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Inspection of Cheshire East local authority children's services

Inspection dates: 26 February 2024 to 8 March 2024

Lead inspector: Teresa Godfrey, His Majesty's Inspector

Judgement	**Grade**
The impact of leaders on social work practice with children and families	Requires improvement to be good
The experiences and progress of children who need help and protection	Requires improvement to be good
The experiences and progress of children in care	Requires improvement to be good
The experiences and progress of care leavers	Inadequate
Overall effectiveness	Inadequate

Since the last inspection of Cheshire East in 2019, when services for children were judged to be requires improvement to be good, improvements have been made in some areas of practice. However, the quality of practice and the experience and progress of children and young people are too variable, and for care leavers they are inadequate.

Following the Joint Targeted Area Inspection (JTAI) in July 2022, when areas for priority action were identified for children at risk of child exploitation, practice shortfalls have been addressed effectively. The development and opening of family hubs have strengthened the early help offer, enabling more families to access timely and appropriate support.

Nevertheless, there is much more to do to improve the quality of practice to ensure a consistent response to the most vulnerable children and care leavers in Cheshire East. There have not been sufficient improvements made in relation to services for those children who are subject to child in need and child protection plans. Furthermore, management oversight and challenge are not fully embedded across all service areas. Senior leaders had not recognised, until this inspection, the extent of improvement required in services for care leavers.

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What needs to improve?

- Senior leaders' oversight of performance to ensure that there is a coherent approach to continuous improvement.
- The quality, consistency and responsiveness of support, advice and guidance for care leavers, including those who are homeless, with additional vulnerabilities, and those who are over 21 years of age.
- The quality of management oversight and supervision to ensure that consistent, good social work practice is in place.
- The quality of plans for children to ensure that they are more child-focused and drive forward positive change in a timely way.
- The quality and frequency of visits to children so that the visits are purposeful and in line with assessed needs.
- The sufficiency of suitable placements that can meet children and young people's assessed needs.
- The effectiveness of child protection chairs and independent reviewing officers (IROs) to escalate, challenge and scrutinise plans for children.

The experiences and progress of children who need help and protection: requires improvement to be good

1. Children and families benefit from a well-developed early help offer. Newly established family hubs deliver coordinated support in community localities, supported by the work of targeted youth services. This is helping to reduce harm across all age groups of children. The quality of support provided by staff in the family hubs helps build families' resilience and improves outcomes for children.
2. When children's circumstances change, thresholds of harm, risk and need are well understood by professionals, who make prompt referrals to the integrated front door (IFD). For some children and families, there is a delay in the step up from early help services to statutory services. The step-up process is not as streamlined as it should be.
3. The arrangements in the IFD are well embedded and thresholds are consistently applied. Most contacts are dealt with promptly and effectively. Children at immediate risk of significant harm are identified and timely action is taken to safeguard and protect them. Issues relating to parental consent are understood and managed appropriately, but are not always well recorded.
4. Experienced social workers in the IFD obtain information from partner agencies and the voice of the child informs their decision-making. For a small number of children, this can lead to a delay in decision-making when the threshold is clearly met. The multi-agency partnership is not routinely included in social care

decisions about next steps to help and protect children, or when managers make decisions to close referrals.

5. Strategy meetings are timely and include relevant partners. Nonetheless, these meetings do not consistently capture the discussion about risk, which means that the rationale for decisions made, and next steps, is not always clear. Section 47 child protection investigations are mostly thorough; they are informed by the child's history and incorporate previous agency involvement. Risks and strengths are identified and analysed well. A range of suitable practice tools are used during the investigation process to understand children's lived experiences.
6. Most assessments are now comprehensive and analytical. Most social workers know their children well and speak with genuine warmth about the families with whom they work. Increased capacity in the disabled children's service has led to improved child-centred assessments and plans for the most vulnerable children. This has resulted in some children receiving more effective support.
7. The quality of child protection plans is inconsistent. Some are outcome focused, although some lack purpose and urgency. For some children who have been known to services for several years, and have been the subject of repeat child protection and child in need plans, the quality of practice is too variable. Contingency thinking and planning are not strong enough for these children. This means that, for some children, plans are not effective in improving their outcomes.
8. Reviews take place regularly for children subject to child in need and child protection processes. These are well attended by partners, who share information. Child protection chairs are not consistently effective in driving forward plans for children.
9. Visits to children in need and those subject to child protection plans are not always carried out at a frequency reflecting assessed need. Some children are not visited often enough for social workers to build trusting relationships with them. Visits to children do not always have purpose and do not link to their plans clearly enough. Frequent changes in social workers impact on the quality of these relationships and the progress of plans for some children, leading to delay.
10. Since the JTAI, there have been significant improvements in safeguarding practice for children missing from home and for those at risk of, or affected by, criminal and sexual exploitation. Focused work by leaders, to integrate and align multi-agency strategic and operational groups, has resulted in a clearer understanding and shared approach to prioritising and meeting children's needs earlier. There are now effective multi-agency forums in place to share intelligence about risks to children. Persistent work by committed staff in children's social care, and across the partnership, engages many highly vulnerable children. This is effective in responding to, and reducing the risk of, further serious harm.
11. Recent action has been taken by senior leaders to improve the coordination of pre-proceedings work for vulnerable children. A wide range of services are commissioned, bespoke to children's needs, that are successfully diverting them from court. This is preventing drift and is leading to more timely decisions about

either an application to the family court or for children to remain safely at home with support.

12. An effective joint protocol between housing and children's social care has been developed since the previous inspection. This means that most children aged 16 and 17 who present as homeless are now quickly assessed through a joint homeless assessment and accommodated where appropriate.

13. Arrangements to support and safeguard privately fostered children in Cheshire East are now robust. These children are visited frequently by social workers and their needs are appropriately monitored by a dedicated IRO. When children and young people are identified as young carers, they receive a comprehensive offer of support. Young carer assessments are suitably tailored to the needs of children across all age groups.

14. There are effective systems in place for tracking, assessing and safeguarding children missing from education, and for those who are electively home educated.

15. There are robust local authority designated officer arrangements. Succinct advice is available for professionals and parents. An online system ensures that progress is tracked and systematically reviewed. This means that themes are identified and awareness-raising and training are clearly targeted. Thresholds for referral are applied appropriately and investigations are well coordinated to ensure that children are protected.

The experiences and progress of children in care: requires improvement to be good

16. Children remain in the care of their family members, including through kinship arrangements, when it is safe for them to do so. Where there are immediate safeguarding concerns, suitable action is taken, and decisions for children to enter care are appropriate. Assessments and plans for these children are mostly robust and effective. When children return home from care, decisions are appropriate. Some children are subject to statutory intervention for longer than they need to be. This is due to delays in the discharge of care orders.

17. Most social workers know their children well, although visits to children in care are not always carried out in line with statutory visiting schedules or children's assessed need. Too many children have experienced changes in social worker, which means that they must retell their story, and this prevents them from being able to build trusting relationships. Social workers undertake creative direct work with some children, which helps them to understand their journey, but life-story work and later-life letters are not usually started in a timely way. This means that children have limited opportunities to understand their journey into care at a time that is right for them.

18. Most assessments are analytical, comprehensive and regularly updated. However, the quality of care plans for children is inconsistent. Children's views are usually captured in their care plans, which are regularly monitored at review meetings. IROs write sensitively worded letters to children, but do not always robustly challenge the appropriateness of plans, which are not always outcome focused.

The impact of multiple social workers and IROs on care planning has resulted in drift and delay for some children in achieving permanence.

19. When children cannot remain in the care of their birth parents, they are placed with extended family members in kinship arrangements, when appropriate. Most children in care live in settled and stable arrangements with carers who understand and meet their needs well. Some children with complex needs live in good-quality placements with committed carers, who are well supported to meet children's individual needs. Children are helped to keep in touch with important people in their lives.

20. Challenges to sufficiency impact on the choice of placements and the quality of children's experiences. Some children experience multiple placement moves, which are unsettling for them. A small number of young children who now live in children's homes have experienced frequent moves in foster care placements and too many changes in social worker. Although these placements are meeting children's current short-term needs, there have been significant delays in driving their care plans forward to secure long-term permanence. This is because there has not been effective management oversight and supervision of children's care plans, and IROs do not routinely challenge drift and delay.

21. Consideration is not routinely given to permanence planning for children from an early stage, although planning for children who are placed for adoption is timelier. New tracking systems have been recently introduced to address this, but it is too soon to evaluate the impact of this.

22. Children can access support from relevant health and well-being services. Children who have more complex health needs have effective and timely multi-agency plans to ensure that their health needs are met. Although there are emotional support services available for children in care, waiting lists result in some delay in children accessing these services. Children are supported to be healthy by their carers, but they do not always have their initial and review health assessments completed within appropriate timescales.

23. Senior leaders have appropriate oversight of the education of children in care. The virtual school provides targeted support to schools to ensure that staff understand how to meet the needs of children in care and how to support their well-being. Nevertheless, too many primary-aged children in care experience attendance issues as they move to secondary school. There is an appropriate focus on the attendance of children in care. Leaders have taken steps to address this through challenging and supporting schools to ensure that previously low rates of attendance for these children improve.

24. Personal education plans contain the required information, but outcomes for children in care overall are low. Many children in care are ill-prepared for adulthood and struggle to cope with the challenges that they face when they leave care. The identification of children and young people who are at risk of not being in education, employment, or training (NEET) does not begin early enough.

25. Most unaccompanied asylum-seeking children live in placements that meet their needs. They are encouraged to attend education and they have their physical

health needs met. However, a small number wait too long to access emotional support and counselling due to waiting lists.

26. Sufficiency of in-house foster carers is a challenge. Arrangements are in place for the local authority to join the regional consortium, which will provide additional resources in respect of recruitment and training to address some of the sufficiency challenges. Foster carers and kinship carers have access to a wide range of training, and there has been an improvement since the last inspection in the level of support that they receive.
27. The local authority is a member of a regional adoption agency (Adoption Counts). Prospective adopters are well prepared and supported. Adoption panel arrangements are effective, providing a strong quality assurance function. Agency decision-making is thorough and well considered.

The experiences and progress of care leavers: inadequate

28. The quality of practice for care leavers is inadequate. Risk of harm is not always recognised or responded to effectively. For care leavers over the age of 21, persistent efforts to engage them are not routinely made. Senior leaders recognised some of these shortfalls prior to inspection and had recently introduced a new management structure to support change. The extent of practice deficits was not fully understood by senior leaders until the inspection. As a result, too many vulnerable care leavers are not getting the right level of help, support or protection.
29. Not all children in care have the opportunity to get to know their personal advisers (PAs) to build a relationship with them before they are 18 years old. Planning for young people who transition to the leaving care service is not always robust. This means that there are some young people who leave care with too much uncertainty about how they will be supported.
30. Transition planning into adulthood for most care leavers is variable. There is some proactive planning for disabled care leavers with complex physical needs, and young people with neurodiverse needs. However, for other care leavers, proactive transition planning does not always take place. This means that these care leavers do not access the help and support that they need.
31. Some care leavers benefit from the support of highly committed, caring PAs. Most PAs are in touch with young people regularly; the frequency of contact is determined by how often young people need or want to see them. Despite this, not all PAs know their young people well enough to have trusted and meaningful relationships with them. For some young people, PAs do not know their stories of why, or when, they came into care.
32. Pathway plans do not consistently cover all the important elements of young people’s lives. Plans do not consistently include other professionals. They are not sufficiently ambitious for young people, and they do not always capture young people’s voices. Plans for unaccompanied asylum-seeking care leavers do not consistently acknowledge their unique cultural heritage, or identify how young people can access support for the trauma they have experienced. Plans are not

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always effective in helping young people to make meaningful change in their lives. Support for care leavers is not effective enough, which means that many do not access employment, further education or training. Senior leaders are taking action to improve the format and quality of plans for care leavers, but there is still much more to do to improve this.

33. For some care leavers, risks are recognised and managed effectively. For other young people, there is a lack of professional curiosity about their day-to-day lives and living arrangements. This has resulted in a lack of understanding of risk, or a clear recognition of how best to support young people when they are at their most vulnerable. When potential risk of harm for care leavers is identified, it is difficult to see how this risk is managed or mitigated effectively. This means that some care leavers may be exposed to risky situations and people. This was not fully understood by senior leaders until this inspection.
34. Not all PAs spoken to by inspectors could describe the local offer to care leavers, or explain how care leavers could benefit from it. Not all young people are accessing the full range of entitlements or services available to them.
35. A localised approach with housing means that some young people can secure safe and suitable homes. This means that they are able to maintain local links and have access to important local services, employment and training opportunities. For care leavers who live out of the area, accessing suitable housing is challenging and some wait for extended periods in supported accommodation until suitable permanent accommodation becomes available. The local authority is taking steps to strengthen the over-18-years provision through revised commissioning arrangements, but these have yet to be put in place.
36. A small number of care leavers are homeless. This group includes some care leavers with the greatest needs, including those who struggle with their mental health, those who are NEET or those who are in unsuitable accommodation, or have no fixed abode. Information about where young people are living is not routinely updated. This means that the local authority cannot be assured that these vulnerable young people are safe and well cared for.
37. When young people become 21, unless they are in education or highly vulnerable, they are no longer provided with a PA or leaving care services unless they contact a duty worker and explicitly request help. At the time of this inspection, there were over 200 young people in this category, and this included very vulnerable disabled young people. Some of these care leavers have not been receiving the services they need, or are entitled to, and the local authority cannot be assured that they are safe.
38. Care leavers in custody are visited regularly and effective multi-agency planning takes place. For care leavers who are parents, PAs work persistently to engage and support them. When required, risk assessments are undertaken, and action is taken swiftly to safeguard the children of care leavers where there are concerns. All care leavers benefit from ongoing involvement from the IRO service, which maintains involvement with them up to the age of 21 years of age. This provides the opportunity for care leavers to retain trusted adults in their lives.

39. Care leavers can access community-based resources, but do not have a dedicated place they can go to which provides a safe space for them to receive support. The plan is for the newly opened family hubs to provide this in the coming months, but at present this is not available.
40. Care leavers' physical health needs are mostly met through health services. Young people are encouraged to seek support for their emotional well-being through their GP or specialist services. PAs make referrals to appropriate services for substance misuse and other specialist services. Care leavers with complex mental health difficulties are provided with effective support and planning by relevant agencies. Not all care leavers have access to their full health history.
41. Some young people are supported by their PAs to access apprenticeships either in the council or with local providers, which means that they have the opportunity to make a positive start in life. Too many care leavers, however, are NEET. They are not being encouraged and well supported to improve their life chances in order to achieve their aspirations for a better future.

The impact of leaders on social work practice with children and families: requires improvement to be good

42. Since the appointment of the director of children's services, shortly before the JTAI in 2022, action has been taken to restructure children's services to deliver significant practice improvements in a number of key areas.
43. Despite improvements, the quality of practice is still too variable, and the extent of shortfalls in practice in the care leaver service, particularly for vulnerable care leavers who are over 21, had not been fully understood until this inspection.
44. The development and opening of the family hubs have strengthened the early help offer. There has been an improvement in the quality of assessments. Stronger arrangements are now in place to track the progress of children in the Public Law Outline to reduce drift and delay. The response to children in private fostering arrangements is now robust and a joint protocol has been developed to underpin the response to homeless 16- and 17-year-old children. The response to children at risk of exploitation has been significantly strengthened and there is improved support for foster carers.
45. There is strong political and corporate commitment to children in Cheshire East and a strategic focus on improvement. The lead member is well sighted on issues impacting children. Despite the financial pressures the council faces, there has been further investment to strengthen services and increase staffing capacity. Throughout this inspection, leaders have been open and transparent about their improvement journey and they recognise that more work is required to address the remaining challenges to improve the lives of the most vulnerable children.
46. The local authority is aware of its corporate parenting responsibilities. A joint cared for children and care leavers' strategy has been co-produced with children and young people. The local offer is updated annually in consultation with a range of care leavers, partners and strategic leads. However, not all young people are informed of, or understand, the pledges contained within the strategy.

In addition, the local offer is not communicated effectively to all care leavers, which means that they are not all aware of, nor do they access, their full range of entitlements.

47. The sufficiency strategy is based on the projected continuation of the decrease in the number of children in care over several years. The local authority has been successful in securing funding to develop a 'staying close' initiative, although it is too soon to see the impact of this. Some children still live in homes that do not match their needs, due to a lack of choice. Despite the strategy, some care leavers are homeless and live in unsuitable accommodation for too long.

48. Senior leaders are open to external scrutiny and they respond positively to challenge. Leaders and managers are reflective and use learning from practice and feedback to improve the experiences and care of children. Throughout the inspection, they were responsive and acknowledged practice shortfalls promptly, making changes when necessary. This included contacting a proportion of care leavers aged over 21 years to establish their whereabouts and to clarify whether they required additional support.

49. The local authority undertakes regular audit activity. Changes have been made to the quality assurance framework following the engagement of external moderators. Leaders have recognised in their self-evaluation that more needs to be done to ensure that this activity is identifying all areas of poor practice and that it is consistently having an impact on outcomes for children.

50. The local authority's self-evaluation now recognises most of the strengths and areas for improvement. It provides a more realistic view on the quality of practice than it did a year ago. Performance information and activity is mostly used effectively to drive service improvement. More assessments and initial child protection conferences are now completed to timescale and the tracking of children in pre-proceedings is more robust. Recent arrangements to track permanence for children have been introduced, but it is too soon to see the impact of this, and some children continue to experience drift and delay. Systems to monitor and track groups of individual children have not been effective in identifying vulnerable care leavers who are not receiving the services they need.

51. Although most social workers receive regular supervision, this is not always sufficiently analytical or reflective. Management oversight across all service areas does not provide sufficient challenge or reflection to improve social work practice. For some children, this has led to their needs not being recognised or acted on in a timely way. Leaders have recognised this and there has been investment in a bespoke leadership development programme due to start in April 2024.

52. The recruitment and retention of social workers has been a priority for senior leaders since the last inspection. As a result, the workforce has been strengthened and stabilised in recent months. Senior leaders have taken steps to reduce the reliance on managed teams and increase social work salaries. Leaders have successfully converted some agency staff to permanent roles. Despite this, some children still experience too many changes in social worker.

53. The workloads of frontline staff are closely monitored by senior leaders, and have been successfully reduced to manageable and sustainable levels since August 2023. Staff enjoy working in Cheshire East and they describe a positive, open culture. Staff feel well supported by visible, available and approachable managers, and they have access to relevant training to assist them in their work.
54. Senior leaders express a tangible ambition to do the right thing to help, protect and care for the most vulnerable children in Cheshire East. Leaders recognise that more focused work is required to address the shortfalls and deliver the necessary improvements.

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