their families.

The IDVA team also leads on a 24/7 access point for domestic abuse services sited alongside Cheshire East Consultation Service and the Police Public Protection Unit ensuring that key information regarding risks to children from domestic abuse are shared at the earliest point in assessment. There are plans to enhance this work through fast tracking the Multi-Agency Risk Assessment Conference (MARAC) process which will review incoming cases on a daily basis.

Awareness raising around connected persons arrangements has been carried out and there is now a much greater understanding of this throughout the workforce; Reg. 24 assessments are being completed when appropriate. The Service Manager has oversight of assessments. Work is underway to improve our processes and support around family and friends arrangements as outlined in recommendation 8. A Family and Friends Court Work Task and Finish Group has been established, which is working on:

- Policies and procedures in need of review or development
- Ensuring templates are compliant with good practice
- Special Guardianship Support Plans
- Improving Practice through key liaison meetings and joint working across CIN/CP, Fostering and Legal Services.
- Improving Quality Assurance through the development of a crib sheet for Team Managers so expectations are clear and managers have the knowledge and understanding of good practice when signing off specialist assessments, such as Parenting Assessments, Sibling Assessments and Connected Person's Assessments.

The contact policy is currently being reviewed. We have reviewed how contact is supported and this is now a much more robust and managed process.

Areas for improvement

Despite significant progress achieved, the majority of our assessments still require improvement. Adopting Signs of Safety will support continued improvements to the quality of our practice.

Assessments of connected persons still need to be improved to ensure they are robust. Timeliness of submission of Reg. 24 assessments to panel still needs improvement.

An audit on pre-birth assessments in July 2017 showed that inclusion of the birth father and the extended family in the assessment and planning is an area which we need to improve.

Next Steps

Adopting Signs of Safety will support continued improvements to the quality of our assessments and practice. Work is currently underway aligning Liquidlogic with the approach. Good practice examples of assessments using Signs of Safety will be developed to support good practice.

The process for the completion of Viability Assessments will be reviewed alongside expectations around joint working between fostering and CIN/CP, and good practice guidance on the completion of viability assessments will be shared at the Service Managers meetings.

The contact policy is currently being reviewed.

Evaluation

Significant progress has been made, but as the majority of practice is not yet good, this recommendation has not been met.

Assessments are now timely and regularly updated. The quality of assessments has significantly improved, although the majority do still require improvement. As a core element of social work practice, improving the quality of assessments is a consistent focus of all children's social care services, and therefore will be continued and maintained effectively through service development activity and support through audit. Progress will continue to be monitored by Children's Services, the LSCB and other partnership boards through audit. A body of work is in place to drive improvements to assessments of connected persons and family and friends arrangements.

- | | |
|----------|--|
| 9 | Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear (paragraphs 31, 32, 34, 36, 52, 55, 57, 65, 115). |
|----------|--|

Background to the recommendation

Child Protection Plans and Child in Need Plans were not always specific to individual children, and not always of a good enough quality. Plans lacked timescales and contingencies. Plans were not consistently underpinned by a full understanding of whether changes were sustainable.

Direct work with children and young people was not always informed by the assessment or the plan so lacked focus. Some Social Workers were too slow to respond to the lack of progress against plans for children and young people; some Child Protection Plans showed delays and drift and some children experienced delays with their permanence plans. Some cases took too long to step up to Child Protection.

Not all partners were as involved in planning as they could be. Adult service Social Workers and Housing Providers were less involved and this meant that there was not always a coordinated multi-agency response.

The quality of Personal Education Plans (PEPs) has improved, but some were not detailed enough and did not contain precise enough targets.

The majority of pathway plans did not have clear and specific targets and actions to help or encourage young people to secure employment, education or training.

Strengths

The quality of plans has significantly improved. Plans are current, individualised, child centred and increasingly SMART. In the last audit in Q1:

- 56% CIN Plans were good or better
- 50% CP Plans were good or better
- 65% Cared for Children's Plans were good or better
- 94% evidenced that the social worker had appropriately identified and challenged the safeguarding concerns
- 96% evidenced that the social worker took the right action at the right time to protect the child and their siblings
- 87% evidenced that intervention had improved outcomes for the child/ young person

This is a significant improvement since the inspection. As outlined under recommendation 8, a considerable body of work has taken place to support assessment of parental capacity to change which has resulted in increased understanding of sustainability.

A recent themed audit was undertaken in June 2017 by the CiN/CP Service to quality assure decision making around cases where children had been on a Child in Need Plan for more than six months. Some of the findings included:

- 65% of cases were judged to be good or better

- There were a number of examples where the social worker had made an additional effort in ensuring that birth fathers were included in the plan.
- There was evidence of social workers building positive and meaningful relationships with the children and young people they were working with.

A reflective session also took place with Team Managers to consider the learning from the audit and a proposed action plan has been developed to address the objectives and areas for improvement identified.

A pre-birth audit has recently been completed which showed the contribution of partner agencies in planning and assessment was evident in nearly 90% of cases.

Increased scrutiny has been put in place to drive improved outcomes for children who are at risk of drift and delay. All children who have been on Child Protection Plans for over 9 months, are subject to repeat CP planning, or have been involved in the pre-proceedings process for over 6 months are reviewed by a Service Manager or Head of Service on a monthly basis.

The core training offer for Social Workers and Managers supports workers to develop the skills to produce and support strong assessments and plans. Training on delivering direct work with children and young people has been delivered to ensure that this is of a good quality and is informed by assessment, analysis and planning.

Child Protection IROs have developed strategies to better prepare children, young people and parents for initial and review conferences and increase their understanding of the child protection process prior to their first conference. Conference processes have been changed to make them more 'child accessible' and we are co-producing a video with children and young people to explain the conference process. IROs ensure that there are clear contingency plans in place when cases are stepped down from Child Protection to ensure that the right action is taken immediately if outcomes for the child or young person start to deteriorate.

Good quality Pathway Plans have been developed and embedded to ensure the best outcomes for care leavers. Regular team audits and team learning events take place to share learning and good practice.

Cheshire East is now part of a Regional Adoption Agency called 'Adoption Counts'; we are working to ensure that this move realises best outcomes for our children in care by effective and prompt planning for adoption including best practice for concurrency planning and foster to adopt.

In the last PEP audit in summer 2017, over 70% PEPs were good quality. The summer network event for Designated Teachers focussed on making sure that teachers understood their responsibilities regarding cared for children and how the Virtual School can assist in these. There was a focus on the quality of target setting within personal education plans (PEPs) and the group produced a revised framework for assessing the level of support needed and the rating of the PEP quality. Schools have also been supported with bespoke training and this has taken place in more than ten schools or colleges with individual teachers or groups of staff who support particular children.

Areas for improvement

A recent audit regarding children who had been on Child in Need Plans over six months found there are some improvements needed with regards to evidencing the child's lived experience and contingency planning. Despite the significant improvements achieved, plans still need to be SMARTer and more outcome focused.

Next Steps

We will adopt Signs of Safety as our way of working across Children's Services, which will support a continual questioning approach to explore and understand the strengths and risks within families. The approach includes capturing the child or young person's thoughts, worries and wishes, and this underpins and drives all the work with the family. A core aspect of the Signs of Safety approach is identifying the timescale for when change should be achieved for every plan, which makes plans more timely. The risk for the child or young person is scored at every planning meeting which requires that all professionals and the family reflect on the progress achieved so far.

Letters before proceedings and the contract of expectations are being revised in line with Signs of Safety so they are clear for parents.

Evaluation

Significant progress has been made, but as the majority of practice is not yet good, this recommendation has not been met.

The quality of plans has significantly improved, and for the most part the majority of these are now good or better. As a core element of social work practice, improving the quality of plans is a consistent focus of all children's social care services, and therefore will be continued and maintained effectively through service development activity and support through audit. Progress will continue to be monitored by Children's Services, the LSCB and other partnership boards through audit.

- | | |
|-----------|--|
| 10 | Ensure that decisions to step down or close cases are appropriate and that management rationale to do so is clearly recorded (paragraph 39). |
|-----------|--|

Background to the recommendation

Inspectors saw a number of cases that had been closed to children's social care and stepped down too soon, where not enough progress had been made, and change had not been sustained to secure improved outcomes.

Strengths

Children are continuing to receive the right service to meet their needs; the Q1 audit showed that step up and step down is appropriate for the vast majority of cases (95%). Performance has been consistently high on this measure. The July 2017 prevention audit also found that step up and step down decisions were taken appropriately.

A deep dive analysis of assessments that resulted in no further action (NFA) showed that:

- In most cases (87%) auditors found that it was the right decision for the assessment to conclude as NFA and for it to then close or step down to CAF.
- A rationale to support decision making was found in 93% cases.

There is a clear process in place for when cases are stepped down, with Child in Need Team Managers chairing final Child in Need meetings and Step Down meetings so that they have oversight of the case and ensure the arrangements around step down are robust.

The percentage of children and young people subject to a CP plan for a second or subsequent time and the percentage of repeat referrals remain low which indicates that intervention is effective.

Areas for improvement

In the audit of assessments resulting in NFA, step down to CAF did not always appear to be actively considered and, of the cases that did not step down, 25.5% would have benefited from CAF support to offer co-ordination of services and to monitor and measure effectiveness of interventions.

A deep dive audit of re-referrals showed that 55% of cases sampled which were re-referred did not have a CAF in place on step down which potentially could have prevented re-referral.

Ensuring the change achieved is sustainable is a key focus for the service. Signs of Safety will support developments to practice in this area through the development of Safety Networks and coproduction of plans with families.

Next Steps

The step down process is being reviewed and revised and will be relaunched across teams. Signs of Safety will support robust step down arrangements through the involvement of family networks throughout planning. The family network continue to support the family once services withdraw.

A work plan for the LSCB Early Help Sub Group has been developed and implemented to drive developments across the partnership and ensure we support families at the earliest possible stage. The work on the group has included the development of a new Early Help

Strategy. The levels of need are currently being refreshed and are out for consultation with partners. These will be discussed in detail at the LSCB in September 2017.

We will continue to improve reporting around step down and CAF take up in order to drive effective challenge within the LSCB on partnership working. An Early Help Performance Management Framework is to be established. Within the redesign of the front door, we have increased the support available to partners undertaking CAF to ensure that partners are supported to develop the confidence and skills to lead high quality work with families. This is a significant additional resource. The CAF training programme will be relaunched to support partners to lead and contribute to high quality CAFs. The CAF multi-agency audit programme has just been relaunched.

A review of Early Help services is underway to ensure that we meet the needs of our children and young people early and prevent escalation. Signs of Safety will be adopted across early help services to ensure we have a consistent approach for working with families.

Evaluation

This recommendation has been met.

Step down is happening at the appropriate time for children and young people, and the rationale for management decision making is evident, therefore this recommendation has been met. When this is within CIN/CP, the process is robust. The next step is strengthening step down to CAF to support families to sustain change. This is a key focus for the service; the step down process is being reviewed and revised and will be relaunched across teams and Signs of Safety will support robust step down arrangements through the involvement of family networks throughout planning.

Recommendations we agreed were met in July 2016

Quality of Practice

- | | |
|-----------|---|
| 11 | Improve the implementation of delegated authority so that carers are clear about what decisions they can make and children do not experience delays (paragraph 78). |
|-----------|---|

Background to the recommendation

All foster carers spoken to in the inspection were aware of the delegated decision making process, but they felt that Social Workers still had to complete too many forms for decisions foster carers could make.

Strengths

The Foster Carers' Handbook was reviewed and revised along with the policy on delegated authority to ensure the guidance is clear and consistent for Social Workers and Foster Carers. A simple checklist is available on delegated authority, setting out what areas carers can make decisions on, which Social Workers make decisions on, and which need to be agreed and specified in the plan; this is included within the Foster Carers' Handbook. The Foster Carers' Annual Survey in 2016 showed that the vast majority of foster carers are aware of delegated authority and feel they are supported to make reasonable and appropriate decisions through this process

The forms on the child's record system were improved to support practice. This included a new Care Plan document which puts delegated authority in a clearer format, this has further strengthened practice in this area; young people's aspirations and financial entitlements are being captured and we are seeing improved outcomes.

Evaluation

This recommendation remains met.

Clear guidance on the policy has been developed, which has resulted in clarity for social workers and foster carers. The forms have been revised and streamlined.

- | | |
|-----------|---|
| 12 | Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales (paragraph 67). |
|-----------|---|

Background to the recommendation

Most cared for children had an assessment of their health needs, but there were delays in some initial health assessments taking place.

Only 30% of initial health assessments for cared for children and young people in were completed within timescale in 2014-15 due to delays in Social Workers requesting assessments. Review health assessments were timely.

Strengths

Marked improvement has been achieved and sustained over the past year to the timeliness of initial health assessments requested within 48 hours of the child or young person coming into care, from 16% in Q1 2015-16 to 78% this quarter (Q1 2017-18).

A root cause analysis has been undertaken during this time by both Clinical Commissioning Groups and as a result:

- dedicated IHA clinics have been established in both South and Eastern CCG's,
- the pathways for initial health assessments and escalation have been updated.
- the Designated Doctor has provided bespoke training for paediatricians undertaking initial health assessments including raising awareness regarding assessing the risk of child sexual exploitation.

Timeliness of initial health assessments has been closely monitored by the LSCB Quality and Outcomes Sub Group and Corporate Parenting Operational Group.

Areas for Improvement

The percentage of initial health assessments being completed by paediatricians within 20 days has remained at a low level.

Capacity issues within paediatric clinics accounted for 6 of the children not being seen within time frame in Q1. The recent employment of another community paediatric consultant is expected to ease this pressure going forward.

The remaining children were late having their initial health assessments for a variety of reasons. These included late notification of placement by the Local Authority, cancellation of appointments by foster carer, child not brought to appointment, placement changes for children, abscondment from placement, and clash of health appointment with Cared for review meeting. These issues highlight the need for continued close working between health professionals, social workers and foster carers to meet cared for children's health needs in a timely fashion.

Next Steps

East Cheshire Trust are exploring the possibility of a more flexible approach to where IHAs take place, rather than the expectation that all children will attend a clinic at the hospital.

Similarly, Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of Cheshire East.

A draft pathway for the completion of Goodman's strengths and difficulties questionnaire as part of the initial health assessment is being developed in order to improve baseline mental health assessment.

Evaluation

This recommendation is not met.

In July 2016, performance information was showing a positive trajectory for both elements of the process, so this recommendation was agreed as met, as performance would be closely monitored to ensure this increase in timeliness continued. However, the timeliness of the completion of initial health assessments still requires significant improvement, despite the majority of requests now being made within 48 hours. Work continues to be underway within health and social care to improve processes around this. Close scrutiny arrangements are in place through the LSCB Quality and Outcomes Group and the Corporate Parenting Committee and Operational Group.

17	Ensure later-in-life letters provide details of all known information, are written in plain English and are accessible to children so that they understand their stories (paragraph 107).
----	---

Background to the recommendation

Later in life letters were variable in quality.

Strengths

Later-in-life letters are produced by the Social Workers within the Permanence and Through Care Team who are working with the children concerned, with quality assurance advice provided by Adoption Counts Social Workers. The Service Manager for Permanence and Through Care and the Service Manager who links with Adoption Counts dip sample letters to ensure quality. A tracker is in place to monitor and ensure the timely production of later in life letters. All later-in-life letters are quality assured by Team Managers, and this is overseen by the Service Manager for Adoption. Consultation with care leavers has taken place on what constitutes a good later-in-life letter and this has informed the production of good practice exemplars.

A good quality standard has been established and letters are being produced to a good standard. Team Managers continue to monitor the quality of the letters and track timely production.

Evaluation

This recommendation remains met.

Later-in-life letters continue to be produced to a good standard and processes are in place to quality assure these and support consistency.

Listening to Children and Young People

- | | |
|-----------|---|
| 15 | Ensure that learning from complaints leads to clear action plans and that these are implemented, tracked and reviewed to inform and improve practice (paragraph 142). |
|-----------|---|

Background to the recommendation

Analysis of complaints did not consistently result in effective action to improve practice.

Recommendations from complaints did not sufficiently explore the underlying issues, and did not result in a reduction to the number of complaints received.

Strengths

A learning action plan has been developed to address the themes from complaints and is presented and agreed at Service Managers' meetings. This is also regularly taken to the Children's Social Care Leadership Team meetings for scrutiny. Progress against this is tracked and monitored to ensure effective action is taken.

The number of complaints received from children and young people and parents this year remains consistent with performance in 2015/16; nine complaints were received in both years from children and young people, or from an advocate on their behalf, and this year 92 complaints were received from parents, compared with 89 last year. **A total of 42 compliments were received this year.**

Compared to the number of referrals received and assessments completed (3438 and 4113 respectively) complaints represented only 3.5% of referrals received, and over 50% of those complaints were either 'Not Upheld' or 'Not Pursued/Withdrawn'. Although themes such as communication and delays continue, a decrease has been noted in the number of complaints mentioning these issues, and the service continues to improve in managing complaints at the local level despite continuing pressures.

The vast majority of complaints (over 90%) continue to be resolved at Stage 1 of the complaints process, and of those resolved over 40% are 'Not Upheld'.

No complaints received since 1 October 2016 have been escalated to Stage 2 so far, which is positive. Only two complaints received in 2016/2017 have been escalated to Stage 2, along with a further 2 received prior to 1 April 2016. The percentage of complaints escalated has decreased this year with only 2% escalated to Stage 2 in 2016/17 compared with 6% in 2015/16.

Themes from compliments and complaints to children's social care services are communicated to staff through Practice and Performance Workshops. Engagement with staff on changes to practice as a result of findings from complaints is done through these workshops and the Practice Champions Group. Good practice is celebrated at Practice and Performance Workshops to ensure staff recognise the hallmarks of good practice and the impact this has on children, young people and families.

A report on complaints, compliments and comments, FOIs, data protection, MP Letters and education complaints is presented to the Children's Services Directorate Management Team to ensure they have oversight of all feedback and requests for information and can identify

and address any themes. The learning from complaints is also considered in the audit reports to identify if there are any shared issues or learning.

Children, young people, parents and carers' views are actively sought so that they can inform service planning. Children and young people, parents and carers are invited to take part in the children in need and child protection feedback survey, which is completed at the last core group meeting as cases are closed to children's social care. The results of this survey show that families feel supported and listened to by their social workers;

- 100% said their Social Worker was easy to talk to
- 96% felt their Social Worker understood their situation
- 96% said that their Social Worker listened to their views
- 93% felt their Social Worker was reliable and did what they said they would do

Evaluation:

This recommendation remains met.

Analysis of complaints is resulting in action to improve practice, the number of complaints is low in relation to the volume of work, and compliments are also received on the service.

Management Oversight

- | | |
|----------|--|
| 1 | <p>Strengthen senior managers' oversight and monitoring of:</p> <ul style="list-style-type: none"> a) complex cases where there are historic drift and delay in taking decisive action (paragraph 36) b) private fostering and connected persons' arrangements to ensure that these arrangements are suitable and comply with regulations (paragraphs 40, 83) c) care leavers who are homeless (paragraph 112). |
|----------|--|

a) Complex cases

Background to the recommendation

In the inspection, inspectors saw two cases where drift and delay (across CIN/CP and cared for) had impacted on the child or young person's safety and progress, but this had not been alerted to senior managers.

Strengths

Robust processes are in place to ensure there is effective management oversight at all levels across the service and drift and delay is addressed and prevented. This includes:

- **Critical case reports** which are sent to the Director of Children's Services to ensure senior leaders have oversight of high risk cases.
- **Performance Challenge Sessions**, which have been reviewed to ensure they focus on the **quality** of our services, and the **impact on the child or young person**, rather than compliance. Performance Challenge Sessions are held for every service and include individual performance data for workers. The Service Manager challenges Team Managers on their team's performance, and separate Challenge Sessions are held between Heads of Service and Service Managers, where they are held to account for their service's performance.
- **Performance reports and a tracker for court work** which monitors the timeliness for pre-proceedings and Legal Advice Meetings. These are scrutinised monthly at legal liaison meetings. Cared for IROs actively track the progress of children where there is a court timetable and escalate where there is any delay so this can be addressed swiftly.
- The **Permanence Tracker** continues to support the timeliness of placement planning.
- **Increased scrutiny has been put in place to drive improved outcomes for children who are at risk of drift and delay.** All children who have been on Child Protection Plans for over 9 months, are subject to repeat CP planning, or have been involved in the pre-proceedings process for over 6 months are reviewed by a Service Manager or Head of Service on a monthly basis.

Work is underway to ensure we take timely action for our children and young people. A workshop on improving our processes around Public Law Proceedings has been held focusing on making our action more timely for children and young people, and an action

plan has been established, which is being delivered by task and finish groups. More detail on this is covered under recommendation 6.

Next Steps

Joint safeguarding and CiN/CP Performance Challenge meetings are to commence to ensure there is joint ownership and accountability for outcomes for children and young people, and to develop strong working relationships and increased understanding between teams.

Evaluation

This element of the recommendation remains met.

Robust monitoring arrangements are in place, which are supporting effective management oversight from senior management level to team managers. Performance is scrutinised regularly and in detail down to individual level. A considerable body of work is taking place to improve the timeliness around the court process to prevent children and young people experiencing drift and delay.

b) Private Fostering and Connected Persons Arrangements

Background to the recommendation

Service Manager's oversight of private fostering and connected person arrangements needed to be strengthened. Private Fostering cases sampled during the inspection showed delays in responding to notifications, disclosure and barring (DBS) checks, visits and decision-making. There was no evidence of management oversight identifying or challenging these delays.

Where cared for children or young people live with relatives or friends, assessments of connected persons were not always sufficiently robust, timescales for completion were not always adhered to, and it was not clear in all cases if assessments had been signed off by Service Managers.

Strengths

Significant improvements have been achieved in respect of frontline responses to new private fostering arrangements. Potential arrangements are being recognised quickly and appropriately responded to, and children and young people are being seen within seven days as per statutory guidance. Management oversight is in place; regular meetings are held between the Head of Service for CIN/CP and the lead IRO for private fostering which focus on achieving permanency for children and young people, reviewing progress and timeliness of assessments. A performance report is produced monthly on privately fostered children and young people to enable monitoring and scrutiny. Assessments are being completed in a timely manner.

At the time of the inspection, there were just three privately fostered young people known to the authority. As a result of awareness raising activity across the partnership, this number has considerably increased. In 2016/17 we were notified of 10 new private fostering arrangements.

The Private Fostering Policy and Procedure has been updated to ensure the process and expectations on timescales are clear. The process within the child's record system for private fostering has also been streamlined to ensure the system supports efficient and timely practice. Timescales for Privately Fostered children and young people are also monitored through Performance Challenge Sessions.

The Children's Safeguarding and Quality Assurance Unit (SQUA) also offers independent oversight of the private fostering arrangement; they are notified each month of any new notifications and data is cross-referenced to ensure the correct pathway has been followed and to enable the early monitoring of cases. Each privately fostered child or young person has an allocated Child Protection IRO who will arrange a combined CIN/private fostering review to ensure there is independent oversight of the plan.

Awareness raising around connected persons arrangements has been carried out and there is now a much greater understanding of this throughout the workforce; Reg. 24 assessments are being completed when appropriate. The Service Manager has oversight of assessments and there is a tracker in place to support effective scrutiny and oversight. Work is underway to improve our processes and support around family and friends arrangements as outlined in recommendation 8.

Areas for improvement

Timescales in relation to the DBS process still require some improvement as there is at times delay caused by carers not providing required information/identification promptly. Strategies are currently being identified to address this as part of service development work for 2017/18.

Next Steps

Strategies will be developed to improve the timeliness of DBS checks.

The work of the Family and Friends Court Work Task and Finish Group will strengthen processes and support for connected persons arrangements.

Evaluation

This recommendation remains met.

Management oversight is in place for private fostering and connected persons arrangements. Significant improvements have been achieved in respect of frontline responses to new private fostering arrangements and these cases are effectively overseen by managers through the Performance Challenge Sessions. The timeliness of DBS checks still requires some improvement which is being addressed through the development of internal action plans. The work of the Family and Friends Court Work Task and Finish Group will strengthen processes and support for connected persons arrangements.

c) Care leavers who are homeless

Background to the recommendation

Service Manager's oversight of care leavers who are homeless needed to be strengthened. At the time of the inspection six care leavers were refusing appropriate accommodation, all of

them had multiple problems, including drug and alcohol misuse, risk of or actual offending behaviour, and emotional health problems. Personal Advisors were making concerted efforts to engage them with services and reduce the risks; however outcomes for these care leavers were uncertain due to the complexity of the needs. Senior managers did not have sufficient oversight of these care leavers who are homeless, and did not routinely monitor the individual circumstances for these highly vulnerable young people.

Strengths

There are robust arrangements in place to ensure that there is effective oversight of care leavers in unsuitable accommodation or who are homeless, which includes:

- Monthly **permanence case tracking meetings**, chaired by the Head of Service, take place to ensure there is clear senior management oversight and drive for permanence.
- A **tracker for care leavers who are homeless** which is used to effectively track and monitor these young people, and this is overseen by the Service Manager on a monthly basis. Data on unsuitable accommodation is also monitored and tracked, and there is a detailed spreadsheet to track all 'eligible' care leavers and their transition plans, contingency plans and next steps. These Care Leavers are tracked and monitored via the Ignition Panel and monthly challenge meetings.
- **The Corporate Parenting Committee and Corporate Parenting Operational Group provide oversight in this area and a scorecard is regularly updated and scrutinised.** The scorecard is produced quarterly and on an annual basis the Corporate Parenting Committee looks in more depth at outcomes for care leavers, including their accommodation.

Areas for improvement

Data sharing between housing and children's social care needs to be strengthened. This will be improved through the Corporate Parenting Strategy.

Next Steps

The Corporate Parenting Committee will be undertaking specific deep dive analysis of particular themes to scrutinise and drive improvement and the development of the new Corporate Parenting Strategy.

Evaluation

This element of the recommendation has been met.

There are robust arrangements in place to ensure that there is effective oversight of care leavers in unsuitable accommodation, or who are homeless.

- | | |
|-----------|--|
| 13 | Ensure audit arrangements have a sharper focus on looked after children (paragraph 140). |
|-----------|--|

Background to the recommendation

The audit programme was focused around the performance and quality of services for child in need and child protection, as these services had been inadequate. Plans were in place to extend the current audit programme to Cared for Children but this had not taken place at the time of the inspection.

Strengths

The audit programme for children in need and child protection has been extended to cover cared for children's services, so this now reviews the quality of casework across the whole service. Audits are completed and reported on a quarterly basis to the Children's Social Care Leadership Team and the Children and Families Directorate Management Team. Audits are reported to the LSCB to ensure partnership scrutiny. The findings are communicated to the whole children's services workforce through the audit newsletter.

The audit process has been redesigned to focus on the quality of the outcomes achieved for the child or young person rather than compliance; this has driven improvement and enabled the workforce to recognise and embed good practice. Audit has now been aligned with Signs of Safety. Detail on the performance from audits, including performance on the Permanence and Through Care Team, is included within the comprehensive audit scorecard.

Regular themed Pathway Plan Audits for young people aged 16+ are undertaken by the Service Manager for Permanence and Through Care and there are improvements evident in the quality of practice. Audits have so far taken place on the following themes:

- Emotional Well-being and Mental Health
- Substance Misuse
- 16/17 year olds in semi-supported accommodation

Next Steps

The Care Leavers Service will be completing a Peer Audit of Pathway Plans in September 2017.

Evaluation

This recommendation remains met.

The quality of our cared for services is effectively scrutinised through audits and this is reported through the appropriate routes to ensure senior managers, service and team managers, staff and partners are aware of how our cared for service is performing and the areas for improvement.

- 14** Ensure that comprehensive and clear data and performance information are provided to managers and strategic leaders to enable them to better understand, oversee and scrutinise performance. This includes ensuring the accuracy of information provided through the electronic recording system so that managers have effective oversight of frontline practice (paragraph 137, 138).

Background to the recommendation

There was no annual performance report for children's services to outline and explain our progress compared with previous years against national performance and statistical neighbours, which would assist political leaders, partners and staff to understand and follow the improvement journey and demonstrate what performance means for children and young people.

Prior to the inspection, the electronic recording system for Children's Social Care (Paris) was replaced with a modern case management system (Liquidlogic) to support effective social work practice. The migration of data from the old system to the new one resulted in some anomalies and unreliable data. As a result, managers were not always confident about what the data was telling them, and managers were unable to readily identify the right data without a time consuming check of individual records or audits of casefiles. This made it difficult for managers to understand and manage performance in their services and teams.

Strengths

A scorecard for children's services is received on a quarterly basis by Children and Families Scrutiny Committee to ensure they have oversight and can scrutinise and challenge performance in children's services.

A range of reporting suites are available on children in need and child protection, cared for children and care leavers. Live performance profiles are also available for each team manager to run which shows their team's performance against the key areas, such as timeliness.

Performance Challenge data is produced and sent to managers on a fortnightly basis to supplement readily available reports. All performance, including individual performance is scrutinised through the performance challenge sessions. The Performance Challenge sessions have substantially improved the timeliness and accuracy of data loaded into the system. Specific performance areas are also explored through various monthly tracking meetings, such as cared leavers in unsuitable accommodation, and a range of trackers are kept to facilitate detailed scrutiny on performance in these areas.

Liquid Logic was launched almost three years ago, and the quality of data due to migration is no longer an issue as it was at the time of the inspection. Issues with migration of data from the old case management system to our current system are now resolved and data reporting is reliable.

Evaluation

This recommendation remains met.

Effective performance monitoring arrangements are in place and are driving improvements to practice.

- 16** Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by: (paragraph 150)
- reviewing the use of foyer accommodation for 16–17 year olds
 - ensuring that rigorous risk assessments are undertaken before the placement of young people in foyer or hostel accommodation and review the practice of using this provision (paragraph 114)
 - ensuring sufficient health provision for older looked after children and care leavers (paragraphs 121, 124)
 - improving the use of family group conferences so that all possible options for children are consistently explored (paragraph 55)
 - increasing the capacity of advocacy services to support children and young people identified as in need (paragraphs 45, 85, 150).

Background to the recommendation

There was no joint commissioning strategy in place.

Foyer accommodation was used as a last resort for young people who were not yet adults. Providers of this accommodation completed risk assessments on all young people under the age of 18 at the start of the placement, but did not routinely complete them on older care leavers who could be equally vulnerable. Assessments for these young people were not detailed enough, and did not specifically address the potential impact of the setting on the young person.

The 16+ Cared for Young People's Nurse Post had been vacant since April 2015, and although this post was covered, it was not always provided by the same person which reduced consistency. There was no specialist health resource for care leavers over the age of 18.

Family Group Conferencing was not used well and its impact was not known.

Not all children in need were offered advocacy. Some cared for children experienced delays in being matched with an independent visitor.

Strengths

A joint commissioning strategy is in place which was endorsed by the Children and Young People's Trust and the Health and Wellbeing Board.

A robust risk assessment tool in place for use with YMCA / foyer accommodation. Every young person in semi-supported accommodation (e.g. Watermill House, MoCoCo House, the YMCA) is risk assessed as per the recommendation. A dedicated support worker for 16-17 year olds will be put in place within Crewe YMCA.

We now have improved knowledge of our data, better oversight and understanding of our service and a 16/17 year old tracker to support planning on next steps accommodation options for young people. Data tracking is in place for young people in staying put arrangements, semi-independent provisions and forum housing. The trackers are reviewed in monthly Performance Challenge sessions.

We have improved our 16+ options with ring fenced properties. We have a tenancy readiness programme which offers care leavers the opportunity to think about the merits of having their own property and the responsibilities that may come with this. Four programmes were set up over 2016 and 13 young people engaged in this work over a 4-6 week period, with 4-6 care leavers participating at any one time. Seven of these have successfully moved to independent living, two have moved into supported lodgings, three have taken part in a trial at a taster flat and one has a moving on plan for semi independence from residential care in the coming months.

The 'Ignition panel' has been established which is an innovative project to support young people to have the best, most appropriate transition for when they leave care. Ignition is for young people aged 15½ plus who are thinking about where and how they would like to live when they leave care. Making sure our young people start independence at the right time and in the right place provides the best chance for a positive journey to adulthood and will support the best possible life chances. The panel shares ideas, suggestions, and good practice to develop an action plan that will support each young person to achieve their future living goals. This may be accessing a taster house, supported lodging or being supported through a semi-independent setting with a phased transition to young people being in their own property. The Ignition panel has been shortlisted for the Children and Young People Now Awards in 2017.

The post for the 16+ and Transition Cared for Young People's Nurse has been filled for over a year.

The take up of advocacy and independent visiting services was reviewed and target priorities have been set through negotiation with commissioned provider, The Children's Society. The advocacy service has been amended to be available for children with complex needs e.g. children with a disability. Automatic referral has been introduced to advocacy for children and young people at child protection. Young people have developed a short animation for young people to explain the role of an advocate and an independent visitor which is used to promote the service to children and young people.

Over the past year, IROs and The Children's Society have been working closely together in ensuring that young people are being offered an advocate to not only represent their views but to robustly challenge on the young person's behalf as well, further ensuring that their wishes and feelings were incorporated within the work that IROs and social workers undertook. Awareness raising with staff continues through attendance by The Children's Society at Practice and Performance Workshops and Team Meetings. The Head of Service for Safeguarding Children and Families has led a review of current advocacy provision, and following this there are changes planned for the way we deliver advocacy in the future which ensures this is also part of all frontline workers' roles with children and young people.

The use of Family Group conferencing has been reviewed and we are now using the Connected Persons model instead, which involves our Fostering Teams.

Areas for Improvement

We need to improve our practice with regards to Connected Persons Meetings and the procedures around this are being reviewed at present.

Evaluation

This recommendation remains met, and whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings.

All young people in foyer or hostel accommodation have a risk assessment in place. Young people who are in unsuitable accommodation or are homeless are closely monitored by the Service Manager. Health support for cared for children and care leavers is in place. Automatic referral to independent advocacy for children and young people at child protection is in place.

We need to improve our practice with regards to Connected Persons Meetings and the procedures around this are being reviewed at present.

Appendix:

Monitoring arrangements for recommendations that have not yet been met

Recommendation	Monitored through	Supported by	Planned Actions
Rec. 4: Ensure that where children do not meet the threshold for social work intervention their circumstances are considered promptly and they receive appropriate and timely early help. <u>Will be met once timeliness is restored</u>	<ul style="list-style-type: none"> • Performance Challenge Sessions 	<ul style="list-style-type: none"> • ChECS Performance Dashboard 	<p>Staff are being recruited to the new posts to meet the additional demands in the new structure. We will continue to closely monitor the timeliness of decision making at Early Help Brokerage to ensure this returns to the previously high levels.</p>
	<ul style="list-style-type: none"> • Children and Families DMT 	<ul style="list-style-type: none"> • Prevention Scorecard 	<p>A review of Early Help services is underway to ensure that we meet the needs of our children and young people early and prevent escalation. Signs of Safety will be adopted across early help services to ensure we have a consistent approach for working with families.</p>
Rec. 5: Ensure that strategy meetings and decisions are informed by relevant partner agencies	<ul style="list-style-type: none"> • LSCB Safeguarding Children Operational Group • LSCB Quality and Outcomes Group 	<ul style="list-style-type: none"> • IRO thematic audit 	<p>A repeat IRO audit on Strategy Discussions will take place in October 2017.</p> <p>Regular Police Liaison meetings take place and Strategy Discussions are to be a standing agenda item. We are currently reviewing the process for Strategy Discussions that take place shortly after referral to see if this could take place in the front door with the involvement of the integrated multi-agency team.</p> <p>A task and finish group is currently reviewing how lack of invitation or attendance can be challenged by partners, and whether themes and trends can be collated and reported to the LSCB Executive. Work is also being undertaken to support better use of video conferencing across the partnership to enable all partners to participate.</p>
Rec. 8: Ensure assessments for children in need of help and protection and children looked after are timely, consistently consider the full range of children's needs, contain thorough analysis and are routinely updated to	<ul style="list-style-type: none"> • LSCB Board and sub groups • Corporate Parenting Board and Operational Group • Children and Families 	<ul style="list-style-type: none"> • CSC Audit reports • IRO Thematic Audits • LSCB Multi-agency Audits • Children and Families Scorecard • LSCB Scorecard 	<p>Adopting Signs of Safety will support continued improvements to the quality of our assessments and practice. Work is currently underway aligning Liquidlogic with the approach. Good practice examples of assessments using Signs of Safety will be developed to support good practice.</p>

reflect changes in circumstances.	DMT <ul style="list-style-type: none"> • Children and Families Overview and Scrutiny Committee 		<p>The process for the completion of Viability Assessments will be reviewed alongside expectations around joint working between fostering and CIN/CP, and good practice guidance on the completion of viability assessments will be shared at the Service Managers meetings.</p> <p>The contact policy is currently being reviewed.</p>
Rec. 9: Ensure that plans to help children in need of help and protection, looked after children and care leavers, are specific, clear, outcome-focused, and include timescales and contingencies so that families and professionals understand what needs to happen to improve circumstances for children. This includes improving the clarity of letters before proceedings so that the expectations of parents are clear.	<ul style="list-style-type: none"> • LSCB Board and sub groups • Corporate Parenting Board and Operational Group • Children and Families DMT • Children and Families Overview and Scrutiny Committee 	<ul style="list-style-type: none"> • CSC Audit reports • IRO Thematic Audits • LSCB Multi-agency Audits • Children and Families Scorecard • LSCB Scorecard 	<p>We will adopt Signs of Safety as our way of working across Children's Services, which will support a continual questioning approach to explore and understand the strengths and risks within families. The approach includes capturing the child or young person's thoughts, worries and wishes, and this underpins and drives all the work with the family. A core aspect of the Signs of Safety approach is identifying the timescale for when change should be achieved for every plan, which makes plans more timely. The risk for the child or young person is scored at every planning meeting which requires that all professionals and the family reflect on the progress achieved so far.</p> <p>Letters before proceedings and the contract of expectations are being revised in line with Signs of Safety so they are clear for parents.</p>
Rec. 12: Improve the timeliness of initial health assessments so that children who become looked after have their health needs assessed within the expected timescales.	<ul style="list-style-type: none"> • LSCB Quality and Outcomes Sub Group • Corporate Parenting Board and Operational Group • Children and Families Overview and Scrutiny Committee 	<ul style="list-style-type: none"> • Corporate Parenting Scorecard • Children and Families Scorecard • LSCB Scorecard • Reports on IHAs 	<p>East Cheshire Trust are exploring the possibility of a more flexible approach to where IHAs take place, rather than the expectation that all children will attend a clinic at the hospital. Similarly, Mid Cheshire Hospital Trust are exploring alternative locations including community clinics based in the South of Cheshire East.</p> <p>A draft pathway for the completion of Goodman's strengths and difficulties questionnaire as part of the initial health assessment is being developed in order to improve baseline mental health assessment.</p>

<p>Rec. 7: Strengthen frontline practice to ensure effective action is taken to support children who go missing</p>	<ul style="list-style-type: none"> • LSCB CSE, Missing from home and care and child trafficking Sub Group 	<ul style="list-style-type: none"> • Missing from Home and Care Audits • Missing from Home and Care and CSE Reports • Missing from home and care Tracker 	<p>The CSE and MFH team will deliver workshops around analysis of risk, developing SMART plans and the MFH Protocol for Social Workers to support completion of high quality return interviews and ensure that information from these interviews informs planning. The CSE and MFH team will inform Team Managers of Service Declines at regular intervals and for those in care this will also be sent to the Safeguarding Unit for additional IRO oversight to support improvements to practice. Activity to support improvements to the quality of assessment and planning are outlined under recommendations 8 and 9.</p>
	<ul style="list-style-type: none"> • LSCB Board 	<ul style="list-style-type: none"> • LSCB Scorecard • Missing from home and care annual report • Sub Group reports 	
<p>Rec. 16: Strengthen commissioning arrangements to ensure that services meet the needs of families and children in need of help and protection and children looked after by improving the use of family group conferences so that all possible options for children are consistently explored</p>	<ul style="list-style-type: none"> • Children and Families DMT 	<ul style="list-style-type: none"> • Service reports 	<p>Whilst we have decided not to implement a traditional Family Group Conferences model we will continue to strengthen core social work practice by using Connected Person's meetings.</p>

Children and Families Overview and Scrutiny Committee

Date of Meeting: 27 November 2017

Report of: Mark Palethorpe, Acting Executive Director of People

Subject/Title: Children and Families Performance Scorecard – Quarter 2, 2017-18

Portfolio Holder: Cllr Jos Saunders

1. Report Summary

- 1.1. This report and the attached performance scorecard provide an overview of performance across the Children and Families Service for quarter 2 of 2017-18.

2. Recommendation

- 2.1. Scrutiny is recommended to:

- a) Note the contents of the report and scorecard; and
- b) Scrutinise areas where expected levels of performance are not being met.

3. Other Options Considered

- 3.1. Scrutiny may want to consider the performance of the Service more or less frequently.

4. Reasons for Recommendation

- 4.1 One of the key areas of focus for the Children and Families Overview and Scrutiny Committee is to highlight areas of poor performance and to scrutinise the effectiveness of plans in place to improve services. Overview and Scrutiny has an important role to play in the performance management systems of the local authority. The Children and Families performance scorecard provides essential data, along with qualitative information, to measure the effectiveness of services within children's services. This report and scorecard will be provided to Scrutiny on a quarterly basis to enable the Committee to maintain an overview of performance across the Service.

5. Background

- 5.1. This quarterly report provides the Committee with an overview of performance across Children's Services. This report and scorecard relates to quarter 2 of 2017-18 (1st July – 30th September 2017).
- 5.2. The performance scorecard details the following:
- Measure – details of each performance measure

- Polarity – whether it is good to have the measure high or low
- Statistical neighbour average – gives a comparator against local authorities with similar characteristics to Cheshire East. Cheshire East's statistical neighbours in rank order are:
 - Cheshire West and Chester
 - Warwickshire
 - Central Bedfordshire
 - Warrington
 - Hampshire
 - North Yorkshire
 - East Riding of Yorkshire
 - Solihull
 - North Somerset
 - West Berkshire
- National average – gives a national comparator figure
- Target – this is either a national target, eg, adoption timeliness, or a local one set by the service to provide a 'good/outstanding' service
- Year end 2016-17 – enables Members to compare existing performance to that in the previous year
- Quarterly performance – enables Members to compare performance from quarter to quarter
- RAG – this is a rating of red, amber, green based on current performance against the expected level of performance
- Direction of travel – this provides the direction of travel this quarter and whether this is positively or negatively in an upward/downward trajectory or static
- Comments – this provides a general commentary on the information presented
- C&YP Plan Priority – links the measure to the relevant priority within the Children and Young People's Plan
- Corporate Priority – links the measure to the relevant priority within the Council's Corporate Plan

5.3. Throughout 2016-17 considerable work took place to devise and develop comprehensive detailed scorecards for the Special Educational Needs Service, the Education and 14-19 specialist services, and the Prevention and Support services. This overarching Children and Families Service scorecard for 2017-18 has been revised in line with the key indicators recorded in these for consistency. This includes changes in terms of reporting some figures half termly in line with the school year. As a result, quarter 2 contains a number of gaps in the Education data as the first half term only finished at the end of October.

5.4. Since the last quarter the Department for Education (DfE) has published the statistical first releases for the CIN Census and SSDA903 (looked after children return) for the 2016-17 returns period and, as such, the highlighted statistical neighbour (SN) and England averages have been updated to reflect the latest comparative data.

6. Performance Overview

- 6.1. The performance scorecard at Appendix 1 includes 73 separate measures covering all areas of the service. Some of these measures are non-performance related, eg those that relate to population cohorts. In total, 43 of these measures relate to performance and have been RAG rated. A breakdown summary is set out follows (it is not possible to compare to the previous quarter due to the change in measures:

Performance Measures	Red	Amber	Green	n/a	Total
This quarter	6	7	30	30	73

- 6.2. The measures rated red and amber in the scorecard include the numbers and rates of both child protection and cared for children, which have continued to rise. This rise is reflected locally and nationally, including our statistical neighbours, CWAC and Warrington.
- 6.3. Due to the substantial increase in child protection cases, there has been a dip in performance in the percentage of initial conferences taking place within 15 days of the section 47 enquiry. The delays however are very short with 94% taking place within 20 days. Throughout the time period there are interim safety plans in place for individuals, which are discussed and agreed between the conference chair and the social worker to ensure no child is at risk due to the delay.
- 6.4. The percentage of initial health assessments notified within 48hrs and completed by paediatricians within 20 days continue to be significantly below desired levels, which again have been compounded by the increase in numbers of individuals entering the care system. In order to address this, bi-monthly meetings and early alert systems are in place with Health. The operational process has also been revised. The new Designated Nurse for looked after children is now in place and will be instrumental in supporting improved performance.
- 6.5. Lastly, there is a continued dip in performance around the percentage of new education, health and care plans (EHCP) completed with 20 weeks. A continued issue of a shortage of Educational Psychologists in Cheshire East is affecting this performance. We are however on track to convert all outstanding statements of educational need to EHCP's in the timescales required.
- 6.6. Whilst it is important to look at the current performance around particular measures, it is equally important to look at the direction of travel and to RAG rate this in relation to performance, ie, whether this is improving (green), staying broadly the same (amber) or getting worse (red). A summary of the direction of travel of performance across the service is detailed below.

Direction of Travel	Red	Amber	Green	n/a	Total
This quarter	7	13	39	14	73

7. Wards Affected and Local Ward Members

7.1. The performance measures relate to all ward areas.

8. Implications of Recommendation

8.1. Policy Implications

7.1.1 There are no direct policy implications, although low or high performance in a certain area may lead to suggest changes in policy to address them.

8.2. Legal Implications

7.2.1 There are a no direct legal implications.

8.3. Financial Implications

7.3.1 Although there are no direct financial implications related to this report, performance measures may be used as an indicator of where more or less funding is needed at a service level.

7.4 Equality Implications

7.4.1 Members may want to use the performance scorecard to ensure that services are targeted at more vulnerable children and young people.

9. Access to Information

9.1. The background papers relating to this report can be inspected by contacting the report writer:

Name: Gill Betton
 Designation: Head of Service, Children's Development & Partnerships
 Tel. No: 07764 166262
 Email: gill.betton@cheshireeast.gov.uk

Children's Services Scorecard - Quarter 2, 2017-18

PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 16-17	Qu 4 16-17	Qu 1 17-18	Qu 2 17-18	Qu 3 17-18	Yr. end 17-18	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
Safeguarding																
1.1	Number of contacts					10,681	2600	2809	2127					This is a substantial reduction (24%) from quarter 1 of 2017-18 and a reduction of 17% from the same period last year. Whilst this may be evident of a reduction in demand, it could also be due to the change of approach at the front door, particularly in relation to Vulnerable Persons Assessments (VPAs). This has led to a reduction in the number of contacts where police are the source. There has also been more challenge of early help services and individual agencies when consultations take place so may reflect a change in threshold decision making by partner agencies. Interface meetings are now regularly held with prevention services and CIN/CP service. This has led to increased discussions regarding threshold of need across the continuum as well as work with CEFs whereby workers discuss potential escalations to Social care with their own manager in the first instance rather than a contact to Checs. Noticeably in quarter 2 43% of contacts resulted in information and advice only.	2 Feel & Be Safe	Outcome 5
1.2	Number of referrals					3432	758	952	631					This is a 34% reduction in referrals compared to last quarter and a very similar reduction compared to the same time last year. Whilst the conversion rate has only dropped slightly, there was a 37% conversion rate in the same period last year.	2 Feel & Be Safe	Outcome 5
1.3	% contacts to referrals					32%	29%	34%	30%					Given the substantial reduction in the number of contacts, it might be expected to have a higher conversion rate if it is as a result of better threshold understanding by partner agencies.	2 Feel & Be Safe	Outcome 5
1.4	Number of repeat referrals					875	227	232	129					There has been a positive reduction in repeat referrals maintained for two quarters now which suggests that work with closed cases has resulted in long term positive changes being maintained.	2 Feel & Be Safe	Outcome 5
1.5	% repeat referrals	Low is good	22.1%	21.9%	<20%	25%	30%	24%	20%					There has been a positive reduction in repeat referrals maintained for two quarters now which suggests that work with closed cases has resulted in long term positive changes being maintained. This brings us in line with statistical neighbour average and our target performance.	2 Feel & Be Safe	Outcome 5
1.6	Number of children that went missing 5 times or more from home (quarterly figure is 5 or more times in any quarter)	Low is good				11	supressed	supressed	5					Year end position is the number of children that went missing from home more than 5 times in the reporting year 2016-17. The quarterly figures has been amended to reflect the number of individuals that went missing 5 or more times in the quarter. This is monitored closely on a monthly basis and scrutinised for emerging patterns together with ensuring plans are revised to reflect needs and the reasons for missing episodes fully understood and addressed. All children are known and there is a risk management and reduction plan in place to minimise the risks.	2 Feel & Be Safe	Outcome 5
1.7	% of assessments completed within 45 days	High is good	85%	83%	85%	88%	87%	88%	82%					Whilst quarter 2 has seen a drop in performance, this is still broadly in line with national performance. This may be due to higher proportion of cases at child protection and pre-proceedings level. This continues to be highlighted at challenge sessions.	2 Feel & Be Safe	Outcome 5
1.8	Number of children in need (CIN) - local definition					880	880	985	831					This purely relates to the individuals open to the 2 CIN/CP teams, including those within the FACT 22 service that are being assessed or supported at the CIN level. It excludes those open to the disability service. The reduction in figures may in part be due to the increased numbers seen with more complex needs at child protection and cared for level.	2 Feel & Be Safe	Outcome 5
1.9	Rate of children in need (CIN) per 10,000 - local definition					116.7	116.7	130.6	110.2					See above.	2 Feel & Be Safe	Outcome 5
1.10	% initial child protection conference (ICPC) within 15 days of Section 47 enquiry (S47)	High is good	83%	77%	90%	77%	91%	92%	83%					17 initial conferences pertaining to 26 children were not held within 15 days of the S47 enquiry; 94% were held within 20 days of the S47. However, this needs to be considered against increasing workloads, with 9 additional conferences pertaining to an additional 23 children taking place in quarter 2 compared to quarter 1. Where the conference is delayed due to late notifications, the Chairs discuss with the worker the interim safety plan in place for the child so the identified risk is managed.	2 Feel & Be Safe	Outcome 5
1.11	Number of children subject to child protection (CP) plan [includes child sex exploitation (CSE) Plans]				260-300	275	275	288	333					We have experienced a substantial increase in the number of individuals coming onto a child protection plan in quarter 2. An audit of cases confirms the appropriate action has been taken in these cases and this will continue to be closely scrutinised and challenged where more effective CIN planning could have prevented escalation. Against the reduction in repeat plans this would suggest rising demand and issues in the local authority which will be closely scrutinised, alongside the need for preventative services. The LSCB and partners have also been sighted on the significant rise.	2 Feel & Be Safe	Outcome 5
1.12	Rate of children subject to child protection (CP) plan per 10,000		38.8	43.3	35-40	36.5	36.5	38.2	44.2					We have experienced a substantial increase in the number of individuals coming onto a child protection plan in quarter 2. An audit of cases confirms the appropriate action has been taken in these cases and this will continue to be closely scrutinised and challenged where more effective CIN planning could have prevented escalation. Against the reduction in repeat plans this would suggest rising demand and issues in the local authority which will be closely scrutinised, alongside the need for preventative services. The LSCB and partners have also been sighted on the significant rise.	2 Feel & Be Safe	Outcome 5
1.13	% children becoming subject to a child protection (CP) plan for 2 nd / subsequent time	Low is good	21.4%	18.7%	<15%	17.4%	14.8%	17.1%	11.0%					This relates to 8 families; 3 of which were previously subject to a plan over 5 years ago. Overall for the first half of the year we are therefore at 13.8% which is much better than latest statistical neighbour and national data available and below our internal target.	2 Feel & Be Safe	Outcome 5
1.14	Number of child protection (CP) plans over 2yrs	Low is good	supressed	3.4%	0%	0.5%	2.9%	3.7%	0%					As at the end of quarter 2 no plans closed had been in place for over 2 years at point of closure. All children where they are on a plan for longer than 9 months are being actively tracked to prevent delay.	2 Feel & Be Safe	Outcome 5
1.15	Number of children on a child sexual exploitation (CSE) plan					10	10	6	7					Individuals on a CSE plan are closely monitored at the CSE Operational group, together with those individuals who, whilst not meeting the threshold for a formal CSE plan, present with issues that may put them at risk of CSE.	2 Feel & Be Safe	Outcome 5

PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 16-17	Qu 4 16-17	Qu 1 17-18	Qu 2 17-18	Qu 3 17-18	Yr. end 17-18	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
1.16	% child protection (CP) children reviewed in timescales (year to date fig)	High is good	92.8%	92.2%	100%	99.0%	100%	99.0%	100%				↑	Despite the increased workload in quarter 2 in terms of initial conferences, all reviews (relating to 197 children) were held in timescales.	1 Having A Voice	Outcome 5
Cared for Children																
2.1	Number of cared for children				400-450	422	422	438	466				↑	There has been a considerable increase in the number of individuals entering care in quarter 2. There has been detailed scrutiny around the reasons for this increase with regards to robust planning which could maybe have prevented some of the cases entering care, a rising trend in very complex cases and projections around further possible demand and implications for individuals. A detailed action plan is in place. It is important to note that increases are evident across the NW and statistical neighbour group and we remain in line with the England average.	2 Feel & Be Safe	Outcome 5
2.2	Rate per 10,000 cared for children		58	62	53.1 - 59.7	56	56	58.1	61.8				↑	There has been a considerable increase in the number of individuals entering care in quarter 2. There has been detailed scrutiny around the reasons for this increase with regards to robust planning which could maybe have prevented some of the cases entering care, a rising trend in very complex cases and projections around further possible demand and implications for individuals. A detailed action plan is in place. It is important to note that increases are evident across the NW and statstical neighbour group and we remain in line with the England average.	2 Feel & Be Safe	Outcome 5
2.3	% cared for children with 3 or more placements in year	Low is good	data not yet released	10%	<12%	13.6%	This data will be presented annually. See comments for quarterly updates							As at the end of September 2017 we had 40 individuals who had been in 3 or more placements since April 2017 (i.e had 2 or more changes to placement if they were in a placement at the 1st April 17). Based on the number in care that is equal to 9%, however this should be taken with an element of caution as this will not reflect the final outturn.	2 Feel & Be Safe	Outcome 5
2.4	% cared for children in long term stability placement	High is good	data not yet released	68%	75%	69.0%	This data will be presented annually. See comments for quarterly updates							Of the 161 children currently under 16 who have been in care for over 2.5 years at the end of September 2017, there were 105 who had been in the same placements for 2 years. This gives an indicative figure of 65%. However this should be taken with an element of caution as it will not reflect the final outturn.	2 Feel & Be Safe	Outcome 5
2.5	% cared for children reviews in timescales	High is good			95%	90%	98%	95%	96%				↑	Of the 239 individuals subject to a review in quarter 2 there were 230 reviews held within timescales. Those out of timescale are scrutinised at challenge sessions to ensure that the reasons for delay did not adversely affect the young person, and that systems support timely reviews. There are always instances where a delay may occur due to young person or carer wishes/ needs especially during the school holiday period.	1 Having A Voice	Outcome 5
2.6	Number of cared for children in internal foster care (including friends and family placements)	High is good			215	209	209	210	207				→	Currently the number of internal foster carers is lower than the increased demand for placements and we are struggling to recruit as fast as we would like. We are exploring a collaboration with neighbouring authorities to increase the number of recruited carers and also share any internal placement vacancies.	2 Feel & Be Safe	Outcome 5
2.7	Number of cared for children in external foster care	Low is good			85	95	95	102	118				↑	The number of individuals in external foster care is higher than we would like due to an ongoing increased demand for placements faster than we can recruit new carers. We are exploring a collaboration with neighbouring authorities to increase the number of recruited carers and also share any internal placement vacancies.	2 Feel & Be Safe	Outcome 5
2.8	Number cared for children placed over 20 miles from home address (Cheshire East and out of borough)	Low is good				91	91	105	112				↑	Whilst this figure represents 24% of the individuals in care, 10 of these children are placed with family and friends and an additional 20 are in long term foster placements. In addition a further 25 are in specialist school/ home provision and there is ongoing work with commissioning to increase the level of locally available specialist provision and residential homes.	2 Feel & Be Safe	Outcome 5
2.9	Number of cared for children that went missing 5 times or more (quarterly figure is 5 or more times in quarter)	Low is good				30	9	13	7				↓	Year end position is the number of cared for children that went missing more than 5 times in the reporting year 2016-17. The quarterly figures has been amended to reflect the number of individuals that went missing 5 or more times in the quarter. This includes CE children who are placed in CE and those placed in other local authorities. This is monitored closely on a monthly basis and scrutinised for emerging patterns together with ensuring plans are revised to reflect needs and the reasons for missing episodes fully understood and addressed.	2 Feel & Be Safe	Outcome 5
2.10	% of initial health assessments requested within 48 hours of coming into care	High is good			70%	71%	64%	78%	41%				↓	During quarter 2 there was a late request for an initial health assessment for 37 children. There was an increased number of children becoming cared for during this quarter that created additional pressures on the social work team, this was compounded by the school holiday period when a number of workers and managers were away form work. Despite these challenges the IHA request was no later than 4 days overdue for any child and figures break down as follows; 13 children the request was 1 day late, 9 children 2 days late. For 15 children the request was 3 or 4 days overdue, however 8 of the children had been placed in an emergency using police protection powers. In order to improve this we now have bi monthly and early alert systems in place with health and have reviewed the process operationally to respond to the issue of timeliness. The new designated LAC nurse is also now in place and so will assist with this.	4 Being Healthy	Outcome 5
2.11	% of initial health assessments completed by paediatricians within 20 days	High is good			100%	39%	58%	41%	32%				↓	As at the end of quarter 2 there were 14 cases that had not been in care for 20 days and as such we are still awaiting final figures. However, of those that have entered care since 1/4/17 with a completed health assessment 44% were completed within 20 days. This is still an improvement on last years overall performance against rising demand, but still needs to be challenged with partners as this is far from an acceptable performance.	4 Being Healthy	Outcome 5
2.12	% of children in care over 12 months with a health check in the last year	High is good	84%	90%	100%	91%	91%	87%	79.0%				↓	As at the end of September there were a total of 315 children who had been in care for 12 months or more, of which 250 had a completed health assessment loaded in the last 12 months.	4 Being Healthy	Outcome 5
Care Leavers																
3.1	Number of care leavers					199	199	202	198	OFFICIAL-SENSITIVE			→	This represents all eligible, relevant and former relevant care leavers who are supported with access to a Personal Advisor (PA) to offer help and guidance as they move to independence together with financial support as appropriate to individual needs.	5 Best Skills & Quals	Outcome 3

PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 16-17	Qu 4 16-17	Qu 1 17-18	Qu 2 17-18	Qu 3 17-18	Yr. end 17-18	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
3.2	% NOT In education, employment or training (NEET)	Low is good			38%	43%	43%	43%	37%				↓	This relates to 32 in the 18th birthday cohort, 35 in 19th birthday cohort, 41 in 20th birthday cohort and 43 in 21st birthday cohort. The indicator for quarter 2 reports the latest known activity so may differ from year end as that captures what an individual was doing on or around their actual birth date. If you include those engaging in positive activities in order to progress towards education, employment and training then this drops to 19%.	5 Best Skills & Quals	Outcome 3
3.3	% in suitable accommodation	High is good			96%	94%	94%	96%	96%				→	There are 6 individuals considered to be in unsuitable accommodation - 1 is in custody and the other 5 we are either unable to contact and whereabouts are unknown or have refused to disclose at present.	2 Feel & Be Safe	Outcome 5
Adoption																
4.1	% of children ceased to be looked after due to adoption - year to date fig	High is good			20%	18%	18%	18%	16%				↓	A cumulative figure of 13 out of 83 children in 2017-18 ceased to be cared for due to granting of adoption order.	2 Feel & Be Safe	Outcome 5
4.2	% of children ceased to be looked after due to granting of special guardianship order (SGO) - year to date fig	High is good			12%	17%	17%	20%	17%				↓	A cumulative figure of 14 out of 83 children in 2017-18 ceased to be cared for due to granting of SGO.	2 Feel & Be Safe	Outcome 5
4.3	Number of children adopted (ytd)	High is good			30	26	26	8	13				↑	The total number of children adopted by the end of quarter 2 was 13. In addition, there are 26 individuals with an adoption plan, 6 of which are living with their adoptive family/ foster to adopt placement.	2 Feel & Be Safe	Outcome 5
4.4	% children who wait less than 14 months between entering care and moving in with adoptive family	High is good			59%	62%	62%	74%	69%				↓	Please note that this indicator has reduced to being monitored at 14 month rather than 16 months in previous scorecards. Whilst there is a small reduction in the performance by the end of quarter 2, it still remains ahead of the target. The target is based on the England average that was provided by DfE on the adoption scorecards.	2 Feel & Be Safe	Outcome 5
4.5	Average number of days between entering care and moving in with adoptive family (A1 national indicator)	Low is good		558	426	541	541	383	391				→	Cheshire East performance has improved steadily year on year since this became monitored through the Adoption data set, from an initial position of over 700 days down to 391 in the latest quarter.	2 Feel & Be Safe	Outcome 5
4.6	Average number of days between placement order and match with adoptive family (A2 national indicator)	Low is good		226	121	66	66	62	88				↓	We continue to out-perform the England average of 226 days and the national target of 121 days.	2 Feel & Be Safe	Outcome 5
4.7	Average number of days between entering care and moving in with adoptive family/ foster carer who becomes adoptive family	Low is good			426	284	284	373	391				→	Cheshire East performance has improved steadily year on year since this became monitored through the Adoption data set, from an initial position of over 700 days down to 391 in the latest quarter.	2 Feel & Be Safe	Outcome 5
Education and 14-19 Skills																
Virtual School - NB attendance will be reported by academic year NOT financial year. Year end fig 2016-17 will be last academic year																
5.1	% of Primary pupils with less than 90% attendance (ytd)	Low is good				9%	12%	9%	9%					All 2/3 days sickness apart from 1 exclusion which has an intense support package in place.	5 Best Skills & Quals	Outcome 3
5.2	% of Secondary pupils with less than 90% attendance (ytd)	Low is good				21%	17%	21%	11%					Most relate to 2/3 days sickness. The residual relate to 2 school transfers, individuals integrating, 2 school refusers, placement breakdowns, and 2 new mums who are being supported in Special Units. All the children have support from the Virtual School and social worker and alternative provision/tuition is available.	5 Best Skills & Quals	Outcome 3
5.3	% attendance for Primary pupils (ytd)					96%	95%	96%	97%				↑	Positive early start for both primary and secondary pupils based on attendance at the end of the first month.	5 Best Skills & Quals	Outcome 3
5.4	% attendance for Secondary pupils (ytd)					92%	93%	92%	94%				↑	Positive early start for both primary and secondary pupils based on attendance at the end of the first month.	5 Best Skills & Quals	Outcome 3
5.5	Percentage of completed PEPs (Termly)	High is good				93% (July fig)	81%	93% (July fig)						There is no robust data yet available for the academic year starting in September 2017 as the focus is on individuals settling into place.	5 Best Skills & Quals	Outcome 3
Schools - NB data reported on a 1/2 termly basis - commentary will indicate which 1/2 term latest figures relate to. Year end 16-17 will be last academic year end																
6.1	Number of Academies	N/A				70	65	70	71				↑		5 Best Skills & Quals	Outcome 3
6.2	Number of maintained schools	N/A				85	90	85	84				↓		5 Best Skills & Quals	Outcome 3
6.3	% good or outstanding primary schools	High is good		87%		93%	93%	91%	92%				→		5 Best Skills & Quals	Outcome 3
6.4	% good or outstanding secondary schools	High is good				80%	76%	80%	80%				↑	In quarter 2 there have been no schools inspected but as this covers the summer period this would possibly be expected.	5 Best Skills & Quals	Outcome 3
6.5	Number of fixed term exclusions 1/2 termly - primary	Low is good	61	49650			33	33						This data is not yet available for the 1/2 term ending October 2017	5 Best Skills & Quals	Outcome 3
6.6	Number of fixed term exclusions 1/2 termly - secondary	Low is good	297	239240			284	286						This data is not yet available for the 1/2 term ending October 2017	5 Best Skills & Quals	Outcome 3
6.7	Number of permanent exclusions 1/2 termly - primary	Low is good	1	920			1	0						This data is not yet available for the 1/2 term ending October 2017	5 Best Skills & Quals	Outcome 3
6.8	Number of permanent exclusions 1/2 termly - secondary	Low is good	5	4790			2	9						This data is not yet available for the 1/2 term ending October 2017	5 Best Skills & Quals	Outcome 3
6.9	Number of children missing from education - Active cases 12 weeks or less (latest fig at quarter end)	Low is good				25	10	25	23				↓		5 Best Skills & Quals	Outcome 3
6.10	Number of children missing from education - Active cases 12 weeks or more (latest fig at quarter end)	Low is good				31	31	31	43				↓		5 Best Skills & Quals	Outcome 3

PI Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 16-17	Qu 4 16-17	Qu 1 17-18	Qu 2 17-18	Qu 3 17-18	Yr. end 17-18	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
6.11	% of pupils with less than 90% attendance Primary school year to date	Low is good	7.6	8.9			8%	7%						There is no robust data yet available for the academic year starting in September 2017 as the first half term is focused on finalising pupils on roll.	5 Best Skills & Quals	Outcome 3
6.12	% of pupils with less than 90% attendance Secondary School year to date	Low is good	13.5	14.3			12%	11%						There is no robust data yet available for the academic year starting in September 2017 as the first half term is focused on finalising pupils on roll.	5 Best Skills & Quals	Outcome 3
6.13	Current number of pupils being educated at home (year fig is position at yr end i.e July)	Low is good				323	299	323	293						5 Best Skills & Quals	Outcome 3
6.14	Number of meals delivered (per day)	High is good					15348	14416							5 Best Skills & Quals	Outcome 3
Prevention and Support																
Prevention and Early Intervention																
7.1	Number of cases through Early Help Brokerage					3536	877	889	586				↓	Although there has been a substantial drop in the number of cases passed through to Early Help, in terms of a proportion to contact the impact is much smaller.	2 Feel & Be Safe	Outcome 5
7.2	Number of CAF's open					946	946	935	958				→	The higher the number of individuals supported through a CAF suggests that we are supporting individuals at the early stage of issues being identified thus reducing the likelihood of escalation to statutory services.	2 Feel & Be Safe	Outcome 5
7.3	% of all open CAFs led by Cheshire East Prevention service staff					47%	47%	53%	50%				→	Increasing numbers of CAF's led by other agencies suggest stronger engagement of partners in meeting overall need.	2 Feel & Be Safe	Outcome 5
7.4	% 0-2 yrs engaged at children centres (most vulnerable i.e CIN/CP/LAC that have attended 3 or more times in the last 12 months)	High is good						49%	44%					If you exclude the babies born in September who are unlikely to have attended 3 or more times then the percentage increases to around 46%.	2 Feel & Be Safe	Outcome 5
7.5	% eligible children taking up 2 year old offer (termly figure only)	High is good		72%		76%	76%	75%	72%				→	Despite a slight dip in quarter 2, performance is in line with the national average.	5 Best Skills & Quals	Outcome 3
7.6	% children taking up 3 and 4 year old offer (termly figure only)	High is good			97%-99%	97%-99%	97%-99%	97%-99%	97%-99%				→	The percentage of children taking up the 3 and 4 year old offer remains between 97-99%. This figure may become more turbulent as the offer for 30 hours comes online.	5 Best Skills & Quals	Outcome 3
7.7	Number of families turned around (family focus) - claims made at agreed points in the year	High is good				153	153 (full yr)	45	51				↑	A further 51 families have now been supported to achieve results that meet the family focus criteria for claims as at the end of quarter 2 2017-18. This now means that we have supported 13.1% of the cohort to achieve positive outcomes for change.	2 Feel & Be Safe	Outcome 6
Youth Support																
8.1	Number of young people accessing the youth support service						1536	1424	1030				↓	Quarter 2 is traditionally lower due to the summer break. We would expect to see figures increase in quarter 3 in line with previous quarters.	5 Best Skills & Quals	Outcome 2
8.2	Number of young people not in education, employment or training (NEET) individuals [yr. 12-13]	Low is good				167	167	177	118				↓	This now purely relates to those in age Years 12-13 (i.e 17 and 18 year olds). Of the 118 who are NEET, 27 are not available to the labour market due to a combination of caring/parenting duties, pregnancy or illness. Of the remaining individuals, 76 are actively seeking work or working towards being employment ready and 15 have agreed start dates for employment/ training.	5 Best Skills & Quals	Outcome 2
8.3	% of young people not in education, employment or training (NEET) individuals [yr. 12-13]	Low is good				2.4%	2.4%	2.3%	1.65%				↓	This now purely relates to those in Years 12-13 (i.e 17 and 18 year olds).	5 Best Skills & Quals	Outcome 2
Special Educational Need (SEN)																
10.1	% good or outstanding special school	High is good				80%	80%	80%	80%				→	There has been no change in the percentage of good/outstanding special schools in quarter 2.	5 Best Skills & Quals	Outcome 3
10.2	Number of new education, health and care needs assessments requests in quarter					313	86	73	93				↑	Nationally, the number of children and young people with a new EHCP in 2016 calendar year increased by 29.3% when compared against the combined number of children and young people with Statements and EHCPs made during 2015. New Plans by Cheshire East decreased from 168 in 2015 to 148 in 2016. However, based on the number of EHC Needs Assessments commenced in 2017 as demonstrated in the table above this is likely to increase in 2017 in line with the National picture.	6 Additional Needs Additional Chances	Outcome 3
10.3	% of new education, health and care plans (EHCP) completed with 20 weeks	High is good	43.4	55.5		41% (Jan 17 SEN return)	84%	60%	31%				↓	The cumulative figure for plans issued within target is slightly above the performance for the full year 2016-17. However, our recent performance is still below the 55.7% national figure at 41% in 2016. The current shortage in Educational Psychologist capacity in Cheshire East due to the difficulties involved with recruitment and retention are factors in this reduced performance. Work is underway to address this.	6 Additional Needs Additional Chances	Outcome 3
10.4	Number of ongoing transfers from statements of educational need/learning difficulty assessments (LDA) to education, health and care plans (EHCP)				0 by end of March 2018	0 by end of March 2018	467	378	77				↓	The proportion is moving rapidly as transfers are being completed and statements which will not be transferred are ceased. All SEN Statements must be transferred or ceased by 31 March 2018 and the current target is to complete that by 31 December 2017.	6 Additional Needs Additional Chances	Outcome 3
10.5	Total number with an education, health and care plan (EHCP) [accumulative]					1412	1412	1513	1647				↑	The proportion of Statements as a percentage of the combined Statement and EHCP population is rapidly decreasing. On average this figure is reducing by 2% each month. As a result Cheshire East is on target to achieve the April 2018 deadline with 8 months remaining and 16% to complete. Between January 2016 and January 2017, 51% of children and young people in Cheshire East with a Statement in place as at January 2016 completed the transfer process, compared to 32.7% nationally and 33% across local authorities in the North West region.	6 Additional Needs Additional Chances	Outcome 3
10.6	Total number with an education, health and care plan (EHCP) or statement of educational need					1879	1879	1891	1897				→	There has been a small increase in the combined Statement and EHCP population. Cheshire East is below the National and the North West Region increase but is slightly higher than that of our statistical neighbours.	6 Additional Needs Additional Chances	Outcome 3

CHESHIRE EAST COUNCIL

REPORT TO: CHILDREN AND FAMILIES OVERVIEW AND SCRUTINY COMMITTEE

Date of Meeting:	27 November 2017
Report of:	Director of Legal Services
Subject/Title:	Work Programme update

1.0 Report Summary

- 1.1 To review items in the Work Programme listed in the schedule attached, together with any other items suggested by Committee Members.

2.0 Recommendations

- 2.1 That the work programme be reviewed.

3.0 Reasons for Recommendations

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 Not applicable.

6.0 Policy Implications including - Carbon reduction - Health

- 6.1 Not known at this stage.

7.0 Financial Implications

- 7.1 Not known at this stage.

8.0 Legal Implications

- 8.1 None.

9.0 Risk Management

- 9.1 There are no identifiable risks.

10.0 Background and Options

- 10.1 The schedule attached has been updated following the last meeting of the committee.
- 10.3 Members are asked to review the schedule attached to this report, and if appropriate, add new items or delete items that no longer require any scrutiny activity. When selecting potential topics, Members should have regard to the Council's new three year plan and also to the general criteria listed below, which should be applied to all potential items when considering whether any Scrutiny activity is appropriate.

The following questions should be asked in respect of each potential work programme item:

- Does the issue fall within a corporate priority;
 - Is the issue of key interest to the public;
 - Does the matter relate to a poor or declining performing service for which there is no obvious explanation;
 - Is there a pattern of budgetary overspends;
 - Is it a matter raised by external audit management letters and or audit reports?
 - Is there a high level of dissatisfaction with the service;
- 10.4 If during the assessment process any of the following emerge, then the topic should be rejected:
- The topic is already being addressed elsewhere
 - The matter is subjudice
 - Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

11 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

Name: Katie Small
Designation: Scrutiny Officer
Tel No: 01270 686465
Email: katie.small@cheshireeast.gov.uk

This page is intentionally left blank

Children and Families Overview and Scrutiny Committee 2017/18 – November 2017

Date: 27 November 2017 Time:2.00pm Venue: Committee suite, Westfields	Date: 29 Jan 2018 Time:2.00pm Venue: Committee suite, Westfields	Date: 26 March 2018 Time:2.00pm Venue: Committee suite, Westfields
---	--	--

Essential items

Item	Description/purpose of report/comments	Outcome	Lead Officer/organisation/Portfolio Holder	Suggested by	Current position	Key Dates/Deadlines
Emotional Health and Wellbeing - CAHMS	<p>To scrutinise tier 3 and 4 of the service. partners to be invited and answer a series of questions</p> <p>Additional information required in due course:</p> <ul style="list-style-type: none"> • The waiting times for CAHMS appointments in the Macclesfield area • How the improvements required to the out of hours service would be met. • The waiting times for neurodevelopment assessments • Delayed transfer of care 	People live well and for longer	Director of Public Health Children and Families Portfolio Holder and Adults health and Leisure Portfolio Holder	The Committee	Spot light review Further information required	29 January 2018
Budget	To give consideration to the		Executive	Portfolio	Committee Report	Date in January

Children and Families Overview and Scrutiny Committee 2017/18 – November 2017

	budget proposals which fall within the remit of the Committee		Director People Children and Families Portfolio Holder	Holder/ Chairman		to be agreed
Member's visits to frontline Children's Social Care Teams	To scrutinise the annual report	People live well and for longer	Children and Families Portfolio Holder	Portfolio Holder	Committee report	26 March 2018

Monitoring Items

Item	Description/purpose of report/comments	Outcome	Lead Officer/ organisation/ Portfolio Holder	Suggested by	Current position	Key Dates/ Deadlines
Performance Monitoring – C&F Scorecard	Quarterly performance reports	A responsible effective and efficient organisation	Executive Director People Children and Families Portfolio Holder	Ofsted	Quarterly performance report	27 November 2017
Summer Born Children	To review the performance (education) of summer born children and national trends	People have the life skills and education they need in order to thrive	Executive Director People , Children and Families Portfolio Holder	Scrutiny Liaison Meeting	Committee Report Item deferred due to last agenda being too large	27 November 2017
Transport Policy Review including AWR	To scrutinise the children's services transport policy review	People live well and for	Executive Director People Children	The Committee	Consultation.	27 November 2017 29 January 2018

Children and Families Overview and Scrutiny Committee 2017/18 – November 2017

		longer	and Families Portfolio Holder			
LADO Annual report	To review the annual report for 2016/17	People live well and for longer	Executive Director People , Children and Families Portfolio Holder		Committee Report	27 November 2017
Annual Education Report	To review the annual report for 2016/17	People have the life skills and education they need in order to thrive	Executive Director People , Children and Families Portfolio Holder		Committee Report	26 March 2018
Children's Centres/early Help and Prevention Services	To review the effectiveness of the Councils offer. To receive statistics and details of the success of the mobile centre.	People have the life skills and education they need in order to thrive	Executive Director People Children and Families Portfolio Holder	The Committee	Progress report	26 March 2018
Multi Academy Trusts (MATs)	Update, including role of Cheshire East Council and how work together with partners.	People have the life skills and education they need in order to thrive	Executive Director People , Children and Families Portfolio Holder	Scrutiny Liaison Meeting	Committee Report	Briefing note to be circulated

Task and Finish Groups

Send Reforms

Possible Future/ desirable items

Children and Families Overview and Scrutiny Committee 2017/18 – November 2017

To scrutinise the success of the expansion of project Crewe into Macclesfield

Safeguarding Board Report – Reflective and Serious Case Review – date TBC

Signs of safety – May 2018