

Children and Families Committee

Agenda

Date: Thursday, 24th March, 2022
Time: 2.00 pm
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

PLEASE NOTE - This meeting is open to the public and anyone attending the meeting is advised to wear a face covering when not seated (unless exempt).

Lateral Flow Testing: Anyone attending the meeting is asked to undertake a lateral flow test on the day of the meeting before embarking upon the journey to the venue. If your test shows a positive result, then you must not attend the meeting and must follow the latest advice on self-isolation.

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 at the top of each report.

It should be noted that Part 1 items of Cheshire East Council decision making 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**

To note any apologies for absence from Members.

2. **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.

For requests for further information

Contact: Josie Lloyd

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E-Mail: josie.lloyd@cheshireeast.gov.uk with any apologies

3. **Minutes of Previous Meeting** (Pages 5 - 10)

To approve as a correct record the minutes of the previous meeting held on 14 February 2022.

4. **Public Speaking/Open Session**

In accordance with paragraph 2.24 of the Council's Committee Procedure Rules and Appendix on Public Speaking, set out in the [Constitution](#), a total period of 15 minutes is allocated for members of the public to put questions to the committee on any matter relating to this agenda. Each member of the public will be allowed up to two minutes each to speak, and the Chair will have discretion to vary this where they consider it appropriate.

Members of the public wishing to speak are required to provide notice of this at least three clear working days in advance of the meeting.

5. **Covid-19 Schools Update (Verbal)**

To receive a verbal update on the Covid-19 situation in schools.

6. **All Age Carers Strategy 2021-2025** (Pages 11 - 106)

To approve the All Age Carers Strategy.

7. **Children's Care at Home Recommission** (Pages 107 - 138)

To approve the arrangements to recommission Care at Home services.

8. **Self-Evaluation of Children's Services** (Pages 139 - 184)

To receive the self-evaluation of services which shows the quality and impact of services.

9. **Children and Families Performance Report Quarter 3 2021-2022** (Pages 185 - 192)

To consider key performance measures.

10. **Councillor Frontline Visits Annual Report** (Pages 193 - 204)

To receive an update on the findings from member frontline visits carried out over the last 12 months.

11. **Work Programme** (Pages 205 - 208)

To consider the work programme and determine any required amendments.

12. **Minutes of Sub Committees** (Pages 209 - 212)

To receive and note the minutes of the Corporate Parenting Committee meeting held on 27 January 2022.

Membership: Councillors M Addison, L Anderson, M Beanland, J Buckley, C Bulman (Vice-Chair), D Edwardes, K Flavell (Chair), S Handley, G Hayes, I Macfarlane, J Saunders, L Smetham and L Smith

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Children and Families Committee**
held on Monday, 14th February, 2022 in the Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor K Flavell (Chair)
Councillor C Bulman (Vice-Chair)

Councillors M Addison, L Anderson, M Beanland, J Buckley, D Edwardes,
S Handley, G Hayes, I Macfarlane, J Saunders, L Smetham and L Smith

OFFICERS IN ATTENDANCE

Deborah Woodcock, Executive Director of Children's Services
Claire Williamson, Interim Director of Early Help and Prevention
Mark Bayley, Acting Director of Education and 14-19 Skills (Attended virtually
via Microsoft Teams)
Deborah Nickson, Legal Team Manager (People) and Deputy Monitoring
Officer
Joanne Wilcox, Head of Financial Management
Steve Reading, Principal Accountant
Josie Lloyd, Democratic Services Officer

54 APOLOGIES FOR ABSENCE

There were no apologies for absence.

55 DECLARATIONS OF INTEREST

In the interest of openness, the following declarations were made:

Councillor Beanland declared that he was a bursar for a primary school and would leave the meeting before the debate and vote took place for item 6, Schools Funding Formula and Early Years Funding Formula 2022/23. The Chair would allow Councillor Beanland to speak on the item before leaving the meeting.

Assurance was received from the Committee's legal officer, Deborah Nickson, that school governance was not considered a pecuniary interest for any matters on the agenda as the role of school governor would fall into personal interests and be non-pecuniary. Councillor Bulman, Councillor Edwardes and Councillor Smith therefore declared non-pecuniary interests due to being school governors.

Councillor Hayes declared an interest in respect of items 10 and 11 as he chairs a multi academy trust in Cheshire West and would leave the meeting ahead of discussion or debate on these items.

56 MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting held on 10 January 2022 be approved as a correct record.

57 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers.

58 COVID-19 SCHOOLS UPDATE (VERBAL UPDATE)

Mark Bayley, Acting Director of Education and 14 – 19 Skills, provided an update on the Covid-19 position in schools. Overall the situation was positive with recent data showing the infection rate declining, however high rates still remained in primary and secondary age groups. Challenges remained with staff absences and a number of measures were in place to address this, including movement of staff and combining classes. Pupil attendance in both primary and secondary schools was above the national average and was monitored closely. Attendance was slightly higher in primary schools and a query was raised as to why this was. While this could be attributed to a number of factors, it was agreed that a further breakdown of the information would be provided to the committee. The vaccination rollout continued with good uptake.

RESOLVED:

That the update be noted.

59 SCHOOLS FUNDING FORMULA AND EARLY YEARS FUNDING FORMULA 2022/23

Councillor Beanland left the meeting ahead of the debate and vote.

The committee received the report which requested approval of the schools funding formula and early years funding formula following recommendations from the Schools Forum.

Paragraph 3.3 had been removed from the recommendations after publication of the report as this had been subject to approval from the Department for Education which had not been received.

A query was raised regarding the number of maintained schools in a deficit position and it was agreed that this would be provided in a written response.

It was requested that the relevant ward members be informed if schools in their ward would cease to receive funding for rurality.

A query was raised regarding the Council's disapplication to the Department for Education to reverse the decision of the Schools Forum against the transfer of high needs, and whether there had been delegated authority to officers for this. It was agreed that a written response would be provided.

RESOLVED (unanimously):

1. That the Committee approves the following for the adoption of the schools funding formula 2022/23:
 - (i) The use of a local funding formula that uses the national funding formula factors, uplifted for the Cheshire East area cost adjustment, and with any additional funding being allocated via the basic entitlement factor.
 - (ii) The use of +0.5% as the minimum funding guarantee percentage. This means that individual school funding levels should increase by +0.5% compared to the 2021/22 levels (subject to the items included in minimum funding guarantee protection) and excluding pupil number changes.
 - (iii) The Growth Fund at £0.8m.

2. That the Committee approves the following for the adoption of the early years funding formula 2022/23:
 - (i) The continued use of the current funding formula and agrees to increase the hourly rates by the same percentage increase as the increased funding from the Department for Education.
 - (ii) The new funding rates. The rates for 2021/22 are shown at Appendix 4 and the proposed rates for 2022/23 are set out at Appendix 5.
 - (iii) The revised classifications for rurality are introduced from 1 April 2022. Three childcare providers would cease to be classified as Rural and should cease to receive funding for rurality from 1 April 2022.
 - (iv) Delegated authority to the Director of Prevention and Support to enter into revised contracts with providers in accordance with the Department for Education funding increase.

60 **PROGRESS UPDATE ON THE CHILDREN AND FAMILIES MENTAL HEALTH SPOTLIGHT REVIEW**

Councillor Beanland returned to the meeting.

The committee received the report which provided an update on progress made against the recommendations approved in October 2020 as a result of the spotlight review into Children and Families mental wellbeing services.

It was noted that this was an update report and that a full report would be brought to committee at a later date with further detail. A request was made for the full report to tie in with the performance scorecard to understand the impact this work was having and a further request was made for this to include practical examples of the work being done.

A concern was raised about supporting children and young people through the cost of living crisis and it was requested that members are engaged with on a ward level on the strategy for addressing this.

A query was raised regarding which hospitals the Council was receiving data from, whether this included hospitals outside the borough and whether this data related only to self-harm or if it included domestic abuse. A written response would be provided.

A further query was raised in relation to the letter sent by the Leader to the Secretary of State for Health and Social Care and the Minister for Education and whether a response had been received. A written response would be provided.

RESOLVED:

That the report be noted.

61 **WORK PROGRAMME**

Consideration was given to the Committee's work programme.

A request was made for an update report on the Best4Business programme and how it had been delivered and received in schools, including feedback and lessons learned.

A query was raised regarding the performance scorecard and why the presentation format had changed from the previous Excel spreadsheet. It was agreed that the presentation of the data would be looked into for future reports.

RESOLVED:

That the work programme be noted.

62 MINUTES OF SUB COMMITTEES

RESOLVED:

That the minutes of the Local Authority School Governor Nomination Sub Committee and the Corporate Parenting Committee be noted.

63 SCHOOL ORGANISATION: NEW NANTWICH PRIMARY SCHOOL (KINGSLEY FIELDS) – AUTHORITY TO ENTER INTO A CONSTRUCTION CONTRACT INCLUSIVE OF PRE-CONSTRUCTION SERVICES

Councillor Hayes left the meeting and did not return.

The committee received the report on the new Kingsley Fields primary school in Nantwich.

RESOLVED (unanimously):

That committee gives approval to provide authority to the Executive Director of Children's Services to award a construction contract for the provision of a new one form entry primary school in Nantwich, inclusive of any other agreements associated with or ancillary to the contract.

64 EXCLUSION OF THE PRESS AND PUBLIC

RESOLVED:

That the press and public be excluded from the meeting during consideration of the following item pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

65 DRAFT SCHOOL SPECIFICATION DOCUMENT (KINGSLEY FIELDS)

RESOLVED:

That the committee note the draft school specification for Kingsley Fields.

The meeting commenced at 10.35 and concluded at 12.25

Councillor K Flavell (Chair)

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Working for a brighter future together

Children and Families Committee Adults and Health Committee

Date of Meeting:	24 March 2022 28 March 2022
Report Title:	All-Age Carers Strategy 2021-2025
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	CF/48/21-22 AH/33/21-22
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. This report seeks approval to publish the All-Age Carers Strategy 2021-2025. The report provides details on the service model for the All-Age Carers Hub for 2022 in preparation for the retendering activity in the Spring of 2022.
- 1.2. The All-Age Carers Strategy supports the delivery of the council's priority to be a council which empowers and cares about people.

2. Executive Summary

- 2.1. The All-Age Carers Strategy 2021-2025 is the overarching plan to ensure all carers receive the right support at the right time. The strategy has been co-produced with health, adult carers, young carers, working carers, and older carers. It provides the details that will shape all future services for carers in our borough. This report seeks approval to publish the strategy.
- 2.2. The report provides details of the approach used for consultation and engagement with carers for the strategy, and the voice of the carer.
- 2.3. The report provides details on the service model for the All-Age Carers Hub for 2022 in preparation for the retendering activity in the Spring of 2022.

3. Recommendations

- 3.1. That the Children and Families Committee and Adults and Health Committee:
- 3.2. Note the details of the consultation and engagement completed for the All-Age Carers Strategy and All-Age Carers Hub.
- 3.3. Approve the publication of the All-Age Carers Strategy for 2021-2025 (Appendix 1).
- 3.4. Note the service model for the All-Age Carers Hub prior to recommissioning activity (Appendix 2).

4. Reasons for Recommendations

- 4.1. The All-Age Carers Strategy plays an important role in ensuring that the council meets its statutory duties under the Care Act 2014 and Children and Families Act 2014. The strategy supports the choice and control of carers, thereby increasing their independence and allowing the health and wellbeing of carers to thrive and develop.
- 4.2. The All-Age Carers Hub plays an integral and critical part of the early help and support offer for carers in Cheshire East. To date Cheshire East has 5,061 carers registered with the service.

5. Other Options Considered

- 5.1. There are over 40,000 hidden carers in Cheshire East. Carers are supporting people, often family members, who belong to groups sharing protected characteristics, including older people, but most notably, disabled people of all ages, including people with mental health needs. The carers strategy is intended generally to improve services or opportunities for carers and carers' experiences of services, including those sharing protected characteristics. The carers strategy is not expected to have any negative or adverse impact on anyone belonging to a group sharing protected characteristics.
- 5.2. Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as 'the wellbeing principle' because it is a guiding principle that puts wellbeing at the heart of care and support. Services that councils provide impact on carers' daily lives, and as such the strategy will ensure those services and our voluntary, community and faith sector (VCFS) organisations reflect this.
- 5.3. Not publishing the strategy is not recommended. Carers and stakeholders have invested a lot of time in producing this strategy in order to achieve better outcomes.

6. Background

- 6.1. On the 27 September and 6 October 2021, both the Adults and Health Committee and the Children and Families Committee gave approval for

commissioners to start the consultation and engagement for the All-Age Carers Strategy. The committees also approved the recommissioning of the All-Age Carers Hub, with a requirement to review the proposed new model of service for 2022.

- 6.2.** The level of consultation and engagement has been extensive, and has set the foundation of how the recommission of the new All-Age Carers Hub will form and develop.
- 6.3.** The draft carers strategy is the product of extensive engagement with carers and stakeholders which began in October 2020 and has included a carers forum, a stakeholder group, a public survey, and an engagement and consultation event for young carers and young adult carers. We have met with over 1,500 people. Feedback and ideas from the different interest groups has shaped the priorities and proposed actions in the strategy.
- 6.4.** The draft strategy identifies six priorities to be taken forward over the next five years:
- **Health and Wellbeing** - We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well, active and to have fun.
 - **Early Support for Carers** - We will work together to ensure access to co-ordinated services that provide the right support at the right time, across all sectors - social care, health and communities.
 - **Prevention – Carer breaks/Respite** - We will work with our providers and carers to look at how we can offer regular respite in different environments that are suitable to the carer and the cared for.
 - **Information/Access/Processes** - We will ensure that carers have access to good quality advice and support when they need it: a range of options are available to access information and advice to help build connections.
 - **Employment, Education and Training** - We will offer support for working carers through carer friendly employment, promoted in collaboration with the national Employers for Carers Network.
 - **Young Carers** - We will ensure that young carers are identified at the earliest possible opportunity, so they are able to learn, develop and thrive and to experience a positive childhood.
- 6.5.** Several priorities detailed in the Corporate Plan 2020-2025 relate to carers. These include:
- Reducing health inequalities across the borough

- Reducing the reliance on long term care by improving services closer to home and providing more extra care facilities, including dementia services
- A commitment to protect the most vulnerable people in our communities
- Increasing the life opportunities for young carers and adults.

Work is currently underway on developing the council's Digital Strategy, Rural Strategy and a new working carers policy.

6.6. The proposed All-Age Carers service model is not dissimilar from the current 'Hub and Spoke' model. It would continue to coordinate early help support for adults, parents, and young carers, with a single point of access at any stage of a carers' journey. It is being designed to reflect the voice of the carer and this will involve closer working relationships with social care and health. An outline of the service model and its pathways is attached within Appendix 2.

6.7. The proposed service is expected to provide many benefits. Below is a snapshot of some of the All-Age Carers Hub expected key activities for the new service:

- Single point of access
- Assessment and carers support package
- One to one support
- Closer working with our social care and health departments
- Crisis support
- 24/7 carers chat and helpline
- Peer support, networking
- Access to early help respite services
- Community based support e.g. coffee mornings or live web chats
- Online assessments via LiveWell
- Reduce hospital admissions
- Coordinated support from within our local hospitals
- Digital information and advice offer
- Emotional support
- Education, training
- Championing of carers rights
- Leading on the Carers Forum
- Leading on gaining carers champions in all settings.

6.8. There are some areas that commissioners will be strengthening within the model, this will be around the following:

- ensuring that information and advice for carers on the Cheshire East Live Well site is current

- strengthening the young carers offer, with clearer pathways with education settings and health, and co-producing a digital offer for young carers
- ensuring clearer pathways within hospitals that also include discharge to assess
- ensuring assessed access to early help respite support including offering crisis support.

Outcomes for carers will be tracked over time through the joining up of data from the provider, health, social care, schools, and education. This should enable a greater understanding to be reached of the effectiveness of carer provision.

- 6.9.** A key challenge for the new service will be to take account of the recommendations for young carers shared in the Ice Creates report and the Insight report on young carers throughout COVID-19. There will need to be more collaborative work with adults, health, and children and families' services to achieve the right outcomes.
- 6.10.** The recommission would take place via a competitive procurement process. Evaluation questions would test providers' abilities to deliver key aspects of service delivery such as the mobile response service to appropriate standards of quality. There would be a split of 60% quality and 40% price, with social value questions making up 10% of the tender marks. This would assess social and environmental impact. A presentation would also be required to a panel of carers with a mix of adult, parent and young carers and this element of the tendering activity will be worth 20%. This will ensure that the final step of this process truly reflects the voice of the carer.
- 6.11.** The successful provider would undertake work to ensure that use of the service is maximised across age ranges, geographies, and client groups where it is beneficial. This will include by undertaking actions with stakeholders (such as operational social care staff) e.g. conducting awareness sessions.

7. Consultation and Engagement

- 7.1.** COVID-19 has presented many challenges, especially for our carers. We needed to ensure, despite the pandemic, that we could hear the voice of our carers so we adapted our approach. As face to face meetings were not possible, we used other ways to ensure respondents could take part in the consultation in a safe way. Paper copies and easy read copies were made available as part of the consultation.
- 7.2.** The consultation was promoted across lots of communication channels including the vaccination programme for our unpaid carers via the All-Age Carers Hub. We linked in with other current consultation events and attended

operations team meetings to consult on the strategy. We have engaged and consulted with over 1,500 people. Our consultation activity included:

- All-Age carers survey which ran from 12 February to 31 March 2021. The [results](#) of this were shared with the committees at the meetings on 27 September and 6 October 2021.
- Twelve-week consultation on the strategy which ran from 15 November 2021 until 17 January 2022.
- Consultation with young carers from October 2021 to December 2021.
- Consultation with professionals from schools and education from October 2021 to January 2022.
- Graphic scribe of carers sharing their story and their message linked to COVID-19 in January 2022.

Key Messages

7.3. People were asked to what extent they agreed or disagreed with each of the priorities. The vast majority agreed with all the priorities and associated actions and commented on each of them.

7.4. The key messages that emerged from the priorities were:

- Improving communication between health and social care
- Improving access to services and support available for carers
- Identifying carers within all sectors including training and awareness
- GP intervention to support carers, improving the GP register for carers
- Supporting young carers in schools, colleges, and health
- Supporting young carers to be able to have a break and time away from their caring role
- Supporting the mental health and wellbeing of carers
- Working carers.
- More collaboration with LGBTQ+ awareness for carers and training for professionals.

7.5. Individuals and organisations were able to respond via email, telephone and in writing. We also shared the consultation on the strategy at the following consultation events:

- Autism
- Day Opportunities
- Assistive technology and charging Policy
- Dementia Strategy and steering group
- Live Well for Longer Strategy
- Rural Strategy (as part of the delivery plan).

8. Implications

8.1. Legal

8.1.1. The council has a responsibility to provide suitable services for all carers as set out within The Care Act 2014 and Children and Families Act 2014.

8.1.2. The courts have, as recently as 2020, clarified the common law duty of consultation upon public bodies, based on fairness, and the test for when a legitimate expectation will be established. The legal test for establishing a procedural or substantive legitimate expectation requires:

- an express promise, representation or assurance which is “*clear, unambiguous and devoid of relevant qualification*”; or
- a practice tantamount to such a promise.

8.1.3. The council has an established practice of consultation, and it is therefore important to do so in relation to the council’s proposed strategy in relation to All-Age Carers, by way of consultation on any changes which potentially have the effect of withdrawing existing benefits or advantages available to carers. Such consultation will involve those directly affected by such changes as well as any relevant representative groups. The responses to the consultation will need to be conscientiously taken into account when council decision makers make any future decision in adopting the strategy.

8.1.4. Any procurement would need to be carried out in accordance with the Council’s Contract Procedure Rules and the Public Contract Regulations 2015.

8.1.5. Any service contract will contain suitable provisions to allow the council to terminate the contract in event of funding from the Better Care Fund ceasing.

8.2. Finance

8.2.1. The commissioning of an All-Age Carers Hub service would offer an opportunity to ensure value for money, improved outcomes for carers by aligning services, and creating consistency across Cheshire for residents.

8.2.2. Cheshire East Council spends £751,000 per annum on the All Age Carers Hub. This includes £661,631 from the Better Care Fund (BCF) and £89,369 from the Children’s and Families Directorate (CEC base budget). The BCF is a Pooled Budget operated in partnership with colleagues from Cheshire CCG. Funding is confirmed through the Comprehensive Spending Review and the

NHS 5-year Plan. The current direction of travel is for increased integration and further extension of these shared financial arrangements.

- 8.2.3. The new contract would be for a 3-year period (1 January 2023 to 31 December 2026) with a possible 2 x 12 months extension period.
- 8.2.4. The budget for the full five years (including the 2 x 12 months extensions) would be £3,755,000.
- 8.2.5. As this is an externally procured service at the end of the contract there are no exit costs that will be needed to be funded (by either CEC or BCF).

8.3. Policy

- 8.3.1. The All-Age Carers Strategy will contribute towards the vision of the Corporate Plan 2021-2025 to be an open, fair, and green council and help to deliver the priority to be a council which empowers and cares about people. The All-Age Carers Strategy enables the council to be open and transparent about our commissioning intentions based on capacity, demand, engagement and coproduction in partnership with key stakeholders, and importantly with local residents and people who use carers services and those who may use them in the future.
- 8.3.2. The All-Age Carers Hub and Strategy will comply with any of the new legislation requirements of the Build Back, Better: Our Plan for Health and Social Care, September 2021, HM Government.

8.4. Equality

- 8.4.1. An Equality Impact Assessment has been updated post consultation. Inequalities identified will be actioned and addressed through the recommissioning activity and included as performance measures for the service to adhere to via the service specification and contract.

8.5. Human Resources

- 8.5.1. There are no direct impacts on any employees within Cheshire East Council.
- 8.5.2. All employees of the current provider/s will be eligible for TUPE, and during the tender all applicants will be provided with a full list of eligible employees.

8.6. Risk Management

- 8.6.1. With Cheshire Clinical Commissioning Group ceasing to exist from 1 July 2022, work is in progress to finalise/formalise a new structure for commissioning services in 2022. Although this may present some risks it will

be mitigated by working in close partnership with representatives from the NHS Cheshire Clinical Commissioning Group, who will provide regular updates.

8.6.2. The Carers Hub is funded via the Better Care Fund, which contributes to most of the budget.

8.6.3. The Department of Health and Social Care published the White Paper 'Integration and innovation: working together to improve health and social care for all' (2021). The White Paper set out the legislative proposals for a health and care Bill. The White Paper refers to the Better Care Fund - it sets out a technical change to separate the fund from the process for setting the NHS Mandate.

8.6.4. The service contract will include suitable termination provisions so that in the unlikely event that the Better Care Fund ceases, the council can seek to terminate the contract for the All-Age Carers Hub.

8.7. Rural Communities

8.7.1. Services will need to be developed to improve access for all carers from rural communities, with an expectation of increased outreach services and an improved digital offer. The hub and spoke model of the All-Age Carers Service will support this by raising carer awareness and working much more closely with GP practices and social prescribers, ensuring all carers are registered as a carer with their practice. The live well fund will be reviewed to ensure that the rural communities can set up support groups for carers. The carers forum will play an integral role in reviewing services. We have also linked in with the review of the Rural Strategy.

8.8. Children and Young People/Cared for Children

8.8.1. The service will be developed with young carers with a focus on those on Child Protection and Child in Need Plans. Developing multi-agency support and a safeguarding approach will be part of the service development and will shape the future offer.

8.8.2. A key development is to align the service with education settings. This will improve the identification of young carers to support at the earliest opportunity.

8.9. Public Health

8.9.1. Carers provide a huge role in supporting the cared for and their loved ones. Public Health offers the opportunity for carers and the public to obtain greater reassurance through knowing that they would be supported around their health and wellbeing programmes.

8.9.2. The wellbeing of our carers is paramount, and the All-Age Carers Service will offer information and advice, befriending, counselling services, reducing loneliness and isolation. Recently we have trialled the ‘take a break service’ during COVID-19. This has been a real success and we will be developing this further through our community respite offer. Young carers breaks and support are essential – they make a real difference to the health and wellbeing of young carers and young adult carers. Making friends in a similar situation, building confidence and learning about themselves outside of the caring role are all positive outcomes of breaks. This is one of the priorities embedded in the All-Age Carers Strategy and the All-Age Carers Service will be working closely with our young carers school and education services.

8.10. Climate Change

8.10.1 The recommission of the service will include social value questions including one specific to the environment. This will seek to minimise the environmental impact of the service. The service specification will also contain specific requirements relating to this such as in relation to efficient route planning and use of electric vehicles, promotion, and training in the digital environment.

Access to Information	
Contact Officer:	Jill Stenton (All Age Carers Strategy) Senior Commissioning Manager Jill.Stenton@cheshireeast.gov.uk Elizabeth Smith (All Age Carers Hub recommissioning) Senior Commissioning Manager Liz.Smith@cheshireeast.gov.uk
Appendices:	Appendix 1 – All Age Carers Strategy 2021-2025 Appendix 2 - Cheshire East Integrated Carers Model 2023 Appendix 3 – Cheshire East All Age Carers Survey Results Appendix 4 – ICE Creates and Cheshire East Council consultation and engagement report for young carers Appendix 5 – Insight report on young carers and the impact of Covid-19 Appendix 6 – Responses to consultation and engagement on the All Age Carers Strategy 2021-2025 Appendix 7 – Graphic Scribe of carers and COVID-19
Background Papers:	Cheshire East Corporate Plan 2021-2025

Cheshire East Council

All Age Carers Strategy 2021-2025



Open

Fair

Green

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Developing the Cheshire East All Age Carers Strategy 2021-2025



Shaping the Cheshire East All Age Carers Strategy 2021-2025

Caring for a family member or friend, unpaid, is a vital, valuable and important contribution to the delivery of adult social care and health services. Carers are the experts in caring for those they look after, so we we have developed this strategy together with carers in Cheshire East. This strategy aims to:

- adapt local services to identify and support carers in their caring role
- help adult carers live a life outside of caring
- support young carers to access meaningful respite that reduces the negative impact of their caring role.
- review our cared for services in conjunction with their carers.

It is important that decisions about how to improve support for unpaid carers across Cheshire East are shaped by and for carers. We really value the contributions carers have made in developing this strategy.

It has been jointly written by carers in Cheshire East, Cheshire East Borough Council and Cheshire Clinical Commissioning Group.

Foreword

Welcome to the All-Age Carers Strategy 2021 – 2025 for Cheshire East. This strategy has been written for and has the support of carers, partners and other key stakeholders across the partnership who want our aims and ambitions to be clear and succinct and offer all carers which include those who are adults, parents, working or young carers an opportunity to live, work, stay connected and be a vital part of their local communities.

The COVID -19 pandemic continues to have a monumental impact on unpaid carers' lives – not only because of the increased amount of care that many are having to provide, but because of the far-reaching effect that providing this level of care is having on many aspects of their lives: their relationships, their mental and physical health, their paid work and finances, and their emotional wellbeing.

Over the last 2 years we have tried to ensure that all carers are seen as a priority and that their needs are paramount. Within Cheshire East we know that there are over 40,000 carers but so many do not identify themselves as carers and therefore do not come forward for information and support.

At some point in our lives, we are more than likely to become a carer for somebody that we know and love. At the time we may not realise or recognise the role as such, but we want all carers to know that we as a local authority we have this strategy in place that will recognise you as a carer and will provide the vital support and information at the right time and in the right place.

We recognise that carer support needs to be localised where possible, within strong, inclusive communities, delivered in a way that helps carers to be happy and healthy. By working together with carers and key

organisations, we can ensure we are taking a 'whole systems approach' to supporting carers in Cheshire East. We will achieve this by strengthening the current pathway and reviewing our commissioned arrangements to ensure they are fit and appropriate for the future.

We will also increase efforts to identify carers who do not currently know what is available to support them, enabling them to access support and reducing their risk of carer breakdown. Carers make a tremendous contribution to their families, communities, workplace and society. It is important that we continue to recognise and value this contribution, and that we work "all together for carers" in the future.

Taking on a caring role should not mean that people have to give up work, and having to do so might lead to financial hardship and/or social exclusion. Carers should be supported in the workplace to maintain their employment status.

Where organisations have moved toward 'Carer friendly' employment practice they have been able to demonstrate strong business benefits such as significant savings made in unplanned absences and improved employee retention.

We as an organisation and our colleagues from health are committed to support our working carers.

Signature to go here

Adults and Health
Committee Chair

Signature to go here

Children and Families
Committee Chair

Introduction

Unpaid carers are our unsung heroes, and the COVID -19 pandemic amplified the importance this role has on society and public services. Most of us will become an unpaid carer at some point in our lives and it is essential that advice, information, guidance and support that is available is accessible, appropriate and timely for carers.

The Care Act 2014 defines a carer as:

'A "carer" is an adult who provides or intends to provide care for another adult (an "adult needing care")'
'A "young carer" is a person under 18 who provides or intends to provide care for another person.'

Carers play an integral role within their community by providing care which can have an impact in terms of their own health; education; ability to remain employed; relationships and social life. Legislation such as the Care Act 2014 and Children's and Families Act 2014 provides an opportunity to enhance our support to Carers as, for the first time, it places them on an equal footing with those they care for and recognises the importance of their own 'wellbeing'.

Research tells us that the number of family and unpaid carers who provide care and regular support to another individual will increase substantially over the next ten to fifteen years because people are living longer, including the cared for. This means that there will be an increase in the number of people who are carers. Therefore, they will be undertaking caring roles for longer periods of time. The physical and mental health conditions associated with the ageing process means that family and unpaid Carers will need a range of support to enable them to feel valued and manage their caring responsibilities alongside enjoying their own lives.

It is estimated that there are over 40,000 hidden carers residing in Cheshire East (this number is approximate for the size of Cheshire East's population. The statistics are difficult to estimate, as we know, but this is ranged between 1 in 8 adults and 1 in 6 adults.

Cheshire East Council recognise the diversity of the caring role and aim to offer the right support at the right time through a whole system approach through all its policies and strategies.

The All Age Carers Strategy has been co-produced by carers, statutory partners and voluntary and community sector partners who provide services or have an interest in carers.

It demonstrates our commitment to carers and seeks to respond to local issues, outlining how everyone across the system is working together to improve the lives of our carers and those that they care for.

This Strategy gives the context and background of national and local policy, using these to inform and shape Cheshire East priorities. We want to demonstrate how our priorities in Cheshire East have been created through the review of the data produced from the Carers Joint Strategic Needs Assessment (JSNA) and the review of our current provision which will be produced and aligned with this strategy. We also aim to draw on and reflect the lived experiences of Carers across Cheshire East and use these to help shape our priorities.

This strategy covers the general principles that apply to all adult carers. We want carers supported across the whole system, and for carers to be seen as everybody's business. In order to achieve this, the Carers Strategy seeks to take account of and link to other strategies. Equally, the expectation is that carers are reflected in all other system strategies, for example the Cheshire Palliative and End of Life Care Strategy; Dementia Strategy; Live Well for Longer Strategy; Learning Disabilities Strategy; and Physical Disabilities Strategy.

There is a significant number of young carers in Cheshire East—children and young people who provide support and/or care. We are committed to providing them with the support they need and to protect them from caring responsibilities that are inappropriate.

A recent consultation and engagement event, concluding with a report with our young carers and professionals considers the specific experience of young carers and the needs they present. We will commit to ensuring the support available to them is appropriate, tailored and readily accessible. With this document we want to create a truly all age approach.

National Legislation



The Care Act 2014

The Care Act replaces previous legislation regarding Carers and people being cared for and has the following provisions:

- All Carers have the right to an assessment when they appear to have needs
- All Carers have the right to support if they meet the eligibility criteria
- Local authorities have a duty to provide information to Carers
- Local authorities may arrange for other organisations such as charities or private companies to carry out assessments of need
- Local authorities have a duty to promote an 'individual's wellbeing' which includes protection from abuse and neglect.
- Local authorities must support carers to achieve the outcomes they want in day-to-day life
- Local authorities must have regard to whether the carer works or wishes to do so
- Local authorities must have regard to Carer participation in education, training, and recreation

The Care Act ensures that Carers have as many rights for support as those they care for. Duty for advocacy starts from initial contact and carers have advocacy e.g. during carers assessments, if they have substantial difficulty and no appropriate support.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

The Children and Families Act 2014

The Care Act replaces previous legislation regarding Carers and people being cared for and has the following provisions:

The Children and Families Act 2014 gives young carers the entitlement to the same help and support as adult carers. The legislation means that all young carers under the age of 18 are entitled to an assessment of their support needs. The Local Authority has to consider what services it can provide to meet these needs. Specific duties for Local Authorities under this legislation are:

- Taking reasonable steps to identify the extent to which there are young carers in their area with needs for support and, if so, what those support needs are
- Carry out an assessment for young carers upon request

<http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>

The Children Act 1989

A Local authority in England must assess whether a parent carer within their area has needs for support and, if so, what those needs are. A local authority in England must take reasonable steps to identify the extent to which there are parent carers within their area who have needs for support.

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

National Legislation

Young Carers

The Care Act 2014, and Children's and Families Act 2014, make specific provision for Young Carers in the transition from children to adult's services. A young carer is someone aged under 18 who helps look after a relative with a disability, illness, mental health condition, or drug or alcohol problem. Young Adult Carers are young people aged between 16 and 25 who are caring for another child or young person, or an adult.

In relation to Young Carers, the Care Act requires that:

- Where it appears to a local authority that a Young Carer is likely to have needs for support after becoming 18, the authority must assess:
 - Whether the Young Carer has needs for support and if so, what those needs are
 - Whether the Young Carer has needs for support after becoming 18, and if so, what those needs are likely to be

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>



Assessments for Young Carers

The Care Act 2014 requires local authorities to consider the needs of Young Carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide care. In these circumstances the local authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education, and development.

Local authorities should ensure that adults' and children's services work together to offer Young Carers and their families an effective service, are able to respond to the needs of a young carer, the person cared for, and others in the family. This avoids the need for multiple assessments where children and adults find they are expected to give the same answers to professionals from different services, coming into their home at different times.

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

National Policy

The Government's Carers Action Plan 2018 – 2020 'Supporting Carers Today'

This remains the current national policy for supporting Carers. The plan sets out the cross-government programme of work to support Carers until 2020. It is structured around the following themes:

- Services and systems that work for Carers
- Employment and financial wellbeing
- Supporting Young Carers
- Recognising and supporting Carers in the wider community and society
- Building research and evidence to improve outcomes for Carers

<https://www.gov.uk/government/publications/carers-action-plan-2018-to-2020>

National Legislation

The Prime Minister's Challenge on Dementia 2020

The Prime Minister's challenge on dementia 2020 sets out a vision to create a society where those with dementia, their Carers and families, receive high quality compassionate care from diagnosis to end of life across all settings: at home, hospital or care home. Carers of people with dementia provide a vital role and we know that the availability of appropriate care and support and the quality of services has a significant bearing on whether Carers feel able to take a break from their caring responsibilities. Providing Carers with better information, training and coping strategies, including emotional and psychological support, improves their quality of life.

<https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>



NHS England's Commitment to Carers 2014

This identifies eight priority areas for the development of increased support to Carers in Primary Care. These are:

1. Raising the profile of Carers
2. Education, training, and information
3. Service development
4. Person-centred, well-coordinated care
5. Primary care
6. Commissioning support
7. Partnership links
8. NHS England as an employer

NHS Strategic Aims for Carers

- To secure better outcomes of care for patients, and for the millions of people who care, unpaid.
- To build a carer-friendly NHS to a greater extent than ever before.
- To start to build an NHS where no carer feels left alone, and that the NHS is there to support them in their caring journey
- To change things so that carers are better able to look after their own health and wellbeing, manage the care of the person being cared for and are less likely to go into crisis.
- To increase recognition of carers as a vulnerable community and caring as a social determinant of health

<https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>

NHS Long Term Plan Commitment to Carers – Deliverables 2020-2024

- Identifying and supporting carers, particularly those from vulnerable communities
- Introducing best practice quality markers for primary care
- Adoption of best practice carer passport schemes and development/ introduction of quality markers in hospital settings
- Ability to share caring status with healthcare professionals wherever they present via electronic health record
- Carers understand the out-of-hours options that are available to them and have appropriate back-up support in place for when they need it
- Young Carer “top tips” for general practice to include preventative health approaches, social prescribing, and timely referral to local support service.

This plan outlines a revised health model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting. Supporting Carers is recognised as an important strand to this model, and in particular the following priorities are identified:

- Greater recognition and support for Carers in both primary and secondary care (including the implementation of Quality Markers for GP practices developed by CQC)
- Focus on supporting Carers in vulnerable communities
- A more proactive approach to identifying and supporting Young Carers
- Develop digitally enabled support
- Include Carers themselves in the development of Carer services

<https://www.longtermplan.nhs.uk/>



NHS Long Term Plan Commitment to Carers – Deliverables 2020-2024

NHS Care Quality Markers 2019

The NHS has introduced Care Quality markers that have been created through working in partnership with Carers Trust, Carers UK, and The Children's Society, and have been endorsed by the Care Quality Commission (CQC).

The markers consist of six questions that can be used by care services to demonstrate how effective they are in recognising and supporting Carers.

The questions have been based on what Carers, and their representatives, have told us matter most to them, and require the care service to show how they go about supporting Carers for each of the six themes identified. Each question is supported by a number of practical ideas that care services can put into place to help them develop the support they give to Carers. The care service completes an annual declaration as evidence of how it is supporting Carers and this evidence can be used for CQC inspections.

<https://www.england.nhs.uk/publication/supporting-carers-in-general-practice-a-framework-of-quality-markers/>

Social Care Institute for Excellence (SCIE) and Carers UK

Guidance was issued in June 2019 on providing and commissioning Carers' breaks, plus advice and information for Carers on how to get a break. Research by Carers UK shows 46 per cent of unpaid Carers were unable to get a break in the last five years, even though they wanted one. Evidence indicates that there needs to be a wider choice of breaks available, and to ensure they are accessible, personalised, and enjoyable for both the carer – and the person they care for.

<https://www.scie.org.uk/carers/breaks/adults/commissioning>

<https://www.scie.org.uk/news/mediareleases/carers-respite-press-release>

Integration of Health and Social Care

There is a drive throughout England for healthcare, social care, district and borough councils and the voluntary, community and faith sectors to develop integrated approaches to designing and delivering services. Cheshire East is driving hard on this agenda along with other partners to have an Integrated Care System (ICS). This will focus on the delivery of services in a local footprint. Promoting closer partnership working, these arrangements harness the potential of organisations that can link together to support carers and undertake their own action plans to align with the priorities in the strategy. There is a robust track record of health and social care working in partnership to envelop the support available to carers. However, we recognise that there is more to do, particularly to strengthen the governance that supports partnership work

Local Context & Demographics

From the 2011 Census, we know that 12,453 people in Cheshire East identified themselves as caring for 20 hours per week or more, with a further 27,481 caring between 1 and 19 hours per week. Altogether that is almost 11% of the population of Cheshire East. Caring for 50 hours or over has increased by nearly a third since 2001 to 8,014, with over 42% of them aged 65 or over Carers caring for 50 hours or more per week.

The 2021 Census is currently being evaluated.



All Age Carers Strategy 2021-2025

1 The Purpose of the Strategy

The All Age Carers Strategy for 2021-25 will support the shift in social care and health transformation, providing key messages for specific markets and carers. It will start with asking the following questions:

- Who are our carers – demographics
- What support and services are in place at the moment, and what is not available and should be?
- What carers tell us, including the accessibility and quality of services for carers and what they tell us is needed?
- What support and services the council think people will need in the future?

2 Our Vision

Health and social care work effectively in partnership with other providers of services to support carers of all ages in Cheshire East ensuring that their voice is centre stage and that their wellbeing and identified priorities

are at the heart of all decisions. To make this real for carers, all the partners work as a team to support them and their families, involving them in service and product design, delivery and evaluation.

3 Our Mission

We will ensure that carers within our community are recognised, valued and provided with timely and

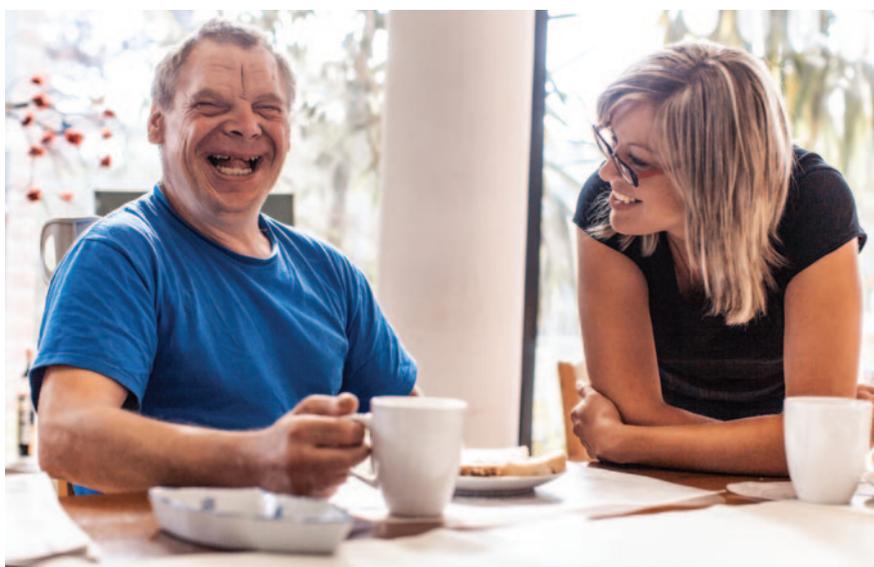
appropriate support. We will listen, understand, and engage with carers and together design robust support for all.

4 Our Priorities

Carers have told us about the values they believe should underpin all action and we have put them at the heart of the strategy. They have also been shaped by contributions from our partnership of NHS and social care, children's services, and our education, voluntary, and community and faith sector, comprising many local charities and groups.

These values are important to enable carers to continue caring. They help carers to achieve a balance between caring and a life outside of their caring role, to maintain their wellbeing and determine how they manage their caring role. The values will protect young carers from undertaking inappropriate levels of care.

Cheshire East Carers Forum will continue to work together to support carers to achieve the outcomes that make a difference to them. Carers will be involved in all aspects of designing services and measuring how these services perform, and deliver.



All Age Carers Strategy 2021-2025

Carers have told us that our priorities should be



Health & Wellbeing

- We will work across the place to ensure a diverse offer is available for our carers of all ages to stay healthy, well, active and to have fun
- We will ensure carers are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.



Early Support for Carers

- We will work together to ensure access to co-ordinated services that provide the right support at the right time, across all sectors social care, health and communities



Prevention – Carer breaks/Respite

- We will work with our providers and carers to look at how we can offer regular respite in different environments that are suitable to the carer and the cared for
- We will explore the range of community breaks available and offer emergency respite when required either in the carers own home or a place of their choice.



Information/Access/Processes

- We will ensure that carers have access to good quality advice and support when they need it: a range of options are available to access information and advice to help build connections.



Employment, Education and Training

- We will offer support for working carers through carer friendly employment, promoted in collaboration with the national Employers for Carers Network
- We will ensure that the right specialist resource is available to support social care staff to identify carers and to undertake carer's assessments as per their statutory duty
- We will ensure that staff who carry out assessments for an individual with care and support needs are fully supported and trained to recognise the needs and aspirations of the carer
- We will ensure that practitioners who carry out or contribute to carers' assessments have training and skills in that role and access to specialist advice
- We will ensure all staff are aware of the benefits of a carer receiving a statutory carer's assessment.



Young Carers

- We will ensure that young carers are identified at the earliest possible opportunity, so they are able to learn, develop and thrive and to experience a positive childhood
- We will offer a life course approach for those who go on to become Adult carers.



The **Carers Voice** is the golden thread in all that we do

All Age Carers Strategy 2021-2025

5 Our Aims

Will be to ensure that all carers:

- Are valued and respected by relevant stakeholders.
- Are feeling safe for the carer and cared for.
- Are identified and recognised by health, social care, employers, education settings and wider partners.
- Are supported to have a life outside the caring role, including employment, training, volunteering, keeping in touch with family and friends, relaxation and leisure activities.
- Have access to good quality commissioned services.
- Are confident that they know who they can contact when they need information and advice.
- Have the time to take care of their own health and wellbeing needs
- Have a voice and are listened to.
- Have the right to be supported if they decide to stop caring or the caring role ends



All Age Carers Strategy 2021-2025

6 How the Strategy was developed

The co-production and consultation followed the principles of the council's **Together** guidance.

We consulted with carers, organisations, and stakeholders on the development of this strategy. We first engaged with carers to develop a draft strategy, and then consulted with carers on the draft strategy.

The consultation and engagement events revealed the positives learnt from the pandemic, and explored how we can build on these.

We consulted with carers, providers (including staff) and customers around what support can be offered to carers and how can they be identified and supported to relevant services to continue their caring responsibilities in a positive way.

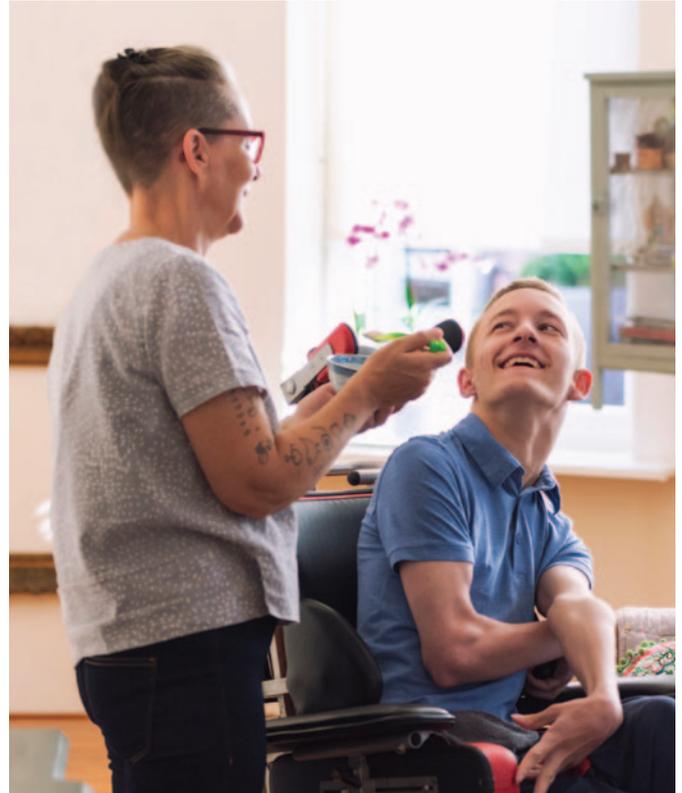
A consultation document was shared with our providers onto the CHEST (this is an electronic portal that offers opportunities for partners and customers to seek further information and ideas around what is the local offer to support our carers and what ways can they as a provider support this).

A key part of consultation around the all age carers strategy was operational staff undertaking reviews and reassessment of individual needs, aspirations and outcomes, at the request of other strategies taking place including Cheshire East Connected Communities Strategy (what will be the offer for our carers from the VCFS).

We have consulted with the above stakeholders to develop and review services that support our carers.

To avoid engagement overload, we 'piggy backed' on the engagement activities of other services so we could ensure that carers are at the forefront of everything we do. We need to ensure that carers were fully engaged and assist in the co-production of services that support the carer and the cared for.

We also consulted with our colleagues and other stakeholders in other areas of the council to ensure that the All Age Carers Strategy works in conjunction and aligns with other strategies and ensures carers play an active role in the development of those services which in turn aligns to the All Age Carers service.



Work is progressing regionally and nationally, CEC commissioners are engaged in all national and regional developments some of which will inform the All Age Strategy for example:

- Carers Passport
- G.P. registration for carers
- Employment for carers
- Care Ambassadors in our schools
- NICE Guidelines.

All Age Carers Strategy 2021-2025

7 Our Journey So Far - 2014 to 2021

In 2014, Cheshire East health and social care came together as partners through the local Health and Wellbeing Board. One of the roles of the board is to look at our population and agree strategic plans that would support our citizens not just for carers but also the wider issues around social care and health.

Two transformation programmes were set up within Cheshire:

- South Cheshire 'Connecting Care'
- East Cheshire 'Caring Together'

Both programmes had a priority to identify carers and provide support.

This was the start of the consultation and engagement with carers, partners, and professionals in Cheshire East. During these consultation and engagement events carers told the council that they needed a single point of access, 24/7 helpline and help much earlier to prevent carers breakdown. The Children and Families Department identified the need to provide an individual young carers assessment. These comments and concerns were fed into the Cheshire East Carers Strategy 2016/18. Subsequently, the council in partnership with the Clinical Commissioning Groups tendered for an organisation that would provide the Cheshire East Integrated All Age Carers Hub.

The All Age Carers Hub Model

The integration of carers service through an 'Hub and Spoke' model refers to a distribution method in which everything is centralised, it will either originate in the hub or the hub will distribute to our customers. The Hub would coordinate early help and support for adult, parent, and young carers, and has provided a single point of access at any stage of a carers journey. **It also provided other many benefits, below is a snapshot of some of the All Age Carers Hub key activities:**

- Single point of access
- 24/7 Carers Helpline
- Peer Support, networking
- Access to early help services e.g. Living Well Fund and Take a Break, crisis support

- Community based support
- Online assessments via Live Well
- Reduce hospital admissions

The Integrated All Age Carers Hub to date (June 2021) has 5061 carers registered with the service and has been key in developing a single point of access and assessment for carers.

Re-design of Carers Respite services

Bed based Carer Respite and Community Respite

Carer Respite support was recommissioned in December 2018. At the time, it was recognised that despite people being allocated a number of "nights" in a residential care home environment in order to provide a much needed break for carers, some customers and their carers were not making use of the support they were allocated. Consultation with them resulted in the service being re-designed. Market engagement with service providers took place and in response to feedback from customers, carers and key stakeholders, the model of support was extended to include community respite support.

It was apparent that the bed based support offered a lifeline for many, however, some customers and carers were telling us that they didn't want to go into a residential care home, even if only for a few days. However, carers still needed a break. Community respite was designed to enable the cared for person to access support in their own home and to look at other options.



All Age Carers Strategy 2021-2025

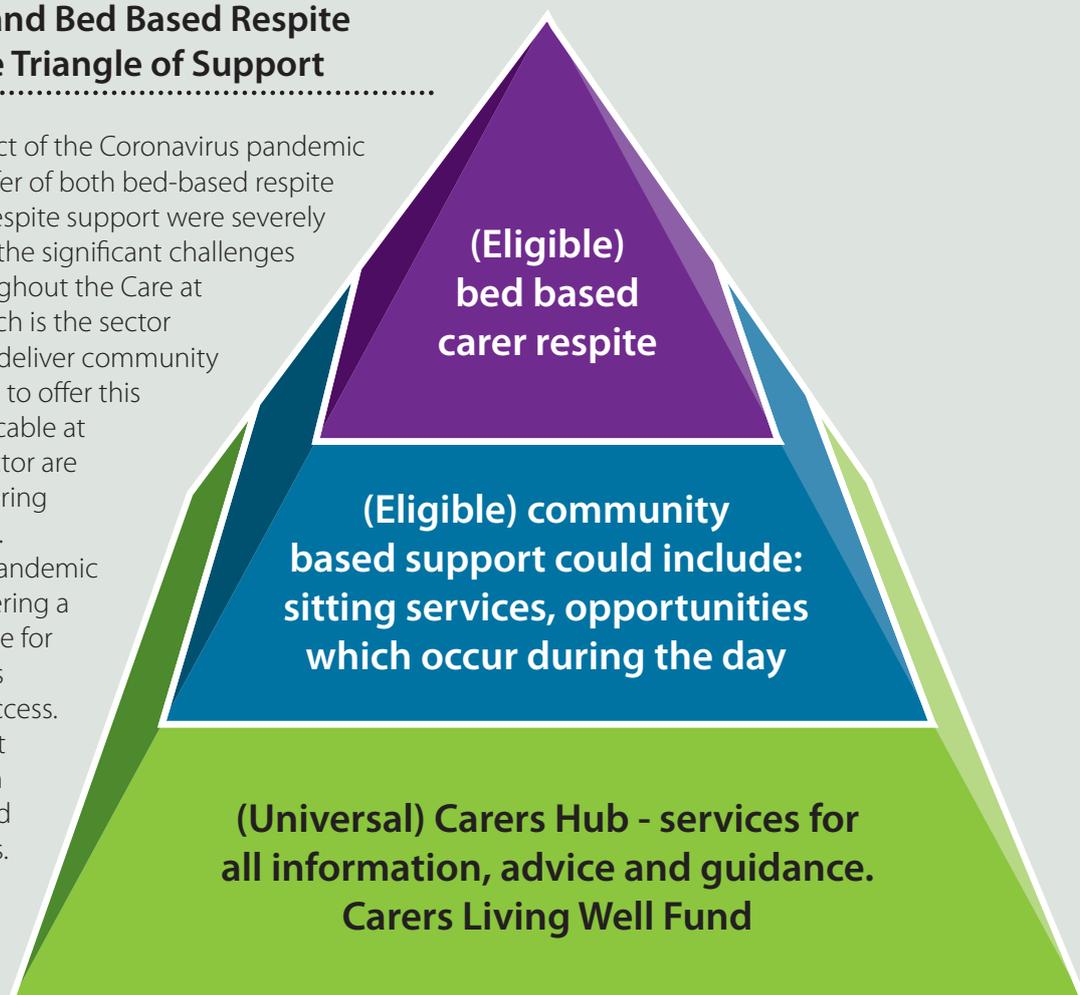
Carer Respite Scenario - Mrs Jones (the carer), has become socially isolated as she is the sole carer for her husband Mr Jones (the cared for person). Mrs Jones' emotional and physical wellbeing is deteriorating, Mr Jones is aware of this and it is exacerbating his condition as a result of the stress he is feeling. Both Mr and Mrs Jones are adamant that Mr Jones will not access bed-based respite support in a care home.

The community respite service could provide 6 hours of support every 4 weeks, to enable Mrs Jones to take a break and see her friends who she used to go walking with (improving both her emotional and physical wellbeing). Mrs Jones knows that Mr Jones is cared for in his own home and Mr Jones can receive the support he needs in an environment where he is comfortable.

The new model of carer respite support, incorporating both a community and bed-based offer of support was implemented between December 2018 and April 2019. The community respite provision is a less intrusive model of support, however, the take up of the Community Respite offer was fairly limited, possibly because it was a new way of facilitating support for carers. **The diagram below illustrates the model of support:**

Community and Bed Based Respite Support - The Triangle of Support

By 2020, the impact of the Coronavirus pandemic meant that the offer of both bed-based respite and community respite support were severely impacted. Due to the significant challenges being faced throughout the Care at Home sector (which is the sector commissioned to deliver community respite), the ability to offer this service isn't practicable at present, as the sector are focusing on delivering essential care calls. Throughout the pandemic we have been offering a take a break service for our carers. This has proved a huge success. We want to look at this in more depth with our carers and other stakeholders.



All Age Carers Strategy 2021-2025

Development of the Carers Forum 2021

The Cheshire East Carers Forum will facilitate two-way communication between carers and services used by all carers and their families in Cheshire East. The forum will work to provide feedback on services, offer constructive challenge to current services and input into decision making and planning for future service provision.

By working co-operatively and collaboratively with local service providers carers can contribute to improvements in the services delivered for carers:

- The carers forum will be a key group in terms of co-production and implementation of the delivery plan for the strategy in terms of holding us to account.
- Ensuring a diverse forum membership and representation of diverse views from carers from all backgrounds and sectors of the community.
- Promoting a reputation and image of the Cheshire East Carers Forum which reflects its aims and values.
- By establishing the Cheshire East Carers Forum, it will help facilitate health and social care commissioners to work in partnership with Carers to develop and evaluate innovative new ways in supporting Carers and their cared for.
- Coproduction is key, the carers forum will work together as equal partners to improve, develop, and deliver services towards a common goal for all our children, young people, families, and adults.
- Using the Together guide that has been coproduced together with children, young people, families and adults living in Cheshire East.



Engagement and Co-production

Commissioners continually engage and consult residents on our services and strategies. Some recent consultation and engagement activities include:

- Carers and their response to Day Opportunities Strategy
- Carers and their response to Assistive Technology charging policy
- Carers and their response to Dementia strategy
- Making Carers Visible CEC, NHS CCG and My CWA webinar – Carers supporting people living with dementia and Domestic Abuse
- Carers response to the autism strategy
- Transition Strategy
- Mental Health Strategy
- The End-of-Life Strategy
- Young Carers and professional engagement
- Engagement with a cohort of all age carers to review the digital offer for carers that will sit on all social platforms including GP practices, health, and social care. Including shared experiences of the pandemic and how they can share their message around protection of their cared for
- We are working with our Procurement and Consultation teams to share all relevant consultation and engagement materials related to carers to ensure we reach out to our providers that offer support to carers and the cared for.

Carers are the continuous link in all that we do - they are part of all the delivery plans with the above strategies and will continue to co-produce and consult with carers of all ages.

For everything we commission, recommission or decommission for the future there is a section within all our service specifications requesting information on 'what is their offer for carers, how do you identify a carer'?

All Age Carers Strategy 2021-2025

8 Where are we now?

Cheshire East are in a position where services need to continue to be aligned, not only to address the current financial climate and population growth, but also to ensure that services are streamlined to work closely together to provide the most effective service in a timely manner. This will benefit the carer and their families as the most appropriate service(s) will be offered.

The strategy will address the following elements, and these will be incorporated into the strategic intentions:

- Health and social care needs
- Value of carers
- Population growth
- Financial challenges
- Whole system approach (including recent strategies).
- Employment and carers
- Young Carers within schools / education

The carer remains at the focal point of this strategy and future commissioned services that will support this.

Figure 1: Elements of caring that need to be addressed



All Age Carers Strategy 2021-2025



Carers play such an important role in all that we do. The diagram above (Figure 1) shows that with every health and social intervention there is a carer involved. If we ensure that there are clear pathways for carers in all of the highlighted circles it will allow us to deliver the right support at the right time. For example, Young carers need to be identified as early as possible, so they receive the right support; e.g. a carer identified within their GP practice to ensure they receive the right support at the right time.

Carers are not a homogenous group; their circumstances are wide ranging in terms of the type of care they provide and the amount of their time they spend caring. Some may care for a few hours a week, yet others may care for over fifty hours per week.

Covid-19 has impacted on carers dramatically and we can see this by the high increase on carer referrals to the Cheshire East Carers Hub (over 500 new referrals in the last 9 months).

The COVID-19 pandemic continues to have a monumental impact on unpaid carers' lives – not only because of the increased amount of care that many are having to provide, but because of the far-reaching effect that providing this care is having on many aspects of life:

- Relationships
- Mental and physical health
- Work
- Emotional wellbeing
- Finances
- Education
- Loneliness and isolation
- Work life balance

There have been positive innovations in technology-based support for carers; though a vast majority of carers have found life significantly more difficult. A decrease in support and sometimes complete closure of local services alongside the increase in needs of individuals being cared for has led to most carers having to provide much more care.

<https://www.carersuk.org/for-professionals/policy/policy-library/caring-behind-closed-doors-six-months-on>

National Context & Demographics

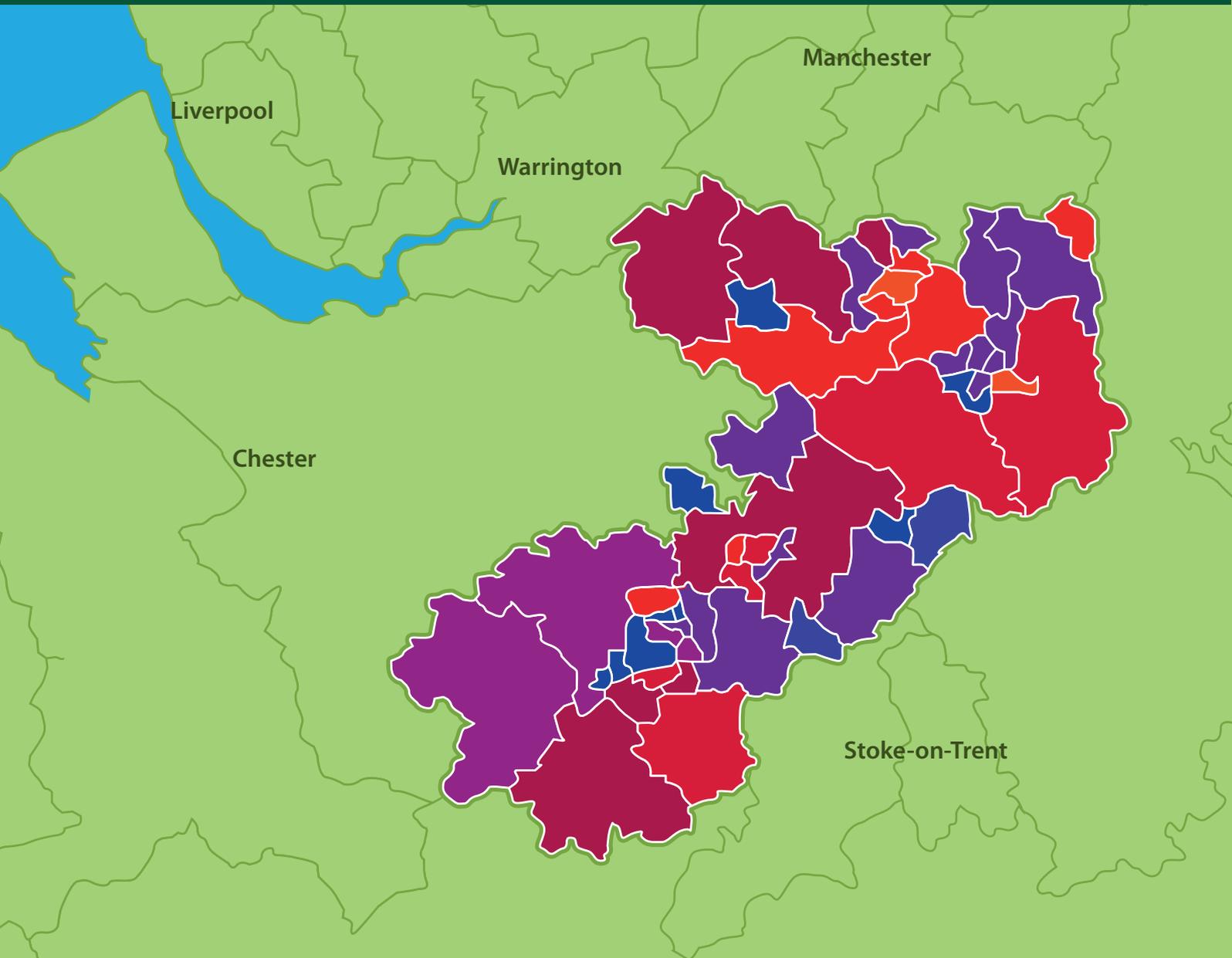
- **1 in 8 adults** (around 6.5 million people) are carers
- Every day another **6,000 people** take on a caring responsibility – that equals over 2 million people each year.
- **58%** of carers are women and **42%** are men.
- **1.3 million people** provide over **50 hours** of care per week.
- **Over 1 million people** care for more than one person
- As of 2020, Carers UK estimates there are around **13.6 million people** caring through the pandemic.
- Carers save the economy **£132 billion** per year, an average of £19,336 per carer.
- **5 million people** in the UK are juggling caring responsibilities with work – that's 1 in 7 of the workforce.
- However, the significant demands of caring mean that **600 people** give up work every day to care for an older or disabled relative.
- Carer's Allowance is the main carer's benefit and is **£67.25** for a minimum of 35 hours, the lowest benefit of its kind.
- People providing high levels of care are **twice as likely** to be permanently sick or disabled.
- **72% of carers** responding to Carers UK's State of Caring 2018 Survey said they had suffered mental ill health as a result of caring.
- **61%** said they had suffered physical ill health as a result of caring.
- **8 in 10** people caring for loved ones say they have felt lonely or socially isolated.

Key statistics

- 4 in 5 unpaid carers (81%) are currently providing **more** care than before lockdown.
- More than three quarters (78%) of carers reported that the needs of the person they care for have **increased** recently.
- There were up to **9.1 million** unpaid carers across the UK before the COVID-19 pandemic, providing everything from a few hours of support a week to intensive and complex round the clock care.
- The pandemic has resulted in millions of new carers - **4.5 million** new to caring since the start of the pandemic, 2.8 million of whom are juggling work and care.
- Most carers (64%) have **not been able to take any breaks at all** in the last six months.
- **More than half** (58%) of carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened.
- **11%** of carers reported that they had reduced their hours to manage their caring responsibilities, and 9% had given up work because of caring.



Carers caring for 50 hours or more per week by Cheshire East Ward



Provides 50 or more hours unpaid care a week (2011)

● 273 - 409	● 101 - 120
● 205 - 273	● 92 - 101
● 156 - 205	● 79 - 92
● 120 - 156	● 51 - 79

Health and Wellbeing

In Cheshire East there is a single point of access for carers to receive information, advice, and support through the Cheshire East Carers Hub. This is an all age service and supports young, adult and parent carers. At the end of March 2021 there were 5,061 carers registered with the Hub. 1,160 new adult carers and 124 new young carers accessed the service in 2020/21.

The Cheshire East Carers Hub also carries out statutory carers assessments on behalf of the council. Between April 2020 and March 2021, the Hub completed 589 adult carers assessments and 99 young carers assessments.

Cheshire and Merseyside Health and Care Partnership Plan

The Cheshire and Merseyside Health and Care Partnership Plan has committed to actions that need to be taken across Health and Social Care and considers a more joined up approach to supporting all age Carers.

Cheshire Clinical Commissioning Group Commissioning and Contracting Intentions 2020/21

The Cheshire Clinical Commissioning Group recognises the importance of Carers within their Cheshire Commissioning & Contracting Intentions 2020/21. Priority one is the development of a new service model to deliver person centred care for individuals and their Carer's.

The CCG wants to see:

- Increased number of people accessing support via social prescribers
- Increased focus on personalised care and people feeling empowered to self-care using digital options to make informed choices
- Reduced demand for appointments – GP, Hospital and Community Services
- Improved staff awareness of personal health budgets (PHB)
- Support Carers to maintain their caring role
- More people to access support to maintain their caring role
- Increased support to Young Carers
- Consistent offer for Carers across Cheshire



Health and Wellbeing

They plan to implement this by:

- Supporting the implementation of social prescribing link workers
- Continuing to expand on the personal health budgets offer and expanding this to children and young people and section 117 aftercare
- Community contracts to support staff development and training around person and patient centred care.
- Continue to build on programmes such as One You, Healthy You, and the NHS Long-term Plan
- To develop digital options for people to manage their own wellbeing
- Further developing an all age model to support Carers across Cheshire

<https://www.cheshireccg.nhs.uk/media/1782/cheshire-commissioning-and-contracting-intentions-2020-21.pdf>

This strategy aligns with these priorities.





Key Delivery Actions

To enable us to successfully deliver the All Age Carers Strategy for Cheshire East, several key delivery actions have been identified.

We will develop an outcomes-based approach to carers and their cared for. Where services are provided for a carer they will also achieve a set of results for the cared for.

We will deliver outcomes through working with the joint commission of the Carers Hub Service and by the development and co-production of the All Age carers Strategy:

- Identifying the outcomes that are expected to be achieved prior to making any referrals to services
- Contracting for services based on outcomes and then monitoring based on those outcomes e.g. joint commissioned carers service
- Work collaboratively with our health partners to ensure seamless pathways to support our carers

Delivery of the strategy will be overseen by the Cheshire East Carers Forum. The group is an effective mechanism to ensure that the support available to carers in Cheshire East is shaped by all partners – statutory agencies, voluntary and community sector organisations.

Useful Information



Local Need and Strengths (Assets)

<https://www.cheshireeast.gov.uk/pdf/jsna/carers-jsna-june-2018-final-v2.pdf>

Healthwatch data

<https://healthwatchcheshireeast.org.uk/wp-content/uploads/2019/10/Experiences-of-Unpaid-Carers-Registering-with-their-GP-Practice-in-Cheshire-Report-1.pdf>

Co-production together guide

<https://www.cheshireeast.gov.uk/pdf/livewell/together/together-our-coproduction-guide-and-definition.pdf>

Corporate Plan

https://www.cheshireeast.gov.uk/council_and_democracy/council_information/consultations/corporate-plan-consultation.aspx

Social Value

<https://www.cheshireeast.gov.uk/pdf/business/procurement/cheshire-east-social-value-policy-nov-20.pdf>

Shorter version of The All Age Carers Strategy

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/770/Carers-Strategy-Sh>

Cheshire Young Carers Co-production and Engagement Recommendation Report

[CEC Young Carers Findings_Recommendations Report](#)

All Age Carers Survey 2021

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/769/All-Age-Carers-Survey>

Insights Report Exploring Young Carers Experience throughout the Coronavirus Pandemic

<https://livewellservices.cheshireeast.gov.uk/Documents/Download/774/Young-Carers-and-COV>

Story of the challenges carers face and their covid-safe message

<https://youtu.be/8SrKTmCenJs>

For further information please contact:
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The Cheshire East Integrated Carers Model 2023

The consultation and engagement with carers told us what works well, and the Integrated Carers Hub model was recognised as an invaluable service that makes a difference to local carers. Therefore, the Cheshire East Integrated Carers Hub will continue to deliver a service very similar to the current approach with a focus on the single point of access for carers, families, and professionals.

During the consultation events carers told us that changes are needed to support them getting a break from caring and how difficult this can be. The new proposed model will address this need much earlier by ensuring all statutory assessments are identifying carers respite needs and the level of support required. A further area for development is around services for young carers and better links within schools/educational settings.

The outlined model is looking to address these areas of development, with the lessons we have learnt from working and delivering services during Covid. We have shaped this model to ensure it is fit for the future.

The provider[s] will be expected to:

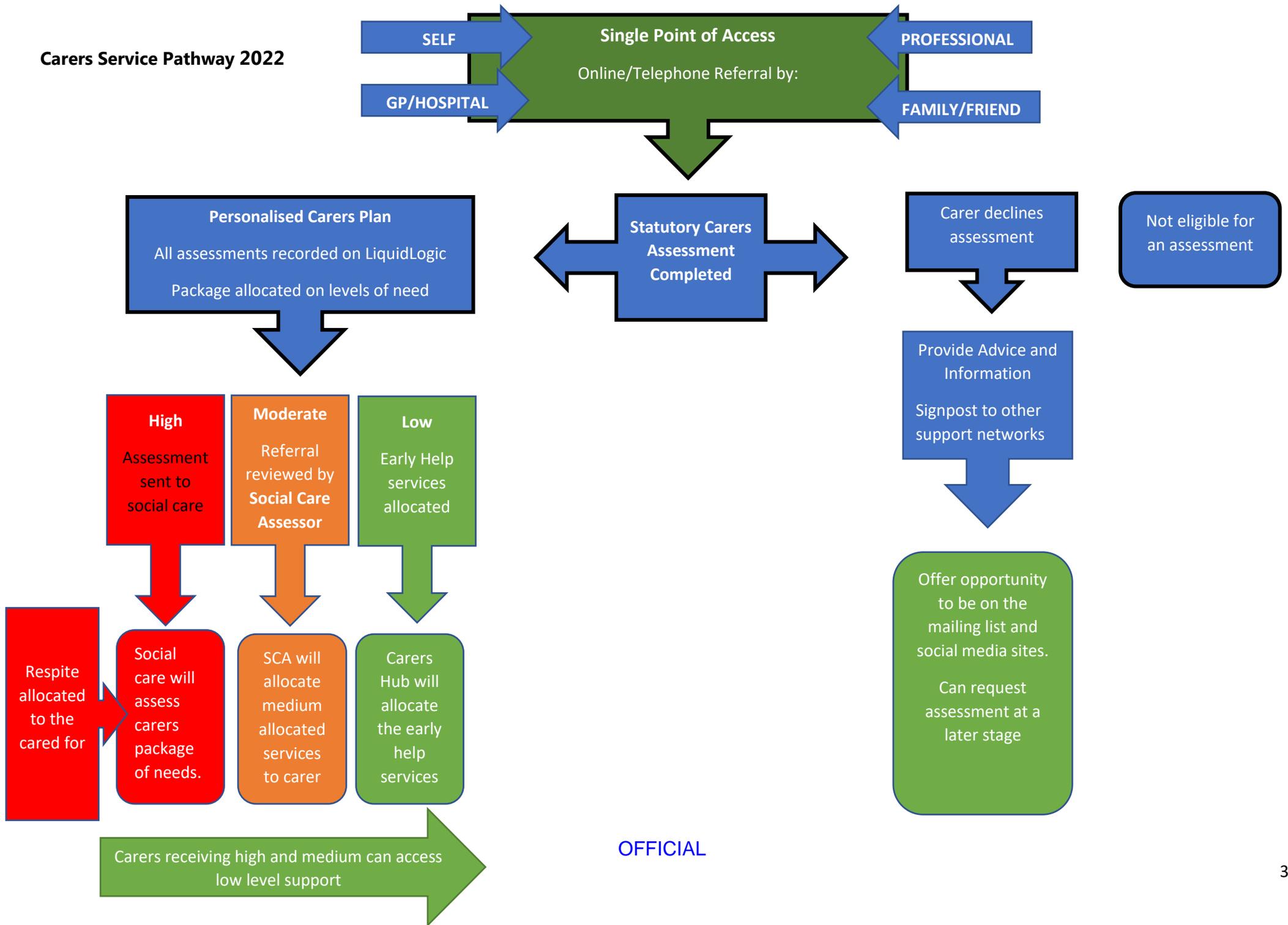
- Implement and operate the Hub, which will be a single point of contact for carers.
- Be responsible for managing and co-ordinating the service, ensuring through telephone, website, social media or face to face contact that carers gain easy and quick access to information, intervention and support.
- Complete statutory carers assessments on behalf of Cheshire East Council and review the support plan annually. All assessments and reviews will be submitted to the local authority for recording on our case management system.
- Determine the most appropriate type and level of support for the carers based upon their statutory carers assessment, where the level of need is deemed to be.
- Support carers to access the most appropriate resource to meet their outcomes.
- Develop a tiered approach to the support offered that best meets the level, type and time period for the intervention and support needed to best achieve the carer's outcomes. A tiered approach will ensure that carers receive the support at the right level e.g. low, moderate or high.

Key Developments for 2023

- Develop and refine the tiered approach for the levels of need e.g., low, moderate early intervention support
- Develop the offer to young carers with a target approach around schools and age-appropriate respite
- Develop the referral and support mechanisms within schools and other education settings
- Develop the Take a Break service using providers from VCFS, residential and nursing homes and home care providers
- Strengthen the links with GP's – carers register
- Strengthen the links and approach with social care and hospitals
- Continue to keep our carers health and wellbeing at the heart of the service delivery.

Below is a visual representation of the model and pathways for carers gaining support. Further outlined details are included on the three levels of need and the services that would be offered. It will be expected that the Integrated Carers Service will provide all aspects of the low level of need and contribute to the moderate level of need.

Carers Service Pathway 2022



Levels of Need



HIGH

Residential and Nursing Respite Care
Day Care
Community Respite

These services are allocated to the *cared for* individual via a social care assessment. The carer may also receive support from low and moderate services.



MODERATE

Take a Break
1 to 1 Support
Community Respite

These services can be combined with low level services to provide a full package of support.



LOW

Unlocking Advice and Support

Information, Advice and Guidance
Online based support
Group and Drop In Sessions
Peer mentoring
24/7 Chat Line
Emergency Card
Wellbeing Fund
Befriending and Volunteering
Education and Training
Signposting to community activities/support
Advocacy for carers
Transition support

Carers allocations of support could change, and support could be a combined offer subject to assessed needs.

Low Level Support for all carers

The lower-level support need is the first step for carers in unlocking the advice and support they need. It can also be used as a mixed approach to support carers who receive some help from high and moderate services.

Information, Advice and Guidance - Carers have access to relevant, up to date information relating to caring as well as other individual requirements identified in support plans.

Information and advice shall be available through various means accessible by carers, families and professionals. These may include (but are not limited to):

- Information packs/ booklets;
- Newsletters and publications;
- Telephone based support;
- Face to face;
- Web-based (including website, online networks and social media).

Online / Virtual based support - Carers have access to online based information, advice and support. This will be included onto the Live Well Cheshire East, Facetime, Zoom and other video options and the use of innovative technology. Virtual groups and activities will be included as part of the offer, including some outside of 'normal' office-based hours.

Group Support – A provision of group-based support both face to face and virtually will be scheduled. Group support will enable carers to build positive relationships with peers and can be used as a tool for befriending and mentoring. Group based support may be particularly useful as a step down from more structured support or for those who do not have high needs identified. Number and frequency of groups to be determined by level of need and desired outcomes.

Drop-In Sessions - (face to face support) – Will offer a scheduled number of sessions at community venues and also online for carers from Cheshire East to drop into to gain advice, information, guidance, arrange an assessment, meet the staff and volunteers. The service will target

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those locations with poor public transport and/or semi-rural and rural localities. The sessions will give carers requiring immediate support the provision of specific support for current carers accessing the service, as well as providing short term support for former carers, or carers who have previously accessed the service as part of their follow up provision. Carers should also be signposted to drop-in services which are already available in the community.

Peer Support - Facilitate peer support, befriending, social networks, self-help and support groups for carers. This will include supporting groups to become self-sustaining. These may be physically based at a range of locations and can be delivered in partnership with other organisations or through virtual networks.

Telephone Support/CHAT Line - Carers have access to telephone-based information, advice and support. This will be included onto Live Well Cheshire East and provided through Facetime, Zoom and other video options. Access to a 24-hour helpline, supported by volunteers.

Emergency, Contingency and Future Planning - Support carers to develop emergency and contingency plans, to provide peace of mind for carers in the event of an emergency or to plan for the future when they are no longer able to care. This will include the implementation of an Emergency Card.

Living Well Fund – Oversee and administer the use of the Wellbeing Fund. The Wellbeing Fund will allow for innovative interventions and solutions that promote the health and wellbeing of the carer as identified within the support plan.

The fund will allow carers to access activities and support that enable the carer to have relief/ a break from their caring responsibilities. Options may include (but are not limited to):

- Short breaks;
- Leisure activities (may include access to sports and exercise facilities/ classes);
- Hobbies and interests;
- Accessing universal services;
- Holistic, relaxation and alternative therapies;

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- Time with friends/ family;
- Assistive technology and IT solutions.

Befriending and Volunteering Network - The provider[s] shall ensure that carers have opportunities to meet with other carers and provide peer support, befriending and mentoring opportunities. The provider[s] will develop self-sustainable carer led befriending activities/networks and shall offer volunteering opportunities for people wishing to work with carers. The provider[s] shall be required to ensure that all volunteers undertake a training programme in line with staff requirements and have had the necessary checks and clearance.

Carer Education, Employment and training support - The provider[s] is to provide support and information to carers to access or maintain education, employment and training. The provider[s] will support carers to enter into paid work. This will be achieved through a variety of measures including providing information and advice, signposting, promoting volunteer and work placement opportunities. The provider[s] will work closely with the Department of Work and Pensions, local employers, educational and training establishments, and other local initiatives to maximise carer take up of training and employment opportunities.

Carers Advocacy - The provider[s] shall deliver an element of one-to-one and self-advocacy support to carers. The Provider[s] should consider a co-production and co-delivery approach through the development of a volunteer base to support the delivery of carers advocacy. Where advocacy is the reason for referral or becomes the principal concern, this should be referred to the commissioned advocacy services.

Transition Support - The provider[s] shall ensure that appropriate support is in place for carers at key transition points.

Medium Support allocated by Social Care Assessor

Medium assessed needs – a carer requiring immediate support for a variety of reasons, e.g. carer breakdown, carer’s ill health, support with cared-for returning from hospital, crisis. This is targeted at carers where the cared-for person has no allocated social care respite services. It is a short-term intervention with a step-down approach to de-escalate the issue and provide an essential break for the carer.

1-2-1 Support – Any 1-2-1 support will be put in place based on the assessment and subsequent support plan. 1-2-1 support could be via face to face or virtual support. Any intensive support will be delivered for a time limited period and a step down and exit plan approach applied. This activity will be supported by the Carers’ Hub, with oversight and support from a social care assessor.

Take a Break Service – The provider[s] shall ensure there is a varied respite offer available to carers. The respite offer will enable the carer to take a break from their caring role. Respite options could include a sitting service, activities, opportunities to meet new carers, a short break. A break from caring needs to be personalised and meet the needs of the individual as identified within their care and support plan and desired outcomes. This offer does not include respite for the cared for person.

High Level

Cheshire East allocates residential and community respite to the *cared for* individual following a statutory social care assessment. Although the allocation provides the carer with a carers break, there is still a need for carers to access the appropriate services to meet the carer’s assessed needs, for example this could be support to access benefits/financial help, attendance at groups/coffee mornings, volunteering.



Exploring the lived experiences of young carers in Cheshire East

Findings and Recommendations Report Presentation
January 2022

**make
better
happen**

Prepared for you by team **ice**

Report Structure

-  1 Background & objectives
-  2 What we did
-  3 Key findings
-  4 Insight led recommendations

Background & objectives

Background and objectives

Cheshire East Council have identified that some young carers may be 'falling through the gap' and more needs to be done to ensure young carers are identified and supported. CEC partnered with ICE to conduct research designed to explore the lived experience of young carers aged 11 – 17 and to co-design what needs to happen to **support young carers in Cheshire.**

The research objectives were to:

- Explore attitudes towards and experiences of being a young carer, including the current state and challenges (including Covid-19).
- Envisage what being a young carer is like at its best.
- Co-design what support/information young carers need and how solutions can be applied to support young carers to flourish.

Although our target audience was specifically *young carers*, we refer to them as *carers* in this report.

What we did

What we did

Research activities

In total, we engaged **16 carers and 16 professionals** working in education, health and voluntary organisations who interact with and support young carers.

This research was conducted virtually and included the following qualitative research activities:

- 2 x insight groups (90-mins) with 16 carers and 1 group (90-mins) with 16 professionals to explore experiences and support needs.
- 1 x co-design hackathon workshop (90-mins) with 8 young carers and 6 professionals together to test and co-design solutions.

Hackathon workshop

The hackathon was invaluable to achieving project objectives, allowing co-design and testing of ideas and solutions developed to support young carers by:

- Enabling a critical review of a **touchpoint journey** of the carer experience and solutions that can help improve them, to establish what the touchpoints and a carer journey is ideally like, 'at best'.
- **Evaluation** of solutions/ideas, ensuring they are useful to carers themselves.
- Asking, what will enable that solution/idea to **work in practice**?

Informed by above, we can collate robust findings and make recommendations that will help improve young carer experiences in their day-to-day lives, but importantly that are made in collaboration with carers themselves.

Sample Characteristics

16 young carers comprised of:

- Male (n=6) and females (n=10)
- Aged 11 – 17
- Black, African, Caribbean or Black British (n=6) and White or White British (n=10)
- Lived in a range of areas including:
 - Alsager
 - Middlewich
 - Bollington
 - Crewe
 - Macclesfield South/Tytherington
 - Sandbach Town/ Elworth
 - Congleton.

16 professionals working across education, health and voluntary organisations in the following roles:

- Family Liaison Officer (education)
- CEO (VCS)
- Leadership support manager (health)
- Teacher (education)
- General practice doctor (health)
- Community engagement officer (third sector)
- Learning support assistant (education)
- Service manager (VCS)
- General practice support staff (health)
- Pastoral support manager (education).

Key findings

EXPLORING EXPERIENCES OF YOUNG CARERS

IDENTIFYING

CARER PASSPORT

- HELP WHEN COLLECTING MEDICATION
- HELP AT SCHOOL ETC.
- THEY'VE STARTED SOMETHING SIMILAR IN WALES
- HELP WITH AWKWARD CONVERSATIONS
- CONFIRM WITH GPs & TRANSPORT
- PHYSICAL & DIGITAL OPTIONS
- FORMS IN QUESTIONNAIRES CAN HIGHLIGHT CARER IS
- TAKE PRESSURE OFF CARER GROUPS SO THEY CAN FOCUS ON SUPPORT
- CELEBRATE YC AS HEROES!
- YOUNG CARERS EDUCATE PEOPLE ABOUT WHAT IT'S LIKE & HOW TO SUPPORT YOUNG CARERS
- VARIABLE IDENTIFICATION AT SCHOOL 50% ARE HIDDEN CARERS
- WHAT'S THE INCENTIVE TO SAYING I'M A CARER?

AWARENESS & UNDERSTANDING

YCA AMBASSADOR

PEERS & THOSE THAT HAVE BEEN THERE TO MENTOR & SUPPORT

PRIDE IN OUR RECOGNISED ROLE

SHOW THE WAY

TO SUPPORT THOSE WHO DO IDENTIFY

REAL CONSISTENT ACTION

PEER GROUPS

CASCADING SUPPORT

KEEP LEARNING FROM WHAT SOME YOUNG CARERS ARE ALREADY DOING

FEEL PART OF A COMMUNITY

SPEAK OUR VOICE

SOCIAL MEDIA GROUPS

THIS IS WHAT IT'S LIKE... SPEAK IN ASSEMBLY MAKE IT A NORMAL DIFFERENT HEAR THE VARIETY

RESPITE

HUB

CENTRAL POINT OF ACCESS FOR...

RELIEF

ADVICE

SUPPORT

IDEAS

1 PLACE TO SEE EVERYTHING

OPTIONS & CHOICES

CLEAR OPTIONS TO MAKE YOUR OWN DECISIONS

CHESHIRE EAST WEBSITE

EASY

SAFE SECURE ACCURATE UNDERSTANDING CARING

WHAT'S AVAILABLE AROUND ME?

LOCAL

YOUNG CARERS FEEL IN CONTROL & OPEN

DIRECTED BY YOUNG CARERS

OUR WAY

SOCIAL MEDIA SITE?

ACCESS & NAVIGATION

MENU OF OPTIONS

STORIES OF WHAT PEOPLE LIKE ME HAVE BENEFITED FROM

HOW TO ACCESS SERVICES

PLACE, EASY TO FIGURE OUT

RECOMMENDATIONS

VARIATION IN TYPES OF SUPPORT STORIES TO HELP IDENTIFY WHAT MIGHT WORK FOR ME.

1ST CONTACT MUST BE POSITIVE FOR THE YOUNG CARER...

VIDEO STORIES OF SUPPORT OPTIONS

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What is it like being a carer currently?

Summary based on carer feedback

- Carers discussed being **overwhelmed** - they didn't have enough time to do everything they needed to and struggled to balance their priorities which could be emotionally challenging.
- They put the needs of the person they care for before their own, which leaves them feeling tired and pressured, with very **little time for friends, personal time/ respite**.
- Some worry about the person they care for when they are not with them (emphasised by Covid-19 concerns), so they can **never fully relax**.
- Conversely, there were **positive aspects** fed back about being a carer.
- Multiple carers said their responsibility meant they were **more mature** for their age.
- There is **pride** in the important things they do for others, they are noted as “heroes” by themselves and those around them.
- Despite pressures, some have **managed to make time** for the things they enjoyed and that were important to them.

What are the barriers to identifying and supporting carers?

Based on young carer and professional participant feedback the following were found as key barriers...

- Trust
- Not wanting to be judged
- Limited of understanding from others
- Inconsistency

“Understanding them [trusted adult] as a person and whether you think they’ll support you, there is no point in telling them if they will just judge you.” Carer, 16

“I don’t tell people because I don’t want others to feel sorry for me.” Carer, 12

“It took me going into school crying one day to be offered support.” Carer, 13

“I don’t but I know some other carers my age who get help. I’m not sure it’s for me” Carer, 11

Trust

Findings suggest trust is a key theme underpins carer experiences.

- Uncertainty around trust was fed back from many carers towards peers and trusted adults, making carers hesitant to share their experiences or challenges with others.
- Multiple carers said they only spoke about being a carer with people they trusted highly.
- Carers didn't feel enough trust to talk to others about being a carer or even say that that they were a carer at all. In addition, some carers didn't want to "burden" others by speaking about being a carer.

This suggests

Carers have different notions of trust and trusting others enough to share their experience as a carer. Mixed perceptions of carers' trust in people and environments around them meant they were less likely to speak about their experiences and responsibilities. Discussion with carers and professionals highlighted that carers who are less open are harder to identify and offer support to. They may not be aware of support that could help them.

Not wanting to be judged

Not wanting to be judged was another salient theme fed back by many carers.

- Carers worried about others judging and stereotyping them negatively.
- They didn't want to tell peers they were a carer because they were embarrassed - they worried that peers may treat them differently once they knew they were a carer.
- Some thought their family members may be unfairly judged based on their support needs or health conditions.

This suggests

Judgement is an obstacle limiting carer experiences, preventing their journey from being 'at best'. Carers can be apprehensive about telling others about their responsibilities for fear of judgement or stigma by peers and trusted adults/professionals, making this a key barrier in identifying carers and them getting the support they may need.

“People assume the worst case scenario when I say I’m a carer, as if both parents are in wheelchairs, then I get asked loads of questions that can be awkward.” Carer, 13

Limited understanding/awareness from others

Carers reported limited understanding and awareness of those around them.

- Some carers said trusted adults, such as teaching staff and healthcare professionals, weren't supportive or sensitive to their situation.
- This made them less likely to speak about being a carer and getting support that could help them.
- People around them needed to be educated about what a carer is and what being a carer involves. Participants said they would appreciate it being brought up and outlined in their school assemblies.

This suggests

A need to educate and raise awareness around carers sensitively – carers want awareness raised without feeding into stigmas, feelings of judgment or embarrassment. If others had more understanding, carers would be more comfortable to explain their specific circumstances and challenges. Carers can be intimidated having to explain being a carer in detail, when they may want to speak about only some aspects of their challenges or caring responsibilities.

Inconsistency in carer support

Support that carers received varied. Some are receiving good levels of support from school, peers and from voluntary organisations (Cheshire Young Carers, Crossroads, Cheshire Hub).

- Most participants did not receive this level of support if any at all.
- Trusted adults and peers could make their experiences harder by holding carers to the same standards and expectations of others without their level of personal responsibility.
- Lack of support impacted carers in their personal wellbeing, such as feeling more stressed or pressured at school and in their personal lives.
- Their ability to care was limited by people who didn't support their responsibilities. For instance, teachers not allowing them to leave a lesson to call the person they care for, pharmacists not letting them pick up medication for the person they care for.

This suggests

There is support available for carers in Cheshire East that is helping carers currently. Although, others receive less or no support. In addition to this, there are carers whose challenges go unrecognised or are exacerbated by those who have the capability to improve or enable carer support.

What needs to happen to support young carers to be their best?

Several questions were asked to explore what needed to happen to overcome the challenges identified and what the carers journey would be like at it best in the future. Four key themes were elicited:

1. Carers are identified
2. Awareness, understanding and good communication around carers
3. Carers have respite opportunities and can do things they enjoy
4. Accessing services and navigating what's right for carers.

These 4 themes will be outlined and as **touchpoints** that can help to illustrate and understand a positive carer journey.

What needs to happen to support young carers to be their best?

Touchpoint 1. Carers are identified

A carer is identified by trusted adults or professionals and/or feels comfortable enough to tell others about their caring responsibilities.

Touchpoint 2. There is awareness, understanding and good communication around carers

Carers experience awareness and communication that feels judgement free, enabling a trusting environment. They feel they can communicate with others if they want to and are treated fairly.

“I don’t like having to explain I’m a carer, especially when some people don’t understand what that means – the responsibilities I might have.”
Carer, 14

What needs to happen to support young carers to be their best?

Touchpoint 3. Carers have respite opportunities and can do things they enjoy

Once identified, and good communication and awareness has been established, carers are able to have the type of respite they want, when they want it. They do not have challenges which limit them doing things they enjoy.

Touchpoint 4. Accessing services and navigating what's right for carers.

If a carer wants to access services, they can in a trusting environment. They can see all available options so they can choose support that suits them.

“Sometimes you want to talk to someone if you’re stressed, but sometimes I just want to have some time to myself.” Carer, 17

Insight-led recommendations

Recommendations

Informed by the insights, **3 key recommendations** are made:

- **1.** Make it easier for carers to be identified in multiple settings
- **2.** Ensure appropriate awareness and communication is in place for carers in their daily settings/contexts
- **3.** Give carers a central point of access and easy way to navigate support and respite.

This has resulted in **4 solutions**, developed to achieve the above recommendations. Each solution will be discussed in the remaining sections of this report. These solutions have been developed to improve a carer's journey and/or help them to overcome challenges and stigmas they experience, making room for them to be happy and proud of their achievements and personally flourish.

1. Recommendation to make it easier for carers to be identified in multiple settings

Solution: Young carer card/passport

Obstacles in the identification of young carers

Barriers around **trust, awareness and/or perceived stigma** they may experience means carers can be hesitant to tell others that they are a carer. They can find it hard to tell people who know they are a carer that they may feel overwhelmed and need some time to themselves. Some experienced problems in being identified and other people treating them appropriately when trying to fulfil their responsibilities as a carer, e.g., trying to pick up prescriptions for the person they care for and being questioned or even turned away by pharmacists, or not being allowed to take a moment to themselves in schools.

Research suggests that a quick, easy and discrete tool like a card or 'passport' to signify that they are a carer would be beneficial. This can help overcome hesitancy from carers in discussing being a carer publicly or with certain people, which many carers felt was too personal. In addition, the settings in which young carers felt comfortable varied based on individual preferences, so making the pass useful in multiple settings was well received and even more attractive for many participants.

Young carer card/passport

Solution in practice

- Participants predominantly mentioned identification obstacles in **education settings, however obstacles occurred in a range of social settings**. Schools/classrooms, primary care and transport were given as salient examples by professionals and carers as to where a carer pass or card could be useful. To be as effective as possible for carers, a pass should be supported by people working in these different settings.
- For example, a 'timeout' feature was mentioned and could be implemented in school settings, so carers can show the card if they need permission to leave a classroom. For buses, it would be method for carers to obtain transport discount.
- The **process of implementing a pass** in some of these settings would also work towards raising awareness about carers and how they can be better supported.

“We’re currently using a blue timeout card with some similarities to this pass in our school, so we could quite easily help implement this for carers. It would help raising staff awareness too!”

School teacher

Young carer card/passport

Solution in practice

- A version of a carer pass/ card is already in use in Wales on a national level, best practice and useful learnings should be evaluated from this and applied to CEC carer pass where possible/ relevant¹.
- Physical and digital formats of a pass or card should be considered as both formats have benefits. As well as being convenient for many, a digital pass could link or be integrated with wider 'back-end' systems in health/primary care, education and more.
- Although a digital phone pass would be useful, it could exclude carers with limited digital access or without smartphones, so a physical pass should always be considered as a digital alternative if a pass was made in digital formats.

“It’s a really handy idea. I know that young carers find it difficult in General Practice. So I definitely would be an advocate for working with primary care and young carers themselves for it to be okay to flash a card out.” General practice staff

¹<https://socialcare.wales/service-improvement/care-worker-card-faqs>

2. Recommendations to ensure appropriate awareness and communication is in place for carers in their daily settings/contexts

Solution: Young Carer Ambassador

Obstacles to awareness, understanding and communication around young carers

Carers aren't always **aware** of who can help them. Knowing 'who to go to' can be unclear and/or awkward for young carers, particularly in school settings. They aren't aware of other carers, or people they feel they can trust to understand their experience. Carers want to know there is someone available who can **advise them appropriately** (whether it's advice, support, or respite needed). **Supporting carers after identification** was noted as a key challenge by professionals. Findings also suggest that it is important that when a carer does reach out for advice or support, that their first experience is a positive one to facilitate them continuing to reach out for support in the future.

Research suggests that an ambassador who can act as a point of contact for carers to speak would be appealing and practically beneficial. Importantly they would have an understanding of carer backgrounds and responsibilities, so ambassadors can better signpost carers and provide resources based on specific needs and in ways that don't feel judgemental. Ambassadors can also ensure carers first experience in reaching out for support is a good one and well joined up/signposted to other useful resources or services.

Young Carer Ambassador

Solution in practice

- A carer ambassador should be equipped with **up-to-date information** and easy to share resources. They need to be able to **identify with or understand carers experiences**. It was suggested that ambassadors could be a similar school age to carers.
- They need **a point of contact** for support from adults, if ambassadors need it. We suggest this is a voluntary organisation, or someone with experience who will understand carer situations and practical solutions available, such as:
 - School mentor
 - Cheshire Young Carers
 - Pastoral services.
- Once ambassador set up is underway, a **buddy system** can be introduced to help induct and support new ambassadors.
- **Facilitate annual meetings** for ambassadors to exchange information, within school or a time/place agreed by carers – protecting respite and their own time wherever possible.

“I think a peer would be better as an ambassador for some young carers, an adult can seem like someone who may be looking down on them and can feel more daunting.” Carer, 15

Solution: Publicly speaking about and raising awareness for young carers

Obstacles to awareness, understanding and communication around young carers

Carers worry about being **misunderstood and stereotyped** by others which makes them less open to communicating openly and honestly. They worry about being judged burdening others by speaking about their experiences/challenges. Carers don't always feel that others communicate with them appropriately or sensitively, even in settings that are significant to them, like classrooms and activity groups. Carers believed more should be done to raise awareness about being a carer and agreed school assemblies would be a good place to do this.

This suggests that carers, peers and professionals will benefit from speaking publicly/ raising awareness. This should be done sensitively, with feedback from school age carers themselves if they are comfortable with informing this. If they do not want to take part in assemblies/public speaking, they can be drawn upon to say what needs to be communicated about being a school age carer. This helps normalise the topic among carers and dispel perceived stereotypes. Hearing the topic of carers spoken about publicly in places significant to them would make them feel less alone and more open to honest communication about their challenges.

Publicly speaking about and raising awareness for young carers

Solution in practice

- Again, cross-sector application would be useful here. Efficiency and best practice should be shared by creating a comprehensive, easily shared and **easily understood 'presentation'**. This can be adapted and changed to suit a variety of settings where carers attend.
- In the presentation make it **clear to carers who they can speak to** and how they can find or reach them.
- **This route should be informed by carers themselves** to define how they would like the process to take place, as carers in some schools or activity groups may not want this at all, or want public speaking to be done on a smaller scale, e.g. in small classes or groups.

“It’s chance for us to say, ‘don’t treat us any differently, but this is what we may be going through, why we might be sitting taking a minute to ourselves over school break.’” Carer

3. Recommendation to give carers a central point of access and easy way navigate support and respite.

A menu and central point of access for young carer respite and support services

Obstacles to carers getting respite

There are **practical obstacles** to carers having respite. They discussed not being able to get transport, to get buses or 'lifts', to activities they enjoy. Having the resources, such as having the equipment/ kit needed or prepared to take part in activities is a challenge. Many carers also don't feel like they have adequate time to have respite.

Findings also highlight **emotional obstacles** to carers respite. Carers can worry about the person(s) they care for while taking respite, which can limit them taking it in the future. We also know carers can feel too stressed or overwhelmed – juggling responsibilities.

This suggests carers need to be given options that suit their needs (e.g. respite that matches transport capability, or that includes transport) in a way that is easy to access and understand. Carers would appreciate having a central point of access for activities and respite options, in a menu format that could be physical and digital. This gives carers better access to quickly and easily read up on all of the options available to them. It also gives them the control to make decisions on what they want to do.

A menu and central point of access for young carer respite and support services

Obstacles to carers accessing support

Carers **don't always realise** support is in place to help them, in what ways they can receive it and if it will benefit them. Carers **don't know enough about the service to access it confidently** (e.g. will the people there understand my situation/pressures I face). In addition, not one size fits all - type of service carers want can vary e.g. (121 or group support) and how they access it (phone, in-person, online). Carers can be unsure if a service or respite option is right for them.

This suggests carers want to see feedback and stories from people they can relate to, speaking about the services or respite options they are considering. This review format helps to make carers feel more comfortable accessing support as they can clearly see the benefits. It also helps them find an activity or support option that feels right to them, based on feedback from people in similar positions to themselves. *The challenges around carers receiving support and respite overlap significantly, so a menu of services and respite in a central location can be implemented to help carers in both support and respite access.*

“Its about access, connections and building relationships in services.” Voluntary sector professional

A menu and central point of access for young carer respite and support services

Solution in practice

- Carers should be given a clear and easy to access matrix in a menu format, that will help to provide advice on respite/support and show follow-up options, should they want to query any options further.
- A menu of choices should show available services and how to access them (e.g. transport options available, resources required) with relevant signposting information. Carers who are trying to access respite/support when they are at a point of immediate need will find this useful, as navigating service options under high levels of stress can be difficult.
- A menu can be distributed in a range of digital, social media and traditional formats. It should be shared in community and in professional settings. A menu and central point of access can also tie into being a resource for carer ambassadors, giving them a tool to inform their peers and adults.
- Seeing options for support and respite in this way shows the diversity in support available to suit the varied preferences and lifestyles among carers.

Insight-led recommendations summary

Based on findings from this insight report, 3 recommendations are made:

1. Make it easier for carers to be identified in multiple settings.
2. Ensure appropriate awareness and communication is in place for carers in their daily settings/contexts.
3. Give carers a central point of access and easy way to navigate support and respite.

These recommendations can be achieved by implementing 4 solutions:

- Young carer pass/ card.
- Young carer ambassador.
- Publicly speaking about and raising awareness for young carers.
- A menu and central point of access for young carer respite and support services.

Informed by insight, the above recommendations and solutions will help improve carer experiences in their daily lives, enable social resilience and help them to personally flourish.

together we...

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To discuss this Insight Research further please contact:

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Prepared for you by team **ice**

Young Carers and COVID-19



February 2022

An insights report exploring the experiences of young carers across Cheshire East during the Coronavirus Pandemic

By Georgia Carsberg

Young Carers Overview

“A young carer is a person under 18 who provides or intends to provide care for another person”¹. In accord with the statistics highlighted by the Carers Trust there are at least 376,000 young carers across the United Kingdom². The total number of young carers in Cheshire East is based on the number of pupils that are on roll within the borough. On record there are 50,486 primary and secondary pupils. This figure does not include specialist provision such as special schools and pupil referral units (PRUs). Nationally, it is envisaged that we would expect that 1 in 5 young people could have some level of caring responsibility. Based on this assumption there could be around 10,000 young carers across Cheshire East. If we presume a third of this number have caring roles that meet criteria for some support, the figure could be anywhere around the 3,000+ mark. It is difficult to ascertain the number of young carers receiving a service, as support is fragmented across several different providers. In addition, young carers are often hidden and are not identified as a young carer³.

Children as young as five years old provide essential care for their loved ones, this is often 24 hours round the clock care³. Their caring role can have a significant impact on their health and wellbeing, whether that be physical or mental health³. Their caring responsibilities can also hinder their education and social development³. As we are aware in 2019, a global pandemic hit the world. The Coronavirus pandemic has had a considerable impact on our society, especially from a healthcare, economic and social perspective⁴. Previous research has highlighted that the Coronavirus pandemic will have significant implications for young carers³. During the lockdown their caring responsibilities significantly increased³. The COVID-19 pandemic has had a fundamental impact on young carers mental health⁵. The school closures meant that young carers were unable to concentrate and struggled to keep up with the home learning due to their caring responsibilities³. Additionally, the guidance also meant that services were running at a reduce capacity and there was a lack of support from those around them, such as friends and family³.

ICE Creates

Cheshire East Council commissioned ICE Creates to talk to Cheshire East young carers with the aim to explore their attitudes towards and experiences of being a young carer, including the current challenges such as COVID-19. In order to carry this research out, 16 young carers and 16 professionals joined a focus group, with some also joining a hackathon. All of the focus groups were facilitated by a member of ICE Creates. A member of ICE Creates provided some insights into how COVID-19 impacted young carers across Cheshire East, their findings are outlined in the summary below.

“Difficulties were mentioned by multiple carers regarding actually caring for an individual at home; being able to meet their needs, managing time, doing other activities alongside caring and managing the social restrictions/ impact of COVID-19.

Some carers alluded to being apprehensive to see others and their friends in and outside of school, as they were concerned whether others would follow COVID-19 safety guidance. Carers worried more about feeling safe when out of the home due to the health ramifications COVID-19 could have on them and their family. Multiple carers worried about the possibility of carrying COVID-19 to their loved ones.

Many carers reported that they must constantly put the needs of the person they are caring for before their own, which again leaves them with less time for friends. If a carer had to cancel plans with their friends last minute due to caring responsibilities or if they were worried about COVID-19 implications (catching COVID and not being able to care and/or passing COVID to the person they care for) friends were not always understanding which could cause problems and strain friendships, adding to carer isolation and pressures.

Loss of escape mechanisms were associated with COVID-19 for carers. Leisure activities which carers liked to do to relax and use as an escape from their day-to-day life and caring responsibilities (such as dance classes, reading, crafts or Cheshire Young Carers activities) can be moved online when COVID-19 is prevalent in the community. This was limiting for some carers as they didn't have laptops available to take part in activities. Most carers have access to a laptop but for some it was shared between multiple people in the household. Furthermore, constantly being at home meant that they had no break from caring to do something for themselves to relax and enjoy. Finally, some carers simply do not like online activities, preferring face-to-face options.

School being moved online had its own challenges too, which was mentioned by most of the carers. The carers said they might have to switch between studying and caring, constantly being in the house provided them with no break from caring.

Some carers suggested that due to spending so much time with their household over lockdowns and social restrictions, they have become attached to the person and feel even more worried about leaving them than before.

Conversely though some carers preferred doing their schoolwork from home as it felt like they had more space to themselves, and therefore helped relieve some of the pressure they felt in school.

For many, COVID-19 worries resulted in carers feeling more stressed or apprehensive at school and when they were out of their home. For some this even resulted in them isolating themselves, not contributing or involving themselves with others in an effort to protect their loved ones. This could have negative impacts as they are alienated at times which are designed for them, such as being in school and doing things they enjoy.

A key finding of this research, which also applies to allaying COVID-19 concerns and challenges, is to enable young carers to feel comfortable and safe in ways that resonate with them and their preferences. For some this is having space to themselves to learn at home, for others this is feeling safe when they are out, which is important to them as they want time out of their home.

These findings show how carers' anxiety and isolation is emphasised or made apparent by the onset of COVID-19, directly interfering with carers respite opportunities for some (e.g. socialising with friends at school, taking part in leisure activities).

As findings throughout this research indicate, isolation of carers is a key barrier to them being identified and receiving support. It should be kept in mind that in periods where COVID-19 is more prevalent in the community, carers are more susceptible to isolation, not being identified and may be less likely to seek or receive support. This bolsters the need to implement strategies and recommendations."

Some of the comments that were made in the focus groups by the young carers and professionals are outlined below.

"I was worried about my mum who isn't well, I need to stay safe for her but the kids in school don't seem to be bothered."

"School being moved online meant that there was no break from being at home."

"We have seen an increase of young carers in our service - we've found more young people in roles who would not usually be in carer roles. It's an implication of challenges posed by COVID. Access to service can be harder for these."

"School is the obvious place to identify young carers because most young people are going to school or college. You can recognise changes in performance, and attendance. However, this becomes more difficult when pupils have to work from home or frequently isolate due to COVID-19 guidance"

In addition to this piece of work, ICE Creates are currently working with a young carer, a working carer, an adult carer, an older carer and a parent carer to create a graphic scribe. These interviews will provide an overview of the experiences of the pandemic from the perspective of all aged carers.

Young Carers activity session consultation

A number of young carers expressed a desire to have their voices heard but didn't feel comfortable doing this online, describing themselves as "all zoomed out". As a result, alongside the work carried

out by ICE Creates, in November 2021, the lead commissioning officer for young carers spoke to individuals from a local group offering activities for young carers. This provided them the opportunity to talk about their experiences and the challenges of being a carer during the pandemic. The young carers that attended this group session were aged between 8 and 17 years old.

When asked about their experiences of COVID-19 and being in a lockdown, some of the carers explained that there was no support during this time. They found that the respite opportunities that were provided to them were very limited. Similarly, they felt that these opportunities didn't meet their needs. They wanted choice and control over the type of service offered. Once face to face support resumed, young carers found it difficult to re-join and connect with the services and other young carers who had previously helped them. They found it difficult to socialise when they returned to school and experienced increased levels of stress due to the risk of bringing the virus home to family members and cared for. Not being in school was a positive for some as it gave them more time to themselves, this is highlighted in the below comments made by the young carers.

"After lockdown I found it really difficult to talk to people. On the breaks I would just put my hood up and head down. It took weeks for me to join in again. I just felt nervous and anxious. I just didn't feel safe outdoors."

"No school, no support, no friends."

"Not being in school meant less pressure, more time and space for me."

"Found it difficult to concentrate at home, hard to find own space. Had to do everything, schoolwork, caring, no time for me."

"I didn't get a break for 14 weeks, just stuck in the house."

"It made me sad and stressed, there was no one I could talk to".

"No break at all for me, stuck at home, noise, noise, noise."

This consultation has highlighted the impact COVID-19 has had on young carers; the comments demonstrate how being stuck in the house with a caring role meant that they did not have a break and it was much more difficult to access support during this time.

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Responses to Cheshire East Council's Consultation and Engagement on the All Age Carers Strategy 2021 – 2025



Introduction

Caring for a family member or friend is a vital and important contribution to the delivery of adult social care and health services. Carers play a valuable role in the community, and we need to ensure that the strategy reflects what our carers are saying in relation to the support and guidance required.

We recognise how important it is that any decisions about how to improve support for carers across Cheshire East are shaped by carers. We have worked hard to produce an all-age carers strategy that will reflect what our carers are saying to us.

The All Age Carers Strategy has been developed jointly by the local authority with the NHS Cheshire Clinical Commissioning Group to ensure that it developed in line with the recently published White Paper 'Integration and innovation: Working together to improve health and social care for all' and therefore acknowledges health and social care integration developments. Its development is part of the recommissioning activity that is undertaken by the council, with the results of the coproduction, engagement and consultation influencing the service specification for the All Age Carers Hub.

With health and social care services focusing on how they achieve integrated ways of delivering services, it is more important than ever to have a clear offer and vision for carers' services, which builds on the aspirations and statutory frameworks of The Care Act (2014) and Children and Families Act 2014; and prepare for the implementation of the White Paper 'Working together to improve health and social care for all' in 2022.

The findings of the consultation will inform the development of the strategy and future support for carers of all ages including the recommission of the All Age Carers Hub.

The draft strategy was developed in partnership NHS England Clinical Commissioning Group Cheshire. The following groups and organisations played a vital role in supporting views from carers they support. We were able to take the consultation to these groups and seek their views:

- Cheshire East Parent Carer Forum
- Cheshire East Carers Hub
- Cheshire Young Carers
- Cheshire East Dementia Steering Group
- Schools and education
- Teachers, pastoral services, public health and other professionals
- Learning Disabilities Partnership Board
- End of Life Partnership Board
- Nursing and residential settings
- Care at home organisations
- Cheshire East Social Action Partnership
- Cheshire East Healthwatch
- North West Ambulance
- Patient Advice and Liaison Service (PALS)
- Social prescribers within community teams

- Gypsy, Roma and Traveller Forum
- GP practices
- Differently Abled
- Frail and Elderly Team at Leighton Hospital and Macclesfield Hospital
- Emergency Duty Team
- Frontline social work team – communities
- Mental Health Team
- Cheshire East Council HR Department
- All the voluntary, community and faith sector organisations via Cheshire East Social Action Partnership (CESAP)
- LGBTQ+ CE Vibrance

“You don’t know the impact of becoming a carer until you are one and it will be different for everyone. It can take its toll on health, relationships, social life, finances, education and employment.” – carer

Consultation and engagement methodology

Consultation and engagement activity included:

- An All Age Carers Survey, which ran from 12 February 2021 to 31 March 2021
- Twelve-week consultation on the strategy, which ran from 15 November 2021 until 17 January 2022
- Consultation with young carers from October 2021 to December 2021
- Consultation with professionals from schools and education October 2021 to January 2022
- Graphic scribe of carers sharing their story and their message linked to COVID-19 in January 2022.

COVID-19 has presented many challenges, especially for our carers. We needed to ensure, despite the pandemic, that we could hear the voice of our carers, so we adapted our approach. As face-to-face meetings were not possible, we used other ways to ensure respondents could take part in the consultation in a safe way. Paper copies and easy read copies were made available as part of the consultation.

The consultation was promoted across lots of communication channels including the vaccination programme for our unpaid carers via the All Age Carers Hub. We linked in with other current consultation events and attended operations team meetings to consult on the strategy.

Individuals and organisations were able to respond via email, telephone and in writing. The following consultation events we attended to share the consultation were:

- Autism
- Day opportunities
- Assistive technology and charging policy

- Dementia Strategy and steering group
- Live Well for Longer Strategy
- Rural Strategy

Responses to the consultation

- 248 people responded to the online survey
- 27 people responded to the online consultation
- 50 people responded from the Cheshire East Parent Carer Forum
- 28 people responded via telephone calls
- 48 people from the Cheshire East Carers Forum
- 8 people from the End-of-Life Partnership Group
- 22 people from the Learning Disability Partnership Group
- 15 people from the Gypsy, Roma and Traveller Group with lead officers
- 22 young carers joined the consultation and engagement online event
- All the voluntary community and faith sector (VCFS) via Cheshire East Social Action Partnership (CESAP)
- 12 Armed Forces Groups, British Legion
- 28 working carers within Cheshire East Council
- 14 people from the Differently Abled group
- 48 officers from operational teams in adults and children's services
- 4 people from Cheshire Without Abuse
- 4 people from Cheshire Young Carers
- 10 officers from the Children's Admissions and Transport team
- 2 people from the LGBTQ+ Vibrance Group
- 3 community liaison officers who support the migrant community in Cheshire East
- 14 professionals joined the consultation and engagement event who consisted of the following:
 - GP
 - child psychologist
 - pastoral service
 - headteacher
 - teacher
 - school assistant
 - social worker
 - school nurse
 - officers from children's services.
- Over 150 delegates at the North West ADASS Carers Conference.

Key messages

People were asked to what extent they agreed or disagreed with each of the priorities:

- Health and Wellbeing
- Early Support for Carers
- Prevention – Carer Breaks/ Respite
- Information/ Access/ Processes
- Employment, Education and Training
- Young Carers

The vast majority agreed with all the priorities and associated actions and commented on each of them. The key messages that emerged from the priorities were:

- Improving communication between health and social care
- Improving access to services and support available for carers
- Identifying carers within all sectors including training and awareness
- GP intervention to support carers, improving the GP register for carers
- Supporting young carers in school, colleges and health
- Supporting young carers to be able to have a break and time away from their caring role
- Supporting the mental health and wellbeing of carers
- Working carers
- More collaboration with LGBTQ+ awareness for carers and training for professionals.

All Age Carers Strategy Priorities

Priority 1: Health and Wellbeing

The vast majority agreed with this priority and the need to improve health and wellbeing for our carers:

- health and wellbeing checks for carers
- registered as a carer within a GP practice
- support from the pharmacy
- information and advice
- young carers having breaks of their choice, systems in place so the cared for are safe
- Young carer ambassadors in schools
- Mental health support.

Priority 2: Early Support for Carers

The vast majority agreed strongly that early support for carers is a priority:

- understanding of carer assessments and not just a tick box exercise

- making access to support and advice much easier and simpler, just one place, not having to tell the same story repeatedly
- clearer pathways for carers that are easy to follow, and everyone understands the pathway
- end-of-life experience information and support offered in advance via the GP, hospital, and other services, have a plan
- support agencies offering support to the carer as well as the cared for
- improve the communication with all faith sectors with Cheshire East.

Priority 3: Prevention – Carer Breaks/ Respite

The vast majority agree that care breaks and respite are key to ensure good health and wellbeing:

- community respite in the carers home, not in a residential setting
- small breaks little and often
- planned respite; the pandemic has shown that respite can be used in different ways
- the importance of carer activities, groups, networks, and befriending schemes was highlighted in the comments, to avoid loneliness and social isolation
- young carers having time away from the caring role.

Priority 4: Information/ Access/ Processes

The vast majority strongly agreed that information at the right time is key:

- information access should not just be the internet as many can't always access or find technology difficult
- one place for the right information when needed
- health and social care should have the same information, clearer pathways in hospital for carers to understand
- schools and colleges to help with information for young carers
- mental health information and advice
- involving carers in the development of services is important to ensure effective support services
- better understanding for young carers
- improve the digital offer for young carers
- more engagement around LGBTQ+ carers awareness and training and delivery of training to professionals
- ensuring relevant information for carers is available within other communities e.g. migrant community, veterans.

Priority 5: Employment, Education and Training

The vast majority agreed strongly that further support for working carers is key.

- employers identify carers/ flexible working pattern
- training opportunities for carers
- young carers to recognise their caring role is skilled and something to be proud of.

Priority 6: Young Carers

There was a very strong agreement that more needs to be offered to our young carers:

- school, college and education
- peer support
- pharmacy and GP support
- Care Ambassadors in all schools
- more local young carer breaks
- identifying young carers early
- information and advice for young carers
- support for LGBTQ+ and young carers.

Comments from our carers

“The impact of loss and grief on carers is significant. This can include losses relating to employment, role, relationships, and identity, as well as the loss and grief associated with the decline and death of a loved one (before and after death). People who are being cared for may also experience loss and grief because of their changed health and status and this can have a knock-one effect on their carer.”

“GPs could do much more to support informal carers in terms of them being recognised, flexible appointments, carers MOT check. Patchy at best, needs to be consistent across the patch. Young carers remain hidden, support not targeted to the individual, single point of access not working for them. Much more needed”

“Navigating through health services and all the appointments is a minefield. if the cared for is under many different consultants, there needs to be a health co-ordinator whom the carer can go to.”

“The strategy has very limited reference to people who are caring for those with palliative care needs or who are at the end of life. We believe that this stage of the caring journey needs much greater emphasis to reduce isolation, empower carers to care at the end of life and provide greater support into bereavement. In relation to demographics, 1% of our population die each year, with five associated bereavements, some of which will be among carers.”

“The strategy does raise expectations - in view of the fact that funding is precarious so that in some cases projects/ services may have to be limited or even come to an end - expectations are then dashed. Are there any contingency plans? This in particular affects charities where short term funding is offered.”

“I think a lot of the group activities are for younger children and not older teens.”

“Young carers deserve more than a paragraph. Greater emphasis on identification particularly in schools. Support to be targeted to meet individuals’ needs. Young carers transition important as is support for young adult carers, present support may not meet their needs. Health and wellbeing need of young carers not overlooked, listen, respect and support particularly important within health settings important.”

“I want my sexual orientation to be fully accepted, not just tolerated.”

“I feel as if during the time I was caring, I spent six years back in the closet, after the journey of coming out.”

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Children and Families Committee

Date of Meeting:	24 March 2022
Report Title:	Children's Care at Home Recommission
Report of:	Helen Charlesworth-May, Executive Director of Adults, Health and Integration
Report Reference No:	CF/48/21-22
Ward(s) Affected:	All

1. Purpose of Report

- 1.1. This report provides the background and vision that supports the redesign and recommission of a new Children's Care at Home Purchasing System that is envisaged will be operational from November 2022.
- 1.2. The report builds on the children's care at home report considered at the Children and Families Committee in November 2021 and further explains the background to the need to redesign, what a purchasing system provides and the finance and governance arrangements when the purchasing system becomes operational.

2. Executive Summary

- 2.1. The proposed Children's Care at Home Purchasing System will be designed specifically for children and families and break the ties to the current all-age approach to sourcing care at home, which is ineffective for children and families who require intensive edge of care support. The purchasing system will have a contract term of five years to promote consistency of care for children, sustainability for the market and innovation throughout the term. The children's care at home purchasing system will be redesigned to build on the excellent outcomes for children on the edge of care that are currently being achieved through different ways of working and will increase the scope of support to children with disabilities. Children's Social Care have seen success in safely supporting children at home with intensive packages of support and have maintained a cared for population which is below statistical neighbours

and the England average. We remain ambitious for our children and families and seek to recommission a robust and broad purchasing system that will continue to support this position. This will result in cost avoidance against the agency placement budget, which has been under pressure for several years. In essence this proposal is a cost avoidance proposition to maintain children safely and happily within their families of origin.

- 2.2. It is difficult to put a value to the estimated demand through the redesigned purchasing system, however based on current cases and a trajectory of new ways of working an estimated value of spend over the five-year term could be £22m. The cost of the places put through the new system will be made through existing children's social care budgets, in particular the agency placement budget.
- 2.3. The redesign and recommission of children's care at home will play an important part of the Children's Social Care demand management strategy and assist with the plans to deliver within budget as set out in the council's Medium-Term Financial Strategy. The new care at home purchasing system does not commit the council to new expenditure; it is money that we currently spend on more costly traditional ways of meeting children and young people's needs and ensures a framework for supporting children and families early to avoid higher costs being incurred later.
- 2.4. The continual review of the cared for children population and their journey into care has been considered to identify lessons learnt and the changes needed to alter the trajectory for many children on the edge of care and for those in care who are ready to step down from more intensive support. The primary drivers for this review, redesign and recommission are:
 - effective support to children with disabilities at home, early support to these families to bolster resilience and the best outcomes for children with disabilities
 - to prevent children from entering the care system; an outcome which we know can often lead to additional, albeit different, vulnerabilities in terms of their opportunities later in life.
 - to support the return of cared for children to their birth family / family network.
- 2.5. A redesigned children's care at home purchasing system will support the council to achieve the strategic aims and objectives as detailed in the council's Corporate Plan 2021-25, with a specific focus on:

A council which empowers and cares about people:

- Work together with residents and partners to support people and communities to be strong and resilient
- Reduce health inequalities across the borough

- Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect, and exploitation
- Support all children to have the best start in life
- Increase opportunities for all children and young adults with additional needs.

3. Recommendations

- 3.1.** That committee:
- 3.2.** Approve the redesign and recommission of a new Children's Care at Home Purchasing System.
- 3.3.** Delegates authority to the Executive Director of Children's Services to award contracts to providers to enter the Children's Care at Home Purchasing System.

4. Reasons for Recommendations

- 4.1.** The current care at home (CAH) framework expires in November 2022, following a four-year contract term (2018-2022). Given the complexity of need of our children, the increased number and complexity of children going into care over recent years locally and nationally, and the reduction in resources, it is imperative that we ensure the right support can be offered to keep children at home, safely with their families.
- 4.2.** To modernise and stabilise the current offer so that it aligns to the council's priorities; those set out in the Corporate Plan and Children and Young People's Plan.
- 4.3.** To ensure that the right level of support is available to empower parents and families to care for their child safely, and to ensure that the child can remain in a place where they are both loved and looked after.
- 4.4.** To prevent children and young people from entering the care system when there can be other options to keep children safe at home. The investment in home-based support will result in cost efficiencies resulting from the prevention of long term, high-cost placements, and associated costs.
- 4.5.** The new purchasing system will be specifically for children's care at home. Separating adults and children's support will ensure the purchasing system is designed specifically for children and families, creating a new way of delivering care at home and supporting a new approach for children on the edge of care or stepping down from care/ crisis.
- 4.6.** By improving the care at home offer to reflect the ever-changing needs of our vulnerable residents, we give social workers the resources and options that best fit the needs of the children and families they are working with. A flexible and innovative purchasing system will support child-centred planning in

response to assessments, finding the most appropriate way to improve the child's outcomes and welfare, aligning to Working Together to Safeguard Children (2018) and The Children Act (1989).

5. Other Options Considered

- 5.1.** Allow the current purchasing system to lapse in November 2022 and not replace it. This would require the transfer of care at home for existing children to alternative spot purchasing arrangements that may not be with the existing providers. The potential risks faced would be inconsistency and poor quality support to children with disabilities and their families, and ineffective use of resources.
- 5.2.** Recommission the care at home purchasing system in its existing format. This would not resolve the issues around lack of effective services for families and would result in inefficient spot purchasing arrangements and lack of robust, auditable evidence of value.
- 5.3.** Both the options above would negate the ability to build on the innovative and highly positive impacts on children that have been secured through different ways of supporting children at home that are on the edge of care or those being discharged from specialist mental health beds.

6. Background

6.1. What is a Purchasing System?

- 6.1.1** The proposed new purchasing system is effectively a 'framework agreement' which would not commit the council to expenditure of itself, but which would provide how contracts could be awarded to individual care providers, always subject to the council's procurement rules, contained within the Constitution.
- 6.1.2** The establishment of a purchasing system will follow the restricted procurement procedure. The first stage is the selection process: all providers who meet the minimum requirements of the selection criteria would be admitted to the purchasing system. The selection criteria will be set to ensure a high threshold for quality and cost and will focus on outcomes for children and families, safe recruitment, and safeguarding training for example. This report recommends that the award of contracts at this first stage of entry to the purchasing system is delegated to the Executive Director of Children's Services.
- 6.1.3** In the second stage, all providers who have been admitted to the purchasing system will be invited to tender for each subsequent procurement. The specific (anonymised) support packages for one or more children and young people will be published to all providers admitted to the purchasing system to bid to provide the specific services for which they are registered.
- 6.1.4** A key benefit of a purchasing system is that there is no limit to the number of providers admitted to the system, and it opens frequently for new providers to

join or re-apply. This enables the purchasing system to develop and evolve to respond to changing demand for and supply of services, whereas a framework closes to any new providers, which limits its flexibility in responding to emerging needs, any market failure, and evolving commissioning intentions.

- 6.1.5 The new service specification and contract will contain a negotiation stage to ensure that we achieve best value for money on all future packages of care and therefore ensure compliance with procurement rules and financial regulations. This procurement strategy provides an opportunity to explore a more personalised approach, and to improve choice and value for money.
- 6.1.6 The aggregate value of the purchasing system is such that these services must be procured in accordance with the Public Contracts Regulations 2015 and in compliance with the council's Finance and Contract Procedure Rules. The service is engaging with Legal Services and the council's Corporate Procurement Team in this process.
- 6.1.7 There is a secure operating system for social workers to gain auditable authorisation before any individual agreements are progressed. Children's Services have an effective Resource Allocation Panel and a Children with Disability and Short Breaks Panel that provide the assessment / challenge of individual need and the best route to support the child's outcomes, whilst delivering value for money. Financial decisions in respect of awarding contracts are taken at a senior level and in line with the financial scheme of delegation. The use of the purchasing system, strategic overview and impact will be regularly reported to the new and to be formed Children's Transformation Board – Creating a Sustainable Future, to be chaired by the Executive Director of Children's Services.
- 6.1.8 There is a dedicated contract manager who monitors the framework and providers' performance against the specification. A key element of contract performance management is the setting and monitoring of key performance indicators (KPIs). The KPIs for this redesigned purchasing system will be set in line with the delivery of the specification for services and is likely to include areas such as outcomes for the child and their family, safeguarding and workforce recruitment, retention, and training. The social worker will also undertake an annual review to ensure the needs of the child/ young person are being met by the provider.

6.2 The origin and performance of the current Care at Home Purchasing System

- 6.2.1 The current care at home contracts for children have been commissioned through a purchasing system that mirrors the Adult Social Care system and is currently not providing the flexibility required to support children and families effectively. To date the current children's care at home purchasing system has supported a small number of children with a narrow range of disabilities.

There are many more families struggling with children that have behaviours that challenge, for example due to their autism or mental health. The current care at home purchasing system does not support discharge from Tier 4 mental health inpatient beds, step down from cared for children accommodation back to family / networks, or children on the edge of care.

6.2.2 The dominance of care at home for adults, the narrow scope of needs and small packages of hours put out to the market to support children at home is impacting negatively on the number of providers joining the current children's care at home purchasing system and the referrals they pick up. This dilutes the confidence that our social workers and parents have in this avenue of support and adds pressures on the brokerage team and social workers when looking for good quality care that can meet the needs of the families through other routes.

6.2.3. Engagement with a range of providers, whether named on the current purchasing system or operating via a spot purchase, has been extremely positive in respect of supporting and delivering against a redesigned purchasing system. This will be built upon as extensive market engagement is undertaken to recommission.

6.2.4 The current care at home contracts for children have been commissioned through a purchasing system that has nine providers, covering three Lots for adults' and children's care at home as detailed below:

- Lot 8: Personalised care and support delivered by children's nurses for children with complex health/ clinical medical needs. This Lot currently has seven providers within it, and a range of hourly rates between £15 and £22.
- Lot 9: Personalised care and support delivered by highly skilled care workers. This Lot currently has nine providers within it, and a range of hourly rates between £15 and £18.
- Lot 10: Personalised care and support delivered by support workers. This Lot currently has eight providers within it, and a range of hourly rates between £15 and £18.

6.2.5 Overall, since the purchasing system went live in November 2018, there have been 43 children with disabilities referrals sent through brokerage for children's care at home. Of these, 18 (42%) packages of support have been picked up by providers on the purchasing system and 25 referrals (58%) have resulted in packages of support being sourced through spot purchasing arrangements with providers.

6.3 Redesign Principles

6.3.1 The primary drivers for the review, redesign and recommission are:

- effective support to children with disabilities at home, early support to these families to bolster resilience and the best outcomes for children with disabilities.
- to prevent children from entering the care system; an outcome which we know can often lead to additional, albeit different, vulnerabilities in terms of their opportunities later in life.
- to support the return of cared for children to their birth family or family network.

6.3.2 The redesign of the care at home purchasing system will ensure that the existing service categories (Lots) would remain in place to support children with disabilities and ensure that there is no loss of services, but rather an increase in the offer. The existing Lots would be refreshed to address identified gaps in current provision, including at-home support for children with autism.

6.3.3 The new purchasing system will extend the service offer to a broader range of children in need. A resilient network of providers will offer a graduated response to need which can respond to complex care requirements whilst also offering early intervention and support to minimise the need for more intensive / high-cost support and on some occasions preventing entry into care.

6.3.4 Across Cheshire East there are approximately 2,100 children and young people who are supported by social workers at any one time to ensure they are safe in their families and in their communities. Working with other agencies, the council's social care teams protect children and young people from the risks they face including domestic violence, substance misuse and more complex safeguarding issues such as county lines.

6.3.5 During the autumn 2021 Ofsted focussed visit on Child in Need and Child Protection, Ofsted summarised that since their last inspection in November 2019 the quality of social work with these children and their families has improved and senior leaders are successfully embedding a child-centred culture. The council's '@ct team', who provide support for children at risk of exploitation or family breakdown, were also praised for the positive impact they have on these children to ensure that they remain with their families when possible and when it is appropriate. The redesigned purchasing system will support @ct and other social work teams to support families effectively and work innovatively with them to improve outcomes for children and families.

6.3.6 The proposed new way of working would target support towards families who are at a crisis point and are struggling to de-escalate risk, and families who may be reunited with a bespoke package of care and support. The model would be home-based and without the traditional limitations of in-house

services (such as operating hours), offering help at the time families need it most - which could be overnight or at weekends.

6.3.7 As part of the commissioning process, full consultation with parents, children, staff, stakeholders, and providers will take place alongside robust market testing. A new specification will be developed to encourage greater provider uptake of packages of support required, providing greater flexibility and choice; ultimately resulting in service improvement and better outcomes for children and families. Health colleagues will be consulted to explore whether a collaborative purchasing system can be designed. The redesigned care at home purchasing system will be renamed to better describe its coverage and ensure a fresh start for this important vehicle for supporting families.

6.3.8 The proposed Lots that will form the key part of provider and stakeholder engagement prior to commissioning are as follows:

Lot 1	Lot 2	Lot 3	Lot 4 (new)	Lot 5 (new)
Low level Support Worker	Highly skilled Support Worker	Nurse	Edge of Care/ Step Down (Family Support)	Innovation
Low level medical needs including physical disability and learning difficulty	Moderate level needs including physical and learning disability	Life limiting or complex care	Harmful sexual behaviour, mental health – parent and/or child, attachment and trauma, family breakdown, parental alienation, Autism - whole family approach, substance misuse.	Bereavement, education participation, returning home from care, adoption support, mental health, contextualised safeguarding, child criminal exploitation, gang violence or affiliation, suicidal ideation, LGBTQ+.

6.4 Potential impact on children entering care

6.4.1 The children’s care at home purchasing system will be redesigned to build on the excellent outcomes for children on the edge of care currently being achieved through different ways of working.

6.4.2 Although in some cases a child needs to become cared for by the local authority to keep them safe, there are other cases where children are living at home with a family who have the ability to provide safe care but are at crisis point and require temporary support as they do not have the existing support,

experience, resilience or resources to care for them in that moment. When we need to safeguard children by bringing them into care, we are placing them into a home where they are appropriately looked after but sometimes at the detriment of long-standing life-long relationships. The ambition is to empower parents to effectively safeguard their children and help them to thrive, keeping children in an environment where they are both loved and looked after. This may mean that they need longer term support, including out of hours.

6.4.3 There were 524 children in care in Cheshire East as of 11 February 2022. Children's Services assess that there is scope for more children to be reintegrated back into the family home or "stepped down" from residential small group homes into foster care or back to their family. The redesign of the care at home purchasing system will support children to return / remain at home where appropriate, thus achieving more sustainable permanency plans for children and young people and impacting positively upon the Medium-Term Financial Strategy.

6.4.4 The table below is for information only and aims to illustrate the main types of accommodation for cared for children and provides an indication of the costs incurred when a child becomes cared for. The aim of the redesigned purchasing system is to have a positive influence on the cost of care, in particular those children that are placed in residential accommodation.

Financial Year	Average Number of Children in External Foster Placements	Average Cost of External Foster Care Placement Per Client Per Week (£)	Average Number of Children in In-House Foster Placements	Average Cost of CE Foster Care Placement Per Client Per Week (£)	Average Number of Children in Residential Placements**	Average Cost of Children's Residential Placement Per Client Per Week (£)	Cost of residential and fostering based on averages for the financial year	Cared for children in other types of accommodation (adoption, relative / friend, supported accommodation etc.)	Total cared for children numbers (average across the year)
2016-17	92	£800	147	£525	35	£3,058	£13,405,860	135	409
2017-18	111	£807	153	£502	44	£3,164	£15,891,148	151	459
2018-19	119	£791	147	£503	46	£3,046	£16,025,672	183	495
2019-20	142	£803	130	£497	44	£3,140	£16,473,392	191	507
2020-21	148	£850	117	£608	48	£3,820	£19,775,392	221	534

** includes residential special school placements

6.4.5 The different ways of working with children on the edge of care that have been implemented over the last year have stopped approximately 10 young people coming into care (annual cost avoidance of approx. £950,000). The providers supporting these young people will be invited to market engagement sessions to encourage high quality providers to enter the redesigned purchasing system.

6.4.6 To set up a purchasing system we are required to estimate the potential spend through it. **This is not new expenditure**; it is money that currently we would spend on more costly traditional ways of meeting children and young people's needs. It is difficult to put a value to the potential volume through the redesigned purchasing system, however based on current commitments and

a trajectory of new ways of working an estimated value of spend over the five-year term would be £22m, broken down as follows:

	Number of children	Average spend per week	Estimate of Purchasing System activity £000 (no. of children x average weekly cost x 52)
Children with disability – provision on the current purchasing system	18	£400	374
Children with disability – provision through a spot purchase	25	£231	300
Children with disability – provision through a Direct Payment	37	£182	351
Child in Need / Child Protection and cared for children – provision through a spot purchase	6	£593	185
Child in Need / Child Protection and cared for children – provision through different ways of working**	24	£2,556	3190
Annual total			4,400
Over a 5-year term			22,000

**An estimate of 24 children on the edge of care, discharged from Tier 4 mental health beds or step down from their cared for children accommodation.

6.4.7 Any of the spend through the purchasing system will go through a secure operating system for social workers to gain auditable authorisation before any individual agreements are progressed. Children's Services have an effective Resource Allocation Panel and a Children with Disability and Short Breaks Panel that provide the assessment / challenge of individual need and the best route to support the child's outcomes, whilst delivering value for money. Financial decisions in respect of awarding contracts are taken at a senior level and in line with the financial scheme of delegation.

7. Consultation and Engagement

- 7.1. Local and national research identifies a range of negative impacts that entering the care system and being separated from family and community connections can have on children and young people.
- 7.2. Through engagement with social workers, attachment specialists, health colleagues, parents, commissioners, heads of service, and by learning from case studies, it is evident that a new approach is required to help keep families together.

7.3. Next steps would be to engage in formal consultation and market engagement to support the redesign of the framework. Consultation will take place sensitively with parents, children and young people, care leavers, cared for children, foster carers and residential providers.

7.4. Key stakeholders will be consulted and engaged with including health and education colleagues, other local authorities, Adult Services, SEND Services, private sector, providers, police and other interested parties.

8. Implications

8.1. Legal

8.1.1. The outcome of the formal consultation and market engagement will feed into the redesign and recommissioning of the proposed purchasing system.

8.1.2. Once the recommissioning and procurement of services has been approved, the procurement should be undertaken in accordance with the relevant provisions of the Public Contract Regulations 2015 and the council's Contract Procedure Rules.

8.2. Finance

8.2.1. The budget for this spend is held within the Children's Social Care Directorate and across two head of service areas with combined annual budgets of £38.1m for 2021/22. These budget lines are not subject to any reductions in the MTFs 2022/23 to 2025/26 approved at February 2022 Council.

8.2.2. The proposed purchasing system will ensure the efficient and effective use of existing budgets. The new Transformation Board will track performance and make appropriate adjustments across our whole system approach to children's social care and the different ways of working we apply.

8.2.3. The long-term impact of a redesigned and recommissioned care at home purchasing system should provide an additional tool to manage demand effectively and avoid high-cost placements.

8.2.4. There are no additional system costs to introducing a redesigned children's care at home purchasing system.

8.2.5. There will be a robust system in place to look at cases individually and determine the best value offer for each child. There will be secure operating systems for social workers who will need auditable authorisation before any individual agreements are progressed. This will not add unnecessary layers into the system as the current way of working will be streamlined and spot purchasing will be reduced significantly.

8.3. Policy

8.3.1. The recommended care at home purchasing system will support the corporate vision to create an open, fair and green council. Children and families will be supported to thrive with children receiving the best start in life and growing up

in a safe environment. Meanwhile the model will support a sustainable financial future by investing in families and reducing the need for high-cost placements. Open and transparent engagement facilitates a two-way conversation with our residents and the dynamic purchasing system provides opportunities for the local care sector to work with the council, supporting market growth.

8.3.2. There is an opportunity to create a 'golden thread' to align care at home with the all-age carers' offer, looking at a pathway for referrals into the carers service to ensure that those who are entitled to extra help receive it in the right place at the right time.

8.4. Equality

8.4.1. An Equality Impact Assessment has been completed and included at Appendix 1.

8.5. Human Resources

8.5.1. There is no direct impact on Cheshire East employees and no TUPE arrangements.

8.6. Risk Management

8.6.1. Risks associated to this re-commission are:

- Supporting a vulnerable cohort of children and their families at risk of a number of factors – poor education and training, health, safeguarding, poor home conditions, lack of family stability and transition into adulthood
- Lack of engagement from the provider market meaning a failure to deliver effective services
- Failure to use council resources in the most effective way
- Reputational damage to the council if services are not delivered and/or a serious incident occurs.

8.6.2. The above risks will be managed through a risk register.

8.7. Rural Communities

8.7.1 The recommission will benefit rural communities as the offer will reach all areas within the borough.

8.8. Children and Young People/Cared for Children

8.8.1. The purchasing system will be developed with children and young people at the heart of the offer. Ongoing audits and quality assurance measures will ensure that all providers continue to meet and exceed our minimum standards. Every child in receipt of care will be open to a key worker who will work directly with the child to capture their voice and will also be subject to the standard supervision process to ensure safe practice.

8.8.2. Contractual arrangements will ensure that the council has oversight of quality and value for money with control measures in place to address any concerns.

8.9. Public Health

8.9.1. Supporting families in their home environment gives them the best opportunity to effect positive change, reducing risk and supporting sustainable, safe outcomes. It is well understood (Marmot 2010,2020) that supporting children to have the best start in life is a significant determinant of health outcomes across the life course. The proposed purchasing system ensures inclusivity so that all children and young people are given the opportunity to thrive. It is well documented that a stable, secure childhood provides the foundation for fulfilling adulthood and this model strives to narrow the gap in inequality by supporting families to grow together.

8.10. Climate Change

8.10.1. This is an exciting opportunity to work with local providers to increase local employment, reducing travel from out of borough services to deliver Cheshire East services.

8.10.2 If more children are supported to remain at home, key people working with the child will usually be assigned based on location and therefore reduce the carbon footprint by remaining local. We would also reduce the number of children who are placed at a distance and reduce the associated travel for contact or statutory visits.

Access to Information	
Contact Officer:	Dave Leadbetter, Head of Children’s Commissioning dave.leadbetter@cheshireeast.gov.uk 07794 059581
Appendices:	Appendix 1 – Equality Impact Assessment
Background Papers:	None

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EQUALITY IMPACT ASSESSMENT FORM



Equality impact assessment is a requirement for all strategies, plans, functions, policies, procedures and services under the Equalities Act 2010. We are also required to publish assessments so that we can demonstrate how we have considered the impact of proposals.

Section 1: Description

Department	Children’s Services		Lead officer responsible for assessment		Dave Leadbetter (Head of Service – Children’s Commissioning)	
Service	Care at Home Framework		Other members of team undertaking assessment		Rachael Holdcroft Nicholas Lange	
Date	09/02/2022		Version		1.0	
Type of document (mark as appropriate)	Strategy	Plan	Function	Policy	Procedure	Service
Is this a new/existing/revision of an existing document (mark as appropriate)	New		Existing		Revision	
Title and subject of the impact assessment (include a brief description of the aims, outcomes , operational issues as appropriate and how it fits in with the wider aims of the organisation) Please attach a copy of the strategy/plan/function/policy/procedure/service	<p>This assessment relates to the impact of potential changes to services resulting from the redesign and recommissioning of the Care at Home Framework.</p> <p>Existing provider contract length: 4 years. 1 November 2018 – 31 October 2022 Aim to go live with a new Service: 1 November 2022</p>					
Who are the main stakeholders? (eg general public, employees, Councillors, partners, specific audiences)	<ul style="list-style-type: none"> - Social Care Workforce - Children and families - Wider family members - Councillors - Commissioners - Health colleagues 					

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- Housing
- Safeguarding partners
- Independent sector providers

Section 2: Initial screening

<p>Who is affected? (This may or may not include the stakeholders listed above)</p>	<ul style="list-style-type: none"> - All stakeholders listed above potentially - Children and young people - Whole Family
<p>Who is intended to benefit and how?</p>	<ul style="list-style-type: none"> - Children and young people - Families - Social care workforce - Safeguarding partners <p>Improved offer for children, young people and families who require extra help to ensure they live in a safe, supportive environment where they can thrive.</p> <p>Bespoke support offered to families experiencing complex trauma to address the holistic needs and adapt support accordingly.</p> <p>Accessible services at the right time, preventing escalating needs and reducing risk.</p> <p>Less demand for “care” which means overall reduction of pressure in the system.</p> <p>Fit for purpose framework will provide greater opportunity for local care providers to work with Cheshire East Council, providing services for vulnerable residents.</p> <p>Clearer pathways for social care staff through a fit for purpose brokerage offer.</p> <p>Robust systems in place to reduce the requirement for inefficient spot purchase arrangements, result in better value for money for residents of Cheshire East.</p> <p>Greater options for “stepping down” children and achieving reunification with families, either from care or from acute Tier 4 mental health beds.</p> <p>Better support for foster carers and residential providers to support placement stability, reducing children and young people’s need for multiple placements for short term arrangements.</p> <p>Better outcomes for children and young people as they become adults due to better stability during their childhood.</p> <p>More effective parent and baby assessments as these can be completed in the home environment, giving parents the best</p>

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	<p>possible chance to successfully care for their baby. Greater flexibility in the market for care at home for children and young people with disabilities. Specialist workforce who can meet a range of needs including autism, learning disability and physical disability. Empowering whole families to respond to changing needs with confidence. Specific 'Lots' which allow a range of traditional and more creative providers to access the framework, aligning to our ambition to work in an innovative way to achieve the objectives set out in the council's priorities and the Children and Young People's Plan. Significant financial efficiencies achieved through new ways of working which reduces the number of children in care. The benefits of this process will be that the views of service users and providers (via the consultation events and survey) can be used to inform the tender process and the future service specification, resulting in the residents receiving a service that best meets their needs and outcomes.</p>
<p>Could there be a different impact or outcome for some groups?</p>	<p>Anticipate that the new service will provide much needed support to families who need additional help in order to function in a safe and supportive way. This will give children and young people the opportunity to live in an environment where they are loved and well looked after. It is well documented that outcomes for children who live in a stable home environment and benefit from secure attachment are much better than for those who have experienced care, particularly when that care is disrupted. This service will offer something different to children on the edge of care, or those who can step down from care to be reunified with their family. By addressing the issues that are reported by the existing providers, we can improve the offer to children with disabilities as the framework will be designed to ensure that providers are supported to meet demand.</p> <p>The new framework would extend the current offer whilst maintaining and improving the support that is currently offered to children with disabilities. The existing Lots would be refreshed in order to address identified gaps in current provision, including at-home support for children with autism. A resilient network of providers will offer a graduated response to need which can respond to complex care requirements whilst also offering early intervention and support to minimise the need for more intensive / high cost support, and on some occasions preventing entry into care.</p> <p>There are potential impacts for the fostering and residential market as one of the primary desired outcomes is to reduce the number of children in care by strengthening families. Combined with the recent commissioning of Children's Homes, this could</p>

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	create a reduction in demand for external residential or fostering providers, however this is very low risk as currently we are experiencing sufficiency issues which result in a lack of available placements.										
Does it include making decisions based on individual characteristics, needs or circumstances?	Decisions will be made based on needs - this will be done at point of referral. Service users will be put in contact with the appropriate service. The provider of the new service will ensure access to services by individuals and will consider the needs of specific groups to ensure that disadvantage does not occur.										
Are relations between different groups or communities likely to be affected? (eg will it favour one particular group or deny opportunities for others?)	The framework targets children and young people who we know have additional vulnerabilities, either due to safeguarding and welfare concerns, learning disabilities, parental capacity, physical disabilities, mental health needs or autism. The approach is innovative and engagement will ensure that we understand 'gaps' in services and can use this framework to respond to identified need. Therefore no groups will have opportunities denied and the framework will be developed on an inclusive model.										
Is there any specific targeted action to promote equality? Is there a history of unequal outcomes (do you have enough evidence to prove otherwise)?	Provider(s) to evidence in their equality and inclusion plan. There is a requirement in the contract for the new provider(s) to reach those who are currently under-represented. This service aims to continue improved access to those with additional needs. Any contract holder will be expected to comply with all relevant legislation and Cheshire East Council policy and procedures including equality legislation. Ongoing monitoring during the delivery of the services will be designed to encourage providers to work together to share developed opportunities or issues raised.										
Is there an actual or potential negative impact on these specific characteristics? (Please tick)											
Age	Y	N	Marriage & civil partnership	Y	N	Religion & belief	Y	N	Carers	Y	N
Disability	Y	N	Pregnancy & maternity	Y	N	Sex	Y	N	Socio-economic status	Y	N
Gender reassignment	Y	N	Race	Y	N	Sexual orientation	Y	N			
What evidence do you have to support your findings? (quantitative and qualitative) Please provide additional information that you wish to include as appendices to this document, i.e., graphs, tables, charts										Consultation/involvement carried out	
										Yes	No
Age	Pre-birth to 18 (or 25 where appropriate)									Yes, indirect consultation	

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		with social workers and stakeholders, reflecting the voice of children, young people and families sensitively due to the nature of the proposals.	
Disability	Services are provided in the way that best meets the needs of children with disabilities. The Lots will create a graded system whereby children can receive the right level of support.	Yes	
Gender reassignment	Services are provided irrespective of gender reassignment – services are based on the child’s needs and those of their parents / carers.	Yes	
Marriage & civil partnership	Services are provided irrespective of marital status – services are based on the child’s needs and those of their parents / carers.	Yes	
Pregnancy & maternity	Services for pregnancy and maternity are most likely to be enhanced through an offer which is designed to give parents the best chance of success in a natural environment.	Yes	
Race	Services are provided irrespective of race considerations – services are based on the child’s needs and those of their parents / carers. Throughout the redesign consideration will be given to language and cultural needs to ensure that no group are isolated from the programme.	Yes	

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Religion & belief	Services are provided irrespective of religion and belief – services are based on the child’s needs and those of their parents / carers.	Yes	
Sex	Services are provided irrespective of sex – services are based on the child’s needs and those of their parents / carers.	Yes	
Sexual orientation	Services are provided irrespective of sexual orientation – services are based on the child’s needs and those of their parents / carers.	Yes	
Carers	Services to parents and carers are based on the child’s needs. Carers will be routinely included in the range of service offers with specific considerations for carers	Yes	
Socio-economic status	There is a focus on targeting help to those families and communities at higher risk of achieving poorer outcomes, however services are open to all irrespective of socio-economic status.	Yes	
Proceed to full impact assessment? (Please tick)	Yes	No	Date 09/02/2022

If yes, please proceed to Section 3. If no, please publish the initial screening as part of the suite of documents relating to this issue

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Section 3: Identifying impacts and evidence

This section identifies if there are impacts on equality, diversity and cohesion, what evidence there is to support the conclusion and what further action is needed

Protected characteristics	Is the policy (function etc....) likely to have an adverse impact on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Are there any positive impacts of the policy (function etc....) on any of the groups? Please include evidence (qualitative & quantitative) and consultations	Please rate the impact taking into account any measures already in place to reduce the impacts identified High: Significant potential impact; history of complaints; no mitigating measures in place; need for consultation Medium: Some potential impact; some mitigating measures in place, lack of evidence to show effectiveness of measures Low: Little/no identified impacts; heavily legislation-led; limited public facing aspect	Further action (only an outline needs to be included here. A full action plan can be included at Section 4)
Age	No	Yes. Children and young people up to the age of 25.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the</p>

EQUALITY IMPACT ASSESSMENT FORM



				Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably
Disability	No	Yes. Better range of framework services for children and young people with disabilities. This gives us reassurance that providers meet our required minimum standards and supports good working relationships.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in</p>

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				place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably
Gender reassignment	No	Yes. Services will be offered to children and young people who are exploring gender identification. This is a known gap in the current offer and the new framework will ensure we have the right specialism to offer help and support to children and young people.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors</p>

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				will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably
Marriage & civil partnership	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to</p>

EQUALITY IMPACT ASSESSMENT FORM

				commissioners that services are offered equitably
Pregnancy and maternity	No	Yes. Bespoke support available to pregnant women and families to support them to successfully parent their baby.	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
Race	No	No	Low	Note: Any new service will

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				<p>ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
Religion & belief	No	No	Low	Note: Any new service will ensure contractually that the needs of all customers are identified and addressed

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				<p>regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
Sex	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual</p>

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				<p>orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
Sexual orientation	No			
Carers	No	Yes. Support to be provided to whole family, including carers.	Low	Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual

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				<p>orientation.</p> <p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
Socio-economics	No	No	Low	<p>Note: Any new service will ensure contractually that the needs of all customers are identified and addressed regardless of their age, disability, gender, race, religion or belief or sexual orientation.</p>

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				<p>As part of the contract the successful organisation/s will be required to demonstrate that they meet equality and diversity legislation, including the Equality Act 2010 and the Human Rights Act 1998 and have policies and procedures in place to support this. The provider and any subcontractors will be required to have in place quality assurance processes and policies to provide evidence to commissioners that services are offered equitably</p>
<p>Is this project due to be carried out wholly or partly by contractors? If yes, please indicate how you have ensured that the partner organisation complies with equality legislation (e.g. tendering, awards process, contract, monitoring and performance measures)</p> <p>Yes. The contract will be awarded to externally contracted provider(s) through a tender process, which will ensure that providers comply with equality legislation. This will be monitored through the contract management process.</p>				

Section 4: Review and conclusion

Summary: provide a brief overview including impact, changes, improvement, any gaps in evidence and additional data that is needed

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Specific actions to be taken to reduce, justify or remove any adverse impacts	How will this be monitored?	Officer responsible	Target date
Framework to entice high quality / innovative providers who can offer the right support to vulnerable groups with dedication and resilience. Providers who can work flexibly including a willingness to work unsociable hours to meet need.	Commissioning/Contracts Team/Operational Teams	EE/NL/RH	November 2022
Please provide details and link to full action plan for actions	Mobilisation plan will be developed.		
When will this assessment be reviewed?			
Are there any additional assessments that need to be undertaken in relation to this assessment?	No		
Lead officer signoff	Rachael Holdcroft Nicholas Lange	Date	09/02/2022
Head of service signoff	Dave Leadbetter	Date	09/02/2022

Please publish this completed EIA form on your website

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Working for a brighter future together

BRIEFING REPORT

Children and Families Committee

Date of Meeting:	24 March 2022
Report Title:	Self-evaluation of Children's Services
Report of:	Deborah Woodcock, Executive Director of Children's Services

1. Purpose of Report

- 1.1.** This report sets out the current self-evaluation form (SEF) for children's services which has been developed using a new self-assessment framework from the North West Association of Directors of Children's Services (NWADCS).
- 1.2.** The SEF meets the strategic aims and objectives in the council's Corporate Plan 2021-25 as it contributes to 'a council which empowers and cares about people' and the following priorities:
 - Protect and support our communities and safeguard children, adults at risk and families from abuse, neglect and exploitation
 - Be the best Corporate Parents to our children in care
 - Support all children to have the best start in life
 - Increase the opportunities for children, young adults and adults with additional needs
 - Ensure all children to have a high quality, enjoyable education that enables them to achieve their full potential.

2. Executive Summary

- 2.1.** The SEF is a key document to ensure that leaders in children's services share their strengths and areas for development. As part of the inspection of local authority children's services (ILACS), Cheshire East must share an annual self-evaluation of the quality and impact of social work practice. This document is also subject to a North West peer challenge and shared with Ofsted each year as part of an annual engagement meeting.

3. Background

- 3.1.** Self-assessment is an integral part of planning and delivering continuously improving services to children, young people and their families. The SEF enables leaders to effectively identify areas of strength, development and actions to improve.
- 3.2.** Cheshire East's SEF (Appendix 1) sets out contextual information about the local area and services for children in Cheshire East and has been developed with input from teams across children's social care, early help, education, early years and special educational needs and disabilities (SEND).
- 3.3.** In preparing our SEF, we have also sought peer challenge through the North West sector-led improvement programme. Cheshire East's peer challenge meeting took place on 7 January 2022 and provided an opportunity to reflect on the contents of the SEF, share good practice and identify regional priorities and programmes of support for the coming year. The SEF was revised following feedback from this meeting and in readiness for our 'annual conversation' with Ofsted.
- 3.4.** The annual conversation is a formal discussion between local authority senior leaders from Children's Services and Ofsted, and is intended to help local authorities to critically evaluate their own performance and articulate what they think is working well for children in their area. The SEF, along with supporting performance information and discussion, forms part of the intelligence Ofsted uses to decide where and when to inspect. Cheshire East's annual conversation with Ofsted took place on 2 February 2022.

4. Briefing Information

- 4.1.** Cheshire East's self-evaluation is attached at Appendix 1. This document was completed in January 2022 and is largely based on quarter 2 data.
- 4.2.** The SEF document sets out the overall context for children and families in Cheshire East and then sets out detailed information in three main areas:
 - children's social care and early help
 - education and early years
 - SEND.
- 4.3.** Each of these sections begins with a summary page that gives an overview of each area before continuing to breakdown more detailed information for individual teams.
- 4.4.** The current SEF is structured under the following areas:
 - What have we delivered?
 - What have been our challenges?
 - What difference have we made?
 - What do we still need to do?

5. Implications

5.1. Legal

5.1.1. The report demonstrates adherence to Ofsted's guidance 'Inspecting local authority children's services', which was updated in December 2021. In particular, councils are asked annually to share a self-evaluation of social work practice with Ofsted and to meet with Ofsted regional representatives to discuss this. This part of the inspection framework is voluntary but plays an important role in the council's collaborative working with Ofsted and has been developed in conjunction with the Association of Directors of Children's Services (ADCS), The Society of Local Authority Chief Executives (SOLACE) and the Local Government Association (LGA).

5.2. Finance

5.2.1. There are no finance implications of this report.

5.3. Human Resources

5.3.1. There are no known human resources implications of this report.

Access to Information	
Contact Officer:	Gill Betton Gill.betton@cheshireeast.gov.uk
Appendices:	Appendix 1 – Cheshire East Self-Assessment January 2022
Background Papers:	Inspecting Local Authority Services

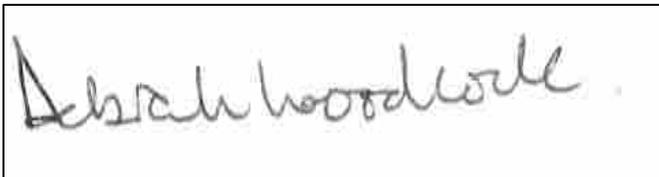
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Cheshire East Self-Assessment January 2022



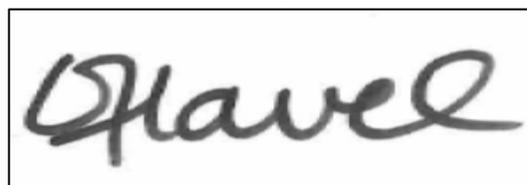
Executive Director of Children's Services

Deborah Woodcock



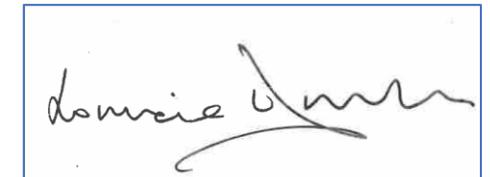
Lead Member for Children's Services

Cllr Kathryn Flavell



Chief Executive

Lorraine O'Donnell



Contextual information: Key Personnel

Role	Name	Time in Post	Role	Name	Time in Post
Executive Director of Children's Services	Deborah Woodcock	2 months	Assistant Director Director of Children's Social Care	Kerry Birtles	1 year 4 months
Chief Executive	Lorraine O'Donnell	2 years	Assistant Director Director Prevention and Early Help	Ali Stathers-Tracey	3 years 11 months
Lead Member	Cllr Kathryn Flavell (Children and Families Committee Chair)	2 years 8 months	Assistant Director Director of Education 14-19 Skills	Jacky Forster	6 years 3 months
LSCP Chair/Scrutineer	The Cheshire East Safeguarding Children's Partnership has a rolling chair arrangement – each year it is chaired by one of the statutory partners. From 2021-22 the Chair is Paula Wedd, Executive Director of Quality and Patient Experience Cheshire Clinical Commissioning Group.	Rolling chair each year	Designated Clinical Officer	Penny Hughes	5 years 4 months
Virtual School Head	Laura Rogerson	3 years 8 months	Designated Medical Officer	Not applicable	Not applicable

About the local area and services for children

With an estimated population of 386,700, Cheshire East is the third biggest unitary council in the North West and the 17th largest in the country. **Approximately 40% of the population lives in rural areas** and the remainder in the two major towns of Crewe and Macclesfield and smaller towns of Wilmslow, Congleton, Sandbach, Poynton, Nantwich, Middlewich, Knutsford and Alsager. **We have approximately 104,700 children and young people aged 0-25 years old**; approximately 27% of the total population. Residents of Cheshire East are predominantly white (96.7%). The black and minority ethnic population (3.2%) is lower than in the North West (10%) and England (14%). A proportion of our residents (2%) are from European countries, with 3,868 of these being from Poland (1%). Cheshire East has a travelling community. 7.3% of Primary, 5.5% Secondary, and 5.1% Special School pupils' first language spoken at home was not English.

The borough is generally affluent and is a **desirable place** to live. It has **excellent schools, good employment options, transport networks and services**. As a result, there has been significant population growth, in particular, **families moving into the borough for schooling**. This has placed significant demand on our schools and other council services.

We want Cheshire East to be a great place to be for all our children and young people and for the vast majority this is the case. Most children in Cheshire East have a level of wellbeing that is equal and often higher than the national average. However, there are 18 small areas (LSOAs) in the most deprived 20% nationally (an increase from 16 areas in 2010). These areas are in Crewe (13), Macclesfield (2), Wilmslow (1), Alsager (1), and Congleton (1).

We remain committed to progress our action plan to address the recommendations from the Ofsted Inspection of Local Authority Children's Services (ILACS) in November 2019 and have worked hard to continue to develop our services. Our continued focus is on **achieving excellent outcomes for children and young people through establishing consistently good practice**. We have brought our fostering recruitment service in-house, launched our own **fostering campaign**, and developed our first **Mockingbird constellation** and well as leading on the coproduction of a **Neglect Strategy** with statutory and third sector agencies. **Ofsted's focused visit in November 2021 recognised the improvement in the overall quality of work with children who are in need of help or protection** and that senior leaders are embedding a **child-centred** culture. **Our SEND revisit** in May 2021 provided strong evidence of strategic improvement and the removal of the written statement of action. We have co-produced our new **SEND Strategy** to support the continuation of these improvements which has now been approved across all partnership groups. In the **joint inspection of the pan-Cheshire Youth Justice Service** that took place in July 2021, inspectors praised the work being carried out by the service, highlighting a clear ambition for children, sustained and effective partnerships, and sound operational delivery.

We have developed a **clear vision for children, young people, and care experienced adults** in Cheshire East, **Together for Children and Young People**. We want to ensure that across the council and the partnership, everyone is clear on our **shared ambition for children and young people**, and we work together to achieve the best outcomes.

We will do all we can to ensure that:

Children and young people we care for are happy and given every opportunity to achieve their full potential

Children and young people feel and are safe

Children and young people are happy and experience good mental health and wellbeing

Children and young people are healthy and make positive choices

Children and young people leave school with the best skills and qualifications they can achieve and the life skills they need to thrive into adulthood

Children, young people and young adults with additional needs have better chances in life.

Our services have worked relentlessly under challenging professional and personal circumstances to continue to put children and young people first. **We have kept children at the centre of our thinking**, maintaining contact with families, delivering services to children and their families through our **early years settings, schools, colleges and children's centres** and the **implementation of our new child health hubs**. We have continued to **progress plans and deliver outcomes for our children across all services; despite the adverse challenges we have faced**.

The pandemic has required that we continue to adapt to respond to the evolving situation and changes in legislation, guidance and restrictions. We are extremely proud of our response, which has ensured we have a joined-up partnership approach in **supporting families, safeguarding children and keeping children and young people in education**.

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What have we delivered?

- **The Children and Families budget for 2021/22 included net growth of £4.15m into Children's Social Care (CSC)**, home to school transport and SEND staffing. This builds on growth of £4m factored into 2020/21. Investment/growth into SEND to implement new models of working.
- Strong council support and **scrutiny of outcomes for children** through the Children and Families Committee and Corporate Parenting Committee (CPC).
- **Joined up partnership working** through the Early Help Board, Safeguarding Children Partnership (SCP), 0-25 SEND Partnership, Children and Young People's Trust, and Partnership Chairs Board.
- **Proactive lead member as chair of CPC who strongly advocates for cared for children**, including attendance at 'My Voice' (our Children in Care Council).
- Robust **quarterly data analysis and weekly datasets** and trackers across the directorate.
- Chief Executive and Lead Member scrutiny through the Safeguarding Review meeting, which includes Children's Directors and Chair of the SCP Executive Board.
- Weekly SCP Covid partnership meetings introduced to **maintain safeguarding as a priority**.
- Continued to carry out rapid and learning reviews, ensuring practice changes.
- Leaders, officers, and members actively involved in review of local offer for care leavers.
- **Connected to our frontline** with monthly forums and practice and performance clinics and member frontline visits.
- Co-produced the **revised SEND Strategy** with strong support across all partners including elected members and parent /carers.

What have been our challenges?

- **Prioritising vulnerable children** during COVID restrictions, especially those not in education.
- **Sufficiency within in-house fostering** and our Bespoke children's homes, particularly the independent care market.
- Maintaining service delivery within existing budgets given the significant **increase in the demand for services**, in particular around children's social care and SEND.
- Quality assurance activity suggests that the pace of change in some areas of recording have not progressed at the pace anticipated as a result of the pandemic.

What difference have we made?

- Ofsted focused visit – recognised senior leaders are successfully embedding a child-centred culture and **overall improvement of practice**.
- SEND revisit found that **leaders had transformed the timeliness, process and quality of EHC plans**. Sufficient progress made against the Written Statement of Action (WSOA).
- Youth Justice Inspection awarded an '**Outstanding**' rating for leadership and good overall.
- Additional investment through the managed social work service has provided support to the frontline.
- Addressed issues quickly during COVID through the SCP operational meetings.
- Regular evaluation of the **quality of frontline practice** through quality assurance from senior managers to team managers inclusive of conversational audit with social workers.
- **Recruitment and retention** of frontline teams means that we have been resourced to be able to stay connected to children and young people and communities.

What do we still need to do?

- Develop and launch the new four year strategies for **Corporate Parenting and the Children and Young People's Plan**.
- To deliver excellent outcomes through our partnership arrangements that are underpinned by best practice during the pandemic and the partnership response.
- Audit the impact of the Rapid Review recommendations to ensure progress against practice standards and improvements.
- Visit from **Mark Riddell Ambassador for Care Leavers** offering further support to Cheshire East on our journey to excellence with our care experienced adults.
- Integrated Care Partnership (ICP) mobilisation.
- Improve impact measures and coproduction of plans and outcomes.
- Further embed SEN reforms across all settings as identified within revised SEND Strategy – rigorous monitoring of agreed milestones.

What have we delivered?

- **Successful 'step up step down' process means we have** safely reduced the number of children requiring Help and Protection through a Child in Need (CIN) or Child Protection (CP) plan. 195 step downs recorded in 2019/20, increased to 293 in 2020/21, 50% increase.
- Launched the **Neglect Strategy and practice guidance** across the partnership.
- Led **weekly Covid partnership meetings** to maintain safeguarding as a priority.
- Designed and implemented **2 child health hubs**.
- **Strengthened leadership of court work, recognised by Ofsted during our focus visit.**
- **Enhanced our care leaver local offer** and recommissioned our **short breaks local offer**.
- **Strengthened** our identification and response to **Private Fostering arrangements**.
- Launched **'Together for Fostering'**, and implemented our **Mockingbird Family Model**.
- Implemented the **self-harm information sharing pathway** for under 16s.
- **Increased long term placement stability** with dedicated placement stability officer.
- **Recommissioned high quality supported accommodation provider.**
- **Stayed connected to our frontline** with monthly forums and member frontline visits.
- **Continued short breaks offer** for disabled children to prevent escalation of need.
- **Recruited and retained increased number of child-focused staff.**

What have been our challenges?

- Maintaining service delivery within existing budgets given a 20% additional **demand for Early Help services.**
- **Prioritising vulnerable children** during COVID, especially those not in education who may be at greater risk.
- **Court delays due to COVID** impacted on our ability to conclude Care Proceedings in a timely manner.
- **Children and adult mental health needs have increased** across the system requiring new investment in support.
- Despite increased in-house fostering and a reduced number of children who need residential care, **sufficiency challenges** mean we have facilitated care in unregistered settings.
- **Care leavers have been disproportionately affected by COVID.**
- Engagement in rapid development and **implementation of the voluntary rota of the National Transfer Scheme (NTS) at pace.**

What difference have we made?

- Focussed visit recognised **improvements in the overall quality of our work.**
- **Distributed Over 60,000 vouchers** for families and over **1,200 children** in our **summer activities.**
- **Significantly improved the number of homeless 16/17 year olds appropriately accommodated** under S20 in suitable accommodation.
- **The percentage of children that concluded care proceedings with an order that secured them within their own family increased** from 46% in Q1 to 72% Q2 (20/21).
- Improved identification of neglect due to increased and appropriate use of **neglect screening tools and Graded Care Profiles** across the partnership.
- **Improved multi-agency safeguarding response** through prioritisation of those at **risk of exploitation** and changes presented by **organised crime.**
- **Alignment of CSC and SEND;** short break reviews held alongside EHCP annual reviews.
- **Good outcome from Youth Justice Inspection.**
- **Less children are coming into care** through our increased edge of care support and less living in residential care (**more living in CE foster care**).
- Improved care leaver outcomes - we are **in touch with all** except 2 who have opted out, **18 are at University, staying put arrangements increased from 13 to 25.**
- We have **doubled the number of adoptions** despite the pandemic.

What do we still need to do?

- **Restructure of the Early Help service,** embedding Family Hubs across localities.
- Reduce the number of referrals which go on to no further action through **the online form.**
- **Dedicated Mental Health Worker** in the front door to strengthen the timeliness of response.
- Increase the **use of Family Networking at an earlier stage.**
- Launch **the refreshed 'Plan' across all services** to support evidencing how we are working with families and building strength.
- **Improve social care input into EHCPs** through the DCSO role.
- Mobilise **children's home** in the borough to provide **care to our children with multiple needs.**
- Launch our new ambitious **Corporate Parenting Strategy.**
- Finalise **Pan-Cheshire All Age Exploitation Policy.**
- Introduce **systems to routinely monitor and collate our preventative work, both with 16 and 17 year olds and young adults who present as homeless.**
- Ensure that **at least 80% of all practice is good.**
- Continue to recruit new and experienced **foster carers from diverse backgrounds.**
- Further improve the **identification of contingency arrangements** in child-in-need plans.
- We have already improved the consistency and effectiveness of **management oversight and need to now improve the effectiveness for disabled children.**
- Make sure **audit recommendations are completed** to further improve experiences for children.

What have we delivered?

- **Blend of targeted 1:1 and group face to face sessions** in homes, buildings and outdoors during COVID, including detached work with Police Community Support Officers (PCSOs) and outdoor education delivered sessions for cared for children.
- Rolled out **Covid Winter Grant Scheme, Covid Support Grant, and Holiday Activity Fund.**
- At the height of the pandemic, all new parents were posted a Babies Together leaflet to highlight all the services available to support them.
- Family Service Workers supported Children's Social Care contacting families with under 5s to support through play and routines and deliver home learning packs.
- **Journey First and Parents First support individuals/parents to secure employment.**
- Invested in Locality Support Officers to do quality and timely early intervention.
- Carried out virtual multi agency audits on early help cases to embed and share learning.
- Designed and rolled out service standards, case file checklist and performance data across Council Early help services to **ensure high quality and consistent delivery.**
- **Designed and implemented 2 Child Health Hubs.**
- Submitted **detailed bid to the Local Transformation Fund to implement Family Hubs** across Cheshire East (outcome expected March 2022).

What have been our challenges?

- Continuing to deliver a **robust and effective Preventative service** in the context of a challenging financial position with more complex, demanding cases.
- Maintaining quality and timely responses to our children and families whilst keeping frontline colleagues safe - we brought staff back into work safely to provide the essential service.
- **Impact of the closure of schools and early years settings made children less visible.** We ensured that an education place was available to all early help children and monitored attendance.
- **Impact of other service responses to the pandemic** e.g. not completing face to face direct work and in homes.
- Ongoing **system capability and tracking of all early help intervention** to establish good practice and gaps.
- **Impact on resource and budget for high numbers of SEND children.**

What difference have we made?

- Due to successful Supporting Families Payment by Results (PbR) claims on track, children are experiencing more stable environments for 6 months or more. 2021/22 PBR target is 332. As at Q2 we achieved 216 families achieving 2 or more criteria for 6+ months. We are on track to achieve the annual figure.
- **Children and young people receive the right service at the right time:** in Q2 there were 1105 children open to all early help services.
- Continued Children Centre registrations through COVID; in Q2 we had a further 953.
- **176 children and their families successfully moved into universal services in Q2.**
- Over 60,000 vouchers have benefited families. Over 1,200 free school meal (FSM) children at summer Holiday Activity Fund (HAF).
- 342 young people in Q2 were supported through **bespoke 121 sessions or groupwork** delivered by our Youth Support Service.

What do we still need to do?

- **Deliver a successful restructure of the service, embedding the principles of Family Hubs.**
- Review SEND resource and budget to ensure it matches demand.
- Review and redesign the **Quality Assessment (QA) framework** in line with Children's Social Care standards.
- **Work with the partnership** to baseline and develop early intervention practices and confidence to deliver quality and timely early intervention.
- Analyse and review the **impact of the online referral form** with regards to the delivery of Early Help Services.
- Ensure that Early Help features prominently within the revised Thresholds of Need document.
- Consider a new Early Help model within the Integrated Front Door to support the **right service at the right time for families.**
- Continue the rollout of the Household Support Fund.

What have we delivered?

- Continued to deliver **multi-agency Integrated Front Door (IFD) meetings to prevent risk of harm to children** who have been missing from home (MFH), children in care of other local authorities (CICOLA) and at risk of exploitation.
- Expanded the scope of the **multi-agency pregnancy liaison** response to include children up to aged 2 to support early identification of need, prioritising those who are care experienced.
- Daily multi-agency scrutiny of Police Vulnerable Person's Assessment (VPAs)** to jointly assess risk and determine the right support.
- Tested thresholds** and quality of work at the Front Door through multi-agency audits.
- Relaunched the multi-agency screening toolkit to support evidence based assessments.
- Improved multi-agency system access to support informed and **timely decision making**.
- Clear strategy in place to respond to the Domestic Abuse Bill.
- Dedicated social work link into Change Grow Live (CGL), Adult Services and Probation to further strengthen collaborative working.
- We mapped every child not in school from early help across CSC and ensured that an education place was made available; attendance was monitored and supported.**

What have been our challenges?

- Regular review of data and quality revealed there were **changes in demand and need**, so we shared referral data weekly through the Covid-19 Cheshire East Safeguarding Children Partnership (CESCP) meeting. This identified **possible vulnerability due to reduced visibility** and we strengthened our response to under 2s and families where alcohol and substance misuse were present.
- Maintaining quality and timely responses to our children and families** whilst keeping frontline colleagues safe was a challenge, but we brought staff back into work safely which enabled colleagues in the front door to work together effectively.
- The closure of schools and early years settings made children less visible.**
- The introduction of our online referral form has been delayed due to the impact of the pandemic and system modification. We are now piloting the use of the form with our partners.
- From Q1 20-21 to Q1 21-22 **an increase in referrals to the Domestic Abuse (DA) hub** from 414 referrals to 614 (48%).

What difference have we made?

- Children and young people receive the right service at the right time. Our re-referral rate is low** at 16% for 2021, compared to 20% in 2018-2019.
- We have sustained the level of partnership performance in leading early help assessments and plans, 20% at Q2, reflects the introduction of the online form in the front door which has seen more organisations working directly with children without needing to have cases allocated to them. This is a positive development as the work of the Locality Support Officers and the process to identify need via the online form has meant that children are not waiting to have their needs met.
- Edge of care exploitation support has prevented escalation, delivering services at early help
- Our Emergency Duty Team (EDT) ensures support for children out of hours.
- Safeguarding Children in Education Settings (SCiES) Team support the discussions with schools, ensuring actions are taken before consultation and provide support where there is disagreement around thresholds.
- Increase in self referrals to the DA hub** from 43 in Q1 20-21 to 116 in Q1 21-22 (169%).
- Informed decisions through **increase in screening tools completed**. From Q1 20-21 to Q1 21-22 Neglect Tools have increased 13% to 53%. Substance Tools have increased 2% to 6%, DV Tools have increased 9% to 15%. CSE Tools have increased 33% to 56%.
- Appointed a dedicated Housing worker to strengthen multi-agency working.

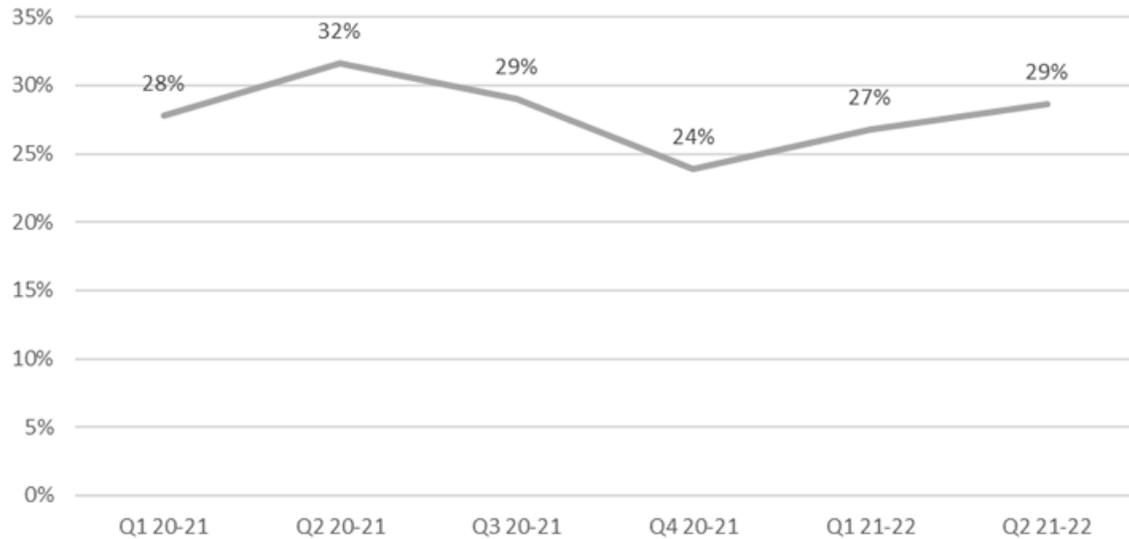
What do we still need to do?

- Reduce the number of referrals which go on to no further action through the introduction of the online form.
- Continue to strengthen the multi-agency function of the Front Door** through inclusion of a dedicated mental health worker.
- Increase early help support for children with mental health needs** and where there is potential for adoption breakdown.
- Increase awareness of all the resources available to support families through the Voluntary, Community and Faith Sector (VCFS).
- Further **improve our performance around repeat referrals**.
- Measure the impact of increased resources in the DA Hub.
- Further embed the 'whole family' approach to all impacted by domestic abuse.

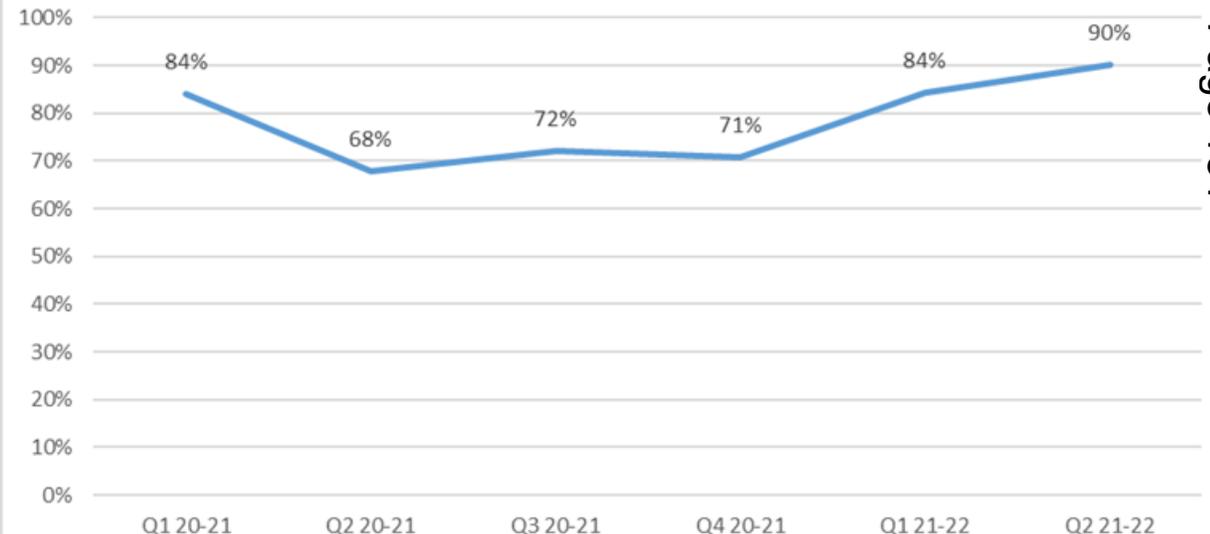
Front Door: Graph of Contact and Referral Data

	Q1 20-21	Q2 20-21	Q3 20-21	Q4 20-21	Q1 21-22	Q2 21-22
Contacts	1938	2133	2100	1952	2243	1583
Referral	539	674	610	467	601	454
% Conversion	28%	32%	29%	24%	27%	29%
Referrals in 1 day	453	457	439	330	507	409
% completed in 1 day	84%	68%	72%	71%	84%	90%

% Conversion of Contacts to Referrals



% Referrals completed within 1 day



What have we delivered?

- **Launched the Neglect Strategy and practice guidance across the partnership** - includes better flexibility for Family Service Workers to respond during evenings/weekends.
- **Safely reduced the number of children requiring Help and Protection** through a Child in Need (CIN) or Child Protection (CP) plan in the last 12 months through an embedded 'step up step down' policy.
- Strengthened our identification and **response to Private Fostering arrangements**.
- Relunched **joint Housing Protocol** alongside training and 'champions' in each service.
- Piloted a CIN/CP participation group in Macclesfield to **increase participation of our children**.
- Clear process developed when cases have been identified as needing initial child protection conferences (ICPC) to ensure timely response to risks identified. This has started to see an **increase in ICPCs being held in timescales**.
- Early drift in **pre-proceedings** is being addressed through the **introduction of a 4 week review**.

What have been our challenges?

- Court delays due to COVID and the impact on our ability to **conclude Care Proceedings in a timely manner**, including delay in external assessments.
- Changes in demand to our Crewe CIN/CP Service at a time when other services were seeing a reduction. The average caseload for CIN/CP is currently 19.
- Continuing to provide safe interventions and environments to have face to face contact with children and families during COVID, with less support from external agencies such as CGL and the National Probation Service.
- **School closures and the need to ensure that our vulnerable children and young people were not at increased risk**.
- Increase in the amount of Police Protection Orders (PPO) and **the speed at which a family has reached crisis**.

What difference have we made?

- **Assessments and plans are focused on improving outcomes for children**.
- Children are identified as a result of **effective assessments of risk and need** and have written **plans that are regularly reviewed and updated**.
- Team managers are effectively **quality assuring assessments and plans** (98% of children open to CIN/CP have a completed or ongoing assessment within the last year).
- **Children experiencing repeat CP planning has reduced**, in 20-21 (1st April – 31st Mar) 28% of new CP plans were repeat plans. In Q1&2, 2021-22 (1st April – 30th Sept) 11% of new CP plans were repeat plans
- The edge of care service, **@ct**, **has a positive impact for children who are at risk of needing to come into care**.
- Use of Neglect Screening Tools and Graded Care Profiles has increased across the partnership.
- Increase in the number of children appropriately managed within pre-proceedings.
- **16/17-year-olds who present as homeless receive a timely response** and are provided with the right information to inform their decisions.
- We have **significantly improved the number of homeless 16/17 year olds appropriately accommodated under S20 in suitable accommodation**.
- Q1 increase in the number of children have their permanence plan endorsed at the 2nd Review to 64%.
- **The percentage of children that concluded care proceedings with an Order that secured them within their own family increased** from 46% in Q1 to 72% Q2 (20/21).

What do we still need to do?

- Improve the **identification of contingency arrangements** in child in need plans.
- Ensure all **assessments fully consider children's identities** when reaching decisions.
- Embed the **Neglect Strategy across the partnership**, supporting early identification and intervention to have a direct impact on children experience neglect for a repeat or subsequent time.
- Continue to work hard to **keep children within their own communities**, increasing the use of Family Networking at an earlier stage and ensuring this is explored for longer term contingencies.
- Launch the refreshed 'Plan' across all services to support **evidencing how we are working with families and building strength**.
- Embed and raise awareness of the legislation for domestic abuse victims (DA Act).
- Audit the intervention for perpetrators of domestic abuse.

What have we delivered?

- **Continued to assess and deliver packages of support to 242** children and young people through the Children Act, Chronically Sick and Disabled Persons Act, Children and Families Act and our Short Break Local Offer. With agreement and monitoring at fortnightly Children with Disabilities Care Package Panel.
- We are delivering **Early Help Individual Payments** through our Short Breaks Local Offer to 404 families.
- We have **7** disabled children and young people subject to **Child Protection Plans** and **2** families within **PLO**.
- **Improved transition planning** – joint working with Adult Social Care and transition co-ordinator developing robust planning; evidenced by transition Adult Social Care workers attending care plan / CIN reviews.
- Developed social care training and support around Education, Health and Care Plans (EHCPs).
- Recommissioned our Short Breaks Local Offer.
- Developed creative ways of working with our fostering service and **increased the number of short break foster carers**.
- Responded to the need to always have **advice and support at the end of the phone for families and professionals** through creation of a Short Breaks Team (SBT) duty system.
- Data from the **vulnerable children not in education weekly report** has been used to identify children and young people who may be in need of protection.

What have been our challenges?

- The loss of local network, clubs and groups, and identifying Personal Assistants (PAs) for disabled children due to the national lockdown.
- **The increasing impact of mental health for our children and their parent and carers.**
- Colleagues within the wider support network not undertaking home visits and a **reliance that social workers and the SBT** would undertake some of the network tasks, for example Occupational Therapy and Physiotherapy.
- Aligning our service with SEND and schools during a period where schools were closed.
- Ensuring support through our Short Break Local Offer is Cheshire East wide.
- **The complex health needs of some of our children** have meant that we have not always been able to visit face to face during the lockdown. When this has been an issue we have used virtual methods to ensure that the needs of these children are met, or visits at a distance.
- **Social workers** have acted as the point of contact for all families during the pandemic due to the changing roles within the NHS. This has been both a strength for social workers and families alike, whilst being a challenge in relation to capacity and workload.

What difference have we made?

- **Families have valued the consistent point of contact during COVID** as the service has continued to complete visits face to face or virtually to meet family needs.
- We have **worked with partner agencies** to ensure that specialist services continued to be delivered throughout COVID.
- Majority of disabled children remain supported within their family homes and or in their local communities.
- The Increase in recruitment of **specialist short break foster carers** has enabled us to increase the number of disabled children accessing overnight short break support.
- We have **improved the transition to adulthood** for our young people.
- Parents only have to tell their story once as short break reviews are held alongside EHCP annual reviews.
- 67% assessments completed by CWD were within 45 days in Q1 2021-22 (year to date figure is 79 %).
- **100% cared for and CP cases in CWD are seen in timescales.**

What do we still need to do?

- Ensure the consistency and effectiveness of **management oversight for disabled children**.
- **Embed Pinewood (overnight short break) offer.** Although signed off, it is delayed due to staff recruitment which has impacted.
- Continue to develop our Liberty Protection Safeguards Strategy (LPS) and deliver training across the directorate.
- Complete tender exercise for our Care at Home Service.
- **Strengthen interface with partner agencies**, particularly around mental health, and autism.
- Develop the role of the Designated Social Care Officer (DSCO).
- Improve evidencing the specific outcomes of short break packages.
- Improve social care input into EHCPs through the DSCO role.
- **Build on families supporting each other.**
- Achieve increased numbers on the Children with Disabilities Database to **improve reach and communication**.

What have we delivered?

- **Increased the capacity of our Edge of Care and Exploitation Team @CT**, to enable us to support more children at an earlier stage.
- **Multi-agency Contextual Safeguarding Operational meetings** have operated throughout COVID to children across Early Help, CIN/CP and our cared for children and care leavers.
- Contributed to the development of an 18-25 Complex Safeguarding Model in Adults Services to support the transition of vulnerable CIN/CP child who turn 18 and are not cared for.
- Child Exploitation Tool Masterclass delivered by our @CT Service to increase awareness and quality of the tool.
- Monthly performance report developed for Contextual Safeguarding, including missing from home data.
- **Participated in two Pan-Cheshire Operation Paddington activities** at local service stations (February/August 2021) to identify trafficking of Unaccompanied Asylum Seeking Children (UASC).
- **Implemented the self-harm information sharing pathway for under 16s.**

What have been our challenges?

- At times COVID has limited the way in which we could deliver outreach and **continue to engage with our young people.**
- Responding to the challenges that the pandemic placed on organised crime.
- A small number of **children are serving custodial sentences** for serious violent offences.
- **Children and adult mental health needs have increased across the system.**
- Increased parental alcohol use; a seconded social worker was placed in the service to ensure that all contacts to the commissioned service were applying consistent thresholds.
- Responding to the changing landscape around **vulnerable children not in education**, this required a directorate response to track and act where necessary.

What difference have we made?

- **Initial feedback from our Youth Justice Inspection has been positive and indicates that our partnership working is contributing to keeping children safe.**
- Majority of children at risk of Contextual Safeguarding are managed under a CIN Plan; 67% of those with a CSE at risk flag were at CIN or early help as at 30/6/21.
- Schools and Early Help Services complete the highest number of Exploitation Tools to inform decision making.
- **We are safely supporting our increasing number of children at risk of exploitation (currently 104) to remain within their own families and communities.**
- Multi-agency mapping exercises have used local knowledge to proactively address children at risk of exploitation.
- High risk/complex children's needs met by bespoke packages of commissioned support.
- **Self-harm info sharing pathway** notifications increased from initial audit in March 2021.

What do we still need to do?

- **Deliver multi-agency training** on Contextual Safeguarding and Exploitation.
- Finalise Pan-Cheshire All Age Exploitation Policy.
- Further improve support to children in education to remain in mainstream provision.
- Work alongside our colleagues in the Police to identify anti-social behaviour (ASB) at an earlier stage to support Early Intervention.
- **Ensure support is available for parents at an earlier stage** to feel more confident in managing child exploitation.
- Finalise and embed a Contextual Safeguarding Conference Model.
- **Dedicated mental health worker** in the front door to strengthen the timeliness of response.
- Develop a toolkit with partners to support disruption – link with Serious and Organised Crime Strategy (Adult Services and Police).
- Complete appointment of an exploitation lead, as agreed Pan-Cheshire.

What have we delivered?

- **Transition of the realignment of permanence planning** through court work to the cared for children's team is underway.
- **Continued focus on permanency** through a weekly panel chaired by Heads of Service (HoS).
- Refreshed our Early permanency policy (Oct 2021).
- **Worked in partnership** with our regional adoption agency to achieve permanence for 26 children in 2021/22 (unprecedented since 2017, despite the impact of COVID).
- We have responded to our sufficiency challenges, like national trends, and remobilized additional residential provision and increased internal provision.
- **Increased long term placement stability** with dedicated support from a placement stability officer.
- Maintained connection with the Local Family Justice Board (LFJB) to work together to mitigate the impact of COVID and progress actions within the Public Law Working Group Publication (PLWGP). Lead on strategic work to implement the ambitions, S.20.

What have been our challenges?

- **Timeliness of children achieving permanence through adoption during the pandemic.**
- The suitability of placement providers who can offer stability to our most complex children and associated cost.
- The transition of court work from CIN/CP to cared for children has included delay due to transferring the skills set from one team to another.
- **The family justice system has been under pressure** during the pandemic resulting in the revocation of care orders and adoptions not being prioritised.
- **Engagement in repaid development and implementation of the voluntary rota of the National Transfer Scheme (NTS) at pace.**

What difference have we made?

- As at 30/09/2021:
- **Increase in children living inside the borough:** 311 children are within Cheshire East and 208 are placed outside.
- 73% of cared for children are living within a 20 mile radius and 81% are living within an hour of their family home. **Many of those placed furthest are living within their family networks or have/are achieving permanency.**
- 48% of children living with Cheshire East Foster Carers and 41% of children living with Independent Foster Carers are long term matched.
- 54% of children aged over 12 are long term matched.
- 98% of children over age 4 contributed to their care plan review.
- In the 6 months to 30/09/21, 48% of children who have entered care have had their plans of permanence endorsed in their second review. We also have 66 children living with family and friends foster carers who are all considered to be in long term placements.
- **We have 78 children and young people living with their parents** under Orders or Section 38 (6).
- Children's journey to adoption is captured well in CPR documents.
- **Children can remain within their family through bespoke packages of support.**

What do we still need to do?

- **Further mobilise our 3rd and 4th children's home in the borough to provide care to our children with multiple needs.**
- Develop the adoption stability post to support cases where there is a **possibility of adoption breakdown.**
- Commission a framework of edge of care specialists to strengthen our edge of care offer.
- Focus on Foster to Adopt and concurrency.
- Simplify the decision making process for placement options.
- Develop an established Agency Decision Making (ADM) process of Special Guardianship Orders (SGOs).
- Embed permanence tracker.
- Following a refresh, launch the Early Permanency Strategy.
- Develop how we **celebrate permanence.**

What have we delivered?

- **Strengthened leadership of court work** following delays in care proceedings led to higher than regional average of care completion in 26 weeks/increase in discharge applications.
- **Additional resource into edge of care** has supported more children to remain in their family.
- Engaged with requests for support prior to the roll out of the National Transfer Scheme (NTS), supporting 4 young people prior to the launch in July.
- Targeted and creative approaches used to **prioritise educational outcomes of our children**, including a survey to children and young people about their experiences.
- Dedicated emotional wellbeing service, delivers support for young people and their carers.
- Recommissioned our 16+ supported accommodation offer in line with wishes of our children.
- **Evidentially strengthened our practice in relation to 16/17 year old homeless young people.**
- Audited children who live out of borough to ensure that they receive same level of service.

What have been our challenges?

- Despite increased in-house fostering and a reduced number of children who need residential care, **sufficiency challenges** mean we have facilitated care in unregistered settings.
- Regional competition in **commissioning suitable accommodation provision** for children and adolescents has resulted in reduced options.
- **Regional and local delays within proceedings at the start of COVID are continuing to impact; completion of care proceedings in 26 weeks remains an area of focus.**
- Performance in relation to achieving permanence at the second review has been impacted, however Q1 position has been strengthened, currently at 64%.
- Despite increasing placement stability in 2021-22, the 16/17 cohort has been a challenge.
- Accessing routine dental care for our children and young people has been impacted by the pandemic, currently 44% of our cared for children over the age of 1 have had a dental check in the last 12 months.
- **Maintaining timeliness in assessment work** impacted by the restrictions, isolation and positive Covid cases amongst our children and families.

What difference have we made?

- **Reduced our cared for population** from 537 Sept 20 – 519 in Sept 21, evidencing a whole system approach and shared vision.
- Less children living in residential care and more living in CE foster care, from 40 as at Sept 2020 down to 28 as at Sept 21.
- 98% cared for reviews took place in time for 6 months from 1st April – 30 Sept 21.
- Dedicated Family Time Coordinator has kept children connected to their families.
- **There has been double the amount of adoptions despite the pandemic.**
- 72% of cared for children in good/outstanding schools; 100% had a Personal Education Plan in place during COVID.
- 80% of cared for children have an up to date health assessment.
- 100% of young people have health passports by their 18th birthday.
- In Q1 of 2021 we have achieved 5 discharges of care (During 20-21 we achieved 7).
- ***'Being in care has been amazing. My social worker who I have been with has made sure I live with people I can trust. I feel like people are making good decisions about my future'***
[Feedback from young people survey]

What do we still need to do?

- Continue to **enable children to participate in a meaningful way** to build our services and use feedback from our most recent survey to inform practice.
- Recommission **additional in-house residential capacity** for our most vulnerable children.
- Further strengthen our response to early identification of placement instability.
- Strengthen our analysis of data to respond to changing need.
- Implement the recommendations of the PLWGP and safely use S.20 to prevent the instruction of the Court into family life.
- **Continue to increase the number of children who live within a family environment.**
- Utilise the New NHS England Dental referral pilot to ensure cared for children have access to timely dental health services.

What have we delivered?

- **Prioritised support for care leavers**, e.g. in the COVID Winter Grant scheme and guarantee of the payment continuation of £20p/w on ending of universal top up.
- Support to 400 young adults, 256 as care leavers and 143 under our 21+ offer after proactively reaching out and offering support.
- **Recommissioned high quality supported accommodation provider.**
- Reviewed and enhanced the [local offer](#).
- Run events such as not in education, employment or training (NEET) course which resulted in **re-engagement back into education, employment or training**. Also, events such as the chambers of commerce and Cheshire East small business forum.
- Successfully and proactively been involved in the NTS.
- Developed a music project with the Love Music Trust and a group of musicians from Manchester who were originally refugees themselves.
- **Progress we have made to homelessness amongst children and young people has been recognised, ultimately resulting in no further monitoring.**

What have been our challenges?

- **Care leavers are amongst those who have been disproportionately affected by COVID**; we have had to place 8 care leavers in emergency accommodation; one of whom remained in a hotel for longer than we would have wished.
- Those coming out of custody must present as homeless if they have nowhere to go; we have pre-arranged and funded placements to alleviate this.
- We have supported young people financially, so they do not get into debt whilst awaiting Universal Credit payments.
- **We have provided post 18 accommodation to care leavers** on multiple occasions to prevent homelessness, but do not always routinely record all our preventative work; addressing this is in the Ministry of Housing, Communities and Local Government (MHCLG) action plan. The 9 cases show that repeat evictions, poor behaviour is the most common reason for young people having to access emergency accommodation.

What difference have we made?

- **We are in touch with all our care leavers apart from 2** who have requested that we do not provide them with a service; contact has remained high throughout the pandemic.
- **We have reduced our NEET figure** from around 50% to 47% and are continuing efforts to achieve and exceed our target of 30%. If we include re-engagement activity this further reduces to 35%.
- **Highest number of young people (18) at University**, including 6 new starters in Sep 21.
- Supported 7 young people into apprenticeships: 6 external and one within the council.
- Successful tenancy ready course (online during COVID) has an average of 2 young people per month completing to secure their B status.
- Around 30 young people are benefiting from support from our psychological wellbeing worker via the partnership with Pure Insights at any time: issues supported include mental health, substance misuse, self-harm, and the impact of trauma.
- **Increase in the number of staying put arrangements for care leavers from 13 to 25.**
- Ignition Panel continues to meet monthly to offer young people some choice and involvement in decision making around 16+ and supported accommodation.

What do we still need to do?

- **The workload in the team is growing** and caseloads are still higher than we would wish; we have agreement for additional staffing to alleviate this.
- Introducing systems to routinely monitor and collate our preventative work, both with 16 and 17 year olds and young adults who present as homeless.
- **Reinforce the use of our Emergency Accommodation Procedure.**
- Extend taster flat provision across the borough, particularly to Macclesfield, and the number of individual tenancies.
- **Widen the scope of our Supported Lodgings offer, particularly for young people who have experienced residential care, including developing 'staying close' arrangement.**
- Increase apprenticeship take up dramatically; we have a 12 month post starting on 1st November to support this. **We will continue to raise awareness of and create internal apprenticeship opportunities** across Cheshire East internal services.

What have we delivered?

- **Delivered Skills to Foster for all connected carers.** This is delivered separately to mainstream due to the other issues that connected carers have to deal with.
- **Launched 'Together for Fostering'**, our own recruitment and assessment team.
- New Fostering Development Board chaired by the Director of Children's Social Care.
- **Implemented our Mockingbird Family Model.**
- Improved communications and engagement with foster carers with regular newsletters, forums, attendance at gatherings and surveys.
- Provided SharePoint access for all carers and developed a foster carer portal to LiquidLogic.
- Appointed a fostering training officer, who is developing a new training programme.
- Completed a review of all Local Authority Designated Officer (LADO) cases and implemented recommendations.
- Developed and implemented a new Private Fostering procedure and process.
- Foster carers are involved in service developments, and a member of the Virtual School Governing Body.
- **We have maintained pace and frequency of fostering panels.**

What have been our challenges?

- **We have had to work differently to support our carers** during COVID: the impact of restrictions, shielding, isolation and infection impacted on our ability to facilitate large training events and maintain consistent face to face contact.
- Supporting our carers to adapt to virtual training to make it meaningful.
- Establishing our new brand 'together for fostering' and targeting marketing in the majority online because of reduced footfall in the community.
- **In-house sufficiency because of the impact of COVID.**
- Increased need in having sufficiency for young people seeking asylum under the NTS.
- Introducing a new model for fostering (Mockingbird Family Model) during lockdown.
- **Delivering the fostering restructure.**
- Some delays in completion of new fostering assessment due to DBS and Health challenges.
- 3 permanent placements have disrupted over the last 12 months.

What difference have we made?

- As at Q2 of 21-22
- **135 or 42% of the 319 children in foster care are long term matched;** 17 children were long term matched with their foster carer over the last year.
 - 17 new carers were approved over the last 12 months, and a further one awaits ADM.
 - Currently 8 mainstream fostering assessments are underway, and about to start targeted recruitment for the step down scheme.
 - In the past year only 4 foster carer reviews were out of timescale out of a total of 98.
 - **The increase in foster carer contacts and referrals has created a net increase of placements** of between 17 and 25 (if siblings placed together).
 - All carers have a linked named FSW, as well as an SSW, and increased support risk assessments to keep children, young people, and carers safe.
 - **Impact of Mockingbird:** increased capacity of vacancies, 2 foster carers retained, improved ways of working with carers and increased support to the children.
 - Foster carers survey evidences that interface and engagement with foster carers has improved our relationships with them.
 - **Increased placements for UASC.**

What do we still need to do?

- Continue to **recruit new and experienced foster carers from diverse backgrounds.**
- Establish a specialist salaried fostering scheme.
- **Strengthen our evidence of the quality of frontline practice in the fostering service.**
- Continue to update all policies and procedures.
- **Reintroduce Foster Carer Forums** face to face when safe to do so.
- Continue to increase information sharing via SharePoint as a tool to maintain contact and strengthen relationships.
- Implement a mentoring system.
- **Further improve placement stability, identifying the early signs of disruption and offering support to stabilise.**
- Develop specialist foster carer scheme and continue to expand Mockingbird.
- Complete the foster service restructure.

What have we delivered?

- **Audits are completed regularly**, managers know what 'good' looks like. Audit findings are disseminated widely via training sessions, masterclasses or team meetings and include a conversation with the social worker.
- Thematic audits have taken place across the service and throughout CЕСP.
- **We have undertaken two independent learning reviews.**
- Used weekly data, and shared across the partnership, to enable early identification and quick response to new and emerging needs.
- Two well attended training sessions were held remotely to early years providers to **strengthen the awareness of the role and remit of LADO.**
- The Safeguarding Partnership training programme has also continued, including the Managing Allegations Training.
- **There has been a 40% increase** in referrals for advocacy, and independent visitor referrals have almost doubled over the past three years.
- **Lead practitioners engage with staff** to provide feedback on quality of work through observation of practice, particularly ASYE, to support improvement in their knowledge and understanding when working with children and their families.

What have been our challenges?

- Audits have shown that changes to the allocated social worker for a child can be disruptive; **we remain focused on making our employment offer attractive and meaningful.**
- Supporting team managers to only approve **good quality assessments.**
- Some of the development work planned with faith and charitable groups in the locality has not taken place as planned. This will be refreshed later in the year.
- Some delays have occurred in finding evidence in Police investigations especially where sophisticated use of IT and social media is a feature. This is being experienced nationally.
- National delays in Criminal Courts - charges have been made and trials need to take place.

What difference have we made?

- **Connectedness across leaders and managers** is creating an environment of curiosity about practice through audit, dip sampling and wider quality assurance.
- The use of qualitative and quantitative quality assurance (QA) has **enabled frontline practitioners and leaders to understand demand, trend, and the increase in complex needs.** This has led to **changes in service delivery** i.e. a secondment to CGL.
- Our robust QA framework provides scrutiny of frontline practice, ensuring actions are identified and implemented for high risk cases.
- 96% of CP review conferences have taken place within statutory time frames for the 6 months to 30th September.
- We have increasing evidence of **confidence in our managers ability to know and recognise what good service delivery 'looks like'.**
- Findings from audits have influenced our priorities especially in our objective **to work together with children and their families.**
- Robust offer in place for Designated Officer; allegations concerning adults have been progressed in a timely way and **the safeguarding of children has been maintained.**
- **Increased evidence of child's voice.**
- We have a clearer understanding of where our strengths and weaknesses lie.
- **Children and young people have participated in their reviews**, 95% of children (over 4 years old) have expressed their views in CP reviews and 95% of the time participation is evidenced on CP plans.

What do we still need to do?

- Make sure **audit recommendations are completed** to further improve experiences for children.
- Re-introduce the children and their families feedback into the audit methodology to ensure they contribute to service improvements.
- Continue to consolidate the learning from audits in **identifying what good looks like and how we can promote this to all our worker's practice, and measure impact on specific areas.**
- Continue to **develop first line manager's confidence and recognition of 'good' service delivery** and their role in promoting and ensuring the work of their teams reflects this.
- Continue to influence the focus of training for frontline staff to further improve the quality of outcomes for children and young people
- **Ensure that at least 80% of all practice is good.**
- Review all those referrals that are live for more than 6 months in relation to above areas detailed in challenges.

What have we delivered?

- **A comprehensive training offer is well used and appreciated** by social workers, who can describe the direct positive impact their training has for the children they work with.
- Completion of Team Manager Leadership programme for all managers across CSC.
- **Back to Basics masterclass programme** offers practical “bitesize learning” to the frontline.
- Director led Frontline Practitioner Forums provide direct opportunity to listen and to hear staff’s views in relation to practice, challenges, obstacles to effective working etc.
- Using work based Step up to Social Work to grow our own.
- Additional capacity brought in to support the service from July – Oct 2021.
- Advanced Practitioner programme available.
- **Assessed and Supported Year in Employment (ASYE) programme is run over 12 months to all newly qualified social workers within CSC.**
- Director led Practice and Performance Forums on a quarterly basis.
- **Established management structure** - all Service Managers are permanent, longstanding employees. Only 2 of 19 team manager posts are currently filled by agency.

What have been our challenges?

- **Impact of COVID on the delivery of face to face training, instead using virtual sessions.**
- Induction on newly appointed staff during COVID due to the lack of “in office” induction activity and feeling part of wider team.
- Supporting student placements and learning during the pandemic that prepare for face to face interaction and challenge with children and their families.
- **Higher cohort of ASYEs** than in previous years has created less experienced teams with newly qualified social workers that have completed final placements during a pandemic that affected face to face learning opportunities.
- The ASYE cohort have required more support and learning opportunity due to their student placement experiences during COVID, impacting on their opportunity to develop skills that would ordinarily have been developed in final placements.
- **Staff morale throughout the pandemic** due to the challenges of the role and personal circumstances.

What difference have we made?

- The workforce is stable so **children benefit from enduring relationships with their social workers.** Social workers feel supported and **enjoy working in Cheshire East.**
- **Improved practice confidence as described by staff attending progression panel.**
- High levels of support for student social workers and ASYE.
- We host 3 places on the Step up to Social Work programme, alongside “Growing our own” through a Social Work Degree Apprenticeship. 8 practitioners supported to date.
- **Better skilled staff** through external training on topics such as Trauma Informed Practice and Gang Awareness.
- Of the 202 FTE Social Work posts, 6.7% are agency workers. **We have successfully recruited 38 practitioners over the past year and vacancy rate is currently 5%.**
- Clear structure career progression routes are creating greater stability within the workforce as evidenced in only 16 practitioners leaving the authority within the year.
- **Results of the Social Worker Health Check Survey are positive,** Social workers scored highly in the areas ‘a strong and clear social work framework’ and ‘a desire to stay’.

What do we still need to do?

- **Continue to make access to training and professional development achievable for frontline colleagues evaluating the impact of this for children and families.**
- Strengthen and reinforce our Apprenticeship in Social Work offer to care leaver/ care experienced staff to encourage and support our next generation of social workers.
- **Relaunch recruitment strategy** to streamline recruitment process and provide a whole system approach to developing staff teams starting with “Best Start Ever” induction framework and approach.
- **Develop stronger sustainable relationships** in the North of our footprint with Higher Education Institutes to ensure a robust offer for student social workers in the catchment and create equality across all teams in terms of growth and development.

What have we delivered?

- **Strong LA response to the demands of COVID on schools** – influence and impact of the Education Recovery Group (ERG) has been widespread and highly valued by schools.
- Continuation of the strategic school improvement support to all schools regardless of status. A dedicated intervention programmes for curriculum recovery allows schools to identify areas of greatest need from a diverse range of offers.
- **Detailed local and regional alignment of school improvement (SI) partnerships** including Teaching Hubs, maths and English hubs and making best use of commissioned services.
- Early years – dedicated support for early adopters has proved invaluable and plans in place to now share this learning to all schools.
- **Strong support for safeguarding across all settings** with high levels of buyback from schools for dedicated safeguarding team.
- Positive outcomes achieved in terms of pupil place planning, high first preference allocations and extensive programme of capital investment into school infrastructure.
- Positive work to promote attendance and reduce the number of children missing education.
- Proactive work to intervene and meet with families where they are opting to electively home educate.

What have been our challenges?

- **Maintaining strategic school improvement** with school leaders during COVID where day to day operational needs significantly add pressures on leaders.
- Understanding the value and systematic inspections of schools via Ofsted during COVID.
- **Continuing to make the best use of a fragmented SI landscape** with the emergence of Teaching School Hubs and other related regional and national programmes.
- Management of LA staffing teams where limited resources have had to be deployed to meeting national initiatives – e.g. COVID, Afghanistan resettlement.
- **Changes to our local governance arrangements** with a move to a councillor led committee system for strategic decision making within the council.
- Increasing challenges of referrals for children missing education and the requests for elective home education.
- Managing the overall demands on school leaders to continue to respond to the COVID agenda – wellbeing of staff and leaders of continuing concern.
- Increasing complexities of children with mental health concerns which directly impacts of school attendance rates.

What difference have we made?

- Schools have provided outstanding levels of support to the work of the **dedicated COVID team** who provide coordinated responses to very challenging situations.
- Providing all schools with a diverse range of school improvement programmes which best coordinate the local, regional, and national providers and deliver sustainable improvements for school leaders.
- **Very high satisfaction from parents** in terms of being able to attend a local school of their choice.
- Voluntary 2021 primary data collection has allowed for ongoing performance analysis and support to schools – significantly above national response rate.
- Clear process in place for children reported to be missing from education leading to an increase in cases located and moved on within a 12-week period.
- **Strong support for the Afghanistan resettlement scheme** in securing places in schools for all families involved- recognised as best practice by Home Office.
- **Prevention of the permanent exclusion of children with EHCPs** and primary age children.
- Strong outcomes and support for our cared for children through the Virtual School.

What do we still need to do?

- Further support schools in **curriculum recovery** which increased focus on foundation subjects to develop greater subject knowledge and curriculum planning.
- Establish a **behaviour strategy** to address behaviour support within schools.
- Review the governance arrangement locally for school improvement to build on the **successful operation of the Education Recovery Group**.
- Repurpose early years support through better use of **national best practice**.

What have we delivered?

- **Between 20-25 Headteachers new to HT leadership role have been supported** /mentored, giving positive feedback on impact of this formal and informal support package.
- Primary data collection has allowed participating schools to be able to benchmark themselves against local and available national datasets and therefore be able to strengthen their areas of focus within own school development planning.
- **Real impact being seen on engagement** in sustainable maths leadership in supported schools, programmes now are focused upon longer term curriculum recovery.
- Progression as an LA to coordinating sector lead working for real local impact, structured programmes through English hub for early reading and phonics.
- Remote curriculum reviews completed in **targeted vulnerable schools**, (RI). Impact has been seen in those who then experienced Ofsted monitoring.
- Director of Education visits / remote meetings to new HTs have been well received.
- **Continued deployment of National Leaders of Education** (NLEs) and National Leaders of Governance (NLG) in targeted schools – replacement of ineffective leads has led to clear improvements in practice.

What have been our challenges?

- **Lack of clarity** of emerging **Teaching Hub** role and functions.
- Lack of flexibility in **national school to school support programme** – availability of system leaders and not supporting single Requires Improvement (RI) schools.
- Concerns over the intention of national school improvement packages of support which potentially directs schools towards academisation.
- Whilst successful in voluntary data collection, certain vulnerable schools have not contributed.
- Challenges of not being able to undertake in-school monitoring to see experience of learners directly.
- **Curriculum coverage**, ensuring schools have a focus on the breadth of learner experiences.
- Potential changes to national **school improvement grant funding** going forward and the requirement to de-delegate funding.

What difference have we made?

- **Primary data collection for 2021.** 70 schools (63% of our learners). Key headlines were:
- 13% drop in EY literacy compared to 2019. 10% drop in maths.
- 7% drop in writing at KS1 and 8ppt drop at end of KS2.
- Reading up 5% at end of KS2.
- Vulnerable groups: free school meal boys have seen largest impact on performance.
- **Dedicated packages of curriculum support** for all sectors utilising a range of national and local commissioned services. These include:
- Very strong Maths Hub interface with over 32 schools currently involved in **sustainable leadership development**.
- Strong engagement from schools for dedicated Education Endowment Foundation (EFF) led programme for better supporting disadvantaged learners – 20 schools participating.
- Detailed early years training support for new EY framework with early adopters.
- Comprehensive categorisation process of all schools.
- Introduction of traded services for school attendance on top of statutory requirements which is targeted at at risk schools in sharing best practice and expectations.
- Establishing whole school Mental Health Strategy with school leadership teams to support clear focus of support – all secondary schools engaged.

What do we still need to do?

- **Widen curriculum recovery** support to other subject leaders.
- Establish full interface with all sector lead stakeholders to ensure coherent offer to our schools.
- **Further embed subject leadership** in maths and English especially in terms of real impact on learner outcomes.
- Move to locality based monitoring of schools as part of categorisation process.
- Undertake formalised meetings with school leaders in high priority schools.
- Further strengthen our **partnership working** with our maintained sector of schools.

What have we delivered?

- Very strong support across all sectors for role, functions, and **impact of Education Recovery** group (ERG) which has managed the ongoing support to schools in the management of COVID.
- **Dedicated COVID team** of officer leads working in harmony with dedicated Public Health leads to shape local policies and practice. Dedicated COVID points of contact for all stakeholders.
- Role of this function has widened to include impact on wider programmes to avoid duplication – e.g. Winter Support Grant and Summer school / Holiday Activity Fund.
- Strong relationship with the Regional Schools Commissioners (RSC) leads and communication channels up into the system.
- **Strong and effective relationships with School Associations** through attendance and joint decision making at association meetings throughout the year.
- Strong partnership governance of key curriculum forums – Maths Hub, English Hub and Teaching Hub.
- Delivery of directors report to all schools with focus on school governors and meeting their training needs.
- Emergence of targeted work to develop increased **governance of key workstreams** – e.g. multi-academy trusts (MAT) relationships.

What have been our challenges?

- **Coordination and management of national COVID messages within a local context** – timeliness of national guidance.
- Whilst knowledge and delivery methods of maintained sector can be influenced, **challenges of having quality monitoring of academies remains a concern.**
- Ensuring feedback from school leaders and LA Officers around COVID is heard and impacts on future policy guidance.
- **Maintaining strategic school improvement themes** in the face of demanding COVID pressures on school leaders.
- Ability to quality assure face to face activities in schools to see and experience the learning journey of pupils.

What difference have we made?

- **Impact of ERG** has been extremely strong in shaping local COVID decision making and local interpretation of national advice. Strong compliance from schools to the regular COVID bulletins which includes local guidance.
- All education settings have massively appreciated consistent feedback and messages with an overwhelming appreciation of the **rapid response and advice to emerging COVID issues.**
- **Planned and co-delivered workstreams** via School Associations has seen consistent support for new Heads and stronger engagement of schools due to integrated sector working.
- MAT working – increasing openness and sharing of ‘moral purpose’ to best support sector working.
- New governing board for the Virtual School to increase accountability through multi-agency governance.

What do we still need to do?

- Continue to use the ERG meetings as an essential forum for management of COVID and associated workstreams.
- **Further develop the relationships** with multi-academy trusts (MATs) and establish MAT profiles of known skill sets and areas of expertise/ best practice.
- **Understand further** the role of teaching hubs and sector led improvement in order to best meet the needs of our schools.

What have we delivered?

- Since January 2021 to January 2022 there has been a total of **17,860 children and 23,643 adults accessing Early Start Services through a Children's Centre.**
- A universal and targeted offer of training is available for all providers, during Q2 the EY Service have delivered 18 training courses with a total of 246 delegates attending.
- Early Start service adapted their delivery to meet the needs of families during COVID by offering virtual sessions as well as new sessions in line with government guidance.
- **Comprehensive online universal training offer** that has included Communication and Language (C&L), SEND, Personal, Social and Emotional Development (PSED), Safeguarding, EYFS Reforms, Ofsted.
- **Introduction of practitioner consultations** with specialist SLT/practitioners for Speech, Language and Communication Needs (SLCN) and PSED in partnership with Cheshire Wirral Partnership.
- Communication Matters Programme of Support delivered by members of the Early Start team and Specialist Speech and Language Therapists (SaLT) to 19 settings in areas of high social deprivation; these include 11 maintained nurseries (MN).
- Worked with the EY SEND Specialist Support to produce a draft (SLCN) Pathway for 0-5s.
- Launched the consultation for the Cheshire East SLCN 0-5 Pathway.

What have been our challenges?

- Continuing to deliver a service through COVID given that many of the buildings and services were not able to operate effectively, however, the team overcame those by delivering in a different way.
- Moving to online training and support for EY settings; however, training has still been well attended and this will continue alongside face to face opportunities when they resume.
- Lack of face to face support for some EY settings due to COVID restrictions.
- **Implementing the new statutory EY Reforms across all sectors.**
- Responding to the increasing numbers of children who require additional support.
- Ensuring all EY providers in Cheshire East access the universal training offer to provide high quality early education and care.
- Implications of the new Ofsted Inspection Framework.

What difference have we made?

- **Over the last 2 years, 91% of Early Years providers have been judged good or better in their Ofsted Inspection.**
- The **take up of the 2, 3 and 4 year old offer remains consistently high.** 71% take up for 2 year old offer and 93% take up for 3 and 4 year old offer in Q2.
- Families were still able to receive an Early Start service during COVID.
- In EY, there is **evidence of improvement in all aspects of Communication & Language** (Listening & Attention (40%), Understanding (29%) and Speaking (37%) when comparing input from the Cheshire East Chatters team vs no input.
- In EY, there is evidence that supporting children's communication and language development also has an impact on improvement in all aspects of Personal, Social and Emotional Development (Making Relationships (15%) Self Confidence & Self Awareness (10%) and Managing Feelings and Behaviour (15%)) when comparing input from the Cheshire East Chatters team vs no input.

What do we still need to do?

- Personal, Social and Emotional Development (PSED) – further develop the programme to support children with their emotional health and wellbeing.
- **Relaunch Cheshire East's universal Programme of Support for Two Year Olds** to include an emphasis on the Statutory Progress Check at Age 2.
- Work in partnership with health to further develop the Integrated Review at 2.
- **Launch the pilot** of Home Talk in Crewe with a view to rolling it out for families across Cheshire East from January 22.
- Working in partnership with the National Family Nurse Partnership team to develop a pilot programme to support transitions from FNP to early education.
- **Continue to work with the school improvement team** to develop the training and support for schools around the statutory assessment Early Years Foundation Stage Profile.
- Upskill the EY workforce in the area of Physical Development.

What have we delivered?

- A voluntary EY, KS1, and KS2 **data collection** was initiated by the LA with 70 schools taking part, covering 63% of pupils across CE packages of **leadership support in vulnerable schools** where there were leadership concerns/absence. Brokered support from experienced Executive HT or strong system leadership in order to provide stability and address key areas for improvement.
- **Strong curriculum support** for key core subjects and vulnerable groups brokered through maths hub and EEF system leads.
- Structure 'New to Headteacher' mentor programme for 15+ schools throughout the year with bespoke training and individual support/advice via experienced school leader.
- **LA led curriculum reviews** (remote learning) in vulnerable maintained schools with RI Ofsted judgement to monitored school systems.
- Learning bulletins to all schools which outline all local, regional, and national workstreams focused upon curriculum recovery.
- Strong and effective **liaison with Ofsted** in terms of briefings/training for schools.
- School categorisation for all primaries with databank of comments both positive and negative.
- Continued and extended roll out of targeted mental health and wellbeing programme co-funded with Health services.

What have been our challenges?

- **Lack of ability to influence certain national intervention programmes** such as academic mentor scheme and Tuition programme. Long waiting times and failure to secure tutors through identified agencies.
- Management of initiatives and ensuring the right programmes of support are targeted to the right schools resulting in an overload of information.
- Direct access into schools to undertake essential monitoring via face to face meetings and review of processes happening in classrooms.
- Ability to follow up on training and support packages due to pressure on school leaders to manage COVID compared to curriculum development.
- Absence of up to date data, whilst voluntary data collection was strong, not all schools participated, and some vulnerable schools did not partake.
- **Transition** from KS2 – 3 due to impact of COVID on ability of face to face transition events.
- Ensuring curriculum recovery happens in all subject areas and not just the core.
- **Managing Ofsted monitoring** as some schools have been overwhelmed with visits.

What difference have we made?

- **Primary dataset** – all participating schools have received a bespoke dataset of their results with comparisons against national, North West and local clusters in order to inform areas of achievement and areas for improvement.
- **Strong positive feedback and impact from new HT on mentor programme** and the ability to have sounding board to help shape decision making and accountability.
- Packages of leadership support have allowed critical schools to recover and regained local confidence in the school community.
- Clear **impact on LA Curriculum reviews** (Remote Learning) in schools who had subsequent Ofsted monitoring visits. Positive reporting shows benefit of these reviews.
- **Curriculum support packages** in Maths, English and disadvantaged have focused upon sustainable curriculum recovery and building confidence in middle leaders.
- Positive feedback that the Learning Bulletin has made schools leaders aware of critical intervention programmes and allowed easy access to essential data/programmes of support.

What do we still need to do?

- **Curriculum recovery** to extend the reach of programmes of support to include a wider coverage of subjects. Ofsted subject briefings are an example of the programme of support we are making available to schools.
- **Shape intervention packages** of support to meet the highest levels of need using available local datasets, e.g. impact of lower performance in writing across the primary phases.
- Continue to support new HT's and those in the early years of their leadership careers to feel well supported and have structured programmes of support.
- Respond to the demands of Ofsted and re-start of inspections.
- **Make continued improvements** in managing the fragmented S2S support programmes especially in terms of role of the teaching school.
- **Harnessing the relationships** between academy MATS and maintained sector. Positive steps being taken to establish meaningful systems for the benefit of pupils, not systems.

What have we delivered?

- **Support and coordination of summer schools** especially in terms of close liaison with HAF process to avoid duplication.
- **Sector led support** funded by the LA for new to Secondary Headship.
- Brokered support into schools where emerging leadership concerns.
- Positive liaison with MAT leads on best managing sector support and relationships between academies and maintained schools.
- Learning Bulletins to all schools which outline all local and regional workstreams.
- Significant work across schools to respond to growing demands for secondary school places, **linking school expansions and curriculum needs.**
- Strong curriculum support for key core subjects and vulnerable groups brokered through maths hub and EEF system leads with a strong update to programmes.
- **Transition support** to secondary schools – purchase of transition resources by LA.
- Strong and effective liaison with Ofsted in terms of briefings/training for schools.
- **School categorisation** for all secondary schools with bank of comments to show successes and alerts.
- Continued to fund coordinator for return to education; focus upon supporting mental health strategies- all secondary schools accessing.

What have been our challenges?

- **Lack of ability to influence certain national intervention programmes** such as academic mentor scheme and Tuition programme. Long waiting times and failure to secure tutors through identified agencies.
- Management of initiatives and ensuring the right programmes of support are targeted to the right schools, resulting in an overload of information.
- **Direct access into schools** to undertake essential monitoring via face to face meetings and review of processes happening in classrooms.
- Ability to follow up on training and support packages due to pressure on school leaders to manage COVID compared to curriculum development.
- Absence of up to date data, whilst result day conversations with leaders was positive, no details or analysis hampers bespoke packages of support and intervention.
- Ensuring curriculum recovery happens in all subject areas and not just the core.
- Some academy trusts becoming 'more distant'.

What difference have we made?

- **New HTs have given positive feedback** about the support available and the ability to have a sounding board to help shape decision making and accountability.
- Targeted support for vulnerable schools has seen **stronger engagement** from some hard to reach schools.
- Where face to face transition events could not take place, transition resources have allowed for work to continue in primary schools ahead of September move.
- **Categorisation process** has led to detailed discussions with some schools to address critical themes resulting in significant changes in approach and engagement.
- Positive feedback that the learning bulletin has made schools leaders aware of critical intervention programmes and allowed easy access to essential data/programmes of support.
- Increased engagement of secondary schools in maths hub work which is focused on sustainable leadership management of maths.

What do we still need to do?

- **Curriculum recovery** – extend the reach of programmes of support to include a wider coverage of subjects. Ofsted subject briefings are an example of the programme of support we are making available to schools.
- Shape intervention packages of support to meet the highest levels of need using available local datasets – e.g. impact of reading in Key Stage 3.
- Establishing more strategic secondary thinking through Secondary School Association.
- Respond to the demands of Ofsted and re-start of inspections.
- Make continued improvements in managing the **fragmented S2S support programmes** especially in terms of role of teaching school.
- **Harnessing the relationships** between academy MATs and maintained sector. Positive steps being taken to establish meaningful systems for the benefit of pupils.
- Continual support for new HTs.
- Increased focus later in the year on transition from Year 6 into Year 7.

What have we delivered?

- Engagement with colleges to develop local advice/guidance through the ERG.
- **Innovative practices to address challenges of COVID on vulnerable groups** including work based learning support for adults through Education and Skills Funding Agency (ESFA) grants.
- **Increasing engagement through the Local Employment Partnership (LEP)** with emerging strategic themes.
- Stronger engagement with 'The Pledge' initiatives across the borough.
- Online forums for young people - included job search, self-confidence, interview preparation.
- **Launch of computers for kids scheme** with increasing engagement of employers.
- Dedicated English to Speakers of Other Languages (ESOL) support for Afghanistan resettlement scheme.
- Worked with colleges and post 16 providers to engage in virtual and face to face transition visits.
- **Journey First programme is supporting those over the age of 15 into EET** via ESF funding.
- Strong offer of support for Post 16 cared for /care leavers through dedicated virtual school dedicated team.

What have been our challenges?

- COVID impact on uptake of **commissioned adult learning courses**. Loss of face to face sessions has impacted on uptake for accredited and non-accredited courses.
- Ability to undertake **quality assurance visits** to gain first hand experiences from settings.
- Challenges of sourcing appropriate venues and re-establishing confidence of vulnerable adults to return to accredited and non-accredited courses.
- Abilities of adult groups to effectively use remote learning forums.

What difference have we made?

- **Journey First has over 200 starts on the programme** to date of participants looking for work and training, with early successes in voluntary work, employment, and college.
- **NEET young people remains low at 2.3%** with less than 180 out of a cohort of 7,000. Not known stands at 0.05% with 97.2% Year 12 in learning and 95.1% Year 13 in learning.
- 100% of September Guarantee recorded for 2021 - 99.5% are positive EET outcomes.
- **Significant increase in our Supported Internship offer**, with successful outcomes.
- Strong further education performance in 2021: Cheshire's largest further education college achieved a 100% across all 30 A Level subjects.
- ESFA Adult learning Outcomes remain strong: 105 courses, 1657 enrolments, retention 90%, pass rate 99%.
- The reach of the **Pledge programme has been successful with young people** accessing information employers via range of remote forums, as show in data below

Number of Viewers	15,361
Live Chat interactions on the night	4,230
On Demand Views within 12 hours of the event	19,407
Page visits (since page was launched)	31,507

What do we still need to do?

- Broaden the offer and work in the **Pledge and Journey First** to look at more 'first step' options into work, with employers offering job tasters, work experience etc.
- Further develop interface with further education sector leads to integrate strategic programmes and liaison with the LEP.
- **Allocate more NEET** (not in education, employment, and training) young people a Journey First Advisor.
- Strengthen **council opportunities** for care leavers and SEND pupils through **apprenticeships and supported internships**.

What have we delivered?

- High level of **parental preference met**, 98.4% of CE residents received an offer of a preference school for Reception and 97.9% for Year 7.
- Delivery of training sessions for schools on new Admissions Code.
- **Expansion of the Transport team** to include roles working directly with Social Care and SEND to support the transport needs of our most vulnerable children.
- School Organisation – currently overseeing a significant number of Basic Need schemes to provide 1050 new places across key planning areas. In addition to this we have produced a five year capital strategy to address the sufficiency of places across priority areas, this includes for the provision of new primary schools, **further expansion of secondary places and additional SEN provision.**
- £70 million has been invested into capital schemes to **increase capacity of school places across the borough**, since September 2019 we have delivered 345 additional primary places and 650 secondary places.
- The School Organisation Team also have delivered a wide range of schemes to the value of £6 million in improving the condition of our maintained school infrastructure.
- This capacity building extends to **include new SEN provisions** - a further £10.4m.

What have been our challenges?

- **Managing Admissions** round and Offer Day remotely.
- Pressure at peak times for applications.
- Introduction of **new Admissions Code** for September 2021 requiring already determined admissions arrangements to be varied.
- Delivering schemes with ever **increasing costs.**
- Keeping buildings operational and safe with limited funding to address condition issues.
- Correctly forecasting/ assessing need against ongoing new housing development.
- Ensuring that S106 requests for contributions are successful.
- Meeting parents expectations in timely delivery of projects.

What difference have we made?

- **Increased capacity in schools** in terms of providing additional places has resulted in the very high % figures in meeting parental preferences.
- Maintained schools have been able to benefit from COVID capital support to the value of £125K.
- Increased Special School capacity as well as new **SEN resource provisions** have been opened and are in the process of being constructed and opened as part of the SEN sufficiency work.
- The LA has initiated and funded a **new SEN provision** – referred to as Enhanced Mainstream to reduce the demand for EHCPs or change of placements.
- Education Directorate on track to deliver 250+ special school places – committed budgets of £12 million. This provides local provision to meet local levels of need.

What do we still need to do?

- Implementation and funding of **Carbon neutral strategy** within projects.
- Ongoing review of **SEN place requirements** and delivery of additional places within this sector.
- Consistency of placements decision making and access to training.
- Extension of SEN monitoring regime.

What have we delivered?

- **Maintained above national average attendance** over COVID-19 pandemic.
- Met regularly with social care colleagues to review attendance of vulnerable students.
- 3 vulnerable pupil leads to work in a locality model in line with SEND and wider locality teams.
- 6 education family support workers were recruited to provide **direct support to children and families** at home and in the school.
- Frontline workers have monthly case supervision to support robust RAG rated case management with vulnerable pupils locality leads.
- **Traded Service launched** in September 20 to offer attendance support and direct work to academy and maintained schools.
- Free termly (Primary) half termly attendance support and guidance offered to schools.
- Principles of attendance guidance issued to all schools prior to return in September 20, with key principles being schools need to ensure wellbeing support in place to support children returning to school after the pandemic.
- **Permanent exclusion prevention work** delivered by education access officer.
- Regular 6 weekly meetings with PRU to discuss preventative support around holistic needs.

What have been our challenges?

- We received 190 referrals for **children missing education** in September and October 20, in the same period last year we received 90. To support the increase in volume we have moved staff to support the area.
- Increase in requests for **part time timetables**. In September and October 46 new part time timetables were registered.
- We have had to make adaptations to deliver statutory work. Register Inspections were completed virtually with schools.

What difference have we made?

- **Significant support to schools** to manage additional pressures of COVID on attendance rates in schools such as coding clarification and training for maintaining level of DfE (Department for Education) returns.
- **Improved multi-agency working**. Attendance Team delivered sessions for SEND teams, SENCO's, Early Help managers and Front Door Team to establish relationships between the teams, resulting in improved working relationships and increased referrals.
- Additional **support for children** transitioning to school.
- Clear process in place for children reported to be missing from education leading to an increase in cases located and moved on within a 12-week period.
- Strong support for the **Afghanistan resettlement** scheme in securing places in schools for all families involved - recognised as best practice by Home Office.
- **Prevention of the permanent exclusion** of children with EHCPs and primary age children.

What do we still need to do?

- Embed **Education wellbeing recovery** to ensure children with long term absence are supported to transition back to school.
- To **increase buy back of traded service** from schools to offer direct work to children and families.
- Continue to support the **Afghanistan resettlement scheme**.
- **Roll out of Behaviour Strategy** to address the needs of vulnerable groups.

What have we delivered?

- 6 education FSWs recruited to ensure **strong transition support offered to the children** moving from elective home education (EHE) to school.
- EHE advisors work with social workers to **review education provided to EHE children on CP or CSE Plans**, offering support to make school applications if home education is not deemed appropriate as part of the plan.
- **Home visit offer triggered** to any EHE child that is open to CIN/CP, is MFH, or has an Accident and Emergency admission for self-harm.
- Risk assessed home visits to families to **review suitable education for EHE children**. From September 20, Cheshire East has asked the school to co-ordinate a multi-agency meeting with LA representation to ensure families are making an informed choice around de-registration to EHE.
- CE shares EHE good practice with other LAs at North West and Midlands Regional meetings.
- Ensured that children who are EHE have equal access to healthcare provision and vaccinations, we have a designated school nurse for EHE children.
- EHE advisors have been trained to complete the Annual Reviews on EHE children with EHCP plans and work with SEND Key workers to update plans at point of de-registration.
- **Gypsy, Roma, and Traveller (GRT) children offered remote learning support** pilot project to prevent de-registration.

What have been our challenges?

- Adapting to virtual visits with families to have oversight of a suitable education.
- Schools being willing to take on new students during lockdown periods of COVID-19.
- **Some families are still reluctant to work directly with the LA**, and supplying evidence only around their child's education, the team therefore have no visibility of these children.
- **Increasing requests for EHE** post lockdown – minimised through robust intervention processes with families and schools.

What difference have we made?

- Pre de-registration meetings lead to **only 20% increase in de-registrations** for EHE compared to local authority neighbours who were significantly higher.
- From September to December we had over 200 enquiries of this nature which led to only 90 children actually de-registering, managing to prevent EHE for a significant number of children.
- **Successful sustained attendance** at school for children transitioning into school settings from prolonged periods of elective home education.
- **EHE advisors awarded bronze certificate by 'Education Otherwise'** for support to EHE community.

What do we still need to do?

- Develop more groups and **parent and young people forums** around EHE.
- **Engage the families** who are currently supplying evidence only to the team to increase visibility of these children.

What have we delivered?

- Provided education to **children missing education** due to a medical need through one to one tuition.
- Provided education and **support to children in receipt of an EHCP** to help their return to a school setting or a change in school placement.
- Taken a multi-disciplinary approach to supporting children in their education and return to school.
- **Embedded a bespoke PHSE programme** aimed at broadening children's awareness on a range of subject areas including mental health and keeping themselves safe.
- Provided academic evidence to support the attainment of Year 11 students.
- Adapted staff training for remote learning.

What have been our challenges?

- **Adapting to online teaching**, varying strategies to engage and support children with complex and varied needs.
- **Ensuring children are visible to professionals** and are safeguarded even whilst being supported remotely.
- **Quality assuring** educational provision during the pandemic and whilst remote teaching is in place.
- Provide support for children discharged from Tier 4 mental health provisions.
- Increased complexity of children with mental and emotional health issues.

What difference have we made?

- Provided education for **87 children with medical needs**.
- Provided education **for 65 children with EHCP's**.
- Supported 54 children to return to a school setting.
- **Enabled our year 11 students** to gain formal qualifications through a robust assessment and evidence process.
- Supported our Year 11 students to gain entry to **post 16 education** and worked with the Youth Support Service where needed.

What do we still need to do?

- Continue to explore new ways of service delivery to meet **increasing demand**.
- Review referral pathways and documents for both medical need and SEND tuition to ensure they are fit for purpose and enable **prioritisation of the most vulnerable students**. Consult and co-produce new documentation alongside Health (including CAMHS), SEND, Children's Social Care, schools, parents, and children.
- Develop systems for the identification and **support of children with poor mental health** but not open to CAMHS.

What have we delivered?

- Between 1st August 20 - 31st July 21 SCiES have delivered Safeguarding Basic Awareness Training to 1944 members of school staff in addition to a **wide ranging safeguarding training programme**.
- Termly designated safeguarding lead continuous professional development sessions.
- Monthly safeguarding scenarios have been written and circulated.
- Monthly "Spotlight on Safeguarding" newsletters/updates.
- **Represented schools at Multi-agency Risk Assessment Conferences (MARAC)** contextual safeguarding, step up/down as appropriate.
- Updated exemplar policies and cascaded to schools re: Recording and Reporting and Child Protection and Safeguarding.
- **Completed Safeguarding Policy in Practice Reviews in schools.**
- Supported the LADO process as appropriate.
- Supported the **development and implementation of a notification pathway** to ensure schools are made aware of incidents where a child attends hospital because of self-harm.

What have been our challenges?

- Demands on the team have grown e.g. an **increase in the number of calls** to the team and the numbers of schools requesting training- we have met these demands ensuring that every call has been returned and all schools have been able to access training.
- Some activities, which would have been face to face before COVID, could not take place during the pandemic which is why the team have addressed this to allow schools to access the training/parts of whole school reviews etc. virtually i.e. through Teams. There is now a blended approach; training and reviews can take place entirely remotely, fully face to face or a combination of the two.
- Supporting schools in understanding what is required of them when change occurs and there are numerous priorities e.g. **updates to Keeping children safe in education (KCSIE), Sexual Violence and Harassment documents**, CE's policy updates including the **Neglect Strategy** etc.

What difference have we made?

- Having the **information provided via SCiES in relation to self-harm** has meant that schools have been able to support those children and their families at a crucial time. It has given them key information to **act in the best interests of the child**.
- Schools have received up to date information on a monthly basis about local and national developments which has enabled them to take appropriate actions to meet key expectations from the Safeguarding Children Partnership, Ofsted and the DfE.
- We have provided schools with relevant tools and training; this has built their knowledge and confidence in managing challenging safeguarding situations.
- The emotional support we have provided through responses to school queries and supervision have helped senior managers in schools to manage the many things expected of them as one head said: **"I don't really know what we would do without you all."**

What do we still need to do?

- Deliver a **Sexual Violence and Harassment workshop for schools**, working with children to inform the approach and sharing effective practice between across phases of education.
- **Ensure that the child's voice is heard** through the Act Now Conference (event led by pupils for agencies).
- Ensure that all schools are aware of and make effective use of the **escalation procedure**.
- Support schools in understanding the online process for contacts with the **Integrated Front Door**.
- **Ensure the Neglect Strategy** is fully understood and adopted by all education settings.

What have we delivered?

- **Recent Ofsted SEND revisit** provides strong evidence of strategic improvement in all facets of meeting the need of SEND learners across the borough.
- Multi-agency SEND training programme for all staff involved in the production of EHC plans.
- A monthly scorecard and live SEND trackers **enable the service to manage performance.**
- Designated Clinical Officer (DCO) provides oversight of health advice.
- **Improved communication**, including leaflets for families, so that they are better informed about the assessment process and how long it may take.
- **'Non-negotiables'** for EHC Plans developed, along with more detailed quality standards.
- Robust review systems have been put in place at every stage up to the final written plan.
- Launched an **effective diagnostic pathway** for the youngest children as part of a single Cheshire Autism Integrated Service Specification.
- **Additional resources** have been put in place across in the SEND Service and Health to further increase SEND management and frontline capacity and embed the locality model.
- Improvements made to panel, including introduction of triage.
- Co-produced Quality Assurance Framework.
- There were around 63,000 page views of the [Local Offer](#) within 20/21.
- **Workforce Strategy developed for Educational Psychology (EP) service** and buy back specification developed to enhance early intervention.
- Co-produced the **revised SEND Strategy which has now been approved by all forums.**

What have been our challenges?

- Our SEND Inspection in March 2018 identified two areas of significant weakness:
 - The timeliness, process and quality of education, health, and care (EHC) plans.
 - The lack of an effective autism spectrum disorder (ASD) pathway and unreasonable waiting times.
- Many parents who responded to Ofsted's online survey as part of the SEND revisit have yet to be convinced that there has been lasting improvement.
- Changes in how professionals have had to work during the COVID-19 pandemic have impacted on parental perceptions.
- SEND needs assessments and significant financial pressure on High Needs dedicated schools grant (DSG).
- **Increasing demand for needs assessments and increased complexity of need.**

What difference have we made?

- Inspectors recognised the following difference that Cheshire East has made:
 - The timeliness, process, and quality **of EHC plans have been transformed**; significant increase in EHC Plans issued within 20 weeks, leading to **improved outcomes for children and young people** as support and provision are in place sooner. The quality and timeliness of annual reviews has improved.
 - Increase in local SEND Provisions – on track to deliver 250+ special school places.
 - **Co-production is at the heart of** every EHC needs assessment.
 - Inspectors heard from parents, children and young people and professionals about the **positive impact that plans have on children and young peoples lives.**
 - More children are starting nursery/school with their needs being understood and met.
 - **Families value the pre- and post-diagnosis support** and training offered as part of the pathway as it helps them better understand and support their children's needs.
 - Specialist ASD training for school staff, more children and young people are getting appropriate support day to day.
 - Outcomes for SEN learners have improved through quality and timeliness of SEN plans and better training and delivery of SEN staff in schools to improve quality of classroom practice.

What do we still need to do?

- Deliver the SEND Strategy priorities as follows:
 - **Improving communication** and coproduction with families.
 - Improving access to **provision and support.**
 - Improving timeliness and quality of **annual reviews** of education, health and care plans.
 - Further developing an **effective and supported workforce.**
 - Ensuring an effective **COVID-19 recovery response.**

What have we delivered?

- The **TOGETHER principles have been adopted** by other boards and organisations.
- Set agendas for 'Working Together' meetings have been established.
- There are **2 SEND Youth Forums** in Macclesfield and Crewe that meet twice a month.
- Young people with SEND attend Cheshire East Youth Council and the Children and Young People's Trust Board.
- 3 termly school events for SEND participation involve primary and secondary pupils.
- The SEND voice calendar sets out **participation activity** over the year.
- **Parent Carer Forum (PCF)** reps are on all workstream groups to **support to shape strategic developments.**
- **PCF have delivered training sessions** to services and access training sessions.
- The PCF is involved in recruitment and appointments of new staff.
- Coffee sessions for parent carers across each locality.
- Other examples of recent coproduction activity include CDC training/sessions, development of new SEND and preparing for adulthood (PFA) strategies, work on temporary changes to provision plans and new annual review documentation and resources.

What have been our challenges?

- At the SEND Inspection in 2018 Inspectors view was that there was **no shared understanding or definition across all partners of co- production.**
- There was varying quality of co-production happening. Inspectors saw examples of strong co-production but also saw other examples that demonstrated engagement and involvement rather than true co-production.
- **Reaching out to those SEND children and young people who are not engaging.**
- Ensuring that coproduction has continued during COVID by switching to remote.
- There can be a lag between the point that changes are introduced and the time where they are actually felt by children and young people and their families.

What difference have we made?

- **Parents and carers and young people are actively involved in shaping SEND services.**
- Young people have increased confidence through participation in key pieces of work and attendance at boards.
- **SEND young people's voices are listened to** in key strategic forums.
- Strategies and services are **child/parent focussed** as they are shaped by their lived experiences.
- There is **improved awareness** about the ways that an EHC needs assessment can be requested. This is demonstrated by the increase in the number of parental requests.
- Increase in the number of first and second Working Together meetings, from 19% as at Q1 20-21 to 71% as at Q1 21-22.

What do we still need to do?

- Develop a co-production charter **with families to support working TOGETHER** across the partnership.
- Simplify key communications into 'at a glance' one-page summaries.
- Develop a forward plan of joint training opportunities for parents and carers to up-skill together with support teams.

What have we delivered?

- **Significant data collection** from school on future needs assessment in order to be able to target support packages according to levels of need.
- Detailed training programme for SENCOs to **develop their abilities to impact on classroom practices.**
- Internal coordination of SEN training for new to post or to widen knowledge and understanding.
- Audited and tracked website compliance for settings.
- **Update of SEN Toolkit** with sensory section.
- Supported settings with the management and effective use of the Toolkit and paperwork to directly impact on classroom practice.
- Delivered Governors SEND training and New to Role SENCO Training.
- Dedicated SEND school reviews in vulnerable schools to promote best practice.
- **Multi-Disciplinary Team meetings** have been held for a number of settings causing concern.

What have been our challenges?

- Overall **capacity of the team** due to the loss of a secondary specialist within the year and challenges to get release of specialist staff from schools.
- Moving the priority in some schools from a **reactive model of assessments** to one of better management of SEND within the school.
- **Ensuring strong accountability** within settings – responsibility of SEND leads to initiate change.settings.
- Number of new SENCOs and capacity of the team to deliver the number of sessions required.
- Attendance numbers at some sessions due to impact of COVID/ other priorities.

What difference have we made?

- **Significant data set now available** on schools in terms of existing and predicted needs assessments – this is now being used to shape intervention programmes.
- Ofsted / DfE good practice website – inclusion of article on the **CE Toolkit for SEND.**
- Positive Feedback from SENCOs on the sessions delivered.
- % of new needs assessment referrals on the new paperwork is increased to move to a more consistent use of revised practices.
- Number of predicted new need assessment referrals has reduced from last year - this needs drilling down to ensure this is due to greater use of training and systems.
- **Improved communication** and delivery of support to settings due to the multi-disciplinary team approach.
- **Increased use of multi-agency reviews** to identify levels of support in most vulnerable schools.

What do we still need to do?

- Strengthen the quality of **graduated response paperwork** by some settings (especially secondary).
- Continue to add to the quality of resources within the SEND Toolkit.
- Consider greater levels of **support for SEND Support** rather than EHCP.
- Identify priority schools for support via the service which results in prolonged and sustained programmes of support.

What have we delivered?

- **Successful reinspection** in regard to the Written Statement of Action (WSOA), inspectors found that the LA have made sufficient level of progress.
- **The timeliness**, process, and quality of EHC plans have been transformed, inspectors reported that by early 2020, almost every needs assessment was completed within the 20-week deadline, compared to less than one in six in 2018.
- Increased staffing capacity across the SEND service, introducing a number of new roles to further support the improvement made in regard to timeliness and quality of EHC plans.
- **Robust tracking and monitoring tools** are in place.
- Consistent and improved completion rates of coproduction/working together meetings are taking place across all areas in regard to new needs assessments to **ensure children and young people and parent/carer voice throughout the needs assessment process**.
- Development of **annual review processes**, guidance, and resources in coproduction with all partners including PCF published on our local offer.

What have been our challenges?

- Continued **increase in number of needs assessment** requests – increase of 19%. Development of START tool and data analysis to help to review strategies for support.
- Continued increase in number of change of placement requests being submitted from schools and settings. This has seen an additional pressure on **sufficiency of places** within special schools and increased the workload of individual staff as often complex cases.
- Introduction of new staff, **supporting robust induction and training** to ensure that all staff are fully supported when new into role. There have been a significant number of number staff who have joined during the pandemic therefore extra challenges in regard to virtual induction and training have needed to be introduced into the service.
- Adapting to new ways of working in response to COVID to ensure that processes and timescales are still met. Co-production/ working together meetings still taking place within statutory timeframes, logistics of arranging virtual meetings to **ensure children and young people and parent/ carer voice are captured** throughout the process.
- Staff absences – particular issues with SEND staff in October and November has had real impact on assessment data.

What difference have we made?

- Improved **overall timeliness and quality** of new EHC plans.
- Improving existing EHC plans in line with quality of new plans.
- **Improved co-production** across the needs assessment process.
- Clear and robust systems in place to ensure we are able to track and monitor timeliness in line with statutory timescales ensuring effective management oversight at each stage of the process.
- Consistent process and documentation in place in regard to annual reviews.
- **Increased staffing and capacity** within the SEND team to match demand.
- Stable and secure workforce within the SEND team to ensure consistency.

What do we still need to do?

- Sustain and continue to strengthen the improvements made in regard to timeliness and quality of EHC plans.
- Implement clear action plans to improve the **quality and timeliness of annual reviews** in line with new needs assessments.
- Review support/ **training required in schools for children and young people on school support plans**, working across partners to develop strategies to increase level of support in schools and reduce the number of needs assessments over time.

What have we delivered?

- **Timely approach** responding to our statutory duties, these include EHC needs assessment advice requests, change of placements, tribunal cases.
- Consistent support to Virtual School and been responsive to the wide ranging needs and complexity of cases.
- Developed a **strategic plan for recruitment and retention** and have increased in numbers.
- Professional consultation at triage and panel.
- Involvement with critical incidents.
- Provided efficient **group consultation** to all settings.
- Utilised staff skills efficiently to develop a **wide range of traded offers**.
- Forged stronger links with a wider range of partners and stakeholders.

What have been our challenges?

- **There is a shortage of Educational Psychologists** to fulfil statutory, transformation and prevention and inclusion activities.
- **Surge in EHC needs assessment requests** requiring reliance on locum commissions.
- Need for continued CPD to reflect current practice/ evidence informed interventions.

What difference have we made?

- **Effective psychological contribution** to statutory reports including EHCs, tribunal cases, change of placements.
- **Timeliness** has been significantly improved.
- A universal, targeted, and individual traded package reflective of Cheshire East's key priorities.
- Traded courses have yielded positive feedback with impact becoming more evident.
- Revenue has been brought into the service.
- Virtual School has received consistent EP involvement to support complex cases.
- Clear system of change of placement requests.
- Cases coming through triage are being moderated, providing a **consistent and transparent approach**.
- We have a **recruitment drive that is sustainable over the next 5 years**.
- Made considerable savings by taking locum EPs outside of agency working.
- A healthy bank of locum EPs in order to backfill EP working in response to surge planning.

What do we still need to do?

- Continue with agreed **transformation workstreams** (wellbeing / cognition and learning / autism team / early years / post 16).
- **Continue to refine the EP structure** to ensure efficient deployment of skills to meet council priorities.
- **Continue to design** universal, targeted, and individual traded services.

What have we delivered?

- Regarding support for children and young people with autism, inspectors found that **more children are starting nursery and school with their needs understood and met**. Families have also been offered support and training, so they can better understand and **support their child**. In terms of waiting times:
 - In 2018 more than 200 children and young people were waiting more than 12 weeks for their first assessment, but by **March 2020, this had reduced to two weeks**.
 - There is a **pre and post ASD diagnostic offer** across CE.
 - The **Occupational Therapy (OT) sensory pilot has been evaluated** and there is now recurrent funding and jointly commissioned for 3 OT posts across CE. The offer will be based on the learning from the pilot due to evidence of improved outcomes for children, with an expanded offer.

What have been our challenges?

- During the COVID-19 pandemic, the number of face to face consultations have been reduced.
- In order to comply with national guidance. Autism Diagnostic Observation Schedule (ADOS) assessments used as part of the ASD diagnosis pathway are only validated if used in a face to face situation, without personal protective equipment. This has led to an **increase in waits for this service**. Available clinic space and the need to clean between clients has also led to an increase in waiting times for services.
- There is an **increase in referrals to services** – particularly to SaLT and to ASD/ attention deficit hyperactivity disorder (ADHD) services.

What difference have we made?

- The 0-4 ASD East Cheshire Trust diagnostic pathway has ensured there is an **equitable offer across CE** and that needs are identified early. Therapy services have maintained both face to face and virtual appointments. This was decided **on clinical need and parental choice** which has ensured needs are being met effectively.
- Through the delivery of the SaLT programme in early years, there is **evidence of improvement in all aspects of Communication and Language** (Listening and Attention (40%), Understanding (29%) and Speaking (37%)) when comparing input from the Cheshire East Chatters team vs no input. WellComm screening data shows the impact of early identification and intervention from Autumn 20 to summer 21 – 16% fewer children at red (consider referral), 7% more children at amber (extra support and intervention needed) and 9% more children at green (no intervention required).

What do we still need to do?

- Reduce waits** for any service to meet the 18 week referral to treatment standard.
- Recruitment to the Sensory Occupational Therapist (OT)** posts has now been completed, and the full core Sensory OT service will become operational during November 2021.
- Waiting list initiative money has been secured **to drive down the waiting times for an ASD diagnosis** to bring the waits back to the March 2020 levels.
- Clear communication of referral pathways** and support available in easy read version and/ or by using social media.

What have we delivered?

- Developed detailed **guidance around EHCPs** and social care role and responsibilities.
- The Service Manager for Children with Disabilities delivered training on the guidance to early help and social care professionals across children's and adults' services.
- A **Dedicated Social Care Officer** (DSCO) role has been developed and recruitment is underway.
- CSC reps are active members on the SEND Partnership and workstreams, special schools educational recovery group, moderation meetings and tribunal weekly meetings.
- There has been **improved transition** planning across children's and adults social care.
- All short break reviews are now held alongside EHCP annual reviews.
- The Short Breaks Team duty system **ensures that there is always someone on the end of the phone to provide families and professionals with advice and support.**
- During COVID-19 changes have been made that allow the money to fund a wider range of provision to allow parents and carers to still be able to have a break.

What have been our challenges?

- Prior to the inspection, inspectors saw far too many examples of children who have significant health and/or social care needs yet their EHC plans state 'none identified'.
- The **increasing impact of mental health for our children and their parent carers.** This also impacts on young people having stability in school settings.
- There has been a **reliance on social care** to carry out some wider partnership tasks during COVID.
- Ensuring support through our **Short Break Local Offer** is Cheshire East wide.

What difference have we made?

- Involvement of social care managers and Practice Champions in the quality assurance of advice/ EHC Plans ensures a holistic approach.
- **Families have appreciated** the face to face support from social care during COVID.
- Through ongoing visits, social care have **championed the needs of SEND children and families,** e.g., the need for specialist equipment at home.
- The majority of children remain supported within their family homes and or in their local communities by social care.
- Through monthly matching meetings with the short break fostering service, **gaps for families waiting for short breaks have been addressed.**
- As the short break review is undertaken along with the EHCP review parents only have to tell their story once.
- Short break services are now included in children and young peoples EHC Plan ensuring that the full range of a **child or young person's needs and provision are evidenced.**
- Increased uptake of EHIPs since these are more **accessible to parents and carers online.**

What do we still need to do?

- **Recruit and induct** the new DCSO and embed better ways of working across the service.
- Increase attendance of social care at the programme of training around guidance for EHCP's for new starters.
- **Continue to improve** social care input into EHCPs through the DCSO role and training and support to social workers.
- **Improve communication** reach through increasing the number of children on the Children with Disabilities Database.

What have we delivered?

- **Preparation for Adulthood (PFA) Strategy** written, consulted on, and published.
- Implementation groups to ensure the strategy is delivered have been agreed, terms of reference published, and attendance is excellent. Governance for this via SEND board.
- Data and tracking groups formed, in order to use Power BI to its best effect with LiquidLogic, to predict out of area placements and to ensure we **are tracking our young people who are outside of the area.**
- SEND ignition roll out. 5 schools in total, including special schools and resourced provisions, feedback has been excellent.
- **Supported internships have increased** this year 21-22 with increased numbers gaining employment, featuring on Granada reports for the success via the supported internship programme.
- Locality coffee mornings for PCF to support the discussion and development of PFA.
- **Best practice with the National Development Team for Inclusion (NDTi)** for virtual review in year 9.
- Audited 25 plans for PFA content with report written by NDTi.

What have been our challenges?

- The strategy was developed some time ago via a workshop, but due to changes in staffing the strategy took over a year to pull together which in turn **caused drift for the implementation plan and working groups.**
- Impact of COVID on supported internships. We did see **a decrease in numbers** for this, but we also saw a number of students able to take advantage of the extension programme.
- **Staffing changes and capacity**, which has hampered progress across all services.
- Competing priorities including the inspection, COVID, WSoA outcomes.

What difference have we made?

- **Supported internship cohorts are increasing:** 2018/19: 18 interns, 2019/20: 37 interns, 2020/21: 21 interns (COVID), 2021/22: 38 interns.
- 2020/21 cohort: 47% of interns across all CE SI provision into paid work, an additional 39% able to continue on the extension due to the impact of COVID. 59% conversion rate of interns into paid work across the 4 new SI providers (launched Sept 2019), 24% accessed the SI extension, 17% into meaningful volunteering opportunities.
- **Co-production with PCF** increased awareness of PFA and relationships.
- Resources supporting schools and providers available on website have received excellent feedback.
- **Increased awareness and appreciative enquiry** from Education Psychologists following training to look at writing PFA outcomes.
- Over 120 staff completed PFA eLearning - increased awareness on writing PFA outcomes.
- Increased awareness in resourced provision of year 9 virtual reviews.

What do we still need to do?

- Develop an easy read **PFA pathway** on the Livewell website.
- Provide the **updated transition booklet** electronically for this year.
- Ensure that PFA is part of the **QA process** and learn from the audits for PFA in EHC plans.
- **Continue to grow SI provision** as an exit pathway - out of education into employment for SEND young people in CE.

What have we delivered?

- Cheshire East is the lead authority establishing a new **North West SEND Purchasing System**.
- Following a successful Sensory Occupational Therapist (OT) local authority pilot a new jointly commissioned (LA / CCG) Sensory OT service has been established from September 2021 with three OTs **providing a tiered approach to support children with autism and their families**.
- The local authority is steadily introducing Paediatric Autism Communication Therapy (PACT) for a small number of children with autism who struggle to engage with the regular ways in which SaLT is delivered.
- **Opening of Axis Academy** as a new special school for social, emotional mental health (SEMH).
- In 2021 we have re-shaped and recommissioned our children with disability short break offer alongside parent / carers to **ensure good outcomes for children and accessible support** across the area.
- **3 All Age Strategies** (LD, Autism and Mental Health) and Partnership Boards established.
- Service monitoring of independent schools where places commissioned.

What have been our challenges?

- **Demand and capacity of SEND school places**, especially for the more complex children and young people.
- Regional Purchasing system difficult to navigate 23 authorities Service teams, Commissioners, Legal and Procurement.

What difference have we made?

- **NW SEND Purchasing System has improved** choice, relationships with provider market and better use of resources. All 23 North West authorities have signed up to use the system which puts structure, contract, quality assurance, value for money and **most importantly improved outcomes at the heart** of our use of the independent non maintained special schools / colleges. Phase 1, covering pre-16 placements, went live on 1 March 2021 and Phase 2 is planned to go live January 2022. Early feedback from authorities (including Cheshire East itself) is that improved choice and best use of resources is already evident.
- **Improved support to children with Autism.**
- The various key strategies ensure that our partnership work is **focused and effective** in ensuring continuous improvement for children with additional needs.
- Increase in commissioned provision.
- Challenge sessions with independent schools where concerns over quality of deliver including CQC reporting.

What do we still need to do?

- Redesign and re-commission our **Care at Home Purchasing System**. One of the redesign principles is to extend the scope of support for children with autism and those with mental health needs.
- Revisit the **mental health offer across the SEND partnership**.

What have we delivered?

- We became an **Autism Education Trust (AET) training hub** in January 2021 and had a successful roll out programme.
- Half termly group consultations offered to all Cheshire East Schools where more complex cases can be discussed (90% of schools regularly attending).
- **Carried out school visits to support** with environment, use of visual and structure, adapting curriculum etc.
- Peer awareness and Circle of Friends training.
- Drop ins/ coffee mornings at Space4Autism; Ruby's Fund; and Autism Inclusive; bookable appointments for parent/carers.
- **Training and support** provided for family support workers.
- Specialist sensory support delivered via a blended approach, including face to face visits, use of children's centres in place of home visits, Teams training etc.
- Improvements made to providing **specialist advice for needs assessments**.

What have been our challenges?

- Delivering consultation and training via Teams.
- Supporting autistic and sensory impaired children and young people and their parent/carers through COVID-19.
- **Delivering effective support** to all children and young people within restrictions of risk assessments.
- **Capacity to meet need with ongoing new referrals**.

What difference have we made?

- Delivered **AET training to over 600 delegates** across early years and schools; those trained report improved confidence in including children and young people with autism.
- 800 children and young people with autism or social communication difficulties have benefitted from strategies implemented by school following discussion at group consultation.
- **Parent/carers feel supported and understood**, evidenced by high number of compliments.
- Continued to take new referrals, **ensuring ongoing support for families**.

What do we still need to do?

- Extend **AET training to post-16 settings**.
- **Train lead practitioners** to support the embedding of AET autism standards across our early years, schools, and post-16 settings.
- **Establish Autism Schools Project** and evaluate impact.
- Establish a **system of providing costed specialist equipment** and support for yp with sensory needs in FE colleges.
- **Further develop processes** around Pupil Voice, SEMH and communication within the Sensory Inclusion Service delivery.

What have we delivered?

- **Created an enhanced tracking tool to inform training needs** (START) to best shape training in schools with greatest need.
- SEND Training Programme for CE staff (phase 1).
- SEND Training programme for CE SENCOs (phase 1 and 2).
- SEND Training programme for SEND Governors in schools.
- Enhanced Virtual SEND Clusters themed around needs.
- Enhanced clusters with a multi-disciplinary team approach.
- New to SENCO training for 25 new SENCOs.
- Created a Staff Induction Handbook for new staff.
- **Targeted interventions and liaison working** with Cheshire East Information Advice and Support (CEIAS) and parents.
- **Embedded a multi-disciplinary team approach** – working towards a better outcome for children and families.

What have been our challenges?

- **Capacity to deliver**, the programme takes a lot of time to create, and the team is small and part time.
- Staff being able to take time out of their busy workloads to attend the training.
- **Some staff turnover** has led to the programme having to be repeated.
- Capacity of the teams delivering the training to create and deliver the sessions.

What difference have we made?

- **16 sessions delivered to CE staff with over 300 CE staff attending.**
- 21 sessions made available to SENCOs.
- 78 SENCOs attended sessions.
- 3 sessions made available to Governors.
- 30 Governors attended.
- **Increase in positive feedback from all stakeholders.**
- Staff/ SENCOs have a clear understanding of the professional Teams, their roles and referral routes.
- Staff have a good understanding of the **Code of Practice and the parents' perspective**, providing a holistic view of childrens needs.
- SENCOs, especially new SENCOs have a clear understanding of the role, systems, and processes.
- New staff have a clear understanding of the processes within the SEND Team.
- Signposting to relevant teams is **clear and consistent**.

What do we still need to do?

- Plan and deliver **Phase 3 training programme** (for all staff – including Headteachers, Teaching Assistants and Teaching staff in schools).
- Extend the training plan to include parents/ carers **to enhance communication and working TOGETHER.**

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Children and Families Committee

Date of Meeting:	24 March 2022
Report Title:	Children and Families Performance Report Quarter 3 2021-22
Report of:	Deborah Woodcock, Executive Director of Children's Services
Report Reference No:	CF/26/21-22
Ward(s) Affected:	All wards

1. Purpose of Report

- 1.1. This report gives an overview of performance across Children and Families' services for quarter 3 of 2021-22. It sets out the ongoing impact of Covid-19 on performance, and the arrangements that have been in place during this time.
- 1.2. The directorate has taken on board the feedback from committee with regards to adding in comparator and trend data where available. The scorecard is being reviewed and will be presented in Q4 addressing these comments.

2. Executive Summary

- 2.1. As above.

3. Recommendations

- 3.1. The Children and Families Committee is asked to:
- 3.2. Note the performance of children's services for quarter 3.
- 3.3. Provide support and challenge in relation to performance for children and young people.

4. Reasons for Recommendations

- 4.1. One of the key areas of focus for the Children and Families Committee is to review performance and scrutinise the effectiveness of services for children and young people.

5. Other Options Considered

5.1. Not applicable.

6. Background

6.1. This quarterly report provides the committee with an overview of performance across Children's Services. This report relates to quarter 3 of 2021-22 (1 October 2021 – 31 December 2021).

6.2. There still remain some ongoing impacts of the Covid-19 pandemic and residual isolation/ social distancing guidelines, which include:

- Contacts and referrals to the front door showing some unusual trends due to school closures which makes quarter on quarter analysis more complex. Quarter 3 figures are traditionally higher than quarter 2 due to a large number of young people starting/ changing schools and the additional anxieties that this can bring.
- Delivery of frontline services, especially in terms of face to face visiting and routine reviews, have been adapted to reflect the various isolation requirements to protect both workers and the families we work with.
- Attendance at Children's Centres and Youth Support, whilst initially impacted during the pandemic, are now being delivered within Covid safe guidelines and face to face services are being delivered with increased numbers attending.
- Work around Education and Health Care Plans – especially when assessing children in their "school environment" and "routine" has been increasingly complex and difficult.

6.3. Senior leaders and managers continue to remain sighted on service performance and impact on children and young people through the following:

- A core data set provided to CEMART which includes key measures for Children's Services
- A weekly social care and safeguarding data set from the beginning of February 2020 comparing core data sets with the same week in 2019/20. This has continued into quarter 3 2021-22.
- Weekly attendance at early years settings Department for Education (DfE) dashboard
- National local authority data set submitted to the DfE – originally on a fortnightly basis commencing in May 2020, reducing to monthly in Spring 2021. This has increased to again to fortnightly from December 2021.
- Daily dashboard data around school attendance with weekly national comparator data and summary.
- Education Health and Care Plan (EHCP) Power BI reporting platform that enables the service to have timely information on assessment timescales and reviews due enabling the service to prioritise caseloads and requirements.
- A national SEND local authority dataset submitted to the DfE on a monthly basis.

- 6.4.** This report contains the Children's services indicators, summary commentary around any areas of concern, and highlights any different provision/ support that has been put in place during this time.

Children's Social Care

Measure	Year end 2020/21	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22
Number of referrals	2273	601	454	522
Percentage of repeat referrals	16%	18%	15%	12%
Percentage of assessments completed within 45 days	74%	79%	68%	83%
Percentage of children with a second or subsequent child protection (CP) plan (rolling year)	27.8%	27%	20%	21%
Number of children in need	2082 (CIN census outturn)	1739	1887	1716
Number of children with a child protection (CP) plan	236	220	234	256
% of children on CP plans reviewed within timescales	93.1%	93%	96%	94%
Number of cared for children	518	527	519	528
% of cared for children reviewed within timescales	96%	96%	99%	97%
% of cared for children in internal foster care (including friends and family placements)	35%	35%	34%	37%
% of children living in external foster homes	28%	22%	28%	25%
% of children living in residential homes	8%	7%	6%	6%
% of cared for children placed over 20 miles from home address (Cheshire East and out of borough)	28%	28%	27%	24%
% of care leavers who are not in education, employment or training (NEET)	48%	47%	48%	46%
% of care leavers who are in suitable accommodation	98%	97%	98%	97%
Total number of children with a court endorsed plan of adoption (snapshot figure)	30	30	33	26
Number of children adopted (year to date)	26	3	5	11
Average caseload of social workers	19	20	19	19

- 6.5.** As we would traditionally expect, the referrals for quarter 3 have increased compared to the previous quarter. This is linked to the new school year and a large number of young people starting/ changing schools and the additional anxieties that this can bring. However, overall compared to the North West our rates of referral remain very low which is what we would expect given our demographic profile (latest comparable data is Q2 which has Cheshire East at a rate of 273.1 compared to a NW average of 528.7).
- 6.6.** The re-referral rate in Q3 continues to show a downward trend which is an indicator of sustained change for families we have previously worked with. The year to date performance of 15% is also significantly better than the latest published North West position of 22.2% and national position of 22.7% (based on the 2020-21 released CIN census data). Re-referrals are regularly audited for any recurring themes.
- 6.7.** Q3 also saw a substantial improvement in assessment timeframes which was recognised in the recent Ofsted focused visit as per the extract from the report: *“Timely assessments of children’s needs include careful consideration of family history and children’s experiences to appropriately identify strengths and risks for children. The views and opinions of children, parents and relevant professionals are sought effectively to inform assessment conclusions.”*
- 6.8.** Although there has been a small increase in the number of children and young people in care, our rate remains at the lowest across the North West. The latest comparable data we have across the region is for quarter 2, Cheshire East’s rate was 66.5 per 10,000 (0-17 years) compared to an average for the region of 96.5.
- 6.9.** An increased percentage of our cared for children are living in a family environment with our own approved foster carers including family and friends placements. This will hopefully lead to more stable placements and better outcomes for the young people concerned.
- 6.10.** We have also been able to reduce the number of cared for children having to be placed significant distances from home. Whilst sometimes this is the best decision for a young person, where possible being able to stay at the same school and near existing networks of friends can reduce the levels of uncertainty and upheaval.
- 6.11.** The number of adoptions continue to slowly increase with a further 14 individuals living in their adoption placements.

Education and Skills

Measure	Year end 2020/21	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22
Percentage good or outstanding primary schools	92%	Not available	92%	91%
Percentage good or outstanding secondary schools	80%	Not available	80%	79%
Percentage good or outstanding special schools	60%	Not available	50%	50%
Percentage attendance for primary pupils year to date	96%	97%	Not reported for Sept	94%
Percentage attendance for secondary pupils year to date	93%	93%	Not reported for Sept	91%
Percentage attendance for special school pupils year to date	83%	90%	Not reported for Sept	88%
Number of permanent exclusions from Cheshire East Schools (latest half term available)	5	6	Not reported for Sept	11
Current number of pupils educated at home	457	509	435	457
Current number of children missing from education.	62	58	74	46
Percentage of Good/ Outstanding PEPs (reported termly)	82%	89%	Not reported for Sept	Not reported for Dec
Total number with an education, health and care plan (EHCP)	3013	3142	3277	3402
% of requests for Educational Psychologists (EP) advice completed within 6 weeks	59%	98%	89%	86%
Special Educational Needs – Education, Health and Care Plans completion within 20 weeks including exceptions (<i>cumulative year - Note Q4 represents the new year - see comments at point 6.19</i>)	37%	86%	75%	67%
Average number of weeks for EHC Plans to be issued (snapshot at quarter end to which it relates)	19.0	19.4	20.3	20.9
% EHCP annual review completed in timescales	67%	58%	66%	70%

6.12. Although attendance for Q3 is slightly lower it is important to view this alongside the continuing restrictions and issues imposed by the Omicron variant of Covid-19.

6.13. There are a small number of schools that are currently unable to report to the DfE in terms of attendance and the schools team remains in close contact

with them to ensure that pupils are attending and any additional support required is identified.

- 6.14.** Exclusions are slightly increased from the same time last year. Service teams are working with identified schools to seek reasons and solutions where increases have been seen.
- 6.15.** Following the initial increase in the number of children missing from education in the autumn term, as we establish where families have moved away during the summer or have elected for private education, there has been significant work undertaken to seek the whereabouts of the individuals concerned. The number we are still clarifying is now at a much lower rate than in the last 12 months. There is a national secure reporting system where schools can advise when someone enrolls at a different school than expected.
- 6.16.** The number of new EHC plans completed has averaged at around 180 per quarter.
- 6.17.** Despite a small reduction, quarter 3 performance still demonstrates the success of the work that has been ongoing to increase the availability of Educational Psychologists (EP). The increasing number of Education and Health Care plans open will create increased pressure on this service.
- 6.18.** The year end timeliness for Education, Health and Care Plans of 37% represents the outturn reported in January as part of the SEN2 statutory return to the DfE. Q3 performance of 67% therefore reflects the position from January – December 2021 and is broadly in line with statistical neighbour average of 68.1 reported last year. The statutory return for 2021 is now being collated and verified for submission by 3 March 2022.
- 6.19.** Timely reviews of EHC plans remains a priority and despite the increasing numbers of plans together with new requests there has been improvement in the number completed in timescales.

Prevention and Early Help

Measure	Year end 2020/21	Quarter 1 2021/22	Quarter 2 2021/22	Quarter 3 2021/22
Current number of open Early Help Assessments/ plans (excluding short breaks)	1085	1031	1105	1099
% of all open Early Help Assessments led by Cheshire East Prevention service staff	69%	65%	66%	62%
% 0-2 year olds engaged at children centres (most vulnerable i.e. CIN/CP/LAC that have attended 3 or more times in the last 12 months)	23%	20%	29%	28%
% eligible children taking up 2 year old offer (termly figure only)	68%	71%	71%	73%

% children taking up 3 and 4 year old offer (termly figure only)	94%	93%	93%	95%
Number of families meeting the Supporting People (previously family focus) criteria where outcomes have been successfully concluded (quarterly fig)	318 target achieved	87	129	103
Number of young people accessing the youth support service		1634	2,050	1,345
Number of young people not in education, employment or training (NEET) individuals [yr. 12-13]	174	172	71	137
% of young people not in education, employment or training (NEET) individuals [yr. 12-13]	2.3%	2.3%	0.95%	1.8%

- 6.20.** Despite the difficulties services are facing, compared to the same point last year we are supporting more families and young people with an early help assessment. This means that individuals are getting support as soon as possible and we can target help and equip individuals with tools and techniques before issues escalate. Longer-term this will hopefully contribute to reduced numbers of individuals requiring specialist interventions and services.
- 6.21.** The number of early help assessments that are led by Cheshire East staff has reduced slightly with partners now increasingly able to undertake the lead where they are the most appropriate agency. This is in part due to schools being fully opened together with other partner agencies opening more face to face services.
- 6.22.** The take up of the 2, 3 and 4 year old offer reflects the position at the end of the autumn term and it is positive to see such a high uptake. Enabling social interaction and group learning at a young age is crucial to development and ensuring that this being supported and provided by our teams and partners has remained a priority.
- 6.23.** The Supporting People Programme (formally family focus programme) has continued following a further 12 month extension to the programme with a 2021/22 target of 332 payment by results. As at Q3, 319 families had been successfully supported in 2021/22. Indications for the early part of Q4 show that we will achieve the number of families successfully supported.
- 6.24.** Q3 shows a reduction in the number of individuals receiving support from the youth service, however Q2 was inflated by a significant number of larger group events due to well attended summer activities. We continue to offer a blended approach of face to face and virtual services to maximise the support available.
- 6.25.** As predicted the NEET figure has increased as individuals decide their initial plans for the autumn term may not be the best fit for them personally. Despite this we continue to enjoy one of the lowest positions in the country demonstrating our success in effectively supporting our young people to fulfil their potential – the latest England position available is 2.8%.

7. Implications

7.1. Legal

7.1.1. There are no direct legal implications.

7.2. Finance

7.2.1. Although there are no direct financial implications or changes to the MTFS as a result of this briefing paper, performance measures may be used as an indicator of where more or less funding is needed at a service level.

7.3. Policy

7.3.1. There are no direct policy implications.

7.4. Equality

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

7.5. Human Resources

7.5.1. There are no direct human resource implications.

7.6. Risk Management

7.6.1. There are risks associated with some performance measures, e.g. increases in demand and timeliness of services.

7.7. Rural Communities

7.7.1. There are no direct implications for rural communities.

7.8. Children and Young People/Cared for Children

7.8.1. Performance reports enable members to identify areas of good performance and areas for improvement in relation to children and young people, including cared for children.

7.9. Public Health

7.9.1. There are no direct implications for public health.

7.10. Climate Change

7.10.1. This report does not impact on climate change.

Access to Information	
Contact Officer:	Bev Harding, Business Intelligence Manager Bev.Harding@cheshireeast.gov.uk
Appendices:	None
Background Papers:	None



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BRIEFING REPORT

Children and Families Committee

Date of Meeting:	24 March 2022
Report Title:	Councillor Frontline Visits Annual Report
Report of:	Deborah Woodcock, Executive Director of Children's Services

1. Purpose of Report

- 1.1. This report provides an update to committee on the themes and issues raised through councillor frontline visits to the Cheshire East Consultation Service (ChECS), Child in Need and Child Protection (CIN/CP) Teams, and the Children with Disabilities Social Work Team and Short Breaks Team over the last 12 months 2021-22.
- 1.2. It is important for the committee to have an overview of the issues affecting frontline social work teams. COVID-19 has had a significant impact on our children and young people, practitioners, and demand to frontline services, so it is particularly important that councillors continue to be sighted on this.

2. Executive Summary

- 2.1. Councillors continue to be committed to frontline visits, and their direct contact and discussions with social workers and managers within Children's Social Care is highly appreciated. The findings from frontline visits continue to inform planning and quality assurance within the service.
- 2.2. Frontline visits continue to take place on a virtual basis due to the COVID-19 pandemic and have done so monthly since September 2020.

3. Background

- 3.1. Lord Laming's Inquiry into the death of Victoria Climbié resulted in a range of recommendations. One of these (Social Care Recommendation 41) states that:

"Arrangements must be made for senior managers and councillors to regularly visit intake teams in the Children's services department and to report their findings to the Chief Executive and Social Services Committee" (para 5. 193).

- 3.2.** This recommendation remains best practice and is still considered as part of any Ofsted inspection. In Cheshire East, our 'intake teams' (the teams that deal with new referrals) are the:
- Cheshire East Consultation Service (ChECS)
 - Child in Need and Child Protection Service in Crewe
 - Child in Need and Child Protection Service in Macclesfield
 - Children with Disabilities Social Work Team
 - Children with Disabilities Short Breaks Team.
- 3.3.** The Children's Development and Partnerships Team set up a rota for visits liaising with councillors and services. A summary of the procedure is set out in the guidance in the appendix. During their virtual visits, councillors meet with managers and team members to discuss the following:
- outcomes for children
 - support for teams
 - how COVID-19 has impacted on their work (e.g. needs of families/ impact on relationships/ working as a virtual team)
 - any other areas.
- 3.4.** Councillors are sent the form (Appendix 1) to record the key headlines from the discussion, and the guidance (Appendix 2) before the meeting. As outlined in the procedure, councillors complete and return the form following their visit, and subsequently receive a response from the head of service. Visits are carried out through a Microsoft Teams meeting. As previously, councillors meet with the service manager initially, then with three or four practitioners.
- 3.5.** In July 2021 it was agreed that visits to the Children with Disabilities Service would be split between the social work and short breaks teams. It was therefore agreed that the frequency of visits would change slightly so all teams would be visited every five months (previously four) so both of the teams for children with disabilities could be included in the rota.
- 3.6.** Our frontline visits promote transparency between officers and councillors and allow richer debate within the Children and Families Committee. The most recent Ofsted focused visit in November 2021 referenced the effective connection between frontline staff, leaders and councillors.

4. Briefing Information – Themes from Visits

- 4.1.** A summary of the themes from frontline visits over the last 12 months is set out below. Across all the visits, councillors noted the passionate commitment practitioners had for supporting our children and young people.

Cheshire East Consultation Service (ChECS)

Number of visits in last 12 months: one has taken place (March 2021), one is planned for February 2022. A number of meetings were planned but were required to be moved due to councillor availability.

What's working well?	What are we worried about?	What needs to happen / next steps
<ul style="list-style-type: none"> • Calls/contacts from partners and members of the public are well managed and appropriate support is identified for children and young people. The service is focused on ensuring contacts are progressed in a timely way. • New rota system has improved information sharing practices • Conversations with callers and families supports good understanding of the situation, keeping the child at the centre of decision making, and building and developing relationships with families. • Staff felt supported in their roles and reported that IT support has been excellent. 	<ul style="list-style-type: none"> • Changes in referral rates – initially low during first stage of pandemic then an increase in referrals from family members. • Time to complete contacts and necessary administrative tasks. 	<ul style="list-style-type: none"> • Additional administrative support was being sought to ease pressures on social workers' time. Solutions to increase time efficiency when taking contacts were being piloted. • Further specialist help within the team would be very useful in the future e.g., a housing specialist on the team rather than external to the Front Door. • Increase use of screening tools by partners
Comments from the Head of Service		
<ul style="list-style-type: none"> • Processes have been revised and streamlined to increase timeliness – this has been a real positive, particularly in developing the way in which Police Vulnerable Person Assessments (VPAs) are jointly screened. • We are progressing plans to bring a Mental Health Practitioner into the Front Door to strengthen support to partners as well as support strong decision making, ensuring children and young people receive the right support to meet their needs. 		

Children with Disabilities Social Work Team

Number of visits in last 12 months: two visits have taken place during April and October 2021.

What's working well?	What are we worried about?	What needs to happen / next steps
<ul style="list-style-type: none"> • Social workers provide a consistent point of support for children with disabilities and their families. Low staff turnover ensures consistency for children. Relationships are built and developed with families. • The team works closely with the SEND team, especially regarding transition. • A blended approach – using both face to face meetings and Teams meetings - was working well. Lateral flow tests were used for supporting safe visits. Families liked the use of Teams as it provides more flexibility, and particularly where families were shielding. • Management support for the team and to managers is effective and supports staff in their roles. • Staff reported training opportunities were easier to access on Teams and social workers can choose the training they think will assist in their work. • Effective ICT in place to support roles. Teams has improved communication with partners and led to quicker solutions for families. 	<ul style="list-style-type: none"> • The year has provided many challenges for children, young people and their families due to the pandemic, such as reduced access to support networks, changes to services and groups not running face to face, and in some cases, children not being able to attend school. • Team capacity - the pandemic and its challenges for families has resulted in more complex issues being referred to the team – staffing, caseloads and pressures on workloads were raised by staff. • Sometimes there are issues with saving work to Liquid Logic (the child's record) which results in work needing to be re-entered again, and with the ICT connection to remote working at home. 	<ul style="list-style-type: none"> • Interim social workers will be used when required to give additional capacity to the team. • Further work with Adult Social Care to support transition for young people.

Comments from the Head of Service

- Each and every member of the service has gone over and above in trying to maintain service delivery and to continue their direct support to families through this unprecedented time.
- We have recruited a new team manager to our Children with Disabilities Service following the previous post holder's retirement in December 2021. Some social workers are due to move on to pastures new and we have been able to recruit experienced social workers into those vacancies. We have also brought a family support worker into the team which will assist our frontline practitioners in supporting children and families providing additional capacity.
- We are continuing to develop the relationships we have with our colleagues in Early Help and Adults Services to support the smooth transition of children out of the Disability Team when they no longer

require social care intervention. This will also support the improvement in capacity that our frontline social workers need.

Children with Disabilities Short Breaks Team

Number of visits in last 12 months: two visits have taken place in August 2021 and January 2022 (awaiting feedback from the visit completed in January).

What's working well?	What are we worried about?	What needs to happen / next steps
<ul style="list-style-type: none"> • They are providing a person-centred service and one which supports young people and their families. Feedback from families shows they feel supported by the team and that they provide a variety of activities tailored to meet the needs of the children and young people. • Transition is working well; the process is centred around the young person's needs. • Well-motivated team. • Good information sharing with other teams. • Staff reported feeling supported by managers and senior management. 	<ul style="list-style-type: none"> • Increase in referrals to the service as a result of the pandemic. • Continuity of workers for annual reviews of Education, Health and Care Plans due to a change in process. • Team capacity - the team had five support workers which had reduced to four due to a retirement, and the team manager was undertaking an additional role as dedicated social care worker for SEND. 	<ul style="list-style-type: none"> • Permanent recruitment to the team vacancy.
Comments from the Head of Service		
<ul style="list-style-type: none"> • The dedicated social care officer post has been added to the service structure and interviews have been held we are awaiting a start date for the successful candidate. This post is an exciting addition to the service and one which will add value to the experiences of children, young people and families. It will also improve the service being delivered to colleagues across both children's and adults social care, early help, education and health. 		

Child in Need / Child Protection (CIN/CP)

Number of visits in last 12 months: five have taken place: three to Crewe – April and July 2021, and January 2022 (feedback awaited), and two to Macclesfield – May and November 2021.

What's working well?	What are we worried about?	What needs to happen / next steps
<ul style="list-style-type: none"> • Relationships with families are positive; more engagement with families is leading to better outcomes, for example, engaging with family networks is resulting in more children placed with wider family members so more children remaining within their families. • There is consistency in staff members. Management support and supervision is positive; the team feel well supported and • able to escalate cases for advice and support as required. • The vaccination roll-out has worked well. • Cases under court proceedings have moved to the cared for team, which means the focus at CIN/CP is on early intervention. • Court hearings can now be online or hybrid, resulting in shorter allocated times and less time in court for workers. • Training and development is effective, regular masterclasses on different subjects take place, workers who join on placement often apply for permanent roles, and the advanced practitioner role is working well. • Twice weekly step up/step down meetings are working well, ensuring families get the right level of support. • Effective ICT in place and use of Teams has improved communication with families and partners. 	<ul style="list-style-type: none"> • Recruiting experienced workers was raised in May 2021 due to some team members about to go on secondment. • Caseloads were raised by staff during the Crewe visit in July and the Macclesfield visit in November. • Court processes could still be improved in some areas and there are still some delays due to court availability. 	<ul style="list-style-type: none"> • Strategies to sustain and develop service delivery continue to be explored. Teams have worked in partnership with an external auditor who has delivered support to managers. • Strengthening the relationship with Legal Services in working to prevent children from entering care. • Recruitment and retention of staff is key in providing consistency to families. • Teams were keen to get back into the office for face-to-face contact and support.
Comments from the Head of Service		
<ul style="list-style-type: none"> • In Macclesfield, recruitment and retention of staff is a real strength. Whilst there are a small number of agency staff, this is a temporary measure to cover gaps that have arisen due to 'step-up' opportunities for other social workers or progression of the workforce. A working group is in place to support recruitment and retention and to ensure we are an employer of choice. 		

- We are focusing strategically on reducing caseloads to allow social workers to complete even better work with our children and families.
- The service is continuing to work alongside colleagues in the court arena to ensure the right children are prioritised for hearings so plans of permanency can be progressed at the earliest opportunity.
- The service is part of a pilot scheme to use the office space differently. One of the aims of the pilot is to provide better access to peer support to less experienced staff.

5. Implications

5.1. Legal

- 5.1.1. We advise that all councillors who are undertaking the frontline visits also complete the councillor GDPR training.

5.2. Finance

- 5.2.1. There are no financial implications of this report.

5.3. Human Resources

- 5.3.1. Previous feedback from staff is that this process makes them feel valued.

Access to Information	
Contact Officer:	<p>Louise Hurst, Head of Service: Children in Need and Child Protection Louise.Hurst@cheshireeast.gov.uk</p> <p>Keith Martin, Head of Service: Children with Disabilities Keith.Martin@cheshireeast.gov.uk</p>
Appendices:	<p>Appendix 1: Councillor Frontline Safeguarding Team Visits Form</p> <p>Appendix 2: Guidance for Councillor Frontline Safeguarding Team Visits 2021</p>
Background Papers:	None

Appendix 1:



COUNCILLOR FRONTLINE SAFEGUARDING TEAM VISITS FORM

Please read Guidance for Councillor Frontline Safeguarding Team Visits before completing this form.

Names of Councillors	
Date of visit	
Service visited	
Names of staff involved in visit	

NB: only insert commentary where you have gathered information.

	What are we worried about/ barriers?	What is working well?	What needs to happen?
Outcomes for children How are you making a difference for children, and how do you know?			
Support for teams Management support, training opportunities, caseloads, equip/environment			
Any other areas			

How has COVID-19 impacted on your work (e.g. needs of families/ impact on relationships/ working as a virtual team)

Comments

Completed By:	
Date:	

Head of Service Feedback

Completed By:	
Date:	

Please forward this completed form to the Children's Development and Partnerships Team Inbox within 4 weeks of the visit:
childrensdevelopmentandpartnerships@cheshireeast.gov.uk

Any queries, please email childrensdevelopmentandpartnerships@cheshireeast.gov.uk.

Appendix 2:



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Guidance for Councillor Frontline Safeguarding Team Visits 2021



Councillor Frontline Safeguarding Team Visits

Lord Laming's Inquiry into the death of Victoria Climbié resulted in a range of recommendations. One of these (Social Care Recommendation 41) states that:

"Arrangements must be made for senior managers and councillors to regularly visit intake teams in the children's services department and to report their findings to the Chief Executive and Social Services Committee" (para 5. 193)

Local Procedure

1. Within Cheshire East it has been agreed that the 'intake teams' for these purposes are the teams dealing with new referrals, i.e.:
 - Cheshire East Consultation Team (ChECS)
 - Child in Need/Child Protection Team in Crewe
 - Child in Need/Child Protection Team in Macclesfield
 - Children with Disabilities – Social Work Team
 - Children with Disabilities – Short Breaks Team
2. Visits will be undertaken to each team **every five months** with the service manager of the appropriate team.

3. Visits will last approximately one hour and consist of:
 - Discussion with service managers/ team manager(s)
 - Discussion with team members (as available)
4. The visits will be based on the Signs of Safety model, which poses the following three questions:

- What are we **worried about**?
- What is **working well**?
- What **needs to happen**?

5. Councillors are asked to consider these questions against the following areas (**always starting with what is working well**):

Outcomes for children

- ✓ How are you making a real difference for children?
- ✓ How do you know?
- ✓ How are you building and developing good relationships with families?
- ✓ How do you keep children at the centre of your work?
- ✓ How is multi-agency working supporting good outcomes?
- ✓ What are the barriers to achieving good outcomes for children (e.g. workloads, processes, etc.)
- ✓ What changes would help you to achieve better outcomes?

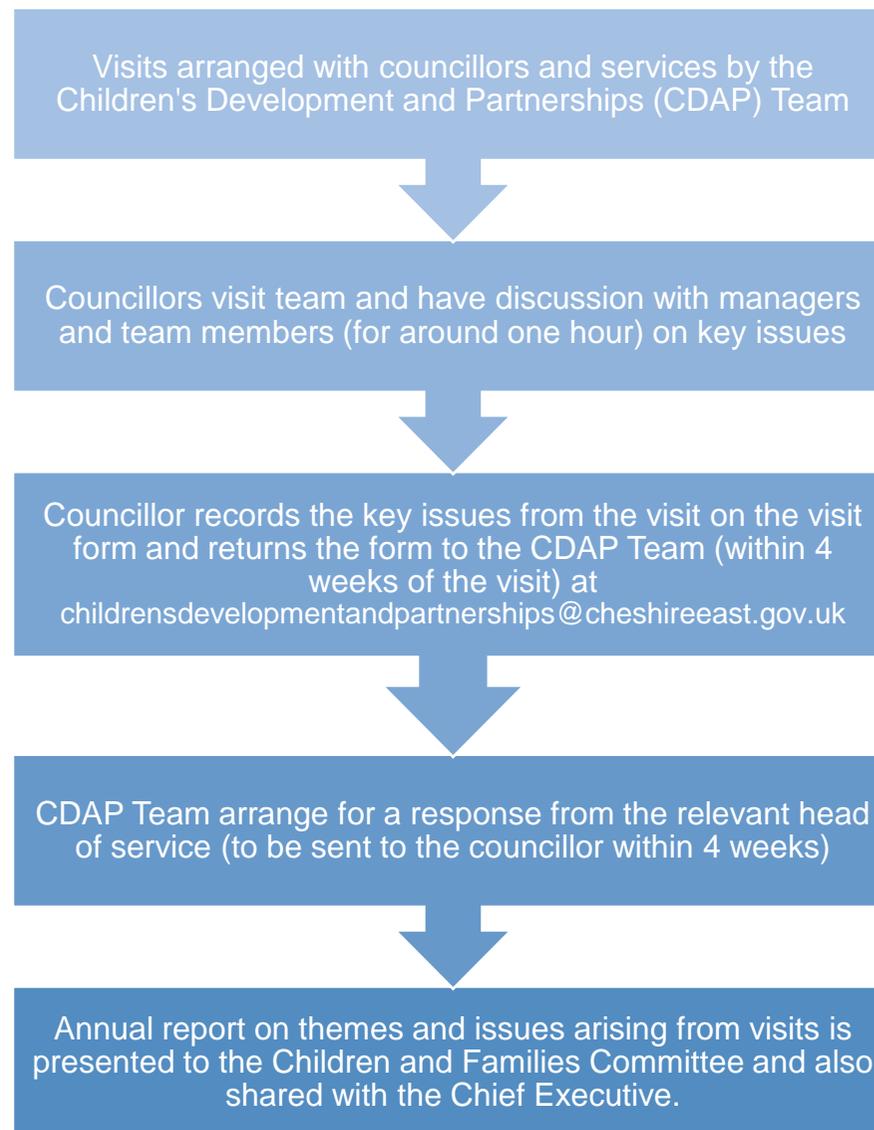
Support

- ✓ How are you supported to achieve good outcomes for children (e.g. management support, training opportunities, ICT equipment/ environment, communications).
- ✓ What are your caseloads like?
- ✓ What's good about how we support you?
- ✓ How can we support you more effectively?
- ✓ What's it like to work in your team at the moment – what is morale like?

Other areas

- ✓ Are there any other areas the team wanted to raise, or that came up during the discussion that impact on providing effective services to safeguard children and young people?
6. Councillors will record the key issues from the visit on the electronic form and send to childrensdevelopmentandpartnerships@cheshireeast.gov.uk who will arrange for the relevant head of service to provide a response to the issues raised.
 7. The themes and issues arising from visits and the service response to these will be presented to the Children and Families Committee every 12 months by the Head of Service – Children in Need and Child Protection, and will be shared with the Chief Executive.

Summary of Procedure



DRAFT Work Programme – Children and Families Committee – 2022/23

Ref	Committee Date	Report Title	Purpose of Report	Report Author/ Senior Officer	Consultation and Engagement Process and Timeline	Equality Impact Assessment Required and Published (Y/N)	Part of Budget and Policy Framework (Y/N)	Corporate Plan Priority	Exempt Item and Paragraph Number
	23 May 2022	For decision - School capital/ organisation	To consider and approve proposals around school capital/ organisation	Director of Education and 14-19 Skills	TBC	Required	Y	A council which empowers and cares about people	N
CF/52/21-22	23 May 2022	For decision - Family Hub Bid	To receive a report on the Family Hub Bid.	Director of Prevention and Support	NA	Required	Y	A council which empowers and cares about people	N
	23 May 2022	For decision – Alignment of 2022-23 Budgets	To receive the alignment of the 2022-23 budgets for Children and Families and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
	23 May 2022	To note - Report on Children's Commissioning	To receive a report on services which are commissioned for children and young people.	Director of Integrated Commissioning	NA	NA	Y	A council which empowers and cares about people	N
	23 May 2022	To note - Ofsted action plan and progress update	To receive an update on progress against the recommendations from the Ofsted ILACS inspections	Director of Children's Social Care	NA	NA	Y	A council which empowers and cares about people	N
	23 May 2022	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	11 July 2022	For decision - School capital/ organisation	To consider and approve proposals around school capital/ organisation	Director of Education and 14-19 Skills	TBC	Required	Y	A council which empowers and cares about people	N
	11 July 2022	For decision - School Catering Review	To consider the options appraisal for school catering	Director of Education and 14-19 Skills		Required	Y	A council which empowers and cares about people	N
	11 July 2022	For decision - Children and Young People's Plan	To approve the Children and Young People's Plan.	Executive Director of Children's Services		Required	Y	A council which empowers and cares about people	N
	11 July 2022	To note - C&F Scorecard Q4	To consider key performance measures.	Executive Director of Children's Services	NA	NA	Y	A council which empowers and cares about people	N

CF/51/21-22	11 July 2022	To note - Corporate Parenting Strategy	To receive the Corporate Parenting Strategy.	Director of Children's Social Care		Required	Y	A council which empowers and cares about people	N
	11 July 2022	To note - Corporate Parenting Annual Report	To receive the annual report from the Corporate Parenting Committee	Director of Children's Social Care		NA	Y	A council which empowers and cares about people	N
	11 July 2022	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	19 Sept 2022	For decision - School capital/ organisation – to include Annual Capital Programme Update	To consider and approve proposals around school capital/ organisation	Director of Education and 14-19 Skills		Required	Y	A council which empowers and cares about people	N
	19 Sept 2022	For decision – First financial review of 2022/23 (update to include progress on policy proposals and material variances from MTFS)	To receive the first financial review for Children and Families and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
	19 Sept 2022	For decision – High Needs Management Plan	To approve the High Needs Management Plan	Director of Education and 14-19 Skills	Y	Required	Y	A council which empowers and cares about people	N
CF/18/21-22	19 Sept 2022	To note - Annual Progress Report on the SEND Strategy	To receive the annual progress report on the SEND Strategy	Director of Education and 14-19 Skills	NA	NA	Y	A council which empowers and cares about people	N
	19 Sept 2022	To note - Independent Care Review Outcomes	To update Committee on the outcome of the Independent Care Review and implications for services	Director of Children's Social Care	NA	NA	Y	A council which empowers and cares about people	N
	19 Sept 2022	To note - Cheshire East Safeguarding Children's Partnership Annual Report	To receive the annual report of the Safeguarding Children's Partnership	Director of Children's Social Care	NA	NA	Y	A council which empowers and cares about people	N
	19 Sept 2022	To note - Business Plan for Crewe Youth Zone	To approve arrangements for the opening, operation and governance of the Youth Zone	Director of Prevention and Support		Required	Y	A council which empowers and cares about people	N
	19 Sept 2022	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	14 Nov 2022	Takeover of Committee by children and young people for November Children's Rights Month							

	14 Nov 2022	For decision – Second financial review of 2022/23	To receive the second financial review for Children and Families and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
	14 Nov 2022	To note - C&F Scorecard Q1	To consider key performance measures.	Executive Director of Children's Services	NA	NA	Y	A council which empowers and cares about people	N
	14 Nov 2022	To note – Update report on progress against the Mental Health Spotlight Review	To receive an update on progress against the Mental Health Spotlight Review	Director of Prevention and Support	NA	NA	Y	A council which empowers and cares about people	N
	14 Nov 2022	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	16 Jan 2023	For decision - School capital/ organisation	To consider and approve proposals around school capital/ organisation	Director of Education and 14-19 Skills		Required	Y	A council which empowers and cares about people	N
	16 Jan 2023	For decision – MTFS Budget Consultation	To respond to the budget consultation for Children and Families Services.	Director of Finance and Customer Services (s151 Officer)	Yes	Required	Y	An open and enabling organisation	N
	16 Jan 2023	To note - Ofsted action plan and progress update	To receive an update on progress against the recommendations from the Ofsted ILACS inspections	Director of Children's Social Care	NA	NA	Y	A council which empowers and cares about people	N
	16 Jan 2023	To note - C&F Scorecard Q2	To consider key performance measures.	Executive Director of Children's Services	NA	NA	Y	A council which empowers and cares about people	N
	16 Jan 2023	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	13 Feb 2023	For decision - School capital/ organisation	To consider and approve proposals around school capital/ organisation	Director of Education and 14-19 Skills		Required	Y	A council which empowers and cares about people	N
	13 Feb 2023	For decision - Schools Funding Formula and Early Years Funding Formula	To approve the schools funding formula and early years funding formula.	Director of Education and 14-19 Skills and Director of Prevention and Support		Required	Y	A council which empowers and cares about people	N

	13 Feb 2023	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	20 March 2023	For decision - School capital/ organisation	To consider and approve proposals around school capital/ organisation	Director of Education and 14-19 Skills		Required	Y	A council which empowers and cares about people	N
	20 March 2023	For decision: Review of the learning disability and mental health strategy	To review the learning disability and mental health strategy	Director of Commissioning	Y	Required	Y	A council which empowers and cares about people	N
	20 March 2023	For decision – Third financial review of 2022/23	To receive the third financial review for Children and Families and to note or approve virements and supplementary estimates as required	Director of Finance and Customer Services (s151 Officer)	NA	NA	Y	An open and enabling organisation	N
	20 March 2023	To note - Self-evaluation of Children's Services	To receive the self-evaluation of services which shows the quality and impact of services	Executive Director of Children's Services	NA	NA	Y	A council which empowers and cares about people	N
	20 March 2023	To note - 12 Month Report on Councillor Frontline Visits to Safeguarding Teams	To receive an update on the findings from member frontline visits carried out over the last 12 months.	Director of Children's Social Care	NA	NA	Y	A council which empowers and cares about people	N
	20 March 2023	To note - Covid-19 Schools Update (Verbal Update)	To receive a verbal update on the Covid-19 situation in schools.	Director of Education and 14- 19 Skills	N/A	N/A	N	A council which empowers and cares about people	N
	TBC	For decision - Supported Employment Strategy	To approve the Supported Employment Strategy	Director of Integrated Commissioning		Required	Y	A council which empowers and cares about people	N

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Corporate Parenting Committee**
held on Thursday, 27th January, 2022 in the Council Chamber, Municipal
Buildings, Earle Street, Crewe CW1 2BJ

PRESENT

Councillor K Flavell (Chair)
Councillor J Saunders (Vice-Chair)

Councillors M Asquith, R Bailey, J Buckley, C Bulman, S Handley, S Holland,
D Jefferay and D Marren

ALSO PRESENT

Deborah Woodcock, Executive Director of Children's Services
Kerry Birtles, Director of Children's Social Care
Annemarie Parker, Head of Service: Cared for Children and Care Leavers
Laura Rogerson, Head of Service: Inclusion (joined virtually via Microsoft
Teams)
Gill Betton, Head of Service: Children's Developments & Partnerships (joined
virtually via Microsoft Teams)
Nabeel Chaudhry, Head of Service: Safeguarding (joined virtually via
Microsoft Teams)
Nick Crick, Interim Head of Service: Fostering (joined virtually via Microsoft
Teams)
Shan McParland, Designated Nurse Looked After Children (joined virtually via
Microsoft Teams)
Josie Lloyd, Democratic Services Officer

21 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Barber, Councillor
Butterill and Councillor Hayes.

22 DECLARATIONS OF INTEREST

There were no declarations of interest.

23 MINUTES OF PREVIOUS MEETING**RESOLVED:**

That the minutes of the meeting held on 2 November 2021 be agreed as a
correct record, subject to an amendment to the resolution for the
Corporate Parenting Progress Report to state that Annemarie Parker
would take away a request to look into making vaccination a prerequisite
of employment, rather than a requirement.

24 CORPORATE PARENTING PROGRESS REPORT

The committee received the report which advised how the service is delivering the priorities for cared for children and care leavers as set out in the Corporate Parenting Strategy.

A query was raised as to the average length of a court delay. It was noted that this varies but that Annemarie Parker, Head of Cared for Children and Care Leavers, would provide the committee with data on this.

A concern was raised regarding the employer event of 18 November 2021, attended by the Virtual School and Care Leavers Service, where Cheshire East employer attendance was lower than that of neighbouring authorities. It was agreed that the service area would look further into promoting events such as this. A follow up event was due to take place in December 2022.

The committee noted the positive figure of 18 young people currently at university and a request was made for comparative data on the national average to be provided.

A further request was made that future reports to committee include comparative data with other local authorities or within Cheshire East over time to provide context to the figures included within reports.

A concern was raised regarding young people who had taken out contracts for technology, such as mobile phones, during the temporary Universal Credit uplift. The committee were advised that there is work undertaken with young people around independence, part of which includes budgeting and financial commitments around contracts. For those young people who may be struggling financially as a result of contracts, it was agreed that the Director of Children's Social Care would look into whether further support was required.

RESOLVED:

That the report be noted.

25 HEALTH OF CARED FOR CHILDREN AND YOUNG PEOPLE ANNUAL REPORT, 2020-2021

The committee received the report which outlined the delivery of health services to children in the care of Cheshire East Council during the period from 1 April 2020 to 31 March 2021.

A query was raised regarding table 2 in the report which showed a comparison of initial health assessments completed within 20 days across each quarter. It was requested that future reports also include information

on the assessments which were completed beyond this target and how long they took to complete.

A further query was raised about receiving up to date figures on children in care in the borough. It was noted that the timing of the Children and Families scorecard did not always align with the dates of the Corporate Parenting meetings and it was agreed that consideration would be given by the service area to how current data could be brought to each Corporate Parenting Committee meeting as a standing item.

RESOLVED:

That the report be noted.

26 INDEPENDENT REVIEWING OFFICERS ANNUAL REPORT, 2020-2021

The committee received the report which provided an overview of the activity of the team of Independent Reviewing Officers who reviewed the care plans of cared for children in the last business year from April 2020 to March 2021.

A concern was raised regarding the number of recorded consultation forms which appeared to be low. The committee were advised that, although the number of response forms received was low, additional feedback was received through the reviews directly. The team were also looking at other means of obtaining this feedback, including meeting with providers for a mobile phone app. It was requested that the next report includes reference to all feedback received rather than just the returned forms.

RESOLVED:

That the report be noted.

27 CHESHIRE EAST FOSTERING PANEL AND FOSTERING SERVICE ANNUAL REPORTS

The committee received the reports which evidenced the impact of services and foster carers on outcomes for children.

The committee discussed the issue of recruitment and retention of foster carers which the service area was actively working on. A suggestion was raised for potential foster carers to be invited to events with the mockingbird constellation to meet existing foster carers in an informal environment.

The committee thanked the Fostering Panel for their work.

RESOLVED:

That the report be noted.

**28 CHANGES TO TIME OF THE CORPORATE PARENTING COMMITTEE
AND REVIEW OF THE TERMS OF REFERENCE**

The committee received the report which proposed that, from the new municipal year, the committee start time would be within business hours. The committee requested that the start times alternate between 10am and 2pm.

RESOLVED:

That the committee:

1. Approve that the Corporate Parenting Committee is held within usual business hours from April 2022 onwards.
2. Review and endorse the terms of reference.

The meeting commenced at 16.00 and concluded at 17.50

Councillor K Flavell (Chair)