

# CHESHIRE EAST COUNCIL

## REPORT TO: Children And Families Scrutiny

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**Date of Meeting:** 28 June 2011

**Report of:** Lorraine Butcher, Director of Children's Services

**Subject/Title:** Update On Corporate Parenting Strategy

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### 1.0 Purpose of Report

- 1.1 To update Children and Families Scrutiny in relation to progress of the Corporate Parenting Strategy for Cheshire East approved at Cabinet 14 March 2011.

### 2.0 Background

- 2.1 A report setting out how the Council intends to undertake its Corporate Parenting responsibilities was approved at Cabinet on the 14 March 2011. This report revised the membership of the Corporate Parenting Board and introduced a Corporate Parenting Strategy.

- 2.2 The concept of Corporate Parenting was first given prominence in 1998, with the Quality Protects Programme, launched by Frank Dobson, the Secretary of State for Health at that time. The key message was that Councillors should view the needs of children in public care and have ambitions for them as though they were their own. Since 1998 central Government has continued to strengthen the concept of the Council as Corporate Parent and the role of Elected Members in championing this approach.

- 2.3 Following recent local elections the membership of the Board can now be revised in line with recommendations in the report.

### 3.0 Update

- 3.1 Since the report went to Cabinet in March 2011, additional members of the board have been recruited from CAMHS, Legal, Housing and Health Agencies. Children in Care Council representatives are now also involved.

- 3.2 Themes covered in meetings have included

#### 1. Apprenticeships for Cared for Children

- Currently 5 Care Leavers accessing Council Apprenticeship

## **2. Awards Event Update**

- Resulted in key members of Corporate Parenting Board offering to sit on Steering Group

## **3. Cared for Children Monitoring Information.**

- See Appendix 1 – attached

## **4. Barnardo's Advocacy Report**

- Identified themes in relation to advocacy requests.

## **5. Children in Care Council Briefing**

- See Appendix 2 - attached

## **6. Education Update**

- Verbal update in relation to expected outcomes for Cared for Children and also proposed governance of Virtual School.

## **7. Health of Cared for Children**

- See Appendix 3 - attached

## **8. Reg 33 Visits Report**

- See Appendix 4 - attached

## **9. One Minute Guide on Corporate Parenting**

- See Appendix 5 - attached

### **4.0 Next Steps**

- 4.1 Future meetings of the board will consider the establishment of a Sub-group to undertake projects on behalf of the board and reporting systems in relation to outcomes.

### **5.0 Financial Implications**

- 5.1 There are no financial implications relating to the content of this report.

### **6.0 Recommendations**

- 6.1 That members of Scrutiny note contents of this report and identify timescales for future updates in relation to Corporate Parenting Board.

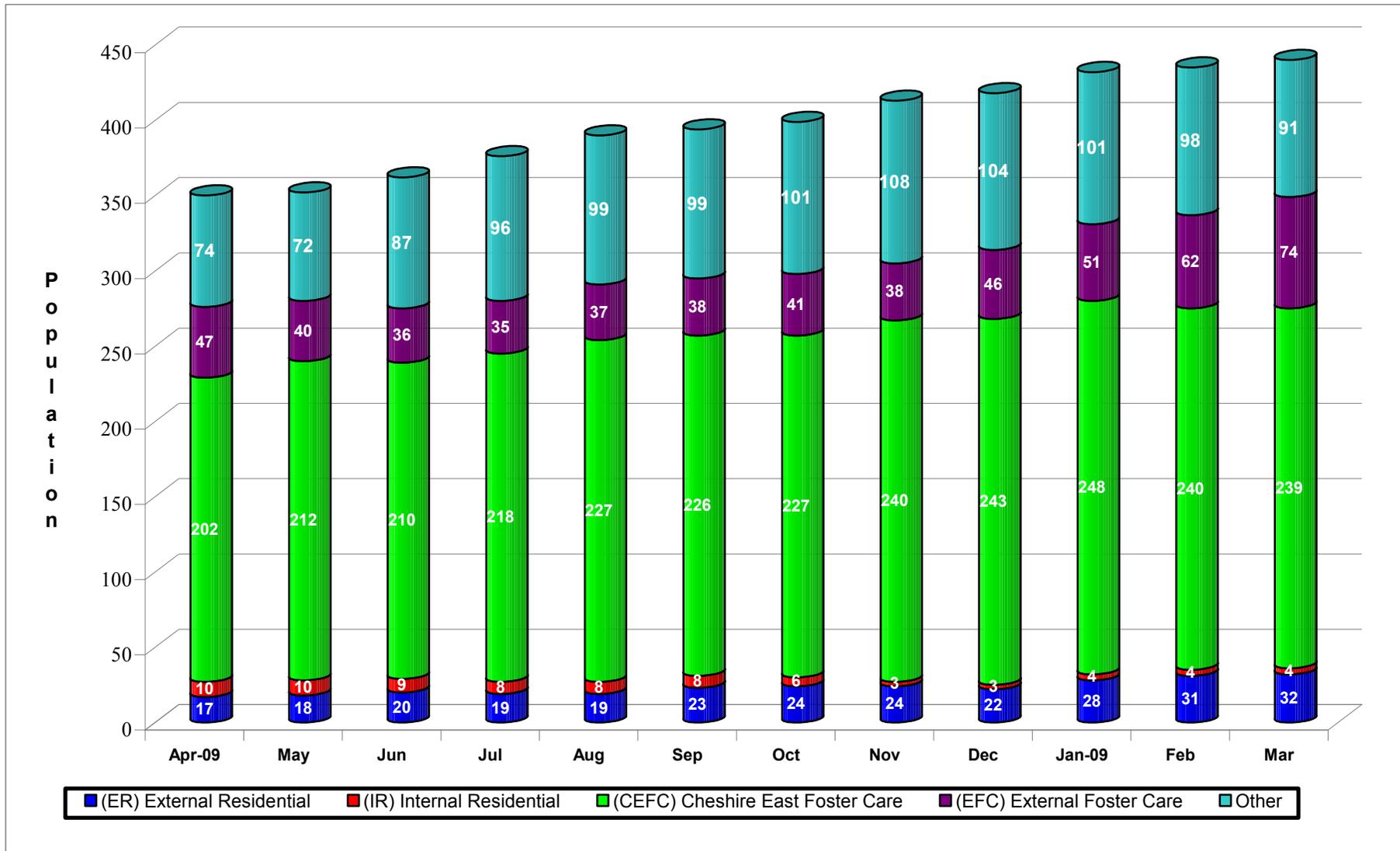
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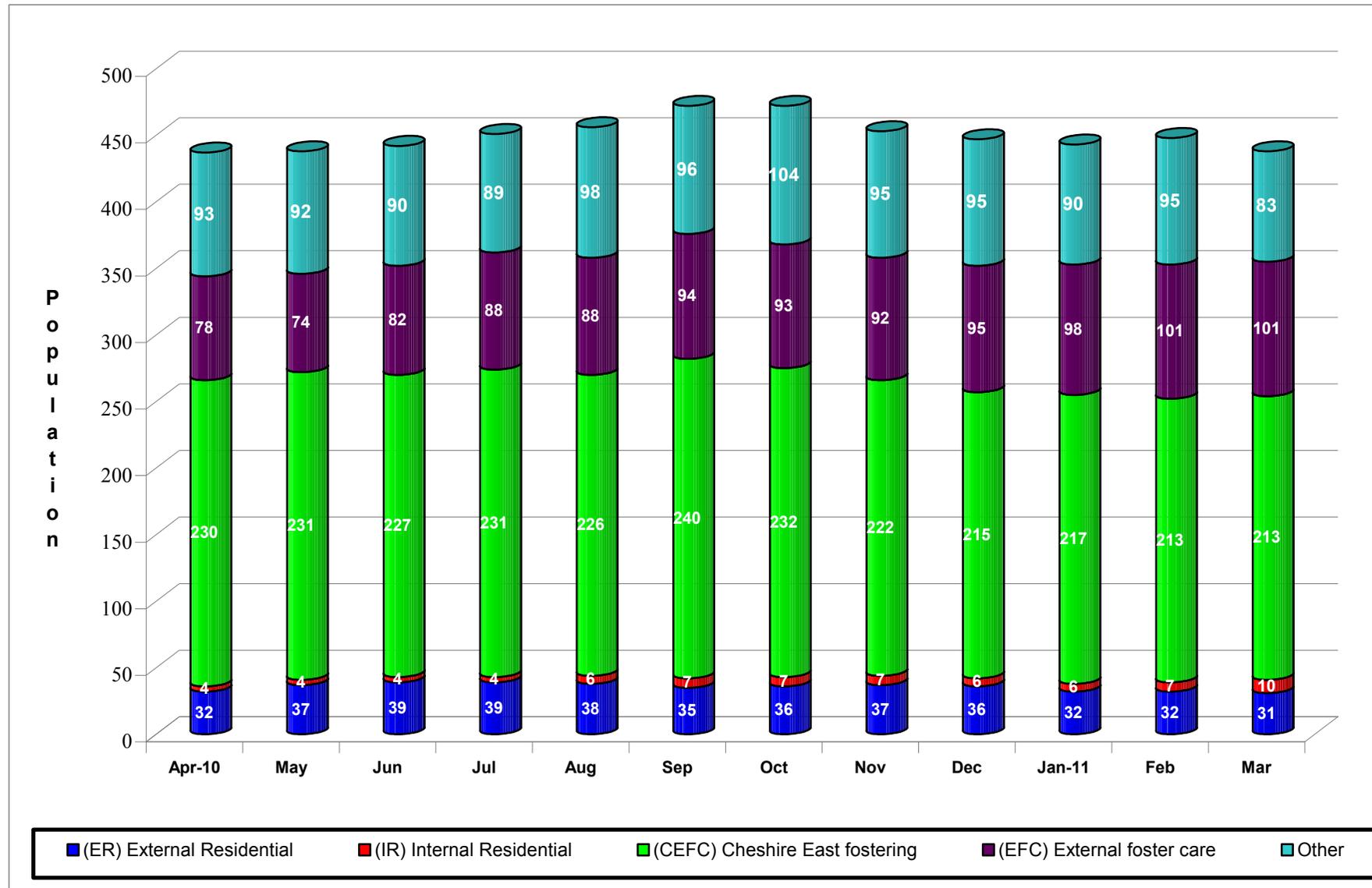
# Cared for children Monitoring Report April to March 2011

JA Hall

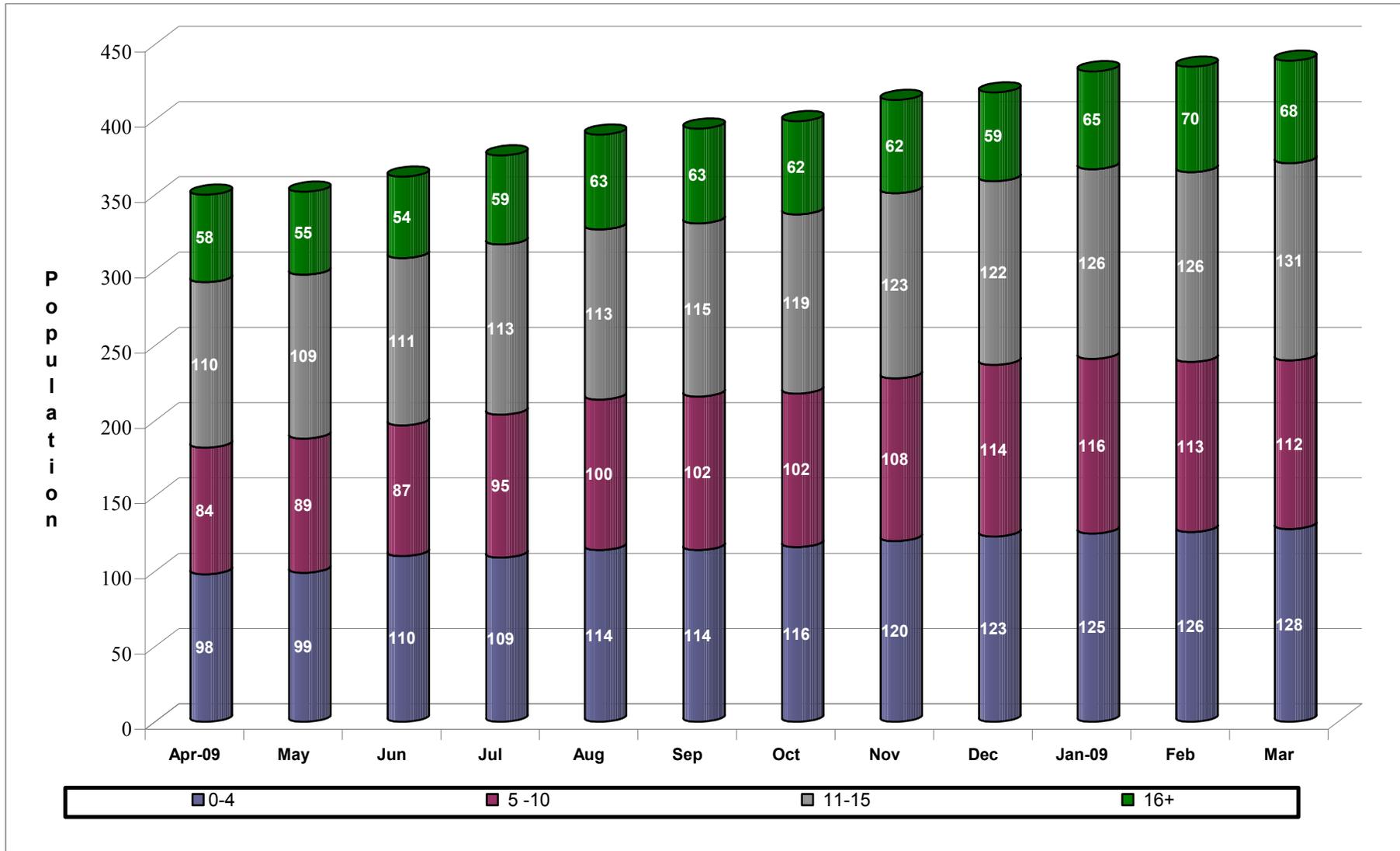
# 1 Cared for Children Population by placement type 2009-2010



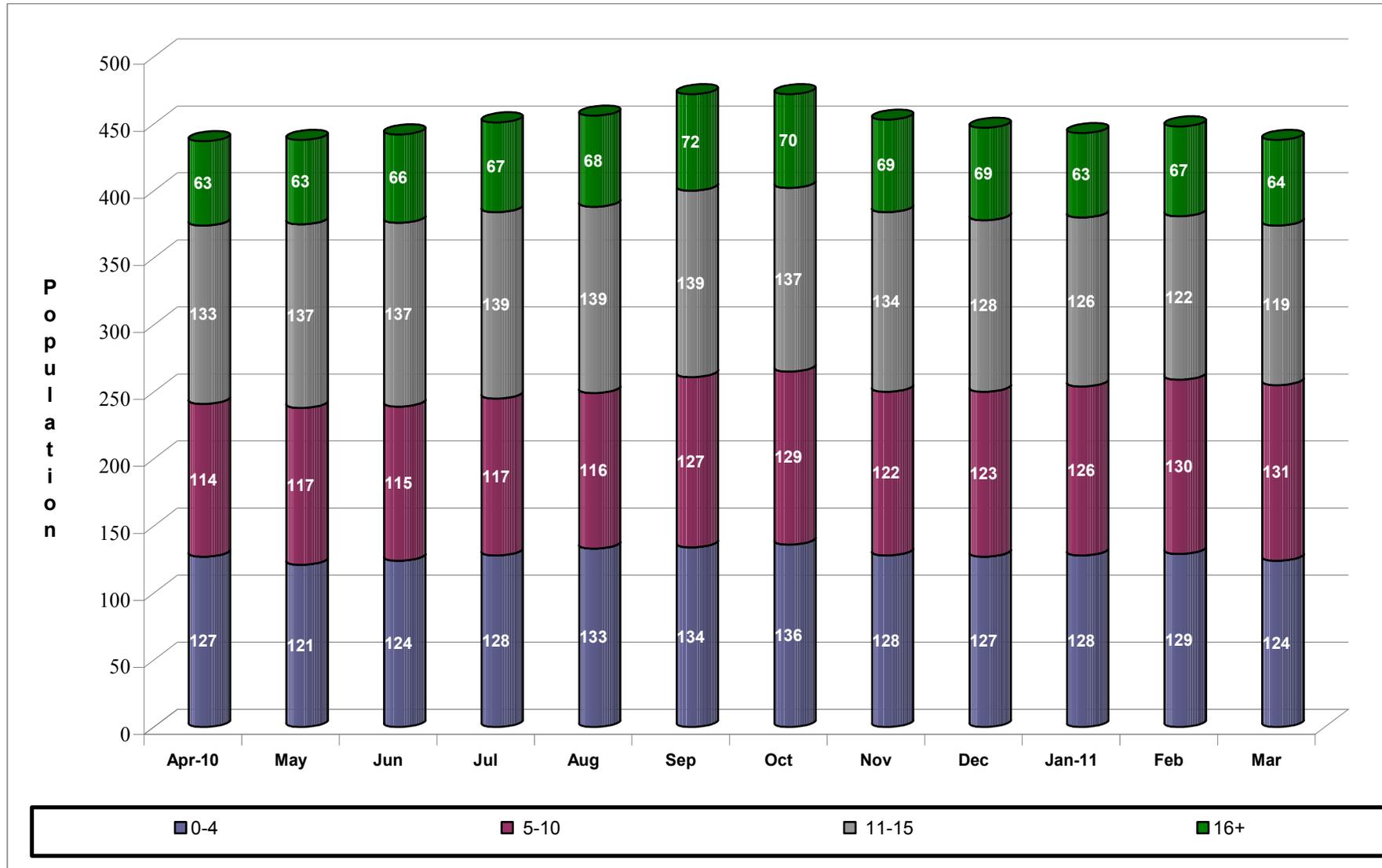
## 2 Cared for Children Population by Placement type April 2010 to March 2011



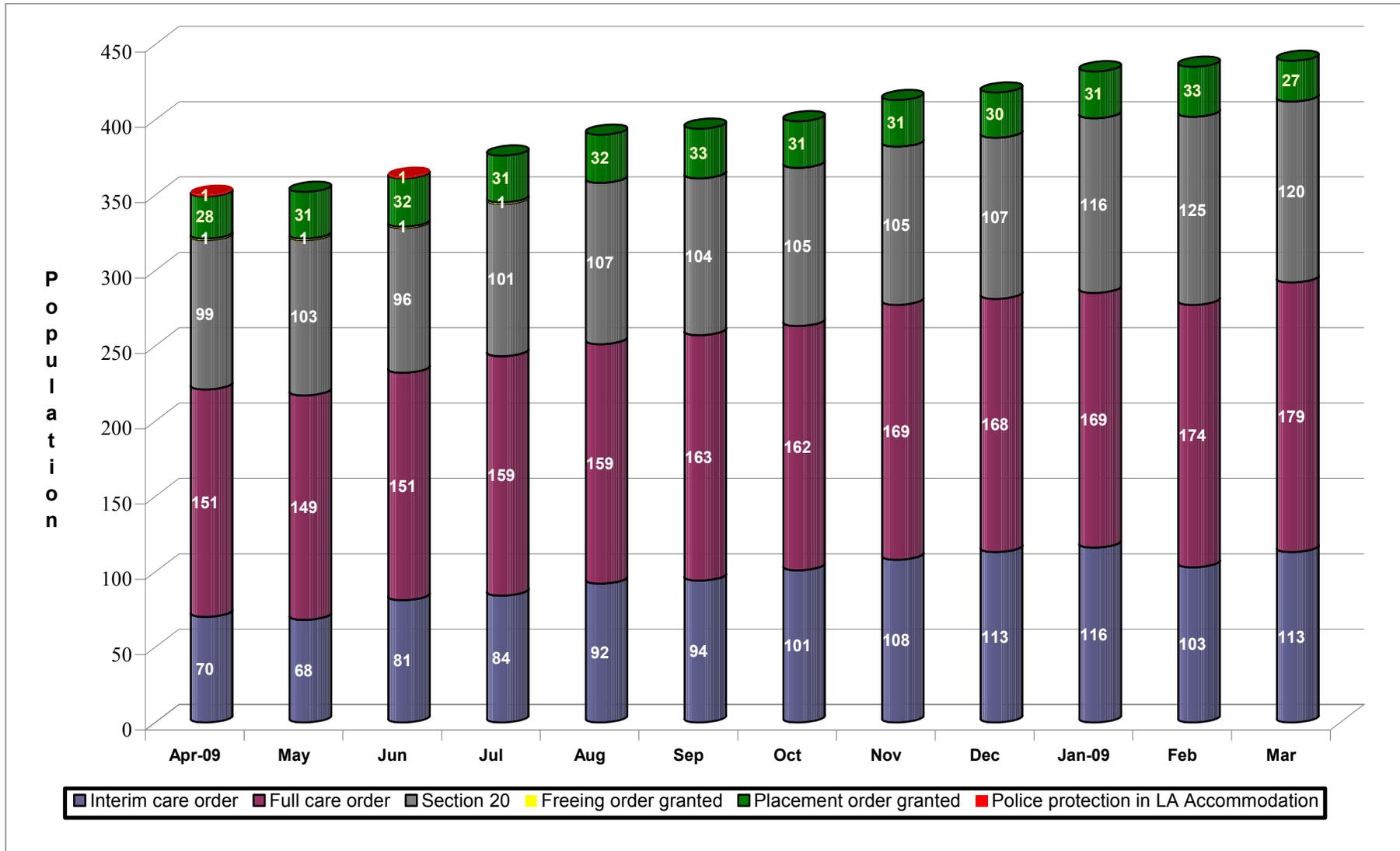
### 3 Cared for Children Population by Age April 2009 to March 2010



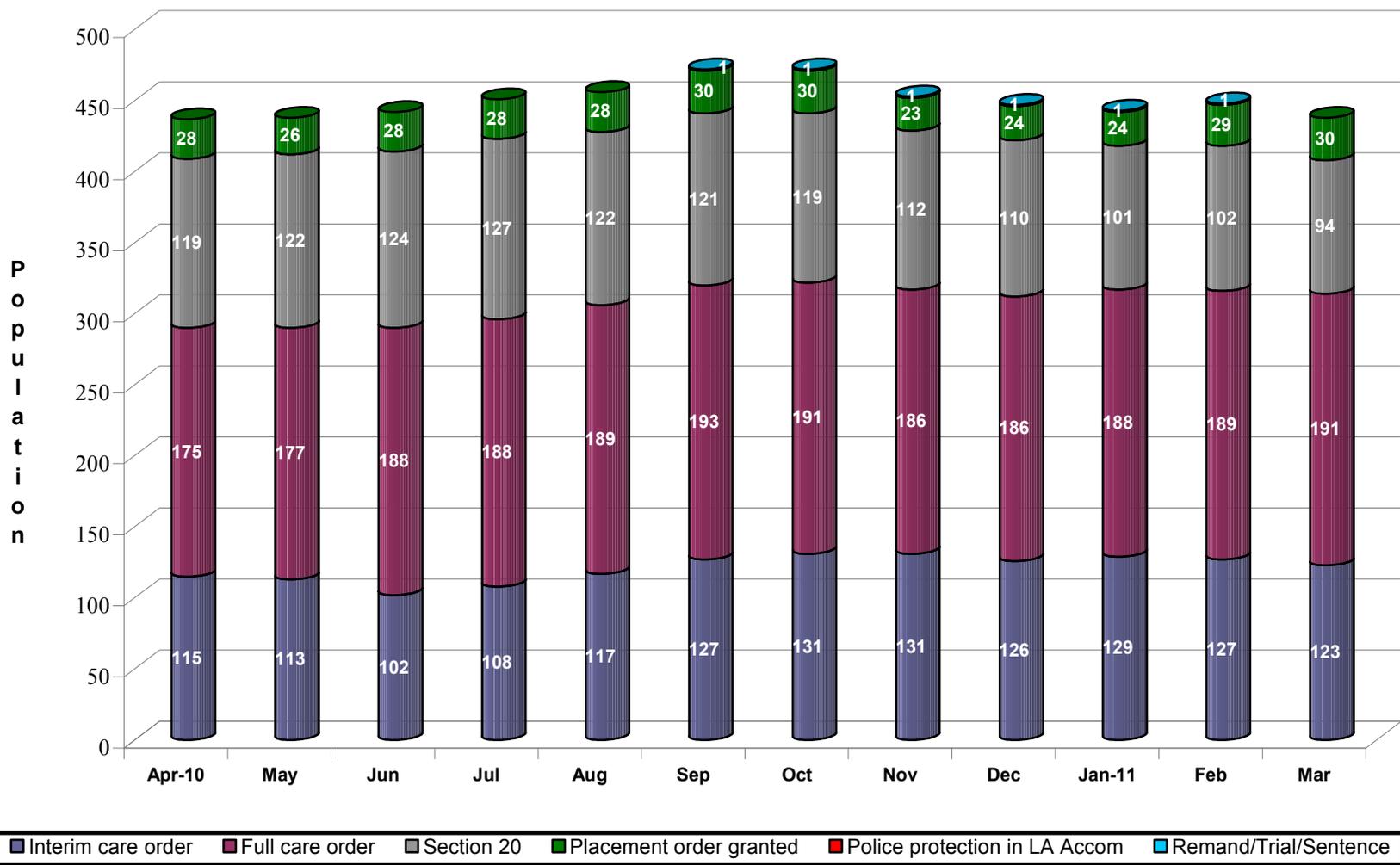
#### 4 Cared for Children Population by Age April 2010 to March 2011



### 5 Cared for Children Population by legal status April 2009 to March 2010



## 6 Cared for Children Population by legal status April 2010 to March 2011



Total cared for population      Breakdown of Other placements

Placement Type	Average 10 / 11	February 11	March 11
ER	35	32	31
IR	6	7	10
CEFC	225	213	213
EFC	90	101	101
Other	93	95	83
All	449	448	438

	Feb 11	Mar 11	Mar 11 %
Family Centre Mother & Baby Unit	7	0	0.0%
Independent Living	7	7	1.6%
Missing – Whereabouts Unknown	0	0	0.0%
NHS/Health/medical/nursing care	2	1	0.2%
Other Placement	0	0	0.0%
Placed for Adoption	16	17	3.9%
Placed With parents	63	58	13%
Residential Accom. Not Reg. Home	0	0	0.0%
Secure unit outside LA Boundary	0	0	0.0%
YOI or Prison	0	0	0.0%
<b>Total</b>	<b>95</b>	<b>83</b>	<b>19%</b>

Ratio of Fostering-Residential Placements

Placement Type	Average 10 / 11	Feb 11	Mar 11
Fostering	88.5%	89%	88.5%
Residential	11.5%	11%	11.5%

Placed with parents information

Gender	0-4	5-10	11-15	16+	Total
Male	14	10	6	0	30
Female	6	17	3	2	28
Total	20	27	9	2	58

Ratio of Internal-External Placements

Placement Type	Average 10 / 11	Feb 11	Mar 11
Internal	65%	62%	63%
External	35%	38%	37%

Ratio of Internal- External Residential Placements

Placement Type	Average 10 / 11	Feb 11	Mar 11
Internal Res.	15%	18%	24%
External Res.	85%	82%	76%

Ratio of Internal Foster Care – External Foster Care Placement

Placement Type	Average 10 / 11	Feb 11	Mar 11
Internal foster	71%	68%	68%
External foster	29%	32%	32%

### Cheshire East Foster Carer Approvals

	Respite	Family and Friends	Mainstream	Total
Apr 10	1 (1)	1 (1)	0	2 (2)
May 10	0	2 (3)	0	2 (3)
Jun 10	0	3 (4)	0	3 (4)
Jul 10	0	4 (6)	0	4 (6)
Aug 10	0	2 (5)	0	2 (5)
Sep 10	0	0	3 (5)	3 (5)
Oct 10	0	0	0	0
Nov 10	(1)	2 (2)	0	2 (3)
Dec 10	2 (2)	1 (3)	1 (1)	4 (6)
Jan 11	1 (1)	1 (1)	0	2 (2)
Feb 11	0	2 (2)	0	2 (2)
Mar 11	0	0	0	0
<b>Total</b>	<b>4 (5)</b>	<b>18 (27)</b>	<b>4 (6)</b>	<b>26 (38)</b>

### Cheshire East Foster Carer Resignation and De-registration

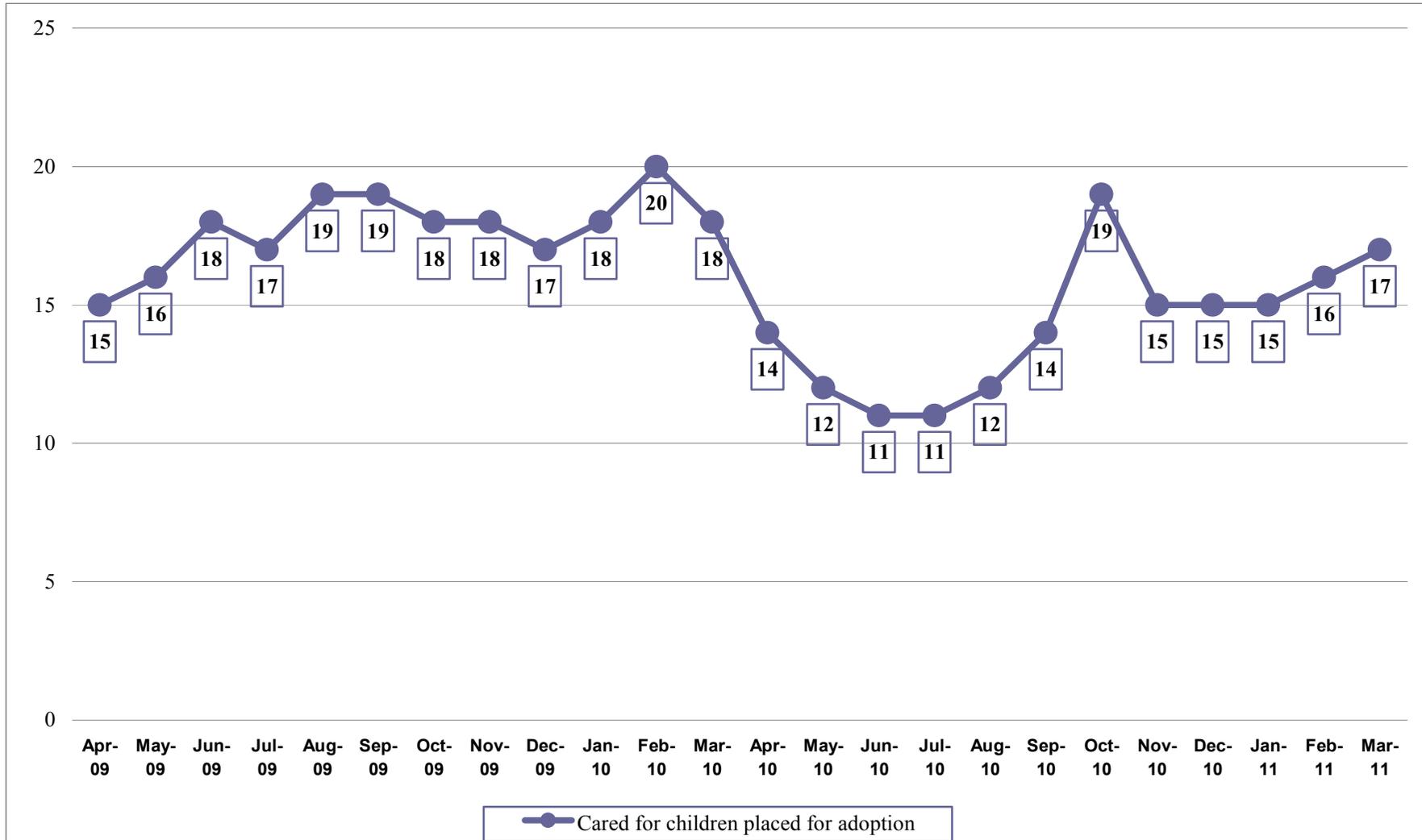
	Respite	Family and Friends	Mainstream	Total
Apr 10	0	0	0	0
May 10	0	1 (-1)	1 (-3)	2 (-4)
Jun 10	0	0	5 (-15)	5 (-15)
Jul 10	0	2 (-2)	1 (-2)	3 (-4)
Aug 10	0	0	1 (-2)	1 (-2)
Sep 10	1 (-3)	3 (-3)	1 (-1)	5 (-7)
Oct 10	0	1 (-2)	1 (-1)	2 (-3)
Nov 10	(-1)	0	1 (-3)	1 (-4)
Dec 10	0	0	2 (-4)	2 (-4)
Jan 11	0	1 (-2)	2 (-5)	3 (-7)
Feb 11	1 (-1)	2 (-5)	2 (-4)	5 (-10)
Mar 11	0	1 (-1)	3 (-4)	4 (-5)
<b>Total</b>	<b>2 (-5)</b>	<b>11 (-16)</b>	<b>20(-44)</b>	<b>33(-65)</b>

Carer approved in Nov 10 was approved as F&F carer for 1 and respite for 1 Carer resigned in November was Mainstream carer 3 children and respite 1 child

### Cheshire East Foster Carer Reasons for Resignation and De-registration

	Ill Health	Deceased	Retirement	Personal reasons	Change of circumstances	Adopted cared for children	Safeguarding issues	Total
Apr 10	0	0	0	0	0	0	0	0
May 10	1 (-3)	0	0	0	1 (-1)	0	0	2 (-4)
Jun 10	0	0	3 (-10)	2 (-5)	0	0	0	5 (-15)
Jul 10	0	0	0	3 (-4)	0	0	0	3 (-4)
Aug 10	0	0	0	1 (-2)	0	0	0	1 (-2)
Sep 10	0	0	1 (-3)	1 (-1)	3 (-3)	0	0	5 (-7)
Oct 10	0	0	0	1 (-1)	1 (-2)	0	0	2 (-3)
Nov 10	0	0	0	1 (-4)	0	0	0	1 (-4)
Dec 10	0	1 (-2)	1 (-2)	0	0	0	0	2 (-4)
Jan 11	0	0	0	2 (-5)	0	1 (-2)	0	3 (-7)
Feb 11	0	0	0	2 (-3)	2 (-5)	1 (-2)	0	5 (-10)
Mar 11	0	0	2 (-3)	1 (-1)	1 (-1)	0	0	4 (-5)
<b>Total</b>	<b>1 (-3)</b>	<b>1 (-2)</b>	<b>7 (-18)</b>	<b>14 (-26)</b>	<b>8 (-12)</b>	<b>2 (-4)</b>	<b>0</b>	<b>33 (-65)</b>

7 Cared for children placed for adoption, April 2009 to March 2011



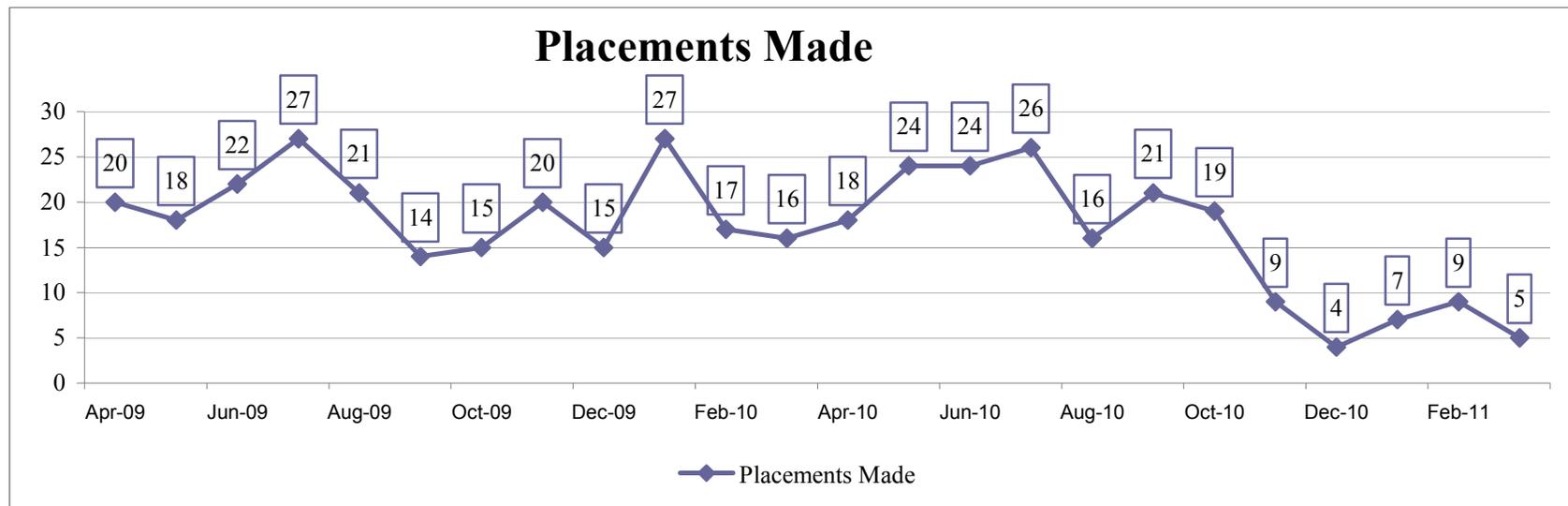
### 8 Placements made April 2010 to March 2011 (New cared for children mainstream only)

	External Residential (13)	Internal Residential (0)	External Foster Care (36)	Internal Foster Care (92)	Other (41)
	Number	Number	Number	Number	Number
<b>Gender</b>					
Female	3	0	17	35	17
Male	10	0	19	57	24
<b>Age</b>					
0-4 years	0	0	16	43	21
5-10 years	1	0	7	24	14
11-15 years	6	0	13	19	4
16+years	6	0	0	6	2
<b>Ethnicity</b>					
Afghan	0	0	0	0	0
Any other Ethnicity	0	0	0	0	0
Bangladeshi	0	0	0	5	0
Black – African	0	0	0	0	0
Black – Caribbean	0	0	0	0	0
Other Asian	0	0	1	3	2
Moroccan	0	0	0	0	0
Pakistan	0	0	0	0	0
Vietnamese	0	0	0	0	0
White – British	10	0	31	80	38
White Asian	0	0	0	0	1
White & Black African	2	0	0	0	0
White & Black Caribbean	0	0	3	2	0
Other mixed background	0	0	1	0	0
White – Other	0	0	0	1	0
Other ethnic group	1	0	0	1	0
Not stated	0	0	0	0	0
<b>Sibling Groups</b>					
2 Children	0	0	8 (16)	5 (10)	7 (14)
3+ Children	0	0	0	7 (26)	2 (6)

**9 New Cared for Children placements Made, April 2010 to March 2011 (Mainstream only)**

Month	Placement Type					ALL
	ER	IR	EFC	CEFC	Other	
Apr 10	2	0	5	7	4	18
May 10	1	0	2	18	3	24
Jun 10	2	0	5	15	2	24
Jul 10	2	0	9	3	12	26
Aug 10	1	0	4	6	5	16
Sep 10	0	0	2	18	1	21
Oct 10	2	0	1	12	4	19
Nov 10	2	0	2	3	2	9
Dec 10	0	0	1	3	0	4
Jan 11	0	0	2	1	4	7
Feb 11	1	0	3	1	4	9
Mar 11	0	0	0	5	0	5
Total	13	0	36	92	41	182

**10 Placements Made April 2009 to March 2011 (Mainstream only)**



**11 Reason for admission into care April 2010 – March 2011 (mainstream only)**

Admission reason	0-4	5-10	11-15	16+	Total
Abuse or neglect	56	27	19	5	107
Disability	0	3	1	1	5
Parental illness/disability	6	1	3	0	10
Family in acute stress	7	8	9	5	29
Family dysfunctional	10	6	8	1	25
Socially unacceptable	0	0	1	1	2
Absent parenting	1	1	1	1	4
<b>Total</b>	<b>80</b>	<b>46</b>	<b>42</b>	<b>14</b>	<b>182</b>

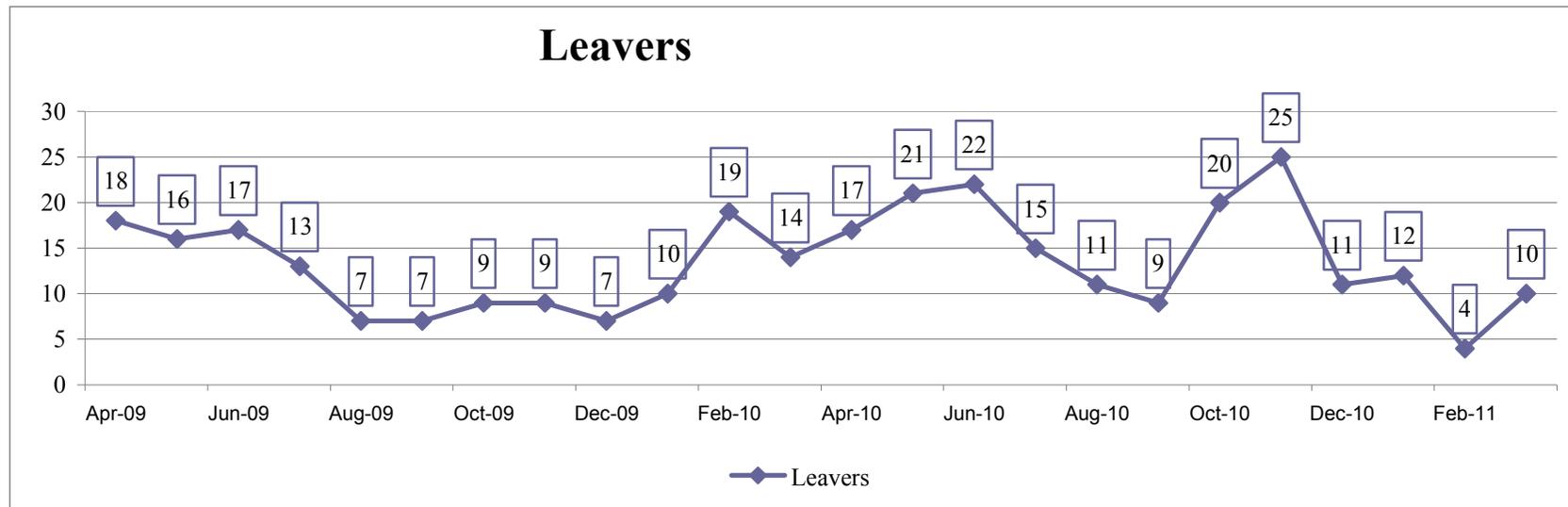
**12 Locality of admission into care April 2010 – March 2011 (mainstream only)**

Locality	0-4	5-10	11-15	16+	Total
Crewe	47	23	20	1	91
Congleton	11	9	7	4	31
Macclesfield	19	8	13	6	46
Disability	0	3	1	3	7
Access	2	3	1	0	6
Adoption	1	0	0	0	1
<b>Total</b>	<b>80</b>	<b>46</b>	<b>42</b>	<b>14</b>	<b>182</b>

### 13 Leavers April 2010 to March 2011 (Mainstream only)

Month	Placement Type					ALL
	ER	IR	EFC	CEFC	Other	
Apr 10	1	0	4	6	6	17
May 10	0	0	1	17	3	21
Jun 10	3	0	2	13	4	22
Jul 10	2	0	2	5	6	15
Aug 10	1	0	2	5	3	11
Sep 10	1	0	3	3	2	9
Oct 10	1	0	2	8	9	20
Nov 10	1	0	4	15	5	25
Dec 10	2	0	2	6	1	11
Jan 11	5	0	1	2	4	12
Feb 11	0	0	0	1	3	4
Mar 11	1	0	2	3	4	10
<b>Total</b>	<b>18</b>	<b>0</b>	<b>25</b>	<b>84</b>	<b>50</b>	<b>177</b>

### 14 Leavers April 2009 to March 2011 (Mainstream only)



### 15 Reason for young people leaving care April 2010 – March 2011 (mainstream only)

Reason ceased	0-4	5-10	11-15	16+	Total
Returned Home	25	20	20	3	68
Supervision order	7	1	0	0	8
Residence order	8	10	4	0	22
Adoption	13	4	0	0	17
Independent	0	0	0	10	10
Mum and baby unit	1	0	0	1	2
Reached 18 years	0	0	0	39	39
Care order expired	0	0	0	1	1
Returned to family/friends	0	0	2	1	3
Sentenced	0	0	2	1	3
Special Guardianship Order	2	0	0	0	2
Care order discharged	1	1	0	0	2
<b>Total</b>	<b>57</b>	<b>36</b>	<b>28</b>	<b>56</b>	<b>177</b>

### 16 Locality of leavers from care April – March 2011 (mainstream only)

Locality	0-4	5-10	11-15	16+	Total
Crewe	34	19	15	13	<b>81</b>
Congleton	8	7	5	26	<b>46</b>
Macclesfield	10	6	8	13	<b>37</b>
Disability	3	1	0	4	<b>8</b>
Adoption	1	0	0	0	<b>1</b>
Access	1	3	0	0	<b>4</b>
<b>Total</b>	<b>57</b>	<b>36</b>	<b>28</b>	<b>56</b>	<b>177</b>

## 17 Children in care for 3 years or more as at 31<sup>st</sup> March 2011

	External Residential (7)	Internal Residential (5)	External Foster Care (23)	Internal Foster Care (89)	Other (32)
	Number	Number	Number	Number	Number
<b>Gender</b>					
Female	2	0	13	43	20
Male	5	5	10	46	12
<b>Age</b>					
0-4 years	0	0	1	5	2
5-10 years	0	1	5	25	21
11-15 years	5	2	12	41	4
16+years	2	2	5	18	5
<b>Ethnicity</b>					
Afghan	0	0	0	0	0
Any other Ethnicity	0	0	0	0	0
Bangladeshi	0	0	0	0	0
Black – African	0	0	0	0	0
Black – Caribbean	0	0	0	0	0
Gypsy Roma Traveller	0	0	0	1	0
Other ethnic group	0	0	0	3	1
Other mixed background	0	0	1	0	0
Moroccan	0	0	0	0	0
Pakistan	0	0	0	0	0
Vietnamese	0	0	0	0	0
White – British	7	5	22	82	31
White& Asian	0	0	0	0	0
White & Black African	0	0	0	0	0
White & Black Caribbean	0	0	0	0	0
White other	0	0	0	3	0
Other Asian background	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>5</b>	<b>23</b>	<b>89</b>	<b>32</b>

### 18 Total Cost of cared for placements April 2010 – March 2011

	ER (31)	IR (10)	CEFC (213)	EFC (101)	Other (83)	Adoption & residence order Allowances (73)
Apr 10	230,988			281,419	40,414	
May 10	317,429		854,104	273,686	64,709	127,962
Jun 10	273,637		365,124	263,971	106,770	45,293
Jul 10	333,796		356,460	299,666	102,666	49,442
Aug 10	351,342		341,312	319,650	128,492	51,563
Sep 10	266,111	301,064	494,881	313,669	151,864	66,983
Oct 10	363,953		335,646	339,803	130,087	47,020
Nov 10	352,998	-150,527	358,185	322,891	108,823	51,493
Dec 10	313,194		316,853	316,252	49,936	53,458
Jan 11	312,794	301,054	308,122	336,544	56,945	52,100
Feb 11	292,517	-150,527	321,459	335,157	51,117	52,951
Mar 11	372,018		323,962	360,254	28,748	55,583
TOTAL	3,780,777	301,064	4,376,108	3,762,962	1,020,571	653,848
10/11 Monthly Average	315,065	25,089	364,676	313,580	85,048	54,487
Average unit cost	10,163	100,355	1,712	3,105	1,025	746

Costs of placements are based on invoices paid, not all invoices have been received for residential and agency placements therefore the figures above will change in the next report.

Internal residential costs are for Wilkinson House. Full year costs charged to Cheshire East in September and January who invoiced Cheshire West and Chester for their 3 beds in November and February, average unit cost calculated using 3 beds allocated to Cheshire East at Wilkinson House

**Cheshire East Children in Care Council - Minutes – 31<sup>st</sup> March 2011**

**Present**

JB, DF, SC, EW, CB,

Rob Harrison (Barnardo's), Clare Ruggier (Barnardo's), Sarah Gaskell (Connexions) and Lorraine Butcher (Cheshire East),

**Apologies**

RC, CH, Amy Smythe (Barnardo's),

**Agenda**

Welcomes, apologies and ground rules

Minutes and actions from last meeting

Feedback from Corporate Parenting Board

Planning for April team day

Name

Finalising logo, pledge and newsletter

Action plan for the year

Request for input into Independent Safeguarding Chairs Annual Report

Request for representative for FCA's celebration event in September

Review of Complaints for young people

Attendance requests

AOB

**Welcomes, Apologies and Ground Rules**

JB agreed to chair the meeting, and Rob talked through the apologies for the meeting.

**Minutes and actions from the last meeting**

Rob explained that Phil Mellen would like to attend the CICC in May to discuss how the council can use the website to develop consultations.

The pledge has been passed to Sarah (administrator) at Barnardo's and she is going to put the pledge onto a scroll.

New members – CB's first meeting is tonight, but the CICC still needs a few more members for representation. Rob explained that a flyer should have gone to all Social work staff in Cheshire East to advertise the CICC to people they work with. Clare is also following up some enquiries.

Dan talked about a website that was designed for Children in Care by Eric with content from the CICC.

This has features where young people can talk to each other, put on information and ask questions. He explained that it is a little bit like facebook and is only open to group members. This should complement the CICC website through the Virtual school as this is for the public and enables consultations with cared for children who are not CICC members.

**Action: Rob to meet with Dan and Eric to look at the website and look at connecting with the virtual schools website**

**Feedback from Corporate Parenting Board**

Lorraine talked about what the Corporate Parenting Board is, and she explained that the purpose of the board is to work with other agencies and identify barriers to young people who live in Cheshire East. They make sure that the council are accountable to all these young people, and they want to make sure that they are providing enough support for young people so that they can get on in life and have the support they need.

At the last meeting, they discussed:

- Do the right people attend the meetings?
- Support for schools
- Support for post 16 and young people going into further education or work
- The numbers of young people in care (445 young people that they are directly responsible for)
- What support they require from the councillors

Lorraine explained that they need to think about the times of future meetings, so that members of the CICC can attend and it does not interrupt school/college. Lorraine said that at the meeting they thought that it would be good for 2 members of the CICC to attend.

JB went to the last meeting and said that he really enjoyed the meeting and he learned a lot about section 20, which is about parents voluntary letting a child go into care. JB said that the CICC will get an agenda item at the meetings.

The next meeting at the board is in May. DF would like to go.

**Action: Decide at the Away Day who will be going to the next meeting. Rob to inform Lorraine of the best times for the CICC to attend.**

### **Planning for April Team Day**

The group came up with some ideas for the Team Day, which included:

- Blackpool – Waxworks and Pleasure Beach
- Treasure Hunt
- Trafford Centre – Laserquest and Chill Factor
- Manley Mere
- Applejacks – maze & trampolines

The group voted Blackpool for the team day and it will be on Tuesday 19<sup>th</sup> April.

CB suggested that they do a sponsored car wash to get named t-shirts for the group with the logo. Group thought this was a great idea and to do in summer. The idea of fundraising for a CICC laptop was also shared.

CB also asked about how they will be informed about the trip.

**Action: Clare to inform group nearer to the date the details for the trip.**

### **Name**

The CICC could have a name aside from “Children In Care Council” to show the work it does, and members have researched what other areas call their CICC. The members thought of some ideas for the group name and came up with:

- Speak up
- Speak out
- Click with us
- Transformation
- Speak your voice
- We care

- Be heard

SC also has a list that the group came up with at a previous meeting.

**Action: Bring all names to the away day to decide**

### **Finalising logo, pledge and newsletter**

Sarah from Barnardo's is putting the pledge into a scroll.

SC to finish logo and post this back

The newsletter is being finalised – waiting for feedback on the Who Cares newsletter to agree the best way of this going out.

### **Action Plan for the year**

Rob explained went through the idea of a CICC action plan for the year. He explained that people request to come to the CICC, but maybe we should invite them back after a few months for feedback. He also explained that there may be people the CICC want to request to invite to talk through things that matter to young people in care. The group came up with a list of things that matter to them:

- Inviting young people who are fostered or in residential to find out their views
- Events – awards/celebrations
- Independent living support – help with decorating, what they are entitled to at different stages (ages), help with curtains, washing machines, etc
- Hearing younger children's voices
- Independent Reviewing Officers – changes of officer, accuracy of notes, choices for the young person they are reviewing about their level of involvement, their role, the format of the review.
- Fundraising
- Entitlements and rights and the right to see your file
- What age can you see your information?
- Pets issue
- Changing social workers
- Sofa surfing
- Knowing how to get hold of your social worker

**ACTIONS:** Rob to write up into a plan, and CICC to decide priorities/ who to invite each month.

### **Nominations for Planning Team**

Rob explained that there is a planning team for the awards in September, there will be 2 events, one for the older young people and one for the younger ones. DF and CB are already on the group and they have decided to use Congleton Town Hall. Rob asked if anyone else would be interested in helping – EW, JB and SC would like to do this.

### **Attendance Requests**

No requests this time – see above re: Phil Mellen attending in May.

### **Request for input into Independent Safeguarding Chairs Annual Report**

Request from GW around this – Rob to share action plan.

### **Review of Complaints guide for young people**

The group looked at the guide for making a complaint, their feedback was:

- Need a younger version
- Needs to be 2 pages
- Pictures
- Too much information
- Go to a social worker
- Electronic version
- Structures wrong and not in order

CB asked if there could be an annual feedback survey from Cheshire East to find out how well young people feel Cheshire East have done in caring for them.

### **AOB**

Sarah Gaskell explained that with the many changes happening within Connexions, that the Youth Participation role is being removed and was not sure what would be happening for the next few months, although it is likely that she will still see the group over the next couple of months.

Rob thanked CB for coming to the meeting and JB for chairing the meeting.

Minutes recorded by Sarah Gaskell, Youth Participation Worker, Connexions

### **Health Needs of Cared for Children and Care Leavers.**

#### **1. Introduction**

This Report will provide information on the health needs of Cared for children & young people. Detailed Health Plans are prepared by the health professionals when Cared for children & young people receive Health Assessments and comprehensive monitoring systems are put in place, whether the child is placed within or outside the Authority. The health needs of individual Cared for children & young people are identified and the recommendations for future actions are developed and monitored by the Independent Safeguarding Chairpersons (ISCs). Health needs can be divided into the following areas: -

- Medical
- Dental
- Developmental / Educational
- Immunisations
- Lifestyle
- Pregnancy

#### **2. Background**

The need to be well – both physically and emotionally – is crucial in determining whether a child/young person flourishes socially, psychologically and educationally. Health has an important influence on attainment throughout a child's life and is vital in enabling young people to fulfil their potential as they progress from childhood through the teenage years.

Good physical and emotional health contribute to broader outcomes, enhancing children's self-esteem and resilience, improving their long term prospects and preparing them for adulthood. The health of children & young people in care is often compromised at the time of their becoming cared for by the Local Authority, since it may reflect the impact of poor early life experiences, family influences and environmental risk factors. Cared for children deserve consistency in health messages and enabling health promotion.

The Designated Paediatricians for Cared for Children & Young People (Dr Tina Marinaki and Dr Baljinder Singh), and the Cared for Children's Nurses (Bernice Asbury and Sheila Williams) work closely with the local authority and strive to improve the health of Cheshire East's Cared for children. The fact that Health Assessments are organised and undertaken in a timely and efficient has been due to the consistency of these health professionals working in closely with the Local Authority, and having clear protocols developed between Children's Social Care and Central & East Cheshire PCT. Notwithstanding this there has been observed to be a difficulty in ensuring that Health Assessment recommendations and plans are presented at many Cared for Reviews. This is generally due to the difficulties in processing paperwork rather than the requests for the Health assessment not having been made.

#### **3. Medical Issues Of Cared for Children**

Statutory Health Assessments are able to identify health needs and health neglect that might otherwise have gone unrecognised. Nationally, two thirds of cared for children were reported to have at least one physical health complaint (Meltzer et al, 2003).<sup>1</sup>

Cared for children are more likely than their peers to experience problems including: speech and language difficulties; coordination difficulties; eye/sight problems; and mental health difficulties. When medical issues are identified during the Health Assessment, Health Plans are developed between the child/young person (wherever possible), the carer (foster carer, parent, residential staff), the Social Worker for the child/young person, the Cared for Children's Nurse, and the lead Health Professional for the child/young person (be that the School Nurse, Health Visitor etc). Whilst the statutory responsibility of the Independent Safeguarding Chairperson is to ensure that the Health Plan is reviewed at least biannually, it is important to reiterate that is imperative that the Health Plan is available to the reviewing process, as this working document is crucial to evidencing that the recommendations of this specific plan are acted upon in a timely and appropriate manner.

#### **4. Developmental / Educational**

The Health Assessment can help to identify any developmental challenge or disability which may be present, thus prompting an early referral of the child for specialist and comprehensive developmental checks. Consequently, the Health Plan and the Personal Education Plan (PEP) aim to complement each other and deliver improved outcomes for Cared for children. Involvement in play, creative arts, sports and other leisure activities provide opportunities for Cared for children & young people to meet with others and to develop friendships. These social skills can help children and young people develop educationally.

The Cared for Children's Nurse link closely with the Designated Paediatricians, and in a number of circumstances with regard to children and young people who have complex needs in settings outside of the Authority, the willingness and capacity of the Designated Paediatrician to take responsibility for orchestrating the health interventions for a small number of young people with complex health needs has been greatly beneficial to their well-being.

#### **5. Dental Issues.**

Many Cared for children and young people may not have benefitted from preventative dental care. All ISCs (who also act as Child Protection Conference Coordinators) commented that in circumstances of neglect, poor attention to dental health by parents of children subject (or who became subject) to a Child Protection plan was one of a number of significant health concerns. Regular care of the teeth and visits to the dentist can be encouraged from a young age and can help a child or a young person develop an understanding of how to maintain their own dental health and make healthy choices.

Oral health is vital to children's social success as well as physical health. This is a matter that is raised at Care for Reviews by the Independent Safeguarding Chairperson and regularly reported upon.

#### **6. Emotional, Behaviour & Mental Health Issues**

Cared for children and young people can have emotional, behavioural or mental health challenges. This can be due to the adverse factors impacting on children prior to their being cared for by

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<sup>1</sup> Meltzer et al. (2003) *The Mental Health of Young People Looked After by Local Authorities in England* The Stationery Office; London.

Cheshire East. In particular, one might highlight the effect of disrupted early attachments, grief and loss and resulting depression, especially for younger children.

Poor emotional and psychological health and feelings of low self-esteem can lead to ill health, depression and/or the use of escape coping mechanisms such as substance misuse and risk taking behaviours in older Cared for children & young people and conduct disorders in younger Cared for children.<sup>2</sup> For example, one ISC commented upon the high incidence in her caseload of young people diagnosed as having ADHD, and the challenges that were faced by all involved in identifying suitable and appropriate resources to meet these young people's needs adequately and appropriately.

A screening tool called the Strengths & Difficulties Questionnaire (SDQ) is available to identify the unmet emotional needs of Cared for children from the ages of 4 to 16 years.

The use of the SDQ is not really a matter for dispute. The responsibilities of Local Authorities in this regard are to be found at para.9.11.2 of the Statutory Guidance that relates to the promotion of the health needs of Cared for Children and Young People.

Local authorities are required to make sure that a Strengths and Difficulties Questionnaire (SDQ) is completed for each of their looked after children aged between 4 and 16 inclusive. The questionnaire should be completed by the main carer, preferably at the time of the child's statutory annual health assessment. The authority will need to distribute and explain how to use the questionnaires to each carer.<sup>3</sup>

There have been discussions between the Cared for Children's Nurses and the Independent Safeguarding Chairperson with lead responsibility for health matters, and it is clear that not only are there a variety of tools in existence (e.g. the British Association of Fostering & Adoption tool) but there is also a need to undertake a routine screening using *either* the SDQ or the BAAF tool to ensure that the emotional and mental health needs of Cared for children are assessed in a competent way at an early point in the child/young person's time spent in the care of Cheshire East Council.

Whichever mechanism is adopted to screen, assess and promote better emotional and psychological good health, the Independent Safeguarding Chairs are of the view that too few SDQs are completed, and accordingly too little information is available to help those who want to help those who might need help.

All the Independent Safeguarding Chairs consulted were of the view that the Cared for Children's Support Team (C4CST) has been and continues to be an invaluable resource in the promotion of good emotional and behavioural well-being.

Many of the ISC consulted considered that without the expertise and thorough understanding of the needs and circumstances of Cared for children/young people by the C4CST then compromised placement stability would be accelerated.

It is acknowledged that as the Child and Adolescent Mental Health Teams (CAMH) across Cheshire East have implemented clearer and more robust screening for identifiable and treatable mental

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<sup>2</sup> For an overview see Richardson, J & Joughin, C (2000) *The Mental Health Needs of Looked After Children* The Royal College of Psychiatrists/Gaskell; London.

<sup>3</sup> Statutory Guidance on Promoting the Health and Well-being of Looked After Children (2009) Department for Children, Families & Schools/Department of Health; DCSF Publications, Nottingham page 27.

illness there has been a corresponding need to promote therapeutic services which are relevant to children and young people in a cared for setting - whether those settings are stable or in need of additional support, and the C4CST was seen as a resource which goes some considerable way to meeting the need for this intervention and has a crucial part to play in promoting the well-being of Cared for children.

## **7. IMMUNISATIONS**

The immunisation status of Cared for children can often be poor on entry to care, particularly if they are unaccompanied young people. Immunisations may not have been given or the schedule may have been interrupted. Different countries also have a variety of immunisation programmes and catch-up programmes may need to be decided on an individual basis by the Cared for Children health team. The importance of immunisation is highlighted to social workers, foster carers and residential staff as there can be devastating effects from, for example measles, poliomyelitis or mumps. All ISCs endeavour to provide scrutiny of the immunisation status of the children and young people whose care, pathway, and adoption plans are reviewed.

## **8. LIFESTYLE ISSUES**

Lifestyle issues mainly relate to risk taking behaviour. In real and in statistical terms, Cared for children & young people are a group who can be particularly susceptible to developing substance misuse problems. Work in the field of substance use/misuse can be extremely varied ranging for example, from a comparatively simple intervention of explaining the effects and harm of tobacco, to complex dependent multiple substance misuse, where the user may have many underlying issues. The Independent Safeguarding Chairs have identified the difficulties of procuring drug advice and information as a particular difficulty of late, due mainly to the financial pruning that has affected the service provided by DISC (Developing Initiatives Supporting Communities) - the drugs advice and information service in Cheshire.

Changes in placement can also result in changes in school and this, together with higher likelihood for Cared for children to miss some school, can mean that Cared for children miss out on routine medical checks and health promotion initiatives within the school. This can include informed discussion on healthy lifestyles, contraception, sexually transmitted diseases, sexual choices and risk-taking behaviours such as misuse of drugs, tobacco and alcohol.<sup>4</sup>

The research would suggest that fewer changes in placement and more stable placements are factors in promoting the health and wellbeing of Cared for children and young people. The importance of paying attention to and accurate recording of a child's health history, current health and wellbeing in providing a full picture of the child's needs and the supports needed by those who care for them cannot be over emphasised.

## **9. PREGNANCY**

The sexual health and behaviour of young people is a key priority. Young women and young men in and leaving care are more likely than their peers to be teenage parents. However, the Cared for Nurses are not qualified Personal Social and Health Education teachers and cannot therefore provide advanced skills and support to young people around sexual health and their relationship needs. As in the section above, missing any schooling or experiencing

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<sup>4</sup> Ward, H, Jones, H, Lynch, M and Skuse, T (2002) *Issues concerning the Health of Looked After Children*, Adoption & Fostering: vol 26 no 4, pp.8-18.

disrupted schooling may have an impact upon the opportunities of young people to be provided with support, information and advice.

In order to try and address the difficulties in providing timely and relevant sexual health advice to Cared for young people, the 16+ Team are seeking to develop drop-in sessions on a weekly basis which include a Cared for Nurse on occasions where appropriate advice and signposting can be undertaken. In the long term, however, there is no substitute for placement stability providing firm foundations for better outcomes for the sexual health and well-being of young people.

## **10. CONCLUSION**

The health needs which occur most frequently are those relating to emotional/behavioural issues, and for older Cared for young people, the provision of meaningful and relevant health promotion services and advice.

Many of our Cared for children and young people have identifiable health needs that require further support from other health services. Good health for Cared for children is achieved through communication and cooperation between all those responsible for the child's health care and development.

The development of better means of data set interrogation will mean that the ISCs will be better placed and able to examine and report upon the achievement of timely provision of Health Assessments and the availability of information to the reviewing process, which will thereby allow the Authority to measure success in these key areas of health provision for the Cared for children & young people.

Written by Andrew Chisnall, Independent Safeguarding Chair, Safeguarding Unit

**CHESHIRE EAST COUNCIL**

**Report to: Corporate Parenting Board**

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**Date of meeting:** 16<sup>th</sup> May 2011  
**Report of:** Glynis Williams, Safeguarding Manager (C&R)  
**Subject/title:** Bi Annual Report for Regulation 33 Visits  
Cheshire East Children's Homes  
**Last report submitted:** October 2010 (for period April 2010-September 2010)

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**1 Report Summary**

- 1.1 Regulation 33 (Children's Homes Regulations 2001) requires for a monthly visit to children's homes and units run by the local authority by a person not employed at the home nor directly responsible for it, and the presentation of a written report to the responsible authority – referred to below as the Visitor. The person undertaking the visit should be properly informed of its purpose and have access to the reports provided for the previous 6 months.
- 1.2 The focus of the visits is to ensure that the day-to-day care provided is of a satisfactory standard. This is achieved through a combination of the Visitor's own direct observations, conversations with young people and staff, and reading of key records and reports which together provide important insights into the ways in which the home/unit operates on a daily basis and how appropriate care and control is provided.
- 1.3 The visits will also assist in service development by providing a regular independent perspective on the functioning of children's residential provision. The report written should relate what the Visitor thinks of the home's performance. Ofsted require these monthly reports along with the response from the Registered Manager.
- 1.4 Visits take place every calendar month, unannounced, varying in time and date, taking a minimum of 3 hours. Records are checked and the premises, furniture and fittings, and young people and staff are spoken to. The arrangements for health care and education are looked at. The Visitor will also ensure that any community issues that may have arisen have been dealt with.
- 1.5 A report is completed and sent to me to quality assure and to the Residential Manager who will provide responses to issues raised. A response is made to the Visitor and me in 24 hours. If satisfactory both reports are sent to Ofsted. It is critical that visits are carried out in a timely manner and sent to Ofsted promptly. Visitors in the subsequent month are sent copies of the previous report and response in order that on-going issues can be monitored.

- 1.6 3 Claremont Road and 113 Broad Street are currently receiving Regulation 33 visits and both have recently been rated a 'good' in Ofsted inspections with a note that if progress continues we could in the future receive 'outstanding' for some areas.
- 1.7 Langley Unit, Priors Hill received its final Regulation 33 visit in December prior to it ceasing to operate as a children's home on 31 December 2010.
- 1.8 Wilkinson House is a 6 bed Unit ran on behalf of Cheshire East by Together Trust. They have historically carried out Reg 33 inspections themselves but we have recently agreed a joint visit and shared template. This will allow the Council to have a greater understanding of the service Together Trust provide following some concerns by members of Corporate Parenting Board who visited Wilkinson House late 2010. It was agreed that I would carry out a 'Reg. 33 style' visit to provide the Board with an overview of this current provision. This report was shared with the Board and the following actions were identified:

- Monitoring meetings quarterly are needed with contract manager and other stake holders urgently.
- Annual report / business plan from Together Trust is needed to be submitted to CEC.
- Reg 33 visits need to be completed by CEC staff to ensure they know this setting and can provide consistency with other CEC residential provision.
- Urgent review of IT equipment for young people to access further learning.
- Review of budget allocated to equipment and furniture to ensure physical 'look' of unit is improved regularly.
- Linking all staff into e-mail accounts and liaison with SW's electronically.
- Review of use of everything 'going in' for typing either staff type directly or handwritten documents go straight on files – to avoid files with blank sections awaiting typing.

- 1.9 A meeting took place with Together Trust and this action plan was responded to and all tasks completed. Joint Visits between Together Trust and CEC Reg 33 visitor will start from June 2011.

## 2 Recommendations

- 2.1 That this report is shared with Scrutiny Panel Members, Senior managers (Children's Services) and with Regulation 33 visitors.

## 3 Reasons for recommendations

- 3.1 To ensure the highest standards for our young people resident in Cheshire East Children's homes.

## 4 Background and options

- 4.1 Rota

The rota is covered by 9 Members, and 2 volunteers external to Cheshire East Council:

- Councillor Darryl Beckford
- Councillor Rhoda Bailey
- Councillor Dorothy Flude
- Councillor John Goddard
- Councillor Andrew Kolker
- Councillor David Neilson
- Councillor Lesley Smetham
- Councillor Diana Thompson
- John Hattersley, volunteer
- Emma Dunkin, volunteer

## 5 Issues raised in reports between October 2010 and March 2011, and actions taken

### Priors Hill – Langley Unit

- Covers for door hinges – steps were initiated to ensure that all doors in the home were safe; however subsequent events resulted in the closure of Langley before this was completed.
- Personalising of a room for a young person who was residing almost full time – as this was a short break service the Disability Social Work Team were contacted questioning if this was the most appropriate placement for the young person concerned. The young person subsequently moved on to receive more suitable support.
- Outside lighting did not seem to be working – this was checked and necessary adjustment made to ensure the lights were focussed on the right area.

### Claremont Road

- Personal computers for young people – these have now been set up with all the necessary systems in place to ensure that the young people are using them appropriately and safely.
- Dropped kerb – enquiries were made about getting a dropped kerb for the second driveway installed, however, it was agreed that this will be put on hold and staff will refrain from using the second drive.
- Joint staff training programme needed – details of how training is identified and recorded identified.
- Questioned appropriateness of resident attending school in Macclesfield – it was felt that for a variety of reasons it was advisable not to subject her to a change of schools at that time.
- Accident forms should be completed when the accident is reported and referred to in the log book – staff were reminded about the system for recording accidents and this was followed through in individual supervision sessions.
- Visitors' book – a more suitable book was provided.

- Front door in need of repair – a new front door is on order.

### Broad Street

- Personal computers for young people – these have now been set up with all the necessary systems in place to ensure that the young people are using them appropriately and safely.
- Home seemed to be very hot, necessitating some of the windows being opened. In the interests of economy requested that the thermostat be checked – thermostat was checked and working correctly.
- Young person had been waiting some time to be able to decorate his room – young person subsequently chose his own paint and decorated his room to his liking.

## 6 Positive comments noted over the review period

### Priors Hill – Langley Unit

*“The staff were open and friendly; they appeared willing to discuss any issue raised.”*

*“Staff were clearly engaged with the children and were very caring.”*

*“Sense of calm and relaxed atmosphere, young people and staff looked settled and positive.”*

### Claremont Road

*“General atmosphere feels great and positive”.*

*“Feels like a real home”.*

*“The young person I saw was very comfortable with the facility”.*

*“Very positive and a happy atmosphere throughout. Files and records in good order”.*

*“Home is well run and young people are well”.*

*“Files and records in good order. I was pleased to know that Barnardos are involved at the house providing advocacy for the young people”.*

### Broad Street

*“The home is a pleasant environment for the young people. It is as much like a family home as possible”.*

*“It felt that both the house and residents had matured since my last visit”.*

## 7 Training and Development

Half day training events were held on 10 and 17 January 2011 to provide clarity to visitors about the role and their responsibilities as corporate parents and to answer any questions they had. Everyone who attended agreed that had been a helpful exercise.

## 8 **Conclusions**

During the past six months 100% of expected visits have taken place, however there are still some issues with ensuring that the visits take place early enough in the month for the reports to be sent in and responded to in time for them to be available for the next visitor. The Visitors are very engaged with what is required of them and I believe we have made significant progress overall in the development of the residential service.

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

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## **Corporate Parenting**

### **What is it?**

'Corporate parenting' emphasises the collective responsibility of local authorities to achieve good parenting for children and young people in their care. In broad terms, a corporate parent should do at least what a good parent would do. Once a local authority has taken the profound and difficult decision to remove a child, short-term or long-term, from his or her family, it is the duty of the whole local authority to 'safeguard and promote his welfare'. The 'whole authority' extends beyond the Children and Families Service to include Leisure, Housing, Human Resources, indeed all Departments of the Council.

Additionally, schools have a key role to play. The responsibility of the corporate parent continues at least until the age of 21 and up to the age of 24 if the young person is still being supported in higher education or training.

### **Why are we doing it?**

It is our responsibility as a Local Authority to be the 'parents' for the children in our care, to give them the best opportunities and life chances and to provide them with the support that they need to achieve their potential. These children and young people often have profound needs and less than adequate support networks. Moreover arguably as a parent we have the most resources available to us to offer our young people high quality support and opportunities that they might otherwise lack or miss out on.

### **When is it happening?**

All the time! Any interaction a Cared for Child or Young Person has with the Local Authority, via school, leisure services, travel etc is part of our corporate parenting role.

### **Where is it happening?**

Everywhere! See above.

### **Who are the key players?**

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