

Children and Families Committee

Agenda

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| Date: | Monday, 9th June, 2025 |
| Time: | 2.00 pm |
| Venue: | The Capesthorne Room - Town Hall, Macclesfield SK10 1EA |

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 foot of each report.

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

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

1. **Apologies for Absence**

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 interests, other registerable interests, and non-registerable interests in any item on the agenda.

3. **Minutes of Previous Meeting (Pages 5 - 14)**

To approve as a correct record the minutes of the previous meeting held on 7 April 2025.

For requests for further information

Contact: Karen Shuker

Tel: 01270 686459

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

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.

Petitions - To receive any petitions which have met the criteria - [Petitions Scheme Criteria](#), and falls within the remit of the Committee. Petition organisers will be allowed up to three minutes to speak.

5. **Cheshire East Domestic Abuse Service (Pages 15 - 152)**

To consider a report on the Council's approach to domestic abuse support within the borough including the current service offer and the initial stages taken to review the service.

6. **Cheshire East SEND and AP 'One Plan' (Pages 153 - 232)**

To consider a report on the Cheshire East SEND and AP 'One Plan.'

7. **Final Outturn 2024/25 (Pages 233 - 344)**

To receive a report which provides an overview of the Cheshire East Council final outturn for the financial year 2024/25.

8. **Children and Families Capital Programme - School Condition Programme 2025/26 (Pages 345 - 356)**

To consider a report on the School Condition Programme 2025-26.

9. **Councillor Frontline Visits (Pages 357 - 372)**

To consider a report on the proposed new arrangements for councillor visits to frontline children's social care services to strengthen councillor oversight of the impact of services on children's outcomes.

10. **Supported Accommodation for 16-25-year-old Children in Care and Care Leavers (Pages 373 - 390)**

To consider a report on the new service model and pathway for supported accommodation.

11. **Improvement Plan Progress (Pages 391 - 474)**

To provide an update on progress against the children's services improvement plan to address the findings from the Ofsted inspection of local authority children's services (ILACS) conducted in February and March 2024.

12. **Proposal to formally increase the number of places at Park Lane School, Macclesfield (Pages 475 - 510)**

To consider a report on the proposal to formally increase the number of places at Park Lane School, Macclesfield.

13. **Appointments to Sub-Committees, Working Groups, Panels, Boards and Joint Committees (Pages 511 - 524)**

To consider a report to nominate members to the bodies referred to in the report.

14. **Work Programme (Pages 525 - 528)**

To consider the Work Programme and determine any required amendments.

15. **SEND Sufficiency Statement for children and young people with an education, health, care plan (EHCP) (Pages 529 - 542)**

To consider a report on the SEND Sufficiency Statement for children and young people with an education, health, care plan (EHCP).

16. **Exclusion of the Press and Public**

The reports relating to the remaining items on the agenda have been withheld from public circulation and deposit pursuant to Section 100(B)(2) of the Local Government Act 1972 on the grounds that the matters may be determined with the press and public excluded. The Committee may decide that the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 2 and 3 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

PART 2 – MATTERS TO BE CONSIDERED WITHOUT THE PUBLIC AND PRESS PRESENT

17. **SEND Sufficiency Statement for children and young people with an education, health, care plan (EHCP) (Pages 543 - 592)**

To consider the confidential appendix to the report.

Membership: Councillors R Bailey, M Beanland, S Bennett-Wake, J Bird, L Crane (Chair), E Gilman (Vice-Chair), G Hayes, R Moreton, B Posnett, B Puddicombe, J Saunders, G Smith and B Wye

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CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Children and Families Committee**
held on Monday, 7th April, 2025 in The Capesthorne Room - Town Hall,
Macclesfield SK10 1EA

PRESENT

Councillor L Crane (Chair)

Councillors R Bailey, M Beanland, S Bennett-Wake, J Bird, N Cook,
B Posnett, B Puddicombe, J Saunders, G Smith, B Wye, D Edwardes and
L Wardlaw

OFFICERS IN ATTENDANCE

Joanne Prophet, School Organisation and Capital Manager
Theresa Leavy – Interim Executive Director of Children and Families
Claire Williamson, Director of Education, Strong Start, and Integration
Lisa Davies, Interim Improvement Director Children's Services
Richard Nash, Interim Director of Family Help and Children's Social Care
Nikki Wood-Hill, Finance Manager
Diane Green – Finance Manager
Karen Shuker, Democratic Services Officer
Julie Gregory – Head of Legal Services

The Chair welcomed Councillor B Wye to the Committee who replaced Councillor C Bulman and expressed thanks to Councillor C Bulman for her years of service to Children's and Families.

91 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors E Gilman and G Hayes.

Councillors D Edwardes and L Wardlaw were present as substitutes.

92 DECLARATIONS OF INTEREST

In the interests of openness, Councillor M Beanland declared that he had received correspondence in relation to MyCWA. The Chair responded that all committee members had received similar correspondence and that a briefing was being arranged for members in relation to this matter.

93 MINUTES OF PREVIOUS MEETING

An amendment to Minute no. 90 - Work Programme, was proposed, and seconded to add the following line after the fourth paragraph: -:

Councillor C Bulman confirmed that the decision to review MyCWA funding was discussed and agreed in November 2023 Committee.

On being put to the vote the amendment was carried.

RESOLVED:

That the minutes of the meeting held on 10 February 2025, subject to the above amendment being made, be approved as a correct record.

94 PUBLIC SPEAKING/OPEN SESSION

There were no public speakers.

95 SERVICE BUDGETS 2025/26 (CHILDREN & FAMILIES COMMITTEE)

Cllr Bird joined the meeting during consideration of this item

The Committee considered the report which set out the proposed allocation of approved budgets for the Children and Families Committee, following approval of the Medium-Term Financial Strategy at full Council on 26 February 2025.

The details of the budget allocations were set out in Annex A to the report. Financial reporting would occur regularly to ensure budget adherence and prevent overspending. The financial reporting timetable for 2025/26 set was out in Annex B to the report.

Further to the list of questions below, members were invited to send their questions in detail to the Finance Manager who would provide a written response outside of the meeting which would be circulated to the Committee and published on the website.

- 1) Was there any member involvement in the Capital Programme Board?
- 2) Who was reviewing cash costs and project delivery in respect of the Capital Programme?
- 3) Was there an update on the Springfield – Middlewich project and how would Committee be kept informed of any increase in costs relating to the project?
- 4) As so much was reliant on development costs, which came first the funding or the spending?
- 5) More detail was requested in respect of what the Digital Blueprint was and what were the benefits of it?
- 6) What were transformation expenses?

Officers reported that across the whole of the organisation efficiencies needed to be found and the best efficiency that could be found in Children's Services was better life outcomes for children. By integrating services and adopting a more local approach, as seen with the Children's

Wellbeing Bill and Families First initiatives, the Council could provide support earlier. That approach would not only reduce costs but provide better outcomes for children and families.

In response to concerns raised in respect of the financial position around any reductions in the service, committee members would be invited to be part of a Task and Finish Group in respect of the Children's Wellbeing Bill that would look at how it could help to reshape the service.

RESOLVED:

That the Children and Families Committee

1 note the decision of the Finance Sub Committee to allocate the approved revenue and capital budgets, related budget changes items and earmarked reserves to the Children and Families Committee, as set out in Annex A to the report.

2 note the financial reporting timetable for 2025/26, as set out in Annex B to the report, as approved at the Finance Sub Committee on 10 March 2025.

96 CHILDREN AND FAMILIES CAPITAL PROGRAMME -CAPITAL SCHEMES (INCLUDING NEW, NAMED, AND AMENDED SCHEMES AND SCHOOL CONDITION PROGRAMME)

The Committee considered a report on the Children and Families Capital Programme – Capital schemes (including new, named, and amended schemes and School Condition Programme).

Officers agreed to provide a written response to the following questions: -

- 1) What the forecast was for future intake of classes and whether they were increasing or decreasing, and whether extra school places were required?
- 2) What were the number of teacher vacancies within Cheshire East schools?

In response to concerns raised in respect of the delay in the decision on the Westfield SEN scheme and Crewe Alternative Provision, the Director for Education, Strong Start and Integration confirmed that they had written to Government Ministers and a response had been received to say that it was still being looked at and as soon as any further response was received this would be shared with Committee.

In response to concerns raised in respect of recommendation 5 around any specific checks and balances that were place in relation to any overspends or underspends exceeding 20% and up to 500K, officers reported those would be referred back to the Capital Board for review.

An amendment was put forward which sought to make the following changes to the recommendations as set out in the report:

- That recommendation 6 reads '*Delegate authority to the Executive Director of Children's Services to allocate uncommitted funds up to the value of £100,000 to enable the progression of feasibility studies, design development and project delivery, where projects will be for the purpose of supporting additional pupil places, SEN schemes, condition schemes and any necessary accommodation updates to school settings*'.
- That an additional recommendation be included to read '*Further to the Director for Education, Strong Start and Integration writing to Government Ministers, that the Chair of the Children and Families Committee writes to all local MPs and appropriate Government Ministers to express the importance of a swift decision on the Westfields SEN Provision and Crewe Alternative Provision*'.

The amendments became part of the substantive proposition.

There was a request for a copy of the correspondence to be shared with Committee members.

In response to a question in respect of Academies and Diocesan bodies and the wider capital programme, officers agreed to schedule a briefing for Committee members to understand how the process worked.

Officers undertook to bring a report to Committee on a "Plan B" should the Westfields SEN Scheme and Crewe Alternative Provision not proceed as hoped.

RESOLVED: (By Majority)

The Children and Families Committee is recommended to:

1. To note the overview of current schemes in progress and those completed during 2024/25 as detailed in Appendix 1.
2. Agree the allocation of the Children and Families Capital funding as approved in the budget by full council on 26 February 2025 to the schools and projects as set out in Appendix 2.
3. Delegate authority to the Executive Director of Children's Services to determine the school sites and works to be carried out from the block allocations set out in Appendix 2 and take all necessary steps to deliver those works.
4. To approve the new, named and amended schemes as detailed in Appendix 3.

5. Delegate authority to the Executive Director of Children's Services to approve uplifts to project costs of individual schemes approved in the Capital Programme to a maximum of 20% of the approved capital budget or £500,000 whichever is the lesser sum, in consultation with the Chief Finance Officer where required by the Finance Procedure Rules.
6. Delegate authority to the Executive Director of Children's Services to allocate uncommitted funds up to the value of £100,000 to enable the progression of feasibility studies, design development and project delivery, where projects will be for the purpose of supporting additional pupil places, SEN schemes, condition schemes and any necessary accommodation updates to school settings.
7. Delegate to the Executive Director of Children's Services the authority to approve Virements and where necessary enter into grant agreements with Academies and Diocesan bodies to facilitate the delivery of the projects identified in the Children and Families Capital Programme.
8. To note the information provided in appendix 4, Briefing note – Condition, Compliance and Health & Safety assessments in our schools.
9. To note that the Executive Director of Children's Services will provide a regular update to committee on the implementation of the Children and Families Capital Programme and the exercise of the delegations set out in this report.
10. To note that the Executive Director of Children's Services will provide a further report to committee detailing the school condition programme once the school condition grant allocation has been announced by the DfE.
11. Further to the Director for Education, Strong Start and Integration writing to Government Ministers, that the Chair of the Children and Families Committee writes to all local MPs and appropriate Government Ministers to express the importance of a swift decision on the Westfields SEND Provision and Crewe Alternative Provision.

97 IMPROVEMENT PLAN PROGRESS UPDATE

The Committee received an update on the progress to date against the improvement plan and an update on the findings from the Ofsted monitoring visit on the front door. The update outlined the strengths within the Front Door and leadership team, and areas for development with the Front Door.

The next monitoring visit would take place in June and would focus on those children subject to child protection processes and children in need.

Key improvement activity which had taken place since the last Committee was outlined and officers reported that 20% of actions had now been completed against the action plan.

The Committee congratulated the team on how much progress had been made.

Clarity was sought in respect of frontline visits as the report stated that the weeklong partnership learning opportunities that had taken place in February had replaced the previous programme of frontline visits, and that Councillors had been invited to participate in the programme, when the invite had only been sent to the Chair and Vice Chair of the committee.

Officers stated it was the intention to facilitate Councillors to have those conversations with frontline practitioners, however, the terminology and understanding of what “frontline visits” entailed had evolved over time. To address this a paper would be presented to committee to clearly define and outline the structure and expectations of those visits.

Previous information from frontline visits undertaken throughout the year by councillor’s work had ceased, but officers committed to reinstating the process which would be accompanied by an overview of practice and activities to ensure councillors had a comprehensive understanding of the service and issues faced by frontline practitioners.

In response to a question raised in respect of when information would be available on the use and cost of private unregulated alternative provision placements in terms of value for money and but also in terms of young people engaged in meaningful education and their outcomes officers agreed to bring a report back to committee.

In response to the Committees concerns in respect of recruitment and retention officers reported that following the Wellbeing Bill there may be a possibility to reshape and redeliver some roles within the service, however some roles were a statutory function.

In response to a question raised about oversight around recruitment and retention officers confirmed that performance scorecards were taken to the Improvement Board along with a HR report and a piece of work was underway to look at how the Board could support the end-to-end process of recruitment and retention.

In response to a question raised in respect of the types of contracts overseas social workers were on and whether these would be made permanent like the agency workers contracts, officers agreed to provide a written response outside of the meeting.

Career progression was not always obvious so there was a need to ensure there were enough routes for people to progress and a need to focus on reducing workloads and supporting managers with training and development.

RESOLVED:

That the Committee

1. Note the progress against the improvement plan.
2. Note the findings from the Ofsted monitoring visit on the front door.

98 DELIVERY PROPOSALS FOR THE HOUSEHOLD SUPPORT FUND (HSF7) 2025/26

The Committee considered a report on the delivery proposals for the Household Support Fund (HSF7) 2025/26.

The funding allocation for Cheshire East Council was approximately £600k less than this year, which was a 15% reduction from the previous budget. This was a nationwide reduction and had not just applied to Cheshire East.

Officers agreed to provide a breakdown of support at ward level to members outside of the meeting.

In respect of the challenges around marketing the Household Support Fund, especially in rural areas, officers agreed to provide information to Councillors on how they could refer people and the channels available to accessing the Household Support Fund.

RESOLVED: (by Majority)

The Children and Families Committee

1. Endorse the proposed delivery model of the Household Support Fund for 2025/26.
2. Delegate authority of the grant to the Executive Director of Children's Services.

99 ACADEMISATION OF ST. MARY'S CATHOLIC PRIMARY SCHOOL, MIDDLEWICH

The Committee considered the report on the academisation of St. Mary's Catholic Primary School, Middlewich.

Officers undertook to provide a written response to a question raised in respect of what the specified time period was for the Council to facilitate

the academisation of schools, and how many schools had been converted to academies within that specified time period.

RESOLVED (Unanimously):

That the Children and Families Committee:

1. Authorise the Executive Director of Children's Services in consultation with the Chief Finance Officer and the Acting Governance, Compliance and Monitoring Officer to take all steps necessary to agree and execute the Commercial Transfer Agreement (Appendix 1) to Our Lady Help of Christians Catholic Academy Trust relating to the transfer of all staff under the Transfer of Undertakings (Protection of Employment) Regulations 2006, and assets.

2. Authorise the Executive Director of Place and Chief Finance Officer to take the steps necessary to agree the required transactions in relation to land, and completion of a lease (see Appendix 2) to Our Lady Help of Christians Catholic Academy Trust for 125 years substantially in the form of the model lease produced by DfE at a peppercorn rent. The school playing field is identifiable as shown on the accompanying redline lease plan (see Appendix 3 of the report).

100 **ACADEMISATION FORWARD PLAN**

The Committee received the report which informed of planned schools across the borough which were seeking to move to academy status and join a multi academy trust.

RESOLVED:

That the Children and Families Committee note the forward plan in Appendix 1.

101 **WORK PROGRAMME**

The Committee considered the Work Programme. The following was noted:

- It was agreed that the Chair would review the agendas for June and September Committee to assess which meeting would be suitable for a twilight meeting. Members agreed for the twilight meeting to commence at 5.30pm.
- It was agreed that the Terms of Reference for the Task and Finish Groups which are established would be circulated to committee for comment then brought back to committee to be ratified.
- An item that was requested in respect of better and earlier engagement with Cheshire Fire and Rescue in respect of sprinklers in new builds and how it is embedded in the process would require further discussions.

102 **MINUTES OF SUB-COMMITTEES**

The committee received the minutes of the Cared for Children and Care Leavers Committee meeting held on 3 December 2024.

RESOLVED:

That the minutes be noted.

The meeting commenced at 2.00 pm and concluded at 4.45 pm

Councillor L Crane (Chair)

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OPEN

Children and Families Committee

09 June 2025

Cheshire East Domestic Abuse Service

Report of: Dawn Godfrey, Executive Director of Children's Services

Report Reference No: CF/17/25-26

Ward(s) Affected: All

Decision

Purpose of Report

- 1 This report outlines the council's approach to domestic abuse support within the borough including the current service offer and the initial stages taken to review the service.
- 2 The report provides details on the planned review activity and co-production with the public and stakeholders to shape the future service offer for safe accommodation provision.
- 3 This service falls under Commitment 2 of The Cheshire East Plan 2025-29 - Everyone feels safe and secure, difference is celebrated, and abuse and exploitation not tolerated.

Executive Summary

- 4 The Domestic Abuse Act 2021 was introduced to address Local Authority response to the provision of support for victims of domestic abuse. Key impacts included.
 - (a) Provision of Safe Accommodation: Local authorities are required to ensure that victims of domestic abuse and their children have access to safe accommodation and support services.
 - (b) Multi-Agency Collaboration: Local authorities must work closely with other agencies, including health services, police, and domestic abuse organisations, to provide comprehensive support

- (c) Annual Reporting: Authorities are required to report annually on the progress and effectiveness of their domestic abuse support services.
- 5 The council is required to work in partnership with agencies including, police, health, and domestic abuse organisations to provide comprehensive support and protection for victims. The council currently meets its responsibilities by delivering a range of support to from both internal and a commissioned a provider who delivers safe accommodation.
- 6 This paper outlines the journey so far in reviewing the current strategy and the commissioned safe accommodation offer. It aims to provide the detail on the planned review activity that will ensure that survivors, and their families including children and young people are at the heart of the service redesign.

RECOMMENDATIONS

The Children and Families Committee are recommended to:

1. Approve the review of the provision for safe accommodation across Cheshire East for victims and survivors of domestic abuse.
2. Note the engagement and co-production outlined to develop service model for safe accommodation and a refreshed Domestic Abuse and Sexual Abuse Strategy.
3. Note that the outcome of the review will be reported back to Committee together with a proposed future service delivery model.

Background

- 7 The Domestic Abuse Act 2021 was introduced to address Local Authority response to the provision of support for victims of domestic abuse. Key impacts included.
 - (a) Provision of Safe Accommodation: Local authorities are required to ensure that victims of domestic abuse and their children have access to safe accommodation and support services.
 - (b) Multi-Agency Collaboration: Local authorities must work closely with other agencies, including health services, police, and domestic abuse organisations, to provide comprehensive support

- (c) Annual Reporting: Authorities are required to report annually on the progress and effectiveness of their domestic abuse support services.
- 8 Safe accommodation is part of a broader domestic abuse support offer in Cheshire East. This is delivered both internally and by a commissioned provider, with funding from multiple sources. See appendix 1 and 2 for details on the comprehensive offer in Cheshire East and needs analysis.
- 9 The Council currently commissions one provider My Cheshire Without Abuse (MyCWA) to meet the needs of those who require safe accommodation, in conjunction with a range of internal services within Housing and Domestic Abuse Family Safety Unit (DAFSU).
- 10 The contract with MyCWA was awarded on 1 April 2019 to 31 March 2022, with two, 12-month extensions taking it to March 2024. In 2024 a further two six-month extensions, via modification, were implemented (April to September 2024 and October 2024 to March 2025). A further extension has been approved and agreed with MyCWA for 12-months from the 1st of April 2025 to the 31st of March 2026. All extensions and modifications were negotiated and agreed with the provider.
- 11 Following the results of the consultation and engagement the safe accommodation service model will be reviewed for 2026 onwards and commissioning intentions will be defined to meet the duty under part 4 of the Domestic Abuse Act.
- 12 Work has begun across the Partnership to develop an aspirational Domestic Abuse and Sexual Abuse strategy for 2025 and beyond.

Service Review

- 13 The safe accommodation offer in Cheshire East is 16 safe accommodation units dispersed across the borough.
- 14 The current service vision is set out as
 - (a) The Domestic Abuse Emergency and Supported Accommodation will support people and their families who are experiencing or who have been subject to domestic abuse, providing high quality safe accommodation and promoting resilience, independence, and healthy lives.
- 15 In April 2025 there was a 12-month modification to extend the current contract with MyCWA for the delivery of safe accommodation provision across the borough to ensure the council meets its statutory duty following a failed procurement exercise in December 2024. A review is currently underway to learn from the failed procurement exercise.

- 16 There will be several stages to the review of the Domestic Abuse Offer in the following format:

Stage 1: Immediate Needs Assessment

Stage 2: Understanding, Reviewing and Engagement including Best Practice and Benchmarking, determine service model for provision

Stage 3: Service Development/Coproduction and service redesign

Stage 4: Recommissioning

Stage 5: Contract Award/Mobilisation

Stage 6: Service Launch

- 17 The review will also feed into the broader needs assessment as part of the strategy refresh.

Consultation and Engagement

- 18 It is proposed that in the summer consultation will be on the draft strategy as well as commissioning intentions for safe accommodation, as per the duty (S57) in the Domestic Abuse Act 2021 to consult on a strategy for this area.
- 19 Consultation and engagement are a continual process for commissioning see paragraph 16, as it provides the intelligence that inform the strategy, policy, quality assurance and performance of all our services. Consultation will take place with residents and survivors to shape and inform the strategy and the commissioning intentions/ service model.
- 20 The consultation and engagement approaches are shown below and will take place over Summer 2025:
- (a) Publication online survey and questionnaire for survivors and residents
 - (b) An online survey and questionnaire with partner agencies, professionals
 - (c) Virtual and in-person workshops with victims, survivors, children, young people, families and professionals. These will be advertised via social media, the council website and with current existing routes.

- (d) Virtual online Market Place events for providers to feedback on the commissioning intentions, advertised by the Chest Procurement Portal for wider markets to attend.
- 21 The results of consultation and a draft strategy will be brought to a future committee in September for approval ahead of being presented to the Partnership for final sign off.
- 22 Due to the cross-committee interest in Domestic Abuse Services in Cheshire East this paper has been briefed to the Adults and Health Committee members who noted the following.
- (a) The Adults and Health Committee agree that the procurement needs to be taken forward and accomplished within the time frame so that there is a clear vision and strategy by the time the current contract ends so that vulnerable residents have access to appropriate services.
 - (b) The Adults and Health Committee want to ensure there is appropriate accommodation within the Borough and beyond so vulnerable users can be protected.
 - (c) The Adults and Health Committee want to ensure that the procurement process is fair and that all options are considered, including that of Cheshire East providing its own provision, with a fair spread of accommodation across the county which reflects the needs of the area.
 - (d) The Adults and Health Committee agree a robust communications strategy will be required.

Reasons for Recommendations

- 23 The Domestic Abuse Act 2021 imposed several new duties on the Local Authority. Local authorities are required to ensure that victims of domestic abuse and their children have access to safe accommodation and support services.
- 24 The current safe accommodation contract extension is due to expire in March 2026 and the council will need to ensure from this point it can meet the needs of victims and survivors effectively whilst providing value for money, therefore the review will seek to determine the new service model in line with the approach outlined in paragraph 16.
- 25 The recommendation is that the review of the strategy and review of safe accommodation provision is co-designed with survivors to ensure that services meet need.

- 26 The proposal is to complete further consultation and engagement work to refine the strategy ahead of formal sign off later this year to ensure we meet the duty around safe accommodation strategy.
- 27 The recommendation and associated procurement activity will need to be carefully managed from a communications perspective to ensure that any reputational risk to the Council is well managed and the broad range of support to victims and survivors is known by the public.

Other Options Considered

- 28 The best option is option two, further options have been considered see below.

| Option | Impact | Risk |
|--|---|--|
| Do nothing, do not review and / or reprocure contracts for this area. | <p>The council will not provide safe accommodation.</p> <p>The council will be at significant risk of non-compliance with its legal obligations.</p> | <p>The council risks not meeting its responsibilities to provide safe accommodation.</p> <p>Victims of DA will not have their needs met.</p> <p>Significant reputation risk to the council.</p> |
| <p>Complete a review of safe accommodation provision in Cheshire East to determine a service model for provision.</p> <p>To review and determine the most appropriate model for service delivery and bring for a decision at a future committee meeting.</p> | <p>The review of refuge will ensure an open and transparent process for the service offer required.</p> <p>The service will be co-designed with victims and survivors and engage the provider market.</p> | <p>There is a risk that providers will not bid for this provision due to the budget, careful specification development and market engagement is required to mitigate this alongside a full review of the budget to deliver a service that meets need. See finance section for reviewed budget for 2026 onward.</p> |

Implications and Comments

Monitoring Officer/Legal

- 29 Whilst this report is before the Children and Families Committee, the Adults and Health Committee has been consulted which meets with the requirements of the Constitution. The Chair or any other member of Adults and Health committee may attend the meeting to speak on this item at the discretion of the Chair of the Children and Families Committee

- 30 As set out in the report Part 4 of the Domestic Abuse Act 2021 (the Act) details the duties on relevant local authorities in relation to support provided to victims of domestic abuse.
- 31 The Statutory Guidance published on 1 October 2021: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services, outlines that the Act Places duties on each relevant local authority in England to:
- i. Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions (below).
 - ii. Assess, or make arrangements for the assessment of, the need for accommodation-based domestic abuse support in their area for all victims and their children who reside in relevant safe accommodation, including those who come from outside of their area.
 - iii. Prepare and publish a strategy for the provision of such support to cover their area having regard to the needs assessment.
 - iv. Give effect to the strategy (through commissioning / decommissioning decisions).
 - v. Monitor and evaluate the effectiveness of the strategy.
 - vi. Report back annually to central government.
- 32 S57(4) of the Act outlines the requirements for consultation in relation to a strategy under s57 of the Act. The Act requires that a review take place every three years and the current strategy expired in March 2025.
- 33 This report proposes a review of the provision of safe accommodation including consultation with stakeholders and development of a Domestic and Sexual Abuse Partnership Strategy. The production of a strategy as proposed in this report will ensure compliance with the requirements under the Act
- 34 Following consultation, a proposed model for service delivery will be brought back to Committee for agreement including consideration of any procurement arising from that model.
- 35 The Strategy will be developed with partners and brought back to committee for approval prior to endorsement and adoption by the Domestic Abuse Local Partnership Board.
- 36 In this instance consultation is statutory and the Domestic Abuse Support (Local Authority Strategies and Annual Reports) Regulations 2021 outlines the statutory deadlines for publication of the strategy under s57

of the Act. The Domestic Abuse: statutory guidance also outlines that the approach to the services and support commissioned should consider the particular needs of all victims in the area and authorities must consider their Public Sector Equality Duty under the Equality Act 2010.

- 37 Legal Services will provide advice and support throughout the process and upon the proposed service delivery model, any commissioning intentions and the draft Strategy when it is brought back to Committee.

Section 151 Officer/Finance

- 38 The annual budget for Domestic Abuse service for 2025.26 is £1.739m as detailed in the following table.

| | | 2025-26 |
|---|---|--------------------|
| Domestic Abuse Budget | | Budget |
| My CWA Core Commission - Accommodation Element | £ | 150,000 |
| Contingency linked to Accommodation Recommission | £ | 100,000 |
| Domestic Abuse Co-ordination | £ | 86,043 |
| Domestic Abuse Partnership | £ | 500,084 |
| Domestic Abuse New Burdens | £ | 842,025 |
| Expenditure Budget still to be allocated | £ | 61,627 |
| Gross Expenditure Total | | £ 1,739,779 |

- 39 The annual budget for DA Commissioning for 2025.26 is £250k. This is the parameter for the new commissioned service for 2026.27 subject to grants being maintained at the same level.
- 40 There is no direct reference in the MTFS to this budget allocation for Domestic Abuse.
- 41 The 2026.27 contract value would be funded from within existing revenue budgets.
- 42 The proposal in the paper does not impact the in-year budget.

Policy

- 43 The Domestic Abuse Strategy will contribute towards the vision of the Corporate Plan to deliver services that safeguards, empowers and cares about people. The 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 DA services and those who may use them in the future.

- 44 This service falls under Commitment 2 of The Cheshire East Plan 2025-29 - Everyone feels safe and secure, difference is celebrated, and abuse and exploitation not tolerated.

Equality, Diversity and Inclusion

- 45 An Equality Impact Assessment will accompany and support the review of Domestic Abuse Services.
- 46 The EIA will develop further during consultation and engagement with survivors.
- 47 Inequalities identified will be actioned and addressed through the recommissioning activity and included as performance measures for the service to adhere too via the service specification and contract.

Human Resources

- 48 As part of the development of our employment strategy and staff code of conduct we will be considering how we support the aims of our Domestic Abuse Strategy.
- 49 It is believed that TUPE will apply to employees delivering safe accommodation services. During the tender all applicants will be provided with a full list of eligible employees.

Risk Management

- 50 Appropriate risks logs have been established as part of project governance. The purpose of this report is to highlight the risk implications regarding the safe accommodation provision and the need to ensure the Council meets its statutory obligations. The council could breach the Domestic Abuse Act 2021, by non-compliance to provide suitable refuge provision which is due for re-procurement by April 2026.
- 51 If risks are required to be escalated these will be highlighted on agreed reporting framework and through the approved governance.

Rural Communities

- 52 There are no direct implications for rural communities and the service would be developed to improve access.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 53 There is a direct and significant impact on Children and Young People with the Domestic Abuse Act 2021 recognising CYP as victims in their own right. The strategy development and associated plans and commissioning activity will work towards addressing this and any identified needs and gaps to improve the experience of CYP.

Public Health

- 54 Victims and survivors of domestic abuse are more at risk of health inequalities than their peers. This strategy and the recommissioning activity are expected to improve the awareness and response in respect of these health needs, with support from a strong partnership vision and alliance.

Climate Change

- 55 The recommissioning of the service will include expectations around Social Value, this includes social, economic and environmental impacts. The service provider will need to demonstrate their impact on the environment throughout the life of the contract. This will be included as part of the service specification and monitored by quarterly performance measures. Targets around recycling, carbon reduction with the use of electric vehicle, employing people within the community it serves and offering services virtually or on a Place based locality will be measured continually.

Consultation

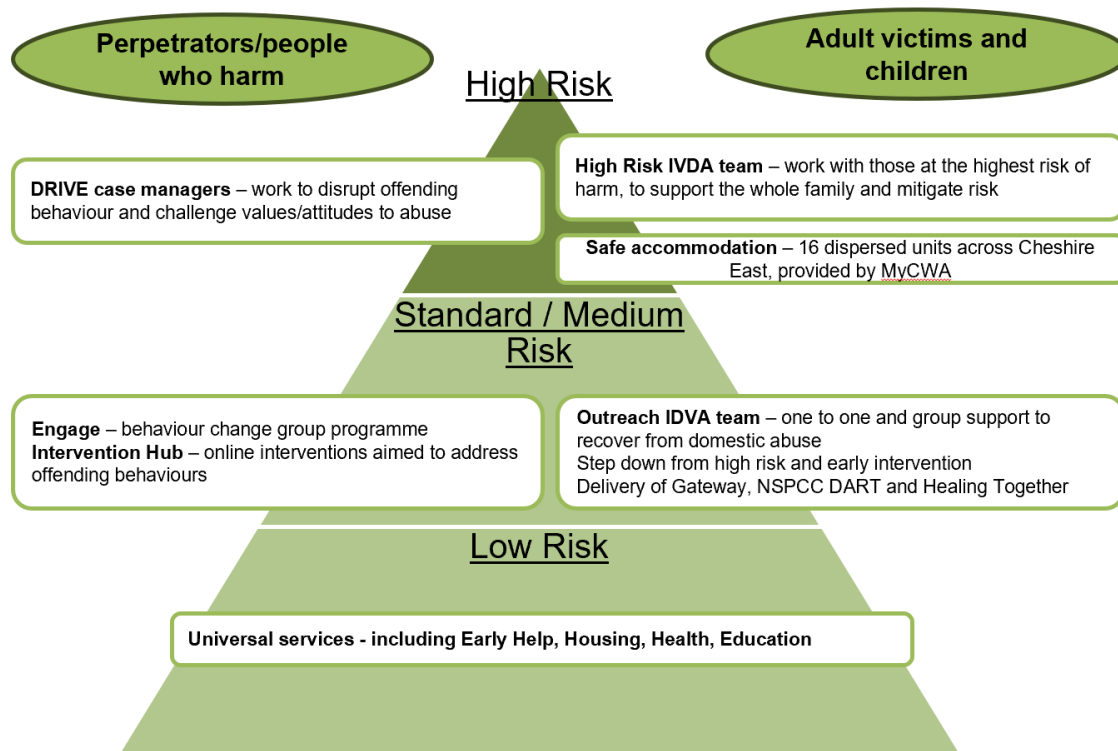
| Name of Consultee | Post held | Date sent | Date returned |
|--|--|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 22/05/25 | 23/05/25 |
| Janet Witkowski | Acting Governance, Compliance and Monitoring Officer | 22/05/25 | 25/05/25 |
| <i>Legal and Finance</i> | | | |

| | | | |
|--------------------------------------|---|----------|----------|
| Leah Benson | Senior Lawyer | 14/04/25 | 21/05/25 |
| Julie Gregory | Head of Legal | 12/05/25 | 12/05/25 |
| Rosini Beressi | Principal Lawyer | 27/05/25 | 27/05/25 |
| Diane Green | Finance Manager | 14/04/25 | 25/04/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Claire Williamson | Interim Executive Director of Children and Families | 22/05/25 | 27/05/25 |
| Richard Nash | Interim Director Family Help and Children's Social Care | 06/05/25 | 12/05/25 |

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|------------------------------|---|
| Access to Information | |
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| Appendices: | Appendix 1 – Current Domestic Abuse Offer Appendix 2 – Domestic Abuse and Sexual Abuse Strategy |

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Appendix 1 – Current Offer



DOMESTIC ABUSE NAVIGATORS (DANs)

The DA Navigators work from the Integrated Front Door, taking all self-referrals from clients and providing information, advice and support, as well as risk assessment and onward referrals as appropriate. They are qualified and experienced IDVAs and support the Integrated Front Door teams with all complex DA cases with children and oversee the sign off as cases of DA or Parental Conflict have been stated as the reason for closure or onward referral. They support all Social Care colleagues and partners to view cases through a DA lens.

OUTREACH IDVA TEAM

The team consists of 6 members of staff who are overseen and supported by 1 Team Leader and work in conjunction with staff from the Early Help Service. The Outreach IDVA team is split between North and South.

The Outreach IDVA Team receives referrals via two routes, the Domestic Abuse Navigators (DAN) and as stepdown cases from the MARAC IDVA team. Referrals via ChECS must have been agreed by the DAN (with a Dash score of 10 – 14 and/or professional judgement) and the Business Support team will open the DA episode on Liquid Logic. Each Outreach IDVA is trained to deliver the one to one and group therapeutic offer across Cheshire East, with two specialising in work with children and young people. These interventions include 1:1 and group Gateway (a recovery programme for adult victims) and NSPCC's DART programme for the protective parent and the child/children. They will also provide one to one support where appropriate.

Outreach IDVAs receive a comprehensive support plan with any stepdown cases which will include any outstanding actions to be completed via direct work with the client. The Outreach IDVA holds up

to 15 cases for direct work. Should risk increase then Management Oversight will be sought, agreement will be made with the Leadership team as to who holds the case through MARAC. Direct case work will be held for a period of 16 - 20 weeks.

The Outreach IDVA Team also supports the Local Authority with delivering a training package and briefings to professionals and educational settings.

MARAC IDVA TEAM

The team consists of 6 members of staff and is overseen by 1 Team Leader. Individual IDVAs hold a caseload of no more than 30 Clients. The work of the MARAC IDVA team is for a period of 6-8 weeks, following allocation. The main tasks are around risk mitigation work and immediate MARAC actions to be either started or completed. MARAC IDVAs then work with the client/family via a family support plan to transition support to the Outreach IDVA Team if required.

All IDVAs are trained to deliver 1:1 Gateway for Victim Survivors that are not ready for group sessions.

The referral pathway for the MARAC IDVA Team is via referrals to MARAC and Cheshire Police have the current administration of these referrals.

HOSPITAL IDVAs

The Hospital IDVAs complete work like the DA Navigators in way of triage, signposting and making onward referrals. The Hospital IDVAs hold hospital-based cases and take referrals for patients as well as staff who are employed by the trust. The Hospital IDVA is responsible for the training offer across the NHS Hospital sites and this is in line with the NHS training package.

HIGH HARM CASE MANAGERS

The team consists of two members of staff work to the DRIVE principles, set out by DRIVE central. They work with High Risk/High Harm perpetrators to disrupt their offending and seek to challenge their attitudes and behaviours, whilst protecting the victim and their families.

DATA ANALYST AND BUSINESS SUPPORT

The Data Analyst works across the whole service area to produce timely reports required for internal and external reporting. The Data Analyst reports directly to the DAFSU Manager. The Business Support Officers work across the entire service providing support with all aspects of organisation and administration, ranging from updating client case files to financial tasks.



Cheshire East Domestic Abuse Needs Assessment & Review

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1. Introduction

- 1.1. This report presents the findings of a review and needs assessment completed by Standing Together Against Domestic Abuse (Standing Together) on behalf of Cheshire East Council. Standing Together is a national charity bringing communities together to end domestic abuse through supporting organisations to work in partnership to identify and respond effectively to domestic abuse and to ensure survivors receive the best possible support to live free from abuse.
- 1.2. We sought to build a comprehensive picture of domestic abuse in Cheshire East: need, demand for services, service provision, and the response of all organisations to domestic abuse individually and in partnership. For the purposes of this report, the term 'partnership' describes all organisations (statutory, voluntary and community) that have any role in responding to domestic abuse victims/survivors and those who harm, children and adults.
- 1.3. The needs assessment and review operated from the basis that children and young people are victims of domestic abuse in their own right, not 'witnessing' or 'indirect victims', as stated in the Domestic Abuse Act 2021¹.
- 1.4. The needs assessment and review were informed by the Coordinated Community Response model² of partnership responses to domestic abuse and the Whole Housing Approach³ to domestic abuse (WHA), both of which have been recognised as examples of best practice in the Domestic Abuse Act 2021 Statutory Guidance⁴.
- 1.5. The Domestic Abuse Act 2021⁵ placed statutory requirements on Cheshire East Council, which are outlined in the following table, with a summary of Cheshire East Council's status.

| DA Act 2021 Part 4 Statutory Requirements | Cheshire East Council Status |
|---|---|
| Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions. | The Cheshire East Domestic and Sexual Abuse Partnership board meets this requirement. |
| Assess the need for domestic abuse support in their area for all survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area. | A needs assessment was completed in 2021/22 as part of the Whole Housing Approach development work. The needs assessment in this review updates that for 2022/23. |

¹ <https://www.legislation.gov.uk/ukpga/2021/17/section/3/enacted>

² STADA In Search of Excellence: <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

³ DAHA Whole Housing Toolkit: <https://www.dahalliance.org.uk/who-we-are/whole-housing-approach/whole-housing-toolkit/>

⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

⁵ <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

| | |
|--|--|
| Develop and publish a Safe Accommodation Strategy having regard to the needs assessment. | Completed through publication of the Whole Housing Approach Strategy 2021-23. |
| Implement the strategy through commissioning / de-commissioning decisions. | Commissioning decisions will follow the completion of this review. |
| Monitor and evaluate local delivery and effectiveness of the strategy. | The Cheshire East Domestic and Sexual Abuse Partnership board is responsible for this. |
| Report back to central government annually. | The Cheshire East Domestic and Sexual Abuse Partnership board is responsible for this. |

- 1.6. The Government published its Domestic Abuse Action Plan⁶ in March 2022, with the following priorities, which can also be found in the Government's National Violence Against Women and Girls Strategy 2021-24⁷: Prioritising prevention; Supporting victims; Pursuing perpetrators; A stronger system.
- 1.7. Cheshire East domestic abuse strategy and commissioning should also have reference to the Government National Statement of Expectations⁸, which set out the actions local commissioners need to put in place to ensure their response to VAWG is collaborative, robust, and effective through the following:
- Put the victim/survivor at the centre.
 - Have a clear focus on the perpetrators in order to keep victims (and those at risk) safe.
 - Take a strategic, system wide approach to commissioning, acknowledging the gendered nature of VAWG.
 - Be locally led and safeguard individuals throughout.
 - Raise local awareness of the issues and involve, engage, and empower communities to seek, design and deliver solutions to prevent VAWG.
- 1.8. Cheshire East Council was awarded new burdens funding from government to implement the Statutory Duty in 2021/22 and 2022/23. Future levels of funding will be announced year on year by the Department for Levelling Up, Housing and Communities (DLUHC). This funding is explicitly provided to ensure the new burdens of the Act can be implemented and to meet the gaps identified through the needs assessment. New burdens funding does not replace

⁶ <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

⁷ <https://www.gov.uk/government/publications/tackling-violence-against-women-and-girls-strategy>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064571/National_Statement_of_Expectations_2022_Final.pdf

existing funding for core services and there is no guarantee over future levels of government funding.

- 1.9. The report presents the findings of several strands of work delivered by Standing Together. While presented separately, when appropriate, the findings of each are referred to in other sections. Recommendations are made throughout the report, and listed together in section nine.
 - Section two outlines the structure of the strategic partnership response to domestic abuse in Cheshire East, and the role and response of other strategic partnerships. Detailed tables are contained in Appendix 1 and Appendix 2.
 - Section three details the range of specialist domestic abuse provision in Cheshire East, how they are funded and what they deliver. A detailed table of provision is contained in Appendix 3, and the funding detail in Appendix 4.
 - Section four describes the ‘front door’ processes to accessing domestic abuse support in Cheshire East, and presents the findings of a review of these processes. More detailed information about these processes is also contained in Appendix 5 and Appendix 6.
 - Section five is a summary of the responses from non-domestic abuse specialist organisations and services. A detailed table is contained in Appendix 7.
 - Section six contains the needs assessment, based on the available data from specialist domestic abuse services and non-specialist services, including where possible, demographic data of those accessing services.
 - Section seven presents survivor feedback that was gathered as part of this review. This feedback is also integrated into the other sections where appropriate. Appendix 8 contains the full survivor consultation report, and Appendix 9 contains customer mapping and survivor journeys.
 - Section eight describes the range of audit and review process in Cheshire East, and presents the findings of a review of these processes, with detailed information contained in Appendix 10.
 - Section nine presents the conclusions of the review, and lists all recommendations made throughout the report.

2. Domestic Abuse Strategic Partnership

- 2.1. This section outlines the existing strategic governance for the partnership response to domestic abuse in Cheshire East. Conversations were held with the managers or coordinators of the core strategic partnerships, and Terms of Reference were reviewed.
- 2.2. The strategic governance for domestic abuse is through the Cheshire East Domestic and Sexual Abuse Partnership Board (CEDSAP), which monitors the Cheshire East partnership

strategy for domestic abuse. The most recent strategy ended in 2023, and a new one will be developed following the completion of this review and needs assessment.

- 2.3. The four core strategic partnerships in Cheshire East are: Cheshire East Safeguarding Adults Board, Cheshire East Safeguarding Children's Partnership, Cheshire East Health and Wellbeing Board, and the Safer Cheshire East Partnership. The partnerships are outlined in detail in Appendix 1, including statutory responsibilities, coordination, structures, and current priorities.

Cheshire East Domestic and Sexual Abuse Partnership Board

- 2.4. Cheshire East Domestic and Sexual Abuse Partnership Board (CEDSAP) is a sub-group of the Safer Cheshire East Partnership. It is supported and coordinated by the Domestic Abuse and Sexual Violence Development Lead Advisor. The role is based in Children's Services, managed by the Head of Service for Prevention and Early Help, who also chairs CEDSAP.
- 2.5. CEDSAP fulfils the requirement under Part 4 of the Domestic Abuse Act 2021 to "Appoint a multi-agency Domestic Abuse Local Partnership Board which it will consult as it performs certain specified functions"⁹. Additionally, Part 4 requires the local authority to do the following:
- Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who come from outside the area.
 - Develop and publish a strategy for the provision of such support to cover their locality, having regard to the needs assessment.
 - Give effect to the strategy (through commissioning / de-commissioning decisions).
 - Monitor and evaluate the effectiveness of the strategy.
 - Report back to central government.
 - Local authorities must have regard to the statutory guidance in exercising their functions.
- 2.6. These requirements are expected to be delivered through consultation with the multi-agency Domestic Abuse Local Partnership Board. Membership of the Board relevant to Cheshire East Council, with reference to s.58 of the Act, is outlined in Appendix 2.
- 2.7. It is not clear the extent to which CEDSAP is focused on sexual abuse, as would be suggested by the name of the partnership.
- 2.8. CEDSAP sub-groups have up to now been in place to address identified priorities within the partnership strategy 2020-23: *People who harm; Co-production; Complexity; Communication; Health; Commissioning*. These sub-groups are on hold while this review is completed, and the new partnership strategy is developed, although work is continuing in these priority areas.
- 2.9. The *Multi-Agency Risk Assessment Conference (MARAC) Steering Group* exists as a standing sub-group to CEDSAP to monitor and assess the performance of the MARAC process in Cheshire East. It is attended by Managers from the local authority, police, health, probation, fire and rescue, and Cheshire East Council DAFSU. Meetings are held quarterly.

⁹ <https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version>

- 2.10. The **Whole Housing Approach Steering Group** also continues to operate as a sub-group of CEDSAP, to ensure delivery of the action plan for the pilot. Attendance at the group comprises Managers from the local authority, police, health (ICB), fire and rescue, Registered Social Landlords, and voluntary sector services. Meetings are held quarterly.
- 2.11. An **Experts by Experience group** is in place to inform CEDSAP. A role (named 'Amplified Voice') is funded through DLHUC and provided by MyCWA to facilitate a peer support lounge to seek the views of survivors. The partnership is also proactively seeking the voices of survivors who may not access the peer support lounge. This includes work with Pearls of Cheshire (a local by and for service), Pure Insights (supporting care experienced young people), and the Gypsy, Roma, and Traveller communities. An organisation called Disability Positive delivers an established user group to steer the work of the CESAB, and their views are being sought to inform CEDSAP.
- 2.12. In addition to Cheshire East partnerships, there are regional and sub-regional partnerships CEDSAP must connect with: the Sub-Regional Domestic Abuse Group, Pan-Cheshire Criminal Justice Board, and SARC Commissioning partnership.

Cheshire East Strategic Partnerships

- 2.13. The ways in which CEDSAP interacts with the core strategic partnerships in Cheshire East varies, and in some areas could be improved. The role of the Domestic Abuse and Sexual Violence Development Lead Advisor is clearly crucial: all participating organisations were aware of this role and the vital part they play in coordinating and delivering a Coordinated Community Response. But, it is important that the partnership response does not rely solely on the Lead Advisor, and that appropriate connections and representations are made across all services and organisations.
- 2.14. Safer Cheshire East Partnership (SCEP): as a sub-group of SCEP, the work of CEDSAP is reported by the Domestic Abuse and Sexual Violence Development Lead Advisor, who is a member of SCEP. The Strategic Intelligence Assessment 2022-25 identifies domestic abuse as a priority area.
- 2.15. Cheshire East Safeguarding Adults Board (CESAB): the CESAB Business Manager is located within the Adult Safeguarding Team alongside the Community Safety Manager who manages SCEP. This enables a strong link to be in place between the work of SCEP, CEDSAP and CESAB. Additionally, the Domestic Abuse and Sexual Violence Development Lead Advisor is a member of CESAB and provides updates on the work of CEDSAP. While the Lead Adviser is located in Children's Services, they do not – and cannot – represent the work of that department, which is otherwise not represented at CESAB.
- 2.16. Cheshire East Safeguarding Children's Partnership (CESCP): CESCP has been through a process of transformation, and a new structure was being implemented as this review was completed. The transformation process identified the need to ensure a strong link with CEDSAP, with a two-way dialogue that recognises the shared responsibility of the two boards for responding to children who are victims of domestic abuse. This is also with reference to a

briefing published by the National Child Safeguarding Practice Review Panel¹⁰ which made the following recommendation:

“Reflecting the priority in the new Domestic Abuse Plan¹¹ (published 30 March 2022) to bring national government departments together in a whole-system response, child safeguarding partners should recognise their central role in the local response to domestic abuse. They should connect closely with the community safety partnership or domestic abuse board to ensure priorities and work plans align, including commissioning and budget priorities, with clear accountability mechanisms.”

- 2.17. Discussions are ongoing between the CЕСP, CEDSAP and the Domestic Abuse and Sexual Violence Development Lead Advisor to ensure appropriate membership, to ensure two-way dialogue between the partnership boards.
- 2.18. Cheshire East Health and Wellbeing Board (CEHWB): There is no formal link between CEHWB and CEDSAP, but CEHWB welcomes papers being brought to gain the board’s support. (This was done by CEDSAP for the Health Pathfinder model¹².) The Joint Local Health and Wellbeing Strategy for Cheshire East 2023-28 contains domestic abuse specific outcomes, which will be delivered through CEDSAP with support from CEHWB.

Conclusions and Recommendations

- 2.19. Through CEDSAP, Cheshire East is meeting the statutory requirements of the Domestic Abuse Act 2021. It is a strong and established partnership, viewed positively by all partners.
- 2.20. CEDSAP places a priority on listening to the voices of those with lived experience, from diverse backgrounds and experiences, which is positive and provides an opportunity for the partnership to be held accountable by its local communities.
- 2.21. CEDSAP benefits from being placed as a sub-group to SСEP. The location of the board managers for SСEP and CESAB mean that connections between these boards are strong, also to the benefit of CEDSAP. The connection between CEDSAP/SСEP and CЕСP needs to be strengthened and formalised.
- 2.22. Looking across all the partnership boards, it is unclear why certain levels of representation are selected for the different strategic partnership boards. Most notable is the lack of local authority director or executive director level representation at SСEP (except for the chair).
- 2.23. There is also variation in the level of representatives to CEDSAP, for example from health providers. Another example is that Housing is not represented above Manager level, compared with other areas being represented by Heads of Service. Representation may reflect expertise or experience in domestic abuse that is beneficial to the board; but raises questions over accountability and oversight.

¹⁰https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf

¹¹ <https://www.gov.uk/government/publications/tackling-domestic-abuse-plan>

¹² <https://www.standingtogether.org.uk/pathfinder>

- 2.24. Children's Services are represented at CEDSAP by the Service Manager for Crewe Child Protection and Child in Need, the Head of Service for Early Help (Chair), the Service Manager for ChECS (safeguarding front door) and Education. The strategic links with other important areas of Children's Services, such as Children Looked After, Contextual Safeguarding, and other Child Protection/Child in Need teams, are unclear.
- 2.25. Adult Social Care is represented at CEDSAP by the Head of Adult Safeguarding and the Safeguarding Performance Officer. It is not clear how the wider remit of Adult Social Care participates in domestic abuse partnership governance.
- 2.26. Local authority Public Health, Wirral Community Health and Care NHS Foundation Trust, and North West Ambulance Service are not represented at CEDSAP or SCEPT. They are connected through the attendance of the Cheshire and Merseyside ICB, but other health providers are direct members, so this appears as a gap.
- 2.27. It would support the partnership response to domestic abuse were SCEPT able to hold other partnership boards accountable for their involvement in the partnership response to domestic abuse.
- 2.28. The National Child Safeguarding Practice Review Panel's briefing on multi-agency safeguarding and domestic abuse¹³ highlighted good practice in the North Yorkshire multi-agency commissioning group, which Cheshire East could learn from in bringing partners together to discuss funding and commissioning (building on the CEDSAP Commissioning sub-group, currently on hold).
- 2.29. Information gathered from the Domestic Abuse Commissioner's Office suggests that, in locating the domestic abuse strategic partnership within community safety, Cheshire East is in line with most partnerships in England. Further feedback highlights that areas in which the strategic partnerships are strong, place their domestic abuse partnership board within a network of strong connections and communication between the strategic partnerships, with clear accountability across all partner agencies and boards.
- 2.30. *Recommendations*
- CEDSAP should continue to operate as a sub-group of SCEPT: this arrangement is working well and is in-line with most partnership arrangements nationally.
 - Strengthen and formalise the connections between CEDSAP and SCEPT with CESC, with reference to the National Child Safeguarding Practice Review Panel recommendation referred to above (paragraph 2.16). This development must recognise the wide scope of Children's Services, from Early Help through to Children Looked After and Care Experienced: representatives must be able to effectively represent, and communicate with, the whole department.
 - Formalise the mechanism through which CEDSAP will report on delivery of the outcomes identified in the Joint Local Health and Wellbeing Strategy for Cheshire East 2023-28.

¹³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1107448/14.149_DFE_Child_safeguarding_Domestic_PB2_v4a.pdf

- Review the membership of CEDSAP presented in this report regarding the level of representation and the gaps in representation, to understand the impact this has on functioning and strategic delivery, and make changes / invitations as appropriate.
- Ensure that the involvement of those with lived experience of domestic abuse is two-way, so that those who have contributed their feedback, or are affected by the work of the partnership, receive information/updates on its work.

3. Domestic Abuse Specialist Provision and Funding

- 3.1. This section describes the specialist domestic abuse services commissioned and provided in Cheshire East. For the purposes of this review, a ‘specialist’ service is one that is exclusively contracted, or designed, to deliver domestic abuse interventions. All provision in Cheshire East is presented in Appendix 3 aligned to the type of intervention that is delivered.

“These services [CEDAH, DAFSU, CWA] have saved my life. I’m grateful for them.”

- 3.2. Appendix 4 is a spreadsheet containing all funding for specialist domestic abuse provision in Cheshire East. The information is presented in the following ways:
- The cost of each service, broken down to each element, listed alongside whether roles are permanent or temporary, and the source of funding for each element of services.
 - Funding sources listed against each of the services, compared with the cost of each service and any shortfall, and the status of that funding (i.e., ongoing or temporary).
 - Total funding provided by each of the funders in Cheshire East, and what services each source funds.

Cheshire East Council Domestic Abuse Hub & Domestic Abuse Family Support Unit

- 3.3. Due to the way in which funding covers both Cheshire East Domestic Abuse Hub (CEDAH) and Domestic Abuse Family Support Unit (DAFSU), the funding is outlined here, followed by the detailed descriptions and costs of each service (see paragraphs 3.8 and 3.25).
- 3.4. 1 FTE Manager covers both CEDAH and DAFSU. Transport and running costs are in place to cover both teams.

| CEDAH & DAFSU Management and Service Delivery Costs | Cost | Funding Source |
|---|---------|---|
| 1 FTE CEDAH & DAFSU Manager (Grade 10), permanent | £58,000 | Core Cheshire East Council Children’s Services funding, ongoing |
| Transport costs | £7,140 | |

| | | |
|-----------------------------|----------------|--|
| Supplies and services costs | £20,400 | |
| TOTAL COST | £85,540 | |

- 3.5. Funding for CEDAH and DAFSU are from the following sources. The table also includes the temporary nature of some of the funding. While this funding covers both services, most of the ongoing funding is allocated to DAFSU, and the temporary funding to CEDAH.
- 3.6. It should be noted that the substantial funding from CEC Children's Services Base Budget is due to the teams currently being located within that department.

| CEDAH & DAFSU Funding Sources | What is funded | Funding | Nature of funding |
|---|-----------------------|-----------------|---|
| Cheshire & Merseyside Integrated Care Board | DAFSU | £16,695 | Ongoing |
| Cheshire Police & Crime Commissioner | DAFSU | £10,000 | Ongoing |
| | | £146,200 | Ends at the end of 2024/25 |
| CEC Housing | DAFSU & CEDAH | £5,000 | Ongoing |
| CEC Community Safety / Adults Base Budget | DAFSU & CEDAH | £40,000 | Ongoing |
| CEC Children's Services Base Budget | DAFSU | £154,582 | Ongoing |
| | CEDAH | £50,000 | Ongoing |
| DLUHC | DAFSU Deputy Manager | £52,000 | Ends at the end of 2023/24, future funding not guaranteed, announced year-on-year |
| | DAFSU | £41,000 | |
| | CEDAH | £67,000 | |
| TOTAL ongoing funding | | £321,277 | |
| TOTAL time limited funding | | £271,200 | |
| TOTAL funding | | £592,477 | |

| CEDAH & DAFSU Funding | Funding |
|--|-----------------|
| TOTAL cost of CEDAH delivery (see below, paragraph 3.22) | £158,000 |
| TOTAL cost of DAFSU delivery (see below, paragraph 3.29) | £371,500 |
| TOTAL cost CEDAH & DAFSU management, service costs (see paragraph 3.4) | £85,540 |
| TOTAL cost CEDAH & DAFSU delivery | £615,040 |

| | |
|---|----------------|
| Shortfall (total funding minus total cost) | £22,563 |
|---|----------------|

- 3.7. *Recommendation*: Cheshire East Council to explore whether the funding for domestic abuse service provision should not be seen as a cost to a specific department, to enable recognition of the responsibility of the whole Council to delivering domestic abuse responses, not just the service area where the teams are located.

Cheshire East Council Domestic Abuse Hub

“I was surprised at how much support I’m getting from the hub. It’s helping to make me feel safe and secure. Despite the delays in getting back to me, I know that whatever happens, I can go to the hub for help. There is nothing I would complain about this service. I believe that I wouldn’t have survived without it.”

- 3.8. The Cheshire East Domestic Abuse Hub (CEDAH) is based in Cheshire East Council Children’s Services. It is single point of contact for information, consultation, referral, triage, and case allocation for those affected by domestic abuse and those who support them.
- 3.9. Referrals are made to CEDAH through the online portal, via telephone, and through Cheshire Constabulary VPAs. CEDAH welcomes self-referrals and referrals from professionals. A diagram of the process is presented in Appendix 5.
- 3.10. The expectation is that any individual or family in Cheshire East requiring support in relation to domestic abuse will be referred or signposted to CEDAH, not to individual services. This applies to all domestic abuse related referrals including victims/survivors and those who harm, for adults, children and young people. Where CEDAH receive referrals or contacts for high-risk victims/survivors, these are passed immediately to the DAFSU for response.
- 3.11. On receiving a self-referral via phone, wherever possible, CEDAH will respond to what the person needs at that time, which could be a full triage taking approximately an hour (not all self-referrals want to undertake this immediately). If it is not possible to do this due to CEDAH capacity, or the call-taker needing to undertake a scheduled call with another victim/survivor, the person’s details will be taken, and a time arranged to call them back.
- 3.12. CEDAH will refer someone on to support from MyCWA within the following criteria (see more on MyCWA provision below, from paragraph 3.51):
- If the individual referred has children, or is a child, with a Child in Need or Child Protection Plan.
 - Victims/survivors wanting to separate from their abusive partner.
 - Victims/survivors experiencing multiple disadvantage as assessed by the MyCWA ‘Chaos Index’ tool.

- 3.13. CEDAH aims to contact agency referrals within five working days. Due to the lack of capacity, it's currently closer to ten working days. As a snapshot when this review was being completed, there were 314 cases on the system that needed to be contacted by two members of staff. CEDAH tries to prioritise self-referrals and those with children, but within those groups, it is hard to prioritise again.
- 3.14. When an individual does not meet the criteria for referral on to MyCWA, but requests support, more in-depth safety planning is completed. Each call to undertake this can be 2-2.5 hours. This is unsustainable due to the current lack of capacity: given the time it takes, only two or three of these calls can be made in a day, during which time other referral triage and call responses cannot be given.
- 3.15. Additionally, it is felt by the team not to be person-centred or trauma-informed: trying to cover all elements of a safety plan is often too much for the victim/survivor to take in at one time. As a result, CEDAH is moving towards carrying out smaller pieces of safety planning work, following which the victim/survivor can call back when they need to move on to the next area of safety planning.
- 3.16. One survivor said the following about their first contact with CEDAH and completing the DASH-RIC during that call:

"I was listened to, but it felt like a tick box, asking if he does this or does that. I was asked if he hit my dog or any other animal. No, he hadn't, but if the dog was ill, he threatened he would destroy it. This was our much-loved family pet. I couldn't answer that question in black and white as they were asked. Right at the end, which shocked me was, bearing in mind that my perpetrator has been violent, and I shared this already, I was asked right at the end 'what am I frightened of?' Well I had already shared these details and I thought to myself, 'everything I just told you'."

- 3.17. In effect, CEDAH is case holding, because there is nowhere to refer some individuals to. However, the lack of capacity and emphasis on triage can impact on those seeking help when they feel they are on the receiving end of a process. The high demand also places a strain on staff, leading to stress and concerns that victims/survivors are not getting the support they need. This is not sustainable.
- 3.18. A theme from the survivor consultation was that survivors wanted the option to speak to someone face to face when at the start of the help-seeking process. Some also felt that, had they had direct access to MyCWA, they would not have had to repeat their story.
- 3.19. The need to meet face to face was particularly felt by survivors who had experienced technology-assisted abuse when they felt they had no choice but to use online spaces on their mobile devices, and not feeling safe to do so compounded their isolation. For one survivor, their perpetrator was monitoring them through their mobile phone and when they asked CEDAH to meet in person, they were told this wasn't an option.

“I felt let down because I didn’t want to speak over the phone and because they won’t do face to face appointments, I couldn’t get any help.”

3.20. Referrals from agencies (not police) can present issues in the process due to not being completed correctly or fully. For example, the referrer enters their own details where the details of the individual being referred should be; or not indicating that the contact details for the individual are safe to use. This creates work for the Business Support Officer and the Lead IDVA because they must go back to referrers to get the correct information.

3.21. The team comprises (some roles are not yet in post):

- 2 FTE Hub IDVAs in post at the time of this review.
- 1.8 FTE Hub IDVAs being recruited at the time of this review, including one with a focus on young people (Young People’s Violence Advisor, YPVA¹⁴), to be in post during 2023/24.
- 1 FTE Business Support Officer.
- 1 FTE Manager covering both CEDAH and DAFSU (costs presented in the above section, see paragraph 3.4).
- The Hub is also staffed by 1 FTE from MyCWA as part of the Cheshire East Council commissioned contract.

3.22. Funding for the service is as follows:

| CEDAH Service Delivery | Cost | Funding Source |
|---|-----------------|---|
| 1 FTE IDVA (Grade 8), permanent | £50,000 | Core Cheshire East Council Children’s Services funding, ongoing |
| 1 FTE IDVA (Grade 7), temporary | £41,000 | Cheshire & Merseyside Integrated Care Board, ongoing; Cheshire Police & Crime Commissioner, ongoing |
| 1 FTE IDVA (Grade 7), expected to be in post half of 2023/24, temporary | £20,000 | DLUHC, announced year-on-year |
| 0.8 FTE YPVA (Grade 7), expected to be in post half of 2023/24, temporary | £16,000 | |
| 1 FTE Hub Business Support Officer (Grade 4), permanent | £31,000 | |
| 1 FTE MyCWA worker from commissioned service | Unknown | Cheshire East Council Children’s Services contract |
| TOTAL COST | £158,000 | |

¹⁴<https://safelives.org.uk/sites/default/files/resources/Young%20People%27s%20Violence%20Advisor%20suggestions%20on%20role%20-%20case%20management%20FINAL.pdf>

3.23. CEDAH is understood to be the core of the partnership domestic abuse response. It is well known and respected. Yet it has the most precarious funding of all domestic abuse services in Cheshire East. This impacts on staff retention and the wellbeing of existing staff who consistently operate above capacity.

3.24. *Recommendations*

- Understand the current response to self-referrals that cannot immediately be referred on or responded to within the triage process. Establish the length of time taken from initial call to closure and the impact this has on the ability of CEDAH to provide safety guidance and support. Identify which individuals are being supported in this way rather than receiving an onward referral, and how many, to identify the extent of the need.
- Establish what is a safe and manageable capacity per member of CEDAH staff to respond to referrals within the five working day response time. Take into account the data in the needs assessment (see section six). This can assist in estimating the actual costs to provide safe and manageable provision that meets the demand on CEDAH.
- Consider whether, in order to maintain CEDAH's role as triage rather than case-holding, the 2-2.5 hour phone calls and larger pieces of work with victims/survivors can be allocated to the commissioned service.
- Cheshire East Council, with CEDSAP and SCEP, to understand in greater depth the impact on CEDAH of the short-term, temporary nature of the funding, and identify where funding can be made more secure to ensure the stability of the service, as well as being sufficient to adequately staff the service.
- Explore the potential within CEDAH service design to accommodate face-to-face meetings for survivors who want this, or need it for safety reasons in order to access domestic abuse support.

Cheshire East Council Domestic Abuse Family Support Unit

- 3.25. The DAFSU offers provision to victims/survivors that are at high risk, delivered by a team of Independent Domestic Violence Advocates (IDVAs) based in Cheshire East Council Children's Services.
- 3.26. IDVAs aim to support all high-risk victims/survivors who are referred via CEDAH, Cheshire Constabulary VPAs (sent directly to DAFSU), including all those being discussed at MARAC. IDVAs support risk mitigation and advocate for their clients within multi-agency settings.
- 3.27. Full-time IDVAs have a typical caseload of 25. The capacity for new referrals has been annually 560, equating to around 100 referrals per FTE IDVA, which is in line with SafeLives recommended caseloads¹⁵. The first six months of 2023/24 (data not analysed in this review) indicate an increase in referrals to 334, projected to reach around 660 by the end of the year.

¹⁵ <https://safelives.org.uk/node/521>

This increase, combined with the level of complexity of victims/survivors being referred, mean IDVAs are working with victims/survivors for longer than SafeLives guidelines (six months rather than three), and the caseload becoming higher than can easily be managed.

3.28. The team comprises:

- 5.8 FTE MARAC IDVAs, including one with a housing focus.
- 0.8 FTE Macclesfield Hospital IDVA. The remaining 0.2 FTE of this role is included in the 5.8 FTE MARAC IDVAs above. See below about the Hospital IDVAs (from paragraph 3.71).
- 0.6 FTE Business Support Officer.
- 1 FTE Manager for CEDAH and DAFSU (see paragraph 3.4).
- 1 FTE Deputy Manager.

3.29. Funding for the service is as follows:

| DAFSU Service Delivery | Cost | Funding Source |
|--|-----------------|---|
| 1 FTE IDVA (Grade 8), permanent | £48,000 | Core Cheshire East Council Children's Services funding, ongoing |
| 1 FTE IDVA (Grade 8), permanent | £48,000 | |
| 0.8 FTE IDVA (Grade 8), permanent | £38,000 | |
| 0.8 FTE IDVA (Grade 8), permanent | £38,400 | |
| 0.2 FTE IDVA (Grade 8), temporary (Member of staff works full time; remaining 0.8 FTE is Macclesfield Hospital IDVA, see below) | £9,600 | Cheshire & Merseyside Integrated Care Board, ongoing |
| 1 FTE IDVA (Grade 7), temporary | £41,000 | |
| 0.6 FTE Business Support Officer (Grade 4), expected to be in post half of 2023/24, temporary | 15,500 | |
| Business Support Officer & IDVA Agency Staff to cover sickness/secondment (estimate 2 x Grade 7 staff 0.5 year) | £40,000 | Cheshire Police & Crime Commissioner, some is ongoing, some will end March 2025 |
| 1 FTE Deputy Manager | £52,000 | DLUHC |
| 1 FTE IDVA (Grade 7), housing focus, temporary | £41,000 | |
| TOTAL COST | £371,500 | |

3.30. Deep dive case two (see section eight) found that the support of the IDVA (in this case, the Multi-Disciplinary Team IDVA) made a significant difference to the victim/survivor in delivering an 'empowerment through support' approach and coordinating the many services that were involved with the victim/survivor.

- 3.31. One survivor who identified experiencing significant trauma due to domestic and sexual abuse was involved with multiple services including police, CEDAH who referred to IDVA, and support from an ISVA (with two different ISVAs in that time). This speaks to the complexity of the system and how it can overwhelm survivors where there is an overlap of support between IDVAs and ISVAs.

“It’s a shame as it seems the services are there but only for people in emergency situations. I did speak to someone from Children’s Services and CEDAH. I first contacted my GP and went through all the steps necessary. I went to the police. I walked into a shelter. It seems to be that the only support available is for high-risk situations. It was deemed I was safe. That my child was safe. But we were not cared for because we were not deemed to be at risk.”

Multi-Agency Risk Assessment Conference (MARAC)

- 3.32. Multi-Agency Risk Assessment Conference (MARAC) referrals are received and coordinated by the Cheshire Constabulary Vulnerability Hub.
- 3.33. Referrals are discussed by the e-MARAC in the first instance, with all core agencies contributing information. Partners attending the meeting are Police, Cheshire East Council Housing, Cheshire East Council Adult Social Care, Cheshire East Council Children’s Social Care, IDVA (DAFSU) and health. A discussion is held around the risks and positives associated with the relationship and any actions that can be taken to mitigate risk.
- 3.34. If at e-MARAC it is agreed that all reasonable lines of support and assistance are underway and risk is therefore believed to have been mitigated, there is no requirement for the case to be heard at full MARAC.
- 3.35. If the risk is not believed to have been mitigated the case will be sent for full discussion at full MARAC with additional partners including Probation and CGL.
- 3.36. All referrals to MARAC will be contacted by DAFSU to offer support (see paragraph 3.25).

Cheshire East Council Safe Accommodation: Sanctuary Scheme

- 3.37. The Cheshire East Sanctuary Scheme is delivered by Cheshire East Council, with Safe Partnership carrying out the security enhancements to a victim’s home. This is exclusively for those lived in private rented accommodation, or who own their own home. The aim is to enable them to stay there safely, alongside specialist support.
- 3.38. Additionally, security works are carried out by Registered Social Landlords for their own tenants. Registered Social Landlords are working with the Cheshire East Whole Housing Approach project to develop data collection on the works they carry out.
- 3.39. Cheshire Fire and Rescue Service carry out their own assessments and installations for all tenure types. They flag domestic abuse incidents on their systems. A representative of the service is involved with the Whole Housing Approach project.

3.40. Sanctuary Scheme is a major strand in the Whole Housing Approach project and pilot with Standing Together Against Domestic Abuse. A Coordinator is being recruited in 2022/23 and a working group is in place, involving Registered Social Landlords as well as Cheshire East Council. The aim is to develop a more centralised system and improve data collection.

MyCWA Dispersed Safe Accommodation, and Support in Safe Accommodation

- 3.41. Since April 2023, the dispersed safe accommodation (refuge) and support in safe accommodation, while still part of the contract, is funded through Cheshire East Council DLUHC funding (£245,000), rather than from the Core budget.
- 3.42. DLUHC funding is agreed year-on-year, and there is no information on how long the funding will last: it has been provided as ‘new burdens’ funding¹⁶ following the introduction of statutory duties by local authorities in the Domestic Abuse Act 2021.
- 3.43. To meet the statutory requirements of the Domestic Abuse Act 2021¹⁷, Cheshire East Council (with partners) must carry out a needs assessment and subsequently deliver a strategy that “clearly sets out its overall and holistic purpose, aims, priorities and approach to deliver a rounded offer of support to victims residing in relevant safe accommodation”. (B4.2) This is being enacted through the current review and needs assessment.
- 3.44. In giving effect to the safe accommodation strategy Cheshire Each Council should “ensure support is commissioned in relevant safe accommodation to meet the needs of victims including their children in line with their local strategy as soon as reasonably practicable and in line with local authority procurement rules and commissioning cycles.” (B5.1) This will continue to be in effect.
- 3.45. The statutory guidance sets out definitions of safe accommodation including refuge, specialist safe accommodation, dispersed accommodation, Sanctuary Scheme, and second stage accommodation. The accommodation must be provided by a local authority, registered provider of social housing or charity whose objectives include the provision of support to victims/survivors of domestic abuse. Bed and breakfast and generic, mixed temporary accommodation is outside the scope of the Act. (Statutory Guidance Part A: Key Definitions.)
- 3.46. More spaces are provided by MyCWA than are funded through DLUHC due to MyCWA sourcing funding from charitable foundations and other sources.
- 3.47. MyCWA provides the Flexible Funding intervention within the Whole Housing Approach project, ongoing in partnership with Standing Together Against Domestic Abuse. The funding for this is a National Lottery grant that will end in December 2024.
- 3.48. 21 units in individual houses and flats across Cheshire East are provided, with an average stay of nine months. The dispersed nature of the accommodation means there are no restrictions on referrals except for experiences of domestic abuse. This allows the service to

¹⁶ <https://www.gov.uk/government/publications/new-burdens-doctrine-guidance-for-government-departments/new-burdens-doctrine-guidance-for-government-departments#review-and-evaluation>

¹⁷ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

accommodate male survivors, survivors who are trans men or trans women or non-binary, those with higher levels of need or complex dependencies, and survivors with pets. There are three accessible properties for disabled survivors.

- 3.49. Some accommodation has the capacity to accommodate two survivors, but at times have a single occupant due to their level of needs. The complexity of these survivors' needs and circumstances can also mean move-on to new accommodation takes longer.
- 3.50. A new project is in development to house people who harm due to lack of stable housing being identified as a barrier to individuals participating in interventions to change their behaviours.

MyCWA Community-Based Provision

“[My]CWA is beyond incredible. What they do is amazing. What I found – which touched my heart – everyone is so respectful of each other. Nobody judges you, they let you speak uninterrupted. Despite guidelines of respect, you're free to be yourself. That is a breath of fresh air. To have somebody listening to you, that is like therapy – not to have to hide who you are.”

- 3.51. MyCWA are commissioned by Cheshire East Council to deliver community-based specialist domestic abuse support for adult and child victims/survivors. This contract will end in March 2024, having been in place for five years plus one year extension. Throughout that time there has been positive communication between MyCWA and Cheshire East Council contract management. Meetings are also attended by the Domestic Abuse and Sexual Violence Development Lead Advisor which provides an effective link with the wider partnership.
- 3.52. In addition to the contract MyCWA receive Home Office funding via the Cheshire Police and Crime Commissioner to deliver interventions with adults who harm.
- 3.53. It is not possible to separate MyCWA delivery between what is provided within contract, and what is provided as added value using external funding sourced by MyCWA. Cheshire East accesses much more provision than would otherwise be available within the value of the contract.
- 3.54. When the contract started in 2018/19 the emphasis was on delivery of early help support to individuals and families at lower than high-risk. Since then, provision has developed and changed, including in response to Covid, increasing referrals and complexity of referrals, and the reduction in funding in April 2023. The service adapted quickly and effectively to the changes required during and since Covid, and Cheshire East Council contract managers speak highly of the provision and how it has responded to change throughout the life of the contract.
- 3.55. In addition to the changes brought by Covid and the funding reduction, MyCWA has seen a significant increase in referrals over the years of the contract, alongside an increase in the

complexity of individuals and families being referred. With the support of Cheshire East Council contract managers and this has led to a move away from delivering early help support to a focus on supporting these complex individuals and families.

3.56. MyCWA accept referrals from CEDAH within the following criteria:

- If the individual referred has children, or is a child, with a Child in Need or Child Protection Plan.
- Victims/survivors wanting to separate from their abusive partner.
- Victims/survivors experiencing multiple disadvantage as assessed by the MyCWA 'Chaos Index' tool.

3.57. Due to the changes to referral criteria, there is now an additional focus within the contract on upskilling other professionals, such as those in Cheshire East Council Early Help and Social Care, to deliver interventions with children and families such as the Monkey Bob programme with young children.

“They [CEDAH] were literally saying to me I might qualify for support, but I might not. We’re going to help you but if there’s been this or that – but you don’t know what they’re looking for or getting at in order to get the help you need. I have no idea how they measure it. Feels like a case of the ‘computer says no’. Even though the staff are very nice, we know we’re being measured. What are you measuring my misery on? What qualifies me for services? I would love to know how they triage.”

3.58. The following is provided within the contract and using funding accessed from charitable foundations and other sources:

| Access to Support | Capacity |
|--|--|
| 1. 1 FTE staff to deliver CEDAH. | See above paragraph 3.8. |
| 2. MyCWA’s own 24-7 helpline (no criteria, anyone can call). | Rota of staff and volunteers |
| 3. Drop-in advice clinics for adult survivors of domestic abuse. | Approximate capacity 250 annually. |
| One to One Support for Adult Victims/Survivors | 8 members of staff deliver both |
| 4. Complex one-to-one intervention. Bespoke, holistic, support is tailored to the client and can include: planned flee, court support, safety planning, mental health support, practical support, onward referrals, for as long as required. | Average case load 8-15 per member of staff; open cases at one time 20-30; new referral capacity annually 10-60 depending on demand/capacity. |

| | |
|--|---|
| 5. Bespoke one-to-one support for adults with multiple barriers to help-seeking. Support plan in place for as long as required. | Average case load 12-15 per member of staff; open cases at one time 40; new referral capacity annually 30. |
| <p>'Complex' clients include any client scoring 3+ on the Chaos Index, with a housing need or/and dual presentation. May decide to offer support to someone who does not meet the criteria, considered on a case-by-case basis. Intense support is provided, considering more than the clients' domestic abuse support needs. This can include making and supporting onward referrals. It includes relationship building support plans to increase client engagement and build rapport where a client might struggle to trust new professionals.</p> | |
| Group Support for Adult Victims/Survivors | |
| 6. Gateway Recovery Programme face to face and remote delivery of set number of sessions for adult female survivors. | 1 member of staff. Average 12 groups of up to 12 survivors annually; open cases at one time 24; new referral capacity annually 144. |
| 7. Peer Support Lounge: drop-in offered 3x per week during the day and 1x each at weekend and evening 9pm-midnight. Structured education session, e.g., boundaries, mental wellbeing, and an unstructured creative activity. Often includes food/refreshments. | 1 member of staff. Approximate capacity 250 annually. |
| Support for Child Victims/Survivors and Families | |
| 8. Complex One-to-One Children and Families intervention for families with adolescents (or younger) where there are concerns regarding contextual safeguarding/county lines/harmful behaviours. | Caseload: 3; 4 open cases at one time (10 new referral capacity annually). |
| 9. Even Better Families: 8-15 week intervention, in groups of 1-2-1 for families with children aged over seven. | Caseload: 4; 30 open cases at one time (150 new referral capacity annually). |
| 10. Monkey Bob toolkit for children aged two to seven to help them learn how to recognise their feelings, understand them, and develop strategies for expressing them safely. | Caseload: 4; 6 open cases at one time (30 new referral capacity annually). Non-MyCWA professionals trained to deliver. |

| | |
|---|--|
| 11. Tandem: work with families where there is child to parent violence/abuse. | Caseload: 4; 8 open cases at one time (40 new referral capacity annually). |
|---|--|

3.59. The following is provided by MyCWA in addition to the Cheshire East Council contract. Funding is from Cheshire Police and Crime Commissioner, charitable foundations and other sources:

| Behaviour Change Work with Those Who Harm | |
|---|--|
| Lifeline: 32-week perpetrator intervention for men (Respect Accredited ¹⁸) | 2x teams of 6 staff deliver all interventions. All staff deliver on all programmes via rota. Group provision /response interventions so no caseloads. |
| Evolve: 12-week behaviour change programme for women | |
| Inform: partner support offer alongside all behaviour change programmes | |
| Custody suite and CARA: 7/7 attendance in all custody suites across Cheshire by behaviour change workers and delivery of CARA | |
| Engage: skills-based denial focussed programme | |

“I’ve been meeting with MyCWA and absolutely, they’ve helped me more so than I could imagine. They gave me tools to be stronger and process all the years this has been going on. They’ve enabled me to do this myself. They made me feel like there are people on my side. I feel like he’s on the radar now. And I’m not on my own.”

3.60. Some survivors who participated in the consultation couldn’t access MyCWA’s service due to wanting in-person support, which was not available.

“Ideally what I would have liked is a physical space to speak with someone. Like a room you can go to and speak face to face, you get so much more back than on the phone. My anxiety was horrendous, worst it’s ever been. If I met in person, the workers would have been able to pick up so much more and offer more help.”

3.61. *Recommendations*

¹⁸ <https://www.respect.uk.net/pages/respect-standard>

- Reporting from MyCWA to separate, if possible, what is delivered within contract and what is delivered over and above the contract value. This would demonstrate the added value to Cheshire East of MyCWA provision, and evidence the available capacity of the contract-only provision.
- Ensure that, across the partnership, there is recognition that individuals and families do not need to be identified at high-risk in order to be complex and require intensive support. Although the term is not widely used, to ensure consistency across partners, provide communication that all practitioners should avoid use of the term 'lower-level' to describe individuals and families identified at less than high-risk, because it can suggest they have a lower level of need, which is often not the case.
- Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to work with MyCWA and Cheshire East Council Children's Services to develop an action plan to enhance effective and trusting working relationships between the services, including for example, Children's Services practitioners observing the work of MyCWA with families.
- Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to facilitate wider partners to be involved in contract management reporting and discussions, to raise awareness of the work of MyCWA, the limitations and restrictions, and the high quality of work delivered.
- Consider how to provide support to survivors who want, or due to safety reasons can only access, in-person support.
- MyCWA to consider changing the name of the 'Chaos Index' Tool to remove negative associations, e.g., 'Multiple Disadvantage Measure'.

Cheshire East Council Whole Housing Approach

- 3.62. CEDSAP works to the Cheshire East Whole Housing Approach Strategy 2021-23, with the overall aim "to increase safety and choice for victims and their children by providing support for families in safe accommodation. Ensuring that where practical, survivors remain in their own homes."¹⁹
- 3.63. An action plan is in place, implemented and monitored by the Whole Housing Approach sub-group of CEDSAP.
- 3.64. Cheshire East Council and partners are working with Standing Together Against Domestic Abuse and Surviving Economic Abuse on a National Lottery funded Whole Housing Approach pilot scheme to support survivors of domestic abuse, helping them to remain safely in their communities.
- 3.65. Cheshire East Housing Options Team achieved DAHA Accreditation in June 2022. Working groups have been established on, and continue to develop responses to, Sanctuary Scheme

¹⁹ <https://www.cheshireeast.gov.uk/pdf/livewell/cheshire-east-whole-housing-approach-strategy-2021-23.pdf>

and Housing First. A Multi-Disciplinary Team is in place in housing, with a dedicated IDVA in the team. Training took place in January 2023 with Surviving Economic Abuse, as part of the project component on private homeowners.

3.66. The costs of delivering the components of the Whole Housing Approach project in Cheshire East is outlined below, with funding sources. All funding sources are temporary: DLUHC funding is announced year on year, with no guarantee of future funding; STADA funding is through the National Lottery funded Whole Housing Approach pilot, and is due to end in December 2024. There may be an extension to this due to the length of time it has taken to get staff into key roles.

| Whole Housing Approach Delivery | Cost | Funding Source |
|---|-----------------|---------------------------------------|
| Capacity building for by and for services | £35,000 | DLUHC |
| Needs assessment | £21,000 | |
| Developing survivor voice | £20,000 | |
| Specialist training | £40,000 | |
| Delivery of Sanctuary Scheme installations | £30,000 | |
| 0.8 FTE Data Analyst (Grade 8), estimate will be in post half of year, temporary | £18,000 | |
| 1 FTE Sanctuary Scheme Coordinator (job evaluation awaited), estimate will be in post half of year, temporary | £20,000 (est) | |
| Develop specialist Gateway Programme within the Housing First component | £4,000 | DLUHC & STADA |
| 1 FTE Whole Housing Approach Coordinator (Grade 9), temporary | £52,000 | |
| Flexible funding – pot provided to and administered by MyCWA | £20,000 | STADA |
| 1 FTE Housing-based Mobile IDVA (Grade 7), estimate will be in post half of year, temporary | £20,000 | |
| 1 FTE Housing-based Multi-Disciplinary Team IDVA (Grade 7), temporary | £45,000 | Cheshire East Council Housing & STADA |
| TOTAL COST | £325,000 | |

3.67. The above table does not include the DLUHC funding of £245,000 provided to MyCWA to deliver dispersed safe accommodation; both a statutory requirement within the Domestic Abuse Act 2021 and a core element of the Whole Housing Approach.

Hospital IDVA services

- 3.68. The Hospital IDVAs provide specialised support and advocacy for staff and patients at the hospitals who have experienced domestic abuse. The Hospital IDVAs work closely with staff to identify patients who may be experiencing domestic abuse, provide emotional support, safety planning, and refer onto support services such as the MARAC.
- 3.69. Two Hospital IDVAs are in place: one at Macclesfield Hospital, employed by Cheshire East Council and located within the DAFSU (see paragraph 3.25); and one at Leighton Hospital, employed directly by Mid Cheshire Hospitals NHS Foundation Trust.
- 3.70. Funding for both posts is the same, provided by the Cheshire and Merseyside Integrated Care Board and the Cheshire Police and Crime Commissioner.
- 3.71. The Macclesfield Hospital IDVA is employed by CEC Children's Services and based in DAFSU:

| Macclesfield Hospital IDVA Service Delivery | Funding Source |
|---|---|
| 0.8 FTE IDVA (Grade 8), temporary (Member of staff works full time; remaining 0.2 FTE supports DAFSU, see above) | £16,000 for each IDVA, Cheshire & Merseyside Integrated Care Board, ongoing |
| 0.8 FTE IDVA, MCHT | £16,000 for each IDVA, Cheshire Police & Crime Commissioner, ongoing |

PEGS (Parental Education Growth Support)

- 3.72. PEGS is a national charity supporting parents, carers and guardians experiencing Child to Parent abuse, including those with adult children.
- 3.73. They have recently received funding to deliver their EPIC (Empowering People in Crisis) programme to residents within Cheshire East who are experiencing Child to Parent Abuse. EPIC is a 6-week resilience and empowerment programme.

Cheshire Cares

- 3.74. Cheshire Care is commissioned by the Cheshire Police and Crime Commissioner to deliver support to victims of crime in Cheshire.
- 3.75. The team completes a 'daily download' of crimes reported to Cheshire Constabulary in which the victim has consented to be contacted by Cheshire Cares. Additionally, officers may refer a victim of crime directly.
- 3.76. There are twelve Victim Care Officers who are all trained to respond to domestic abuse.
- 3.77. Where the crime is domestic abuse-related, an enhanced response is made. Every record is checked by the team. Where the victim has been identified by police as at medium or high risk, Cheshire Cares will not take any action. The exception to this is if, on reviewing the VPA,

there is no record of a referral to domestic abuse services. In these cases, the Victim Care Officer will contact CEDAH.

- 3.78. Victims identified by police as at standard risk will be contacted. Three attempts are made to reach victims on the phone. If contact has not been established, a letter (post or email) will be sent.
- 3.79. If during their contact with a victim a Victim Care Officer sees that the victim is higher than standard risk, they will complete a DASH-RIC with the victim. If the outcome is that the victim is at medium or high risk, a referral will be made to CEDAH or DAFSU accordingly.

Rape & Sexual Abuse Support Centre (Cheshire & Merseyside)

- 3.80. RASASC (Rape & Sexual Abuse Support Centre) is commissioned by the Cheshire Police and Crime Commissioner to deliver support to victims of sexual violence covering all of Cheshire and Merseyside.
- 3.81. In 2022/23, 192 referrals were made to the service for individuals who had been raped by a current or ex-partner, thereby also fitting the definition of domestic abuse.
- 3.82. While most of the referrals were already known to domestic abuse services, during that period seven direct referrals were made. Anyone disclosing past domestic abuse is automatically signposted and encouraged to access local support.

Pearls of Cheshire

- 3.83. Pearls of Cheshire is a by and for service providing support for all women and children, with a focus on providing culturally sensitive support for women and children from minoritized ethnicities in Cheshire East.
- 3.84. They run a drop-in, provide one-to-one support and home visits, and formerly ran an immigration advisory clinic.

Services funded by Cheshire Police and Crime Commissioner

- 3.85. In addition to the funding specifically for Cheshire East, the Cheshire Police and Crime Commissioner (PCC) funds a range of services across the county that Cheshire East benefits from.
- 3.86. Community safety funding is based on a grant giving process to each of the four local authorities in Cheshire. The formula is combines each area's population, community safety risk assessment (crime volume, and severity), and data to reach an amount to be provided.

| Cheshire Police & Crime Commissioner Funded Services | Funding |
|---|----------|
| Initial referral and needs assessment services for victims of crime | £600,000 |
| Services for victims of sexual violence (adults and children) | £290,985 |

| | |
|--|-------------------|
| Services for victims of domestic violence | £718,889 |
| Restorative justice services for victims of crime | £130,000 |
| Other services for victims of crime | £66,885 |
| Building the capability and capacity of the VCSE sector to deliver victims' services | £84,650 |
| Associated costs of commissioning | £80,716 |
| Total for whole of Cheshire County, including Cheshire East | £1,972,125 |

3.87. The projects Cheshire East benefits from are as follows:

| |
|---|
| PCC Funded Domestic Abuse Services |
| Police Domestic Violence Advocates: currently 3 Advocates work alongside police Area Investigation Teams to help support victims from an early stage and give them the correct support throughout. Based in 3 areas of county: East, West and North. |
| IDVAs: Leighton and Macclesfield Hospital. |
| Children and YP IDVA in Cheshire East. |
| IDVA core and uplift for Cheshire East. |
| MyCWA: Delivery of the CARA, Custody Intervention Model, and perpetrator programmes. |
| PCC Funded Sexual Violence Services |
| RASASC: Core commissioned service in Cheshire who support victims of sexual violence across Cheshire via ISVA support. |
| Chester SASS: Employ a counsellor to conduct assessments and deliver services to victims of sexual violence. |
| PCC Funded Community Domestic Abuse and Sexual Violence Services |
| Innovating Minds: Train 22 healing together practitioners across Cheshire and offer wider support services to delivery partners. |
| Rape and Sexual Abuse Support Centre (RASASC): Receive additional funds to support individual with Learning disabilities or needing extra support. |
| Survive: Deliver art therapy sessions for victims of abuse. |
| Tools 4 Change: Deliver Gateway Programmes for vulnerable victims of domestic abuse. |
| Tomorrow's Women: Group sessions for victims. |
| Remedi: Domestic abuse young victim practitioner for young people affected by DA via the CEASE programme. |

| PCC Funded Other Services |
|---|
| Savera: UK are delivery enhanced support to victims of Honour-Based abuse and Harmful practices across the county. |
| Cheshire Cares: Victim service provided to all victims of crime in Cheshire. |
| Remedi: Deliver the Got your back programme which supports young victims of crime. |

4. Accessing Domestic Abuse Support: Front Doors

Overview of Front Doors

- 4.1. This section describes the ‘front doors’ to Cheshire East through which individuals access support for domestic abuse. These are:
 - Cheshire East Domestic Abuse Hub (CEDAH)
 - Cheshire East Consultation Service – safeguarding front door (ChECS)
 - Cheshire East Family Help Front Door (Family Help)
- 4.2. Additionally, many (not all) schools pay for the Safeguarding Children in Education Service (SCIES) through which they can seek advice and information about safeguarding children in their schools. Anecdotal information provided to the review suggested there may be some confusion for schools as to which service to use: SCIES or ChECS. There may be a lack of clarity for schools for when they should contact SCIES, ChECS, Family Help, or CEDAH. This raises a wider issue for professionals where domestic abuse is a concern, and they are in contact with the parent/victim, but their primary role relates to children. For example, whether they contact the integrated front door for the child, and CEDAH for the parent/victim.
- 4.3. Additionally, Cheshire East Council Corporate Contact Centre handles calls for the majority of council services with the exception of Housing, Adults, Public Health and Children’s services. If a customer called the information point regarding domestic abuse they would be signposted to the Live Well Cheshire East site or transferred to the relevant phone number depending on their preference.
- 4.4. Cheshire East 0-19 Health Contact Hub is part of the commissioned contract with Cheshire East Council. Wirral Community Health and Care NHS Foundation Trust. A team of clinicians and administrators take all the calls to the Hub, triage, and respond appropriately. This includes signposting to other support such as CEDAH. *Recommendation:* Ensure that the 0-19 Health Contact Hub refers all domestic abuse referrals or requests for advice to CEDAH only.
- 4.5. CEDAH is described above (see paragraph 3.8). Cheshire East integrated front door (ChECS and Family Help) operates as follows:
 - On contacting ChECS (via phone or the online portal form), referrers are guided to select safeguarding or early help. The safeguarding option is for immediate safeguarding concerns and risks. The Early Help option is for all other concerns for children that do not

require an immediate safeguarding response. This can include where advice and guidance are required, as well as referrals.

- The portal forms and different options on contacting the integrated front door have been in place for around one year. A revised thresholds document was launched late June/early July to ensure all partner organisations understand their own responsibilities, and the pathways for raising concerns around children and families. It also provides additional tools and aims to be simpler for partner organisations to navigate.

- 4.6. The integrated front door and CEDAH are based in the same office, which facilitates partnership and joint working. Practitioners can talk face to face with each other, rather than relying on email, enabling prompter information sharing and responses to families and referrers. When a referral is received to Family Help, practitioners are required to complete checks; this includes with CEDAH to establish whether any member of the family has been referred for domestic abuse specialist support. The aim of this is to reduce duplication, so families are not called repeatedly by different parts of the integrated front door.
- 4.7. The managers of ChECS and Family Help have put together an outline for all integrated front door practitioners, setting out what is expected to be completed within a contact. Within this, speaking to CEDAH is mandatory.
- 4.8. The contact form for Family Help is being worked on to ensure practitioners identify domestic abuse where this has not already been flagged in the referral.

Cheshire Constabulary Vulnerable People Assessment Process

- 4.9. Vulnerable People Assessments (VPAs) are completed by Cheshire Constabulary first responders and reviewed by the Cheshire Constabulary Vulnerability Hub. For domestic abuse related VPAs, the Vulnerability Hub undertakes history checks and a homicide timeline assessment, and considering the outcomes of these, completes a secondary risk assessment.
- 4.10. The Vulnerability Hub then shares VPAs, or a summary of the VPAs, with CEDAH, DAFSU, ChECS, Family Help, Adult Social Care and Cheshire Cares.
- 4.11. The table below shows where VPAs are sent. HR is high risk domestic abuse; MR is medium risk; SR is standard risk. 'Not safeguarding' means a Family Help response may be required.

| Involved in incident: | Adult V/S of domestic abuse | | | Children in households | | Vulnerable adults in households with care & support needs |
|-----------------------|-----------------------------|----|----|-------------------------------|-------------------------------|---|
| Criteria: | HR | MR | SR | Safeguarding | Not safeguarding | |
| DAFSU | Y | N | N | Y all risk levels if adult HR | Y all risk levels if adult HR | Y – if adult HR |
| CEDAH | N | Y | N | Y all risk levels if adult MR | Y – if adult MR | Y – if adult MR |

| Involved in incident: | Adult V/S of domestic abuse | | | Children in households | | Vulnerable adults in households with care & support needs |
|--------------------------|---|----|--------------------------------|------------------------------|------------------------------|---|
| Criteria: | HR | MR | SR | Safeguarding | Not safeguarding | |
| ChECS* | Y all risk levels if also child safeguarding | | | Y | N | Y – if also child safeguarding |
| Family Help* | Y all risk levels if also child & not safeguarding, but meet Early Help threshold | | | N | Y | Y – if also child non-safeguarding |
| Adult Social Care | Y all risk levels if also vulnerable adult | | | Y – if also vulnerable adult | Y – if also vulnerable adult | Y – any risk level |
| Cheshire Cares | N | N | Y (if consented ⁺) | Y – if adult SR | Y – if adult SR | Y – if adult SR |

* Unless already open, in which case it goes direct to the relevant practitioner.

⁺ Cheshire Cares only receive VPAs where the victim's consent is recorded by the attending officer.

4.12. A diagram representing this process can be found at Appendix 6. Cheshire Constabulary have recently agreed to only send VPAs to the Family Help Front Door if there are concerns (that don't meet the threshold for referral to ChECS). Therefore not all VPAs with children will be shared with the integrated front door. This is recognised to be a learning process between Cheshire East Council and Cheshire Constabulary, to identify those children for whom the VPA needs to be shared.

4.13. The only VPAs that are not shared at all are those in which victims of domestic abuse are identified at Standard Risk, with no children or vulnerable adults in the household, *and* they have not consented to be contacted by Cheshire Cares. Cheshire Constabulary does not keep data on how VPAs are shared, but informed the review they believed the proportion of VPAs not shared is low.

4.14. The integrated front door (ChECS and Family Help) stated that where VPAs have been shared with Adult Social Care, they should check the system to establish whether ChECS/Family Help has already responded/discussed the family before taking any action.

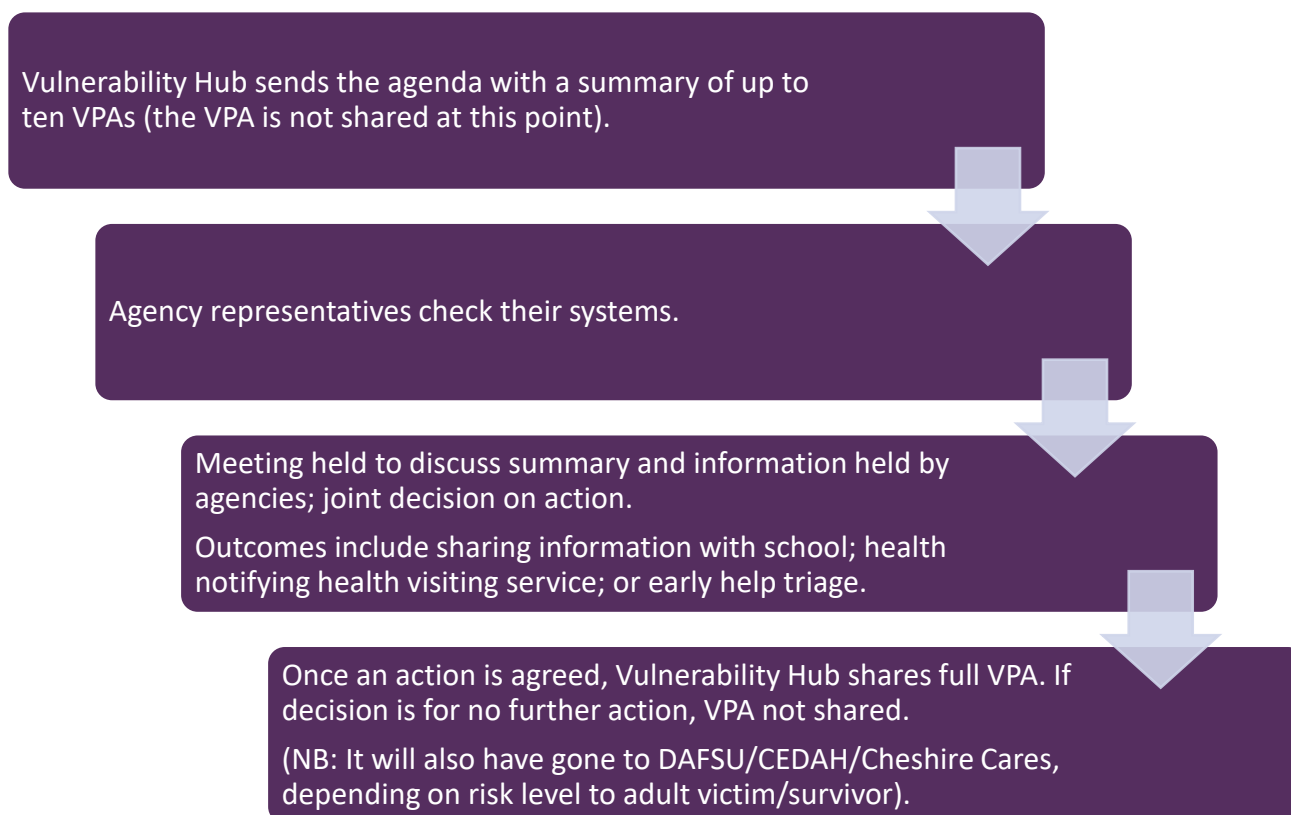
4.15. The Vulnerability Hub were previously responsible for sending Operation Encompass notifications to the schools of children involved in incidents as reported through VPAs. A new system means that a notification is automatically sent through first responders' mobile devices following an incident in which a child was in the household.

4.16. The daily meeting (see below) may additionally contact the school or ensure a notification has been sent. This is in response to a change by Cheshire Constabulary in how Operation Encompass is managed. Where previously, the Vulnerability Hub was responsible for sending

notifications to schools, this is now managed by the attending officer following an incident. This has led to some concerns and issues, which are being discussed by the Safeguarding Children Partnership.

Daily VPA Meeting

- 4.17. All partners spoke positively about the Daily VPA meeting (or 'Pit-Stop' Meeting) as an opportunity to share information, and discuss, VPAs where there are children in the household, but there are no immediate safeguarding concerns. However, the process is time-consuming and resource intensive.
- 4.18. Different accounts were given regarding VPAs with children that are not sent to safeguarding. Family Help stated the Vulnerability Hub screen these and select up to ten to be reviewed at the daily meeting for multi-agency discussion. The Vulnerability Hub stated that while the number brought to the daily meeting is capped at ten, if there are more than that, they will roll on to the following day. The aim is that no longer than 48 hours passes from arrival of the VPA into the Vulnerability Hub and multi-agency discussion. Therefore, a summary of all VPAs that do not meet the criteria for ChECS will be discussed at the daily meeting. The meeting therefore creates an urgency relating to child concerns that is not replicated at a higher level of concern, i.e., ChECS.
- 4.19. The daily/pit-stop meeting is attended by: Cheshire Police, CEDAH, health, Family Help, and when possible, a representative from education. Education is going through some changes, including looking at responsibilities, and currently send a representative around 75% of time. CEDAH fed back that it would help for Youth Offending to attend; Family Help fed back that it would be of benefit for Cheshire East Council Adult Social Care to be present.
- 4.20. The process is as follows:



- 4.21. Consent is a concern for attendees of the meeting. The Vulnerability Hub should only share VPAs where consent has been given. Health representatives have queried how much is discussed with the victim, for example, being clear that health information may be shared about them. Police and health are looking at establishing a data sharing agreement.
- 4.22. CEDAH are also concerned police may be sharing VPAs without consent. In these cases, CEDAH has no legal basis for responding to the referral. If the Vulnerability Hub deems that consent must be overridden to share, this must be recorded, including the rationale.

Conclusions and Recommendations

- 4.23. There is partnership working between ChECS, Family Help and CEDAH in relation to information sharing and discussing referrals. This aims to avoid duplication by identifying the most appropriate lead professional to respond to specific individuals and families.
- 4.24. The Daily Meeting is well regarded and a useful process for when there is uncertainty over which service is most appropriate to support a family.
- 4.25. As outlined in the section above (see paragraph 3.13), CEDAH lacks capacity to manage the volume of referrals it receives. This is leading to long waits for referred individuals to be contacted by the hub, which has the potential to increase risk and lead to preventable harm against adults and children. This also impacts on attendance at the Daily Meeting. A domestic abuse specialist should attend every meeting to provide expertise, even if there has been no prior contact.

- 4.26. Consent continues to be a challenge with referrals that do not meet the child safeguarding or domestic abuse high risk threshold. Different partners (local authority, police, health) have different expectations and understandings, and this could lead to information being shared inappropriately.
- 4.27. Considering the newly agreed process whereby the Vulnerability Hub will share with the Family Help Front Door all VPAs where there are concerns, but that do not reach the threshold for safeguarding (ChECS), it is difficult to see what the role of the daily meeting will be.
- 4.28. Deep dive case one (see section eight) found that, despite the involvement of CEDAH, MyCWA and Cheshire East Council Early Help, there was a lack of coordination between services. While information was shared across services, this was not done in a way that established a full picture of risks, which would have enabled accurate identification of risk level and needs.
- 4.29. *Recommendations:*
- In light of the new VPA process agreed between Cheshire Constabulary and Cheshire East Council, review whether the daily meeting continues to be required.
 - While the previous recommendation is in progress, establish a process whereby every Daily VPA Meeting is attended by a domestic abuse practitioner. CEDAH attends, but there are times when capacity does not allow attendance, and the meeting therefore lacks domestic abuse expertise.
 - All relevant team managers should satisfy themselves that, on receipt of a VPA/referral/summary that is known to have been sent to other teams (see paragraph 4.11), practitioners check to establish whether contact has already been made. It may help to have a named contact within ChECS and Family Help who is consulted when overlapping VPAs/referrals arise.
 - Understand any overlap between high-risk domestic abuse and early help VPAs; or do all high risk incidents in which children are in the household go to ChECS?
 - A joint understanding of consent should be established in relation to sharing of information and VPAs, and if necessary, provide amended guidance to police first responders when discussing consent with individuals at incidents.

5. Domestic Abuse Response by Non-Specialist Services

- 5.1. This section presents the review findings relating to those organisations and services that are not specialist domestic abuse services (described in section three).
- 5.2. The Coordinated Community Response (CCR)²⁰ is a multi-agency partnership model for keeping survivors safe and holding abusers to account. A key principle is that no one service

²⁰ <https://www.standingtogether.org.uk/what-is-ccr>

can effectively deal with domestic abuse on its own; it requires a coordinated effort by all services in a local community. Most public services were not designed with domestic abuse in mind; the CCR is a mechanism designed so that domestic abuse does not fall off the radar.

- 5.3. Drawing on Standing Together's CCR research *In Search of Excellence*²¹, all CEDSAP members, and other identified partners, were sent a template to complete covering: strategic and operational domestic abuse leads; policies and procedures; training; data collection; and listening to those who have experienced domestic abuse (survivor voice).
- 5.4. The following services and organisations completed the template, or met with Standing Together to discuss their response to domestic abuse (see Appendix 7 for the detail of these responses):

| Service/Organisation |
|--|
| CGL Substance Misuse Service |
| Cheshire And Wirral Partnership NHS Foundation Trust |
| Cheshire Constabulary |
| Cheshire Council Adult Safeguarding |
| Cheshire East Council Adult Social Care Mental Health & Learning Disability (stated response applied to all Adult Social Care) |
| Cheshire East Council Children's Services – Early Help |
| Cheshire East Council Children's Services – Child in Need / Child Protection |
| Cheshire East Council Children's Services – Safeguarding Children in Education |
| Cheshire East Council Housing Options |
| East Cheshire NHS Trust |
| Cheshire Youth Justice Services |
| Mid Cheshire Hospitals NHS Foundation Trust |
| National Probation Service – Cheshire East Delivery Unit |
| NHS Cheshire and Merseyside Integrated Care Board |
| NHS Talking Therapies (IAPT) – The Big Life Group |
| Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC) |
| Wirral Community Health and Care NHS Foundation Trust |

²¹ <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

- 5.5. Cheshire East Council Children's Services Children Looked After / Care Leavers / Contextual Safeguarding did not provide a completed template.

Strategic and operational domestic abuse leads

- 5.6. Nearly all respondents described strategic and operational leads for their response to domestic abuse and representation at the strategic partnership. Most operational leads had a focus on involvement in MARAC, rather than a wider remit within their service. The exceptions were:
- Cheshire East Council Children's Services Early Help did not list a strategic lead in their return; but the Head of Service for Prevention and Early Help is the CEDSAP chair. No specific staff were listed as operational leads, but the service stated that Family Help Workers work in partnership with domestic abuse services. They are not involved in MARAC as they do not work with high-risk cases.
 - Cheshire East Council Children's Services Child in Need / Child Protection stated the strategic lead is the Head of Service for Prevention and Early Help. Like Early Help, no specific operational lead was given, but workers work in partnership with domestic abuse services. They are not directly involved in MARAC because this is managed through ChECS with information flow between the two parts of Children's Services.
 - Cheshire East Council Children's Services Safeguarding Children in Education stated that the strategic lead is the Domestic Abuse and Sexual Violence Development Lead Advisor. While this post may be located in Children's Services, they do not – and cannot – represent the department.
 - NHS Talking Therapies (IAPT) – The Big Life Group does not have strategic or operational leads, but the Service Manager has attended partnership meetings.
 - Wirral Community Health and Care NHS Foundation Trust do not have an internal strategic lead for domestic abuse; when asked, they stated they are represented at CEDSAP by the ICB.

5.7. *Recommendations:*

- Cheshire East Council Children's Services and Adult Social Care to review, within their own departments, the strategic and operational leadership of their response to domestic abuse, with reference to the above.
- NHS Talking Therapies / The Big Life Group and Wirral Community Health and Care NHS Foundation Trust, with CEDSAP and the ICB, to review their strategic and operational responses to domestic abuse, and involvement with the partnership.

Domestic Abuse Policies and Procedures

- 5.8. All but one service has in place policies and/or procedures to guide staff in responding to domestic abuse when disclosed by, or known about for, service users or patients. Where appropriate, such as social care, domestic abuse was included in overarching safeguarding

policies and procedures. Where needed, this was supplemented by specific domestic abuse guidance for staff.

5.9. Additionally, many services have an additional policy or procedure that applies to members of staff affected by domestic abuse, as victims/survivors or as someone causing harm (i.e., a Human Resources Policy/Procedure).

5.10. Probation in Cheshire have worked over the past year to develop an Information Sharing Agreement with Cheshire Constabulary that will enable Probation to access police recorded information about offenders being managed, including domestic abuse-related call-out information. New administrative staff have been recruited whose role is to gather domestic abuse information from police systems to support the work of Probation.

5.11. The exceptions were:

- Cheshire East Council Housing Options stated that a Human Resources policy is in place. No other Cheshire East Council respondents appeared to be aware of this.
- In the returned templates, Cheshire East Council Children's Services Early Help and Child in Need / Child Protection return both answered 'No' to the question 'Does your service have an organisational domestic abuse policy and procedure, that guides staff in responding to members of the public/service users who disclose?' There is a Domestic Abuse Procedure within the Cheshire East Children's Safeguarding Procedures²². It does not provide local contact information for support, i.e., CEDAH, or what specialist support is available locally. It provides national information and links only.
- NHS Talking Therapies (IAPT) – The Big Life Group have a safeguarding policy, but not separate guidance relating to domestic abuse, and no Human Resources policy.

5.12. Additionally, domestic abuse is addressed within the Cheshire East Place Dementia Plan 2023-27, with outcomes identified for the Living Well Pathway.

5.13. *Recommendations:*

- Cheshire East Council to ensure that each service has a relevant domestic abuse policy and procedure, and that these are aligned with each other to ensure a consistent response, and all staff in the services are aware of their own policy/procedure.
- Cheshire East Council to review the Human Resources policy that was developed by Housing Options as part of DAHA Accreditation for applicability to all Council employees, and to adapt/publicise accordingly.

Domestic Abuse Routine or Targeted Enquiry

5.14. Of those for whom enquiry was relevant, the following services responded that they undertake some form of enquiry specifically on domestic abuse; this related exclusively to enquiry with potential victims/survivors, unless otherwise indicated:

²² https://www.proceduresonline.com/pancheshire/cheshire_east/p_dom_viol_abuse.html

| Service/Organisation | Routine / Targeted Enquiry |
|---|--|
| CGL Substance Misuse Service | Conduct routine enquiry within adults and young people's services. |
| Cheshire And Wirral Partnership NHS Foundation Trust | Safeguarding Screening Tool that staff complete during initial interventions, and is then reviewed, includes enquiries about domestic abuse. |
| Cheshire Council Adult Safeguarding & Adult Social Care | Ask about domestic abuse within assessments. |
| Cheshire East Council Children's Services – Early Help & Child in Need / Child Protection | May ask about domestic abuse if they became concerned domestic abuse was a possibility. |
| Cheshire East Council Housing Options | Screening process at the point of housing applications and homelessness applications contain a set of standard questions about domestic abuse. Enquiry also taking place for those causing harm during the homeless application process. |
| Cheshire Youth Justice Services | Domestic abuse enquiry built into the assessment processes. Practitioners will ask the question directly and as a service will flag concerns on the child's electronic system |
| East Cheshire NHS Trust | Midwifery Service undertakes routine enquiry. Targeted enquiry is carried out in all other areas of the Trust when practitioners have concerns. |
| Mid Cheshire Hospitals NHS Foundation Trust | Midwifery Service undertakes routine enquiry. Targeted enquiry is carried out in all other areas of the Trust when practitioners have concerns. |
| National Probation Service – Cheshire East Delivery Unit | Routine enquiry undertaken to identify those causing harm. |
| NHS Talking Therapies (IAPT) – The Big Life Group | Initial assessment asks about harm from others and to others. |
| Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC) | Domestic abuse contained within initial assessments. |
| Wirral Community Health and Care NHS Foundation Trust | Health Visiting carry out routine enquiry with all mothers at ante-natal, pre-birth, one-year and two-year contacts. If the question cannot be |

| | |
|--|---|
| | asked during one contact, it will be asked at the next. |
|--|---|

Domestic Abuse Data

5.15. The following services responded that they record domestic abuse within their own systems, and were able to provide data to this review:

| Service/Organisation | Data Collected | Data Shared with Review |
|---|--|-------------------------|
| CGL Substance Misuse Service | Y | Y |
| Cheshire And Wirral Partnership NHS Foundation Trust | N – DA recorded in case notes, not extractable | |
| Cheshire Constabulary | Y | Y |
| Cheshire Council Adult Safeguarding | Y | Y |
| Cheshire East Council Adult Social Care Mental Health & Learning Disability (stated that response applied to all Adult Social Care) | Through Adult Safeguarding | |
| Cheshire East Council Children's Services – Early Help | Y | Y |
| Cheshire East Council Children's Services – Child in Need / Child Protection | Y | Y |
| Cheshire East Council Children's Services – Safeguarding Children in Education | Y – enquiries from schools for support re DA | Y |
| Cheshire East Council Housing Options | Y | Y |
| East Cheshire NHS Trust | Y | Y |
| Cheshire Youth Justice Services | Y | Y |
| Mid Cheshire Hospitals NHS Foundation Trust | Y | Y |
| National Probation Service – Cheshire East Delivery Unit | Y | Y |
| NHS Cheshire and Merseyside Integrated Care Board | N/A | N/A |
| NHS Talking Therapies (IAPT) – The Big Life Group | N – DA recorded in case notes, not extractable | |

| | | |
|---|---|---|
| Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC) | Y | Y |
| Wirral Community Health and Care NHS Foundation Trust | Y | Y |

5.16. *Recommendation*: Services/organisations that do not currently gather data on domestic abuse, to develop the capacity to do this. CEDSAP to identify how anonymous data will be shared with the partnership to inform strategic and operational decision-making.

Domestic Abuse Training

5.17. Most services delivered in-house, or accessed external, domestic abuse training. In many services, domestic abuse was included in safeguarding training. In some of those cases, standalone domestic abuse training was also offered.

5.18. Accessing domestic abuse training was not mandatory unless it was contained within safeguarding training, except for Cheshire Constabulary: it is mandatory for all frontline officers to receive Domestic Abuse Matters training.

5.19. Respondents stated the following when asked about gaps in training:

- Cheshire East Council Children's Services Early Help: The knowledge and skills around domestic abuse, responding to, safety planning and intervening are variable across the service and a full skills analysis is needed.
- Cheshire East Council Children's Services Child in Need / Child Protection: There is a gap in intervention training. Staff can identify domestic abuse and can put in safeguarding measures but interventions to change this behaviour is very standardised and commissioned out whereas it would be useful to have some of this experience within our own social workers and family support workers.
- ICB: A training needs analysis was mapped alongside the intercollegiate documents, with no current gaps identified within the ICB. However, there is an identified training gap for GPs as there is no IRIS²³ service in Cheshire East.

5.20. *Recommendation*: CEDSAP to consider developing a training framework for partner services/organisations to align their training with. Services/organisations not currently delivering training to ensure staff access domestic abuse training relevant to their role; training to be mandatory, and attendance to be monitored and reported on to CEDSAP.

Gaps in Domestic Abuse Responses

5.21. Two responses stated their initial referral and contact point would be MyCWA, rather than CEDAH. This is positive as it shows awareness is generally high, but demonstrates that

²³ <https://irisi.org/about-the-iris-programme/>

messages about CEDAH as the single point of contact continue to be needed.

Recommendation: Communication from CEDSAP that emphasises the role of CEDAH to be circulated to all staff of services/organisations referred to in this review. CEDSAP representatives of those services to inform CEDSAP of the internal communications undertaken.

- 5.22. Cheshire East Council Children's Services Child in Need / Child Protection stated that there is a lack of support for children and young people who use harmful behaviour; this tends to be delivered by untrained Family Support Workers. Responses to adults who harm was also identified as lacking within Cheshire East Council. While MyCWA have intervention programmes, these are standard, not bespoke.
- 5.23. Cheshire East Council Children's Services Safeguarding Children in Education highlighted that Operation Encompass is managed by Cheshire Constabulary, and it would be better delivered in partnership with the Safeguarding Children in Education Team. The response stated that this work is ongoing.
- 5.24. While significant work has been undertaken through the Health Pathfinder sub-group of CEDSAP, there are continued concerns over gaps in relation to primary health, specifically, IRIS and screening to identify those who harm. Mapping undertaken for Standing Together's Whole Health project also identified that domestic abuse identification and responses could be improved in sexual health clinics.
- 5.25. These gaps should be taken in the context that Cheshire East's Whole Health response is significantly more advanced than most areas nationally, and within Standing Together's Whole Health project, is identified as an area others can learn from. Other than IRIS for general practices, the identified gaps are the next steps beyond standard best practice.
- 5.26. IRIS was commissioned in Cheshire East by the ICB in the past, but commissioning ended because there was insufficient evidence of impact. Identifying funding, or developing an alternative to IRIS within current funding available, has been a focus for CEDSAP, but the health sub-group has not met recently while the review has been ongoing.
- 5.27. *Recommendation:* CEDSAP to review the gaps in domestic abuse responses highlighted by respondents as the new strategy is developed.

Staff survey results

- 5.28. The survey link was shared through the CEDSAP membership, with representatives encouraged to send it on to their colleagues and staff. The survey was open from 19th July to 11th August, and 113 responses were received. The following table shows the proportion of responses from each sector.

| Your Sector | % of responses |
|---------------------|----------------|
| Children's Services | 21% |
| Adult Services | 19% |

| | |
|---|-----|
| Specialist Domestic and/or Sexual Abuse Service | 14% |
| Substance Misuse Service | 14% |
| Health | 9% |
| Mental Health Service | 6% |
| Other (children with learning disabilities, youth justice, charity, local government) | 5% |
| Housing | 5% |
| Probation | 3% |
| Police | 1% |

5.29. The following table provides more detail of the services and organisations of respondents.

One response each was received from: Cheshire Constabulary, Cheshire East Council Children's Social Care (Child in Need/Child Protection), Cheshire East Council Housing, a local Town Council, East Cheshire Trust, Growth Company, Onward Homes, P3 Charity, and Your Housing Group.

| Service/Organisation | % of responses |
|--|----------------|
| Cheshire East Council Adult Social Care and Safeguarding | 18% |
| CGL | 16% |
| Cheshire & Wirral Partnership NHS Foundation Trust | 14% |
| Cheshire East Council Children's Early Help / Family Support | 14% |
| Cheshire East Council CEDAH & DAFSU | 9% |
| MyCWA | 5% |
| Cheshire Youth Justice Service | 5% |
| Integrated Care Board | 3% |
| Mid Cheshire Hospitals NHS Foundation Trust | 3% |
| National Probation Service | 3% |
| Peaks & Plains Housing Trust | 3% |

5.30. Within the following analysis of responses, while it may be simpler to add together the responses for '(dis)agree' with 'totally (dis)agree', there is a difference between the two. Answering that someone does not '*totally* (dis)agree' suggests a respondent may be less sure of their answer.

5.31. The first question gave a list of statements relating to attitudes to and understanding of domestic abuse. Respondents were asked to agree or disagree with the statements.

| About domestic abuse (N=113) | Totally agree | Agree | Neither agree nor disagree | Disagree | Totally disagree |
|--|---------------|-------|----------------------------|----------|------------------|
| 1. There must be physical violence for it to be domestic abuse | 0% | 0% | 1% | 7% | 92% |
| 2. Domestic abuse is rarely a one-off incident, it's more often a pattern of behaviour | 48% | 42% | 4% | 4% | 2% |
| 3. Coercive and controlling behaviour is rarely high risk unless there is also physical violence | 0% | 2% | 1% | 20% | 77% |
| 4. Domestic abuse is more common in certain cultures | 4% | 26% | 27% | 29% | 14% |

5.32. It is positive that the overwhelming majority strongly disagreed, or disagreed, and no-one agreed that there must be physical violence (only one respondent answered, 'neither agree nor disagree'. This suggests a high level of awareness of other forms of domestic abuse.

5.33. The responses to statement two suggest a high level of awareness that domestic abuse needs to be understood as a pattern of behaviour. For 1.8% to totally disagree, and 4.4% to disagree (plus 4.4% who neither agreed nor disagreed), suggests there is still some work to be done to move away from an incident-based response to domestic abuse.

5.34. Only two people agreed with statement three, highlighting that messaging is in place in Cheshire East emphasising the risk and harm caused by someone's use of controlling and coercive behaviours.

5.35. The spread of responses across all five indicators to statement four suggests there is a significant variance in views in Cheshire East organisations. This suggests there is a need to more clearly communicate the widespread nature of domestic abuse, and challenge stereotypes and confirmation bias around 'culture'.

5.36. The next five statements related to victims/survivors of domestic abuse and those who harm.

| About victims/survivors and those who harm (N=113) | Totally agree | Agree | Neither agree nor disagree | Disagree | Totally disagree |
|--|---------------|-------|----------------------------|----------|------------------|
| 5. Abusers often behave the way they do because of issues such as mental health or substance use | 3% | 18% | 34% | 29% | 17% |

| | | | | | |
|---|----|-----|-----|-----|-----|
| 6. Most victims of domestic abuse are heterosexual women | 6% | 38% | 19% | 23% | 14% |
| 7. I find it hard to see why victims of domestic abuse don't leave | 1% | 1% | 4% | 17% | 78% |
| 8. People that are abusive usually experienced domestic abuse as children | 2% | 22% | 47% | 23% | 6% |
| 9. It can be difficult to identify who is causing the harm, and who the victim is | 3% | 20% | 40% | 28% | 9% |

- 5.37. The range of perspectives on statement five needs further exploration. Although together, the highest response was from respondents who disagreed/strongly disagreed, the highest individual proportion of responses was for those who neither agreed nor disagreed. This could reflect a perspective that there are times when abusers' behaviours are triggered, or exacerbated, by their mental health or substance misuse. The use of substances, mental ill-health and the use of harmful behaviours are connected in complex ways for individuals, their partners and families²⁴; simplistic views of cause and effect are unhelpful to victims/survivors and those who harm.
- 5.38. The highest proportion of responses agreed with statement six. But the spread of responses, including a high proportion that disagreed, may indicate a lack of awareness of who is most at risk of being a victim of domestic abuse. If practitioners are aware that gay men, lesbian women, those who are bisexual, and trans and non-binary people can be equally at risk of being abused by a partner/ex-partner when compared with heterosexual women²⁵, this would be a positive finding. But if respondents disagreed because they believe heterosexual men experience domestic abuse at similar levels, this is incorrect²⁶. Nevertheless, it is important to recognise the increased barriers these different groups face in accessing support.
- 5.39. That nearly all respondents totally disagreed or disagreed with statement seven suggests a high level of awareness and understanding of the difficulties and barriers victims face in leaving abusive partners. Not least, the fact that the emphasis is on them to leave, rather than the abuser to stop. The 0.9% who agreed, and the 3.5% who neither agreed nor disagreed, suggests there may still be work to be done with professionals to ensure there are no victim-blaming attitudes.

²⁴ Gadd, D. et al (2019) The Dynamics of Domestic Abuse and Drug and Alcohol Dependency. British Journal of Criminology, 59 (5). pp. 1035-1053. doi:10.1093/bjc/azz011; also see https://safelives.org.uk/practice_blog/mental_health_of_perpetrators

²⁵ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

²⁶ https://www.researchgate.net/publication/228771295_Who_Does_What_to_Whom_Gender_and_Domestic_Violence_Perpetrators; see also Hester, M. (2013). Who does what to whom? Gender and domestic violence perpetrators in English police records. European Journal of Criminology, 10(5), 623–637. DOI 10.1177/1477370813479078

- 5.40. The highest proportion of responses to statement eight was for those who neither agreed nor disagreed. Research suggests many adults who harm were victims of domestic or other forms of abuse as children, but that the relationship between childhood experiences and adult behaviours is complex, and it is essential to recognise children's agency and the role played by their relationship with the non-abusive parent and supportive professionals²⁷.
- 5.41. But research also shows that this is not the case for all people who harm, and many children who are victims of domestic abuse grow up to not use harmful behaviours (or be a victim of abuse). The spread of responses across the spectrum suggests there could be greater awareness of this research. In particular this is needed to ensure children's capacity to understand, and recover from their experiences is recognised, and that assumptions and stereotypes about why people use abusive behaviours are not used.
- 5.42. Most responses neither agreed nor disagreed with statement nine. Combined with those who agreed and totally agreed, this may suggest many professionals find it difficult to identify who is causing the harm and who the victim is. This may also reflect the challenge in identifying domestic abuse as opposed to parental or couple conflict. The remainder of responses suggest there are professionals who find this identification less challenging. This could be a result of the roles that they have, working directly with victims/survivors of those who harm. It is also an indication that there is expertise in Cheshire East that can support the wider partnership in identifying who is doing what to whom.
- 5.43. The final two statements are presented in the table below. Given their role in safeguarding children and supporting children and families, additional analysis was done on those responses (N=16) from Cheshire East Council Children's Services.

| About child victims (N=113) CEC Children's Services (N=16) | Totally agree | Agree | Neither agree nor disagree | Disagree | Totally disagree |
|---|---------------|--------------|----------------------------|--------------|------------------|
| 10. Victims of domestic abuse are the people most responsible for protecting their children from harm (CEC Children's Services) | 4% (0%) | 18% (19%) | 32% (38%) | 22% (19%) | 24% (0%) |
| 11. Children don't need to witness physical violence to be harmed by domestic abuse (CEC Children's Services) | 85% (75%) | 11% (19%) | 2% (2%) | 0% (0%) | 3% (6%) |

- 5.44. While the overall total of those disagreeing/strongly disagreeing with statement ten (46%), and those who neither agreed not disagreed (32%) are more than those agreeing/totally

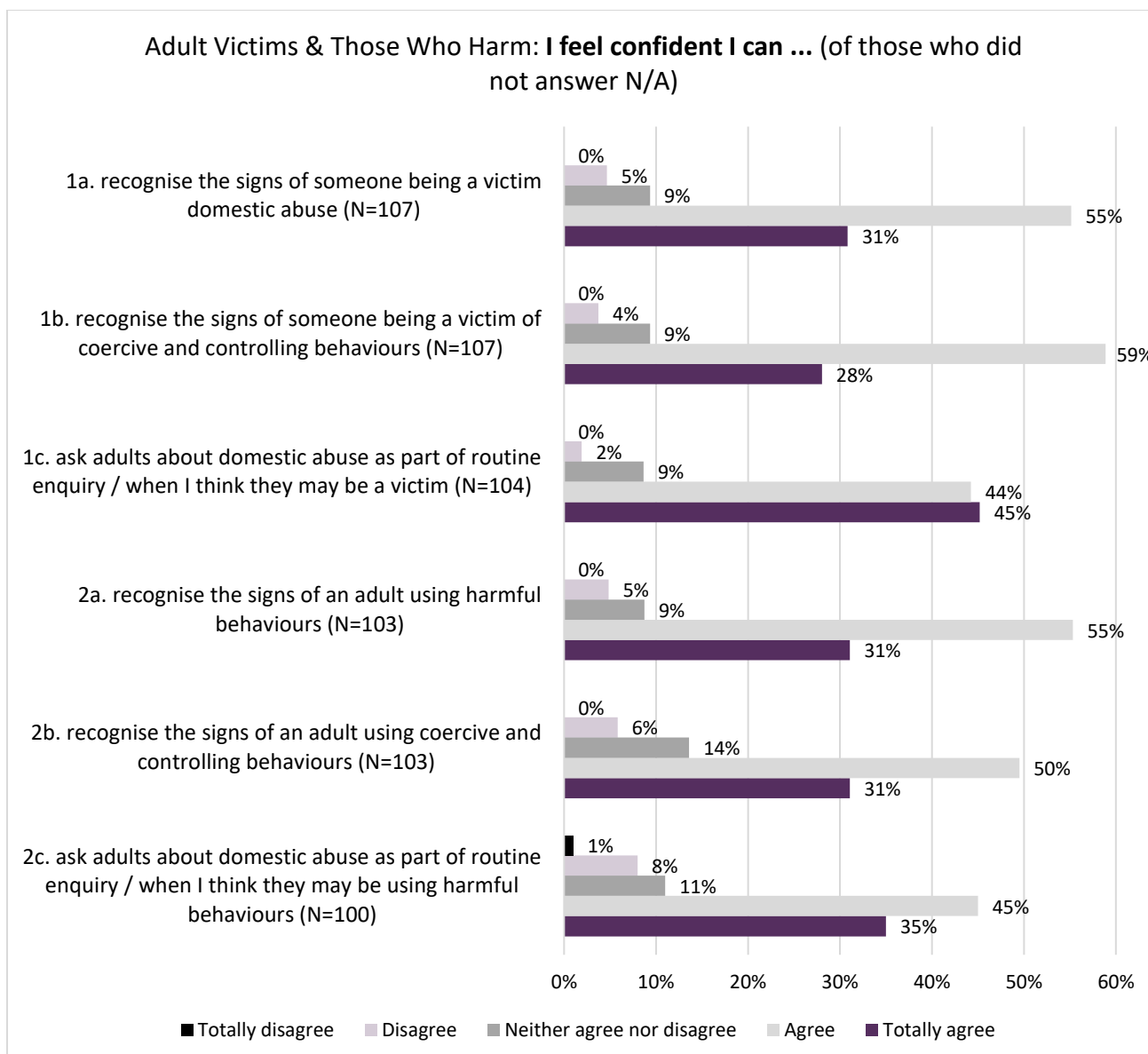
²⁷ Holt S, Buckley H, Whelan S. The impact of exposure to domestic violence on children and young people: a review of the literature. *Child Abuse Negl.* 2008 Aug;32(8):797-810. <https://doi.org/10.1016/j.chiabu.2008.02.004>.

agreeing (22%), the fact that any professionals 'strongly agree' that victims are primarily responsible for protecting their children is concerning. The difference between all answers and Cheshire East Council Children's Services answers is not significantly different, with the exception that no respondents totally disagreed.

- 5.45. Without absolving non-abusive parents of any responsibility in relation to their children, research consistently demonstrates that when professionals focus on victims taking responsibility for their partner's/ex-partner's abuse this leads to ineffective responses to safeguarding children that pay insufficient attention to the person causing harm²⁸.
- 5.46. Respondents overwhelmingly agreed or totally agreed with statement eleven, suggesting a high level of awareness of the harm caused to children from the non-physical forms of abuse used by those that harm, in particular, controlling and coercive behaviours²⁹. Yet for 3% to neither agree nor disagree, and 3% to totally disagree, suggests there is still work to be done to ensure professionals are not focused on physical violence as the only or key indicator of harm to children who are victims of domestic abuse.
- 5.47. The responses differed for Cheshire East Council Children's Services, with fewer stating they totally agreed, and more stating they totally disagreed. Overall, this indicates that most practitioners in Children's Services are aware of the harms caused by controlling and coercive behaviours, but that this understanding is not universal.
- 5.48. Respondents were asked about their confidence to recognise the signs of domestic abuse and controlling and coercive behaviours in adult and child victims, and in those who harm. They were also asked about their confidence to ask adults and children about being victims or using abusive behaviours.
- 5.49. The following graphs exclude those who answered not applicable (N/A) to the questions. This option was provided for respondents who, for example, work exclusively with adults, or do not have a public facing role requiring them to undertake enquiry, respond to disclosure or work with victims/survivors.

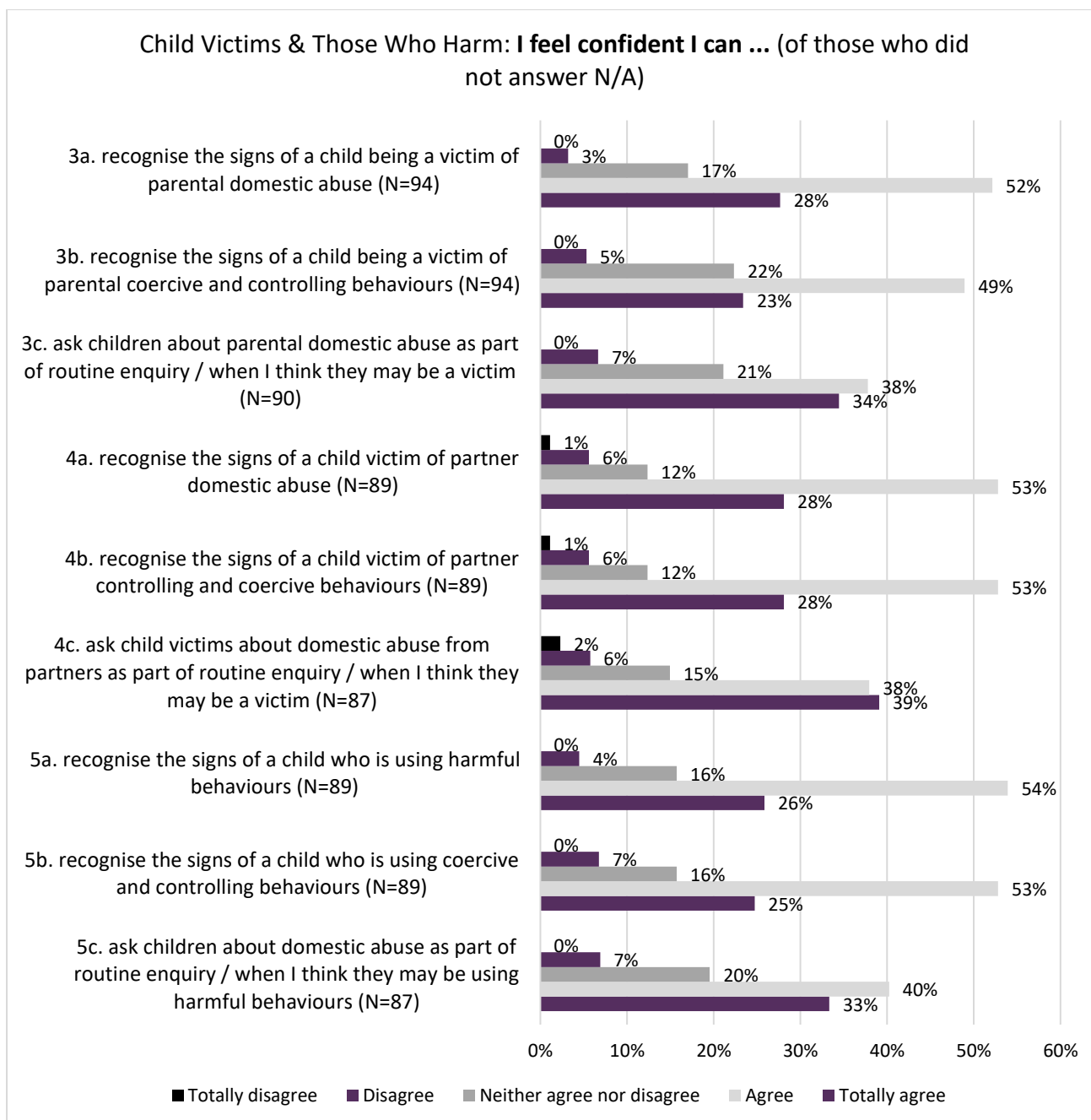
²⁸ https://www.researchinpractice.org.uk/media/lxul0sbe/rdac_what_does_the_research_tell_us_lit-review-nov-22.pdf & <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

²⁹ <https://www.researchinpractice.org.uk/children/publications/2018/december/coercive-control-impacts-on-children-and-young-people-in-the-family-environment-literature-review-2018/> and <https://learning.nspcc.org.uk/media/3305/helplines-insight-briefing-coercive-control-impact-children-young-people.pdf>



5.50. Indicators for (1) on the graph suggest an overall high level of confidence in recognising the signs of someone being a victim of domestic abuse and controlling and coercive behaviours, but this was not universal, and there was slightly less confidence in carrying out enquiries. Indicators for (2) on the graph show similar levels across the three questions relating to those who harm, which is positive and suggests the work of the partnership in raising awareness of responses to those who harm have been effective. Slightly more respondents neither agreed nor disagreed, disagreed, or totally disagreed within (2), highlighting the need to continue the focus on those who harm.

5.51. The following graph provides the answers relating to confidence around child victims of parental domestic abuse, partner domestic abuse, and children who harm.

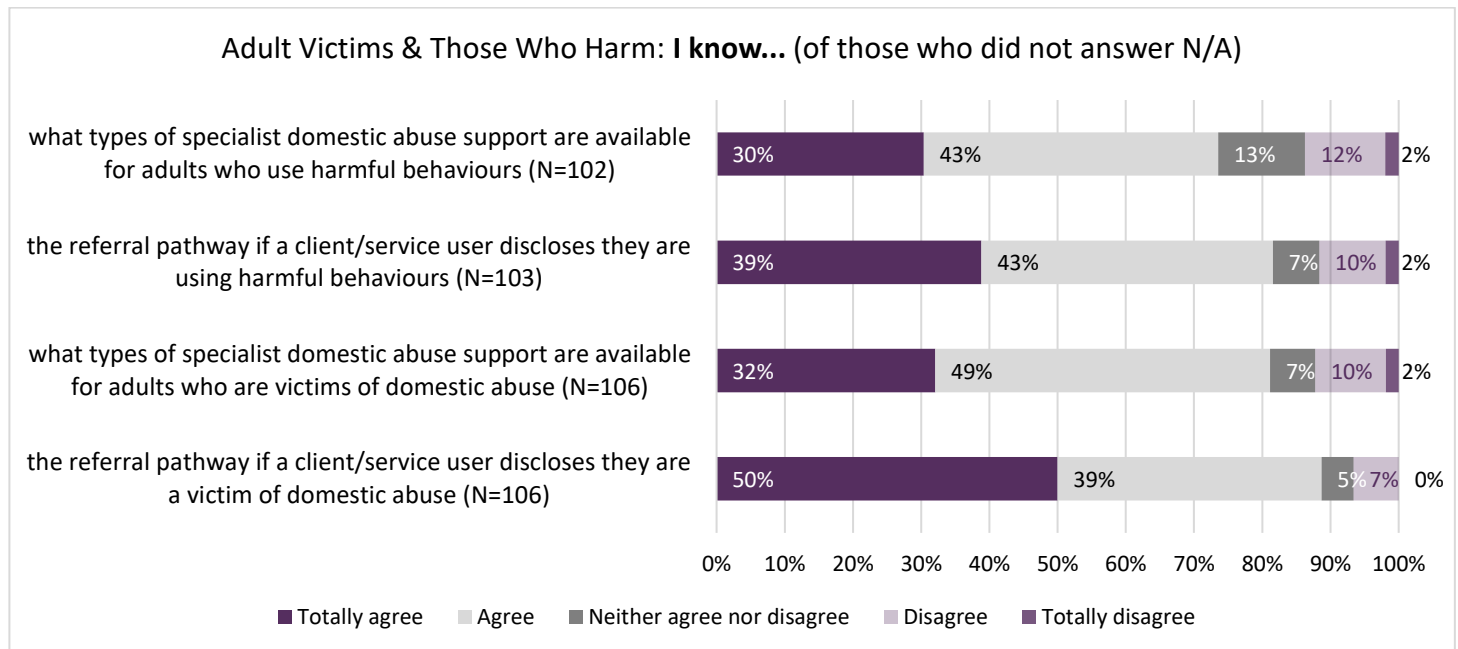


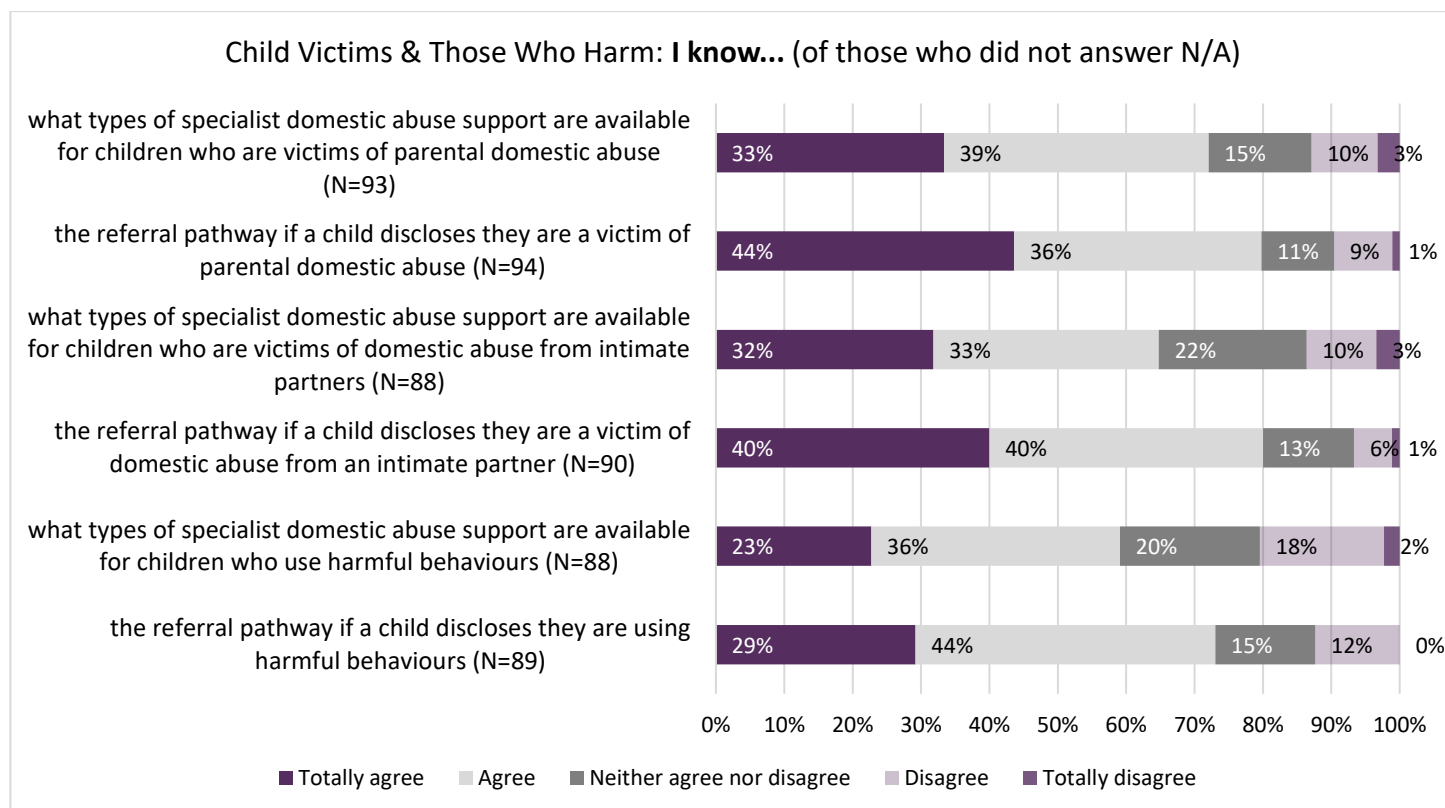
5.52. Responses relating to child victims of parental domestic abuse (3), child victims of partner abuse (4) and children who harm (5) highlight some confidence, but this could be improved, particularly in relation to controlling and coercive behaviours. The responses also suggest there needs to be more focus on enhancing practitioners' skills relating to asking children about parental or partner domestic abuse and controlling and coercive behaviours, or their own use of abusive behaviours.

5.53. Respondents were asked about their confidence relating to their knowledge of referral pathways for specialist domestic abuse support for adult and child victims, and adults and children that harm, and what types of specialist services were available. This second question

is important because if a professional is referring someone, it makes a difference to that individual if the professional can give some indication of what support might be available.

5.54. As with the above graphs, those who answered N/A have been removed from the following two graphs. While it was important to include this option for those without public facing roles, all people working in Cheshire East need to have an awareness of domestic abuse referral pathways and support available. They may need to support a colleague, friend or family member, as well as their children. Additionally, they may be working with parents, or needing to support other professionals in the work they do with adults and children.

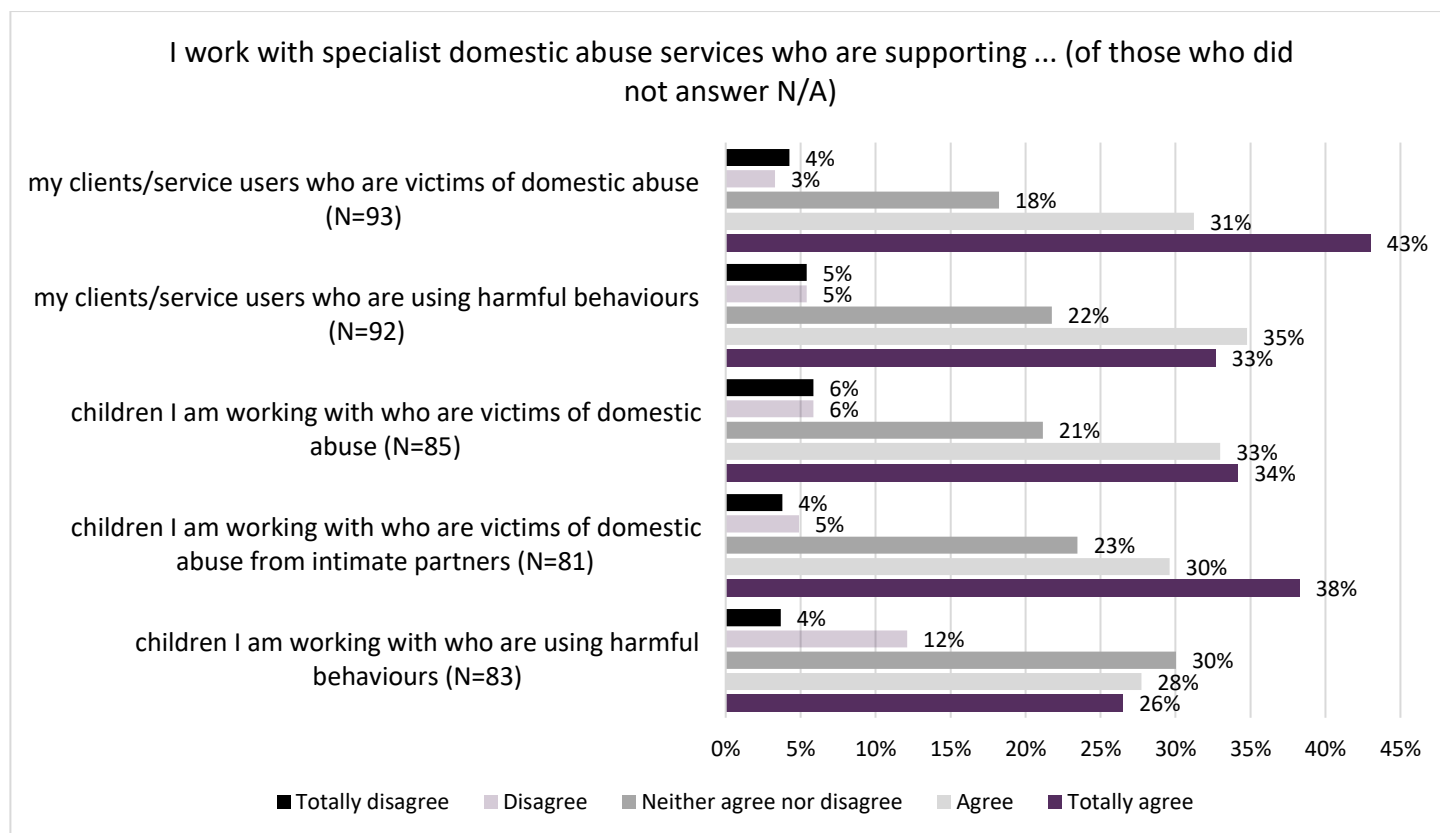




5.55. Levels of knowledge in the support available varied. Responses to the category of children who use harmful behaviours suggest there is a need to raise awareness of the support available for families in which a child is using abusive behaviours.

5.56. The above graph also suggests there is more work to be done to ensure those respondents who disagreed or totally disagreed that they knew the referral pathways and the support available for children or adults, are provided with this information.

5.57. Respondents were asked about multi-agency working with specialist domestic abuse service providers. Again, the data presented excludes those that answered N/A.



- 5.58. Overall, responses to those who agreed, or totally agreed, that they worked with specialist domestic abuse services were high across all five groups. With almost equal numbers between the two responses, there may be a difference between those who agreed and totally agreed, with the former feeling slightly less confident that they consistently work in this way. The high proportion responding that they neither agreed nor disagreed might suggest that they work with specialist services at times, but not all the time. This is worth exploring in relation to the potential barriers that prevent multi-agency working; and to compare with referral rates to CEDAH across the five groups of victims/survivors/those who harm.
- 5.59. Deep dive case two (see section eight) found minimal involvement of statutory services, despite the needs of the adult concerned.
- 5.60. Positive responses (agree) were lowest, and negative responses (disagree) were highest for those working with children using harmful behaviours. Combined with the previous graphs presenting responses relating to this group, there may be a need for a specific focus on overall responses to children using harmful behaviours.
- 5.61. It is concerning that for every group, a proportion of responses stated that they disagreed or totally disagreed. This needs further exploration. If these were professionals who did not work with these groups, then their answer would have been N/A; that they have given an answer suggests they do work with these groups, and therefore it would be expected that they would have some level of involvement with specialist services.

- 5.62. With reference to the 68% who agreed or strongly agreed that they work with specialist services who are supporting those who harm, within the survivor consultation, most participants felt no action had been taken with the person who was abusing them, and they were not held accountable.
- 5.63. *Recommendation*: CEDSAP to review the outcomes of the staff survey results to inform communication and training.

6. Data and Needs Assessment

- 6.1. This section presents data relevant to the domestic abuse response in Cheshire East. Firstly, population and demographics are provided for all of Cheshire East. This is followed by national data, which is used to estimate the prevalence of domestic abuse in the area. Specialist service data is provided, followed by the numbers reporting to non-specialist services for domestic abuse, and then the demographic data that was available. In the final section, potential gaps in responding to need are outlined.

*Population Data*³⁰

- 6.2. Cheshire East has an estimated population of 398,772.
- 6.3. 51% of the population is female, and 49% male.
- 6.4. 21% of the population is aged 19 and under; 56% is aged between 20 and 64, and 22% are aged 65 and over.
- 6.5. Ethnicity breakdown:
- 94.4% White
 - 1.8% Mixed Multiple Ethnic Groups
 - 2.4% Asian/Asian British
 - 0.6% Black/African/Caribbean/Black British
 - 0.8% Other Ethnic Group
- 6.6. 2.5% of Cheshire East households contain no-one who has English as their main language. In 0.5% of households, the only person with English as their main language is aged 3 to 15 years.
- 6.7. 91.5% of Cheshire East residents identify as straight or heterosexual. 1.3% as gay or lesbian (4,238); 0.9% bisexual (2,982); 0.3% in total as pansexual, asexual, queer, or any other sexual orientation (844). 6.1% (19,981) of residents did not answer.
- 6.8. 95% of Cheshire East residents identify with the same gender as the sex registered at birth. 0.2% (675) identify as a gender identify different from their sex registered at birth, but did not give a specific identity. 0.1% (268) identified as trans women, and 0.1% (213) identified as

³⁰ https://www.nomisweb.co.uk/sources/census_2021/report?compare=E06000049#section_4

trans men. Less than 0.1% identified as non-binary, with a similar proportion for 'all other gender identities. 4.6% (15,205) did not answer.

- 6.9. 98,984 of Cheshire East residents define themselves as having a long-term health problems and disability, representing 25% of the population. This is broken down as follows:
- 7.8% (31,165) are not disabled as defined by the Equality Act but do have a long term physical or mental health condition.
 - 10.1% (40,369) are disabled as defined by the Equality Act, with their day-to-day activities limited 'a little'.
 - 6.9% (27,450) are disabled as defined by the Equality Act, with their day-to-day activities limited 'a lot'.
- 6.10. 9% of Cheshire residents aged 5 years or over deliver unpaid care.
- 6.11. In Cheshire East in 2019, 8.3% of the population was income deprived in 2019. Of the 234 neighbourhoods in Cheshire East, 13 are among the 20% most income-deprived in England³¹.

National Domestic Abuse Data

- 6.12. National data continues to show that women are significantly more likely to be victims of domestic abuse than men, to report domestic abuse incidents to police, and to be killed by partners or ex-partners. Unfortunately, national data is unable to show diverse gender identities.
- 6.13. The Crime Survey for England & Wales (CSEW)³² estimated that in the year ending March 2022 6.9% of women (1.7 million) and 3% of men (699,000) experienced domestic abuse in the previous year (including partner or family non-physical abuse, threats, force, sexual assault, or stalking). The CSEW does not provide data on gender identity.
- 6.14. Of crimes recorded by the police, in the year ending March 2020, victims were female in 74% of domestic abuse-related crimes.
- 6.15. Between April 2019 and March 2021, 72.1% of victims of domestic homicide were female. Women are significantly more likely to be killed by a (male) partner/ex-partner; men are more likely to be killed by a family member.

| Domestic Homicides | % of female homicide victims | % of male homicide victims |
|---------------------------------------|------------------------------|----------------------------|
| Killed by a male partner/ex-partner | 77.0% | 5.8% |
| Killed by a female partner/ex-partner | 1.1% | 27.9% |
| Killed by a female family member | 2.2% | 3.8% |
| Killed by a male family member | 19.7% | 62.5% |

³¹ <https://www.ons.gov.uk/visualisations/dvc1371/#/E06000049>

³² <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandanddwales/yearendingmarch2022>

6.16. The needs assessment applied the above CSEW prevalence of domestic abuse (year ending March 2022) to Cheshire East population estimates and estimated the following prevalence:

| | Women (aged 16+) | Men (aged 16+) |
|--|------------------|----------------|
| Subject to domestic abuse since age 16 | 49,050 | 22,972 |
| Subject to domestic abuse in the last year | 11,551 | 4,888 |

Domestic Abuse Specialist Services

6.17. This section presents data on provision of specialist domestic abuse services in Cheshire East; demographic data relating to the provision is presented later in this section.

Cheshire East Domestic Abuse Hub (CEDAH)

6.18. In 2022/23, 2,868 referrals were recorded to CEDAH; this was an increase of 21% from 2,370 in 2021/22.

6.19. The following table shows the top referrers to CEDAH in 2022/23. This data is taken from a spreadsheet in which staff record all referrals, separate to the main system, which cannot currently record all the data needed by CEDAH. The overall number of referrals (N=2881) is not significantly different to the referral number in the previous bullet point, and is likely caused by human error (not recording all referrals in the spreadsheet) or discrepancies such as recording a family as one referral on the spreadsheet, but as separate individual referrals on the main system.

| CEDAH Referral Sources 2022/23 | % of referrals |
|--|----------------|
| Cheshire Constabulary (via VPAs) | 57% |
| Self-referrals | 19% |
| Cheshire East Council Children's Social Care | 10% |
| Health (see below) | 4% |
| Cheshire East Council Adult Social Care / Safeguarding | 3% |
| Self-referrals (via MyCWA) | 2% |
| Other (not specified) | 2% |

6.20. Organisations that referred, but with much lower numbers, were: Probation, Cheshire East Council Education, and Housing (Cheshire East Council or a Registered Social Landlord).

6.21. Referrers with fewer than ten referrals in the year were: Cheshire East Council Family Services, MyCWA, Cheshire East Council ChECS, CGL, Mental Health, Parent of victim/survivor,

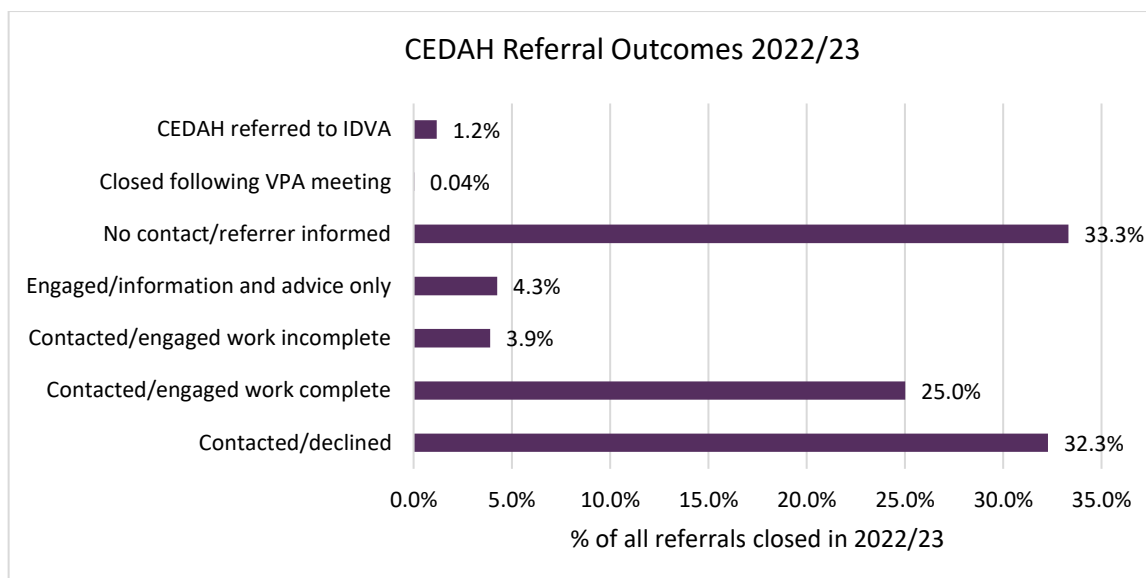
Cheshire East Council Early Start, Cheshire East Council Children's Services (unspecified), Cheshire East Carers Hub, Disability Information Bureau, Emerging Futures, IAPT, RASASC and Witness Care.

- 6.22. Two referrals were recorded as 'portal' without stating where the portal referral had originated. One referral was recorded from outside of Cheshire East. One record did not state the referral source.
- 6.23. Referrals from any health provider were listed under 'health', which means it is not possible to know which area of health the referral came from. In 2022/23, no referrals were recorded from General Practices, although they may have been categorised within the generic 'health'.

| CEDAH Referral Sources 2022/23 – Health | No. of referrals |
|---|------------------|
| Health (actual source unknown) | 96 |
| Hospital (which hospital unknown) | 2 |
| Health IDVA (which hospital unknown) | 1 |
| HV (assume this means Health Visiting) | 1 |
| Leighton Hospital | 1 |

- 6.24. A drop-down list in the spreadsheet has now been created, and so the varying referrer names, such as that seen for health above, will no longer be an issue. However, it does not support analysis of which specific organisations referred to CEDAH in order to identify gaps.
- 6.25. It is noteworthy that there were no referrals from Cheshire Cares. Research into police completion of the DASH-RIC highlights accurate risk identification can be variable³³. Therefore, it would be expected that some Standard Risk referrals to Cheshire Cares, when the individual is contacted, are found to be medium or even high risk, prompting an onward referral to CEDAH or DAFSU.
- 6.26. The CEDAH total does not include High Risk referrals, which are only counted in DAFSU data (below). It also does not include the consultations and requests for information processed by CEDAH over the year, anecdotally this is in the hundreds.
- 6.27. CEDAH records data on all referrals that were closed each year, and the following data in relation to the outcomes of referrals is taken from 2022/23 closed cases (N=2,794). Other data relating to the referrals is presented as a proportion of all referrals with an outcome recorded in that area, which varies.

³³ Myhill, A., Hohl, K., & Johnson, K. (2023). The 'officer effect' in risk assessment for domestic abuse: Findings from a mixed methods study in England and Wales. *European Journal of Criminology*, 20(3), 856–877. <https://doi.org/10.1177/14773708231156331>

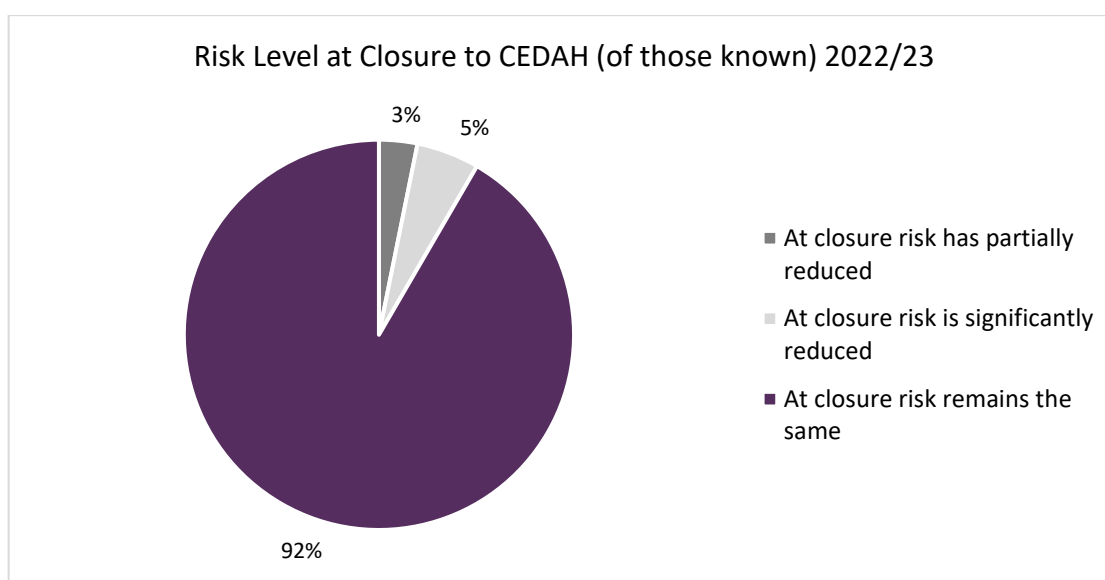


6.28. The above graph illustrates that 65.6% of referrals led to either no contact being established, or contact being made following which work was declined by the person referred.

6.29. It is assumed that 'contacted/engaged work complete/incomplete' includes individuals who were referred on to MyCWA, but this is not specifically recorded.

6.30. Of all referrals with a record of risk level at closure (N=2,644), for 74% the risk level at closure was unknown. Of all records, including those where risk level was not known, 24% had safety planning completed.

6.31. The following graph shows the risk levels at the point of closure by CEDAH, containing only those with a risk level recorded at closure (N=692).

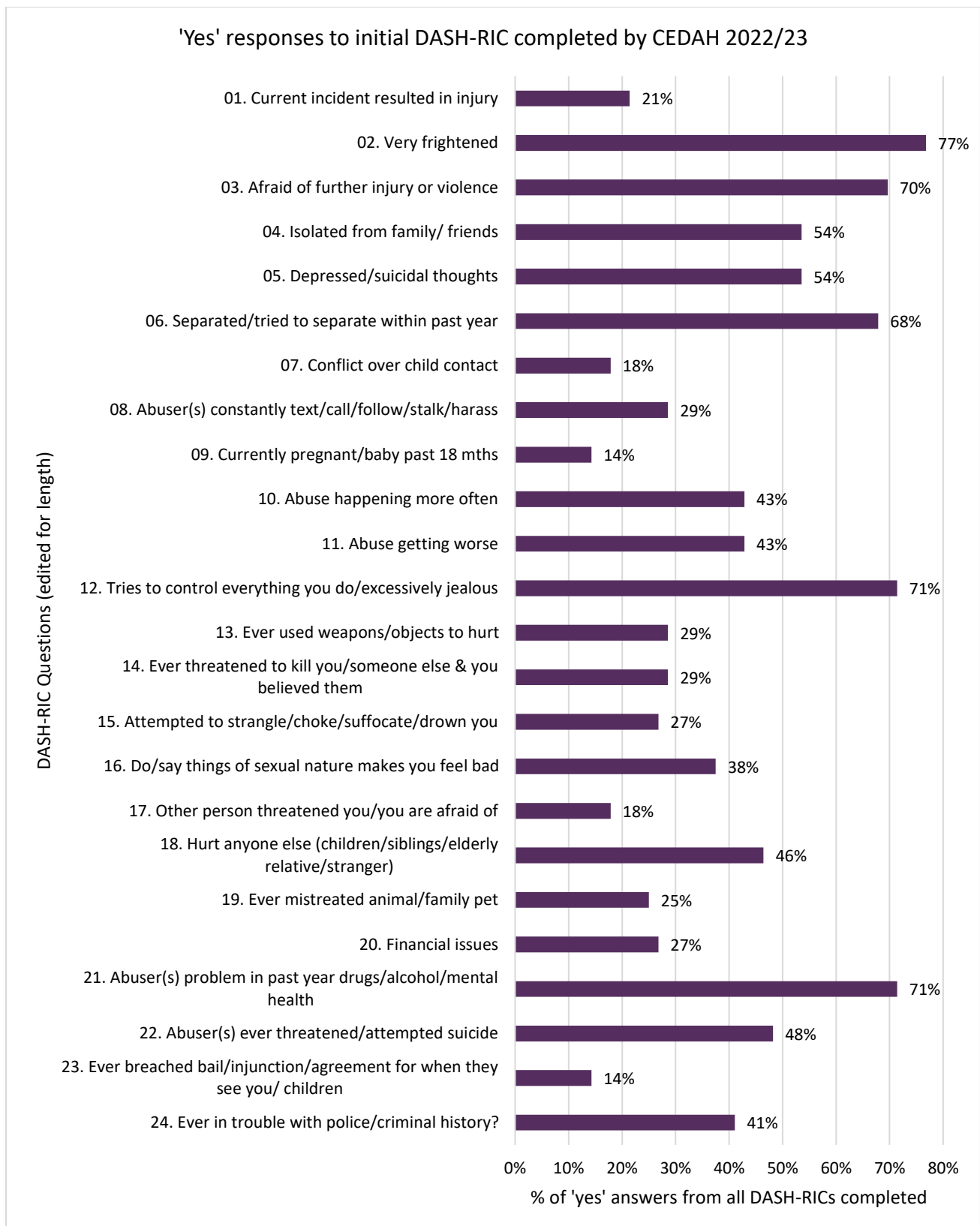


6.32. This outcome is to be expected given the remit of CEDAH, which is to provide onward referrals. Therefore, their short intervention could not be expected to reduce risk. It is also

understandable that such a high proportion of referrals are closed without the risk level being known, as many individuals may not want to complete a further DASH-RIC at that point.

- 6.33. It is positive that 8% of contacts result in risk levels being partially or significantly reduced due to the intervention of CEDAH.
- 6.34. The needs assessment analysed initial DASH forms completed by CEDAH (N=56³⁴), highlighting both the range of risks faced by medium risk victims/survivors, as well as the significant overlap with other service areas. This is presented in the graph below (after paragraph 6.37).
- 6.35. Compared with analysis of DAFSU initial DASH-RICs completed (see paragraph 6.58 below), the key differences (i.e., 15% or above difference) in risk levels between victims accessing DAFSU and CEDAH related to:
- (Q13) Use of weapons (25% more yes answers for high-risk victims)
 - (Q14) Threats to kill (22% more yes answers for high-risk victims)
 - (Q15) Attempted strangulation (26% more yes answers for high-risk victims)
 - (Q18) Abuser has hurt someone else (19% more yes answers for high-risk victims)
 - (Q23) Abuser has breached bail or an order (15% more yes answers for high-risk victims)
 - (Q24) Abuser has been in trouble with police/has a criminal history (29% more yes answers for high-risk victims)
- 6.36. Differences in the proportion of responses for the remaining 18 questions was less than 15%, suggesting the types of abusive experiences do not differ significantly between the two risk levels.
- 6.37. Comparisons for Q12, concerning the abuser's controlling behaviours, suggest victims/survivors at medium risk experience the same levels as those at high risk (71% for medium risk, 69% for high risk).

³⁴ Not all referrals will require a DASH-RIC if one has been sent with the referral and risk does not need to be reviewed.



6.38. Of the total cases closed with an outcome recorded of contact being made (N=927³⁵), 51% involved a discussion with the individual about the children's needs. A referral was made to ChECS, or ChECS were consulted, in 2%, and the children were recorded as having a safety plan in 2% of records.

6.39. *Recommendations:*

- Understand the circumstances for the records contacted in which children's needs were not discussed.
- Record CEDAH referrals that led to specific outcomes: referral to MyCWA; in-depth safety planning and support delivered; one-off brief support provided.
- The drop-down list for referral sources within the spreadsheet of referrals should reflect the named organisations referring to CEDAH, not generic headings such as 'health'.
- Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.
- Explore with organisations/services the barriers or other reasons for a lack of referrals to CEDAH (and DAFSU). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.
- Establish a way for CEDAH to record consultations and requests for information that are not part of the referral and response recording. This would demonstrate the scope of CEDAH's role and build a picture of the true demand on the team.
- Explore the circumstances of the 76% that were not recorded as having completed safety planning to understand the barriers in relation to completing safety planning or whether this is a recording issue for the team; and what resourcing may be needed to comply with case recording requirements.

Domestic Abuse and Family Safety Unit (DAFSU)

6.40. In 2022/23, 583 referrals were recorded to DAFSU, a reduction of 8% from 632 in 2021/22.

6.41. SafeLives estimate there will be 40 MARAC cases per 10,000 of the adult female population. Applying this estimate to Cheshire East population data suggests that there would be 670 high risk victims of domestic abuse discussed by MARAC each year, which would mean a 15% increase in referrals from the number received in 2022/23. As outlined above (paragraph 3.27) referrals have increased in the first six months of 2023/24 (data not analysed in this review) to 334, projected to reach around 660 by the end of the year.

6.42. The following table shows the top referrers to DAFSU in 2022/23. This data is taken from a spreadsheet in which staff record all referrals, separate to the main system, which cannot currently record all the data needed by DAFSU. The overall number of referrals (N=573) is not significantly different to the referral number in the above bullet point, and is likely caused by

³⁵ 'Contacted/engaged work complete'; 'Contacted/engaged work incomplete'; 'Engaged/information and advice only'

human error (not recording all referrals in the spreadsheet) or discrepancies such as recording a family as one referral on the spreadsheet, but as separate individual referrals on the main system.

- 6.43. Where multiple referrals are made for the same victim/survivor, the first referrer is shown in the data; therefore, there may be more referrals from the services listed below than are evident in the data.

| DAFSU Referral Sources 2022/23 | % of referrals |
|----------------------------------|----------------|
| Cheshire Constabulary (via VPAs) | 66% |
| MyCWA | 6% |
| CEDAH | 6% |
| Health (see below) | 6% |
| Not recorded | 5% |
| Other (not specified) | 3% |

- 6.44. Other than referrals received by police VPAs, all other referrers recorded in the table above made under 35 referrals in 2022/23.
- 6.45. Referrers with fewer than ten referrals in the year were: Probation, Cheshire East Council Adult Social Care, Cheshire East Council Children's Social Care, Cheshire East Council Family Services and Early Help; self-referrals; Cheshire East Council Children's Services (unspecified); Cheshire and Wirral NHS Partnership; New Era and Vesta.
- 6.46. One referral was a MARAC-to-MARAC transfer from another area. Two referrals were recorded as 'portal' without stating where the portal referral had originated. Five referrals were recorded from outside of Cheshire East.
- 6.47. Referrals from any health provider were listed under 'health', which means it is not possible to know which area of health the referral came from. In 2022/23, only one referral was recorded from a General Practice, although others may have been categorised within the generic 'health'.

| DAFSU Referral Sources 2022/23 – Health | No. of referrals |
|---|------------------|
| Hospital (which hospital unknown) | 16 |
| Health (actual source unknown) | 7 |
| Macclesfield Hospital | 3 |
| Hospital IDVA (which hospital unknown) | 2 |
| A&E (which hospital unknown) | 1 |
| GP | 1 |

| | |
|---|---|
| Mid Cheshire NHS Trust (referral may have been from Leighton Hospital) | 1 |
| Wirral Community Health & Care NHS Foundation Trust (NB: Trust delivers 0-19 health services) | 1 |

6.48. As outlined above for CEDAH, a drop-down list in the spreadsheet has now been created, and so the varying referrer names, such as that seen for health above, will no longer be an issue. However, it does not support analysis of which specific organisations referred to DAFSU in order to identify gaps.

6.49. DAFSU record the areas victims/survivors reside in, the top areas are presented in the following table.

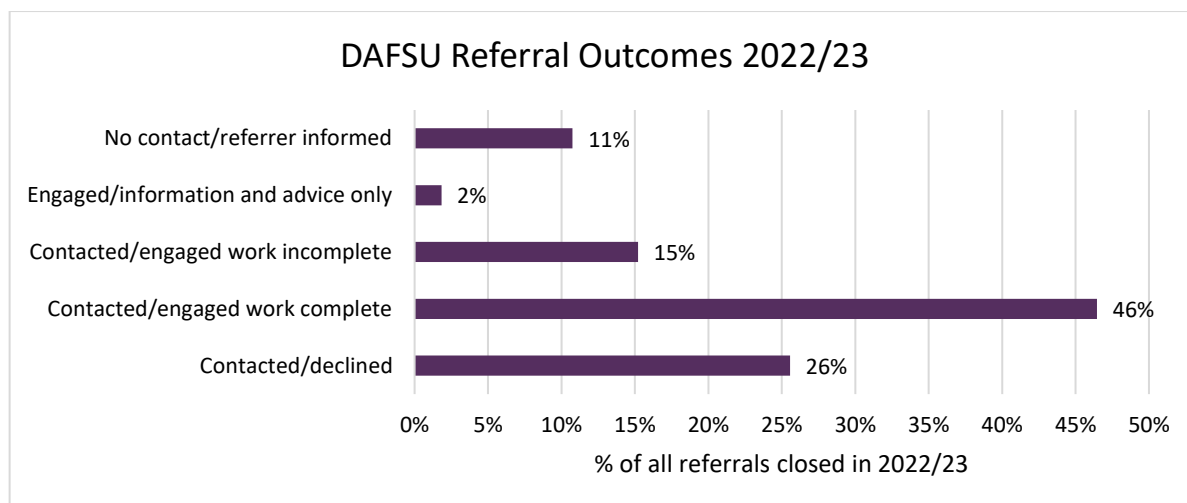
| DAFSU Referral Areas of Residence 2022/23 | % of referrals |
|---|----------------|
| Crewe | 34% |
| Macclesfield | 24% |
| Congleton | 8% |
| Sandbach | 6% |
| Wilmslow | 6% |
| Nantwich | 5% |
| Middlewich | 4% |
| Knutsford | 3% |
| Not recorded/unknown | 2% |

6.50. The following areas had five or fewer DAFSU referrals in 2022/23: Alderley Edge, Alpraham, Alsager, Handforth, Holmes Chapel, Poynton, Ridley, Styal, and Wistaston. One referral was made for someone who was homeless with no fixed abode.

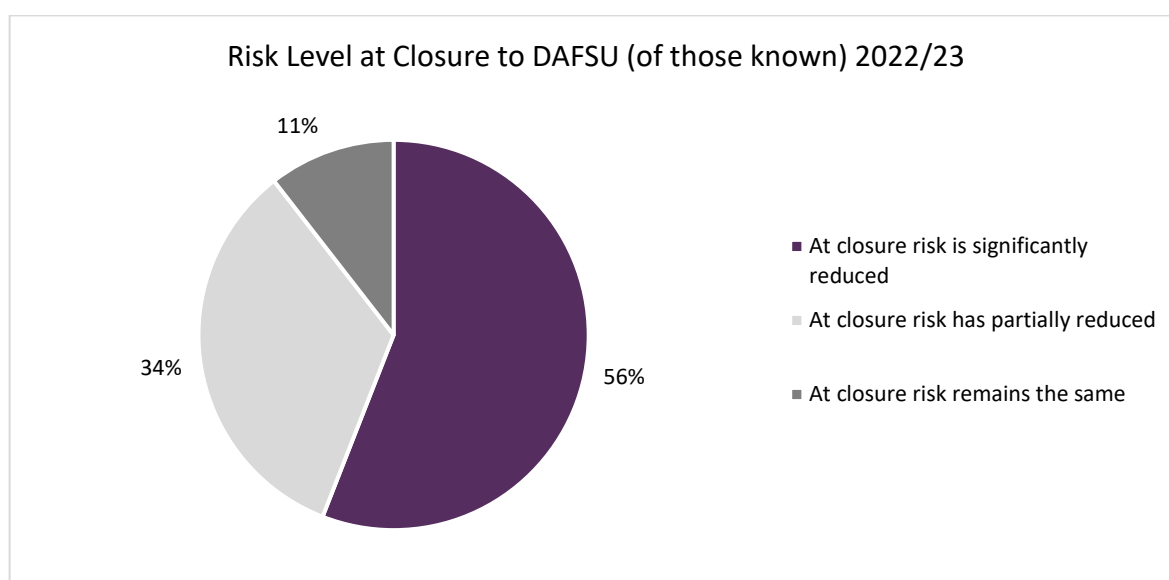
6.51. The total referrals received for out of area was 27 (5%), the highest numbers came from Stoke on Trent (63% of out of area referrals) and Stockport (22%).

6.52. DAFSU record within the same data system as CEDAH, and therefore the same categories are used.

6.53. The following data in relation to the outcomes of referrals is taken from 2022/23 closed cases (N=493). Other data relating to the referrals is presented as a proportion of all referrals with an outcome recorded in that area, which varies.

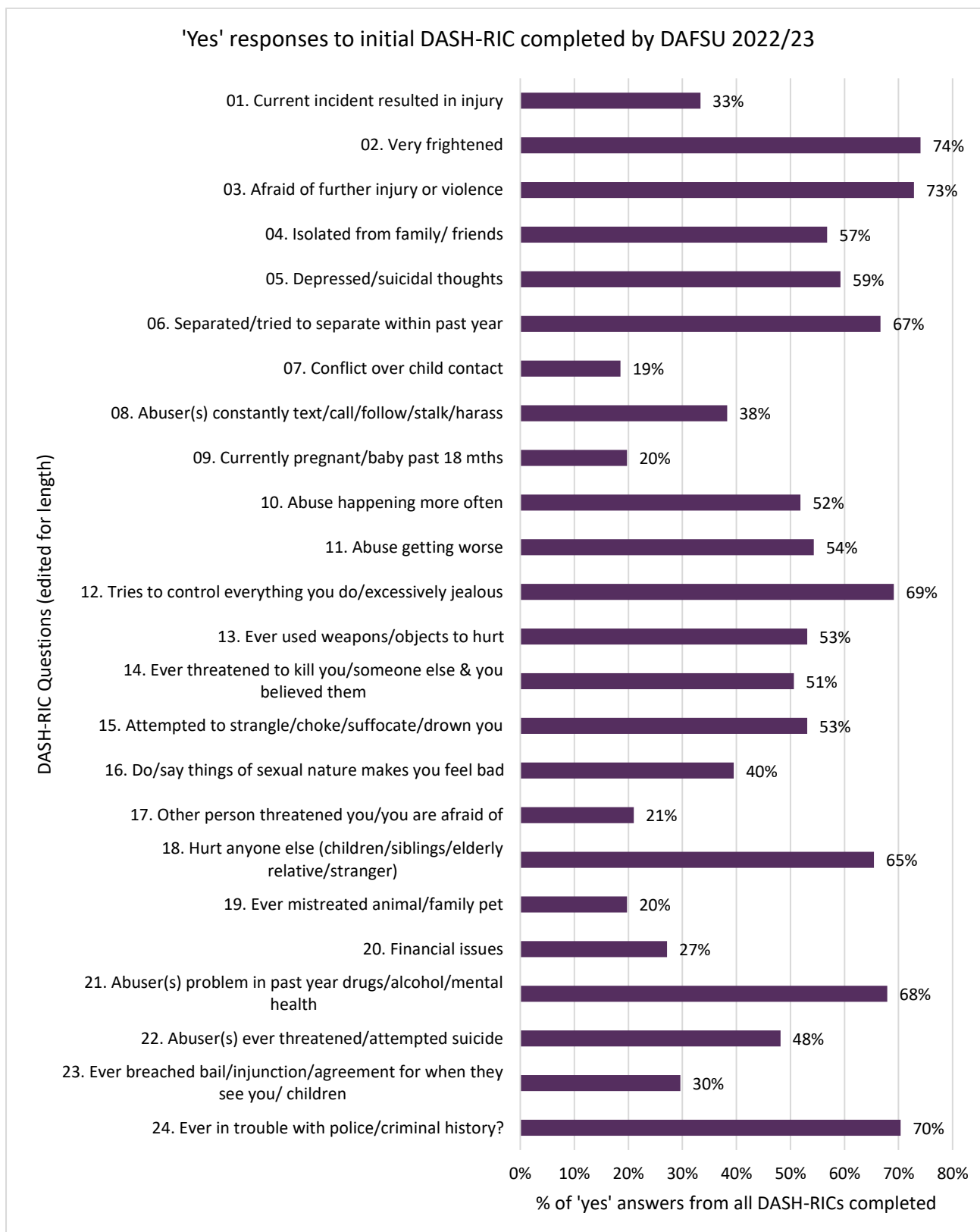


- 6.54. The above graph illustrates that 37% of all referrals led to either no contact being established, or contact being made following which work was declined by the person referred. (71% of those contacted accepted support.) Given that these are victims/survivors identified as being at high risk, this is potentially concerning, and highlights the need for MARAC discussions without consent in order to put in place safety plans around victims/survivors who may otherwise be seriously harmed or killed.
- 6.55. Of all referrals with a record of risk level at closure (N=492, 1 less than all referrals with an outcome recorded), for 40% the risk level at closure was unknown. Of all records, including those where risk level was not known, 39% had safety planning completed.
- 6.56. The following graph shows the risk levels at the point of closure by DAFSU, containing only those with a risk level recorded at closure (N=295).



- 6.57. The graph illustrates that, for those with risk level known at closure, risk had reduced partially or significantly for 89%.

6.58. The needs assessment analysed initial DASH forms completed by the DAFSU (N=80³⁶), highlighting both the range of risks faced by high-risk victims/survivors, as well as the significant overlap with other service areas. This is presented in the graph below.



³⁶ Not all referrals will require a DASH-RIC if one has been sent with the referral and risk does not need to be reviewed.

- 6.59. This analysis highlights the importance of connections with services including Cheshire East Council Children's Services, CGL substance misuse service, and Cheshire and Wirral Partnership NHS Trust. Specifically, questions five and 21 that concern the victims' and the abusers' mental health and substance misuse show high levels of these issues in the cohort. Questions seven (child contact), nine (pregnancy), and 18 (hurt another person, including children) evidence the need for domestic abuse services to work closely with child safeguarding professionals.
- 6.60. Of the total cases closed with an outcome recorded of contact being made (N=313³⁷), 64% involved a discussion with the individual about the children's needs. A child safeguarding meeting was attended in 16%, a referral was made to ChECS, or ChECS were consulted, in 27%, and the children were recorded as having a safety plan in 36% of records.

Multi-Agency Risk Assessment Conference (MARAC)

- 6.61. The following table compares Cheshire East MARAC with all Cheshire Police area MARACs and MARACs for England and Wales³⁸. A comparison with national data on Black and Minority Ethnic victims referred to MARAC is problematic due to the very variable population data nationally.

| MARAC Measures 2022/23 | Cheshire East MARAC | Cheshire MARACs (4) | SafeLives England (219) |
|---|---------------------|---------------------|-------------------------|
| Number of cases | 583 | 1,732 | 102,011 |
| Number of repeat cases / as % of all cases | 114 / 20% | 490 / 28% | 33,899 / 33% |
| Number of cases per 10,000 adult females | 35 | 40 | 48 |
| % Partner agency referrals (i.e., non-police) | 40% | 30% | 34% |
| % Where victim is Black/Minority Ethnic | 3.8% | 5.7% | 17.8% |
| % Where victim is LGBT+ | 1.0% | 1.6% | 1.5% |
| % Of cases where victim has a disability | 3.6% | 6.5% | 9.7% |
| % Of cases where victim is male | 6.9% | 6.1% | 6.1% |

- 6.62. Cheshire East MARAC additionally captured that 1.5% of victims were aged 16-17 years, and 1% of those harming others were aged 17 or below. This is collated by SafeLives, but the whole year's data was not available in the national MARAC data set.
- 6.63. For partner agency referrals, and referrals where the victim is LGBT+, or male, Cheshire MARAC is near or above the Cheshire and England rates. But, referrals for victims from

³⁷ 'Contacted/engaged work complete'; 'Contacted/engaged work incomplete'; 'Engaged/information and advice only'

³⁸ <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

minoritized ethnicities or have a disability are being received at a lower rate than Cheshire and England.

- 6.64. As reflected in the DAFSU referral data above (see 6.41), the number of cases per 10,000 adult female population was lower in 2022/23 than the rest of Cheshire and England, and below the SafeLives national average. But, data from 2021/22 and the first six months of 2023/24 suggest referral rates are usually much higher, making the number of cases per 10,000 adult females to be 39.
- 6.65. SafeLives states an established MARAC should have a repeat rate of 28% to 40%. SafeLives defines a 'repeat' MARAC case as "ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC." The incident does not have to be a criminal offence, violent or threatening.³⁹
- 6.66. A lower repeat rate than the national average, and the SafeLives recommended rate, is not necessarily a negative, potentially indicating effective partnership working and an effective IDVA service.
- 6.67. A total of 599 children were in households of a victim/survivor referred to MARAC, an average of more than one child per referral.
- 6.68. Non-Police referrals came from the voluntary sector, 7% (assumed to be mostly MyCWA), followed by secondary health care services (6%), Cheshire East Council ChECS (9%), and Cheshire East Council Children's Social Care (2%). Smaller numbers of referrals (under 10) were from Cheshire East Council Adult Social Care, Probation, Mental health, and primary health care. 13% of referrals were listed as 'other', which may be understood to comprise the referral sources for DAFSU provided above (see paragraph 6.42).
- 6.69. No referrals were recorded from Cheshire East Council Education, Cheshire East Council Housing, or CGL substance abuse service.
- 6.70. *Recommendations:*
 - Explore the reasons why the referral numbers dipped in 2022/23 compared with 2021/22 and the first six months of 2023/24, identify any actions that may be needed.
 - MARAC Steering Group members should satisfy themselves, and inform CEDSAP, that referring agencies fully understand the repeat referral criteria for MARAC.
 - Understand the risk level outcomes for the 2% of referrals that were closed following information and advice only, and explore the consequences of this outcome for high-risk victims/survivors.
 - Understand the situations of the 11% closed where risk remained the same, for example, do these connect to the 15% of referrals in which work was not able to be completed.
 - Explore with organisations/services the barriers or other reasons for a lack of referrals to DAFSU (and CEDAH). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.

³⁹ <https://safelives.org.uk/definition-repeat-marac>

- Understand the circumstances for the records contacted in which children's needs were not discussed.
- Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.

MyCWA Community-Based Service

6.71. MyCWA provide quarterly reports to Cheshire East Council as part of contract monitoring. In 2022/23 the format of this changed to enable clearer data on delivery of the service. (This has been amended again in 2023/24 to facilitate better understanding of the provision.) As a result, limited data from 2021/22 is presented here. While this prevents comparison between the two years in some areas, enough 2021/22 data is available to show how the demand for, and provision of, services has increased, in most areas.

| Intervention | 2021/22 | 2022/23 |
|-----------------------------------|---------|---------|
| Local training sessions delivered | 49 | 70 |
| Community awareness events held | 7 | 27 |

| Adult victims/survivors | 2021/22 | 2022/23 |
|--|---------|--------------|
| New adult clients accepted into the service | 916 | 1,122 |
| Gateway programmes delivered | U/K | 29 |
| Adults completing Gateway programme (as proportion of those who started) | U/K | 136 (73%) |
| Clients with chaotic / complex presentation | 119 | 163 |
| Peer support sessions delivered | 105 | 141 |
| Attendances at peer support sessions | U/K | 198 |
| New clients attending peer support sessions | U/K | 19 |

| Children and Young People | 2021/22 | 2022/23 |
|---|---------|---------|
| Children and young people completing safety or therapeutic work | 134 | 177 |
| Peer support sessions delivered | 209 | 182 |
| Attendances at peer support sessions | U/K | 262 |

| | | |
|---|-----|-------------------|
| Individual children and young people attended peer support sessions delivered | U/K | 113 |
| Children and young people completed behaviour change intervention | 35 | 28 |
| Child Protection Conferences invited to attend <i>2022/23: Increase from 4 (Q1) to 21 (Q4)</i> | 17 | 41 (98% attended) |
| Number of other child safeguarding meetings attended where Provider is engaged with family | 225 | 261 |
| Families that received safe relationship work | 88 | 257 |
| Families where the status of the social care plan was stepped down | U/K | 74 |

| Interventions with Adults Who Harm | 2021/22 | | 2022/23 | |
|---|---------|-------|-----------|----------|
| | Men | Women | Men | Women |
| Referred for assessment | U/K | 31 | 237 | 127 |
| Completed assessment (% of referrals) | 92 | 25 | 127 (54%) | 58 (46%) |
| Commenced Level 1 Group Programme | 88 | N/A | 74 | N/A |
| Commenced Level 2 Group Programme | | | 33 | N/A |
| Completed Level 1 Group Programme | 41 | N/A | 43 | N/A |
| Completed Level 2 Group Programme | | | 12 | N/A |
| Commenced Engage Group Programme | N/A | 19 | N/A | 35 |
| Completed Engage Group Programme | N/A | 9 | N/A | 16 |
| Commenced Engage one-to-one Programme | N/A | U/K | N/A | 4 |
| Completed one-to-one denial focused work | U/K | U/K | 2 | 1 |
| Denial focus packs sent to other professionals for one-to-one delivery with service users | U/K | U/K | 21 | 1 |
| Clients started on denial focused work with other professionals | U/K | U/K | 5 | N/A |
| Bail support commenced | U/K | U/K | 24 | 1 |

| | | |
|---|-------|------|
| Proportion of partners of those on programmes supported | 93.3% | 100% |
|---|-------|------|

6.72. MyCWA highlight in their data return that work with women who harm has been impacted by the increasing complexity of the women being referred. MyCWA has increased the number of sessions women receive in order to manage this, and to increase the number of women who remain with the programme.

6.73. *Recommendation*: The way in which data is collated and presented for contract reporting has recently been changed, and MyCWA provision is now clearer. Within the development of the new contract, review the extent to which this has improved knowledge of the delivery of the contracted service. Specifically, is it possible to show the following:

- The number of referrals received, shown separately for victims/survivors and those causing harm, and separately for adults and children within those two groups. Demographic information disaggregated for each group. Levels of need for each group.
- The number of those referred that were accepted into support, and which support each referral accessed. How many started, and how many completed, the support accessed.
- The volume of work required for each intervention, e.g., FTE staff per intervention, hours spent delivering intervention per FTE staff.

MyCWA Dispersed Safe Accommodation

6.74. Data was available from MyCWA for 2021/22 and 2022/23 covering referrals to, and outcomes for, dispersed safe accommodation (refuge). Some data was only collected in 2022/23, and some categories changed between the two years.

6.75. Referrals to MyCWA dispersed safe accommodation rose from 157 in 2021/22 to 167 in 2022/23, the increase came largely from referrals within Cheshire East.

| Dispersed Safe Accommodation Referrals | 2021/22 | | 2022/23 | |
|---|----------------|------------------|----------------|------------------|
| | Self-referrals | Agency referrals | Self-referrals | Agency referrals |
| Referrals received by source | 46 | 111 | 28 | 139 |
| Total referrals received | 157 | | 167 | |
| From Cheshire East area | 31 | 75 | 15 | 107 |
| From Cheshire county (not Cheshire East area) | 1 | 11 | 0 | 5 |
| From outside of Cheshire East & Cheshire county | 14 | 25 | 13 | 27 |

6.76. The number of referrals received where the adult had children and/or presented with complex needs increased significantly between 2021/22 and 2022/23. The number of referrals with no recourse to public funds decreased.

| Dispersed Safe Accommodation Referrals | 2021/22 | | 2022/23 | |
|---|---------|-------|---------|-------|
| | Men | Women | Men | Women |
| Total referrals received | 19 | 138 | 23 | 144 |
| Referrals received with children | 52 | | 74 | |
| Referrals received with complex needs | 52 | | 101 | |
| Referrals received with no recourse to public funds | 17 | | 13 | |
| Total children referred | U/K | | 158 | |

6.77. 15% of referrals were accommodated in 2021/22, and 17% in 2022/23.

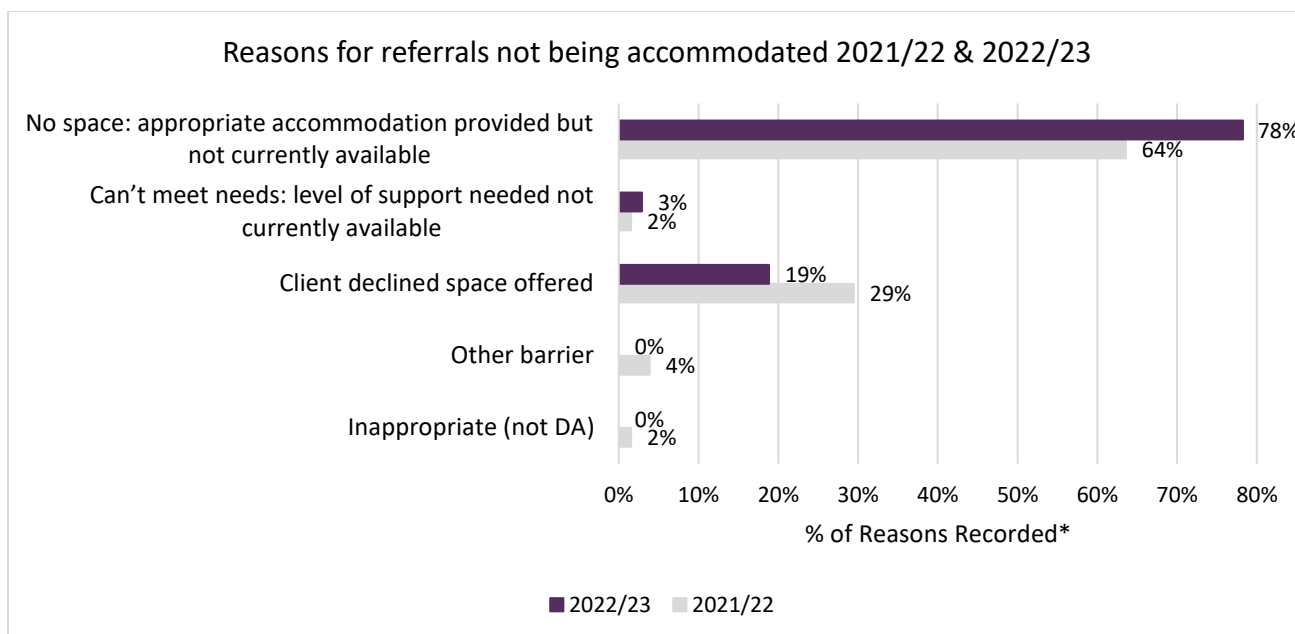
6.78. Across the two years, 10% of referrals for men were accommodated (4 of 42 referrals), and 17% of referrals for women were accommodated (48 of 282 referrals). Around a quarter of children referred were accommodated.

6.79. The number accommodated rose from 23 to 29 between the two years, made up of an increase in the number of women accommodated. There was an increase in those accommodated who presented with complex needs.

6.80. The number accommodated with no recourse to public funds doubled to 6 referrals; this is in the context of a decrease in referrals, meaning nearly half (46%) of these referrals were accommodated in 2022/23.

| Accommodated (% of those referred) | 2021/22 | | 2022/23 | |
|---|----------|-------|----------|-------|
| | Men | Women | Men | Women |
| Total Accommodated | 2 | 21 | 2 | 27 |
| Accommodated with complex needs | 14 (27%) | | 24 (32%) | |
| Accommodated with no recourse to public funds | 3 (18%) | | 6 (46%) | |
| Accommodated with children | 9 (17%) | | 17 (23%) | |
| Total children accommodated | U/K | | 41 (26%) | |

6.81. Where referrals could not be accommodated, the majority across two years were due to the service not having capacity. No referrals were declined where the only reason was no recourse to public funds.



* For the percentage of reasons recorded, N=129 for 2021/22, N=138 for 2022/23.

6.82. More detail was provided by MyCWA in relation to referrals not being accommodated, as outlined in the table below. Data for 2021/22 contained more detail. The table below does not suggest that the reasons listed not relevant in 2022/23, only that they weren't recorded.

| Suitable space or support provided by MyCWA, but unavailable at time of referral | Number in 2021/22 | Number in 2022/23 |
|---|-------------------|-------------------|
| Space needed to be in a different area | 3 | 0 |
| Ground floor space needed | 4 | 0 |
| Required space for five children | 1 | 0 |
| Required a dog friendly space | 5 | 0 |
| Required wheelchair accessible space | 1 | 2 |
| Required adapted property | 0 | 2 |
| Client did not offer information to support background checks required for referral | 1 | 0 |
| Offered interview but client wanted specific support with alcohol misuse | 1 | 0 |
| Other barriers to accepting space | Number in 2021/22 | Number in 2022/23 |
| Client unable to attend interview arranged for doctors | 1 | 0 |
| Unable to interview client | 1 | 0 |

| Client declined space with MyCWA | Number in 2021/22 | Number in 2022/23 |
|--|-------------------|-------------------|
| Client not eligible for Housing Benefit and felt she couldn't meet the agreed payments | 1 | 0 |
| Space wanted out of Cheshire | 1 | 0 |
| Client accepted accommodation from different provider | 1 | 0 |
| Client didn't want to live in area offered | 1 | 0 |
| Client decided not to leave their relationship | 1 | 0 |

- 6.83. Alternatives to MyCWA accommodation being offered included seeking alternative refuge space (done by the referrer, the client or MyCWA), seeking alternative supportive housing, or seeking safe accommodation alternatives such as Sanctuary Scheme (NB: recording of action taken where not accommodated was very low). In 2021/22, 60% of those not accommodated were being supported by a housing agency or IDVA; in 2022/23 the proportion was 83%.
- 6.84. The average length of stay in safe accommodation is nine months. Following this, approximately half of clients move on to their own homes. Across 2021/22 and 2022/23, 15% of clients moved out of refuge back to the person causing them harm. 17% moved in with a friend or relative.
- 6.85. 11% of clients left refuge in an unplanned way. Only one person across the two years was asked to move out of safe accommodation.

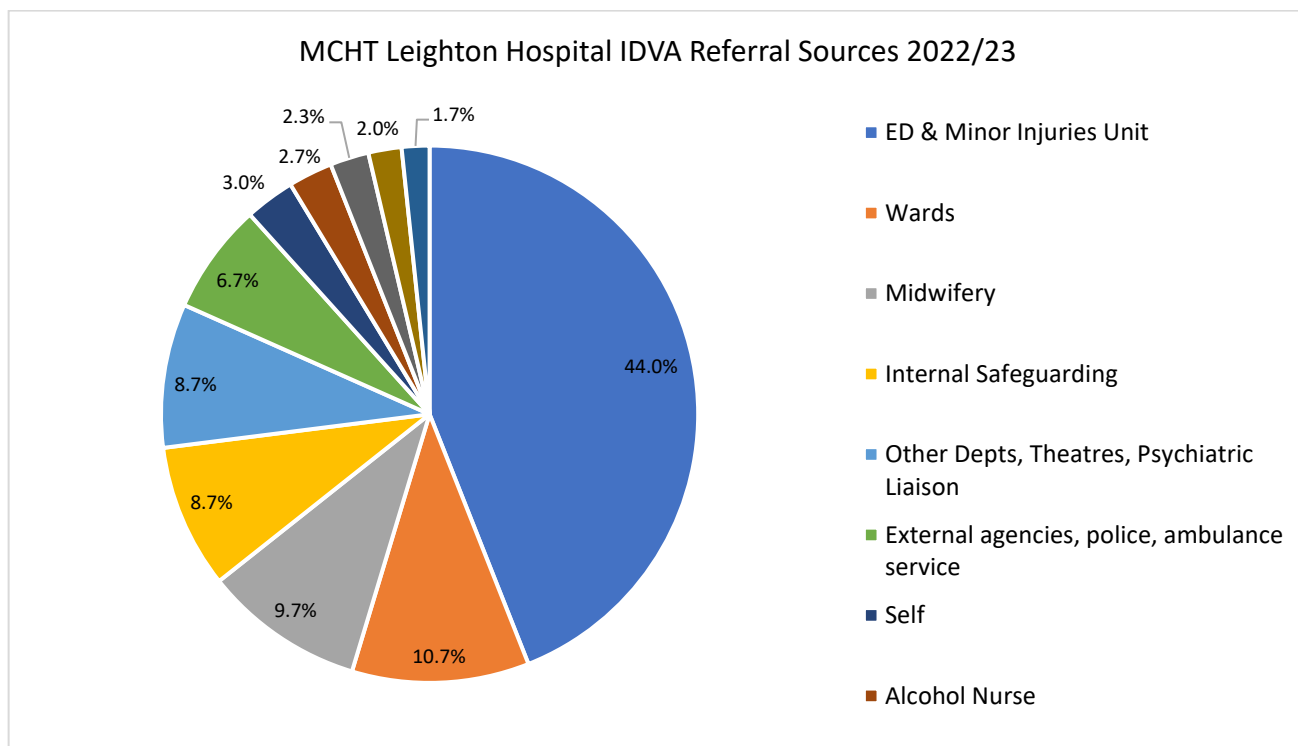
Safe Accommodation: Sanctuary Scheme

- 6.86. From January to June 2023, five installations were delivered by the Cheshire East Council Sanctuary Scheme (work carried out by Safe Partnership). Four were for private renters, and one for a homeowner. A total of five children were supported through these installations.
- 6.87. The average spend per household was £387, and there was an average of 18 days between referral and installation. This is longer than would be expected for the process.
- 6.88. Additionally, DAFSU IDVAs record when target hardening has been completed for a high-risk victim/survivor. This may include non-Sanctuary Scheme works. In 2022/23, the DAFSU recorded 141 victims/survivors had received this.

Macclesfield Hospital and Leighton Hospital IDVAs

- 6.89. The Hospital IDVA based at Leighton Hospital, employed by Mid Cheshire Hospitals NHS Foundation Trust, provided data to the needs assessment.

- 6.90. In 2022/23 they received 300 referrals from the hospital, 10.5% of which were for staff and the remainder for patients. This represented a 29% increase in overall referrals from the year before, and the highest number of referrals since 2014/15.
- 6.91. 187 of the referrals were for patients resident in Cheshire East, the remainder resided in West Cheshire (101), out of area (10), or were not known (2).
- 6.92. The IDVA made 45 referrals to MARAC. 9% of referrals involved family abuse rather than intimate (ex)partner abuse.
- 6.93. Referral sources were as follows:



- 6.94. The Macclesfield Hospital IDVA data is contained within the DAFSU data presented above. East Cheshire Trust recorded that 160 referrals were made within the hospital to the IDVA in 2022/23.

Cheshire Cares

- 6.95. Data was available from Cheshire Cares for all of Cheshire, including Cheshire East. It is not possible to show only Cheshire East cases. Due to changes to the service over the previous year, there have been changes to data collection; therefore only data for 2023/24 is presented because it is more accurate than previous data reports.

| Cheshire Cares: April to August 2023 (5 months) | Number |
|--|--------|
| Number of new victim referrals to support services in the time period From the 'daily' download (see para 6.95); includes victims who are not appropriate for the service (e.g., not at Standard Risk) or who did not consent to support; these are screened out by Cheshire Cares. | 2,245 |

| | |
|---|-------------------------------|
| Number of new referrals in the time period (i.e., victims consenting to contact & at Standard Risk) | 326 (15% of new referrals) |
| Number of victims already being supported in the time period (i.e., the referral was made prior to the reporting time period) | 381 |

Rape and Sexual Abuse Support Centre (RASASC)

- 6.96. RASASC received 192 referrals in 2022/23 that were for individuals who had experienced rape or sexual assault perpetrated by their partner or ex-partner, therefore within the definition of domestic abuse.

Domestic Abuse Reporting Data

- 6.97. This section outlines domestic abuse data available from non-specialist services. Information about organisations' domestic abuse response is contained in section five.
- 6.98. In reviewing the data presented here, it is important to be aware that this reflects where victims/survivors report, not an indication of prevalence, as we know that many don't tell professionals. For example, Crime Survey of England and Wales data states that around 24% of victims report to police⁴⁰.

Cheshire Constabulary

- 6.99. Data is collected on domestic abuse related crimes by the Constabulary for Cheshire East as outlined below.

| Cheshire Constabulary Domestic Abuse | 2021/22 | 2022/23 |
|--|----------------|----------------|
| Number of recorded domestic abuse crimes | 5,450 | 5,090 |
| Number of domestic abuse crimes recorded as 'solved' (% of all DA crimes recorded) | 742 (14%) | 986 (19%) |
| Repeat victimisation: involving a victim who has been a victim is past 12 months (% of all DA crimes recorded) | 3,302 (61%) | 3,055 (60%) |
| Violence With Injury Crimes | 1049 | 1052 |
| Violence With Injury Crimes Solved (% of all Violence with Injury crimes recorded) | UK | 258 (25%) |

⁴⁰<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingiune2022#domestic-abuse-and-sexual-offences>

- 6.100. The data shows over half of domestic abuse crimes in both years involved victims who had previously been recorded. Domestic abuse is categorised as the abusive person using a pattern of behaviour. Therefore, for the purposes of the partnership response to domestic abuse (rather than for police recording), these victims it would be helpful to frame them not as 'repeat' victims but as 'ongoing' victims.
- 6.101. The review noted discrepancies in the data from Cheshire Constabulary.
- 6.102. 3,289 VPAs were recorded with DA indicated in 2022/23 (including where not completed), compared with 5,090 crimes; it could be assumed that victims reported multiple crimes. The data for demographics was much higher, for example, 5,884 victims recorded for gender (including unknown/not recorded), this could be explained by there being multiple victims to one recorded crime, but raises questions over the difference between number of victims and number of VPAs.
- 6.103. The completion rate of the DASH-RIC by police attending incidents is very high, with only 14 not completed in 2022/23.

| Vulnerable Person Assessment (VPA) with a Reason for Notification of 'Domestic Violence & Abuse' Risk Outcomes | 2022/23 | As % of all VPAs |
|--|---------|------------------|
| High Risk | 350 | 10.6% |
| Medium Risk | 1,088 | 33.1% |
| Standard Risk | 1,837 | 55.9% |
| DASH not completed | 14 | 0.4% |

- 6.104. The data above highlights that over half of all incidents reported to police that involve a VPA being completed are standard risk, and a third are medium risk. This demonstrates where the most significant volume is in terms of need for support. Standard risk incidents may involve victims who have in the past experienced significant harm; there may be high levels of complexity, and a need for a range of support.
- 6.105. The Constabulary also collate data on the number of Domestic Violence Protection Notices/Orders (DVPNs/Os)⁴¹ authorised, and the number of requests/disclosures made within the Domestic Violence Disclosure Scheme, also known as Clare's Law⁴².

| Cheshire Constabulary Domestic Abuse | 2021/22 | 2022/23 |
|--|------------|-------------|
| Domestic Violence Protection Notices (DVPNs) authorised | 59 | 61 |
| Domestic Violence Protection Orders (DVPOs) authorised (as % of Notices) | 47 (UK) | 55 (90%) |

⁴¹ <https://www.gov.uk/government/publications/domestic-violence-protection-orders/domestic-violence-protection-notices-dvpns-and-domestic-violence-protection-orders-dvpos-guidance-sections-24-33-crime-and-security-act-2010>

⁴² <https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance>

| | | |
|---|----|--------------|
| Domestic Violence Disclosure Scheme Right to Ask Requests | UK | 227 |
| Domestic Violence Disclosure Scheme Right to Ask Disclosures Made (as % of requests) | UK | 72 (32%) |
| Domestic Violence Disclosure Scheme Right to Know Considered | UK | 268 |
| Domestic Violence Disclosure Scheme Right to Know Disclosures Made (as % of those considered) | UK | 108 (40%) |

6.106. National data to the year ending March 2020 shows that 37% of risk to ask, and 52% of right to know applications, resulted in disclosure⁴³. Cheshire Constabulary is therefore in line with the national picture in relation to right to ask disclosures, but somewhat lower than for right to know disclosures.

National Probation Service – Cheshire Delivery Unit

6.107. The following data was available from Probation for Cheshire East, for the flags available on the case recording system.

| Probation domestic abuse case recording | 2021/22 | 2022/23 |
|--|---------|---------|
| Individuals being supervised with a 'domestic abuse perpetrator' flag | 123 | 232 |
| Individuals being supervised with a 'domestic abuse history' flag but no 'domestic abuse perpetrator' flag | 123 | 88 |

6.108. For those with a domestic abuse perpetrator flag on their record, it is assumed their index offence was domestic abuse related. For those with a domestic abuse history flag, but no domestic abuse perpetrator flag, it is assumed that the index offence was not domestic abuse, but they had a history of domestic abuse, and it is likely Probation have been working with them on their attitudes and beliefs linked to domestic abuse.

| Probation domestic abuse case recording | 2021/22 | 2022/23 |
|---|---------|---------|
| Individuals referred to Building Better Relationships (BBR) behaviour change programme | 88 | 80 |
| Individuals completing the Building Better Relationships (BBR) behaviour change programme | 29 | 5 |

⁴³ <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-violence-disclosure-scheme-factsheet>

- 6.109. The number of BBR referrals and completions must be understood in the context that probation would never see all individuals referred in. There are many reasons for this, for example, the individual gains employment, or becomes ill, and can no longer attend; the individual moves out of area; the individual breaches the order and is taken back to court, or they commit further offences and are resentenced, recalled back to custody.
- 6.110. Additionally, most individuals sentenced to a community order that includes BBR receive orders of 18 months and two years, but some might not be allocated to a BBR programme until a year after the order commenced. Therefore, an individual sentenced will be counted as an individual referred in 2023, but might not start the programme until September 2024.
- 6.111. It is important to understand that whilst some BBR referrals do not lead to completion of BBR, following further assessment their needs will be addressed via alternative interventions eg, structured intervention – HELP or a toolkit (completed in a group) – skills for relationships completed on a 1-1 basis with their probation practitioner.

Cheshire East Council Children's Services

- 6.112. Data was available from Children's Services showing the number of domestic abuse related contacts to the integrated front door (ChECS and Family Help), and the number of children with child in need or child protection plans, and the number of children looked after, where domestic abuse was a recorded issue.
- 6.113. It is not possible to show, within this data, the nature of the domestic abuse for these children. It likely encompasses child victims of parental domestic abuse, child victims of partner domestic abuse, and children who are using harmful behaviours against parents, family members, and/or partners. The domestic abuse record may reflect current victimisation, or something that happened to the child in the past.
- 6.114. *Recommendation*: develop the case management system to enable recording that reflects the different ways in which children can be victims of domestic abuse, or cause harm, and whether the domestic abuse is a current or historic concern. (NB: domestic abuse in the past does not mean that there is no ongoing impact on the child.)
- 6.115. While ChECS contacts in which domestic abuse was a stated reason has increased, this is in-line with an overall increase in contacts to ChECS. It is important to note here, that only one reason for the contact will be recorded by ChECS; domestic abuse may be one of multiple concerns for a family, but is not the primary reason for the contact at that point. Therefore the count in the table below may be an underestimate.

| Cheshire East Council Children's Services ChECS Contacts | 2021/22 | 2022/23 |
|---|----------------|----------------|
| ChECS Contacts – all records | 7,488 | 11,832 |
| ChECS Contacts in which domestic abuse was a stated reason (as proportion of all records) | 1,451 (19%) | 2,097 (18%) |

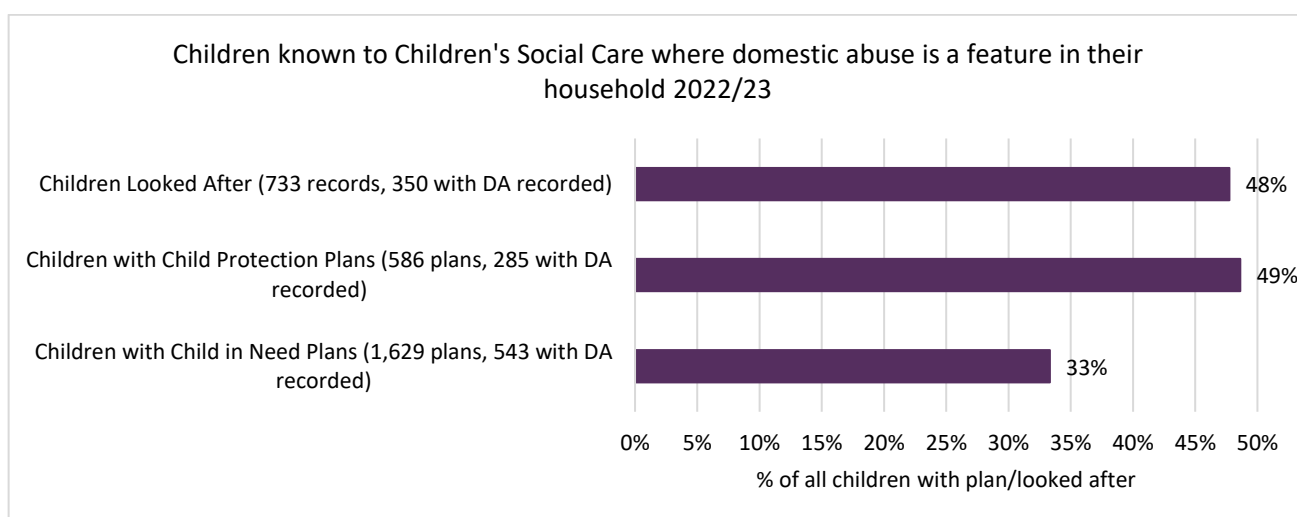
6.116. In 2021/22, Family Help Front Door contacts could not record whether domestic abuse was a stated reason. The ability to record was added from 1st August 2022, meaning 2022/23 data is partial. Extrapolating from the eight months of data available (219 records in which domestic abuse was a stated reason), the number in the table below is an estimate.

| Cheshire East Council Children's Services Family Help Front Door Contacts | 2021/22 | 2022/23 |
|---|---------|------------------------|
| Family Help Contacts – all records | 2,553 | 2,194 |
| Family Help Contacts – records in which domestic abuse was a stated reason (as proportion of all records) | UK | 329 est. (15% est.) |

6.117. This data suggests 17% of all contacts to the integrated front door recorded domestic abuse as a feature. It is possible that contacts did not have domestic abuse identified at the point of referral, but this was disclosed later on; data was not available relating to this, except for those families that went on to have involvement with social care.

6.118. For Child in Need and Child Protection Plans, and Children looked After, recording of responses to 'Has domestic violence ever featured in this child/young person's life?' was significantly low in 2021/22. It was incomplete in 46% of Child in Need records (1,920 records), 43% of Child Protection Plan records (568 records), and 46% of Children Looked After records (672 records).

6.119. Due to such a high proportion not recorded in 2021/22, only 2022/23 data is provided in the graph below. In 2022/23 Child in Need (1,629 records) and Child Protection Plan records, incomplete records were down to 1%, showing a significant improvement in recording. For Children Looked After records, the proportion that were incomplete in 2022/23 was 13% (97 records), which, while an improvement in 2021/22, suggests the data in the graph below may not be complete.



- 6.120. This data suggests that approximately 40% of all children receiving within the remit of Children's Social Care were victims or survivors of domestic abuse⁴⁴.
- 6.121. Initial contacts to ChECS (described in paragraph 6.115 above) in 2022/23 involved 18% with domestic abuse as a stated reason. Compared with the data in the graph above, this might suggest that very high proportions of initial contacts due to domestic abuse go on to receive attention from social care. Alternatively, it may be that domestic abuse has been identified as a concern following the Child in Need/Child Protection Plan being initiated.
- 6.122. CEC Safeguarding Children in Education Team record enquiries from schools relating to domestic abuse. 60 enquires were made in 2022/23, and 55 in 2021/22. Many (not all) schools pay for the Safeguarding Children in Education Service (SCIES), described in the section on Front Doors above, and therefore may have been making initial enquiries that then went on to become contacts to ChECS or Family Help Front Door.

Cheshire Youth Justice Service

- 6.123. The following data was available from the Youth Justice Service for Cheshire East, for the flags available on the case recording system.

| Youth Justice Service individuals with open cases | 2022/23 |
|---|-------------|
| Flagged on system for being an individual causing domestic abuse harm (as % of all individuals) | 4 (14%) |
| Flagged on system for being a victim of parental domestic abuse (as % of all individuals) | 20 (69%) |
| Flagged on system for being a victim of partner domestic abuse (as % of all individuals) | 1 (3%) |

- 6.124. Individuals can be flagged for more than one of the above. The data demonstrates a high correlation between children being victims of domestic abuse and being involved with the criminal justice system at a young age.

Cheshire East Council Adult Safeguarding

- 6.125. The table below shows Adult Safeguarding Enquiries where domestic abuse has occurred for adults aged 18 and over, reported to, or identified by, Cheshire East Council.

| Cheshire East Council Adults' Safeguarding | 2021/22 | 2022/23 |
|--|---------|---------|
| Adult safeguarding enquiries where domestic abuse has occurred | 999 | 1,102 |

⁴⁴ 1,178 of 2,948 children with Child in Need Plan, Child Protection, or Children Looked After; may be some double counting if children were stepped up or stepped down during the year.

| | | |
|--|-----|-----|
| Adult safeguarding enquiries where domestic abuse has occurred – proportion of all enquiries | 20% | 20% |
|--|-----|-----|

6.126. Over the last four years (since 2019/20) the number of records for domestic abuse has increased 381%, with the large increase in 2021/22.

6.127. An analysis conducted in 2022/23 of Adult Safeguarding Data suggested practitioners are not consistently recording domestic abuse in line with the definition of ‘personally connected’ in the Domestic Abuse 2021. As a result, guidance has been produced for practitioners and partners to assist them in recording domestic abuse, and recording is expected to improve in 2022/23.

Cheshire East Council Housing Options

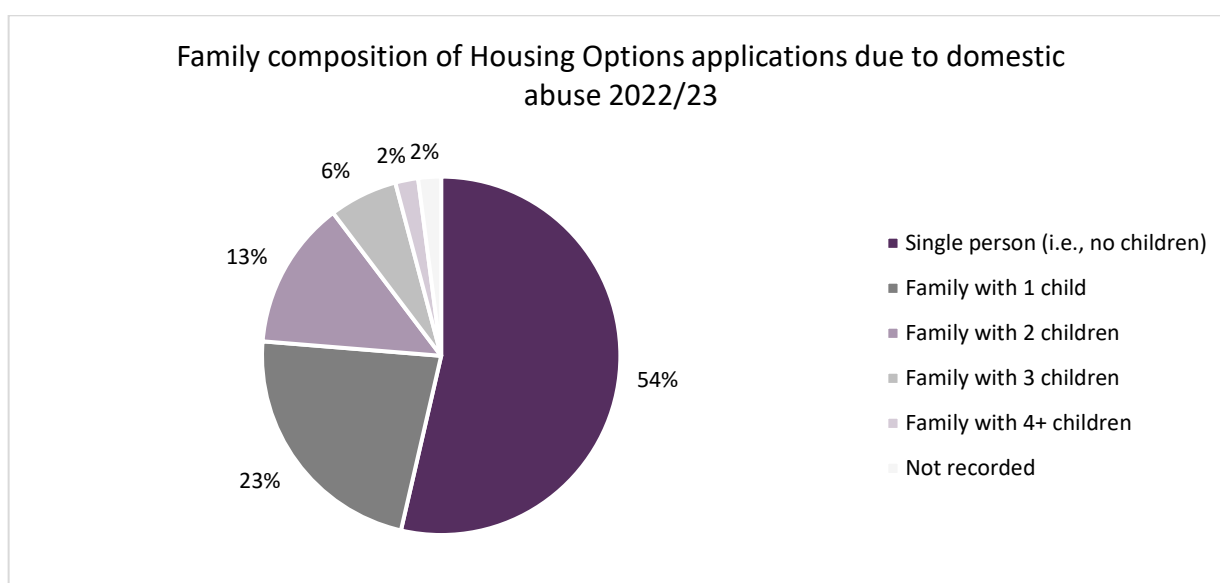
6.128. Data was provided to the needs assessment for domestic abuse-related approaches to Housing Options in 2022/23 (97 records).

| Housing Options Data 2022/23 | Number |
|--|--------|
| Total applications due to domestic abuse | 97 |
| Applications responded to under Relief Duty | 48 |
| Outcome: secured accommodation for 6 months | 52.1% |
| Outcome: withdrew | 35.4% |
| Outcome: secured accommodation for 12 months | 12.5% |
| Applications responded to under Prevention Duty (1 blank) | 47 |
| Outcome: secured alternative accommodation for 12 months or more | 57.4% |
| Outcome: secured existing accommodation for 12 months or more | 14.9% |
| Outcome: secured alternative accommodation for 6 months | 10.6% |
| Outcome: contact lost | 6.4% |
| Outcome: 56 or more days elapsed and no further action | 4.3% |
| Outcome: secured existing accommodation for 6 months | 2.1% |
| Outcome: withdrew | 2.1% |
| Applications responded to under Final Duty | 2 |

| | |
|--------------------------------------|------|
| Outcome: Registered Provider tenancy | 100% |
|--------------------------------------|------|

| Housing Options Data 2022/23: Accommodation at point of application (N=97 total records) | Number |
|---|--------|
| Property belongs to a friend, and I live with them | 18.6% |
| Property is rented from Housing Association | 17.5% |
| Property belongs to a family member, and I live with them | 14.4% |
| Not recorded | 11.3% |
| Property is rented from Private Landlord | 10.3% |
| Homeless – no fixed abode | 9.3% |
| Housed in temporary accommodation or hostel | 5.2% |
| In safe accommodation (refuge) | 5.2% |
| Property is supported accommodation | 3.1% |
| Other | 3.1% |
| Property belongs to a landlord, and I live with them | 1.0% |
| Property is owned with mortgage | 1.0% |

6.129. Over half of applicants were single people with no children. Family composition for applicants was as follows:



6.130. A third of applicants were being supported by the Whole Housing Approach Domestic Abuse Specialist, and officers had sought their advice for over a third (37%). 9% were defined within the WHA as experiencing multiple disadvantage. 18% has received WHA funding. (NB: applicants may be recorded in more than one of these percentages.)

CGL Substance Misuse Service

6.131. Within assessments, CGL ask service users about harm they have experienced from others, and harm they have caused to others, including specifically asking about domestic abuse. The following table shows the overall numbers, and what proportion of client records this represents.

6.132. In the tables below, 'not identified at this time' is selected by practitioners when the person may have alluded to something in the past, i.e., over twelve months ago. Past experiences of abuse and harm are important for services to understand, as current trauma may be complicated or compounded by earlier experiences.

| CGL harm and domestic abuse recording (N=400) | | 2022/23 |
|---|--|--------------------|
| Ever experienced harm from others | | 268 (67.0%) |
| Feel threatened | Current | 22 (5.5%) |
| | Within last 3 months | 23 (5.8%) |
| | More than three months previous | 186 (46.5%) |
| | Not identified at this time | 10 (2.5%) |
| | TOTAL | 241 (60.3%) |
| Domestic abuse victim | Client declined to answer / not appropriate to ask | 13 (3.3%) |
| | Current | 6 (1.5%) |
| | Within last 3 months | 18 (4.5%) |
| | More than three months previous | 130 (32.5%) |
| | TOTAL | 167 (41.8%) |
| Drug/alcohol user controlled by others | Current | 5 (1.3%) |
| | Within last 3 months | 7 (1.8%) |
| | More than three months previous | 37 (9.3%) |
| | Not identified at this time | 83 (20.8%) |
| | TOTAL | 132 (33.0%) |
| Threats from others | Current | 8 (2.0%) |
| | Within last 3 months | 18 (4.5%) |

| | | |
|----------------|---------------------------------|--------------------|
| | More than three months previous | 132 (33.0%) |
| | Not identified at this time | 42 (10.5%) |
| | TOTAL | 200 (50.0%) |
| Physical abuse | Current | 6 (1.5%) |
| | Within last 3 months | 18 (4.5%) |
| | More than three months previous | 160 (40.0%) |
| | Not identified at this time | 10 (2.5%) |
| | TOTAL | 241 (60.3%) |
| Economic abuse | Current | 0 |
| | Within last 3 months | 3 (0.8%) |
| | More than three months previous | 23 (5.8%) |
| | Not identified at this time | 104 (26.0%) |
| | TOTAL | 130 (32.5%) |
| Sexual abuse | Current | 0 |
| | Within last 3 months | 2 (0.5%) |
| | More than three months previous | 71 (17.8%) |
| | Not identified at this time | 89 (22.3%) |
| | TOTAL | 162 (40.5%) |
| Known to MARAC | Current | 3 (0.8%) |
| | Within last 3 months | 8 (2.0%) |
| | More than three months previous | 13 (3.3%) |
| | Not identified at this time | 87 (21.8%) |
| | TOTAL | 111 (27.8%) |

- 6.133. Of the six current victims of domestic abuse, one was currently known to MARAC, and one had been known within the last three months.
- 6.134. One current domestic abuse victim was also recorded as a domestic abuse perpetrator and had used violent behaviour within the last three months. One further current domestic abuse victim had also previously been convicted of a violent offence.
- 6.135. Of the five current 'drug/alcohol user controlled by others', one was also a current domestic abuse victim, and one had been a domestic abuse victim within the last three months.

| CGL – harm and domestic abuse recording (N=400) | | 2022/23 |
|---|--|--------------------|
| Ever harmed others | | 184 (46.0%) |
| Violent behaviours | Current | 4 (1.0%) |
| | Within last 3 months | 7 (1.8%) |
| | More than three months previous | 113 (28.3%) |
| | TOTAL | 124 (31.0%) |
| Domestic abuse perpetrator | Client declined to answer / not appropriate to ask | 8 (2.0%) |
| | Current | 4 (1.0%) |
| | Within last 3 months | 13 (3.3%) |
| | More than three months previous | 80 (20.0%) |
| | More than three months previous & current | 2 (0.5%) |
| | TOTAL | 107 (26.8%) |
| Convicted of violent offence(s) | Current | 7 (1.8%) |
| | Within last 3 months | 2 (0.5%) |
| | More than three months previous | 88 (22.0%) |
| | Not identified at this time | 10 (2.5%) |
| | TOTAL | 107 (26.8%) |
| Convicted of sex offence(s) | Current | 4 (1.0%) |
| | Within last 3 months | 2 (0.5%) |
| | More than three months previous | 16 (4.0%) |
| | Not identified at this time | 30 (7.5%) |
| | TOTAL | 52 (13.0%) |
| Known to MARAC | Current | 3 (0.8%) |
| | Within last 3 months | 3 (0.8%) |
| | More than three months previous | 6 (1.5%) |
| | Not identified at this time | 33 (8.3%) |
| | TOTAL | 45 (11.3%) |

- 6.136. None of the current domestic abuse perpetrators were known to MARAC, and none had been convicted of a violent offence.
- 6.137. One current domestic abuse perpetrator was also recorded as a domestic abuse victim, had experienced threats from others, and sexual abuse, within the last three months. They were also a current 'drug/alcohol user controlled by others'.
- 6.138. One individual who was currently known to MARAC was marked 'never' under the domestic abuse perpetrator indicator. One further individual known to MARAC was marked 'previous' under the domestic abuse perpetrator indicator.
- 6.139. The data from CGL highlights the complexity of experiences by victims of domestic abuse and those who harm.

0-19 Health Services, Wirral Community Health and Care NHS Foundation Trust

- 6.140. The Health Visiting Service, part of the 0-19 and 0-25 Health Services delivered by Wirral Community Health and Care NHS Foundation Trust (commissioned by Cheshire East Council), carry out routine enquiry with all mothers. This is conducted at the ante-natal, pre-birth, one-year and two-year visits/contacts. If the question cannot be asked at one contact, e.g., there are other members of the family present, it will be asked at the next.
- 6.141. Over the previous three years, the question was asked to 8,307 patients, of which 543 (7%) answered 'yes'. This includes disclosing previously being a victim of domestic abuse, and yes to being a current victim.

Domestic Abuse Data Demographics

- 6.142. This section outlines domestic abuse data available from specialist and non-specialist services, broken down by demographic information available. Where possible, this is compared with population data. Demographic data from the MARAC is presented above (see paragraph 6.61).
- 6.143. Data is presented by proportions, rather than overall numbers, because many of the records will double-count victims/survivors or service users. For some services, the total numbers recorded did not add up to the same amounts between the different demographic information.

Sex/gender

- 6.144. Gender matters to all victims/survivors. Domestic abuse is a form of violence against women and girls, that is, 'violence that is directed against a woman because she is a woman or that affects women disproportionately'⁴⁵. 89% of victims of domestic abuse who have been subject to repeat victimisation (over 4 incidents) are women⁴⁶. Women are more likely to be

⁴⁵ <https://www.unwomen.org/en/what-we-do/ending-violence-against-women>

⁴⁶ https://openaccess.city.ac.uk/id/eprint/21697/1/Domesticviolencefindings_2004_5BritishCrimeSurvey276.pdf

victims of repeated patterns of controlling and coercive control, experience higher levels of fear and are also much more likely to be killed by their partners or former partners than men⁴⁷. Trans people may experience the highest rates of abuse⁴⁸. While at significantly lower rates, heterosexual men do experience abuse from female partners, including violence, and control and coercion⁴⁹.

- 6.145. Data on the sex/gender of clients of individual reporting domestic abuse was available from the services listed in the table below. It should be noted that the MyCWA Community Services data represents those accessing support due to being victims or those who are causing harm.
- 6.146. Due to the limitations on recording created by certain systems, the data cannot show whether any of the individuals recorded as 'male' or 'female' identified as a different gender to the sex they had been ascribed at birth, i.e., transgender or non-binary. Only one service collected data on trans and non-binary people being referred, which was MyCWA Community Services; 0.1% of adult clients were recorded as such.

| Organisation | % of clients recorded 2022/23 | | |
|---|-------------------------------|--------|------------------------|
| | Male | Female | Unknown / Not recorded |
| CEDAH | 14% | 81% | 6% |
| DAFSU | 7% | 94% | 7% |
| MyCWA Community Services Adults | 23% | 72% | 4% |
| MyCWA Community Services Children | 56% | 44% | 0.1% |
| MyCWA Safe Accommodation (Adults referred) | 14% | 86% | 0% |
| Cheshire Cares (NB: 5 months data for all Cheshire) | 26% | 70% | 4% |
| Cheshire Constabulary Victims | 25% | 72% | 3% |
| Cheshire Constabulary Those causing harm | 79% | 20% | 1% |
| CEC Housing Options | 12% | 87% | 1% |

- 6.147. In line with national data and research, most victims reporting to services were female. Looking across the services in relation to risk level, DAFSU has the highest proportion of female victims, again reflecting national data and research above that women are most at risk of serious harm and homicide from abusive partners and ex-partners.
- 6.148. MyCWA Community Services for adults and children recorded the highest number of male service users; for adults, this will include those causing harm (this may also be the case for

⁴⁷ https://www.womensaid.org.uk/wp-content/uploads/2015/12/successful_commissioning_guide.pdf

⁴⁸ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

⁴⁹ https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/62/The-voices-of-male-victims-Burrell-S.R.-and-Westmarland-N.-2019.pdf

CEDAH). There is more of a gender balance when looking at the gender of children referred to MyCWA, as would be expected.

- 6.149. Access to services by trans and non-binary people is unknown due to their invisibility in the data reported. As shown in the above section on population data, the Census showed 0.4% (1,156) of Cheshire East residents identify as a gender identity different from their sex registered at birth. Less than 0.1% identified as non-binary, with a similar proportion for 'all other gender identities'.
- 6.150. SafeLives expect the proportion of referrals for male victims/survivors to MARAC to be 10%⁵⁰. This "reflects the current understanding of the different experiences of domestic abuse by gender" from research such as Hester⁵¹. Comparing this to Cheshire East data suggests that the awareness of services for male survivors is high in Cheshire East.
- 6.151. *Recommendation*: improve the recording of gender identity across all services listed here, so that a more accurate picture of those reporting/being referred can be developed that includes trans and non-binary gender identities.

Age

- 6.152. Data gathered by the Crime Survey of England and Wales suggests a higher proportion of adults aged 20 to 24 years were victims of domestic abuse compared with older adults. Yet research has identified specific barriers to young people reporting and accessing support for domestic abuse⁵².
- 6.153. Older people can face multiple barriers to seeking or accessing help relating to domestic abuse, including the length of time they have experienced it, concerns over the welfare of the abusive partner, and perceptions that domestic abuse services are for younger people⁵³.
- 6.154. Either none, or small proportions, of service users did not have their age recorded: CEDAH 0.2%; Police: 2.2%; Cheshire Cares 2.4%.
- 6.155. The following two tables present the data relating to children referred into services, which was available from CEDAH, DAFSU and Cheshire Constabulary.

| Organisation | Total children (as % of all referrals) | 13-17 years | 0-12 years |
|----------------|--|---------------------------------|------------|
| | | As proportion of total children | |
| CEDAH | 34 (1.2%) | 85% | 15% |
| DAFSU | 13 (2.1%) | 69% | 31% |
| Cheshire Cares | 8 (1.1%) | 100% | 0% |

⁵⁰ <https://safelives.org.uk/node/521>

⁵¹ https://www.researchgate.net/publication/228771295_Who_Does_What_to_Whom_Gender_and_Domestic_Violence_Perpetrators; see also Hester, M. (2013). Who does what to whom? Gender and domestic violence perpetrators in English police records. *European Journal of Criminology*, 10(5), 623–637. DOI 10.1177/1477370813479078

⁵² Barter C & Flood S. (2020). *Interpersonal violence and abuse in young people's relationships*. Dartington: Research in Practice.

⁵³ <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

| | | | |
|--------------------------------------|--|--|--|
| (NB: 5 months data for all Cheshire) | | | |
|--------------------------------------|--|--|--|

| Organisation | Total children | Aged 17 years | Aged 16 years | Aged 15 and under |
|---|----------------|---------------------------------|---------------|-------------------|
| | | As proportion of total children | | |
| Cheshire Constabulary Victims (as % of all recorded) | 184 (3.1%) | 55% | 34% | 11% |
| Cheshire Constabulary Those causing harm (as % of all recorded) | 75 (4.2%) | 52% | 43% | 5% |

6.156. The youngest victim recorded by Cheshire Constabulary was under 1 year of age. The youngest perpetrator recorded was aged 12.

6.157. The following table presents data on the ages of adult referrals or records.

| Organisation | % of adult clients recorded 2022/23 | | | | | | | |
|--|-------------------------------------|-------|-------|-------|-------|-------|--------------------|------|
| | 18-24 | 25-34 | 35-44 | 44-54 | 55-64 | 65-74 | 75-84 | 85+ |
| CEDAH | 12.3% | 29.2% | 26.9% | 18.2% | 7.8% | 2.5% | 75+ 1.8% | |
| DAFSU | 15.3% | 33.7% | 26.5% | 14.2% | 5.0% | 1.0% | 75+ 2.1% | |
| Cheshire Cares (NB: 5 months data for all Cheshire) | 13.6% | 24.0% | 24.3% | 17.3% | 11.9% | 4.1% | 75+ 1.3% | |
| Cheshire Constabulary Victims | 13.5% | 27.3% | 25.7% | 15.5% | 8.4% | 2.5% | 1.5% | 0.4% |
| Cheshire Constabulary Those causing harm | 15.1% | 30.2% | 25.8% | 15.5% | 6.0% | 1.5% | 0.9% | 0.1% |
| CEC Housing Options | 12% | 36% | 23% | 22% | 4% | 1% | 0% | 0% |

6.158. The Leighton Hospital (MCHT) IDVA records data under different age categories and is therefore presented separately; only two records were unknown.

| Leighton Hospital (MCHT) IDVA client ages 2022/23 (N=300) | |
|---|------|
| 0-16 | 3.0% |
| 16-19 | 3.3% |

| | |
|---------|-------|
| 20-29 | 23.0% |
| 30-39 | 26.0% |
| 40-49 | 19.0% |
| 50-59 | 7.7% |
| 60-69 | 6.3% |
| 70-79 | 8.0% |
| 80-89 | 2.3% |
| 90+ | 0.7% |
| Unknown | 0.7% |

- 6.159. 22% of the population of Cheshire East is aged 65 and over, and research shows that older people can be at risk of domestic abuse from intimate partners/ex-partners and from family members including their adult children. This is not reflected in the data showing who is accessing services, except for those accessing support from the Leighton Hospital IDVA, which shows a higher proportion of older victims/survivors compared with other services. Cheshire Cares also shows slightly higher proportions of those aged 55-74 years being referred compared with other services. This may be a reflection of some of the risk identification checklist questions, for example, those in these age groups are not going to be pregnant and are unlikely to have young children, and may therefore score lower on the DASH-RIC.
- 6.160. *Recommendation*: explore the barriers to accessing support experienced by older populations.

Ethnicity

- 6.161. Victims/survivors from minoritized ethnicities face additional barriers to accessing support, including immigration status, language needs, as well as experiences of – or fears relating to – racism. The Domestic Abuse Act 2021 Statutory Guidance explicitly states that ‘by and for’ services have a crucial role in providing appropriate support (paragraph 150, p58) through their expertise and the trust many victims/survivors place in them. Cheshire East is supporting its local ‘by and for’ services, and it would be helpful to support them to provide data to the partnership to help understand who is accessing services.
- 6.162. It would also help for all services to gather data on the immigration status of victims/survivors referred or receiving support, including those with no recourse to public funds (only recorded by MyCWA safe accommodation dispersed refuge service) to help understand their access to support and barriers.
- 6.163. The services collecting ethnicity data collected it using very different categories. As a result, the data is presented separately.

6.164. CEDAH and DAFSU collect ethnicity data on the same system, and therefore use the same categories. These are presented in the table below. For both services, approximately half of individuals had no ethnicity recorded (1,298) and the data in the table is taken from those that did have it recorded (N=1,540).

| | White British | White Other | Mixed Ethnicity | Asian | Black | Gypsy or Traveller | Other |
|-------|---------------|-------------|-----------------|-------|-------|--------------------|-------|
| CEDAH | 88.1% | 5.0% | 2.3% | 2.2% | 0.9% | 0.6% | 0.9% |
| DAFSU | 85.5% | 5.9% | 3.9% | 2.2% | 0.8% | 0.6% | 1.1% |

6.165. Data from MyCWA Community-based services are presented in the table below. 30% of records had no ethnicity and the data below is taken from the records with ethnicity recorded (N=2079).

| MyCWA Community Services | |
|---|-------|
| White British | 85.8% |
| Gypsy/Roma/Traveller of Irish Heritage | 0.8% |
| White Irish | 0.6% |
| White Eastern European | 0% |
| White Other | 5.1% |
| Black Caribbean / Black African / Black Other | 3.3% |
| Indian / Pakistani / Bangladeshi | 1.0% |
| Chinese / Other Asian | 1.5% |
| Mixed | 0.9% |
| Other | 1.0% |

6.166. Cheshire East Council Housing Options data for 2022/23 is as follows. Ethnicity was recorded for all individuals applying for support due to domestic abuse (N=97).

| CEC Housing Options | |
|--|-----|
| White British (includes English, Welsh, Scottish and Northern Irish) | 85% |
| Any other White | 7% |
| Any other Asian | 3% |
| Mixed/Multiple | 2% |
| Asian/Asian British | 1% |

| | |
|---------------------|----|
| Any other Black | 1% |
| White Irish | 1% |
| Black/Black British | 0% |

6.167. In the data from Cheshire Constabulary, 49% of victims (N=2,885) did not have an ethnicity recorded ('not stated' or 'not recorded'). The proportions in the below table are taken from the remaining 51% (N=3,005). For perpetrators, only 15.5% (N=269) were not recorded; the proportions below are taken from the remaining (N=1,467).

| Cheshire Constabulary | Victims | Perpetrators |
|--|---------|--------------|
| White British | 93.4% | 95.2% |
| White Irish | 0.6% | 0.3% |
| Any other White | 2.6% | 1.8% |
| Chinese, Arabic, any other ethnic group | 1.1% | 0.5% |
| Black Caribbean, African, any other Black background | 0.7% | 0.5% |
| Asian Indian, Pakistani, Bangladeshi, any other Asian background | 0.6% | 0.8% |
| White and Black Caribbean/Black African/Asian and any other Mixed background | 0.5% | 0.7% |
| Gypsy / Irish Travellers | 0.5% | 0.3% |

6.168. Cheshire Cares data showed that 56% of victims supported by the service did not have ethnicity recorded; the table below shows the proportions of those that were recorded (N=308). The data is for 5 months in 2023, for all of Cheshire.

| Cheshire Cares | |
|--|------|
| White (English, Welsh, Scottish, Northern Irish, Irish, Gypsy or Irish Traveller, any other White background) | 98% |
| Mixed / Multiple Ethnic Groups (White and Black Caribbean, White and Black African, White and Asian, Any other mixed/multiple ethnic background) | 0.3% |
| Asian / Asian British (including Chinese, Indian, Pakistani, Bangladeshi and any other Asian background) | 0.6% |
| Black / African / Caribbean / Black British | 0.6% |
| Other Ethnic Group (including Arab and any other ethnic group) | 0.3% |

- 6.169. Population data for Cheshire East, which is that 94.4% of the population is White British/English/Welsh/Scottish/Northern Irish. Other than Cheshire Constabulary, services recorded a slightly lower proportion of this ethnicity category, with the next highest ethnicity being 'White Other'.
- 6.170. *Recommendation*: improve the recording of ethnicity across all services listed here, so that a more accurate picture of the ethnicity of those reporting/being referred can be developed.

Sexual orientation

- 6.171. Lesbian women, gay men and bisexual people experience similar or higher levels of domestic abuse when compared with heterosexual women⁵⁴. Their experiences can be similar to that of heterosexual victims/survivors, but can also be different and specific to their own sexual orientation, intersecting with their experiences of discrimination outside of their intimate relationships. Barriers to accessing support included needing to have confidence that specialist services had knowledge and understanding of their specific experiences; it is not sufficient to state that services are 'open to all'⁵⁵.
- 6.172. Very high proportions of the data provided to the needs assessment did not have a sexual orientation recorded, and therefore the table below is taken from the much smaller number of records in which this was recorded. MyCWA had 67% with no sexual orientation recorded, DAFSU 81%, and CEDAH 86% not recorded. Housing only had 1% not recorded which was positive.

| Organisation | % of adult clients recorded 2022/23 | | | | | |
|--------------------------------|-------------------------------------|------|---------|----------|--------------|-------------------|
| | Straight/Heterosexual | Gay | Lesbian | Bisexual | Other | Prefer Not to Say |
| CEDAH N=398 | 97% | 1.5% | | 1.5% | Not recorded | Not recorded |
| DAFSU N=119 | 97.5% | 1.7% | | 0.8% | Not recorded | Not recorded |
| MyCWA Community Services N=765 | 97.1% | 0.4% | 0.7% | 1.8% | 0% | Not recorded |
| CEC Housing Options N=96 | 92% | 0% | 0% | 3% | 0% | 1% |

⁵⁴ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

⁵⁵ <https://www.gov.wales/sites/default/files/statistics-and-research/2019-07/140604-barriers-faced-lgbt-accessing-domestic-abuse-services-en.pdf>

- 6.173. For those that were recorded, the proportions that were straight/heterosexual were slightly higher than the proportion recorded by the Census (91.5% of Cheshire East residents identified as straight/heterosexual). Housing Options, which had recorded sexual orientation for all but one service user, was closer to the Census proportion. This may suggest that, within the high numbers not recorded, there are likely to be victims/survivors/other service users who identify as gay, lesbian, bisexual or other.
- 6.174. CEDAH, DAFSU and MyCWA records for those identifying as gay or lesbian are more in line with the census, which reported 1.3% of Cheshire residents identified this way.
- 6.175. *Recommendations*
- CEDAH and DAFSU to record gay and lesbian separately.
 - Improve the recording of sexual orientation across all services listed here, so that a more accurate picture of those reporting/being referred can be developed.

Disability/Health

- 6.176. SafeLives' research⁵⁶ suggests that disabled people are more at risk of domestic abuse than non-disabled people; and they experience abuse for longer before accessing help. The impacts can be more severe, and their needs more complex due to their care and support needs which may have been met by the abusive partner or family member. Specialist guidance is available on meeting the needs of disabled victims/survivors⁵⁷.
- 6.177. MyCWA had very few records of clients with a recorded disability. Of the 50 records, nearly half recorded a learning disability or neurodivergence. The remaining records were for clients with hearing impairments or physical disability.
- 6.178. There were similarly very low numbers of disability or other health conditions recorded by CEDAH and DAFSU. It would not be appropriate to assume that an absence of a record is the same as the absence of a disability or health condition, given the high proportion of the population recorded as living with these. A quarter of Cheshire East residents in the Census stated they defined themselves as having a long-term health problem or disability.
- 6.179. When mental ill-health is included in datasets, as it is for CEDAH and DAFSU, the lack of recording is concerning given the significant impact on people's mental health when they are victims of domestic abuse⁵⁸. This includes the increased likelihood of suicide for women; and higher again for women from minoritized ethnicities⁵⁹.
- 6.180. *Recommendation*: improve the recording of disability and health across all services listed here, so that a more accurate picture of those reporting/being referred can be developed. Recording to reference the Census to enable comparisons to be made. If more detailed categories are also to be included, ensure these align across services.

⁵⁶ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

⁵⁷ <https://www.shapingourlives.org.uk/wp-content/uploads/2018/02/Shaping-our-Lives-A-Refuge-for-All-findings-report-online.pdf>

⁵⁸ Fogarty, A. et al (2023) <https://app.dimensions.ai/details/publication/pub.1158241294> & Rowther, A. et al (2023)

<https://www.sciencedirect.com/science/article/pii/S2667382723000042?via%3Dihub>

⁵⁹ <http://wrap.warwick.ac.uk/103609/>

Learning from Domestic Homicide Reviews

- 6.181. Cheshire East currently has three Domestic Homicide Reviews (DHRs) that are ongoing. Additionally, two DHRs have been submitted to the Home Office for quality assurance prior to publication. The review had sight of the draft reports for these, as well as a recently published DHR.
- DHR Mr & Mrs S: Mr S is believed to have killed Mrs S and then taken his own life; no evidence of domestic abuse prior to the incident.
 - Emma: took her own life; Emma had three children of school age. Reports of domestic abuse from her ex-partner.
 - Pam: unlawfully killed by her partner. Pam had four grown children. Pam had also experienced abuse from previous partners. Pam's partner was identified as a serial domestic abuse perpetrator.
- 6.182. The unpublished DHR for Emma (currently going through the Home Office quality assurance process) makes recommendations based on learning from the review on the following themes:
- Understanding and awareness of controlling and coercive behaviours, including in relation to guidance around routine enquiry, organisational policies and procedures.
 - Understanding and recognition of suicide in relation to domestic abuse, including the development of supplementary guidance to the DASH-RIC, enhancing training, and how services respond to such concerns.
 - Raising awareness with the public around accessing support for domestic abuse.
 - Practitioners' awareness of processes to escalate concerns, including without consent.
- 6.183. The learning in relation to awareness raising also arose as a theme in the survivor consultations. Many participants didn't know of the domestic abuse services available. One survivor suggested the creation of a leaflet to share with friends and family when domestic abuse is named, to help guide how they support survivors. She said she was given a similar one when diagnosed with a health condition that she was encouraged to share with family and her employer. Survivors accessing the Peer Support Lounge could help to develop this.
- 6.184. Additionally, there was an occasion when Emma reported her then partner to police; although a DASH-RIC was undertaken, this did not lead to referral to specialist domestic abuse services. This review (see paragraph 4.9) suggests that if a VPA had been completed it should have been shared, and highlights the need for the partnership to have complete clarity over the VPA process.
- 6.185. The published DHR for Pam makes recommendations based on learning from the review on the following themes:
- Despite being discussed at MARAC on five occasions, the DHR stated it was not clear that all the services involved with Pam were aware that she was a victim of domestic abuse.

There were discrepancies in the information shared with MARAC and some of the services involved in the process. Pam did not always support prosecutions.

- Despite Pam's significant mental health concerns, and alcohol use, no VPAs were shared with Adult Social Care, and they had no involvement with Pam at any point. Additionally, the DHR found that there can be a lack of clarity for services on the actions expected of them when they receive a VPA. A 'professionals meeting' could have been convened had Pam been seen as an 'adult in need' by Adult Social Care.
- Pam was offered, and declined, refuge on several occasions, including because the 'local' accommodation offered was 50 miles away and therefore too far from Pam's home.
- Pam's partner's homelessness was a feature throughout the period reviewed in the DHR and formed the focus of support from Adult Social Care. When Adult Social Care contacted police about this, they were informed of the MARAC discussions concerning Pam and her partner. Housing Options provided a high level of support to Pam's partner, but his physical and mental health needs were too high for them to meet alone; he should have been referred to the 'Hard to House' Panel, and information sharing with a wider range of services could have helped.

6.186. The learning relating to Pam not supporting criminal prosecutions connects with a theme identified in the survivor consultation and in the audit review (see sections seven and eight).

Responding to need: analysis

"I had a positive experience. Once I contacted the police, everything happened at a good pace. I didn't have to wait. There were no delays and I had quick replies... In the beginning, all these services are new and having not lived in the UK for long, it was difficult in the beginning. There were so many people contacting and video conferencing. I wasn't clear on who was doing what... In relation to the many people contacting me, it was confusing. It would have been helpful to have one person contact me to explain which organisations would contact me and what each one does."

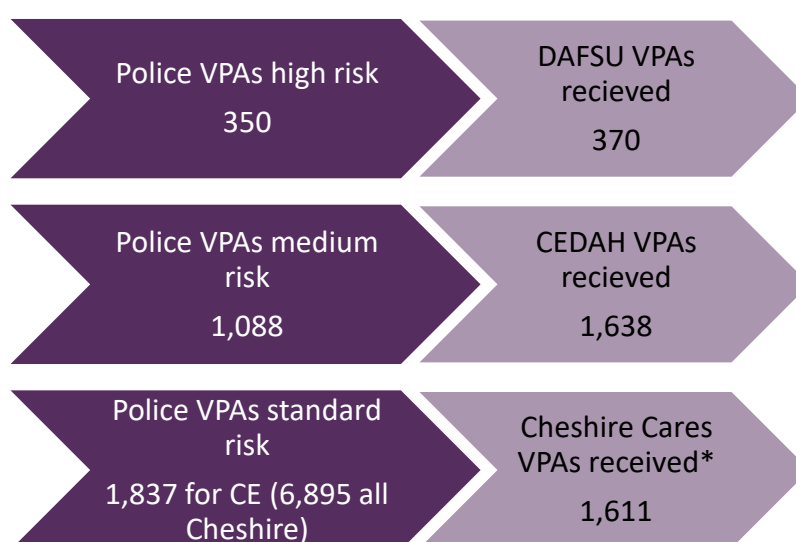
6.187. This section compares the numbers reporting, being referred, or disclosing domestic abuse to any services. (NB: CEDAH & DAFSU data throughout this section reflects a tally of referral source figures, not the official referral numbers, because the referral source data could be disaggregated to support analysis; the totals are not significantly different to the correct referral numbers.)

6.188. The following table shows all records of those affected by domestic abuse accessing services in Cheshire East in 2022/23. This data is presented above separately for each service, but gathered here for analysis.

| Crime Survey of England and Wales Prevalence estimate | 2022/23 |
|---|----------------|
| Aged 16+ subject to domestic abuse in the last year | 16,439 |
| | |
| Non-Specialist Domestic Abuse Service/Organisation | 2022/23 |
| CGL 'current' domestic abuse victims recorded | 6 |
| CGL 'current' domestic abuse perpetrators recorded | 4 |
| Cheshire Constabulary victims recorded | 5,884 |
| Cheshire Constabulary perpetrators recorded | 1,767 |
| Cheshire East Council Adult Safeguarding | 1,102 |
| Cheshire East Council Children's Services – Family Help Front Door contacts with domestic abuse as a stated reason (12-month estimate based on 8-months data) (NB: does not include families already open being re-referred.) | 329 |
| Cheshire East Council Children's Services – ChECS safeguarding contacts with domestic abuse as a stated reason (NB: not all will reach threshold for moving forward with social care involvement.) | 2,097 |
| Cheshire East Council Children with Child in Need Plans involving domestic abuse | 543 |
| Cheshire East Council Children with Child Protection Plans involving domestic abuse | 285 |
| Cheshire East Council Children Looked After with domestic abuse recorded | 350 |
| Cheshire East Council Housing Options homelessness applications due to domestic abuse | 97 |
| Cheshire Youth Justice Service: individual is causing domestic abuse harm | 4 |
| Cheshire Youth Justice Service: individual is a victim of parental domestic abuse | 20 |
| Cheshire Youth Justice Service: individual is a victim of partner domestic abuse | 1 |
| National Probation Service: Individuals being supervised with a 'domestic abuse perpetrator' flag | 232 |
| National Probation Service: Individuals being supervised with a 'domestic abuse history' flag but no 'domestic abuse perpetrator' flag | 88 |
| Rape and Sexual Abuse Support Centre Cheshire & Merseyside (RASASC) | 192 |
| Wirral Community Health and Care NHS Foundation Trust health visiting patients answered 'yes' to previously being a victim of domestic abuse/being a current victim (one-year estimate based on three-years data provided) | 181 |
| | |
| Specialist Domestic Abuse Service/Organisation | 2022/23 |

| | |
|--|-------|
| Cheshire East Council Domestic Abuse Hub (CEDAH) referrals | 2,868 |
| Cheshire East Council Domestic Abuse and Family Support Unit (DAFSU) referrals | 583 |
| MyCWA new adult clients (victims/survivors) accepted into service | 1,122 |

- 6.189. The above table highlights the range of services that receive disclosures or reports of domestic abuse. It provides a picture of the volume of domestic abuse contacts recorded by non-specialist domestic abuse services. Were all those records to translate into referrals to CEDAH and DAFSU, this would be a significant increase. It would also vastly outstrip the capacity of MyCWA to respond to the demand. This would increase significantly again were the CSEW estimate to translate into referrals.
- 6.190. Not all referrals translate into support provided. The Domestic Abuse Commissioner's report *A Patchwork of Provision*⁶⁰ presents data on referrals to community-based domestic abuse provision. The median number of referrals received by services responding to the research was 613, and of those, 80% (493) went on to receive support from the service; with just under half of these (222) receiving 'repeat' support. The concept of 'repeat' is problematic in relation to domestic abuse, as many victims/survivors will make several attempts to seek help until they are able to live free of abuse. A significant proportion of victims (adults and children) continue to experience abuse post-separation⁶¹, requiring ongoing or recurring (rather than repeat) support from services.
- 6.191. The data emphasises the need for all Cheshire East professionals to be trained and confident to respond to service users who are victims/survivors or use harmful behaviours.
- 6.192. The following diagram compares the number of police VPA outcomes (separated by identified risk level), with the number of VPAs received by relevant services. It shows a significant gap in medium risk VPAs.



⁶⁰ A Patchwork of Provision (2023) <https://domesticabusecommissioner.uk/national-mapping-of-domestic-abuse-services/>

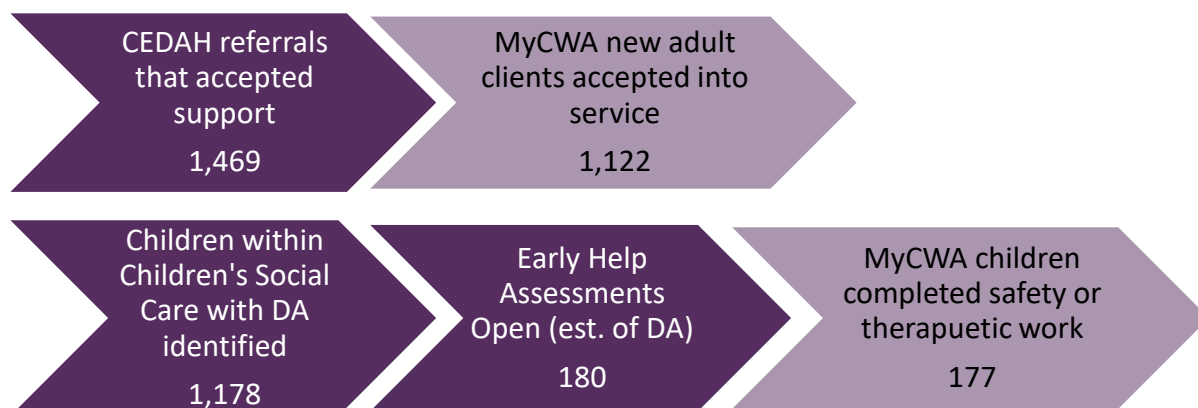
⁶¹ Stanley, N (2011) *Children Experiencing Domestic Violence: A Research Review*. Dartington: Research in Practice.

* All Cheshire, not just Cheshire East (12 months July 2022-June 2023); data may not be accurate. Data for April-August 2023/24, which is more accurate, shows 2,245 VPAs sent to Cheshire Cares for the whole of Cheshire, of which 326 victims identified as Standard Risk and had consented to be contacted.

6.193. The diagram highlights that the largest group requiring support are victims identified as standard risk, followed by those identified as medium risk.

6.194. Victims/survivors must give their consent to attending police officers for their information to be shared with Cheshire Cares; the discrepancy between the number of VPAs (6,895 for all Cheshire, 1,837 for Cheshire East), and those received by Cheshire Cares, suggests there is a significantly high number of standard risk victims/survivors not giving consent to receive support.

6.195. The following diagram compares referrals received by CEDAH in which support was provided, with MyCWA's number of new adults accepted into the service, both for 2022/23. It then compares the total children with a Child in Need Plan, Child Protection Plan or Looked After in 2022/23, the number of Early Help Assessments open at the time of review, with the number of children who completed safety or therapeutic work with MyCWA in 2022/23. (The snapshot of Early Help Assessments open at the time of this review was 1,200; using the estimate that 15% of contacts to Early Help involved domestic abuse leads to an estimated 180 open assessments involving domestic abuse; this figure should be treated with caution, as there may be cases involving domestic abuse that were not recorded as a new referral due to already being open to Family Help; and not all new referrals will go on to receive support.)



6.196. Comparing the first set of figures, MyCWA new adults accepted into the service equated to three-quarters of CEDAH referrals who accepted support. The remaining clients were either not eligible for MyCWA and accepted support from CEDAH, or their needs were met by CEDAH and did not require onward referral at that time.

6.197. Data from Cheshire East Housing Options shows that 54% of homelessness applicants are single people with no children. If high-risk, they will be offered support by DAFSU and if standard risk they will be offered support from Cheshire Cares. However, if they are medium risk, it falls to CEDAH to offer support, which is limited as they are not a case holding service.

- 6.198. While the second part of the above diagram may have some double counting, for children who are stepped up or down during the year, it highlights the large numbers of children potentially in need of support due to their experiences of domestic abuse. Were all children that were open to Children's Services to receive support from MyCWA, this would require an increase in MyCWA capacity of 667%. However, in the context of multi-agency provision for children, it should be noted that some children will want to be supported by an existing professional, who is trained in supporting them around the domestic abuse, rather than being referred on. It is therefore important, while recognising the limits to MyCWA's capacity to work with children and young people, that they should not be seen as the only resource available for children,
- 6.199. There is a lack of information on which other professionals are delivered interventions to children such as Monkey Bob, and the number of children receiving this outside of MyCWA.
- 6.200. There is a lack of understanding of the work of MyCWA, and why criteria have been put in place to limit referrals. This is creating tension in relationships and could lead to a lack of trust between partner services. The impact of this will be felt most by families (adults and children) who do not access the support they need.
- 6.201. Despite demand outstripping supply, a strong theme emerging from survivor consultation is the essential role that domestic abuse services have and their value to survivors. The following feedback received about MyCWA in particular:
- “[My]CWA are beyond incredible. What they do is amazing.”
- “What I found – which touched my heart – everyone is so respectful of each other. Nobody judges you, let's you speak uninterrupted. Despite guidelines of respect, you're free to be yourself. That is a breath of fresh air. To have somebody listening to you, that is like therapy – not to have to hide who you are.”
- 6.202. Where a child has an existing relationship with a professional such as a Social Worker or a Family Support Worker, interventions to support them in relation to domestic abuse may be best delivered by that practitioner, rather than asking the child to work with someone new. Given the high volumes of domestic abuse cases being held by Children's Services, within a Coordinated Community Response there is an expectation that they have sufficient expertise to respond with children, young people, and adults as victims or those who harm. This is also emphasised in the Domestic Abuse Act 2021 Statutory Guidance:
- “Professionals should be equipped to identify and respond to children and young people experiencing domestic abuse, drawing on the range of support available, from early intervention to crisis stage. Best practice responses involve an integrated response which combines child safeguarding and high-risk domestic abuse expertise, particularly in relation to risk assessment and safety planning. Further details on responding to young people experiencing abuse can be found in the [SafeLives Practice Briefing](#), [Respect Guidance 'Work with young people's violence and abuse'](#) and [Women's Aid Good Practice Guidance for specialist services for children and young people](#).” (Paragraph 234, p80)

- 6.203. The Domestic Abuse Act 2021 formally recognised that children are direct victims of domestic abuse. They are not ‘witnessing’ abuse or passively experiencing it. Research consistently shows the significant harm to children of living with a parent/carer using controlling and coercive behaviours⁶². It is therefore essential for all practitioners working with children to understand the harm caused to children by these behaviours, and the ongoing, pervasive nature of them. This perspective enables practitioners to move away from an unhelpful incident-based approach that sees physical abuse as the key indicator of harm.
- 6.204. Children’s Services are focused on ensuring children are safeguarded. Research has shown that traditional responses that hold non-abusive parents (usually mothers) to account for keeping their children safe, rather than focusing on the person causing the harm, have not been effective in safeguarding children or ending the harm they experience⁶³. The only services that focus on the adult victims/survivors are CEDAH, DAFSU and MyCWA; they play a crucial role in ensuring that adult victims/survivors receive the support they need alongside their children when in contact with Children’s Services. It is unhelpful to see responses as focused on either the child, or the adult; all services need to address both child and adult victims’ needs while holding those who harm accountable for their behaviour.
- 6.205. The effectiveness of working in this way is demonstrated in the following quote, from a survivor who participated in the consultation.

“This [Family Intervention Worker] built a relationship with my daughter. My daughter was in a bad place at the time and now she just got a scholarship. My daughter was abusive to me. Portraying behaviours he [the perpetrator] used towards me that were aggressive. She was frightened to visit him. She then refused to do so. She had a traumatic episode. It was awful. She stopped going to school. The worker just listened and built a relationship with me. They then spent time listening to my child. They respected her wishes and feelings on not wanting to have contact with her dad. Children’s Services made it possible to have a safe relationship with her dad. They cleverly made sure the child stayed safe while not upsetting the Family Court Order. This was directed by what my daughter wanted to do.”

6.206. *Recommendations*

- Develop a way to gather up to date information and data on the number of professionals, from which services, are delivering domestic abuse interventions with children outside of MyCWA; and the numbers of children receiving these interventions.
- CEDSAP members and others working with children and families to establish to what extent practice comes from a stance that holds non-abusive parents/mothers

⁶² Katz, E. (2016) Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control. *Child Abuse Review* Vol. 25: 46–59.

⁶³ https://www.researchinpractice.org.uk/media/lxul0sbe/rdac_what_does_the_research_tell_us-lit-review-nov-22.pdf

responsible for their partners/ex-partners' (fathers') abuse, and the impact this has on the ability of the system to prevent harm and risk to children from those who harm. This can be completed alongside the new Embedded Case Manager roles, developed by Cheshire East Council and the Cheshire Police and Crime Commissioner with the [Drive Partnership](#). Harmful Behaviour Case Managers will be located within Child Protection and Child in Need teams to provide an intervention for those parents using harmful behaviours who may not be ready or able to engage in a behaviour change programme

- Explore bringing the Safe and Together model into Cheshire East, which foregrounds keeping the child 'safe and together' with their non-abusive parent while holding the person who harms to account.
- Review the findings of the Research in Practice Domestic Violence & Abuse and Child Protection Case File Analysis⁶⁴ for learning for Cheshire East.
- Understand the reasons for the differences between police-recorded VPAs for Standard Risk victims, with the numbers going through to Cheshire Cares who have consented for contact; identify actions needed as appropriate.

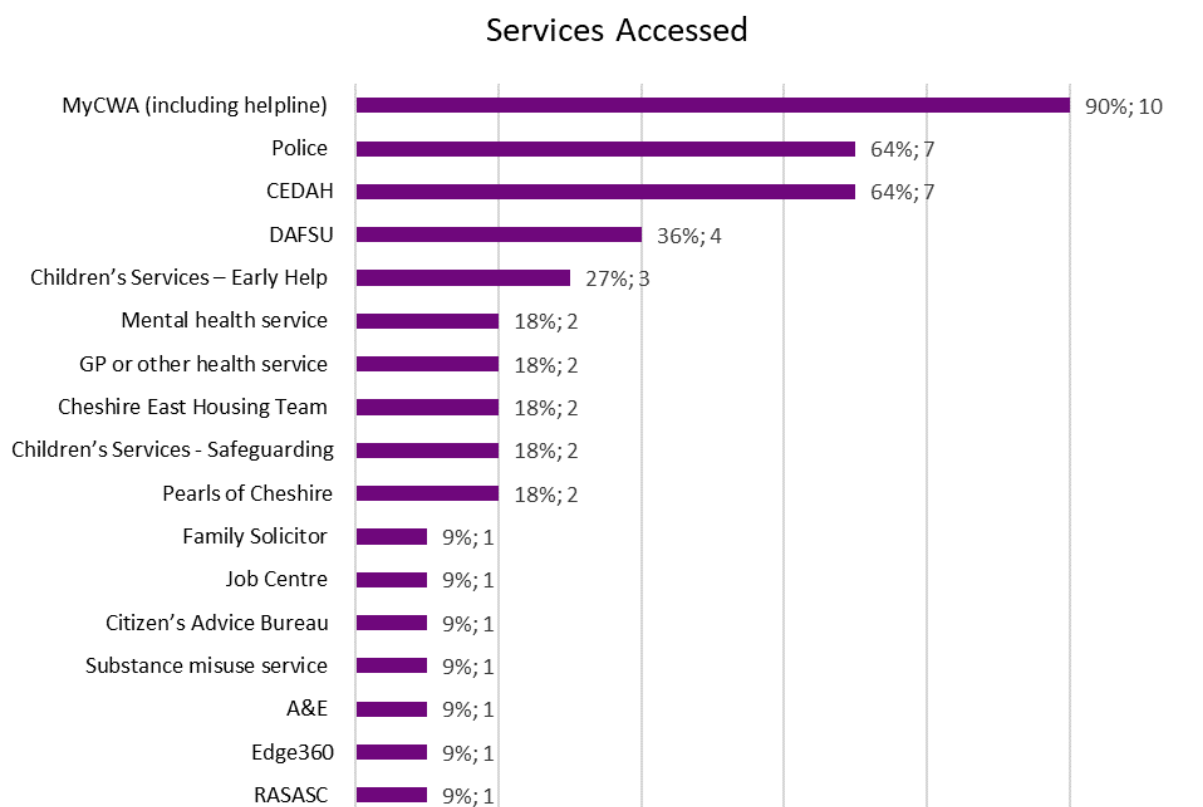
7. Survivor Feedback and Journey Mapping

- 7.1. This consultation aimed to explore and understand the journey of survivors accessing domestic abuse support in Cheshire East. This consultation did not focus on survivors' experiences of domestic abuse. Instead, it sought to map and understand how they accessed services, the partnership response to domestic abuse, and how well this addressed the safety and support needs of survivors.
- 7.2. Customer mapping of the pathways survivors followed into specialist domestic abuse services are contained in Appendix 8, along with the survivor journeys of four survivors who took part in the consultation.
- 7.3. With the assistance of the Domestic Abuse & Sexual Violence Development Lead Advisor, specialist and by-and-for domestic abuse services were asked to identify survivors. DAFSU, MyCWA and Pearls of Cheshire shared contact details for 29 potential participants. The Whole Housing Approach Pilot Lead at Standing Together shared details for 3 survivors. All 32 women were contacted by an independent associate from Standing Together. There were 11 women who participated in a telephone or video call. For 10 participants, the call took between 40 and 70 minutes. One participant needed an interpreter and this call lasted 120 minutes. The high number of participants taking part in this consultation is a testament to the high quality of specialist support provided by domestic abuse services in Cheshire East.
- 7.4. Upholding the privacy and anonymity of survivors has been a priority of this consultation. Where names are used, these have been changed to protect the participant's identity.

⁶⁴ <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

Participants have not provided consent for this report to be shared publicly and beyond the Cheshire East partnership.

- 7.5. All 11 participants were adult women and identified with the same sex they were assigned at birth. Most participants were 26-45 years old, heterosexual, white British and held no religious belief. A third of participants identified having a health problem or disability that affected their day-to-day activities. Two participants had caring responsibilities.
- 7.6. The duration of domestic abuse participants experienced ranged from 3 months to 32 years, with a median of 11 years.
- 7.7. The first time that participants were in contact with or became aware of a specialist domestic abuse service ranged from 2 months ago to over 25 years ago, with a median of 2 years ago.
- 7.8. For all journeys analysed, the average time between the survivor's first experience of abuse and becoming aware of a specialist domestic abuse service is 9 years. For three survivors, they had experienced abuse for 20+ years before they became aware of a domestic abuse service.
- 7.9. The number of services that survivors were in contact with ranged from 2 to 7, with an average of 4 services. The following graph shows the services that participants were in contact with. Specialist domestic abuse services and the police were the most common.



- 7.10. A detailed report, including survivor quotes, has been produced that provides the detail of the summary, considerations and recommendations presented here.

Accessing specialist domestic abuse support

- 7.11. The essential role that specialist domestic abuse services play is clear from survivors' feedback. Survivors rated them highly and identified them as a lifeline. Survivors felt the strain that services were under through waiting times, delays in being contacted, not being able to access the type of support they wanted or in the way they wanted, which was mainly in person.
- 7.12. Survivors across all spectrums of risk level wanted more proactive contact from their domestic abuse worker. Survivors appreciated the level and nature of interaction they had with their domestic abuse workers, and many wanted more because of the high-quality support they were provided with and because it was often the only safe space they could access.
- 7.13. Of the survivors who accessed CEDAH, most found the service helpful. Some survivors described CEDAH as a gatekeeping rather than a gateway to specialist services. Survivors were aware that the risk assessment process was being carried out as a gateway to specialist services. This tool was designed as an information-gathering tool to understand risk and guide safety planning and not solely for the purpose of triaging services. Some survivors described the risk assessment process as a tick-box exercise and wanted more time to share their stories and receive emotional support at their first point of contact with a service.
- 7.14. Following an onward referral from CEDAH, the route into DAFSU had a quick response time, which is to be expected and a positive indicator that services for those at high risk of harm from their perpetrator are responsive to the urgency of their need. MyCWA had varying lengths of waiting times, ranging between a few weeks and several months. All survivors across the spectrum of risk identified wanting to access support immediately upon seeking help, as this is when they needed it most. Those who weren't offered DAFSU expressed the same need for immediate support as those who had accessed DAFSU.
- 7.15. A few survivors expressed a desire to access MyCWA directly without having to go through CEDAH.
- 7.16. Not all survivors who needed support were able to access it. These survivors described feeling services weren't designed for them. There is evidence to support that offering help that's wanted earlier can prevent an escalation and save costs to other sectors and statutory services. See the [Women's Aid Change that Lasts survivor journey mapping](#) as an example.
- 7.17. Survivors recognised they would need to interact with multiple services and to reduce overwhelm and confusion, suggested having a lead point of contact to offer emotional support, clarity on what would happen next, and the role of each service involved. They wanted this role to help coordinated communication between services to minimise the number of professionals making contact at the same time, especially at points of crisis. They wanted to be informed about anticipated waiting times and what support would be available in the interim, including the offer of proactive check-ins. This will assist survivors in their decision-making and overall satisfaction with services.

- 7.18. Several survivors supported by MyCWA referenced the need for specialist domestic abuse services to be separate, independent and protected spaces, including from statutory services as it helped to build trust and feel free to share their experiences.
- 7.19. One survivor with insecure immigration status wanted advice but due to fears of what this could lead to for her perpetrator, didn't feel able to access this. This same survivor who needed an interpreting service was let down by an interpreter who didn't accurately convey her story.
- 7.20. Pearls of Cheshire, a community-based 'by and for service' helping disadvantaged women and youths to meet their physical, mental, holistic and economic needs, also offer vital specialist support to survivors. Their website doesn't specify support for domestic abuse. And it's unclear how they situate in CEDAH's pathway to domestic abuse support.
- 7.21. None of the survivors felt their perpetrator had been effectively held to account in a way that helped them access safety and freedom. There were missed opportunities to support survivors to break free from their perpetrators. Survivors struggled to access justice through the criminal justice system. Not one survivor had a perpetrator who completed a behaviour change programme. Of those who thought their perpetrator was connected to this programme, they had not been contacted by an Integrated Support Service. One survivor felt that resources were being diverted from survivor services at the expense of funding perpetrator provision.
- 7.22. *Recommendations:*
- Consider seeking further views of survivors to represent the voices of those not represented in this report, including survivors with experience of family abuse, young people, male survivors and Gypsy and Roma Traveller survivors.
 - Consider CEDAH's role in assisting survivors to understand and navigate the system to minimise confusion and a sense of overwhelm when there are multiple services involved, including domestic abuse services involved. This should consider reducing the number of times survivors complete risk assessments and tell their stories.
 - Commissioning and delivery of specialist domestic abuse services should include resourcing that reduces waiting times, allows for more proactive check-ins, includes options to meet in person and outside working hours. This should also include an offer of support for the length of time that survivors need this.
 - Risk and needs assessment and safety plans should actively consider actions taken against perpetrators and survivors' wishes for this. A WHA response should consider how housing for perpetrators, where this hinders a survivor's safety and freedom, can be accessed and funded.
 - Consider the barriers that a survivor with insecure immigration faced in seeking help from a solicitor. Where possible, make them aware of what the onward information-sharing requirements are in relation to their perpetrator so they can make better informed choices on whether to seek legal advice.

- The Domestic Abuse Commissioner's [‘A Patchwork of Provision’ report](#) found that ‘by and for’ services are more effective in supporting minoritised survivors than other types of services. Consider whether Pearls of Cheshire wants to, and can, formalise their role as a ‘by and for’ specialist domestic abuse service and include in future commissioning plans as a specialist by and for domestic abuse service.
- Ensure that domestic abuse behaviour change programmes (DAPP) offer integrated support service for survivors delivered in line with the [Respect Standard \(4th edition\)](#). Survivors should be contacted within one working week of their perpetrator being referred to a DAPP as part of safety checks and before confirming a perpetrator's suitability for a programme (Standard C1.3).

Family Court

- 7.23. Two survivors consulted named the Family Court as significant in their help-seeking. One survivor found this to be the most challenging. The Domestic Abuse Commissioner's report on the [Family Court and Domestic Abuse: achieving cultural change](#) highlights this as a common experience among survivors.
- 7.24. One of the recommendations in the Domestic Abuse Commissioner's report includes that *‘every survivor going through the Family Court should have access to a specialist domestic abuse support worker.’* It also refers to how Independent Domestic Violence Advocates (IDVAs) and Independent Sexual Violence Advocates (ISVAs) now have permission to access the Family Court to provide crucial support for survivors during proceedings as of 6 April 2023.
- 7.25. The report also cites positive findings from the Pathfinder Court pilots, which include specialist domestic abuse support for survivors and leading to safer outcomes for children and adult survivors.
- 7.26. *Recommendation:* The strategy should consider the findings from the Domestic Abuse Commissioner's report and how it can support survivors through this system.

Parental Alienation

- 7.27. Parental Alienation is a common counter-allegation made by perpetrators when survivors raise concerns about contact between children and a perpetrator. The Domestic Abuse Commissioner's report listed in the Family Court section above also examines the harmful impacts of this discredited concept on child and adult survivors.
- 7.28. Further reports that debunk the concept of parental alienation are included in a [report commissioned by Cafcass Cymru in Wales](#) and the [UN Special Rapporteur's report](#) on violence against women and girls.
- 7.29. *Recommendation:* The strategy should proactively address the issue that parental alienation is being used by statutory services in Cheshire East.

Technology-assisted abuse

- 7.30. Several survivors had experienced technology-assisted abuse (tech abuse) and described how services were unable to respond to their needs, which was due to services not always being informed about this type of abuse with the ability to help safety plan and with the recognition that in-person meetings facilitate safety.
- 7.31. *Recommendation*: The strategy should address the growing issue of tech abuse and the resulting needs of survivors. This should include the following:
- Responding to tech abuse is included in specialist domestic abuse service contracts. These services are asked what support they need to respond effectively. This should include funding services to train and upskill their staff. Refuge offers a [training course](#) for professionals.
 - Consider covering the costs of providing survivors with new devices where they can't access services due to digital stalking and tech abuse. Offer this as part of the flexible funding pot and make this available at the point of accessing CEDAH.
 - Consider prevention and early intervention initiatives including Relationship and Sex Education (RSE) that includes tech and digital abuse awareness raising as part of a planned programme of Personal, Social and Health Education.

Creating earlier intervention

- 7.32. The point at which domestic abuse started and when participants became aware of domestic abuse services available is too long. On average from the journeys analysed between the survivor's first experience of abuse and becoming aware of a specialist domestic abuse service is 9 years. This resulted in survivors living with abuse longer than they would have had they known what services and options were available to them. This places adult and child survivors at greater risk of harm for much longer than needed.
- 7.33. Bringing the point forward where survivors know what specialist support is available through increased promotion and improved responses from non-specialist services will reduce the time that survivors live with abuse.
- 7.34. Survivors' awareness of domestic abuse varies. Awareness raising activities and promotional content should aim to speak to an audience at varying levels of knowledge, including those who haven't yet named domestic abuse. The use of language is important.
- 7.35. *Recommendation*: Resources should be invested in publicising and promoting services across Cheshire East, both online and in community spaces. Refer to the main report for the list of ideas survivors felt would be most effective.

Non-specialist services

- 7.36. Non-specialist professionals are a key component of an effective coordinated community response. When they get the response to domestic abuse right, they can open doors for survivors and help them access safety much earlier. They can help survivors name their

experience as abuse and impart knowledge on the specialist services available and facilitate access to these services. How they respond to signs and disclosures is part of the intervention they offer. When they don't get this right, this creates more fear and blocks further help-seeking.

- 7.37. All survivors had at least one negative interaction with a non-specialist professional, which often related to a missed opportunity to spot abuse or respond appropriately to a disclosure. For some, it was because the professional was uninformed about domestic abuse. Survivors described feeling judged and not believed. These responses further victimise and disempower survivors.
- 7.38. Responses from the police left much room for improvement. All survivors supported by DAFSU had first contacted the police. Three of those survivors were referred into CEDAH and not directly to DAFSU, which increases the number of domestic abuse practitioners a survivor is in contact with. It's unclear what the risk assessment score was at the time of referral and if police were aware the perpetrator posed a high risk of harm. Better coordination between the police and domestic abuse services can improve risk assessment accuracy and provide quicker responses. A consideration is for DAFSU, MyCWA and the police to work more proactively together when a survivor reports to the police. This should prioritise finding consensus on risk and safety needs, updating survivors on the criminal justice process and offering timely and frequent feedback and update.
- 7.39. Health settings are used by everyone and are ideal for reaching survivors from all backgrounds, especially those who may not recognise what's happening to them as domestic abuse or are not confident in seeking help. When GPs get the response right, this results in survivors accessing specialist services much sooner.
- 7.40. Safe accommodation was a core need for many survivors and one of the most challenging to meet. Not all survivors with housing needs appeared to be offered options through a WHA or were waiting for advice. Consideration should be given to how housing needs are screened for at assessment through a WHA lens. Pathways to Cheshire East Housing Team domestic abuse / WHA lead should be explored and facilitated when a survivor identifies a housing need.
- 7.41. Cheshire East Housing Service should proactively identify domestic abuse and refer survivors to CEDAH.
- 7.42. Survivors who are ready to move on as part of their recovery should be supported to do so.
- 7.43. *Recommendations:*
 - Cheshire East to develop a training plan with non-specialist sectors, ideally influencing a policy that makes training on domestic abuse mandatory, especially with health, housing, children's services and the police. New starters should be provided with information on domestic abuse as part of their induction. Training should cover the need for proactive sign spotting and awareness of specialist services available.

- Check for consistency between police and domestic abuse service risk assessment scores and if improvements can be made with the police directly referring survivors who are assessed as high risk of harm directly to DAFSU to minimise number of professionals survivors are in contact with.
- Guidance for translators should be produced, which reinforces the importance of survivors having an opportunity to tell their story and have this recorded accurately, through their own perspective. Offer domestic abuse training and assistance with a developing domestic abuse policy and procedure.
- Consider adopting Housing First, an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes.

Role of employers

- 7.44. A consideration for the next strategy is the role of the partnership in promoting a more proactive role with employers. This could include the local authority developing their responses towards staff both experiencing and perpetrating abuse. A further consideration is how specialist domestic abuse services, like DAFSU in this example, can be developed and resourced to advocate and support survivors to access safety and increase their space for action through employers.
- 7.45. The Employers Initiative on Domestic Abuse (EIDA) has a membership of 1,200 organisations reflecting 8 million people across the UK. Positively, a third of their members have developed an employee initiative on domestic abuse. [EIDA's Employer Toolkit](#) offers practical guidance for responding to domestic abuse.

8. Audit and Review Processes

- 8.1. This section presents the findings of a review of audit processes for domestic abuse in Cheshire East. Case reviews were also completed to understand how audits and dip samples are carried out, and to support the development of a new audit process for domestic abuse.

Review of case audit and dip sample processes

- 8.2. The following audit processes were reviewed:
- Domestic Abuse Family Service Unit (DAFSU)
 - MARAC cases
 - Cheshire East Consultation Service (ChECS), including Social Care's Front Door (front door for children and families) and the Early Help Services
 - Children's Safeguarding
 - Multi Agency Audits and Dip Samples (ad hoc requests)

- 8.3. The findings for each area are as follows, with the detail provided in Appendix 9.
- 8.4. *DAFSU*: The service doesn't have a policy or procedure for undertaking audits and dip samples. There is no recorded process outlining responsibilities for the coordination of audit activities including how actions are recorded and monitored for completion. Or for how information is shared with staff involved in the case. There isn't a central database for storing actions.
- 8.5. *MARAC Case Audits*: The MARAC Steering Group reviews audits of five cases at alternate meetings. The purpose is to review long term outcomes against specific aims of the MARAC. Each MARAC representative will complete the MARAC Case Audit Template form for each of the three cases. There is a 'MARAC Case Audit' guide that sets out the purpose, process, and outcome of the analysis of results. The Domestic Abuse and Sexual Violence Development Lead Advisor monitors for completed actions.
- 8.6. *ChECS Reviews*:
- General audits for all cases take place every two weeks and are undertaken by a multi-agency team including representation from ChECS, Early Help, Children's Services Safeguarding, CEDAH, Police, Health, and Education.
 - Audits are conducted according to themes. Previous themes have focused on support needs (domestic abuse, substance misuse, parental conflict) and services accessed (Probation, Early Help). Approximately four to six cases are reviewed 'live' by the group who together work through a template with set questions and standardised scoring. The audit reviews the Front Door service response only and not what happens next.
 - The 'Front Door Multi-Agency Audit Form' tool is used. This is a generic form to review all cases and themes. It does not include any questions specific to domestic abuse. There is a four-point scoring system ranging from inadequate to outstanding (aligned with Ofsted grading system). The tool captures recommendations that include agreed actions to specify what needs to happen, by whom, and what changes will look like. These are followed up internally by ChECS staff.
 - A quarterly report is written by the Service Manager of the Front Door service, which is shared with the Learning and Improvement Group, a sub-group of the Cheshire East Children's Safeguarding Partnership (CECSP). The Head of Service Delivery for Early Help is a member of both groups and the chair of the Cheshire East Domestic and Sexual Abuse Partnership (CEDSAP) and acts as an informal communication link between all three groups.
 - There is an existing Children's Services Quality Assurance Framework for undertaking dip samples and audits. This is being updated to include Early Help.
 - There is no formal process for how cases where domestic abuse is a factor is shared with domestic abuse services, leads and partnership. The representative from CEDAH communicates actions to the relevant domestic abuse team (CEDAH, DAFSU or MyCWA) in an informal capacity.

- The process currently is for random cases to be identified; each Manager is asked to lead an audit, involving the worker. This is followed by a meeting with service managers and the Head of Service for Early Help. A report is written, and this is shared with the Cheshire East child safeguarding partnership, as well as being fed back to the worker. A managerial team reflective session is also held.

8.7. *Children's Safeguarding Team:*

- Audits are undertaken quarterly, chosen at random by the Business Intelligence Team. They are completed by an Auditor and allocated social worker for the child and family being reviewed. Auditors are Children's Social Care managers ranging from Tier One, the Executive Director of Children's Services, to Tier Five, Team Managers. Independent Reviewing Officers (ICO) and some of the Advanced Practitioners are also involved.
- A 'Children's Social Care Audit Tool' proforma is used, which covers ten priority areas. Domestic abuse is referenced in the first area concerning the child's safety. There is a prompt to consider domestic abuse when exploring relevant risks. There are three additional proformas to record conversations between the auditor and a) the allocated social worker, b) the parent and c) the child.
- A nominated Audit and Quality Assurance Officer (AQAO) and Principal Social Worker (PSW) review audits. The AQAO analyses and collates audit information and identify themes for improvement. The PSW uses this to identify training, mentoring and support offered to social workers by their team. There are also reflective plenary sessions to cascade learning with Social Workers involved in the cases that have been reviewed.
- A 'Children's Social Care Audit Policy and Procedure', updated in July 2023, sets out the audit process including who undertakes audits, where feedback and information are shared and how learning is cascaded, and areas for improvement are actioned. The policy and procedure include clear guidance on how actions are progressed and monitored for completion.
- There is no recorded process for how cases where domestic abuse is a factor is shared with domestic abuse services, leads and partnership.

- 8.8. *Multi-agency audits and dip samples (Children's Services):* These are requested on an ad-hoc basis by senior management when issues are observed. Panel members from Children's Services are chosen based on the relevant manager involved in the case. The Domestic and Sexual Violence Development Lead Advisor is typically a panel member for all cases reviewed. This may include an audit of a full case file from the Early Help Module case recording system, which explores select themes. An 'Audit Template' reviews a) specific areas of focus, b) what's working well, c) the concerns, gaps and challenges and d) records actions. It may also include a dip sample of a set number of cases (typically between five and ten). A 'Dip Sample Template' reviews a) the methodology including the priority area of focus and summary of the cases reviewed, b) what's working well, c) what the concerns are, d) what needs to happen next, and e) Head of Service feedback and oversight. There isn't a section dedicated to recording actions.

- 8.9. *Domestic Abuse Themed Case Audits*: There is a 'Proposed Themed Audit Schedule' recommending a monthly dip sample focused on a particular workstream or priority area of the DA strategy (see Appendix 9). Leads are identified for each theme/month. The schedule does not correspond to existing audits and dip samples undertaken. There isn't a standardised tool for use across various teams and individuals undertaking dip samples. There isn't a policy, procedure, or guidance to indicate how actions will be monitored and where learning will be shared.

Deep dive analysis and review of case audit outcomes

- 8.10. Reviews of previous audits and dip samples, and the completion of two deep dive case analyses assisted in understanding the audit processes undertaken by multiple services within Cheshire East Council. It also helped identify priority areas that audits and dip samples can focus on to improve individual and multi-agency responses. The following was undertaken:
- 'Deep dive' analyses were conducted on two case files from the Early Help Module case recording system, which is used by CEDAH, MyCWA, and ChECS.
 - Five 'multi-agency audits' from the Early Help Module case recording system, undertaken by the ChECS Service Manager, were reviewed.
 - Three dip samples of Children's Services cases on a Child in Need or Child Protection Plan with domestic abuse identified as the main need were reviewed. This was requested by the Head of Quality Assurance and Safeguarding and conducted by ChECS and the Domestic Abuse & Sexual Violence Development Lead Advisor.
- 8.11. *Deep Dive 1* was for a family including two adults and four children. Adult 1 is the mother and a survivor of domestic abuse perpetrated by Adult 2, the father. This was a complex case covering a five-month period. It included two case files: one for Adult 1 and one for Child 1. Case notes for other members of the family were also recorded on both records. Case notes for Adult 2 were recorded on Child 1's record. See Appendix 9 for a summary of the case, and more detail for the following trends that were observed, and the recommendations made to address these:
- Case recording improvements are needed.
 - How domestic abuse was defined, understood, and explored differed across agencies.
 - There was collusion with the perpetrator, including in relation to following a pathway of labelling the non-abusive parent as engaging in parental alienation, a concept that has been repeatedly debunked, and identified as a tactic of parents who have used abusive behaviours against their families⁶⁵.
 - Lack of coordination between services.

⁶⁵ See, for example, the Domestic Abuse Commissioner's report on family courts (<https://domesticabusecommissioner.uk/wp-content/uploads/2023/07/DAC-Family-Court-Report-2023-Digital.pdf>) and the United Nations' Special Rapporteur's report (<https://www.ohchr.org/en/documents/thematic-reports/ahrc5336-custody-violence-against-women-and-violence-against-children>).

- Slow response times by partner agencies to safeguarding concerns.

8.12. *Deep Dive 2* was for an adult female survivor without children (Adult 1). The survivor experienced multiple disadvantage and multiple forms of VAWG. The case file record begins in January 2021 however support services initiate in September 2022 and end in June 2023, reflecting a 10-month period of support. See Appendix 9 for a summary of the case, more detail on the themes observed, and a recommendation for consideration in the development of the next Domestic Abuse Strategy. A brief outline of the themes are as follows:

- Case recording was exemplary from the IDVA.
- The MDT IDVA and Edge 360 support were positive examples of a gender, trauma-informed and 'empowerment through support' approach.
- The MDT IDVA does an excellent job of coordinating the services involved.
- There was minimal involvement of statutory services.
- The Police response contained both positive and concerning responses.
- The Homelessness Advice Service sourced temporary accommodation but offered initial advice that was not in-line with housing legislation and amendments from the Domestic Abuse Act 2021.
- The hotel used as temporary accommodation was identified as unsafe but there was no record of Housing acknowledging the concern or taking action.
- There is an absence of action taken with the perpetrator.

Conclusions and Recommendations

- 8.13. There are good practices in place for systematic reviews of domestic abuse responses by individual services and for multi-agency responses via CEDAH. Most services and audits undertaken do not have policies and procedures to outline the process.
- 8.14. Only Children's Safeguarding has a policy and procedure for audits. Different audit tools are used across services; there isn't a standardised audit tool for reviewing multi-agency audits. Not all audit processes and tools clearly record actions or have a mechanism for monitoring the progress of actions. There is no mechanism for how audit information is shared with services, the wider partnership and the staff involved in the case.
- 8.15. The Children's Safeguarding and Early Help audit processes include seeking the views of family members, including parents and children.
- 8.16. There are multiple audit schedules (for individual services, multi-agency responses including monthly themed audits), which are not coordinated. The monthly themed audit adds to each service's existing audit schedule and increases the resources and time needed to support the process.
- 8.17. Areas not covered by this review were Adult Social Care and Adult Safeguarding (audit processes unknown) and Housing Options (audit process in place as required by DAHA Accreditation.)

8.18. The Head of Service for the Child Safeguarding partnership is developing an integrated quality assurance framework that will be embedded across all of Children's Services to align consistent practice and timescales.

8.19. *Recommendations* (in addition to case specific recommendations prompted by the deep dive analyses):

- Each service and audit process should have its own policy and procedure. This should include the following components:
 - The overarching aim and elements of effective audit and dip sampling for domestic abuse across all services and processes (which connects to CEDSAP's strategic aims).
 - An overview of the service's process, frequency of reviews, who conducts them and how files are selected.
 - What happens with the information, where and how this is shared, including DA leads, partnerships, and staff involved in the case.
 - How actions are monitored for completion.
 - How trends, issues, good practice, and learning are embedded.
 - Where domestic abuse is a factor, how this information is shared with domestic abuse services, leads and partnerships.
 - Consideration on whether to seek the views of service users.
 - The 'Children's Social Care Audit Policy and Procedure' offers an ideal template.
- Create templates or proformas for each service's audit and/or dip sample process to standardise practices and quality. See Appendix 9 for a suggested template for multi-agency case audits.
- Nominate a lead for each service and/or audit process to monitor the completion of actions and who will share themes and learning with the CEDSAP.
- Create a central 'Domestic Abuse Audit & Dip Sample Actions Log' to collate actions across all services and processes. Nominate a lead to monitor action completion. The log should be reviewed by the CEDSAP to identify themes, training needs, improved coordinated working and progress against the strategy.
- Consider connecting the 'Proposed Themes Audit Schedule' (Appendix 9) to each service's existing audit schedule instead of introducing it in addition to existing audits and dip samples. For example, DAFSU completes five assessments a quarter so relevant themes could be included as part of this process.

9. Conclusions and Recommendations

- 9.1. The following table presents the current picture in Cheshire East against the components of the Coordinated Community Response⁶⁶. Summaries are drawn from the detailed sections in this report.

| Coordinated Community Response Component | Cheshire East |
|--|---|
| Survivor engagement and experience | Cheshire East places a high priority on listening to those with lived experience, led by the Domestic Abuse and Sexual Violence Development Lead Advisor and supported by voluntary sector services MyCWA, Pearls of Cheshire and Pure Insights. |
| Intersectionality | The needs of all victims/survivors and those who harm are considered by the partnership. This would be enhanced by developing more robust, and shared, data on the characteristics of those who access services. |
| Shared vision and objectives | <p>The previous partnership strategy was effective in bringing partners together with a shared vision and objectives which continues to be in place at a strategic level.</p> <p>At an operational level, work is needed to ensure all organisations and services have a shared understanding of domestic abuse, and the need to adopt a believing and 'empowerment through support' approach.</p> |
| Structure and governance | CEDSAP is a strong and effective partnership, with robust connections to some of the other Cheshire East strategic partnerships; links with other partnerships need to be strengthened. |
| Strategy and leadership | <p>Cheshire East have taken a thorough approach to developing the next partnership strategy through the completion of this review. The previous strategy addressed all parts of the partnership, and incorporated victims/survivors and those who harm, including children and adults. A greater focus on primary prevention of domestic abuse should be added in future.</p> <p>The partnership would benefit from a permanent leader/chair (not changing when the location of the domestic abuse team changes), connecting with leaders in all relevant organisations and services.</p> |

⁶⁶ <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

| | |
|-------------------------|---|
| Specialist services | Experienced and expert specialist domestic abuse services are in place within the Council and within the voluntary sector, including benefiting from the added value brought from the voluntary sector in relation to expertise and additional funding for provision. |
| Representation | CEDSAP has representation from nearly all relevant organisations/services in Cheshire East; there are some gaps that need addressing. The level of representatives at CEDSAP needs reviewing and potentially strengthening. |
| Resources | <p>The funding for specialist domestic abuse service provision does not meet the demand for the specialist services, specifically CEDAH and MyCWA.</p> <p>Much of the funding is time-limited, or uncertain through being announced year-on-year. This creates uncertainty within services, which can impact on staff wellbeing and retention, which has a direct impact on the service received by victims/survivors and those who harm.</p> <p>Resources appear to be allocated according to risk level, which does not account for the high levels of complexity and need that exists for those identified as less than high-risk.</p> |
| Coordination | <p>The Domestic Abuse and Sexual Violence Development Lead Advisor is well known and respected across the partnership.</p> <p>They are relied upon to bring expertise to organisations/services in the development of their response. Their role is crucial to the continuation of the partnership response.</p> |
| Training | Specialist domestic abuse training is provided by MyCWA for all partners, and organisations/services access this in addition to providing their own internal training. There were gaps in some services in accessing domestic abuse training, and in that training being mandatory, which need to be addressed. |
| Data | <p>The needs assessment was able to access domestic abuse data from a wide range of partners, with a very small number of organisations/services unable to extract specific data.</p> <p>Developments are needed in the gathering of demographic data.</p> |
| Policies and Procedures | Nearly all partners have policies/procedures in place covering responses to service users/patients affected by domestic abuse, |

| | |
|--|---|
| | and covering responses to members of staff who are victims/survivors or causing harm. |
|--|---|

- 9.2. This review demonstrates that Cheshire East meets the statutory requirements of the Domestic Abuse Act 2021.
- 9.3. Safe accommodation support, while part of the contract with MyCWA, is funded by DLUHC New Burdens funding for which there are no guarantees regarding amount, or length of time it will be available. Cheshire East Council is aware of this and will ensure longer term that this statutory requirement will be fulfilled within existing funding.
- 9.4. Services on offer to victims/survivors have changed over time with increases in demand and decreases in funding, both of which have led to restrictions on referral criteria. This means that survivors do not have access to equal provision, with the biggest gap being survivors who don't have children.
- 9.5. Funding nationally for domestic abuse services is challenging. The Domestic Abuse Commissioner's Office mapping of specialist domestic abuse provision in England⁶⁷ found, "Most survivors said they had contacted at least two different domestic abuse support organisations during the previous three years. Most survivors said at least one organisation that they contacted did not help them, while over 20% reported that 3 or more of the organisations they had contacted did not help them" (Technical Report, p45).
- 9.6. The mapping also found the following:
 "Victims and survivors need a range of types of support to help them find safety and to cope and recover from abuse. Most victims and survivors wanted some form of community-based support, and a combination of practical support, such as helpline advice, or one-to-one advocacy or caseworker support, and longer-term therapeutic support, such as counselling or mental health support" (Summary Report, p4).
- 9.7. Yet, except for accessing helpline advice and an IDVA, a minority of victims accessed the support they needed. Service providers that responded to the mapping research also stated that only a third of referrals received support.
- 9.8. Within this national context, domestic abuse provision in Cheshire East may continue to be stretched. What will be important, moving forward, is identifying how to deliver services to those most in need, accounting for different risk levels and those without children.
- 9.9. *Recommendations:*
- In developing the new domestic abuse strategy, Cheshire East should bring all partners together, strategic and operational, to agree the vision for responding to domestic abuse. This should include an equal focus on prevention and response.
 - Development of the vision and principles guiding Cheshire East's approach to domestic abuse should include an agreed vision for the response received by victims/survivors

⁶⁷ A Patchwork of Provision (2023) <https://domesticabusecommissioner.uk/national-mapping-of-domestic-abuse-services/>

from all services. This would incorporate a believing and ‘empowerment through support’ approach that underpins and is integrated into the work of all services, whether their primary focus is children or adults. This should also emphasise the need for knowledge and understanding of controlling and coercive behaviour, to move practitioners and services away from an ‘incident-based’ approach that focuses on physical violence to one that understands domestic abuse as a pattern of behaviour.

- CEDSAP to carry out an exercise with all members to identify what the ‘journey’ should look like in Cheshire East, in which all survivors and those who harm (children, young people and adults) who want specialist support are able to access this, regardless of their risk level, with the option of in-person meetings for all. This exercise should focus on the needs of all survivors/those who harm, setting aside existing processes and service design, to set out the ideal journey and support available. This can then be used as the basis for commissioning and re-designing specialist provision.
- Develop the CEDSAP commissioning sub-group into a partnership commissioning group that draws directly and transparently on the voices of those with lived experience, and the voices of specialist domestic abuse service providers (and learning from the survivor consultation carried out within this review). A partnership commissioning group would review available funding, provision, and demand, in the context of the partnership’s agreed vision and principles.

9.10. The following brings together all the recommendations from throughout report.

9.11. *Section Two: Domestic Abuse Strategic Partnership*

- CEDSAP should continue to operate as a sub-group of CSEP: this arrangement is working well and is in-line with most partnership arrangements nationally.
- Strengthen and formalise the connections between CEDSAP and SCEP with CESC, with reference to the National Child Safeguarding Practice Review Panel recommendation referred to above (paragraph 2.16). This development must recognise the wide scope of Children’s Services, from Early Help through to Children Looked After and Care Experienced: representatives must be able to effectively represent, and communicate with, the whole department.
- Formalise the mechanism through which CEDSAP will report on delivery of the outcomes identified in the Joint Local Health and Wellbeing Strategy for Cheshire East 2023-28.
- Review the membership of CEDSAP presented in this report regarding the level of representation and the gaps in representation, to understand the impact this has on functioning and strategic delivery, and make changes / invitations as appropriate.
- Ensure that the involvement of those with lived experience of domestic abuse is two-way, so that those who have contributed their feedback, or are affected by the work of the partnership, receive information/updates on its work.

9.12. *Section Three: Domestic Abuse Specialist Provision and Funding*

- Cheshire East Council to explore whether the funding for domestic abuse service provision should not be seen as a cost to a specific department, to enable recognition of the responsibility of the whole Council to delivering domestic abuse responses, not just the service area where the teams are located.
- CEDAH: Understand the current response to self-referrals that cannot immediately be referred on or responded to within the triage process. Establish the length of time taken from initial call to closure and the impact this has on the ability of CEDAH to provide safety guidance and support. Identify which individuals are being supported in this way rather than receiving an onward referral, and how many, to identify the extent of the need.
- CEDAH: Establish what is a safe and manageable capacity per member of CEDAH staff to respond to referrals within the five working day response time. Take into account the data in the needs assessment (see section six). This can assist in estimating the actual costs to provide safe and manageable provision that meets the demand on CEDAH.
- CEDAH: Consider whether, in order to maintain CEDAH's role as triage rather than case-holding, the 2-2.5 hour phone calls and larger pieces of work with victims/survivors can be allocated to the commissioned service.
- CEDAH: Cheshire East Council, with CEDSAP and SCEP, to understand in greater depth the impact on CEDAH of the short-term, temporary nature of the funding, and identify where funding can be made more secure to ensure the stability of the service, as well as being sufficient to adequately staff the service.
- CEDAH: Explore the potential within CEDAH service design to accommodate face-to-face meetings for survivors who want this, or need it for safety reasons in order to access domestic abuse support.
- MyCWA: Reporting from MyCWA to separate, if possible, what is delivered within contract and what is delivered over and above the contract value. This would demonstrate the added value to Cheshire East of MyCWA provision, and evidence the available capacity of the contract-only provision.
- MyCWA: Ensure that, across the partnership, there is recognition that individuals and families do not need to be identified at high-risk in order to be complex and require intensive support. Although the term is not widely used, to ensure consistency across partners, provide communication that all practitioners should avoid use of the term 'lower-level' to describe individuals and families identified at less than high-risk, because it can suggest they have a lower level of need, which is often not the case.
- MyCWA: Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to work with MyCWA and Cheshire East Council Children's Services to develop an action plan to enhance effective and trusting

working relationships between the services, including for example, Children's Services practitioners observing the work of MyCWA with families.

- MyCWA: Cheshire East Council contract management, and the Domestic Abuse and Sexual Violence Development Lead Advisor, to facilitate wider partners to be involved in contract management reporting and discussions, to raise awareness of the work of MyCWA, the limitations and restrictions, and the high quality of work delivered.
- MyCWA: Consider how to provide support to survivors who want, or due to safety reasons can only access, in-person support.
- MyCWA: consider changing the name of the 'Chaos Index' Tool to remove negative associations, e.g., 'Multiple Disadvantage Measure'.
- Ensure that the 0-19 Health Contact Hub refers all domestic abuse referrals or requests for advice to CEDAH only.

9.13. *Section Four: Accessing Domestic Abuse Support: Front Doors*

- Ensure that the 0-19 Health Contact Hub refers all domestic abuse referrals or requests for advice to CEDAH only.
- Establish a process whereby every Daily VPA Meeting is attended by a domestic abuse practitioner. CEDAH attends, but there are times when capacity does not allow attendance, and the meeting therefore lacks domestic abuse expertise.
- All relevant team managers should satisfy themselves that, on receipt of a VPA/referral/summary that is known to have been sent to other teams (see paragraph 4.10), practitioners check to establish whether contact has already been made. It may help to have a named contact within ChECS safeguarding and early help who is consulted when overlapping VPAs/referrals arise.
- Understand any overlap between high-risk domestic abuse and early help VPAs; or do all high risk incidents in which children are in the household go to ChECS safeguarding?
- A joint understanding of consent should be established in relation to sharing of information and VPAs, and if necessary, provide amended guidance to police first responders when discussing consent with individuals at incidents.

9.14. *Section Five: Domestic Abuse Responses by Non-Specialist Services*

- Cheshire East Council Children's Services and Adult Social Care to review, within their own departments, the strategic and operational leadership of their response to domestic abuse, with reference to the above.
- NHS Talking Therapies / The Big Life Group and Wirral Community Health and Care NHS Foundation Trust, with CEDSAP and the ICB, to review their strategic and operational responses to domestic abuse, and involvement with the partnership.

- Cheshire East Council to ensure that each service has a relevant domestic abuse policy and procedure, and that these are aligned with each other to ensure a consistent response, and all staff in the services are aware of their own policy/procedure.
- Cheshire East Council to review the Human Resources policy that was developed by Housing Options as part of DAHA Accreditation for applicability to all Council employees, and to adapt/publicise accordingly.
- Services/organisations that do not currently gather data on domestic abuse, to develop the capacity to do this. CEDSAP to identify how anonymous data will be shared with the partnership to inform strategic and operational decision-making.
- CEDSAP to consider developing a training framework for partner services/organisations to align their training with. Services/organisations not currently delivering training to ensure staff access domestic abuse training relevant to their role; training to be mandatory, and attendance to be monitored and reported on to CEDSAP.
- Communication from CEDSAP that emphasises the role of CEDAH to be circulated to all staff of services/organisations referred to in this review. CEDSAP representatives of those services to inform CEDSAP of the internal communications undertaken.
- CEDSAP to review the gaps in domestic abuse responses highlighted by respondents as the new strategy is developed.
- CEDSAP to review the outcomes of the staff survey results to inform communication and training.

9.15. *Section Six: Data and Needs Assessment*

- CEDAH: Understand the circumstances for the records contacted in which children's needs were not discussed.
- CEDAH: Record CEDAH referrals that led to specific outcomes: referral to MyCWA; in-depth safety planning and support delivered; one-off brief support provided.
- CEDAH: The drop-down list for referral sources within the spreadsheet of referrals should reflect the named organisations referring to CEDAH, not generic headings such as 'health'.
- CEDAH: Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.
- CEDAH: Explore with organisations/services the barriers or other reasons for a lack of referrals to CEDAH (and DAFSU). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.
- CEDAH: Establish a way for CEDAH to record consultations and requests for information that are not part of the referral and response recording. This would demonstrate the scope of CEDAH's role and build a picture of the true demand on the team.

- CEDAH: Explore the circumstances of the 76% that were not recorded as having completed safety planning to understand the barriers in relation to completing safety planning or whether this is a recording issue for the team; and what resourcing may be needed to comply with case recording requirements.
- DAFSU: Explore the reasons why the referral numbers dipped in 2022/23 compared with 2021/22 and the first six months of 2023/24, identify any actions that may be needed.
- DAFSU: MARAC Steering Group members should satisfy themselves, and inform CEDSAP, that referring agencies fully understand the repeat referral criteria for MARAC.
- DAFSU: Understand the risk level outcomes for the 2% of referrals that were closed following information and advice only, and explore the consequences of this outcome for high-risk victims/survivors.
- DAFSU: Understand the situations of the 11% closed where risk remained the same, for example, do these connect to the 15% of referrals in which work was not able to be completed.
- DAFSU: Explore with organisations/services the barriers or other reasons for a lack of referrals to DAFSU (and CEDAH). Alongside this, understand the impact on the demand for these services, and the commissioned service, if referrals were to increase.
- DAFSU: Understand the circumstances for the records contacted in which children's needs were not discussed.
- DAFSU: Record the number of referrals / closed cases where children were known to be in the household, where it was known there were no children in the household, and where the information could not be established.
- MyCWA: The way in which data is collated and presented for contract reporting has recently been changed. Within the development of the new contract, review the extent to which this has improved knowledge of the delivery of the contracted service. Specifically, is it possible to show the following: The number of referrals received, shown separately for victims/survivors and those causing harm, and separately for adults and children within those two groups. Demographic information disaggregated for each group. Levels of need for each group. The number of those referred that were accepted into support, and which support each referral accessed. How many started, and how many completed, the support accessed. The volume of work required for each intervention, e.g., FTE staff per intervention, hours spent delivering intervention per FTE staff.
- Improve the recording of gender identity across all services listed here, so that a more accurate picture of those reporting/being referred can be developed that includes trans and non-binary gender identities.
- Explore the barriers to accessing support experienced by older populations.
- Improve the recording of ethnicity across all services listed here, so that a more accurate picture of the ethnicity of those reporting/being referred can be developed.

- CEDAH and DAFSU to record gay and lesbian separately.
- Improve the recording of sexual orientation across all services listed here, so that a more accurate picture of those reporting/being referred can be developed.
- Improve the recording of disability and health across all services listed here, so that a more accurate picture of those reporting/being referred can be developed. Recording to reference the Census to enable comparisons to be made. If more detailed categories are also to be included, ensure these align across services.
- Develop a way to gather up to date information and data on the number of professionals, from which services, are delivering domestic abuse interventions with children outside of MyCWA; and the numbers of children receiving these interventions.
- CEDSAP members and others working with children and families to establish to what extent practice comes from a stance that holds non-abusive parents/mothers responsible for their partners/ex-partners' (fathers') abuse, and the impact this has on the ability of the system to prevent harm and risk to children from those who harm.
- Explore bringing the Safe and Together model into Cheshire East, which foregrounds keeping the child 'safe and together' with their non-abusive parent while holding the person who harms to account.
- Review the findings of the Research in Practice Domestic Violence & Abuse and Child Protection Case File Analysis⁶⁸ for learning for Cheshire East.
- Understand the reasons for the differences between police-recorded VPAs for Standard Risk victims, with the numbers going through to Cheshire Cares who have consented for contact; identify actions needed as appropriate.

9.16. *Section Seven: Survivor Feedback and Journey Mapping*

- Consider seeking further views of survivors to represent the voices of those not represented in this report, including survivors with experience of family abuse, young people, male survivors and Gypsy and Roma Traveller survivors.
- Consider CEDAH's role in assisting survivors to understand and navigate the system to minimise confusion and a sense of overwhelm when there are multiple services involved, including domestic abuse services involved. This should consider reducing the number of times survivors complete risk assessments and tell their stories.
- Commissioning and delivery of specialist domestic abuse services should include resourcing that reduces waiting times, allows for more proactive check-ins, includes options to meet in person and outside working hours. This should also include an offer of support for the length of time that survivors need this.

⁶⁸ <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

- Risk and needs assessment and safety plans should actively consider actions taken against perpetrators and survivors' wishes for this. A WHA response should consider how housing for perpetrators, where this hinders a survivor's safety and freedom, can be accessed and funded.
- Consider the barriers that a survivor with insecure immigration faced in seeking help from a solicitor. Where possible, make them aware of what the onward information-sharing requirements are in relation to their perpetrator so they can make better informed choices on whether to seek legal advice.
- The Domestic Abuse Commissioner's [‘A Patchwork of Provision’ report](#) found that ‘by and for’ services are more effective in supporting minoritised survivors than other types of services. Consider whether Pearls of Cheshire wants to, and can, formalise their role as a ‘by and for’ specialist domestic abuse service and include in future commissioning plans as a specialist by and for domestic abuse service.
- Ensure that domestic abuse behaviour change programmes (DAPP) offer integrated support service for survivors delivered in line with the [Respect Standard \(4th edition\)](#). Survivors should be contacted within one working week of their perpetrator being referred to a DAPP as part of safety checks and before confirming a perpetrator's suitability for a programme (Standard C1.3).
- The strategy should address the growing issue of tech abuse and the resulting needs of survivors. This should include the following:
 - Responding to tech abuse is included in specialist domestic abuse service contracts. These services are asked what support they need to respond effectively. This should include funding services to train and upskill their staff. Refuge offers a [training course](#) for professionals.
 - Consider covering the costs of providing survivors with new devices where they can't access services due to digital stalking and tech abuse. Offer this as part of the flexible funding pot and make this available at the point of accessing CEDAH.
 - Consider prevention and early intervention initiatives including Relationship and Sex Education (RSE) that includes tech and digital abuse awareness raising as part of a planned programme of Personal, Social and Health Education.
- Resources should be invested in publicising and promoting services across Cheshire East, both online and in community spaces. Refer to the main report for the list of ideas survivors felt would be most effective.
- Cheshire East to develop a training plan with non-specialist sectors, ideally influencing a policy that makes training on domestic abuse mandatory, especially with health, housing, children's services and the police. New starters should be provided with information on domestic abuse as part of their induction. Training should cover the need for proactive sign spotting and awareness of specialist services available.

- Check for consistency between police and domestic abuse service risk assessment scores and if improvements can be made with the police directly referring survivors who are assessed as high risk of harm directly to DAFSU to minimise number of professionals survivors are in contact with.
- Guidance for translators should be produced, which reinforces the importance of survivors having an opportunity to tell their story and have this recorded accurately, through their own perspective. Offer domestic abuse training and assistance with a developing domestic abuse policy and procedure.
- Consider adopting Housing First, an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes.

9.17. *Section Eight: Audit and Review Processes*

- Each service and audit process should have its own policy and procedure. This should include the following components:
 - The overarching aim and elements of effective audit and dip sampling for domestic abuse across all services and processes (which connects to CEDSAP's strategic aims).
 - An overview of the service's process, frequency of reviews, who conducts them and how files are selected.
 - What happens with the information, where and how this is shared, including DA leads, partnerships, and staff involved in the case.
 - How actions are monitored for completion.
 - How trends, issues, good practice, and learning are embedded.
 - Where domestic abuse is a factor, how this information is shared with domestic abuse services, leads and partnerships.
 - Consideration on whether to seek the views of service users.
 - The 'Children's Social Care Audit Policy and Procedure' offers an ideal template.
- Create an overarching guide to clearly map and set out how audits and dip samples for domestic abuse are undertaken by all Cheshire East services, including all the services and audit processes mentioned in this section and for Adult Social Care, Adult Safeguarding and Housing Options. This should be listed by the lead service responsible for undertaking them.
- Create templates or proformas for each service's audit and/or dip sample process to standardise practices and quality. See Appendix 9 for a suggested template for multi-agency case audits.
- Nominate a lead for each service and/or audit process to monitor the completion of actions and who will share themes and learning with the CEDSAP.

- Create a central 'Domestic Abuse Audit & Dip Sample Actions Log' to collate actions across all services and processes. Nominate a lead to monitor action completion. The log should be reviewed by the CEDSAP to identify themes, training needs, improved coordinated working and progress against the strategy.
- Consider connecting the 'Proposed Themes Audit Schedule' (Appendix 9) to each service's existing audit schedule instead of introducing it in addition to existing audits and dip samples. For example, DAFSU completes five assessments a quarter so relevant themes could be included as part of this process.

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OPEN

Children and Families Committee

09 June 2025

Cheshire East SEND and AP 'One Plan'

Report of: Claire Williamson - Director of Education, Strong Start and Integration

Report Reference No: CF/12/25-26

Ward(s) Affected: All wards

Decision / Scrutiny

Purpose of Report

- 1 This report asks committee to approve the final version of the Cheshire East Special Educational Needs and Disability (SEND) Partnership's SEND and Alternative Provision Strategy and Development Plan, referred to as the Cheshire East SEND and AP 'One Plan', including the high level priorities identified within this document and the associated reporting mechanisms for tracking progress against this plan.
- 2 The developments detailed in our proposed SEND and AP 'One Plan' contribute to the delivery of commitment 2 '*Improving health and wellbeing*' of the Cheshire East Plan 2025-2029, and most specifically '*2.4 Children and young people thrive and reach their potential with targeted support when and where they need it*'.

Executive Summary

- 3 The current Cheshire East Special Educational Needs and Disability (SEND) Strategy 2021 – 2025 was last refreshed in April 2023. Due to the timescale of our current strategy, and major national and local changes relating to SEND and wider people services that have occurred since this date (including a clear focus on managing our Dedicated Schools Grant), a new strategy which brings together all SEND development actions and which is aligned with the partnership's most recent evaluation, activity and feedback is required. This report seeks

agreement on the contents of a new single SEND and Alternative Provision Strategy and Development Plan, known as the Cheshire East SEND and AP 'One Plan', and reporting mechanisms to track progress against this plan.

- 4 The SEND and AP 'One Plan' aims to ensure development actions undertaken through the partnership are completed effectively and at pace, and support the achievement of best outcomes for children and young people with SEND within a financially sustainable framework (in line with achieving a balanced budget by 2031).

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Approve the contents of the Cheshire East SEND and AP 'One Plan', including agreeing the high-level priorities of: *Right Support in the Right Place at the Right Time*
2. Agree the proposed ongoing reporting mechanisms for the Cheshire East SEND and AP 'One Plan'

Background

- 5 The current Cheshire East Special Educational Needs and Disability (SEND) Strategy 2021 – 2025 was co-produced with a wide range of key stakeholders and sets out how, as a local 0-25 SEND partnership, we would drive developments to our services to support children and young people with SEND to achieve the best possible outcomes. Originally prepared as The SEND strategy 2021 – 2024 and approved in November 2021, the document was refreshed in April 2023 to reflect significant changes within the national and local landscape for SEND.
- 6 Since the April 2023 strategy refresh, there have been further major national and local changes relating to SEND and wider people services, including:
 - (a) **Work to address increasing financial pressure on the Dedicated Schools Grant (DSG)** - the council took part in the Department for Education's (DfE) Delivering Better Value programme (DBV) during 2022/23. However, despite our engagement, the opportunities identified within the DBV programme combined with the mitigations in the DSG management plan at that time were not sufficient to address the recurring in-year overspends and deficit position. Later in 2023, Cheshire East Council were invited to take part in the DfE's Safety Valve intervention programme. Council colleagues worked with a DfE advisor to build on the work and priority areas identified through the DBV programme; additional improvement actions were

identified and the DSG management plan was fundamentally rewritten. Council colleagues submitted the revised DSG management plan to DfE in January 2024 along with 9 Project Initiation Documents (PIDs; which outlined improvement objectives and actions) and a capital bid. Whilst Ministers decided they were unable to enter into a Safety Valve agreement with Cheshire East at that time, a DfE advisor continued to work with us on our improvement journey. We have ensured that improvement actions identified through this work (which are still being delivered) are captured in the proposed single SEND and AP Strategy and Plan going forward.

- (b) **Completing our self-evaluation and identifying areas for development** – As part of our ongoing standard evaluation activity, alongside wider inspection preparation activities, colleagues across the SEND Partnership regularly update our SEND self-evaluation to ensure that it reflects recent improvements and feedback. SEND improvement actions from a previous iteration of our self-evaluation were captured through a drafted improvement plan presented to the previous SEND Executive Leadership Board. We have needed to ensure that our new SEND and AP Strategy and Plan address the areas for development identified in our most recent self-evaluation, along with any actions that may still be needed from the previously drafted SEND Improvement Plan. A refreshed SEND Joint Strategic Needs Assessment (JSNA) is also being finalised, and we have further feedback from partnership SEND surveys, which also inform our future development actions and plan.
- (c) **ILACS inspection and Improvement Plan** – An Ofsted inspection in February - March 2024 gave Cheshire East's children's services an overall grading of inadequate. A comprehensive Children's Services Improvement Plan has been agreed which clearly sets out the actions that will be taken to address the inspection findings and improve our offer for children and young people. To aid consistency and joint working, we have aimed to align the content and format of our SEND and AP Strategy and Development Plan, and monitoring activity, with this document.
- (d) **National improvement work** - activity has been taking place nationally to develop and pilot the recommendations set out in the DfE's SEND and Alternative Provision Improvement Plan published in March 2023, and we have continued to monitor this activity. It is not yet known if or how the July 2024 change in national government will affect the implementation of this plan (although the Education Committee has a further ongoing inquiry on 'Solving the SEND Crisis', which we will monitor as it continues).

- (e) **Wider Council improvement work and regional health work** – we need to ensure that our plans align with ongoing work being undertaken within the council's transformation programme and health improvements across Cheshire and Merseyside.

- 7 Recent work has been focused on reviewing all of the above work and producing a single SEND and AP Strategy and Development Plan that clearly pulls together and outlines in a single document all of the improvement work to be carried out by the SEND Partnership during 2025 – 2028.
- 8 Our required improvement work is a fundamental change programme that will affect the whole system and will require all partners to work as one. We know that we must do this for financial sustainability, but most importantly because our children and young people deserve to have the right education and support, in the right provision, at the right time, in order to support them to prepare for adulthood and to achieve successful outcomes.

Consultation and Engagement

- 9 The Business Development Manager tasked with co-ordinating development of the partnership's SEND and AP 'One Plan' has engaged with colleagues across the partnership through development meetings and emails to review actions from previous action plans to determine whether individual actions had been completed, or were no longer needed for other reasons, or were still required. Where actions were still required, joint working was undertaken to combine actions (where appropriate) and/or to amend actions to ensure they were SMART (specific, measurable, achievable, relevant and time-bound). This work resulted in an initial draft document of identified actions grouped into 14 sections across 3 priority areas: 1. Right Support, 2. Right Place and 3. Right Time.
- 10 Three multi-agency "*Working TOGETHER on our Cheshire East SEND and AP 'One Plan'*" sessions were held on 3 – 5 March 2025 with a total of 85 attendees. To ensure an even mix of different representatives in each session, specific teams and groups from across the partnership were allocated specific numbers of places in each session and invited to identify suitable representatives. During the sessions, attendees were asked to vote on a name for the action plan part of the 'One Plan' and worked through the proposed actions in key cross-cutting themed areas. Following the session, all proposed actions were circulated to all attendees for an opportunity to provide further reflective or detailed feedback on the proposals.
- 11 During the 'working TOGETHER' sessions, attendees were asked to vote on the action plan part of the document from options including: improvement plan, development plan, implementation plan or something

else. The most commonly selected response, with 39% of votes, was development plan, closely followed by improvement plan (31%) and implementation plan (22%), with only 8% choosing something else (with suggestions including 'progress plan' or simply 'action plan'). As a result of this feedback, we are proposing that our SEND and AP 'One Plan' acts as our SEND and AP Strategy and Development Plan.

Reasons for Recommendations

Approve the Cheshire East SEND and AP 'One Plan', including the high level priorities

- 12 The proposed single SEND and AP Strategy and Development Plan incorporates all mitigations identified in the DSG Management Plan as required during 2025-2028 (noting that the DSG Management Plan is a 7 year plan) and clearly pulls together and outlines in a single document all of the improvement work to be carried out by the SEND Partnership up to and including the calendar year 2028, building on various previous action plans (as outlined in the 'background' section above). In doing so, we will remove any confusion regarding multiple SEND improvement action plans and positively focus our resources in order to achieve successful improvements at pace.
- 13 SEND and AP 'One Plan' is a clear, simple name that we feel can be easily understood by all partners and clearly reflects both the concept of pulling all actions into a single document, and all partners working as one with a shared vision to deliver our improvements.
- 14 The latest draft of the Cheshire East SEND and AP 'One Plan' is attached in Appendix 1. The format of the development plan intentionally mirrors that used for the wider Children's services Improvement Plan, due to the crossover in individuals and organisations that are involved in delivery and oversight of both documents.
- 15 Our 'One Plan' is intended to drive significant and sustainable cultural change in local support for children and young people with SEND and those that use alternative provision and therefore, whilst it acknowledges our journey to date, recent improvements, the current circumstances and persisting areas for development, the actions contained within it are consciously forward thinking and spaced over several years going forward.
- 16 We do not intend to change our vision for children and young people with SEND (which is the same for all children and young people in Cheshire East: ***"Together we will make Cheshire East a great place to be young"***) or our partnership commitment to want all our children and young people with SEND to be **HAPI** (**H**appy and healthy, **A**chieving their potential, **P**art of their communities and **I**ndependent as possible, making

choices about their future) as both were previously co-produced and are still equally valid today.

- 17 Our vision for children and young people also outlines that ‘we believe that Cheshire East families and communities are strong and resilient, with the right **help**, by the right **people**, at the right **time**’. Our DSG management plan mitigations all have a shared aim of delivering the right **support** in the right **place** at the right **time**. This also aligns with ongoing national SEND improvement work as outlined in the national ‘SEND and AP Improvement Plan: Right **Support**, Right **Place**, Right **Time**’. Finally, the council’s new Cheshire East Plan 2025 – 2029 also includes a priority area of ‘Children and young people thrive and reach their potential with targeted **support when** and **where** they need it’.
- 18 The first task in developing our SEND and AP One Plan involved building on all of the previous work that has been undertaken around SEND over the last few years and collating all actions from our current or previous SEND action plans (each informed by both internal partnership feedback and external feedback, plus a variety of co-production and joint working), and attempting to group these into related themed areas. This work then continued in collaboration with colleagues across the partnership in order to prepare an initial draft set of actions (as outlined in the ‘Consultation and Engagement’ section above).
- 19 Upon working through our themed action areas, it was clear that they also naturally aligned with the priorities of the **right support** in the **right place** in the **right time**, which also align with priorities in both local and national plans for children and young people with SEND.
- 20 The initial draft of our ‘One Plan’ was further developed and finalised through various meetings and contact routes, including ‘working TOGETHER’ sessions, submitted feedback, board meetings, and meetings with different representatives.

Agree the proposed ongoing reporting mechanisms

- 21 As outlined in the SEND and AP ‘One Plan’ document, the development plan will be a live and responsive plan, so will adapt to incorporate new actions as needed. It will also be regularly updated in order to accurately capture and reflect the current status and impact of each action within it.
- 22 As with the format of the development plan, it is intended that reporting for this plan uses recognised project management tracking techniques and also learns from and mirrors good practice utilised by the Children’s Services Improvement and Impact Board to monitor progress against the wider Children’s Services Improvement Plan.

- 23 Sections 10 and 11 of our SEND and AP 'One Plan' cover how we will measure impact, plus governance and accountability arrangements.
- 24 The latest version of our SEND and AP 'One Plan', with latest action RAG ratings and activity / impact information, will be circulated to members of the SEND and AP Partnership Board and SEND Executive Oversight Panel ahead of each meeting of the respective group, alongside an action RAG summary document and a highlight report pulling out key activity, progress, impact and action change information.
- 25 In addition, we will incorporate key monitoring measures / performance indicators (KPIs) for the 'One Plan' into our updated SEND performance information (which is currently under development), and this will also be circulated to members of the SEND and AP Partnership Board and SEND Executive Oversight Panel ahead of each meeting, along with an updated risk and issue register.
- 26 Children and Families Committee members have received regular updates to date on progress against the DSG management plan. Regular updates of progress against the SEND and AP 'One Plan' will be shared for scrutiny and challenge with the Children and Families Committee, the Cheshire East Health and Wellbeing Board, and the Health and Care Partnership Board.

Other Options Considered

27

| Option | Impact | Risk |
|--|--|---|
| Do nothing – do not proceed with the proposed 'One Plan' | The current Cheshire East SEND Strategy 2021 – 2025 will expire this year, and work to refresh this strategy is therefore a requirement. | Continuing with multiple action plans in different formats would lead to continued confusion and lack of clarity around both the partnership's priorities and the reporting / governance arrangements for improvement activity. Pulling all actions into a single plan owned and understood by all partners, with a single reporting format, resolves these issues. |

Implications and Comments

Monitoring Officer/Legal

- 28 While there are no direct legal implications as a result of the recommendations in this report, it is acknowledged that Delivery Leads for individual development actions will be required to give due consideration to legislation, relevant statutory regulations and guidance during delivery of their assigned actions.
- 29 Part 3 of the Children and Families Act 2014 ('the Act') sets out the legal duties on the local area partnership (the local authority, health partners, settings, schools and colleges) to identify and meet the needs of children and young people aged 0-25 with SEND. The Act, together with associated regulations, are underpinned by statutory guidance – 'Special educational needs and disability code of practice: 0 to 25 years - Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities – January 2025'.
- 30 'Local area partnership' refers to those in education, health and care who are responsible for the strategic planning, commissioning, management, delivery, and evaluation of arrangements for children and young people with SEND who live in a local area.
- 31 Ofsted and the Care Quality Commission (CQC) carry out joint inspections of local areas at the request of the Secretary of State for Education under section 20(1) (a) of the Children Act 2004.
- 32 Inspectors assess the extent to which the local area partners are complying with relevant legal duties relating to arrangements for children and young people with SEND. Relevant legal duties may include duties under the Children and Families Act 2014, the Equality Act 2010 and the Human Rights Act 1998. The relevant guidance is Area SEND inspections; framework and handbook (updated 5 April 2024).
- 33 Under the Local Government Finance Act 1992, the council has a statutory duty to use resources efficiently and effectively against priorities and to achieve a balanced budget. Section 28 (budget monitoring: general) of the Local Government Act 2003 requires the Council to review its calculations from time to time during the year and to take such action, if any, as it considers necessary to deal with any deterioration in its financial position.
- 34 The Dedicated Schools Grant (DSG) is paid to the Council by the Secretary of State under section 14 of the Education Act 2002 (power of Secretary of State to give financial assistance for purposes related to education or children etc.). The purposes of the financial assistance are

set out at s14(2) of the Education Act 2002. The grant is paid as a ring fenced specific grant and it must be used to support the schools budget as defined in The School and Early Years Finance (England) Regulations 2025 which cover the financial year 2025-2026. Local authorities are responsible for determining the split of the grant between central expenditure and the individual schools budget (ISB) in conjunction with local schools forums. Local authorities are responsible for allocating the ISB to individual schools in accordance with the local schools' funding formula.

- 35 High needs funding allocations through the DSG cover: allocations of funding to schools and colleges, including place funding which forms part of schools' and colleges delegated annual allocation, and top-up funding; and funding for high needs services delivered directly by the local authority, or under a separate service level agreement with a school or college.
- 36 Any local authority that has an overall deficit on its DSG account at the end of the 2024 to 2025 financial year, or whose DSG surplus has substantially reduced during the year, must co-operate with DfE in handling that situation. This will involve: providing information about its plans for managing its DSG account; providing information about pressures and potential savings on its high needs; and meeting with officials of DfE as and when requested by DfE.
- 37 The operational guidance states that local authorities must ensure that children and young people and their parents/carers are involved in discussions and decisions about their individual support, as well as involving them in reviewing and improving local provision, in line with their statutory duties and the SEND code of practice.

Section 151 Officer/Finance

- 38 There are no financial implications or changes required to the Council's Medium Term Financial Strategy (MTFS) as a result of the recommendations in this report.
- 39 However the proposed development actions contained within our SEND and AP One Plan are intended to support the delivery of our 7-year DSG management plan and its associated financial implications.
- 40 As at 11 November 2024, the DSG management plan 2024/25 to 2030/31 forecasts an unmitigated cumulative DSG deficit of £1.07 billion by the end of 2030/31, reducing to £236.7 million if the plan is implemented successfully.

Policy

- 41 Local authorities are under a duty to ensure sufficiency of school places in their area (section 14 of the Education Act 1996).
- 42 The SEND Code of Practice (January 2015) provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act 2014 and associated regulations and applies to England. The Code of Practice is statutory guidance for many members of the Cheshire East 0-25 SEND Partnership, including the local authority, the health ICB and trusts, and educational settings.
- 43 In March to July 2022, the DfE ran a consultation on their green paper on the future on SEND services entitled: “SEND Review: Right Support, Right Place, Right Time”. The Cheshire East 0-25 SEND Partnership response was in support of the proposals and in promptly making those legal requirements which would support the council (and partners) in delivery of the necessary changes.
- 44 Following the green paper consultation, in March 2023 DfE published their SEND and alternative provision improvement plan which set out their plans to change the SEND and alternative provision system in England. The partnership is ensuring we keep up to date with the DfE roadmap and change programme as this is progressed nationally, along with monitoring for any impact on this work arising from the July 2024 change in national government and the ongoing national inquiry on ‘Solving the SEND Crisis’.
- 45 The proposed SEND and AP ‘One Plan’ and the development actions within it contribute specifically to delivery of all elements of Commitment 2 of the Cheshire East Plan 2025-29 (as outlined below), and most specifically 2.4:

| |
|---|
| <p>Commitment 2: Improving health and wellbeing</p> <p>2.1 Gap in health equalities is reduced across our diverse borough through a targeted approach</p> <p>2.2 Improved independence, health and wellbeing through early intervention and prevention</p> <p>2.3 Everyone feels safe and secure, difference is celebrated, and abuse and exploitation not tolerated</p> <p>2.4 Children and young people thrive and reach their potential with targeted support when and where they need it</p> <p>2.5 Communities build their capacity, with support to access information, guidance and funding</p> <p>2.6 Lasting solutions are delivered through strong and committed partnerships</p> |
|---|

Equality, Diversity and Inclusion

- 46 The SEND Code of Practice (January 2015) looks to ensure the assessed additional needs of children and young people with SEND are effectively supported to enable them to reach agreed outcomes.
- 47 Our proposed SEND and AP 'One Plan' sets out what we want to achieve as a partnership for children and young people with SEND in Cheshire East; this include details of the key actions we will carry out to achieve our priorities, which are our commitment to ensuring children and young people with SEND have appropriate support to aspire to achieve in line with their peers.

Human Resources

- 48 The vast majority of development actions within our SEND and AP 'One Plan' aim to improve processes, training and guidance to be used by partnership professionals alongside local families. However, full consideration will be given, in line with necessary requirements, to potential human resource implications arising from any individual development action as the actions are planned and delivered.

Risk Management

- 49 Our partnership approach to risk is to operate in a culture of creativity and innovation, in which risks are identified, understood and pro-actively managed, rather than avoided. We recognise that risks are inherent within innovation and are sometimes unavoidable. We are aiming to adopt a structured and coherent approach to identifying, assessing and managing risk to ensure an appropriate level of control in place, without stifling developments. We seek to utilise recognised best practice in the identification and evaluation of risks and opportunities, and to ensure that these are managed to acceptable levels in a proportionate and cost effective way.
- 50 A risk and issue register is already in place for the SEND Partnership and will be maintained throughout the implementation of our SEND and AP 'One Plan' to capture the details of any arising risks and issues, along with all agreed mitigations. All risks are scored using a "4 x 4" scoring methodology, measuring impact and likelihood of the unmitigated and mitigated risk. All risks are identified as either threats (a possible future event or action which could adversely affect our ability to achieve our objectives) or opportunities (an uncertain event or action that could enhance our ability to achieve our objectives) and a decision made on the type of response that is required (avoid, reduce, accept, transfer, exploit etc.). Risk owners and actioners are also identified and recorded.

- 51 The Terms of Reference document for each governance group within the partnership articulates a clear escalation process to ensure risks are proactively considered, managed and escalated where needed, e.g. risks that score highest will be escalated throughout the governance structure and reviewed by the SEND Executive Oversight Panel, while lower-level risks will be considered and managed by the SEND Transformation Action Group.

Rural Communities

- 52 There are no direct implications for rural communities. Children and young people with SEND and their families live and/or access services within all communities in Cheshire East.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 53 The developments captured within our SEND and AP 'One Plan' aim to improve the experiences and outcomes of all Cheshire East children and young people with SEND. This report seeks approval for this plan.
- 54 As outlined in section 4 of our plan, all members of the Cheshire East SEND Partnership have a shared, co-produced commitment in wanting all our children and young people with special educational needs and/or disabilities to be **HAPI**:
- **H**appy and healthy
 - **A**chieving their potential
 - **P**art of their communities
 - **I**ndependent as possible, making choices about their future

Public Health

- 55 It is intended that the developments detailed in our SEND and AP One Plan will contribute positively towards the health and wellbeing of Cheshire East residents (most specifically, children and young people with SEND and their families).
- 56 Health and Wellbeing Boards have a duty to produce a Joint Strategic Needs Assessment (JSNA) for their area. The "*Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies*" published by the Department of Health in March 2013 outlines the required scope of JSNAs: to identify health and social care needs that can be met or affected by the local authority (Cheshire East Council) in collaboration with the NHS.
- 57 An updated and comprehensive JSNA for children and young people with SEND has been developed alongside the production of our 'One Plan'

document. Each themed JSNA reviews the health and social care needs of our population, and our SEND JSNA provides detailed information on local needs, available support and potential barriers to support, summarised in a series of recommendations: all of which have helped to shape the priorities and actions in our SEND and AP 'One Plan'.

Climate Change

- 58 Many Cheshire East pupils with SEND are educated out of the borough at high costs and with long travel journeys. Improvements around sufficiency of educational placements will aim to reduce travel for our pupils and increase the number of pupils that are able to access education within their local community.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|--|--|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | S151 Officer | 19/05/25 | 23/05/25 |
| Janet Witkowski | Acting Monitoring Officer | 19/05/25 | 25/05/25 |
| <i>Legal and Finance</i> | | | |
| Diane Green / Kathy Oliver | Finance Manager (Children's Services) / Principal Accountant (Lead Business Partner) | 01/05/25 | 14/05/25 |
| Roisin Beressi | Principal Lawyer (Adults and Education) | 01/05/25 | 13/05/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |

| | | | |
|-------------------|--|----------|----------|
| Claire Williamson | Director of Education, Strong Start and Integration | 23/05/25 | 28/05/25 |
|-------------------|--|----------|----------|

Access to Information

| | |
|--------------------|---|
| Contact Officer: | <p>Claire Williamson</p> <p>Director of Education, Strong Start and Integration</p> <p>Claire.williamson@cheshireeast.gov.uk</p> |
| Appendices: | Appendix 1. Cheshire East SEND and AP One Plan 2025-2028 DRAFT v0.15 May 2025 |
| Background Papers: | <p>Report to Children and Families Committee re: Update on the progress of the key areas of the Dedicated Schools Grant Management Plan 2024/25 to 2030/31 - Financial Reporting 3 2024/2025 (13 January 2025)</p> <p>Report to Children and Families Committee re: SEND Partnership Strategy and Governance (16 September 2024)</p> <p>National SEND and alternative provision improvement plan (March 2023)</p> <p>National 'Solving the SEND Crisis' Inquiry (Ongoing)</p> |



Cheshire East SEND and AP ‘One Plan’

Special Educational Needs and
Disability and Alternative Provision
Strategy and Development Plan
2025 – 2028

May 2025

Cheshire East
SEND and AP Partnership



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We would like to thank everyone who is and has been involved in the development and delivery of our SEND and AP ‘One Plan’, including:

- All the children, young people, parents and carers who gave their time and energy, and honestly told us how it is
- Our education professionals, including SEND and specialist support teams, and staff within educational settings
- Early help and social care professionals in Children’s and Adults’ Services
- Health professionals within the Integrated Care Board and provider services
- All members of the Cheshire East 0-25 SEND Partnership at all levels

1. Glossary

| Term | Meaning |
|---|---|
| ADHD | Attention Deficit Hyperactivity Disorder is a condition that affects people's behaviour. People with ADHD can seem restless, may have trouble concentrating and may act on impulse. |
| AP | Alternative Provision, which is education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education, or education arranged by schools for pupils on a fixed period exclusion. |
| Autism (ASC or ASD) | Autism (sometimes referred to as Autistic Spectrum Condition (ASC) or Autistic Spectrum Disorder (ASD)) is a diverse group of conditions related to brain development that impact how a person perceives and socializes with others, which can cause problems in social interaction and communication. |
| Coproduction | This is an approach whereby professionals, children and young people and their families work together as equal partners to plan services that affect them. In Cheshire East, we have a shared definition of coproduction called ' TOGETHER ', which supports open and clear communication and accountability to all involved in providing support to children and young people with SEND. |
| CWP | Cheshire and Wirral Partnership NHS Foundation Trust who provide health and care services for local people, including mental health, learning disability, community physical health and all-age disability care. |
| Dedicated Schools Grant management plan | A document which is a requirement from the Department for Education (DfE) where a local authority has a deficit position on their high needs dedicated schools grant (DSG); this provides a financial and EHCP 7 year forecast. |

| Term | Meaning |
|---|---|
| Delivering Better Value programme (DBV) | The Delivering Better Value in SEND (DBV in SEND) programme is aiming to support local authorities with substantial deficit issues in the high needs block of their DSG, and their local area partners, to improve the delivery of SEND services for children and young people whilst working towards financial sustainability. |
| DfE | Department for Education. |
| EHC | Education, Health and Care. |
| EHCP | An Education, Health and Care Plan is a legal document that sets out a child or young person's special educational, health and social care needs. It describes the extra help that will be given to meet those needs and how that help will support them to achieve what they want to in their life. |
| EHE | Elective Home Education, where a parent or carer educates their child at home. |
| ELSA | ELSA (Emotional Literacy Support Assistant) is an intervention that was designed to build the capacity of schools to support the emotional needs of their pupils from within their own resources. |
| EOTAS | Where a child or young person is 'Educated Otherwise Than At School' as the local authority have deemed it inappropriate for their special educational provision to be delivered in any school or post-16 educational setting. |
| First Concerns | Children and young people who have been identified as having emerging difficulties. |
| High Needs Funding Block | The funding allocated and received from central government by local authorities for pupils with SEND and high needs. |
| ICB | NHS Cheshire and Merseyside – the integrated care board (ICB) for the region – is responsible for planning NHS services for our population, which includes the care you receive at your GP practice, local pharmacy, NHS dentist, NHS opticians, or at hospital. |

| Term | Meaning |
|------------------------|--|
| iTHRIVE | The iTHRIVE framework aims to help us to think differently about the mental health and wellbeing needs of children and families and how the system responds to that need. The goal of this redesign programme is to facilitate the shift from a tiered, single-service delivery model to a comprehensive and resource efficient system approach, focused on the needs of children, young people, and their families. |
| JSNA | Joint Strategic Needs Assessment. This is an assessment of how well the health and wellbeing needs of children and young people living in Cheshire East are being met. |
| NEET | When a young person is not in education, employment or training. |
| LGA | Local Government Association. |
| Liquidlogic | This refers to the electronic case management system used by the local authority for education and social care work. |
| Local Offer for SEND | The Local Offer for SEND lets parents, young people and professionals know what special educational needs and disabilities services are available in the borough, and who can access them. |
| Ofsted | Office for Standards in Education, Children's Services and Skills is responsible for inspecting the effectiveness of local area services for children with SEND. |
| Parent Carer Forum | The Cheshire East Parent Carer Forum is a voluntary group who work in partnership with professionals within the Cheshire East local authority area to ensure the voice of parents and carers with children that have additional needs is heard throughout the decision-making process of service initiatives. |
| Quality Assurance | The maintenance of a desired level of quality in service delivery by routinely evaluating stages in the process. |
| Quality First Teaching | A style of teaching that emphasises high quality, inclusive teaching for all pupils in a class. |

| Term | Meaning |
|-------------------------------|--|
| Resource provision | A mainstream school receives additional funding to provide extra specialist support or facilities for children with SEND. |
| SALT | Speech and Language Therapy helps people who have speech and communication difficulties. They also help people with eating, drinking and swallowing problems. |
| SEN | Special Educational Needs (SEN) covers a wide range of needs. These include behavioural, emotional and social difficulties, speech, language and communication, hearing impairment, visual impairment, multi-sensory impairment, physical disability and autism. |
| SEN Support | The process by which schools and settings assess the needs of children, and then provide appropriate support. |
| SENCO | Special Educational Needs Co-ordinator. The SENCO is responsible for the operation of a school's SEN policy and coordination of specific provision made to support individual pupils with SEN, including those who have SEN Support or an EHC plan. |
| SEND | A child or young person who has a learning difficulty and/or a disability that means they need special health and education support, which is shortened to SEND. |
| SEND Partnership | A multi-agency partnership arrangement which leads and drives developments around support, processes and provision for children and young people with Special Educational Needs and Disability (SEND) aged 0-25 years in Cheshire East. |
| SEND and AP Partnership Board | A group made up of senior representatives that drive and monitor the work of the Partnership in line with this plan |
| Toolkit for Inclusion | Explains responsibilities and outlines the provision and support that the Local Authority expects to be in place in all educational settings which support Cheshire East children and young people with special educational needs and/or disabilities. |

2. Introduction

This Cheshire East Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Strategy and Development Plan outlines in a single document all of the work to be carried out by the Cheshire East SEND Partnership to develop and improve local support for children and young people that have SEND and / or attend alternative provision.

It is referred to as our Cheshire East SEND and AP 'One Plan' as we feel this is a clear, simple name that can be easily understood by all partners and clearly reflects both the concept of holding all actions in a single document, and all partners working as one with a shared vision to deliver our improvements.

We have ambitious plans to improve services and outcomes for children and young people with SEND across our area and we know that we have much to do to ensure that the experiences and outcomes for all children and young people with SEND across our area are consistently positive.

3. Our Vision

“Together we will make Cheshire East a great place to be young”.

We believe that...

- Children and young people are best supported within their families and their communities
- All children and young people should enjoy the best education which prepares them to thrive in adulthood
- Cheshire East families and communities are strong and resilient, with the right help, by the right people, at the right time

Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people - that they achieve well in all aspects of their lives and are happy, fulfilled and play an active role in their communities. For children and young people and their parents and carers, this means that their experiences will be of a system which is supportive of everyone and we ensure our resources and energy are applied efficiently. Their special educational needs and disabilities will be picked up at the earliest point with support routinely put

in place quickly, and their parents and carers will know what services they can reasonably expect to be provided. Children and young people and their parents and carers will be fully involved in decisions about their support and what they want to achieve.

4. Our Commitment

As a SEND Partnership, all relevant organisations in Cheshire East are committed to providing the best quality education and support for all children and young people to ensure they achieve the best possible outcomes.

We want all our children and young people with special educational needs and/or disabilities to be **HAPI**:

Happy and healthy
Achieving their potential
Part of their communities
Independent as possible, making choices about their future.

5. Our Priorities

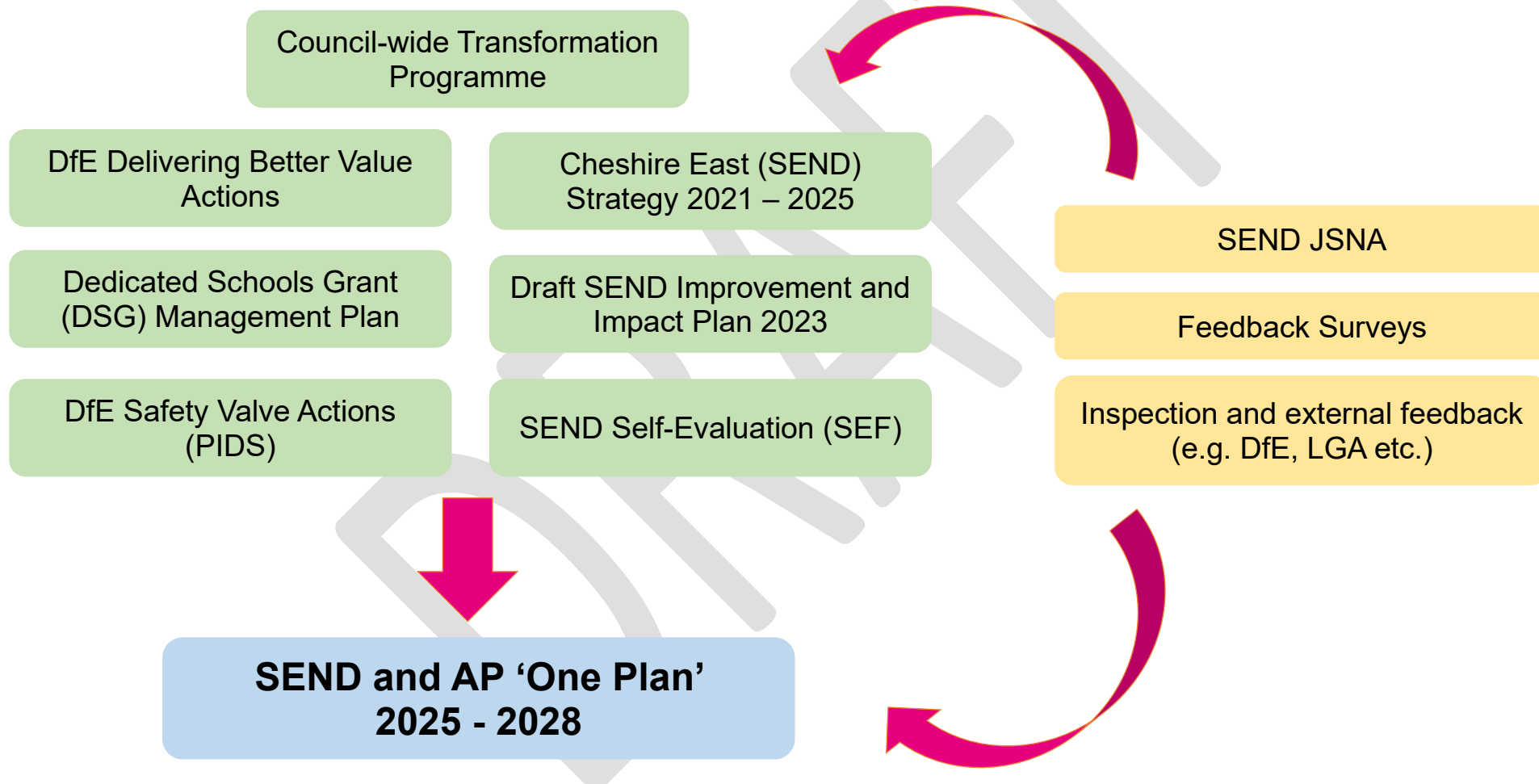
In order to achieve our shared partnership vision and commitment, we want all our children and young people with special educational needs and/or disabilities to have:

The **Right Support** in
The **Right Place** at
The **Right Time**

We have identified specific areas for improvement and dedicated actions to further develop local processes, support and services in these three priority areas, which are outlined in the [‘Development Plan’](#) section of this document.

6. Context

In preparing our SEND and AP 'One Plan', we were not starting from a blank page; instead, we were required to collate and build on a wide variety of feedback and previous local, regional and national coproduced work to identify and improve areas for development across the SEND Partnership, as outlined in the below diagram:



Our previous *Cheshire East Special Educational Needs and Disability (SEND) Strategy 2021 – 2025* was originally prepared as *The SEND strategy 2021 – 2024* and approved in November 2021. This was then later refreshed in April 2023 to reflect significant changes within the national and local landscape for SEND.

Since the April 2023 refresh of our previous strategy, there have been further major national and local changes relating to SEND and wider children's and adults' services, including:

Work to address increasing financial pressure on the Dedicated Schools Grant (DSG)

Like many local authorities, Cheshire East Council has a Dedicated Schools Grant (DSG) deficit position. As at 31 March 2024, this is £79.5 million (which is £10.1 million better than previously forecast).

As a requirement of the DSG grant conditions, local authorities must have a DSG management plan in place. As at 11 November 2024, our 7-year DSG management plan gives a forecast unmitigated total deficit position for 2030-31 of £1.07 billion, reducing to £236.7 million by the end of 2030/31 (where we should also be spending within the forecast available grant in-year) if the plan is implemented successfully, with mitigations focusing on providing the **right support in the right place at the right time**.

The council took part in the Department for Education's (DfE) Delivering Better Value programme (DBV) during 2022/23. However, despite our engagement, the opportunities identified within the DBV programme, combined with the mitigations in the DSG management plan at that time, were not sufficient to address the recurring in-year overspends and deficit position. Later in 2023, Cheshire East Council were invited to take part in the DfE's Safety Valve intervention programme. Council colleagues worked with a DfE advisor to build on the work and priority areas identified through the DBV programme; additional improvement actions were identified and the DSG management plan was fundamentally rewritten. Council colleagues submitted the revised DSG management plan to DfE in January 2024 along with 9 Project Initiation Documents (PIDs; which outlined improvement objectives and actions) and a capital bid. Whilst Ministers

decided they were unable to enter into a Safety Valve agreement with Cheshire East at that time, a DfE advisor continued to work with us on our improvement journey. We have ensured that all ongoing improvement actions identified through this work are captured in this plan.

Completing our self-evaluation and identifying areas for development

As part of our ongoing standard evaluation activity, alongside inspection preparation activities, colleagues across the SEND Partnership regularly update our SEND self-evaluation to ensure that it reflects recent improvements and feedback. SEND improvement actions from a previous iteration of our self-evaluation were captured through a drafted improvement plan presented to the previous SEND Executive Leadership Board, and we have worked to ensure that this 'One Plan' addresses the areas for development identified in our most recent self-evaluation, along with any actions that were still needed from the previously drafted SEND Improvement Plan. A refresh of our local SEND Joint Strategic Needs Assessment (JSNA) has also been undertaken, and we have had further feedback from partnership SEND surveys, which have also informed the priorities and actions with this document.

Inspections

An Ofsted inspection in February - March 2024 gave Cheshire East's children's services an overall grading of inadequate. A comprehensive Children's Services Improvement Plan has been agreed which clearly sets out the actions that will be taken to address the inspection findings and improve our offer for children and young people. To aid consistency and joint working, we have worked to align the content and format of our SEND and AP 'One Plan', and particularly our Development Plan section and monitoring activity, with this document.

Cheshire East has previously had SEND inspections from Ofsted and the Care Quality Commission (CQC) in 2018 and 2021, which highlighted a number of areas for development. We expect an area SEND inspection under the latest [area SEND inspection framework](#) during the delivery of this plan, and we will ensure that any learning is used to further inform our development actions.

National improvement work

Activity has been taking place nationally to develop and pilot the recommendations set out in the DfE's SEND and Alternative Provision Improvement Plan published in March 2023. It is not yet known if or how the July 2024 change in national government will affect the implementation of this plan.

Wider Council improvement work and regional health work

We needed to ensure that our plans align with ongoing work being undertaken within the council's transformation programme and health improvements across Cheshire and Merseyside.

7. Need in Cheshire East

An updated and comprehensive [Joint Strategic Needs Assessment \(JSNA\)](#) for children and young people with special educational needs and/or disabilities has been developed alongside the production of this 'One Plan' document. Each themed JSNA reviews the health and social care needs of our population, and our SEND JSNA provides detailed information on local needs, available support and potential barriers to support, which have helped to shape our priorities and actions in this document.

4,854 children and young people (aged 0-25) living in Cheshire East have an **education, health and care (EHC) plan** (as at December 2024). In addition, we have **5,906 pupils on SEN support** in our maintained schools and academies (January 2024 census).

The main needs of our children with EHCPs are around **social, emotional, and mental health needs (SEMH)**, which is **higher in Cheshire East** than all comparators, and **speech, language and communication needs (SLCN)**, which is in line with our comparator areas. We have a very similar rate of children with autism (ASD) to our statistical neighbours but this is significantly lower than national or regional. Our rates of children with visual/hearing/multiple impairments and physical disabilities are very close to all comparators. The table that follows is from the January 2024 school census for children with EHCPs:

| | |
|---|-----|
| Social emotional mental health needs (SEMH) | 28% |
| Speech, language and communication needs (SLCN) | 28% |
| Autism spectrum disorder (ASD) | 17% |
| Moderate learning difficulties (MLD) | 10% |
| Severe learning difficulties (SLD) | 6% |
| All others | 12% |

Increased number of EHCPs

Managing need and therefore demand for our SEND services is **one of the biggest challenges** for the 0-25 SEND Partnership.

In recent years (up to 2022), local EHCP growth had consistently been in the region of **18% per annum** against a national picture of approx. 9% per annum, highlighting Cheshire East as an outlier. During 2023, our growth in EHCPs was **approx. 13.5% per annum** against a national picture of approx. 11.4% per annum, and Cheshire East EHCP numbers have **grown by 70% over the last four years** (2,827 in Sept 2020 to 4,816 in Sept 2024). This is **projected to increase to 10,455 by 2030-2031 if our DSG Management Plans are not successful**.



8. Working TOGETHER

The Cheshire East 0-25 SEND Partnership is a multi-agency partnership arrangement which leads and drives developments around support, processes and provision for children and young people with SEND aged 0-25 years in Cheshire East. It also covers support for children and young people that attend alternative provision (AP) and includes representatives from both children's and adults' services within the following organisations and groups:

- Cheshire East Council
- Cheshire East Parent Carer Forum
- NHS Cheshire and Merseyside Integrated Care Board
- Providers of health services
- Educational settings (early years providers, schools and further education providers)

Throughout this document, the word 'we' has been used many times on purpose because, without us all working TOGETHER, we won't achieve the positive experiences and excellent outcomes that we want for our children and young people with SEND - 'we' represents everyone in the Cheshire East 0-25 SEND Partnership, including children and young people, parents and carers, and professionals across all services and settings.

We strive for all work to develop and deliver our SEND and AP 'One Plan' to be premised on our TOGETHER principles of coproduction.

'TOGETHER' in Cheshire East is outlined in the poster to the right, and was created by our children and young people, in conjunction with a range of professionals and parent carers, as our shared and more easily understood definition of coproduction.

In Cheshire East, we aim to work TOGETHER and adopt an 'experts by experience' approach that ensures that those receiving or delivering services help to shape them. Everyone in the Cheshire East SEND Partnership is committed to working in partnership to develop and shape our services. Children, young people, parents, carers, early years' providers, schools and colleges, health and social care professionals are the people that are best placed to know what is needed and what works

well. This plan has been coproduced with these key stakeholders, and they will continue to be involved in helping us deliver our priorities and in evaluating what difference we are making. This includes continuing to gather their views through our annual SEND partnership surveys and other ongoing feedback mechanisms.



The poster is titled 'TOGETHER in Cheshire East' in a large, multi-colored font. Below the title is a pink banner with white text: 'TOGETHER is our shared definition of coproduction in Cheshire East because it is inclusive to all.' The main body of the poster lists eight principles, each starting with a colored letter: Teamwork (T), Open-minded (O), Genuine (G), Equal (E), Trust (T), Honest (H), Engage (E), and Respect (R). At the bottom is another pink banner with white text: 'Working TOGETHER as equal partners towards a common goal for all of our children, young people, adults living in Cheshire East.' Below this is a section titled 'Our TOGETHER Values and Commitment' which contains two columns: 'We will...' and 'We won't...'. The 'We will...' column lists eight positive actions, and the 'We won't...' column lists four negative actions to avoid.

TOGETHER in Cheshire East

TOGETHER is our shared definition of coproduction in Cheshire East because it is inclusive to all.

Teamwork when designing, delivering and evaluating individual support and services

Open-minded ideas and discussions

Genuine communication for all parties involved

Equal partners help to shape and improve support for all

Trust each other to make the right decisions

Honest

Engage and empower children, young people, adults and families

Respect for everyone's views and opinions

Working TOGETHER as equal partners towards a common goal for all of our children, young people, adults living in Cheshire East.

Our TOGETHER Values and Commitment

| We will... | We won't... |
|----------------------------------|---|
| • Listen to your views | • Use jargon or acronyms |
| • Communicate honestly | • Give too much information |
| • Trust each other | • Rush meetings |
| • Be person centred | • Take too long to complete our actions |
| • Adapt to people's needs | • Be judgemental |
| • Respect and value all opinions | |
| • Do what we say we will | |

The voice of children and young people will be paramount, and will be gathered in a number of formats, and at various points in time. We will engage children and young people with SEND throughout our development journey in developing and delivering improvements, and their views will influence delivery at a child, service and strategic level. A Shadow SEND Partnership Board has been established to have ongoing dialogue with children and young people with SEND about the services and support that they receive and to create meaningful positive change based on their lived experiences and voices, and their views are shared at each meeting of the SEND and AP Partnership Board. Likewise, we will also ensure that we capture the views of parents and carers and utilise opportunities to build positive relationships. Our established Parent Carer Forum have a regular slot to share feedback from their members at each SEND and AP Partnership Board meeting, and representatives from the forum are key members of our partnership governance groups. We will also continue to engage with frontline practitioners and managers across the partnership to ensure we are all delivering improvements TOGETHER, and we will ensure their feedback informs our evaluation of impact.



Things that make me feel **INCLUDED**:

- Being listened too.
- Being invited out.
- Someone choosing to sit with me.
- School. Teachers.
- My friends. My mum.
- Being asked questions about the things I enjoy.

How I feel when I'm **INCLUDED**:

- I- inspired.
- N- Needed.
- C- considered
- L- Lucky
- U- understood.
- D- delighted
- E- Excited.
- D- Dependable.



9. What our children and young people, parents and carers, and partnership staff tell us

Detailed surveys were carried out by the SEND partnership in 2023 and 2025 with our children and young people with SEND and their parents/carers, as well as with staff within our educational settings and wider partnership, with a 38% increase in total respondents in 2025 (from 2023). The below outlines some of the findings from these surveys:

The Education, Health and Care Plan (EHCP)

- In 2025, 70% of children and young people felt their EHCP completely expressed what they think and need at school (69% in 2023), with a further 25% feeling they partially did (23% in 2023).
- 87% of children and young people in the 2025 survey felt their EHCP would make things much or a little easier at school (92% in 2023)
- In 2025, 69% of parents/carers (72% in 2023) and 70% of educational setting respondents (78% in 2023) felt the EHCPs reflected the needs of the children and young people either completely or mostly.

The EHC Needs Assessment Process and Annual Reviews

- In 2025, 70% of children and young people had received support either fully or partially before they had their EHCP (65% in 2023). 69% of parent carers stated their children and young people had an SEN Support Plan before an EHCP (64% in 2023), whilst 58% of educational setting respondents stated all the pupils in their setting had an SEN support plan prior to an EHCP (61% in 2023).
- 64% of children and young people said someone had talked to them about their plan when it was being written (76% in 2023). 95% of parent carers were asked to contribute to the draft EHCP (88% in 2023), while 66% of educational setting respondents were asked to (64% in 2023).
- In 2025, the proportion of respondents that said annual reviews of EHCPs were taking place included: 51% of children and young people (69% in 2023), 72% of parent carers (74% in 2023) and 94% of educational setting respondents (90% in 2023).

SEN Support Plans

- In 2025, new questions were added to the parent carer survey on SEN Support Plans, based on feedback from our Parent Carer Forum. 43% of parents/carers whose child/young person had an SEN Support Plan felt the plan 'completely' or 'mostly' reflected the needs of their child/young person, while 45% felt the SEN Support Plans 'partially' reflected their needs and 12% felt the plans did not reflect their needs at all.
- 40% of parents/carers whose child/young person had a SEN Support Plan agreed the provision outlined in the plan will improve outcomes/progress for their child/young person, whilst 29% disagreed.

TOGETHER and the Local Offer for SEND

More work is needed to re-promote our TOGETHER coproduction principles and Local Offer for SEND as awareness varies between groups:

- In the 2025 survey, 8% of children and young people, 9% of parents/carers, 19% of educational setting respondents, and 60% of SEND Partnership staff respondents were aware of the TOGETHER Principles.
- In 2025, 18% of children and young people, 49% of parents/carers, 81% of educational setting respondents, and 88% of SEND Partnership staff respondents were aware of our Local Offer for SEND website.
- 75% of children and young people, 59% of parents/carers, 90% of educational setting respondents, and 81% of SEND Partnership staff respondents that had used our Local Offer for SEND website to find information were able to find the information they were looking for.

Parents and carers' final comments

- In the 2025 survey, parents and carers were asked 'what one thing is working well for your child/young person and your family?'. The most frequent response focused on 'support from the setting / teacher / SENCO'.
- Parents and carers were also asked 'what one improvement would make the most difference to your child/young person and your family?'. The most frequent response focused on 'waiting times for assessments / appointments / EHC Plans'

10. Monitoring Impact

How will we know we have succeeded?

The Development Plan sets out the actions we will take to improve services. What is most important is that what we do makes a difference, especially to the experiences and outcomes of our children and young people with SEND, so we will regularly report on impact against the areas for improvement. Progress against actions and impact against our areas for improvement will be rated using the following:

| Colour | Action Definition |
|---------|--|
| Grey | Action not started yet, no risk to implementation anticipated |
| Red | Action not on track |
| Amber | Action not yet completed, but on track to be completed within timescales |
| Amber E | Action completed but we need to embed and evidence impact |
| Green | Action completed and embedded with evidence of impact |

Our Development Plan will be a live and responsive plan, so will adapt to incorporate new actions as needed. The format of the Development Plan intentionally mirrors that used for the wider Children's Services Improvement Plan, due to the crossover in individuals and organisations that are involved in delivery and oversight of both plans.

The sources we will use to assess our impact for each area of the plan are outlined in each section. These include:

- Performance indicators and outcomes data
- Single and multi-agency quality assurance and audit activity
- Seeking and listening to feedback on children and young people's experiences, and those of their families
- Listening to practitioners and managers across the partnership
- Recruitment and retention information

Information from these sources will be regularly shared with SEND Partnership governance groups, including the 0-25 SEND and AP Partnership Board and SEND Executive Oversight Panel.

We will also have a detailed independent, external evaluation of the effectiveness of the local area partnership's arrangements for children and young people with SEND through an area SEND inspection conducted by Ofsted and the Care Quality Commission, which may be carried out at any time during the delivery of this document.

11. Governance and Accountability

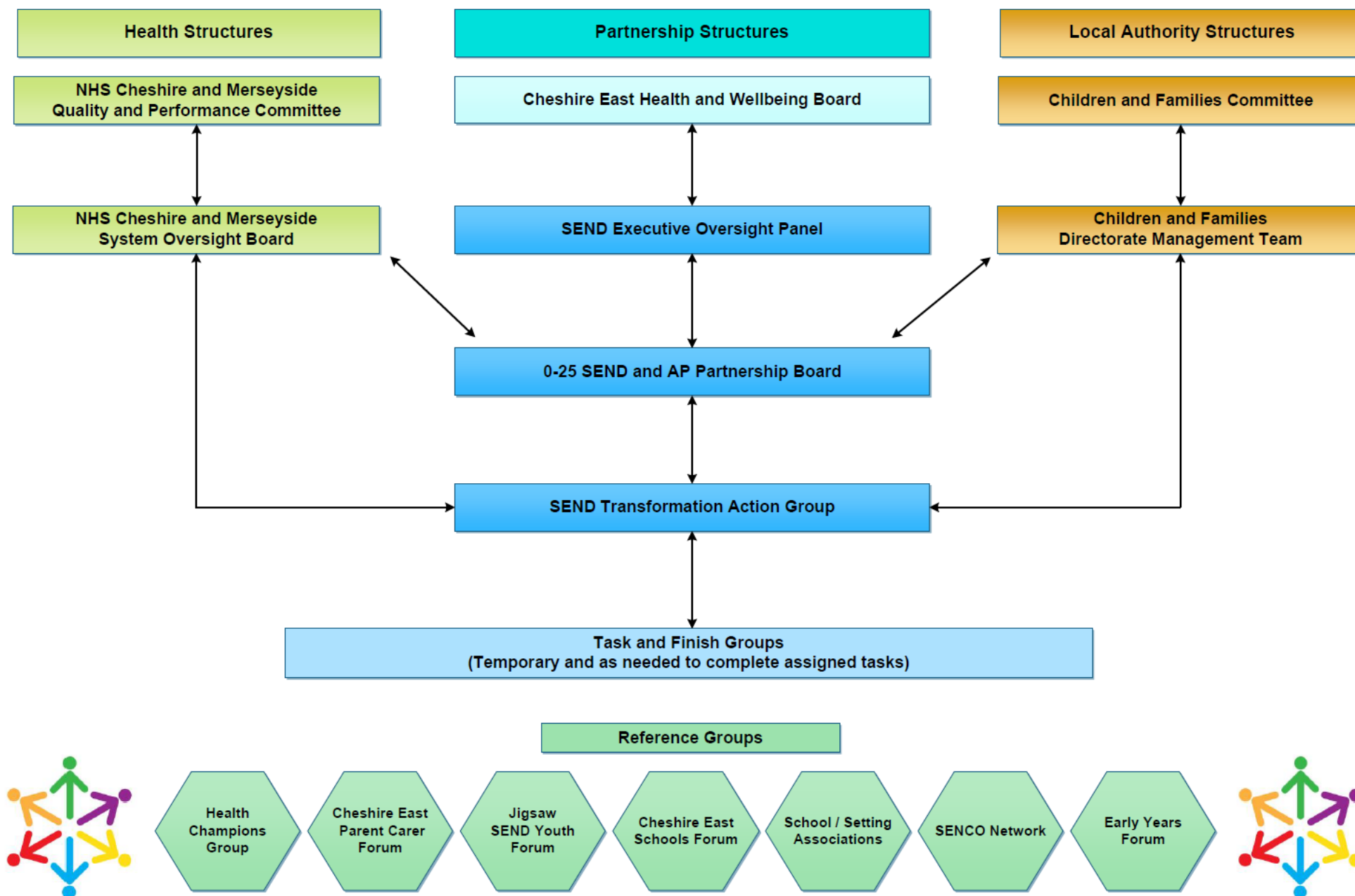
Our required development work is a fundamental change programme that will affect the whole system and will require all partners to work as one.

This ambitious plan cannot be realised without full commitment from all partners at every level: from strategic directors to frontline practitioners within children's and adults' education, health and social care services and settings, and joint working with our children and young people with SEND and their parents and carers. We know that we must do this for financial sustainability, but most importantly because our children and young people deserve to have the right education and support, in the right provision, at the right time, in order to support them to prepare for adulthood and to achieve successful outcomes.

Delivery and oversight of this plan will be driven by the Cheshire East 0-25 SEND Partnership. We have strengthened the partnership's governance to ensure that improvements are completed effectively and at pace, and that there is continual evaluation of the impact of improvements on children and young people's experiences and outcomes, and financial sustainability.

A governance structure for the Cheshire East 0-25 SEND Partnership is shown on the following page.

Cheshire East 0-25 SEND Partnership Governance



Our 0-25 SEND Partnership governance arrangements will be crucial to ensuring effective delivery and oversight of improvements at pace. Key features of the governance arrangements that enable this are:

- The **SEND Executive Oversight Panel** chaired by the council's Chief Executive. This includes executive directors across education, health and care, along with elected members, and provides executive level leadership and oversight of the progress, outcomes and financial impact of the work carried out by the 0-25 SEND Partnership.
- Membership of the **0-25 SEND and AP Partnership Board** has recently been refreshed and streamlined to ensure key multi-agency partners are represented at a senior level and to reduce duplication of membership at different levels. Members of this board provide senior level guidance, scrutiny, financial monitoring and direction to monitor progress of the SEND and AP Strategy and Development Plan.
- A **SEND Transformation Action Group** (TAG) appoints and assigns actions from our Development Plan to dedicated delivery leads (who then develop Task and Finish Groups for action delivery) and holds delivery leads and their task and finish group accountable for completion of actions in line with agreed timescales.

- Temporary **Task and Finish groups** are each developed by an appointed **delivery lead** and will remain active only as long as is required to complete their assigned development actions. The delivery lead will bring together cross-functional colleagues from across stakeholder groups as required to complete assigned actions. This may include colleagues of various positions from within the local authority, the integrated care board, health providers, educational settings and parent carer forum representatives, and will depend on the specific perspectives, skills and/or experience required to complete the assigned actions. As meetings may involve workshop-style sessions dedicated to specific tasks or actions, membership may not be static and may vary between sessions. Once their assigned actions have been completed, the group will close, and the delivery lead will be assigned new actions by SEND TAG to complete with a new task and finish group.

Regular updates of progress against this plan will be shared for scrutiny and challenge with the Children and Families Committee, the Cheshire East Health and Wellbeing Board, and the Health and Care Partnership Board.



12. Development Plan – summary of priorities and areas for improvement

| Right Support | | | |
|--|--|---|--|
| SEND Partnership and Senior Leaders' Oversight | Inclusion, SEN Support and our Graduated Approach | Education, Health and Care (EHC) Needs Assessments and Plans | Quality Assurance and Audits |
| What needs to improve: <p>Shared partner ownership and oversight of performance (up to senior leader level) to ensure there is a cohesive approach to continuous improvement</p> | What needs to improve: <p>The effectiveness and consistency of our local graduated approach and inclusive practice ethos, which includes young people being effectively and appropriately supported to achieve positive outcomes at an SEN support level</p> | What needs to improve: <p>The quality and timeliness of Education, Health and Care (EHC) needs assessments and Plans and the strength, consistency and impact of associated decision-making and review processes</p> | What needs to improve: <p>The consistency and efficacy of quality assurance activity and audits, and the actions taken in response to learning from these activities, to ensure EHCPs support improving the experiences and outcomes of our children and young people</p> |
| Areas for improvement: <p>Strengthen SEND and Alternative Provision governance, accountability, reporting and oversight arrangements to ensure scrutiny, challenge and full improvement and performance oversight is provided from partnership leaders at the most senior levels</p> <p>Facilitate delivery of transformational changes to improve the local SEND system for children and young people through an increase in dedicated capacity with appropriate skills and knowledge alongside strengthened joint accountability and delivery arrangements</p> <p>Strengthen stakeholder feedback loops to ensure senior leaders are regularly sighted on the views of young people, parents / carers, educational settings and partnership professionals and this feedback directly informs improvements to local support</p> | Areas for improvement: <p>Increase the number of children and young people supported earlier at an SEN support level and improve their outcomes (including in relation to their education, health and wellbeing) through the use of effective SEN support plans</p> <p>Improve the quality and efficacy of SEN support plans to ensure children and young people are effectively supported to achieve improved outcomes through supporting as early as possible and preventing escalation of need</p> <p>Ensure children and young people receive the right level of support in line with their needs by embedding both inclusive practice in mainstream settings and an effective graduated approach to supporting children and young people with SEND, including further promoting the use and application of the Cheshire East Toolkit for Inclusion and implementing an Inclusion Strategy</p> | Areas for improvement: <p>Improve the process and timeliness of EHC needs assessments and EHCP annual reviews to ensure that children and young people's plans are up to date and meeting their needs</p> <p>Ensure clear, streamlined, robust, consistent and equitable decision-making systems and processes are in place for decisions relating to EHC needs assessments and plans, including specific arrangements for complex cases, to provide accountability across the workforce and a consistent approach that facilitates all children and young people to have access to appropriate provision and levels of support</p> <p>Increase and sustain the timeliness of the 20 week EHC needs assessment process to support timely use of plans and support</p> <p>Strengthen the quality of processes for gathering high quality advice from appropriate professionals and for incorporating this advice into individual EHCPs, along with processes related to outcomes being achieved</p> <p>Improve confidence in the EHC needs assessment process through access to clear guidance and information</p> <p>Improve the process and timeliness of EHCP annual reviews to ensure that children and young people's EHCPs are up to date and continue to include appropriate outcomes and provision to effectively meet their needs and support in achieving their aspirations</p> <p>Revise the EHCP annual review process to ensure it provides a robust system that includes evaluating children and young people's progress whilst also celebrating and evidencing their successes and achievements against their outcomes</p> <p>Deliver and embed training to upskill partnership professionals in delivering effective annual reviews of EHCPs, which result in good quality EHCPs that support children and young people to achieve their outcomes and aspirations</p> <p>Review and refine the guidance for EHCP annual reviews to improve knowledge and confidence in the delivery of effective reviews</p> | Areas for improvement: <p>Improve the consistency and effectiveness of quality assurance activity and audits to ensure that these identify and evidence the extent to which EHCPs support improving the outcomes and experiences of children, young people and their families and that learning is widely shared amongst practitioners to continually improve the quality of EHCPs</p> <p>Further improve the quality of our EHCPs to ensure that they truly reflect the individual needs of the child or young person, their aspirations, the outcomes being sought and the provision required to meet them through strengthened quality assurance arrangements</p> |

Right Support

| Commissioning of Pathways and Provision | Data and Information | Funding and Finance | Training |
|--|--|---|---|
| What needs to improve: Clear, consistent processes to commission and deliver support equitably across Cheshire East with robust arrangements in place for monitoring and assuring quality of support | What needs to improve: Efficiency and accuracy by which information on children and young people is captured, maintained and utilised to inform service delivery | What needs to improve: Effectiveness of funding and financial frameworks to ensure children and young people's individual needs are met through the most appropriate provision to support them to achieve positive outcomes within a sustainable system | What needs to improve: Clear, consistent, easily accessed training offer across the partnership which is impactful in upskilling professionals and families to effectively support our children and young people with SEND |
| Areas for improvement: Improve the timeliness of health assessments / waiting lists and the quality and consistency of the health service offer across Cheshire East, particularly for autism and/or attention deficit hyperactivity disorder (ADHD) pathways and mental health support Strengthen commissioning oversight arrangements through developing dedicated SEND commissioning resource, reviewing existing contracts and arrangements, refreshing joint commissioning arrangements, revising arrangements to quality assure specialist settings, and better utilisation of clear contract management processes and procedures | Areas for improvement: Improve consistency of data across different providers and remove any data gaps or issues as far as possible to ensure operational and strategic work is informed by accurate data Increase and/or establish clear mechanisms for information sharing across organisations and within partnership governance to evidence priority areas or reasons for recommendations Improve case management systems through agreed changes or implementation of new systems, as appropriate, to ensure they optimally support operational and strategic work | Areas for improvement: Ensure that resources are managed as effectively and efficiently as possible to achieve the best possible outcomes for our children and young people through improved financial oversight, collaboration and commitments across partners and robust decision making processes at appropriate levels Introduce a banding system for the allocation of funding associated with EHCPs across all age ranges and setting types (both mainstream and special) to modernise our system and ensure it is equitable for all children and young people, accurately represents children and young people's needs and is aligned to national plans Provide fair and appropriate funding and support to all children and young people with EHCPs that enables them to be effectively supported to make progress towards their individual outcomes and provides flexibility to schools and settings to facilitate delivery of effective, creative, more inclusive provision of high quality Provide clear information on the role of personal budgets associated with EHCPs, including all associated responsibilities and oversight processes, to ensure they are used appropriately and most effectively | Areas for improvement: Ensure there is a clear and easy to access partnership training offer to upskill stakeholders in effectively identifying and supporting children and young people's needs (including in relation to their education, health and wellbeing) which has documented methods for measuring impact and is informed by feedback and information arising from performance and quality assurance activity |

| Right Place | | Right Time | | | |
|--|--|---|---|--|--|
| Educational Provision and Sufficiency | Alternative Provision (AP) and EOTAS | Transition Between Educational Phases | Attendance | Communication and Learning from Feedback, Complaints and Appeals | Preparing for Adulthood |
| What needs to improve: <p>The sufficiency of suitable educational provision and placements that can meet children and young people's assessed needs</p> | What needs to improve: <p>Clarity and effectiveness of decision making and use of alternative provision and educated other than at school (EOTAS) arrangements</p> | What needs to improve: <p>Clear and consistent processes and information to facilitate a smooth experience for children and young people with SEND, and their families, when moving between educational phases</p> | What needs to improve: <p>Effectiveness of attendance support and monitoring processes and resources to ensure children with SEND are able to access and attend education</p> | What needs to improve: <p>Clear, accurate, transparent and timely shared information and responses to learning to improve the experiences and satisfaction of our children and young people, their families and partnership professionals</p> | What needs to improve: <p>The quality, consistency and timeliness of support, advice, information and guidance given to support children and young people with SEND in achieving good outcomes in adulthood</p> |
| Areas for improvement: <p>Increase the sufficiency of specialist educational provision in the borough through new schools and increased capacity so that more children can be educated closer to their home and local communities</p> <p>Clarify expectations around the use of specialist provision to ensure it is used appropriately and effectively targeted where it is most required</p> <p>Increase our understanding of our post-16 cohort needs and available provision and pathways, and further develop our post-16 mainstream offer to ensure young people with EHCPs have choice and are able to continue learning in their local community</p> | Areas for improvement: <p>Ensure a strengthened alternative provision offer is in place in Cheshire East that better supports children and young people to make timely progress and reintegration to mainstream education, as appropriate, through a review of existing alternative provision arrangements and delivery of agreed improvements</p> <p>Ensure clear and robust systems are in place to agree, track, monitor and review children and young people in alternative provision or educated other than at school, and to assure the quality of the provision and support they receive, in order to support successful progress towards their individual outcomes and progression into settings, as appropriate</p> | Areas for improvement: <p>Enhance the transition process and establish clear expectations and knowledge regarding transition to ensure that children, young people and families are supported and confident at key transition points (from early years through to adulthood) to reduce escalation of need</p> | Areas for improvement: <p>Increase attendance for children and young people with SEND (including those at SEN Support and with EHCPs)</p> <p>Embed a consistent process to monitor attendance of all children with SEND, including children attending schools / settings outside of Cheshire East</p> <p>Reduce the number of children with EHCPs missing education and ensure all children are able to access a suitable school placement and education acts a protective factor</p> | Areas for improvement: <p>Improve the experiences and satisfaction of our parent/carers and children and young people and reduce the number of complaints, tribunals and local government ombudsmen (LGO) referrals through improved communication (including evaluating and addressing common communication issues) and providing clarity on expectations</p> <p>Further strengthen our Local Offer for SEND (in conjunction with our Family Hubs Digital Offer) to ensure families and professionals can easily access useful, accurate and relevant information on support available to promote good development and wellbeing in children and young people.</p> <p>Ensure comprehensive awareness raising regarding the presence of our Local Offer for SEND amongst families and professionals, (including those in communities and universal services, as well as those in more SEND specific services).</p> | Areas for improvement: <p>More seamless and consistent transition for young people when moving between support and services provided for children by the council and partners to the local support and service offer for adults</p> <p>Better joined up working between different colleagues involved in supporting young people in moving between children's and adults' services and support, supported by a new service with clear roles, responsibilities and processes</p> <p>Further expand our Supported Internship offer to enable more choice and opportunities for our young people with SEND around employment options</p> <p>Further strengthen tools, practice guidance and available resources for supporting planning around preparing for adulthood, particularly in relation to careers, employment and independent travel</p> <p>Ensure local authority professionals, educational setting staff and parents / carers are fully informed on the range of post-16 pathways and are able to offer effective support around career planning and outcome setting for children and young people with SEND as they prepare for adulthood</p> |

13. Development Plan – summary timeline

The below timeline outlines key developments that have already taken place to date in academic year 2024/2025 to improve local SEND support, services and process in line with our DSG Management Plan and previous action plans (in addition to business as usual activity), alongside an outline of what our SEND partnership will achieve by the end of this and future academic years by delivering the actions outlined in our Development Plan.

What we have achieved to date in academic year 2024/2025 (April 2025)

1. Refreshed SEND partnership governance structure and membership
2. A distinct SEND Transformation Team to facilitate SEND developments
3. An established shadow SEND Partnership Board for young people with SEND
4. Reprofiled Dedicated Schools Grant Management Plan (September 2024)
5. Coproduced training videos for professionals and first annual SEND conference by our young people with SEND for their peers and partnership professionals
6. A strengthened Early Years Forum and appointed Early Years Forum Lead Practitioner to boost links between the forum and parent carers to build trust
7. Targeted Family Hub SEND marketplace sessions and pre-school courses for parents
8. Completed various capital schemes for additional specialist education places, including a 14-place secondary resourced provision (September 2024), a 24-place primary SEN unit (October 2024) and a 20-place primary SEN unit (April 2025)
9. Co-produced short guides for workers and a rolling programme of masterclass training on how to write good social care advice for EHCPs
10. A commenced pilot of PATH (Planning Alternative Tomorrows with Hope) planning for a sample of young people to improve preparing for adulthood planning
11. Delivered 'Partnerships for Inclusion of Neurodiversity in Schools' (PINS) project
12. 2025 SEND Partnership Survey undertaken with young people, parents/carers, educational setting staff and wider partnership professionals
13. A refreshed SEND Joint Strategic Needs Assessment (JSNA)
14. An established single partnership SEND and inclusion training webpage as part of our Local Offer for SEND, plus specific supported internship training resources for employers
15. A dedicated webpage and resources for professionals and parents/carers on transition between educational phases, and 'preparing for your future'/careers events
16. Commenced reviews on local processes and guidance for EHCP Annual Reviews, our specialist outreach offer and EOTAS (Educated Other Than At School)
17. A commenced refresh and pilot of SEN Support paperwork and processes
18. A strengthened Tribunals process with a dedicated officer and training
19. Named Educational Psychologists for educational settings and emotional literacy training
20. Multiple SEND engagement events and meetings, including working TOGETHER sessions for our One Plan, focused sessions at local partnership Boards and RISE inclusion workshops, amongst others
21. A joint recommission of speech and language therapy (SALT) services with a single provider (with new contract scheduled to go live in June 2025)
22. Model options / best practice to support transition between children's and adult services

What you will see by the end of academic year 2024/2025 (September 2025)

1. An easy read summary of the SEND and AP 'One Plan'
2. Further strengthened SEND partnership oversight with a revised forward plan, report template and scheduled annual reports
3. An agreed strategic forward plan for 2025/2026 engagement with the Parent Carer Forum
4. Completed results of 2025 SEND Partnership Survey undertaken with young people, parents/carers, educational setting staff and wider partnership professionals
5. A strengthened format for regularly collating and sharing SEND performance information
6. A coproduced, multi-agency Inclusion Strategy to embed a culture of inclusion
7. Reviewed impact of, and agreed next steps for, the Cheshire East Toolkit for Inclusion
8. A proposal and action plan for dissolving 'First Concerns' category
9. Guidance documents and resources for schools to complete effective SEN support plans
10. Completed initial quality assurance audits on current SEN support plans, and an ongoing process to undertake this
11. Reviewed and re-designed local authority-lead SEND decision-making processes, with specific developments to make decision-making more robust regarding high-cost placements (pre and post-16), including a clearly defined complex needs panel and robust forecast planning and review arrangements for complex/high-cost placements
12. Completed data exercises to understand timeliness of ongoing EHC needs assessments and annual reviews for existing EHCPs, with identified actions to prioritise completion of delayed assessments and annual reviews
13. A new quality assurance and audit framework describing quality assurance and audit activity relating to advice for EHC needs assessments, advice for EHC annual reviews and EHC Plans
14. A proposed, co-produced set of banding descriptors and associated bands for EHCPs
15. An updated 0-25 SEND sufficiency statement and provision plan for educational places
16. A policy/resource allocation document on how we will use specialist educational provision
17. Initial alternative provision operational guidance handbook for professionals and schools
18. Revised process flows and guidance for both attendance monitoring and steps in case of children with EHCPs approaching risk of exclusion
19. Memorandum of Understanding between the local authority, ICB and Parent Carer Forum
20. Relunched 'SENDing you the news' e-newsletter and online content with agreed delivery plan for 2025/2026

What you will see by the end of academic year 2025/2026 (September 2026)

1. Strengthened feedback loop between SEND/AP Partnership Board and shadow board
2. Completed 2025/2026 annual conference for young people with resulting actions
3. Completed 2026 SEND Partnership Survey undertaken with young people, parents/carers, educational setting staff and wider partnership professionals
4. An agreed strategic forward plan for 2026/2027 engagement with the Parent Carer Forum
5. Delivered training to schools on effective use of SEN support plans and pathways available, and a process to embed this training on an ongoing basis
6. Clear delivery options to provide interventions and support to schools/settings around the development of good quality, effective SEN support plans, and a joint risk stratification tool to identify key schools requiring targeted support at an SEN Support level
7. An improved specialist outreach offer, based on feedback, which is targeted appropriately and clearly described on our Local Offer for SEND
8. Completed reviews of Sensory Inclusion / Medical Needs services with recommendations
9. Stakeholder training/materials on local authority-lead SEND decision-making processes
10. Refined information for families and professionals prior to/during EHC needs assessments
11. Completed roll out of parent portal on the children's case management system so parents / carers have 'live' information around current progress and details of their child's EHCP
12. A process to track achievement of education, health and care outcomes in EHCPs
13. An improved EHCP annual review process and template, including improvements around reviewing primary need and incorporating health and social care advice following a review
14. Delivered training and refined guidance on EHCP annual reviews for families and settings
15. A report on 2025 findings, actions and impact from quality assurance and audit activity
16. Refreshed joint commissioning arrangements and strategy
17. Implemented iThrive approach for children and young people's mental health services
18. Clear feasibility of increasing clinical assessments availability in community buildings
19. Completed pilot to test and refine proposed EHCP banding descriptors and bands
20. Improvements to SEND aspects of local authority case management systems
21. Refreshed policy, paperwork and guidance on personal budgets associated with EHCPs
22. Delivered SEND Partnership universal training offer for parents/carers and professionals
23. Further completed, progressed and publicised capital schemes for additional specialist education places in line with our 2025 SEND Sufficiency Statement and Provision Plan, including expansions of existing special schools (via new or expanded satellite sites)
24. A deep dive on cohort and pathways for post-16 young people with EHCPs and gaps
25. Supported smooth placement changes to Cheshire East special schools from independent specialist provision from 2026/2027 where best for individual outcomes
26. An Alternative Provision and Section 19 sufficiency document and initial annual report
27. EOTAS operational guidance and training for local authority staff
28. Targeted work with schools with high levels of children with SEND becoming EHE
29. Further improvements to the Local Offer for SEND based on feedback
30. Careers advice/post-16 pathway training and resources for families and professionals
31. A measurement tool to track progress of our supported interns, plus additional pathways
32. Delivered independent travel training for young people with SEND

What you will see by the end of academic year 2026/2027 (September 2027)

1. Completed 2026/2027 annual conference for young people with resulting actions
2. Completed 2027 SEND Partnership Survey undertaken with young people, parents/carers, educational setting staff and wider partnership professionals
3. Systems and processes in place to facilitate new banding system being fully operational for all EHCPs going forward
4. Further completed, progressed and publicised capital schemes for additional specialist education places in line with our 2025 SEND Sufficiency Statement and Provision Plan
5. Expanded Cheshire East Supported Internship opportunities with 2 operational models

Note: Further actions will be added to this period and future time periods as our live detailed development plan is delivered and reviewed

14. Development Plan – detailed actions

All ratings and updates are accurate as at 14 May 2025.

Where an action specifies a year (e.g. 2025/2026), this relates to the **academic year** unless explicitly stated otherwise.

Where there are different action owners with the same job title, the individual's first initial has been added for clarity.

Chapter 1 - Right Support

1. SEND Partnership and Senior Leaders' Oversight

| What needs to improve | | | | |
|--|--|--|----------------|--------------------------------------|
| Shared partner ownership and oversight of performance (up to senior leader level) to ensure there is a cohesive approach to continuous improvement | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Strengthen SEND and Alternative Provision governance, accountability, reporting and oversight arrangements to ensure scrutiny, challenge and full improvement and performance oversight is provided from partnership leaders at the most senior levels Facilitate delivery of transformational changes to improve the local SEND system for children and young people through an increase in dedicated capacity with appropriate skills and knowledge alongside strengthened joint accountability and delivery arrangements Strengthen stakeholder feedback loops to ensure senior leaders are regularly sighted on the views of young people, parents / carers, educational settings and partnership professionals and this feedback directly informs improvements to local support | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| SP1 | Create and publish an easy read summary of the SEND and AP 'One Plan' | Business Development Manager (V) | September 2025 | On track |
| SP2 | Develop a SEND Transformation Team to work alongside senior directors with capacity to drive the SEND and AP transformation change programme in line with the SEND and AP 'One Plan' and ensure change is delivered to time, quality and cost standards | Strategic Transformation Lead for SEND | December 2024 | Complete |
| SP3 | Strengthen information shared within SEND partnership governance to support its decision-making, scrutiny and oversight of 'One Plan' delivery through a revised forward plan, a report template and production of annual reports reviewing the impact and improvement areas | Business Development Manager (V) | September 2025 | On track |
| SP4a | Undertake the 2026 annual review and refresh of our SEND and AP self-evaluation, in line with Ofsted annual engagement meeting, and share with SEND and AP Partnership Board for scrutiny / challenge | Strategic Transformation Lead for SEND | March 2026 | Not yet started; no risk anticipated |

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| SP4b | Undertake the 2027 annual review and refresh of our SEND and AP self-evaluation, in line with Ofsted annual engagement meeting, and share with SEND and AP Partnership Board for scrutiny / challenge | Strategic Transformation Lead for SEND | March 2027 | Not yet started; no risk anticipated |
| SP5 | Create a clear, strengthened feedback loop between the SEND and AP Partnership Board and the shadow SEND board for children and young people to enhance our strategic work with young people | Participation Lead SEND Project Assistant | December 2025 | Not yet started; no risk anticipated |
| SP6a | Coproduce a 2025/2026 annual conference for children and young people so that senior leaders across the partnership can hear their experiences face to face and listen to their views on what needs to change | Participation Lead | December 2025 | Not yet started; no risk anticipated |
| SP6b | Coproduce a 2026/2027 annual conference for children and young people so that senior leaders across the partnership can hear their experiences face to face and listen to their views on what needs to change | Participation Lead | December 2026 | Not yet started; no risk anticipated |
| SP7a | Coproduce a 2025/2026 strategic forward plan for engagement with the Cheshire East Parent Carer Forum to establish agreed priorities and timescales for input from parents and carers | Strategic Transformation Lead for SEND PCF Chair / Vice-Chair | September 2025 | Not yet started; no risk anticipated |
| SP7b | Coproduce a 2026/2027 strategic forward plan for engagement with the Cheshire East Parent Carer Forum to establish agreed priorities and timescales for input from parents and carers | Strategic Transformation Lead for SEND PCF Chair / Vice-Chair | September 2026 | Not yet started; no risk anticipated |
| SP8 | Sign off and publish the updated SEND Joint Strategic Needs Assessment (JSNA) | Consultant in Public Health | June 2025 | Complete but need to evidence impact |
| SP9a | Create and publish the 2025 annual survey for parent/carers, children and young people, schools and settings and other key partners and ensure findings are shared and inform developments across the partnership | SEND Project Assistant | June 2025 | Complete but need to evidence impact |
| SP9b | Create and publish the 2026 annual survey for parent/carers, children and young people, schools and settings and other key partners and ensure findings are shared and inform developments across the partnership | SEND Project Assistant | June 2026 | Not yet started; no risk anticipated |
| SP9c | Create and publish the 2027 annual survey for parent/carers, children and young people, schools and settings and other key partners and ensure findings are shared and inform developments across the partnership | SEND Project Assistant | June 2027 | Not yet started; no risk anticipated |

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| SL10 | Review, refresh and strengthen the format for regularly collating and sharing SEND performance information at all required governance levels | | Business Development Officer (J) | June 2025 | Delayed |
| How we'll assess if we've addressed this area | The pace and impact of changes will be evaluated through: <ul style="list-style-type: none">• bi-monthly updates to, and reports against, the development plan• monthly performance indicators in the SEND scorecards• total spend – actual expenditure v forecast / budget• feedback from children and young people from our shadow SEND partnership board, participation groups, annual conference and surveys• feedback from parents and carers via the Parent Carer Forum and surveys• identified themes, findings, learning and actions from single-agency and multi-agency quality assurance activity• outcomes of Ofsted and CQC inspection, Ofsted annual engagement meetings and peer reviews, which will demonstrate whether our understanding of developments are accurate | What we will see when we've addressed this area | <ul style="list-style-type: none">• Senior leaders have an accurate understanding of the experiences and outcomes of our children and young with SEND and areas for development• Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan• Quality assurance activity drives improvements to the quality of practice, resulting in improved outcomes for children and young people with SEND• More positive feedback from children and young people with SEND, and their parents and carers, in the annual conference and SEND partnership surveys compared with previous years | | |
| | Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| A SEND Transformation Team is in place, overseen by the Strategic Transformation Lead for SEND. | | | | | |
| A strengthened forward plan for SEND Partnership meetings is in development and a report template has been drafted, in line with feedback from our Department for Education Advisor. | | | | | |
| A refreshed SEND Joint Strategic Needs Assessment (JSNA) is currently being finalised following extensive analysis and engagement with a wide variety of colleagues and stakeholders across the SEND Partnership. This document was shared with the SEND and AP Partnership Board in April 2025 and will be signed off through JSNA governance shortly, with the final version to then be published on the council's website. | | | | | |
| The 2025 annual SEND Partnership surveys for parent/carers, children/young people, schools/settings and partnership professionals were open for submissions between 12 February - 9 March 2025, with a total of 652 responses received across all 4 surveys (compared to 474 responses to the last surveys in 2023). Work to analyse the results and finalise a collated report on the findings is continuing, in line with action timescales (SP9a). | | | | | |
| Work to produce a strengthened format for regularly collating and sharing SEND performance information is ongoing, but has experienced delays due to capacity and the need to align multiple differing reporting requirements and requests (both operational and strategic, and for various reporting forums). | | | | | |

2. Inclusion, SEN Support and our Graduated Approach

| What needs to improve | | | | |
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| The effectiveness and consistency of our local graduated approach and inclusive practice ethos, which includes young people being effectively and appropriately supported to achieve positive outcomes at an SEN support level | | | | |
| Areas for improvement | <ul style="list-style-type: none"> • Increase the number of children and young people supported earlier at an SEN support level and improve their outcomes (including in relation to their education, health and wellbeing) through the use of effective SEN support plans • Improve the quality and efficacy of SEN support plans to ensure children and young people are effectively supported to achieve improved outcomes through supporting as early as possible and preventing escalation of need • Ensure children and young people receive the right level of support in line with their needs by embedding both inclusive practice in mainstream settings and an effective graduated approach to supporting children and young people with SEND, including further promoting the use and application of the Cheshire East Toolkit for Inclusion and implementing an Inclusion Strategy • Review services to identify how we can maximise their impact in a strengthened and more connected offer to support children and young people to achieve improved outcomes | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| SS1 | Develop and launch a coproduced, multi-agency Inclusion Strategy to embed a culture of inclusion across the whole of Cheshire East through sharing good practice and creating a coherent education system, thereby enabling every child and young person to access the provision they need | Primary Inclusion Co-ordinator | September 2025 | On track |
| SS2 | Review impact of, and feedback on, the Cheshire East Toolkit for Inclusion and agree next development steps for this document | Strategic Transformation Lead for SEND | July 2025 | On track |
| SS3 | Prepare proposal and action plan for dissolving 'First Concerns' category and process for moving existing children and young people at this level across all CE settings, in order to remove potential sources of confusion or barriers to support arrangements | Inclusion Quality Officer (K) | July 2025 | On track |
| SS4 | Provide guidance documents and resources for schools to use to complete effective SEN support plans (in addition to the Toolkit for Inclusion, e.g. one-minute guides) | Inclusion Quality Officer (K) | September 2025 | On track |
| SS5 | Undertake initial quality assurance audits on current SEN support plans, and agree and document an ongoing process to undertake quality assurance on SEN support plans | Inclusion Quality Officer (K) | September 2025 | On track |
| SS6 | Plan, organise and deliver training to schools to inform and educate them on the effective use of SEN support plans and the pathways available, and develop a process to embed this training into the partnership training plan on an ongoing basis | Inclusion Quality Officer (K) | December 2025 | On track |

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| SS7 | Develop and implement a training programme across the partnership (including parents/carers, initial teacher training and new staff across schools/settings/local authority and partner professionals) to increase understanding of the graduated approach and embed ongoing application of the Cheshire East Toolkit for Inclusion, and develop a process to embed this training into the partnership training plan on an ongoing basis | Inclusion Quality Officer (A) | March 2025 | Complete |
| SS8 | Review capacity and delivery options to provide interventions and support to schools / settings around the development of good quality, effective SEN support plans (particularly where a decision has been made not to assess or issue an EHCP) | Inclusion Quality Officer (K) Strategic Transformation Lead for SEND | December 2025 | On track |
| SS9 | Agree joint risk stratification tool to identify key schools requiring targeted support at an SEN Support level | Inclusion Quality Officer (K) | December 2025 | Not yet started; no risk anticipated |
| SS10 | Review the impact of the specialist outreach programme pilot and prepare recommendations to improve the specialist outreach offer | Inclusion Quality Officer (A) | April 2025 | Complete but need to evidence impact |
| SS11 | Implement agreed recommendations to improve specialist outreach offer based on pilot impact review, feedback and suggested improvements | Inclusion Quality Officer (A) | September 2025 | Not yet started; no risk anticipated |
| SS12 | Use data effectively and link with panel decision making processes to target support of the specialist outreach programme | Inclusion Quality Officer (A) | September 2025 | Not yet started; no risk anticipated |
| SS13 | Upload details of improved specialist outreach offer onto Cheshire East Local Offer for SEND to facilitate schools to access as part of the graduated approach | Inclusion Quality Officer (A) | September 2025 | Not yet started; no risk anticipated |
| SS14 | Review how in-house Sensory Inclusion services could be delivered differently to support both children/young people and schools/settings across different provision types in order to achieve value for money through improved outcomes and efficiency savings | Principal Educational Psychologist | September 2025 | On track |
| SS15 | Review how in-house Medical Needs services could be delivered differently to support both children/young people and schools/settings across different provision types in order to achieve value for money through improved outcomes and efficiency savings | Interim Head of Service: Education Participation and Pupil Support | September 2025 | On track |
| How we'll assess if we've | <ul style="list-style-type: none"> Number / percentage of Cheshire East children and young people supported at an SEN support level | What we will see when we've | <ul style="list-style-type: none"> Increased number / percentage of Cheshire East children and young people supported at an SEN support level compared with previous years | |

| | | | |
|----------------------------|---|----------------------------|--|
| addressed this area | <ul style="list-style-type: none"> • The educational outcomes of Cheshire East children and young people supported at an SEN support level • Total numbers of requests for EHC needs assessments • Total number of EHCPs and number of new EHCPs issued • Numbers / percentages of requests for, and agreements of, change of placements (specifying if change of placement type and direction of change) • Number / percentage of children and young people with EHCPs in: <ul style="list-style-type: none"> - mainstream provision - a specialist placement (including RP / SEN unit or special school) - non-maintained special school, independent special school or specialist post-16 institute • Findings from quality assurance activity on SEN support plans • Feedback on SEN Support from parents and carers via the annual SEND partnership surveys • Feedback from professionals in educational settings on SEN Support guidance and resources from training sessions | addressed this area | <ul style="list-style-type: none"> • Quality assurance activity drives improvements to the quality of practice, resulting in improved outcomes for children and young people with SEND • More positive educational outcomes of Cheshire East children and young people supported at an SEN support level compared with previous years, and a reduced attainment gap with peers • Increased parent carer confidence in support for children and young people at the SEN Support level, as demonstrated by more positive feedback on SEN Support from parents and carers in the SEND partnership surveys compared with previous years • Children and young people's needs are routinely identified and appropriately supported at the earliest opportunity, leading to a reduction in the number of / percentages of requests for EHC needs assessments, first EHCPs issued, and change or placement requests, compared with previous years • Children and young people are being appropriately supported in the right setting in line with their needs • Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan |
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Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people

Council colleagues have been working closely with colleagues from the Research and Improvement for SEND Excellence (RISE) partnership led by the Council for Disabled Children (CDC) to deliver three sessions with various partners looking at improving inclusion in schools in Cheshire East. RISE colleagues also undertook a desktop review of our Cheshire East Toolkit for Inclusion. The rich information from these sessions and review has been collated and shared by RISE colleagues and will now be used to inform development of our Inclusion Strategy (SS1) and next steps for our Toolkit for Inclusion (SS2).

A Delivery Lead (Primary Inclusion Co-ordinator) has been identified to lead on the development of the Cheshire East Inclusion strategy, building on the work undertaken with RISE colleagues. The Primary Inclusion Co-ordinator will be joining the council from 2 June 2025, but has already commenced work on the strategy ahead of a working TOGETHER session on the strategy on 11 June 2025.

The Delivery Lead for SEN Support and the graduated approach actions (Inclusion Quality Officer – K) has gathered feedback from stakeholders on current SEN Support paperwork (through various meetings and a SENCO survey) and has also, alongside colleagues, reviewed a number of existing SEN Support Plans. The Delivery Lead has used the feedback and learning from both exercises to design a new proposed SEN Support and Inclusion Proforma, which has recently been piloted with a number of settings. The Delivery Lead is now using feedback from the pilot to further refine the proforma, alongside developing further accompanying guidance, paperwork and a proposal to dissolve the 'first concerns' category (following feedback on potential confusion and barriers arising from this).

The Specialist Outreach Service pilot created and facilitated by Cheshire East Specialist Provisions started in December 2023, and offered advice, guidance, training, support and observation to schools. The Delivery Lead for specialist outreach actions (Inclusion Quality Officer – A) has undertaken a review of this previous pilot offer, including analysing information on referrals, use of the service and feedback from various professionals. A report covering findings and suggested recommendations has been shared with the SEND Transformation Action Group (TAG), with some recommendations agreed and further clarity / scoping work required on others, including a costed options analysis.

DRAFT

3. Education, Health and Care (EHC) Needs Assessments and Plans

What needs to improve

The quality and timeliness of Education, Health and Care (EHC) needs assessments and Plans and the strength, consistency and impact of associated decision-making and review processes

A. Decision making and panel processes

| Areas for improvement | | <ul style="list-style-type: none">Improve the process and timeliness of EHC needs assessments and EHCP annual reviews to ensure that children and young people's plans are up to date and meeting their needsEnsure clear, streamlined, robust, consistent and equitable decision-making systems and processes are in place for decisions relating to EHC needs assessments and plans, including specific arrangements for complex cases, to provide accountability across the workforce and a consistent approach that facilitates all children and young people to have access to appropriate provision and levels of support | | |
|-----------------------|---|--|----------------|--------------------------------------|
| Ref | Action | Action Owner | Due by | Action Rating |
| EHC-A1 | Create a process to regularly monitor, review and evaluate the efficacy and impact of the early years forum and associated portage service, with an initial annual report of results and any recommended improvements shared with the SEND and AP Partnership Board | Head of Service: Early Years | September 2025 | Not yet started; no risk anticipated |
| EHC-A2 | Review and re-design local authority-lead SEND decision-making processes across all panels and forums from early years to post-16 (taking learning from other areas on models of decision making) to ensure processes are robust, streamlined, efficient, multi-agency and linked to the graduated approach | Head of Service: Inclusion | September 2025 | On track |
| EHC-A3 | Undertake specific development of the SEND decision-making and panel processes to make decision-making more robust regarding high-cost placements (pre and post-16), with clear links to the new complex cases panel | Head of Service: Inclusion | September 2025 | On track |
| EHC-A4 | Create a complex cases panel, with clear terms of reference and linked to adult social care, to agree and review decisions relating to new and existing cases defined as complex | Children and Families Health Consultant | September 2025 | On track |
| EHC-A5 | Introduce a forecast planning process for the most complex of cases who are likely to move through to adult social care <i>[linking with actions in section 14.A. Birth to Thrive]</i> | Head of Service: Inclusion | September 2025 | Delayed |
| EHC-A6 | Agree and implement arrangements to regularly review high-cost placements (including existing placements and new placements arising from agreed change of placement requests) | Head of Service: Inclusion | September 2025 | Delayed |

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|---|--|--|--|----------|
| EHC-A7 | Prepare and deliver training sessions and materials on the new local authority-lead SEND decision-making processes for key stakeholders | Head of Service: Inclusion | October 2025 | On track |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> Total number of EHCPs and number of new EHCPs issued and percentage growth increase of EHCPs compared to mitigated forecast Number / percentage of EHC needs assessment requests resulting in agree to assess and agree to issue an EHCP (and any 'overturned' decisions) Numbers / percentages of requests for, and agreements of, change of placements (specifying if change of placement type and direction of change) Number / percentage of EHCPs ceased – particularly where outcomes achieved Average cost of top-up funding (overall and in different setting types) Number / percentage of children and young people with EHCPs in: <ul style="list-style-type: none"> mainstream provision a specialist placement (including RP / SEN unit or special school) non-maintained special school, independent special school or specialist post-16 institute | What we will see when we've addressed this area | <ul style="list-style-type: none"> Increased strength of, and confidence in, decision making from all groups, as demonstrated by a reduction in the number of 'overturned' decisions, complaints, mediations and appeals compared with previous years Children and young people's needs are routinely identified and appropriately supported at the earliest opportunity, leading to a reduction in the number of / percentages of requests for EHC needs assessments, first EHCPs issued, and change or placement requests, compared with previous years Children and young people are being appropriately supported in the right setting in line with their needs Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| <p>The Early Years Forum was strengthened in September 2023. The role of the forum is to support effective early intervention for children with SEND in line with the SEND Code of Practice and graduated approach. The multi-agency partnership supports the early provision of interventions at SEN support level and monitors the impact on children's outcomes. When the Early Years Forum started in 2023 the agenda was initially new referrals which meant very few children were recommended for EHC needs assessment as the forum were recommending interventions and supporting settings with the quality of SEN support plans and then monitoring the impact on children's outcomes. Children were then scheduled for reviews at which the forum makes recommendations based on the impact of the graduated approach support in terms of how successful it has been in helping the child to make progress. For some children their progress is rapid, and it is clear their development gap is narrowing - in this case, SEN support continues and transition to school is planned. Where children make progress but it is clear the gap between peers is not closing or is widening, the Early Years Forum will recommend an EHC needs assessment request.</p> <p>As the forum has entered its second year, the reviews and EHC needs assessment requests have increased as children are coming back for review with robust evidence to demonstrate they need more help to achieve their outcomes than a SEN support plan can provide. Whilst the numbers have risen, we are confident that the children referred by the Early Years Forum require a EHCP to support need. We have seen a slight rise in parental requests. With the majority of families known to forum, parents are happy with the forum recommendations. However some parents have taken their own actions independently, or on advice of educational settings, to progress with EHC needs assessments requests in advance of the early years forum.</p> | | | | |

An initial review of the SEND decision making panels has taken place and improvements have been implemented. A further review and evaluation of panels will take place over the summer to identify further improvements/adjustments to the process, and to ensure decision-making is streamlined as far as possible. Clear definitions and terms of reference for each of the panels need to be defined and communicated across the partnership.

In recent months we have seen an increase in EHC needs assessment requests in relation to children and young people experiencing concerns around mental health and anxiety; within the applications we have seen an increased number with concerns in regards of barriers to accessing school full time and in some instance unable to attend school at all. Many of these children and young people do not yet have any diagnosis but are on Autism or ADHD pathways following referrals being undertaken. As a response to this we are currently looking to work with colleagues across the partnership, including health, to review the needs and themes to look at how we can support our children, families and schools/settings moving forwards.

There is a risk relating to actions linked to Birth to Thrive actions (as described in [section 14.A](#)) in that capacity to project manage and drive work still needs to be identified for the Birth to Thrive project going forward, following initial work undertaken by Inner Circle project capacity (which ceased in March 2025).

B. Needs assessment process

| Areas for improvement | <ul style="list-style-type: none"> • Increase and sustain the timeliness of the 20 week EHC needs assessment process to support timely use of plans and support • Strengthen the quality of processes for gathering high quality advice from appropriate professionals and for incorporating this advice into individual EHCPs, along with processes related to outcomes being achieved • Improve confidence in the EHC needs assessment process through access to clear guidance and information | | | |
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| Ref | Action | Action Owner | Due by | Action Rating |
| EHC-B1 | Undertake a data exercise to understand timeliness of ongoing EHC needs assessments and identify a process / required actions to prioritise completion of any delayed assessments | Head of Service: Inclusion | July 2025 | On track |
| EHC-B2 | Revise the educational psychology template, so that quality first teaching and ordinarily available inclusive provision is not recorded as 'over and above' provision within an EHCP | Principal Educational Psychologist | December 2024 | Complete |
| EHC-B3 | Agree a process to improve care advice for children and young people undergoing an EHC needs assessment or EHCP annual review who don't have any involvement from early help, children's and adult social care | Designated Social Care Officer | April 2025 | Complete but need to evidence impact |
| EHC-B4 | Review and refine information shared with families and professionals prior to and during the EHC needs assessment process including any guidance, signposting resources, flowcharts, process maps and specific related information on our Local Offer for SEND | Business Development Manager (V) | December 2025 | On track |
| EHC-B5 | Building on the previous pilot, complete the roll out of the parent portal on the children's case management system so that parents / carers can have direct access and 'live' information around current progress and details relating to their child's EHCP | Head of Service: Inclusion Liquid Logic Support Officer / ICT Project Manager | July 2026 | Not yet started; no risk anticipated |
| EHC-B6 | Undertake a review of the process to cease an EHCP and prepare recommended actions to improve the process and to ensure that professionals, young people and their families are aware of other available support (including adult social care options) | Area Delivery Manager – NEET and PFA | December 2025 | On track |
| EHC-B7 | Develop a process to measure and track achievement of education, health and wellbeing, and care outcomes as described in EHCPs | Strategic Transformation Lead for SEND | March 2026 | Not yet started; no risk anticipated |

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| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Timeliness of EHC needs assessments, including: <ul style="list-style-type: none"> - Percentage of decisions whether to assess made within 6 weeks - Number / percentage of EHC needs assessments (with final EHC Plan issued) completed within 20 weeks (and number / percentage of those overdue at any time and of these, average / longest assessments) - Average number of weeks taken for EHC Plans to be issued - Percentage of advice submitted for EHC needs assessment process within 6 weeks • Feedback on EHC needs assessment process and plans from young people, parents and carers and educational settings via SEND surveys • Number and themes of SEND-related compliments and complaints received by the local authority, ICB and health trusts • Number and themes of mediations and appeals registered with the First-tier Tribunal | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Increase in percentage of EHC needs assessments completed within 20 weeks to as close to 100% as possible (and no less than 85%) • Reduction in average number of weeks taken for EHC plans to be issued to as close to 20 weeks as possible (and no more than 23 weeks) • Improvements result in consistently good quality practice - over 80% of EHCPs will be graded as good or better quality through quality assurance activity • Increased confidence and satisfaction in timeliness and quality of EHC needs assessment process and EHCPs from all groups, as demonstrated by more positive feedback in the SEND partnership surveys and a reduction in the number of received complaints, mediations and appeals registered with the First-tier Tribunal compared with previous years |
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Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people

The Educational Psychologist advice template has been revised, and we are now working on ensuring it is consistently embedded across the service (EHC-B2).

The Designated Social Care Officer (DSCO) has undertaken training with SEND team colleagues on steps to take around care advice for children and young people undergoing an EHC needs assessment or EHCP annual review who don't have any involvement from early help, children and adult social care (EHC-B3).

As an initial step for reviewing and refining information shared with families and professionals prior to and during the EHC needs assessment process (EHC-B4), the Business Development Manager has located work that was previously coproduced by professionals and parents/carers; work will now be undertaken to assess which parts of this information are still relevant and/or where updates are required.

C. Annual Reviews

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| Areas for improvement | <ul style="list-style-type: none"> • Improve the process and timeliness of EHCP annual reviews to ensure that children and young people's EHCPs are up to date and continue to include appropriate outcomes and provision to effectively meet their needs and support in achieving their aspirations • Revise the EHCP annual review process to ensure it provides a robust system that includes evaluating children and young people's progress whilst also celebrating and evidencing their successes and achievements against their outcomes • Deliver and embed training to upskill partnership professionals in delivering effective annual reviews of EHCPs, which result in good quality EHCPs that support children and young people to achieve their outcomes and aspirations • Review and refine the guidance for EHCP annual reviews to improve knowledge and confidence in the delivery of effective reviews |
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| Ref | Action | Action Owner | Due by | Action Rating |
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| EHC-C1 | Undertake a data exercise to understand timeliness of annual reviews for all existing EHCPs and identify a process / required actions to prioritise completion of any delayed annual reviews | Head of Service: Inclusion | July 2025 | On track |
| EHC-C2 | Undertake a full review of the current process and template (on Liquidlogic) for EHCP annual reviews, and prepare recommendations to improve the annual review process and template | Inclusion Quality Officer (D) | April 2025 | Complete but need to evidence impact |
| EHC-C3 | Implement agreed actions to improve the annual review process and template (on Liquidlogic) resulting from the process and template review | Inclusion Quality Officer (D) | December 2025 | Not yet started; no risk anticipated |
| EHC-C4 | Agree and implement actions (i.e. process changes and/or training etc.) to improve efficacy and consistency of incorporating updates from health advice into EHCPs during annual reviews | Designated Clinical Officer | December 2025 | Not yet started; no risk anticipated |
| EHC-C5 | Agree and implement actions (i.e. process changes and/or training etc.) to improve efficacy and consistency of incorporating updates from social care advice into EHCPs during annual reviews | Designated Social Care Officer | December 2025 | Not yet started; no risk anticipated |
| EHC-C6 | Develop a process within EHCP annual reviews whereby primary need is reviewed and updated to reflect the child or young person's current needs <i>[links with action D18]</i> | Inclusion Quality Officer (D) | December 2025 | Not yet started; no risk anticipated |
| EHC-C7 | Develop a process and/or supportive resources to ensure Preparing for Adulthood is embedded as a clear focus in EHCP Annual Reviews from (at least) year 9 onwards | Inclusion Quality Officer (D) | December 2025 | Not yet started; no risk anticipated |

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| EHC-C8 | Provide an initial round of training on effective annual reviews (including evidencing completed outcomes and writing good quality, clear outcomes) to SEND staff within the local authority and schools/settings, and then agree a process to regularly deliver this training on an ongoing basis as part of a rolling programme | Inclusion Quality Officer (D) | January 2026 | Not yet started; no risk anticipated |
| EHC-C9 | Utilising best practice examples, develop and co-produce refined guidance for parents, children/young people and schools/settings on what to expect and how to maximise effectiveness of annual reviews | Inclusion Quality Officer (D) | January 2026 | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">• Timeliness of EHCP annual reviews, including number / percentage completed within required timescales (and number / percentage of those overdue at any time and of these, average / longest time overdue)• Number / percentage of children and young people with EHCPs with each need type as their primary need• Feedback on EHCP annual reviews from young people, parents and carers and educational settings via SEND surveys• Number and themes of SEND-related compliments and complaints received by the local authority, ICB and health trusts | What we will see when we've addressed this area | <ul style="list-style-type: none">• Increase in percentage of EHCP annual reviews completed within required timescales• Increased confidence and satisfaction in timeliness and quality of EHCP annual reviews, as demonstrated by more positive feedback from young people with SEND, their parents and carers, and educational setting staff in SEND partnership surveys, and a reduction in the number of complaints, compared with previous years | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| The Delivery Lead for EHCP annual reviews (Inclusion Quality Officer – D) collated a review report on EHCP annual reviews, informed by a range of sources including surveys, stakeholder feedback, data analysis, research and case studies. This report was shared with SEND Transformation Action Group (TAG) and discussed in a dedicated meeting on 25 March 2025, where members discussed queries and provided feedback on the report and its recommendations; some recommendations were agreed, along with the need for further work on a proposed local approach and operational guidance on EHCP annual reviews, which will inform decisions on some of the remaining recommendations. | | | | |

4. Quality Assurance and Audits

| What needs to improve | | | | |
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| The consistency and efficacy of quality assurance activity and audits, and the actions taken in response to learning from these activities, to ensure EHCPs support improving the experiences and outcomes of our children and young people | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Improve the consistency and effectiveness of quality assurance activity and audits to ensure that these identify and evidence the extent to which EHCPs support improving the outcomes and experiences of children, young people and their families and that learning is widely shared amongst practitioners to continually improve the quality of EHCPs Further improve the quality of our EHCPs to ensure that they truly reflect the individual needs of the child or young person, their aspirations, the outcomes being sought and the provision required to meet them through strengthened quality assurance arrangements | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| QA1 | Prepare a new quality assurance and audit framework, including an audit tool template and covering both single agency and multi-agency activities, for advice for EHC needs assessments, advice for EHCP annual reviews and EHC Plans | Strategic Transformation Lead for SEND Head of Service: Inclusion | July 2025 | On track |
| QA2 | Deliver training for any partnership colleagues involved in delivery of the new quality assurance and audit framework for advice for EHC needs assessments, advice for EHCP annual reviews and EHC Plans | Strategic Transformation Lead for SEND Head of Service: Inclusion | October 2025 | On track |
| QA3 | Deliver specific training for any partnership colleagues involved in delivery of the new multi-agency audit activity on EHC Plan in line with the new framework | Strategic Transformation Lead for SEND Head of Service: Inclusion | October 2025 | On track |
| QA4 | Implement the robust feedback loop to share findings from quality assurance and audit activity relating to advice for EHC needs assessments, advice for EHC annual reviews and EHC Plans in line with the framework | Strategic Transformation Lead for SEND Head of Service: Inclusion | October 2025 | On track |
| QA5 | Devise and agree a process to systematically improve the quality of existing EHC Plans for children and young people across all stages of education to ensure they reflect their aspirations, the successes that have been achieved, the provision identified continues to be appropriate, aligns with need, and is supporting them to make progress towards their outcomes | Head of Service: Inclusion | September 2025 | Not yet started; no risk anticipated |

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| QA6 | Prepare an initial annual report outlining 2025 findings from quality assurance and audit activity, along with action taken as a result of findings and impact assessment for sharing with SEND and AP Partnership Board | | | Strategic Transformation Lead for SEND Head of Service: Inclusion | March 2026 | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">• Number of EHCPs sampled for single-agency, and multi-agency, quality assurance activity• Percentage of sampled EHCPs graded as good or better (and percentage of downgrades following management oversight)• Identified themes, findings, learning and actions from single-agency and multi-agency quality assurance activity | | | What we will see when we've addressed this area | <ul style="list-style-type: none">• Improvements result in consistently good quality practice - over 80% of EHCPs will be graded as good or better quality through quality assurance activity | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | | | |
| A new quality assurance and audit framework was drafted and shared with the SEND Transformation Action Group (TAG) on 13 March 2025 for feedback from members, with detailed feedback shared with the document leads. The draft document was also shared with SEND and AP Partnership Board members as part of the papers for the scheduled board meeting on 21 March, but this meeting unfortunately did not take place due to quoracy issues and was rescheduled for 25 April 2025. Work has continued on reviewing the feedback received to date and in revising the framework based on this. | | | | | | |

5. Commissioning of pathways and provision

| What needs to improve | | | | |
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| Clear, consistent processes to commission and deliver support equitably across Cheshire East with robust arrangements in place for monitoring and assuring quality of support | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Improve the timeliness of health assessments / waiting lists and the quality and consistency of the health service offer across Cheshire East, particularly for autism and/or attention deficit hyperactivity disorder (ADHD) pathways and mental health support Strengthen commissioning oversight arrangements through developing dedicated SEND commissioning resource, reviewing existing contracts and arrangements, refreshing joint commissioning arrangements, revising arrangements to quality assure specialist settings, and better utilisation of clear contract management processes and procedures | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| C1 | Undertake a review to understand and identify: <ul style="list-style-type: none"> any issues with existing SEND-related commissioning contracts and effectiveness of current commissioning arrangements for SEND And use results to make recommendations for future improvements | Interim Project Lead for Children's Commissioning | September 2025 | On track |
| C2 | Develop and establish dedicated SEND commissioning resource to oversee and manage all SEND-related commissioning and quality assurance arrangements | Director of Improvement Director of Commissioning, Quality Assurance and Partnerships | December 2025 | On track |
| C3 | Develop and have in place service level agreements (SLAs) or defined contract arrangements (as applicable depending on service) for managing all SEND-related contracts within local authority children's services (including service contract arrangements, SLAs for Cheshire East Resource Provisions / SEN Units / schools and individual pupil agreements), and ensure these are outcome-based and include clear expectations and contract management arrangements (e.g. annual reviews, attendance monitoring etc.) | Head of Integrated Commissioning | April 2026 | On track |
| C4 | Clarify, document and share information on decision making processes and support to manage fee challenges and requests for fee increases / uplifts for specialist independent and non-maintained provision (through internal guidance and inclusion in external contract templates) | Head of Integrated Commissioning | September 2025 | On track |

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| C5 | Review the current quality assurance (QA) process for all specialist provision where Cheshire East pupils are placed (including maintained, independent and non-maintained special schools and Cheshire East Resource Provisions and SEND Units) and strengthen quality assurance arrangements, frameworks, tools and processes to evaluate the effectiveness and impact of specialist provision, including drawing up a schedule of work for quality assurance visits with schools to measure the impact of placements and the progress young people are making in these settings | Interim Project Lead for Children's Commissioning | December 2025 | Not yet started; no risk anticipated |
| C6 | Refresh joint commissioning arrangements (including review and refresh of joint commissioning strategy) to enable partners to make best use of resources to improve outcomes for children and young people | Head of Integrated Commissioning | April 2026 | Not yet started; no risk anticipated |
| C7 | Design, secure investment for and implement adult ADHD model (applicable for 16 – 25 year olds) to respond to referrals more effectively [Action dependent upon approval of investment] | Head of Integrated Commissioning | March 2026 | On track |
| C8 | Implement paediatric Autism and ADHD assessment pathway, in line with regional Cheshire and Merseyside recovery programme and ensuring unwarranted variation (North/South) issues are addressed | Head of Integrated Commissioning | March 2026 | On track |
| C9 | Produce suite of resources for families who are looking for proactive support, advice and guidance from appropriate specialists, including those waiting for clinical Autism and ADHD assessments. Ensure an appropriate level of support is available following the assessment process, whether or not a diagnosis is given. Develop impact measures (including qualitative and quantitative data) to track reduction in waiting times and where information has helped provide better support and understanding of neurodiversity etc. | Head of Integrated Commissioning | June 2025 (Impact data will not be available until December 2025) | On track |
| C10 | Extend mental health Intensive Support Function (ISF) to age 25, including development and implementation of a new service specification and agreeing arrangements for increased monitoring | Central ICB coordination, supported by Head of Operations - CWP | December 2025 | On track |
| C11 | Clarify the 0-5 mental health pathway offer to align with Wirral Place [Action dependent upon approval of investment] | Head of Operations - CWP | December 2025 | On track |
| C12 | Continue to implement iThrive approach across Cheshire East to improve mental health and wellbeing outcomes for the children and young people of Cheshire East | Trauma and Mental Health Practitioner and Wellbeing for Education Co-ordinator | March 2026 | On track |
| C13 | Further develop, clarify and document the multi-agency arrangements for ensuring children and young people receive equipment and home adaptations and consumables when needed | Head of Integrated Commissioning | December 2025 | Not yet started; no risk anticipated |

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| C14 | Continue to increase uptake to the holiday activities programme from SEND children and young people and extend the range of provision accessible to them | Business Development Manager (D) | September 2025 | On track |
| C15 | Building on pilot at Monks Coppenhall Family Hub, investigate feasibility of options to increase availability of clinical assessments in community buildings (e.g. family hubs) | Head of Service: Early Years | March 2026 | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">• Average cost of top-up funding (overall and in different setting types), plus cost of annual fee uplifts (frequency and amounts) for independent and / or non-maintained specialist provision• Timeliness of, and waiting list numbers / times for, health services and assessments for children and young people with SEND, including Autism and ADHD, with consistent measures being utilised• Number of children and young people with SEND supported by the holiday activities programme, and feedback on the quality of the offer / support received• Findings from quality assurance activity on the effectiveness and impact of specialist educational provision for our children and young people with SEND• Themes of feedback received through, and relating to our, Local Offer for SEND | What we will see when we've addressed this area | <ul style="list-style-type: none">• Independent sector placement costs managed in line with Dedicated Schools Grant (DSG) Management Plan• Children with SEND and their families express satisfaction with the information, advice and support (where applicable) they receive• Children with SEND and their families have the knowledge and skills to best support their child whilst (where appropriate) waiting for a diagnosis• Children do not have to wait as long to receive support or formal clinical diagnosis• Families and professionals are able to find good quality, useful information via the Local Offer for SEND, as demonstrated by more positive feedback from all groups in SEND partnership surveys compared with previous years• The quality of support in settings is of a good standard, and we are able to evidence this consistently• Service costs are benchmarked against statistical comparators, so we can be sure we are achieving good value for Cheshire East residents | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| <p>Work has been undertaken with local authority and ICB commissioning colleagues to further finalise actions, timescales, priorities and capacity to deliver several actions within this section, and to understand alignment with the Commissioning and Brokerage Transformation workstream.</p> <p>Reports on recommissioning of speech and language therapy (SALT) and short breaks contracts (including required contract changes as part of the recommission) have been circulated to the council's Children's Senior Leadership Team (CSLT) and Children and Families Committee, as needed. Reports on recommission arrangements for mediation and advocacy services are being prepared over the next few months. Findings and recommendations regarding the structure / operating model of the council's children's commissioning service were scheduled for sharing with the Commissioning and Brokerage Transformation Board (part of the council's wider transformation programme) by the end of April for agreement regarding onwards circulation and action (C1 / C2).</p> | | | | |

Work is continuing on the development of a service level agreement (SLA) document for use between the council and schools with resource provisions, with extensive input and feedback from colleagues within the council's legal service (C3). Further work on this action and others has been delayed as a result of capacity issues within the children's commissioning team (which action C2 aims to alleviate).

A tracker and process is in place for decision making and support to manage fee challenges and requests for fee increases / uplifts for specialist independent and non-maintained provision (C4) but this needs to be fully documented.

Procurement activity is commencing for the 2025 Holiday Activity Funding, with procurement due to open in May 2025, followed by evaluation in June 2025 and go live in July 2025. There are three priorities within this procurement, with the first priority being SEND (followed by teen and new geographical footprint). A report on impact (e.g. additional SEND spaces and attendance from children with SEND in summer etc) will be prepared for September 2025, in line with action (C14) timescales.

6. Data and Information

| What needs to improve | | | | |
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| Efficiency and accuracy by which information on children and young people is captured, maintained and utilised to inform service delivery | | | | |
| Areas for improvement | <ul style="list-style-type: none"> • Improve consistency of data across different providers and remove any data gaps or issues as far as possible to ensure operational and strategic work is informed by accurate data • Increase and/or establish clear mechanisms for information sharing across organisations and within partnership governance to evidence priority areas or reasons for recommendations • Improve case management systems through agreed changes or implementation of new systems, as appropriate, to ensure they optimally support operational and strategic work | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| DI1 | Analyse data within the Neurodiversity Data Portal to identify data gaps and required improvements | Designated Clinical Officer (DCO) | To be determined | On track |
| DI2 | Work with different providers of 0-25 Autism and ADHD assessment and support pathways to ensure they report consistent metrics | Designated Clinical Officer (DCO) | To be determined | On track |
| DI3 | Review compliance of adult Dynamic Support Database (DSD) against national guidelines and undertake any required actions to ensure compliance | Head of All-Age Continuing Care | To be determined | Not yet started; no risk anticipated |
| DI4 | Implement the new shared digital platform for children and young people's mental health in line with the Cheshire and Merseyside Beyond Programme | Programme Lead – Mental Health and Neurodiversity | To be determined | Not yet started; no risk anticipated |
| DI6 | Review data around primary area of need of children and young people with an EHCP and identify any issues in the process to identify, capture, record and report on this <i>[links with action EHC-C6]</i> | Strategic Transformation Lead for SEND Business Intelligence Manager | October 2025 | Not yet started; no risk anticipated |
| DI7 | Review all data sharing agreements to ensure they are up to date, accurate, accessible and support multi-agency working | Head of Integrated Commissioning | December 2026 | Not yet started; no risk anticipated |
| DI8 | Conduct a data cleansing exercise to review captured information on projected placement end dates for all current EHC Plans | Head of Service: Inclusion | May 2026 | Not yet started; no |

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| | | | | | risk anticipated |
| DI9 | Agree and deliver a robust plan for delivering improvements to SEND aspects of local authority case management systems (i.e. Liquidlogic / ContrOCC) for 2025/2026 | | Strategic Transformation Lead for SEND ICT Project Manager | August 2026 | Not yet started; no risk anticipated |
| DI10 | Conduct an initial robust data collection on children and young people in, or anticipated to be in, high-cost placements and/or complex cases, and agree process to collate and share this across education, health and social care colleagues on an ongoing basis | | Head of Service: Inclusion Children and Families Health Consultant | September 2025 | On track |
| How we'll assess if we've addressed this area | | <ul style="list-style-type: none">Number / percentage of children and young people with EHCPs with each need type as their primary need | What we will see when we've addressed this area | <ul style="list-style-type: none">Leaders have a clear understanding of performance for all 0-25 Autism and ADHD assessment and support pathways across Cheshire East due to regular reporting with consistent metricsMulti-agency partnership working and pathways are effectively facilitated by appropriate data sharing agreements and effective case management systems | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | | |
| Work on data collection of high-cost placements (action DI10) and/or complex cases is closely linked with establishing processes and panels for such cases (as outlined in actions in section 3A), and therefore the action owner and due date for this action has been aligned with action EHC-A4. | | | | | |

7. Funding and Finance

| What needs to improve | | | | |
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| Effectiveness of funding and financial frameworks to ensure children and young people's individual needs are met through the most appropriate provision to support them to achieve positive outcomes within a sustainable system | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Ensure that resources are managed as effectively and efficiently as possible to achieve the best possible outcomes for our children and young people through improved financial oversight, collaboration and commitments across partners and robust decision making processes at appropriate levels Introduce a banding system for the allocation of funding associated with EHCPs across all age ranges and setting types (both mainstream and special) to modernise our system and ensure it is equitable for all children and young people, accurately represents children and young people's needs and is aligned to national plans Provide fair and appropriate funding and support to all children and young people with EHCPs that enables them to be effectively supported to make progress towards their individual outcomes and provides flexibility to schools and settings to facilitate delivery of effective, creative, more inclusive provision of high quality Provide clear information on the role of personal budgets associated with EHCPs, including all associated responsibilities and oversight processes, to ensure they are used appropriately and most effectively | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| FF1 | Agree and implement a scheme of delegation and robust processes to ensure that all key financial decisions relating to SEND are signed off at appropriate levels, with key decisions being made at Head of Service or Director level as required | To be allocated | To be determined | Not yet started; no risk anticipated |
| FF2 | Work with a multi-agency group (including representatives from schools/settings, parents/carers and professionals) to: <ul style="list-style-type: none"> undertake decision around selecting a child led approach or institutional led approach for a new banding system create a proposed set of banding descriptors and associated bands | Senior Project Manager (K) | September 2025 | On track |
| FF3 | Run a pilot period to test and refine the proposed banding descriptors and associated bands | Senior Project Manager (K) | January 2026 | Not yet started; no risk anticipated |
| FF4 | Moderate and convert all children and young people with existing EHCPs onto the new system, ensuring they have the appropriate banding level in line with their needs and required support | Senior Project Manager (K) | August 2027 | Not yet started; no risk anticipated |

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| FF5 | Ensure all systems and processes are in place (including any required disapplications) to facilitate new banding system being fully operational for all EHCPs going forward | Senior Project Manager (K) | September 2027 | Not yet started; no risk anticipated |
| FF6 | Undertake a review of practice relating to use of the new banding descriptors and model and their integration into business as usual | To be allocated | September 2028 | Not yet started; no risk anticipated |
| FF7 | Local Authority and ICB colleagues to jointly review and further explore potential financial contributions from health partners, including support at an individual and strategic level such as contributions to provision, and seek to reach agreement on where this may be appropriate | Children and Families Health Consultant | July 2025 | On track |
| FF8 | Review and refresh our existing policy and associated paperwork (such as direct payment agreements) relating to personal budgets associated with EHC Plans | Senior Project Manager (I) | December 2025 | Not yet started; no risk anticipated |
| FF9 | Prepare clear operational guidance for professionals on personal budgets associated with EHC Plans to increase their effectiveness and ensure responsibilities are clear | Senior Project Manager (I) | January 2026 | Not yet started; no risk anticipated |
| FF10 | Prepare clear guidance and support information for parents / carers on personal budgets associated with EHC Plans to increase their effectiveness and ensure responsibilities are clear | Senior Project Manager (I) | January 2026 | Not yet started; no risk anticipated |
| FF11 | Review and update information relating to personal budgets associated with EHC Plans on the Cheshire East Local Offer for SEND | Senior Project Manager (I) | January 2026 | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">Average cost of top-up funding (overall and in different setting types)Total spend – actual expenditure v forecast / budgetNumber / percentage of requests for, and agreements for, plus average cost of personal budgets associated with EHCPs | What we will see when we've addressed this area | <ul style="list-style-type: none">Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| A Delivery Lead (Senior Project Manager - K) has been identified to lead delivery of actions on high needs banding, building on previous work undertaken by a subgroup of the Schools' Forum comprised of local authority colleagues, school representatives and parents/carers. The Delivery Lead joined the council from 8 April 2025 to focus solely on this area. | | | | |

8. Training

| What needs to improve | | | | |
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| Clear, consistent, easily accessed training offer across the partnership which is impactful in upskilling professionals and families to effectively support our children and young people with SEND | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Ensure there is a clear and easy to access partnership training offer to upskill stakeholders in effectively identifying and supporting children and young people's needs (including in relation to their education, health and wellbeing) which has documented methods for measuring impact and is informed by feedback and information arising from performance and quality assurance activity | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| TG1 | Assess and evaluate existing training offers to schools/settings and partners | Inclusion Quality Officer (A) | April 2025 | Complete |
| TG2 | Research, develop and commission a SEND Partnership universal offer of multi-agency training courses for 2025/2026 with external/internal providers including: <ul style="list-style-type: none"> what can be delivered internally and what would need an external commission linked to SEMH, ASC, SCLN, health and wellbeing, such as ELSA, AET, Emotion Coaching and SALT and trauma-informed practice | Inclusion Quality Officer (A) | July 2025 | On track |
| TG3 | Deliver developed SEND Partnership universal training offer for 2025/2026 to local authority staff, partner agencies, schools/settings and parents/carers | Inclusion Quality Officer (A) | July 2026 | On track |
| TG4 | Agree a business as usual process for the development and delivery of an annual multi-agency Cheshire East SEND Partnership universal training offer | Inclusion Quality Officer (A) | January 2026 | Not yet started; no risk anticipated |
| TG5 | Develop and deliver a 2025/2026 schedule of Liquidlogic training for all schools and settings (0-25), and develop a process for embedding this as business as usual annual training activity | Inclusion Quality Officer (A) Business Intelligence Training Officer | July 2026 | Not yet started; no risk anticipated |
| TG6 | Develop and deliver a 2025/2026 training programme to upskill social workers and children and family workers in the adult social care offer | Inclusion Quality Officer (A) Designated Social Care Officer | July 2026 | Not yet started; no risk anticipated |

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| TG7 | Develop and deliver a 2025/2026 training programme on health-based outcomes to promote cultural change for health staff | Inclusion Quality Officer (A) Designated Clinical Officer | July 2026 | Not yet started; no risk anticipated |
| TG8 | Prepare a feasibility and options assessment on the roll out of restorative practice across SEND partnership stakeholders | SEND Training Co-ordinator | November 2025 | On track |

See also specific training actions in:

- 2. SEN Support and our Graduated Approach
- 3.A. EHC Needs Assessments and Plans – Decision making and panel processes
- 3.C. EHC Needs Assessments and Plan – Annual Reviews
- 4. Quality Assurance and Audits
- 10. Alternative Provision (AP) and EOTAS
- 11. Transition Between Educational Phases
- 12. Attendance
- 14.B. Wider Preparing for Adulthood Improvements

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| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Numbers of SEND-related training sessions held and attendees • Feedback from attendees on quality, effectiveness and impact of training (short and long-term) • Number / percentage of educational settings with trained staff members for Liquidlogic | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Positive feedback on the quality, effectiveness and impact of training via specific training impact measures and SEND partnership surveys, along with more positive feedback overall from all groups on the quality of support received by our children and young people with SEND at all levels • Increased number of educational setting staff regularly utilising access to Liquidlogic and therefore making processes more efficient • Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan |
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Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people

A single partnership SEND and inclusion training webpage has been established as part of our Local Offer for SEND at www.cheshireeast.gov.uk/SENDtraining. This brings together all currently scheduled or on demand training, whether virtual or in-person, for all stakeholders within the Cheshire East SEND partnership. The Delivery Lead (Inclusion Quality Officer – A) has collated information on previously available training delivered by partnership teams and identified issues such as replication of the same training by multiple teams. The Delivery Lead is currently working closely with the SEND Training Co-ordinator to finalise a SEND Partnership universal offer of multi-agency training courses for 2025/2026, informed by identified training needs and gaps from previous analysis.

Chapter 2 - Right Place

9. Educational Provision and Sufficiency

| What needs to improve | | | | |
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| The sufficiency of suitable educational provision and placements that can meet children and young people's assessed needs | | | | |
| Areas for improvement | <ul style="list-style-type: none"> • Increase the sufficiency of specialist educational provision in the borough through new schools and increased capacity so that more children can be educated closer to their home and local communities • Clarify expectations around the use of specialist provision to ensure it is used appropriately and effectively targeted where it is most required • Increase our understanding of our post-16 cohort needs and available provision and pathways, and further develop our post-16 mainstream offer to ensure young people with EHCPs have choice and are able to continue learning in their local community | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| EPS1 | Building on 2024 reviews, carry out reviews and viability assessments of remaining specialist provision in Cheshire East and their current designation | To be allocated | To be determined | Not yet started; no risk anticipated |
| EPS2 | Use data on numbers of EHC Plans and primary needs of children/young people, plus outcomes/findings from 2024 reviews of existing provision and intelligence from SEND team around potential gaps, to prepare an updated 0-25 SEND sufficiency statement and provision plan which sets out the number of places required in Cheshire East over 7 years to achieve a steady state and how this will be delivered | Project Manager – Education | June 2025 | On track |
| EPS3 | Produce a policy and resource allocation document outlining how we will use specialist provision (including Resource Provisions, SEN Units and special schools) in Cheshire East, including provision development and enhancement principles, to support decision making | Head of Service: Inclusion | July 2025 | Not yet started; no risk anticipated |
| EPS4 | Deliver 2025/2026 provision changes and improvements in line with the SEN sufficiency statement and provision plan and capital programme, and produce an initial report (to subsequently be prepared annually) outlining progress against the plan and impact to date | School Organisation and Capital Team Manager | September 2026 | Not yet started; no risk anticipated |
| EPS5 | Building on the 0-25 SEND sufficiency statement and provision plan, undertake a deep dive on the cohort and pathways for post-16 young people with EHCPs, including: | Area Delivery Manager – NEET and PFA | September 2025 | Not yet started; no |

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| | <ul style="list-style-type: none"> Mapping current post-16 provision, pathways and commissioning arrangements used for Cheshire East young people with an EHCP Mapping existing and potential future cohort of Cheshire East post-16 young people with an EHCP (numbers/needs/geography etc) Working with Cheshire East post-16 mainstream settings to understand and identify current barriers to supporting young people with an EHCP Preparing a gap analysis for post-16 provision for young people with an EHCP | | | risk anticipated |
| EPS6 | Using gap analysis findings, develop and co-produce a policy and local mainstream education SEND offer with our local colleges to provide support for the post-16 cohort (including those with specialist needs, particularly social, emotional, mental health or autism needs) to support re-integration of young people into local mainstream provision and ensure that young people with EHCPs have choice and are able to continue learning in their local community | Area Delivery Manager – NEET and PFA | March 2026 | Not yet started; no risk anticipated |
| EPS7 | Develop a policy and local offer with early years providers to provide support to the early years cohort, including those with specialist needs | Head of Service: Early Years | December 2025 | Not yet started; no risk anticipated |
| EPS8 | Work with families to identify children and young people who are attending independent specialist provision whose outcomes may be improved by attendance in a Cheshire East special school from 2026/2027 | Head of Service: Inclusion | March 2026 | Not yet started; no risk anticipated |
| EPS9 | Work with children and families to support a smooth placement change to a Cheshire East special school from 2026/2027 | Head of Service: Inclusion | September 2026 | Not yet started; no risk anticipated |
| EPS10 | Produce and deliver 2025/2026 partnership communication plan relating to educational provision developments to increase parental and professional knowledge of, and confidence in, any newly developed provision | Strategic Transformation Lead for SEND Communications Business Partner | July 2026 | Not yet started; no risk anticipated |
| EPS11 | Produce and deliver 2026/2027 partnership communication plan relating to educational provision developments to increase parental and professional knowledge of, and confidence in, any newly developed provision | To be allocated | July 2027 | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> Number of high needs places in different placement types in Cheshire East compared with EHCPs / sufficiency requirements, mitigations and forecast Number / percentage of children and young people with EHCPs in: | What we will see when we've addressed this area | <ul style="list-style-type: none"> High needs places in different placement types meet sufficiency requirements, mitigations and forecasts Children and young people are being appropriately supported in the right setting in line with their needs | |

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| | <ul style="list-style-type: none"> - mainstream provision - a specialist placement (including RP / SEN unit or special school) - non-maintained special school, independent special school or specialist post-16 institute - a Cheshire East setting or an out of borough setting | | <ul style="list-style-type: none"> • Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | |
| <p>Following extensive data and information analysis, an updated 0-25 SEND sufficiency statement and provision plan is currently being finalised and is scheduled for final sign off at the council's Children and Families Committee in June 2025 (via sharing at other required council meetings). Alongside this, planning conversations are continuing around specific proposed developments for specialist places within the borough.</p> | | | |

10. Alternative Provision (AP) and EOTAS

| What needs to improve | | | | |
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| Clarity and effectiveness of decision making and use of alternative provision and educated other than at school (EOTAS) arrangements | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Ensure a strengthened alternative provision offer is in place in Cheshire East that better supports children and young people to make timely progress and reintegration to mainstream education, as appropriate, through a review of existing alternative provision arrangements and delivery of agreed improvements Ensure clear and robust systems are in place to agree, track, monitor and review children and young people in alternative provision or educated other than at school, and to assure the quality of the provision and support they receive, in order to support successful progress towards their individual outcomes and progression into settings, as appropriate | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| APE1 | Review, finalise and sign off first version of alternative provision operational guidance handbook for use by local authority and schools, covering short-term part-time AP use | Interim Head of Service: Education Participation and Pupil Support | July 2025 | On track |
| APE2 | Complete data analysis and prepare an initial annual report to share at the SEND and AP Partnership Board on use of the Pupil Referral Unit (PRU), permanent exclusions and use of alternative provision, including: <ul style="list-style-type: none"> How long KS3 and KS4 children stay at the PRU Establish which schools permanently excluded (PEX) pupils are coming from and factors leading to these permanent exclusions, in order to understand how these could be reduced / avoided in the future and propose recommended actions to mitigate identified factors | Interim Head of Service: Education Participation and Pupil Support | December 2025 | On track |
| APE3 | Develop an Alternative Provision and Section 19 (permanently excluded and medical needs etc) Sufficiency document that includes: <ul style="list-style-type: none"> an agreed definition and aims / principles of Alternative Provision current and projected need and cohorts review of current provision (including all current commissioning arrangements, providers, delivery models, funding and outcomes) recommended development actions | Interim Head of Service: Education Participation and Pupil Support | January 2026 | On track |
| APE4 | Review and further enhance alternative provision operational guidance handbook for use by local authority and schools to add information on longer-term AP use | Interim Head of Service: Education Participation and Pupil Support | January 2026 | On track |

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| APE5 | Review and update our list of quality assured and/or currently used local authority commissioned alternative provision and work with them to support them moving onto our framework (flexible purchasing system) for alternative provision and/or completing DfE registration | Interim Head of Service: Education Participation and Pupil Support | September 2026 | On track |
| APE6 | Develop and document a quality assurance process for initial commissioning and ongoing monitoring of all used alternative provision, ensuring robust safeguarding arrangements are in place and responsibilities are defined regarding assurance of the setting and the individual provision | Interim Project Lead for Children's Commissioning | September 2025 | Not yet started; no risk anticipated |
| APE7 | Review all existing PEX placements to ensure potential end dates and progress routes have been considered, and establish robust processes to agree these at the start of all future placements | Interim Head of Service: Education Participation and Pupil Support | July 2025 | On track |
| APE8 | Establish formal commissioning arrangements with the PRU and other providers supporting PEX/at risk of PEX pupils, including a Service Level Agreement (SLA) or formal contract as required, with clear expectations around monitoring arrangements and outcomes (such as progression and re-integration) | Interim Project Lead for Children's Commissioning | June 2025 | Not yet started; no risk anticipated |
| APE9 | Undertake data cleansing exercise to identify and re-code any individuals that are incorrectly labelled as EOTAS (as at Spring Term 2024/2025) | Business Development Officer (J) | June 2025 | On track |
| APE10 | Agree and document clear processes for a) agreeing EOTAS arrangements for individuals b) funding and procuring/commissioning EOTAS arrangements for individuals (including use of personal budgets specifically for EOTAS and how provision clearly links to outcomes) c) monitoring and reviewing EOTAS arrangements for individuals | Business Development Officer (J) | November 2025 | On track |
| APE11 | Prepare and circulate internal EOTAS Operational Guidance for staff (which includes clear definition of what is and is not EOTAS) | Business Development Officer (J) | November 2025 | On track |
| APE12 | Undertake training on EOTAS (including EOTAS Operational Guidance and agreed EOTAS processes) for staff, undertake training on EOTAS for parents/carers and provide information on EOTAS to parents/carers | To be allocated | January 2026 | Not yet started; no risk anticipated |
| APE13 | Review all individuals with current EOTAS arrangements (as at Spring Term 2024/2025) as part of their next EHCP annual review | To be allocated | September 2026 | On track |
| APE14 | Develop a core commissioned offer for EOTAS cases; where providers are not on the AP framework, establish a provider platform | Interim Project Lead for Children's Commissioning | September 2025 | Not yet started; no risk anticipated |

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| APE15 | Unpick and clarify access to therapies for children and young people on EOTAS arrangements with integrated care board and health trusts as part of contracts | To be allocated | To be determined | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Number / percentage of children / young people attending the PRU / in alternative provision • Average length of placements for children attending the PRU / in alternative provision and information on their next steps / outcomes • Average and overall spend for alternative provision and EOTAS placements • Number / percentage of children / young people with EOTAS arrangements • Findings from quality assurance / audit activity to understand the quality of AP and EOTAS arrangements for children and young people, and their experiences and outcomes | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Young people's average time in alternative provision is reduced • Commissioning and spot purchasing of alternative provision is shaped by the findings and recommendations in quality assurance and audit activity • Leaders and practitioners have a good understanding of the need and use of alternative provision, which enables a long term forecast spend for alternative provision and EOTAS | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| <p>Operational guidance for using Alternative Provision has been reviewed and updated, and this will go through SEND Transformation Action Group (TAG) governance for sign off.</p> <p>Quality assurance checks are completed on alternative provision that is being commissioned by the local authority and prioritised for any new provision that is identified. Internal services, such as the Tuition Team, have recently undergone quality assurance checks, aligning to the practice with commissioned services.</p> <p>Training with a focus on alternative provision, EOTAS and attendance was delivered in April 2025 to increase SEND team and wider professional knowledge and strengthen consistency of practice.</p> <p>Permanently excluded children are currently under review and placement planning is in place to ensure swifter reintegration into long term provision. Despite the increase in the reintegration of permanently excluded students, there remains an insufficiency of registered provision to meet the increasing demand of students being excluded, which highlights a risk to achieving efficient intervention and supported reintegration.</p> <p>A working definition for 'EOTAS' (Education Otherwise than at School) has been drafted and agreed by relevant education services, legal colleagues and the SEND Transformation Action Group (TAG); this was required to enable further work to take place around data cleansing, agreeing and documenting local processes and preparing the internal EOTAS Operational Guidance for staff. To further enable data cleansing, the Delivery Lead has met with colleagues from the SEND team and Business Intelligence to agree standard content for various fields in Liquidlogic case records and EHCPs, and specifically to scrutinise post-16 cases at various placements that may or may not be EOTAS cases in line with individual decisions and circumstances. A form to review current EOTAS cases has been drafted and trialled with one case, with agreement to trial one further case, before the form is refined and finalised.</p> | | | | |

Chapter 3 - Right Time

11. Transition Between Educational Phases

| What needs to improve | | | | |
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| Clear and consistent processes and information to facilitate a smooth experience for children and young people with SEND, and their families, when moving between educational phases | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Enhance the transition process and establish clear expectations and knowledge regarding transition to ensure that children, young people and families are supported and confident at key transition points (from early years through to adulthood) to reduce escalation of need | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| TEP1 | Review existing transition process and complete research (including working with children/young people and families, and undertaking school/setting visits) to gain knowledge and understanding of best practice examples of transition, examples of 'what does good look like' and develop clear expectations for schools, partners, young people and parents regarding transition | Transition Manager | December 2024 | Complete |
| TEP2 | Document a refreshed and enhanced end-to-end transition process at the three main transition points for children and young people with all levels of SEND to clarify all roles, responsibilities and expectations to thereby improve communication, confidence and knowledge in transitions and enable an earlier start (e.g. at Nursery 1, Y5 and Y9) in order to reduce demand for escalation to an EHCP and/or change of placement to a specialist provision | Transition Manager | September 2025 | On track |
| TEP3 | Formally implement the new transition process with all stakeholders, including the SEND service and wider services, schools and settings so that they can forward plan their requirements | Transition Manager | December 2025 | On track |
| TEP4 | Support and guidance to be provided to schools, settings, children / young people, families and partnership professionals on the refreshed and enhanced end-to-end transition process and the offer in the next phase of education, including documents/resources and updated information on the Local Offer for SEND | Transition Manager | December 2025 | On track |
| TEP5 | Plan and deliver a 2025/2026 training programme for all schools and settings, SEND professionals, parents and carers tailored to educational phases (early years, primary/secondary, post-16), on the revised transition process and the offer in the next phase of education | Transition Manager | September 2026 | Not yet started; no risk anticipated |

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| TEP6 | Undertake a review of the impact and effectiveness of the refreshed and enhanced end-to-end transition process | | Transition Manager | December 2026 | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">Numbers / percentages of requests for EHC needs assessments, and first EHCPs issued, at key transition pointsNumbers / percentages of requests for change of placements (specifying if change of placement type and direction of change) at key transition pointsFeedback from young people, parents/carers, and educational setting professionals of their experiences of transition via survey and/or audit activity | What we will see when we've addressed this area | <ul style="list-style-type: none">Children and young people's needs are routinely identified and appropriately supported at the earliest opportunity, leading to a reduction in the number of / percentages of requests for EHC needs assessments, first EHCPs issued, and change or placement requests at key transition points, compared with previous yearsPositive feedback from young people, parents/carers and educational setting professionals of their experiences of transition in surveys and audits | | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | | |
| <p>Following its initial development after the council's involvement in the Delivering Better Value (DBV) Programme, the Transition Team created links with all stakeholders (including through several task and finish groups) to gain their views on existing processes and good practice for transition between educational settings - including children and young people, families, settings, internal and external professionals, and other local authorities. The team then agreed regular space within the weekly Schools' and early years' bulletins to share good practice and promote effective transition support, and developed extensive online transition resources for different phase transitions for both families and professionals as part of enhancing the transition process.</p> <p>The team has worked with various settings to pilot use of the new resources and guidance, including groups of early years children, year 5/6 children and year 10 children. Further work is now required to use learning from these initial pilots when developing the enhanced end-to-end transition process.</p> <p>The Transition Team has supported with development and delivery of various training sessions linked with transition and based on feedback/gaps in knowledge areas, particularly relating to preparing for adulthood and post-16 offers. Topics and audiences include: post-16 offer to professionals and secondary school SENCOs/Careers Leads, a consultation workshop with educational settings and local authority staff, online transition sessions for educational settings, Preparing for Adulthood e-learning, social care offer to professionals, early years transition training, and new SENCO training. The Transition Manager has also organised and delivered 'Planning Your Future' events for young people, families and professionals and supported with SEND careers events and training.</p> <p>The team has however struggled with capacity issues as various team members have left the team over time, leaving only the Transition Manager now in post. Work is now required to re-focus and re-prioritise the work in this area to enable the Manager's extensive skills to be best used, and revised actions have been agreed and captured in this plan to facilitate this.</p> | | | | | |

12. Attendance

| What needs to improve | | | | |
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| Effectiveness of attendance support and monitoring processes and resources to ensure children with SEND are able to access and attend education | | | | |
| Areas for improvement | <ul style="list-style-type: none"> • Increase attendance for children and young people with SEND (including those at SEN Support and with EHCPs) • Embed a consistent process to monitor attendance of all children with SEND, including children attending schools / settings outside of Cheshire East • Reduce the number of children with EHCPs missing education and ensure all children are able to access a suitable school placement and education acts a protective factor | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| A1 | Revise, finalise and sign off attendance monitoring process flow and guidance in light of new EYES Liquidlogic module implementation | Interim Head of Service: Education Participation and Pupil Support | September 2025 | On track |
| A2 | Agree ongoing reporting mechanism to share information on attendance of children and young people with SEND (covering statutory school age, NEET, EHE and CME) with SEND and AP Partnership Board, and prepare initial annual report (including recommendations for the board) | Interim Head of Service: Education Participation and Pupil Support | December 2025 | On track |
| A3 | Finalise and sign off process flow and guidance regarding steps in case of children with EHCPs approaching risk of exclusion | Interim Head of Service: Education Participation and Pupil Support | July 2025 | On track |
| A4 | Complete review of children and young people with SEND who have become electively home educated (EHE) during academic year 2023/24 and 2024/25 to identify any themes around this decision and/or whether there is a higher rate of EHE from specific schools | Senior Project Manager (J) | July 2025 | Not yet started; no risk anticipated |
| A5 | Undertake targeted work and support with schools that have been identified as having recent high levels of children with SEND becoming electively home educated (EHE) | Senior Project Manager (J) | December 2025 | Not yet started; no risk anticipated |
| A6 | Undertake training with, and provide guidance resources to, SEND team colleagues to increase their understanding of how to support children with EHCPs missing education | SEND Training Co-ordinator Interim Head of Service: Education Participation and Pupil Support | April 2025 | Complete but need to evidence impact |

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| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Attendance rates for children and young people with SEND • Exclusion rates for children and young people with SEND • Number / percentage of children and young people with SEND that are electively home educated (EHE) and themes around this | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Improved attendance rates for children with SEND • Reduced exclusion rates for children and young people with SEND • Parental confidence that young people's needs are met in their provision, which results in a steadying of the number of children becoming EHE |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | |
| <p>SEND keyworkers are working more closely with the Education Access officer to intervene where children are identified at risk of exclusion.</p> <p>Case example of impact (March 2025) - joined up working between SEND keyworker, Education Access Officer, school and police to prevent the permanent exclusion of a 14-year-old with an Education, Health and Care (EHC) Plan. A multi-agency meeting ensured timely action planning and decision making; suitable alternative education was sourced swiftly and appropriate support put in place for the young person, enabling the school to rescind the permanent exclusion.</p> <p>Training with a focus on exclusion prevention, alternative provision, EHE, EOTAS and attendance was delivered in April 2025 to the SEND team and wider professionals to increase knowledge in these areas and strengthen consistency of practice.</p> | | | |

13. Communication and Learning From Feedback, Complaints and Appeals

| What needs to improve | | | | |
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| Clear, accurate, transparent and timely shared information and responses to learning to improve the experiences and satisfaction of our children and young people, their families and partnership professionals | | | | |
| Areas for improvement | <ul style="list-style-type: none"> Improve the experiences and satisfaction of our parent/carers and children and young people and reduce the number of complaints, tribunals and local government ombudsmen (LGO) referrals through improved communication (including evaluating and addressing common communication issues) and providing clarity on expectations Further strengthen our Local Offer for SEND (in conjunction with our Family Hubs Digital Offer) to ensure families and professionals can easily access useful, accurate and relevant information on support available to promote good development and wellbeing in children and young people. Ensure comprehensive awareness raising regarding the presence of our Local Offer for SEND amongst families and professionals, (including those in communities and universal services, as well as those in more SEND specific services). | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| FCA1 | Carry out an audit to understand the reasons behind the significant number of SEND mediations and appeals to the First-tier Tribunal (SEND), along with analysis of mediation / appeal outcomes, in order to identify learning and service / process improvement recommendations | SEND Customer Services and Complaints Officer | June 2025 | Complete but need to evidence impact |
| FCA2 | Carry out a review of refusals to conduct an EHC needs assessment and/or issue an EHCP, including appeals and any decision changes, in order to identify learning and service / process improvement recommendations | SEND Customer Services and Complaints Officer | June 2025 | Complete but need to evidence impact |
| FCA3 | Local authority and Parent Carer Forum to work jointly to identify common SEND communication issues arising between parents / carers and the local authority, and then to carry out agreed actions to improve these | Strategic Transformation Lead for SEND PCF Chair / Vice-Chair | September 2025 | On track |
| FCA4 | Finalise Memorandum of Understanding between the local authority, ICB and Parent Carer Forum | LA: Strategic Transformation Lead for SEND PCF: PCF Chair / Vice-Chair ICB: Head of Integrated Commissioning | June 2025 | Complete but need to evidence impact |

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| FCA5 | Refresh the SEND team communication promise to clarify communication expectations between the SEND team, families and professionals | SEND Customer Services and Complaints Officer | October 2025 | Not yet started; no risk anticipated |
| FCA6 | Agree a mechanism for regular collation, analysis and sharing of SEND themes from ICB and health provider complaints and feedback to SEND and AP Partnership, and prepare an initial annual report covering this information along with any recommendations or actions | Designated Clinical Officer | December 2025 | Not yet started; no risk anticipated |
| FCA7 | Agree a mechanism for regular collation, analysis and sharing of SEND themes from children's and adults' social care complaints and feedback to SEND and AP Partnership, and prepare an initial annual report covering this information along with any recommendations or actions | Designated Social Care Officer | December 2025 | Not yet started; no risk anticipated |
| FCA8 | Develop a robust ongoing process to collate, share and annually publish feedback on our Local Offer for SEND and to agree improvement actions in response | Business Development Officer (C) | December 2025 | Not yet started; no risk anticipated |
| FCA9a | Prepare and publish a 2025 annual update to embed a 'you said, we did' approach and clearly explain where working TOGETHER (including strategic coproduction) and feedback has made an impact on change, and where this has not been possible | Business Development Manager (V) | January 2026 | Not yet started; no risk anticipated |
| FCA9b | Prepare and publish a 2026 annual update to embed a 'you said, we did' approach and clearly explain where working TOGETHER (including strategic coproduction) and feedback has made an impact on change, and where this has not been possible | To be allocated | January 2027 | Not yet started; no risk anticipated |
| FCA9c | Prepare and publish a 2027 annual update to embed a 'you said, we did' approach and clearly explain where working TOGETHER (including strategic coproduction) and feedback has made an impact on change, and where this has not been possible | To be allocated | January 2028 | Not yet started; no risk anticipated |
| FCA10 | Agree and deliver a priority action plan to further improve and develop the Local Offer for SEND during 2025/2026 based on feedback and previous external review recommendations | Business Development Officer (C) | August 2026 | Not yet started; no risk anticipated |
| FCA11 | Agree and deliver a priority action plan to further improve and develop the Local Offer for SEND during 2026/2027 based on feedback | Business Development Officer (C) | August 2027 | Not yet started; no risk anticipated |
| FCA12 | Relaunch 'SENDing you the news' e-newsletter and online content with agreed delivery plan for 2025/2026 | Communications Business Partner | September 2025 | On track |

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| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Number and themes of SEND-related compliments and complaints received by the local authority, ICB and health trusts • Number and themes of mediations and appeals registered with the First-tier Tribunal • Themes of feedback received through, and relating to our, Local Offer for SEND and access rates • Uptake of partnership 'SENDing you the news' newsletter • Feedback from young people, parents/carers, and professionals from educational settings and the wider partnership on communication via our SEND surveys | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Reduction in the number of SEND-related complaints received by the local authority, ICB and health trusts • Reduction in the number of mediations and appeals registered with the First-tier Tribunal • More positive feedback on communication, and greater awareness of the Local Offer for SEND, from young people with SEND, their parents and carers, educational setting staff and wider partnership professionals in SEND partnership surveys compared with previous years |
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Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people

An annual report covering tribunal, complaints and mediations for the last calendar year has been drafted and shared for consideration with internal managers. This document now requires finalising and sign-off, with agreement of any recommendations.

Regular weekly meetings take place between the Parent Carer Forum Co-Chair and the Strategic Transformation Lead for SEND, and Parent Carer Forum representatives have a standing item to share arising views of their members at the SEND and AP Partnership Board (which meets every 2 months). Communication issues have been shared at both of these meetings and the required task now is to document the top issues and agree mitigating actions.

A draft Memorandum of Understanding between the local authority, ICB and Parent Carer Forum has been prepared and requires final review and sign off from all parties.

14. Preparing for Adulthood

What needs to improve

The quality, consistency and timeliness of support, advice, information and guidance given to support children and young people with SEND in achieving good outcomes in adulthood

A. Birth to Thrive

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| Areas for improvement | <ul style="list-style-type: none"> • More seamless and consistent transition for young people when moving between support and services provided for children by the council and partners to the local support and service offer for adults • Better joined up working between different colleagues involved in supporting young people in moving between children's and adults' services and support, supported by a new service with clear roles, responsibilities and processes |
| Note | This section contains actions being carried out under the 'Birth to Thrive' (B2T) Transformation Project, which have been distinguished from wider preparing for adulthood actions in section B, noting the focus of the B2T project on the development of options for a new service. Pending formal decision on the vision, scope and structure of the new service, some wider actions may fall under the remit of the new service. |

| Ref | Action | Action Owner | Due by | Action Rating |
|------------------------------------|---|--|---------------|--------------------------------------|
| Phase 1: Strategic Planning | | | | |
| B2T-1.1 | Define the vision, objectives and service scope, and agree the key outcomes the new service will achieve | ICC Transformation Programme Project Manager | March 2025 | Complete but need to evidence impact |
| B2T-1.2 | Undertake a horizon scan to identify model options / areas of best practice for transitions and preparing for adulthood policies and functions | ICC Transformation Programme Project Manager | December 2024 | Complete |
| B2T-1.3 | Review current processes and practice to map current transitions and preparing for adulthood (PfA) activities across children's and adults' social care to inform model options and areas for operational efficiency and improved user experience | ICC Transformation Programme Project Manager | March 2025 | Complete but need to evidence impact |
| B2T-1.4 | Complete analysis of available financial information and data related to children's social care and SEN to inform options development (modelling in-scope cohorts and implications for service structure and staffing requirements) | ICC Transformation Programme Project Manager | March 2025 | Complete but need to evidence impact |

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| B2T-1.5 | Complete engagement with internal and external stakeholders on options for the new service | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-1.6 | Develop new or review existing policies to guide the operations of the service (e.g. transitions from children's social care into adult social care; a multi-agency working framework), informed by agreement on the scope of the new service | Director of Education, Strong Start and Integration (Drafting support: ICC Transformation Programme Project Manager) | TBC | Not yet started; no risk anticipated |
| B2T-1.7 | Establish the new governance structure for service | Director of Education, Strong Start and Integration (Drafting support: ICC Transformation Programme Project Manager) | TBC | Not yet started; no risk anticipated |
| Phase 2: Design | | | | |
| B2T-2.1 | Prepare a detailed design of the new service, including team structures, management hierarchy, and integration points with adults' and children's social care / health partners / education services | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-2.2 | Develop staffing and workforce guidance and considerations, including: assessment of role-realignment if required, identification of new roles, draft JDs and engagement with HR | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-2.3 | Develop budget and funding strategy for staffing, IT systems and infrastructure, training and development | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-2.4 | Develop service workflows for referrals, case allocation, multi-agency working, and define service level agreements with partners | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-2.5 | Assess and review existing case management systems / local level databases and explore improved processes for tracking transitions and EHCP processes <i>[linking with actions in section 3.A. Decision Making and Panel Processes]</i> | To be allocated | TBC | Not yet started; no risk anticipated |

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| B2T-2.6 | Agree Key Performance Indicators (KPIs) for service performance monitoring | To be allocated | TBC | Not yet started; no risk anticipated |
| Phase 3: Implementation | | | | |
| B2T-3.1 | Conduct staff consultation and transition plan for impacted roles, as applicable | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-3.2 | Develop communication strategy for internal and external stakeholders (staff briefings; FAQ documents; parent carer forum engagement; newsletters; school staff briefings etc) | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-3.3 | Undertake service piloting and rollout, pending decision on agreed model and phased cohort rollout | To be allocated | TBC | Not yet started; no risk anticipated |
| B2T-3.4 | Agree quality and performance metrics and monitoring arrangements, and establish feedback mechanisms, including regular review processes | To be allocated | TBC | Not yet started; no risk anticipated |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">Total spend – actual expenditure v forecast / budgetNumber / percentage of children and young people with EHCPs in specialist post-16 institutes | What we will see when we've addressed this area | <ul style="list-style-type: none">Forecasted overall cost avoidance targets achieved (year on year) in line with our Dedicated Schools Grant (DSG) Management Plan | |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | | |
| <p>Most recently, a Birth to Thrive visioning workshop was held on 10 March 2025 to look at target cohorts, remit, scope and shared vision for a new service, with findings from the workshop reflected at the next Project Board meeting on 12 March 2025.</p> <p>A recommendation report summarising all findings and recommendations to date has been produced and is being reviewed by the council's Director of Education, Strong Start and Integration, with a briefing on the content delivered to CSLT on 2 April 2024. As the project moves into coproduction and wider partner and parent/carers engagement, the vision and scope may be refined, but there is an in-principle agreement to take into the detailed design work: progressing design of a new Preparing for Adulthood Navigator Service and a new Integrated Disability Service (adults' and children's). This was then shared with the Council's Transformation Board on week commencing 7 April 2025.</p> <p>There is a risk relating to future Birth to Thrive actions in that capacity to project manage and drive work still needs to be identified for the Birth to Thrive project going forward, following initial work undertaken by Inner Circle project capacity (which ceased in March 2025).</p> | | | | |

| B. Wider Preparing for Adulthood Improvements | | | | |
|---|---|--|----------------|--------------------------------------|
| Areas for improvement | <ul style="list-style-type: none"> Further expand our Supported Internship offer to enable more choice and opportunities for our young people with SEND around employment options Further strengthen tools, practice guidance and available resources for supporting planning around preparing for adulthood, particularly in relation to careers, employment and independent travel Ensure local authority professionals, educational setting staff and parents / carers are fully informed on the range of post-16 pathways and are able to offer effective support around career planning and outcome setting for children and young people with SEND as they prepare for adulthood | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| PFA1 | Produce and launch an online training suite of resources for employers to support inclusive recruitment pathways for young people with SEND | Supported Internship Lead | May 2025 | Complete |
| PFA2 | Develop and implement a 'Project SEARCH' model of Supported Internships to offer more choice and placements to our young people with SEND | Supported Internship Lead | September 2026 | Not yet started; no risk anticipated |
| PFA3 | Work with 2 additional special schools to develop a Supported Internship pathway for their learners | Supported Internship Lead | September 2026 | Not yet started; no risk anticipated |
| PFA4 | Develop and pilot a measurement tool to track progress of our supported interns (linked with preparing for adulthood and health and wellbeing indicators) | Supported Internship Lead Consultant in Public Health | July 2026 | Not yet started; no risk anticipated |
| PFA5 | Continue to grow Cheshire East Supported Internships to enable choice and more opportunities by developing 2 operational models with a minimum of 60 available places | Supported Internship Lead | September 2027 | Not yet started; no risk anticipated |
| PFA6 | Update our preparing for adulthood policy and practice guidance to reflect evidence based best practice and to support strong partnership working | Area Delivery Manager – NEET and PFA | December 2025 | Not yet started; no risk anticipated |
| PFA7 | Evaluate PATH (Planning Alternative Tomorrows with Hope) person-centred planning tool pilot outcomes and impact, and agree next steps | Principal Educational Psychologist | May 2025 | On track |
| PFA8 | Training for local authority colleagues (across education and social care) on the following areas specifically for young people with SEND: | Area Delivery Manager – NEET and PFA | December 2025 | On track |

| | | | | |
|----------------------------------|---|--|--|--------------------------------------|
| | <ul style="list-style-type: none"> careers advice and guidance post-16 offer (options and pathways) planning and writing SMART preparing for adulthood EHCP outcomes, especially relating to the young person's employment / careers aspiration | | | |
| PFA9 | Training for educational setting staff (careers leads and SENCOs) on the following areas specifically for young people with SEND: <ul style="list-style-type: none"> careers advice and guidance post-16 offer (options and pathways) planning and writing SMART preparing for adulthood EHCP outcomes, especially relating to the young person's employment / careers aspiration | Area Delivery Manager – NEET and PFA | December 2025 | On track |
| PFA10 | Training for parents and carers on the following areas specifically for young people with SEND: <ul style="list-style-type: none"> careers advice and guidance post-16 offer (options and pathway) planning and writing SMART preparing for adulthood EHCP outcomes, especially relating to the young person's employment / careers aspiration | Area Delivery Manager – NEET and PFA | December 2025 | On track |
| PFA11 | Review and enhance our online Local Offer for SEND (and wider digital offer) around Preparing for Adulthood planning process, plus careers advice, guidance and information on possible options and pathways for young people with SEND | Area Delivery Manager – NEET and PFA Business Development Officer (C) | December 2025 | Not yet started; no risk anticipated |
| PFA12 | Review Preparing for Adulthood booklet to ensure it contains useful information around careers advice, guidance and information on possible options and pathways for young people with SEND | Area Delivery Manager – NEET and PFA | December 2025 | Not yet started; no risk anticipated |
| PFA13 | In conjunction with other colleagues, prepare and deliver promotion plan for Preparing for Adulthood booklet to ensure local authority workforce, educational setting staff (careers leads and SENCOs) and parents/carers are aware of it | Area Delivery Manager – NEET and PFA | December 2025 | Not yet started; no risk anticipated |
| PFA14 | Build into EHCP template and/or guidance notes that all post-14 EHCPs have an outcome relating to their employment/careers aspiration | Area Delivery Manager – NEET and PFA | December 2025 | Not yet started; no risk anticipated |
| PFA15 | Develop and deliver an action plan to roll out independent travel training for young people with SEND during 2025/2026 academic year | Skills and Lifelong Learning Service Team Manager | July 2026 | Not yet started; no risk anticipated |
| How we'll assess if we've | <ul style="list-style-type: none"> Percentage of young people not in education, employment or training (NEET) | What we will see when we've | <ul style="list-style-type: none"> Reduction in the percentage of young people not in education, employment or training (NEET) compared with previous years | |

| | | | |
|--|---|----------------------------|---|
| addressed this area | <ul style="list-style-type: none"> • Number of young people on a Supported Internship and number of places / providers offering Supported Internships • Number / percentage of young people moving from a Supported Internship into paid employment • Feedback from young people and employers during and following a Supported Internship • Number / percentage of children and young people with EHCPs in specialist post-16 institutes • Number / percentage of young people completing independent travel training and percentage that then travel independently | addressed this area | <ul style="list-style-type: none"> • Increase in number of young people on a Supported Internship, and number of places / providers offering Supported Internships, and in the percentage of young people moving into paid employment following a Supported Internship • Increased number of young people with SEND that are able to, and confident in, traveling independently |
| Key improvement activities delivered to date in 2025 and what impact we are achieving for children and young people | | | |
| <p>An online training suite of resources for employers to support inclusive recruitment pathways for young people with SEND was launched on National Supported Internship Day (27 March 2025). The eLearning created for employers is available online at: Training for employers, with wider information on Supported Internships also available online at: Supported Internship information. Information on the new resources and information was shared via a press release and circulated to employers via a targeted supported internship newsletter. Information was also circulated to educational settings (for sharing with their students), to parents/carers (with an ask to share with their own employers also) and to local authority staff via internal newsletter.</p> <p>A pilot has been conducted using the PATH (Planning Alternative Tomorrows with Hope) person-centred planning tool with 10 post-16 young people with SEND. The criteria for these PATHs focused on young people with established EHCPs transitioning to a new setting or a new programme within their current setting. Work is now focusing on finalising a summary report of findings, which include examples of placement success and mediation prevention.</p> | | | |



Your thoughts matter

If you have any views on this document or on how we can improve our services, please do contact us at SENDPartnerships@cheshireeast.gov.uk



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OPEN**Children and Families Committee****09 June 2025****Final Outturn 2024/25**

Report of: Interim Executive Director of Resources (s151 Officer)**Report Reference No: CF/01/25-26****Ward(s) Affected: Not applicable****Decision and Scrutiny****Purpose of Report**

- 1 This report provides members with an overview of the Cheshire East Council final outturn for the financial year 2024/25. Members are being asked to consider the financial performance of the Council. The report also proposes treatment of year end balances that reflects risks identified in the Medium-Term Financial Strategy which was approved by Council on 26 February 2025.
- 2 To highlight financial performance across all Departments, and within Central Budgets shows how the Council is achieving its financial strategies and managing financial control and accountability.
- 3 Reporting the financial outturn at this stage, and in this format supports the Council's vision to be an effective and enabling Council as set out in the Cheshire East Plan 2025 to 2029.

Executive Summary

- 4 This report outlines how the Council managed its resources through sound financial planning, monitoring, and reporting to achieve outcomes and value for money.
- 5 The Outturn is reported as part of the Statutory Accounts and is therefore subject to audit. The audited Accounts will be presented to the Audit and Governance Committee on 4 December 2025.

- 6 The Council set its 2024/25 annual budget in February 2024. The budget was balanced, as required by statute, with planned use of reserves of £22m, plus £30m of savings to achieve in year, and included important assumptions about spending in the year. The budget is part of the Medium-Term Financial Strategy (MTFS) 2024 to 2028.
- 7 The Third Financial Review (FR3) forecast revenue outturn was an adverse variance of £18.3m (prior to the application of any Exceptional Financial Support), an improvement of £1.8m from FR2.
- 8 Prior to the application of Exceptional Financial Support and a proposed £7.8m transfer to reserves (see para 68 below), the 2024/25 service outturn position is an adverse variance of £9.8m, reflecting an underlying improvement since FR3 of £8.5m, as detailed below in Table 1 (Total Service Expenditure plus Central Budgets).

| Table 1 | Revised | Outturn | Variance | Forecast | Movement |
|--------------------------------------|----------------|----------------|-----------------|-----------------|--------------------|
| Outturn 2024/25 | Budget | | | Variance | from FR3 to |
| | (NET) | | | FR3 | Outturn |
| | £m | £m | £m | £m | £m |
| Service Committee | | | | | |
| Adults and Health | 137.1 | 154.7 | 17.6 | 20.0 | (2.4) |
| Children and Families | 92.6 | 96.1 | 3.5 | 5.4 | (1.9) |
| Corporate Policy | 44.2 | 41.9 | (2.2) | 2.5 | (4.7) |
| Economy and Growth | 27.9 | 22.7 | (5.3) | (3.8) | (1.5) |
| Environment and Communities | 47.8 | 46.3 | (1.5) | (0.6) | (0.9) |
| Highways and Transport | 16.2 | 14.4 | (1.8) | (0.5) | (1.3) |
| TOTAL SERVICE EXPENDITURE | 365.8 | 376.0 | 10.2 | 22.9 | (12.7) |
| Finance Sub: | | | | | |
| Central Budgets | 25.0 | 32.4 | 7.4 | (4.6) | 12.0 |
| Funding | (390.8) | (390.8) | (0.0) | - | (0.0) |
| TOTAL FINANCE SUB | (0.0) | 17.6 | 17.6 | 18.3 | (0.7) |
| Exceptional Financial Support | - | (17.6) | (17.6) | (17.6) | - |
| GRAND TOTAL | (0.0) | (0.0) | (0.0) | 0.7 | (0.7) |

- 9 Whilst an improvement on the Third Financial Review position of £8.5m, the service overspend of £9.8m remains a significant financial challenge for the Council. Cost pressures in Adults and Children's services remain a key issue. Details of in year pressures, ongoing impacts into 2025/26 and improvements against FR3 by Committee are reported in paragraphs 30 to 63 below.

- 10 The out-turn position, net of proposed transfers to useable reserves of £7.8m, is an overspend of £17.6m. This includes the setting up of a reserve to set aside sufficient one-off resources to be able to respond to the steps that will be necessary to support the delivery of our transformation, change and improvement activity especially in light of the recent publication of the non-statutory Best Value notice. This will be able to pump prime activities to ensure that change is made at pace to support our longer-term financial sustainability. Any use of this reserve will need to be recommended by the Chief Executive and Executive Director of Resources and any virements will then need to follow the usual approval processes.
- 11 As reported at FR3, in order to address the risk to services from the Council's budgetary pressures, there was an urgent report to Council on the 11 December 2024 on Exceptional Financial Support (EFS). The report sought the authority for the Chief Executive to request that the in-principle EFS of up to £17.6m by way of a capitalisation direction for 2023/24 and 2024/25 be able to be applied only in 2024/25, from the Secretary of State for Housing, Communities and Local Government in order to address the Council's budgetary pressures during the financial year 2024/25. The costs of accepting the EFS support will impact over the medium term and these have been built into the 2025/26-2028/29 MTFS approved in February 2025.
- 12 As indicated in Table 2 below and recognising the request in the urgent report to Council on 11 December 2024, it is proposed that the full £17.6m conditional EFS is utilised for 2024/25 to cover the following:
- Overall Council overspend in 2024/25 - **£9.8m**
 - Creation of a further earmarked reserve to cover the one off costs of change and improvement activity in 2025/26 and 2026/27 - **£5.3m**
 - Transfer to General Fund Reserves - **£2.5m** to increase financial resilience into 2025/26 and future years.
- 13 The reserves position, after agreed movements budgeted for in the MTFS and new additional requests noted below, are £29.6m, being £6.3m General Fund and £23.3m Earmarked.

| Table 2: Exceptional Financial Support and Reserves - Outturn | £m |
|---|---------------|
| 2024/25 overspend – outturn (including Service EMRs) | 10.2 |
| Improvement on central budgets - Surplus levy grant | (0.4) |
| Tfr to Cost of Change and Improvement Reserve | 5.3 |
| Tfr to General Fund | 2.5 |
| 2024/25 Revised Out-turn | 17.6 |
| Exceptional Financial Support | (17.6) |
| Outturn 2024/25 | - |
| | |
| Reserves | |
| General Fund | 6.3 |

| | |
|---|------|
| Earmarked Reserve | 23.3 |
| Total Reserves at 31 March 2025 – Outturn Final | 29.6 |
| | |

- 14 The outturn expenditure level for capital spending for 2024/25 was £88.4m against the original MTFS budget set in February 2024 of £215.8m (FR3 £144.7m). The underspend of £56.3m (Out-turn compared to FR3) will be slipped into 2025/26 and future years. This level of slippage at 39% is a higher variance than 2023/24 (18%)

- 15 **Table 3** sets out the capital programme profiling changes from FR3:

| Table 3 | 2024/25 Outturn £000 | 2025/26 Estimate £000 | 2026/27 Estimate £000 | 2027/28 Estimate £000 | 2024-28 Total £000 |
|----------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------|
| Capital Programme FR3 | 144,670 | 157,134 | 104,400 | 243,852 | 650,056 |
| Funded by: | | | | | |
| Capital Programme Outturn | 88,322 | 208,490 | 100,570 | 252,694 | 650,076 |
| Funded by: | | | | | |
| Movement from FR3 | -56,348 | +51,356 | -3,830 | +8,842 | +20 |

- 16 **Table 4** sets out the capital programme summary at the Outturn position by Committee:

| Table 4 | 2024/25 Outturn £000 | 2025/26 Estimate £000 | 2026/27 Estimate £000 | 2027/28 Estimate £000 | 2024-28 Total £000 |
|--------------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------|
| Adults and Health | 280 | 468 | 0 | 0 | 748 |
| Children and Families | 9,722 | 56,131 | 21,604 | 20,749 | 108,206 |
| Corporate Policy | 5,465 | 10,125 | 1,173 | 0 | 16,763 |
| Economy and Growth | 25,723 | 56,534 | 32,905 | 81,762 | 196,924 |
| Environment and Communities | 5,915 | 18,606 | 2,184 | 15,301 | 42,006 |
| Highways and Transport | 41,217 | 66,626 | 42,704 | 134,882 | 285,429 |
| TOTAL EXPENDITURE | 88,322 | 208,490 | 100,570 | 252,694 | 650,076 |
| Funding: | | | | | |
| Grants and Other Contributions | 53,793 | 149,212 | 88,370 | 187,853 | 479,228 |
| Capital Receipts and Reserves | 901 | 2,500 | 1324 | 33,381 | 38,106 |
| Borrowing | 33,628 | 56,778 | 10,876 | 31,460 | 132,742 |
| TOTAL FUNDING | 88,322 | 208,490 | 100,570 | 252,694 | 650,076 |

- 17 During 2024/25 a capital review was carried out with a view to reducing and re-profiling the amount of capital spend funded by borrowing which has led to significant slippage. Continued scrutiny of the capital programme will be required to minimise and delay spend funded from borrowing to reduce the ongoing revenue in future years. The authority should aim to repay more historical borrowing than any new borrowing incurred in year to ensure that the total capital financing requirement begins to decrease and the long term position becomes more sustainable.

- 18 Capital receipts in year amounted to £2.2m against a forecast of £2m, of this £1.2 will be used to fund transformational costs with the remaining £1m supporting the capital financing budget as planned.
- 19 During 2024/25, we undertook a Balance Sheet review through our Treasury Advisors, Arlingclose Ltd. As part of that review, they considered the revenue impact of the current Minimum Revenue Provision (MRP) and Capital Financing Requirement (CFR) policy currently in place and we asked them to assess our alignment with current Chartered Institute of Public Finance and Accountancy (CIPFA) guidance. Changes to the Accounting Policy for MRP were set out in the 2025/26 – 2028/29 MTFS - in summary the out-turn impact for 2024/25 is an improvement of £3.1m against the Capital Financing Budget.
- 20 The annex and appendix attached to this report set out details of the Council's financial performance:
- 21 Annex 1: Outturn 2024/25 – Sets out detailed information for each of the following areas as at 31 March 2025 (per Committee area):
 - **Section 1** 2024/25 Financial Outturn position
 - **Section 2** 2024/25 Approved Budget Change Items
 - **Section 3** Revenue Grants for approval and Grant Register
 - **Section 4** Capital
 - **Section 5** Reserves
 - **Section 6** Treasury Management
 - **Section 7** Investment Strategy

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Consider the overall financial performance of the Council in the 2024/25 financial year, as contained within the report, as follows:
 - a) A Net Revenue Overspend of £17.6m against a revised budget of £365.8m (4.8% variance) funded by conditional Exceptional Financial Support (Capitalisation Direction) via borrowing.
 - b) General Reserves closing balance of £6.3m.
 - c) Capital Spending of £88.4m against an approved programme of £215.8m (59% variance).
2. Consider the contents of Annex 1.
3. Approve the new Reserves in the Reserves Section (**Annex 1, Section 5, Table 1**) which includes proposed movements to reserves.

4. Recommend to Council to approve the Supplementary Revenue Estimate (SRE) Request for Allocation of Additional Grant Funding over £1,000,000 as per **Annex 1, Section 3, Table 1**.
5. Approve the Children and Families Committee Supplementary Revenue Estimates (SRE) Request for Allocation of Additional Grant Funding (Specific Purpose) over £500,000 up to £1,000,000 as per **Annex 1, Section 3, Table 2**.
6. Approve the Supplementary Capital Estimates (SCE) and Capital Virements between £500,000 and £1,000,000 in accordance with Financial Procedure Rules for the following Committee's as detailed in **Annex 1, Section 4, Table 4**
7. Recommend to Council to approve the Supplementary Capital Estimates (SCE) over £1,000,000 in accordance with Budget and Policy Framework Rules as detailed in **Annex 1, Section 4, Table 5**.

Background

- 22 This single view of the financial picture of the Council provides the overall financial context.
- 23 The financial outturn for Cheshire East Council is an overspend of £17.6m. This is net of appropriate allocations to useable reserves. Further detail is provided in **Table 1** and **Annex 1**.
- 24 On 1 April 2024 total Council reserves were £37.8m. The closing balance on 31 March 2025 is £29.6m, this represents an improvement vs forecast of £12.4m. This is partly due to lower drawdowns for services than previously forecast, plus the creation of new reserves as mentioned in paragraph 12 above.
- 25 Capital - The original budget set in February 2024 was £215.8m. During 2024/25 a review was carried out the aim of reducing and reprofiling the amount of capital spend funded by borrowing. At FR3 the forecast spend had reduced to £144.7m. Actual spend for 2024/25 outturn was £88.4m.
- 26 Capital receipts in year amounted to £2.2m against a forecast of £2m, of this £1.2m will be used to fund transformational costs with the remaining £1m supporting the capital financing budget as planned.
- 27 Capital Financing Budget – The impact of funding EFS via Capitalisation Directive/Borrowing over the term of the MTFS are shown in the table below (extract from MTFS Report Feb 2025).

| Table 5: Capital Financing Budget - elements | 2025/26 £m | 2026/27 £m | 2027/28 £m | 2028/29 £m |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| Interest Payable – DSG Deficit | 5.6 | 6.4 | 7.4 | 7.4 |
| Interest Payable – EFS* | 1.0 | 1.7 | 1.6 | 1.6 |
| Interest Payable – Capital Borrowing | 13.5 | 12.8 | 13.3 | 13.3 |
| Interest receivable | (2.3) | (2.1) | (2.1) | (2.1) |
| Total Net Interest | 17.8 | 18.8 | 20.2 | 20.2 |
| MRP – EFS* | 0.5 | 1.3 | 2.1 | 2.2 |
| MRP – Capital Borrowing | 16.7 | 18.7 | 19.6 | 20.8 |
| Total MRP | 17.2 | 20.0 | 21.7 | 23.0 |
| Total CFB requirement | 35.0 | 38.8 | 41.9 | 43.2 |

*EFS MRP/Interest above relates to both 2024/25 £17.6m and 2025/26 £25.3m

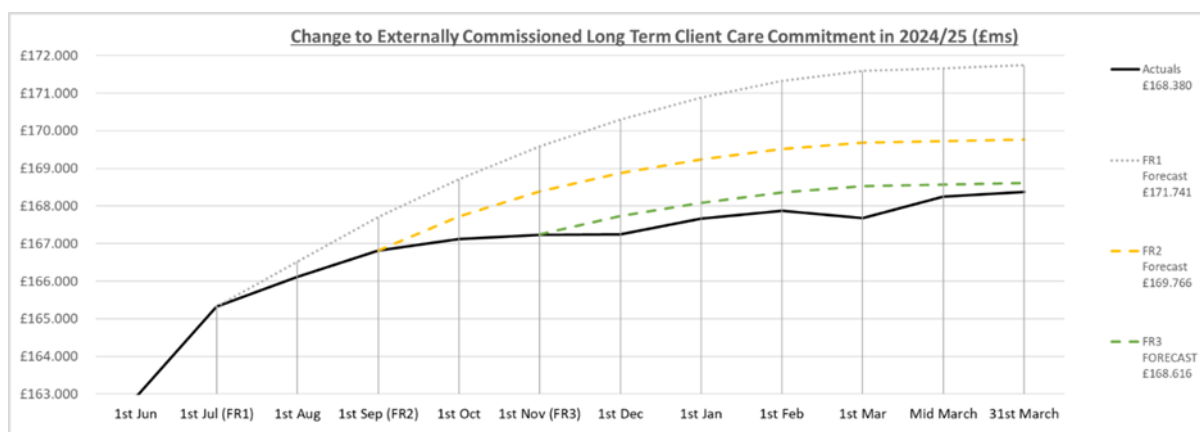
- 28 During 2024/25, we undertook a Balance Sheet review through our Treasury Advisors, Arlingclose Ltd. As part of that review, they considered the revenue impact of the current Minimum Revenue Provision (MRP) and Capital Financing Requirement (CFR) policy currently in place. We asked them to assess our alignment with current Chartered Institute of Public Finance and Accountancy (CIPFA) guidance. Changes to the Accounting Policy for MRP were set out in the 2025/26 – 2028/29 MTFS against the Capital Financing Budget (Refer to Appendix A, Annex 5, Section 3 of the MTFS – [Approved Feb 2025](#)).
- 29 Changes to the Accounting Policy needed to be made in 2024/25 due to new regulations coming in from 1 April 2025 and therefore have the benefit of reducing the 2024/25 charge to revenue with a betterment to the overall outturn position plus ongoing impacts from 2025/26 onwards have been reflected through the MTFS. In summary the out-turn impact for 2024/25 being is a net improvement of £3.411m.
- 30 There are a number of key issues that have caused the revenue overspend, including:
- Continued demand and complexity of care beyond levels previously identified in Adult's services;
 - Increasing demands of Children's Social care, in terms of complexity and the number of cases;
 - Increased borrowing costs associated with the unfunded Dedicated Schools Grant (DSG) deficit;
 - Non delivery of some previously agreed savings and/or income targets;
 - The financial impact of investment in transformation and improvement activity over the medium term;
 - Under-recovery of rent allowances;
- 31 In order to mitigate the cost pressure facing the Council, various tasks to urgently review spend and identify additional savings have been undertaken in year through actions led by the Strategic Finance Management Board, which included:

- regular line by line reviews of budgets have been undertaken throughout the year to identify any additional funding or potential areas of underspend.
- The cessation of any non-essential spend
- Management of vacancies, particularly agency usage
- Review of Section 106 legacy budgets
- Identification of any other areas of discretionary spend including grants awarded, where spend can be reduced or stopped.
- Review Debt management / overall level of bad debt provision

Specific commentary on the forecast outturn position by Committee

Adults and Health adverse variance of £17.6m

- 32 Throughout 2024/25 the Adults, Health and Integration Directorate has been forecasting an overspend of up to £20m driven by increases in costs of individual placements for people who draw on care and support. This forecast position included mitigations which have been delivered through the year. The final outturn position is an overspend of £17.6m.
- 33 This position represents an improvement on the position that was reported at the Third Financial Review (TFR) of £2.4m. This further improvement results from a number of factors. First, the final outturn for external care costs was slightly lower than the TFR projection as demonstrated in the chart below. As shown in the graph the level of activity between December and March grew at a slower rate than in previous months and was anticipated at the end of quarter 3. At that time there was concern that activity would increase as a result of winter pressures and so a cautious approach was adopted in forecasting the outturn.



- 34 Secondly, smaller favourable variances in other areas have allowed more external care costs than previously anticipated to be funded using eligible external grants. The terms and conditions of these grants allow these costs to be funded if they have been defrayed before the end of the financial year. Finally, income levels continue to exceed earlier expectations for two reasons, income is driven activity and directly related to care costs and the new adoption of a new charging policy adopted in 2024/25.

- 35 This final position provides a secure foundation to build on in 2025/26 and beyond through the Medium-Term Financial Strategy (MTFS) as new transformation projects (e.g. Prevent Reduce, Enable) are brought forward to improve outcomes for service users alongside containing the financial outlay for the Council in responding to ongoing high levels of demand. Although a small amount of the improvement between TFR and the Year End position is of a temporary nature, the outturn position provides greater confidence that the growth for care costs and income which are in the MTFS reflect the adjustment levels needed to re-size the service budget in 2025/26.

Public Health

- 36 There are various factors which have impacted the final position for the Public Health (PH) ringfenced grant reserve movement. Some of this links to additional grant received for PH outcomes, as well as work by the service to manage vacancies and reduce contract costs where possible. The service will continue to work with the wider council services when planning future years' expenditure. This will ensure the best possible VFM is achieved for CEC residents, whilst also ensuring that services funded from the grant continue to meet the statutory ringfenced criteria for PH outcomes. It is important to note that the reserve needs to be sufficient to ensure that when current contracts are re-commissioned they remain affordable, as there is no guarantee that the PH grant allocation will increase to cover cost increases.

Children and Families adverse variance of £3.5m

- 37 At the end of the last financial year the outturn for Children and Families was an overspend of £8.2m. The Medium-Term Financial Strategy included growth to address the pressures that were emerging throughout 2023/24. The costs of children's social care are a concern for many local authorities and not unique to Cheshire East.
- 38 The provisional outturn position for 2024/25 reflects a £3.5m in-year pressure. This is an improvement of £1.9m since the third financial review mainly due to: £0.7m drawdown from reserves to offset the costs relating to flexible capital receipts; £0.2m improved position on catering; £0.2m increase on transport; there was an increase £1.2m in Social Care Cost relating to support accommodation costs but other costs reduced by a similar amount across other placements; use of grants to reduce commissioning cost of children's contracts £0.2m; and reduced staffing cost due to vacancy management and use of grants in Education, Strong Start and Integration (£1.0m).
- 39 The key pressure areas for the directorate include:
- Children's social care placements (£3.4m adverse variance) where the complexity of children in care has continued to increase and the number of children in care has increased from 528 at April 2024 to 550 at March 2025 (compared to a decrease from 586 at April 2023 to 541 at March 2024). Placement costs are increasing by significantly more than inflation

and in-year growth is more than projected in the budget, particularly relating to supported accommodation costs.

- The use and cost of agency staff in children's social care to cover vacancies, sick absence, and maternity leave. The number of staff is greater than the planned establishment to ensure we are able to meet our statutory needs. A review of the staffing structure and establishment gap has been factored into the MTFS for 2025/26.
- Home to school transport costs (£0.5m adverse variance) – where a mix of increasing numbers of pupils with an education, health and care plan (EHCP), and increasing contract costs / direct payment costs.
- Schools Catering (£0.2m adverse variance) – where the costs of the service are above the current charged income level and base budget.

40 These in-year pressures were considered as part of the MTFS for 2025/26. These include:

- Reviewing costs of placements as more detailed reviews are underway focusing on the expected length that some placements may need to be in place for;
- Staffing establishment reviews now scheduled on a 6 weekly basis including a review of agency staff and alternative working;
- Reunification children to be identified with targeted work in place for individual cases;
- Tracking of similar spend across teams to be held in the same place as residential and supported accommodation spend to increase overall grip and understanding;
- Work on Edge of Care Service proposals to identify early intervention that may reduce admissions and costs.

41 Dedicated School Grant (DSG)

For details on DSG please see paragraph 74 below

Corporate Policy favourable variance of £2.2m

42 The Corporate Services Directorate has a net budget of £42.0m for 2024/25 and the final level of spending is £41.9m. Expenditure includes £3.8m on transformation that was not part of the original budget.

43 A number of adjustments have been processed to make an overall reduction to the level of expenditure. They are:

- Contributing to an Insurance Reserve (£0.3m).
- Contributing to an Elections Reserve (£0.3m).
- Creation of an ICT Reserve to assist with change in 2025/26 (£0.3m).
- Funding transformation spend from existing earmarked reserves (£3.1m).

44 As a result, the final outturn is an underspend of £2.2m. The main reasons for the underspend are as follows:

- Vacancy management ~ most services have contributed to a total underspend of £2.3m on staffing budgets from vacant posts, some of which are now filled. This has enabled the service to manage a £0.54m pressure from an MTFS savings target that could not be delivered.
- ICT underspend ~ ICT has delivered a £1.7m underspend. This is mainly due to the expenditure on contracts being lower than expected and a full review of pre-payments.
- Members allowances ~ the budget has underspent by £0.3m.
- Expenditure control ~ tighter control on non-pay spending across the Directorate has achieved savings in most services totalling £0.3m.
- Additional income ~ Registrations Service (£0.5m), Procurement (£0.1m), and Finance (£0.1m) along with additional grant, and court costs income in the Benefits Service (£0.2m).

45 However, these underspends have been offset by the following:

- Rent Allowances ~ under-recovery of £1.5m.
- Transactional Service Centre ~ overspend of £0.3m mainly due to the additional costs of the stabilisation programme which has been put in place to improve the performance of the service and recognises the need to change the way in which Unit4 is used.
- Unavoidable costs ~ External Audit costs, and Bank Charges in Finance of £0.4m.
- Income shortfalls ~ in Project Management Office, Internal Audit, and Legal Services totalling £0.5m.

46 At Third Finance Review (FR3), Corporate Services was forecast to overspend by £2.5m meaning the outturn has improved by £4.7m. The main reasons for such a major change are as follows:

- Transformation ~ forecast costs of £3.7m were included in the FR3 figures. At outturn £3.1m of these costs have been shown as funded from reserve reducing the outturn figure by a corresponding amount.
- ICT shift of £1.1m from contract spend review.
- Establishment Reset ~ after the production of FR3 figures, staffing budgets were re-aligned following an establishment review, and the impact of backdated pay award became much clearer meaning more accurate staffing forecasts were possible increasing the underspend at outturn by £0.5m.

Place Directorate total favourable variance of £8.6m.

- 47 Overall, the Place Directorate is reporting an underspend of 8.6m at outturn against a £92.2m budget. This represents a £3.7m improvement from FR3.
- 48 The key issues relate to holding vacancies with staffing - expenditure running 16% below budget totalling £5.9m, reduced utility costs of £2.3m and other net changes such as increased income of £0.6m. Previously reported pressures from planning income and waste etc have been managed.

Environment and Communities favourable variance of £1.5m

- 49 Environment and Neighbourhood Services is reporting an underspend of £1.5m against a net budget of £47.8m. This is a £1.9m improvement from FR3. The key reasons for the underspend are £1.6m underspend in the Planning Service comprising underspends in Development Management of £0.5m and Building Control of £0.4m, both mainly due to vacancies. Strategic Planning is £0.7m underspent due to £0.3m vacancies plus £0.3m delayed Local Plan costs. The overall improvement is £0.9m since FR3 due to Improved Planning application income £0.3m, vacancy management £0.4m and additional income/funding £0.1m.
- 50 Environmental Commissioning for ANSA has seen a £0.3m underspend from an increase on the surplus of the core contract, this is an improvement on FR3 of £0.3m. Environmental Commissioning Orbitas is also £0.3m underspent, this is from additional income, which is a £0.1m improvement on income since FR3. Carbon neutral is £0.1m underspent due to recharging staff time to capital schemes, Regulatory Services is a £0.4m underspend, this is £0.3m due to vacancies and £0.1m income, a £0.2m improvement from FR3. Libraries is £0.1m underspent mainly from vacancies and there has been a £0.9m overspend on Leisure Commissioning. This is due to non-delivery of MTFS savings and represents a £0.5m worsening since FR3, due to delayed closure of sites and historic MTFS items. Other services: £0.4m overspend mainly in relation to the HSE fine.

Economy and Growth favourable variance of £5.3m

- 51 The Growth and Enterprise Directorate and Place Directorate are reporting an underspend of £5.3m against a budget of £28.2m. This is £1.5m improvement from FR3.
- 52 The key reasons for the underspend are as follows:
- 53 Facilities Management is underspent by £1.8m, a £0.1m improvement from FR3 due to vacancies. There have been savings against gas and electricity compared to higher budgeted costs of £2.3m and an underspend on Business rates of £0.3m due to revaluations and appeals. Vacancy management, savings in supplies and additional income have contributed to the underspend by £0.7m. This has been offset by pressures against maintenance budgets of £0.6m; partial achievement of the office estate rationalisation savings target £0.3m, Disrepair claims which is a £0.3m pressure and Water and cleaning costs, a pressure of £0.2m.
- 54 Economic Development is £0.8m underspent, this is as a result of reduced cost of supplies £0.3m, increased income £0.3m and vacancy management £0.2m, this is a £0.2m improvement from FR3. The Housing outturn is £0.7m underspent, due to vacancies and some grant funding, this is a £0.1m improvement from FR3.
- 55 Tatton, Green infrastructure, Cultural Economy and Visitor Economy is £1m underspent, this is a £0.8m improvement from FR3 due to holding vacancies and increasing income.
- 56 The Assets service is underspent by £0.7m, £0.3m is due to vacancies, £0.3m from better income and £0.1m due to a reduction in maintenance spend. The £0.5m improvement from FR3 is mainly from additional income. Farms is underspent by £0.2 due to lower maintenance spend.

Highways and Transport favourable variance of £1.8m

- 57 Transport & Infrastructure is reporting an underspend of £1.8m against a net budget of £16.2m. This is an improvement of £1.3m since FR3.
- 58 The key reasons for the underspend are:
 - Car Parking: £0.3m overspend, £0.4m vacancies are offset by reduced car park income £0.7m. This represents a £0.6m worsening since FR3 from reduced income.
 - Strategic Transport is a £1.2m underspend, largely due to vacancies, which represent a £1.1m improvement from FR3, there has also been a delay in new bus contracts taking effect.
 - An underspend of £0.8m across Ansa Transport commissioning, Infrastructure, Highways and Rail Transport Integration due to vacancies.

Finance Sub – Central items

59 Finance Sub Committee are reporting a variance of £7.4m, key variances relate to:

- Financing and Investment £1.1m net pressure reflecting £3.0m increased cost of interest payments on borrowing offset by £1.8m increased interest receipts from investments.
- (£0.2m) additional Flexible Capital Receipts above £1m budgeted.
- Reserves – transfers to / from of £10.6m (net) reflects the following:
 - +£1m reduction in available Capital Financing Reserve at outturn compared to forecast balance reflected in the February 2024 MTFS.
 - (£3.8)m use of the General Fund reserve forecast to fund transformation activities in services in year.
 - +£3.5m Transfer to Reserve as reflected in the 2025/26 MTFS (Forecast Reserves) to fund Transformation delivery in 2025/26.
 - +£5.3m Transfer to Reserve – as noted in paragraph 69 below
 - +£2.1m Transfer to General Fund – as noted in paragraph 69 below
 - +£2.5m new Earmarked Reserves
- As reported in the MTFS 2025/26 approved in February 2025, following a balance sheet review by our Treasury Advisors, Arlingclose Ltd, the Minimum Revenue Provision (MRP) policy has been revised and amended with effect from 1 April 2024, bringing it in closer alignment with CIPFA Guidance. The effect of this change has reduced the MRP charge to Revenue in 2024/25 by £3.4m, the ongoing improvement has been reflected in the MTFS/Budget for 2025/26.
- There is a further £1.88m positive variance as a result of in year balance sheet reviews against S106 balances/schemes and bad debt. The S106 Review identifying a one off contribution in year where work has been completed in prior years but has not been reflected in transferring money from S106 into the general fund, a reduction of £0.8m (£0.5m at FR3); £1.08m reduction in the bad debt provision following a review in year of the approach to Adult Social Care debts, further reviews are ongoing for Sundry Debts, the effects of which will be reflected in 2025/26 in year reporting.

Finance Sub – Exceptional Financial Support

60 Use of (£17.6m) Exceptional Financial Support – as reported at FR3, the Council proposed to utilise the full £17.6m conditional EFS in 2024/25 to cover the in year adverse overspend in order to protect and minimise the use of

reserves. The costs of accepting the EFS support will impact over the medium term. The financing of the use of EFS has been reflected in the MTFS/Budget for 2025/26 (see also para 27).

Companies

- 61 The Council's wholly owned companies' core contract expenditure was £43.7m in 2024/25, relating to services provided at cost for the Council. This position includes £1.1m of additional costs in year, relating to pay award pressures, Household waste recycling closure costs; offset by £1.2m in savings(including a £0.7m rebate on the Core contract), due to a reduction in inflation compared to budget and reduced tonnages against waste contracts, improvement in the recycling income, improvements against fuel spend, income, staffing vacancies, and other mitigations and efficiencies.
- 62 The net decrease in core contract costs is reflected in the Council's outturn position, mainly against Environment & Communities Committee services, with a net reduction against Highways & Transport Committee functions. The companies rebated £0.7m management fee back to the Council, related to core contract underspend, reflected in the Council's outturn position. In addition, in line with 2024/25 agreed policy proposals £1m of company reserves were returned to the Council as planned plus a further £0.5m agreed in year to assist with the Council's in year position. Both amounts have been reflected in the out-turn position.
- 63 Ansa and Orbitas realised £0.334m in profits (after tax) from commercial activities.

Delivery of the 2024/25 approved budget change items

- 64 Table 6 presents a summary of the final progress on the delivery of the 2024/25 approved budget change items. For items rated as Amber these are for items where there are risks and/or mitigating actions in place. For items rated as red these are for items where services are reporting an adverse variance and there has been an in year non delivery/achievement. New mitigation items have also been included that have come forward since the approval of the MTFS to help the in-year position where identified.
- 65 The green and blue columns show that these budget change items are either delivered or even exceed in some cases. The table below summarises the final progress for the year by Committee.

Table 6: Summary of the final progress on the delivery of the 2024/25 approved budget change items

| Committee | Approved Change Budget £m | Outturn £m | Completed £m | Green £m | Amber £m | Red £m | Mitigations £m |
|---------------------|---------------------------|------------|--------------|----------|----------|---------|----------------|
| Adults & Health | +1.136 | +18.707 | -2.723 | -10.955 | - | +33.521 | -1.136 |
| Children & Families | +9.909 | +13.375 | +0.533 | -1.001 | +0.205 | +15.431 | -1.793 |
| Corporate Policy | +0.489 | -1.759 | +0.193 | -0.482 | - | +1.581 | -3.051 |

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| | | | | | | | |
|---------------------------|----------|----------------|---------------|----------------|----------------|----------------|---------------|
| Economy & Growth | +3.316 | -1.943 | -0.061 | +1.988 | -0.836 | +0.940 | -3.974 |
| Environment & Communities | -0.052 | -1.587 | +0.875 | -2.012 | -0.051 | +2.397 | -2.796 |
| Finance Sub | -19.667 | -12.277 | -6.592 | -22.583 | +10.517 | - | +6.381 |
| Highways & Transport | +4.869 | +3.084 | +2.638 | +0.707 | +0.820 | +0.351 | -1.432 |
| TOTAL | 0 | +17.600 | -5.137 | -34.338 | -10.655 | +54.221 | -7.801 |

- 66 A complete list of all approved budget change items, with final progress noted against each item, can be found in **Annex 1, Section 2**.

Revenue Grants for Approval

- 67 Approvals for Supplementary Revenue Estimates for allocation of additional grant funding are detailed in **Annex 1, Section 3**.

Reserves Position

- 68 On 1 April 2024, Earmarked Reserves totalled £32.278m and the General Fund Reserve Balance totalled £5.580m. Of the total earmarked reserves, £13.7m has been transferred to the General Fund and £7m has been utilised to support the revenue budget for 2024/25. The General Fund reserves have been partially used to fund Transformation Costs of £3.8m and a contribution has been made to the revenue budget spend in year of £11.7m.
- 69 Table 7 shows the forecast level of Earmarked and General reserves at the end of 2024/25. This includes the creation of two new reserves :
- an earmarked reserve to cover the one off costs of Transformation in 2025/26 and 2026/27 of **£5.3m** to help mitigate anticipated one off cost impacts of change.
 - a Transfer to General Fund Reserves - **£2.5m** to increase financial resilience into 2025/26 and future years.
- 70 At outturn, some £2m of Earmarked reserves planned to be spent in 2024/25 have not been fully spent in year and therefore an additional slipped number of Earmarked reserves are being taken forward into 2024/25. There is planned spend in place for these earmarked reserves 2025/26.
- 71 New Earmarked reserve requests of £2.520m have been approved to fund some specific one-off items in 2025/26.
- 72 The Council outturn position is reporting £23.322m of earmarked reserves at the end of the financial year (MTFS Feb 2025 forecast £11.5m), of this £3.2m is considered ring-fenced, with special conditions limiting its use. The £11.8m change from the February 2025 forecast mainly reflects additional service requests of £2.6m, cost of transformation (£5.3m) and £3.9m lower than forecast planned use of reserves in year.

Table 7: General and Earmarked Reserves

| Committee Reserves | Opening Balance 01 April 2024 £000 | Transfers to General Fund £000 | Drawdowns in year £000 | Carry Forwards £000 | New Requests Approved £000 | Closing Balance Forecast 31 March 2025 £000 |
|---------------------------------|--|-----------------------------------|---------------------------|------------------------|-------------------------------|---|
| Adults and Health | 5,226 | (2,857) | 9 | (9) | 835 | 3,204 |
| Children and Families | 1,724 | 0 | (1,724) | 0 | 456 | 456 |
| Corporate Policy & Central | 20,772 | (9,276) | (3,878) | (50) | 9,714 | 17,282 |
| Economy and Growth | 2,777 | (1,008) | (866) | 173 | 320 | 1,396 |
| Environment and Communities | 870 | (390) | (328) | 330 | 0 | 482 |
| Highways and Transport | 908 | (205) | (215) | 14 | 0 | 502 |
| Earmarked Reserves Total | 32,277 | (13,736) | (7,002) | 458 | 11,325 | 23,322 |
| General Fund Reserve | 5,580 | 2,082 | (3,966) | 139 | 2,473 | 6,308 |
| Total Reserves | 37,857 | (11,654) | (10,968) | 597 | 13,798 | 29,630 |

73 A full list of all earmarked reserves can be found in **Annex 1, Section 5**.

Dedicated Schools Grant Reserve

- 74 The key pressure on DSG relates to the high needs block where the SEND service continues to see a significant increase in the number of pupils with an EHCPs, and the associated school placement costs.
- 75 This has placed pressure on the grant used to provide funding for children with SEND in various settings and led to a £31.7m deficit in 2023/24. This adds on to the brought forward deficit of £46.9m to take the DSG Reserve to a £78.6m deficit position at the end of 2023/24. This was an improvement on the budget gap as determined by the Council's DSG Management Plan that was reported to Children and Families Committee in April 2024 and set out the planned expenditure and income on high needs over the medium term. The gap has improved further during 2024/25 with an in-year deficit of £33.5m compared with £41.4m in the management plan. The overall deficit is £112.1m at the end of the year. Please note this includes an underspend on early years of £1.6m that is expected to be recouped in 2025/26.

Table 8 Dedicated Schools Grant

| Dedicated Schools Grant Deficit | £m |
|----------------------------------|-------|
| Deficit Balance Brought forward | 78.6 |
| Additional In-year Pressures | 33.5 |
| Deficit Balance at 31 March 2025 | 112.1 |

Debt

- 76 Sundry debt includes all invoiced income due to the Council except for statutory taxes (Council Tax and Non-Domestic Rates). The balance of outstanding debt at 31 March 2025 was £18.5m. This has increased by £1.6m since FR3 (end of November 2024).
- 77 Annually, the Council raises invoices with a total value of over £95m. Around 40% of the Council's overall sundry debt portfolio relates to charges for Adult Social Care, the remainder being spread across a range of functions including Highways, Property Services, Licensing and Building Control.
- 78 The Revenue Recovery team (using their experience gained in collecting Council Tax and Non-Domestic Rates) engage with services to offer advice and assistance in all aspects of debt management, including facilitating access to debt collection services (currently provided by Bristow & Sutor).
- 79 The total amount of service debt over six months old is £11.9m; split as £10.5m of Adult Social Care debt and £1.4m of Sundry Debt. A provision of £6.1m was made at year ended 31 March 2025 to cover doubtful debt in the event that it needs to be written off. There has been an in year review of the Bad Debt provision which has to date focused on Adult Social Care debt. This has lead to a reduction in the provision of £0.7m in the current year. Further work is planned for a review of debt across other service areas in 2025/26.
- 80 The level of Adult Social Care debt can fluctuate depending on when in the month the snapshot is taken, for example if it is before or after the Direct Debit income is received and allocated. The debt also has different levels of risk depending on the type of debt. For example, around £3.5m is linked to deferred arrangements which is debt that is secured on property or assets, and therefore carries a low risk. There is also around £9.4m of debt which is deemed to be lower risk as its linked to areas such as probate, property sales or deputyship.
- 81 The Highways position for outstanding debt is consistent throughout the year. The debt is generally made up of three elements: the movement of funds from Cheshire West and Chester Council and Warrington Borough Council in relation to the Cheshire Road Safety Group (these are settled quickly); third party claims for damage to the highway; and permit fees. The third party claims are often paid in instalments.

82 The previous outturn positions are:

- 31 March 2025 Outstanding debt £2.2m, over 6 months old £0.6m.
- 31 March 2024 Outstanding debt £1.6m, over 6 months old £0.7m

83 The Council has robust processes in place to ensure that all outstanding debt is chased up (where commercially viable) and, where necessary, payment plans are put in place with advice from Legal Services.

Table 9 – Debt Summary as at 31 March 2025

2024/25

DEBT SUMMARY as at 31st March 2025

| | Outstanding Debt £000 | | | Over 6 months old £000 | | |
|--|-----------------------|---------------|-----------------------|------------------------|---------------|-----------------------|
| | FR3 | Outturn | Increase / (Decrease) | FR3 | Outturn | Increase / (Decrease) |
| Adults and Health Committee | | | | | | |
| Adults, Public Health and Communities | 14,170 | 15,219 | 1,049 | 9,325 | 10,556 | 1,230 |
| Children and Families Committee | | | | | | |
| Children's Social Care (Incl. Directorate) | 189 | 247 | 58 | 1 | 1 | (0) |
| Prevention and Early Help | 51 | 70 | 20 | (8) | (8) | 1 |
| Schools | 17 | 4 | (14) | 3 | 1 | (2) |
| Highways and Transport Committee | | | | | | |
| Highways and Infrastructure | 1,305 | 1,499 | 194 | 755 | 626 | (129) |
| Economy and Growth Committee | | | | | | |
| Growth and Enterprise | 621 | 666 | 45 | 420 | 375 | (45) |
| Environment and Communities Committee | | | | | | |
| Environment and Neighbourhood Services | 377 | 293 | (84) | 214 | 243 | 29 |
| Corporate Policy Committee | | | | | | |
| Finance and Customer Services | 126 | 175 | 49 | 67 | 86 | 19 |
| Governance and Compliance | 0 | 2 | 2 | - | 0 | 0 |
| Human Resources | - | 89 | 89 | - | - | - |
| ICT | 3 | 228 | 224 | 2 | 0 | (2) |
| Total | 16,859 | 18,491 | 1,632 | 10,780 | 11,881 | 1,101 |

Council Tax and Business Rates

Council Tax

84 **Table 10** details each precepting authorities share of the budgeted collectable rates income.

| Table 10 | Band D | Collectable |
|---|-----------------|--------------------|
| Share of Council Tax Collectable Rates | Charge | Rates |
| | | £m |
| Cheshire East Council | 1,792.59 | 287.1 |
| Town and Parish Councils | 71.57 | 11.5 |
| Cheshire Police and Crime Commissioner | 262.94 | 42.1 |
| Cheshire Fire Authority | 90.09 | 14.4 |
| Total | 2,217.19 | 355.1 |

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- 85 The collectable rates valuation is based on the assumption that of the total amount billed, at least 99% will be collected. Table 11 demonstrates that, excluding a slight reduction during the Covid-19 pandemic, the target to collect at least 99% of Council Tax within three years continues to be achieved.

| Table 11 Council Tax Collection Rates | 2020/21 % | 2021/22 % | 2022/23 % | 2023/24 % | 2024/25 % |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| After 1 year | 97.4 | 97.8 | 98.2 | 98.0 | *97.8 |
| After 2 years | 98.6 | 98.5 | 98.8 | 98.6 | ** |
| After 3 years | 98.9 | 99.0 | 99.1 | ** | ** |

** Data is not yet available.

- 86 After accounting adjustments, the Council Tax Collection Fund position at outturn was a £0.420m surplus for 2024/25, of which, £0.353m is attributable to Cheshire East Council. This is a £0.347m improvement to the declared surplus of £0.73m from January 2025 and will be held in the Collection Fund Adjustment Account until January 2026, when a revised declaration to take this final position into account can be made.

Non-Domestic Rates (NDR)

- 87 Collectable rates are distributed between Cheshire East Council (49%), Cheshire Fire Authority (1%), and Central Government (50%).
- 88 Non-domestic Rates valuations for 2024/25 were set out in the NNDR1 return to Central Government in January 2024. Any variance to this forecast is included in the following years' NNDR1 return and any gain or loss will be recovered in 2025/26. The total Net Rates Payable into the Collection Fund was forecast at £155.7m.
- 89 **Table 12** demonstrates that the target to collect at least 99% of Non-Domestic Rates within three years continues to be achieved.

| Table 12 Non-Domestic Collection Rates | 2020/21 % | 2021/22 % | 2022/23 % | 2023/24 % | 2024/25 % |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| After 1 year | 92.4 | 95.6 | 98.2 | 97.7 | 97.9 |
| After 2 years | 97.4 | 98.3 | 98.8 | 99.0 | ** |
| After 3 years | 99.0 | 99.2 | 99.4 | ** | ** |

** Data is not yet available.

- 90 After accounting adjustments, the Non-Domestic Rates Collection Fund is out-turning a final deficit of £2.288m for 2024/25, of which, £1.121m is attributable to Cheshire East Council. This deficit is £0.238m more than the declared deficit of £2.050m from January 2025 and will be held in the Collection Fund Adjustment Account until January 2026 when a revised declaration to take this final position into account can be made.

Treasury Management Strategy update

- 91 Treasury Management income for 2024/25 is £3.3m which is higher than the budgeted £1.9m. However, borrowing costs are also higher than budgeted at £18.9m compared to budget of £16.1m. The net additional financing costs (borrowing less investment interest) is therefore £1.4m in excess of that budgeted.
- 92 Interest rates have seen substantial rises over the last 3 years which has significantly increased the cost of borrowing. Borrowing costs have begun to fall and the expectation is that they will continue to fall although market uncertainty may impact on the timing of future reductions.
- 93 The cost of short-term borrowing from other local authorities has generally followed Base Rate over the year. However, liquidity in the market from October onwards caused rates to increase disproportionately compared to underlying Base Rates. The Council's application for Exceptional Financial Support also reduced the credit quality of the Council to some lenders which exacerbated the shortage of liquidity available. As a result some PWLB borrowing was undertaken with a mix of 1-2 year maturity loans and 2-3 year Equal Instalments of Principal (EIP) repayment loans. The average rate payable on these loans is 4.84%. This provides some surety of cost at lower rates than we could otherwise have achieved at the time and reduces over-reliance on short term borrowing. The relatively short period of these PWLB loans should provide opportunities to refinance at lower cost if rates fall in line with expectations.
- 94 The cost of short term borrowing in 2024/25 is 5.29% which is an increase from 4.82% in 2023/24. The average rate paid on all borrowing was 5.03%.

Investment Strategy

- 95 There have not been any material changes to the Investment Strategy since that reported at in the MTFS for 2025/26 – 2028/29 in Feb 2025, see link [APPENDIX A MTFS 2025-26 to 2028-29 FINAL](#). Annex 1, Section 7 to this report includes updates to the Investment Strategy indicators for 2024/25 out-turn where available.

Consultation and Engagement

- 96 The annual business planning process involves engagement with local people and organisations. Local authorities have a statutory duty to consult on their budget with certain stakeholder groups including the Schools Forum and businesses. In addition, the Council chooses to consult with other stakeholder groups. The Council continues to carry out stakeholder analysis to identify the different groups involved in the budget setting process, what information they need from us, the information we currently
-

provide these groups with, and where we can improve our engagement process.

- 97 The Medium-Term Financial Strategy has been developed during 2024 and an online budget engagement survey was published on 19 December 2024.

Reasons for Recommendations

- 98 The recommendations in this report support the 'Reporting' element of the financial cycle.
- 99 The overall process for managing the Council's resources focuses on value for money, good governance, and stewardship. The approach to these responsibilities is captured in the Medium-Term Financial Strategy. Financial changes take place during the year and are authorised in line with the Constitution. This report sets out where further approvals are required.
- 100 This report provides strong links between the Council's statutory reporting requirements and the in-year monitoring processes for financial and non-financial management of resources.
- 101 Outturn reporting provides an opportunity to check performance and management of risks against the Medium-Term Financial Strategy. The four-year MTFS is approved by Council, but risks were identified as part of this process which will require access to reserves and exceptional financial support. Members had regard to such risks as the deficit in Dedicated School Grant reserves and potential liabilities associated with the Extra Care Housing PFI (Private Finance Initiative) Scheme when approving the budget.

Other Options Considered

- 102 Outturn reporting could be delayed until post audit, to avoid the risk of provisional figures changing. This is not a recommended option as the audit completion certificate is not expected until February 2026. Delaying the reporting element of the financial cycle minimises the ability to react to issues during in-year monitoring. Provisional reporting has historically been accurate, so it is appropriate to react to the financial information provided in this report.
- 103 General Reserves are used to manage risk, in accordance with the Reserves Strategy. In the Planning cycle for the 2026/27 MTFS members will have to re-consider the robustness of all estimates and the overall adequacy of reserves based on up-to-date information and forecasts, which will include a review of the level of General Reserves.
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Implications and Comments

Monitoring Officer/Legal/Governance

- 104 The Finance Sub-Committee has responsibility for oversight of the Council's budget and treasury management responsibilities and therefore the recommendations fall within its remit. Its approval of the supplementary estimates and virements follows the Budget and Policy Framework Rules and it is recommended that each committee also approves them.
- 105 The legal implications surrounding the process of setting the 2025 to 2029 Medium-Term Financial Strategy were dealt with in the reports relating to that process. The purpose of this paper is to provide a progress report at the final outturn stage in 2024/25.
- 106 Other implications arising directly from this report relate to the internal processes of approving supplementary revenue estimates, supplementary capital estimates and virements referred to above which are governed by the Finance Procedure Rules.

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- 107 The Council's financial resources are agreed by Council and aligned to the achievement of stated outcomes for residents and communities. Monitoring and managing performance help to ensure that resources are used effectively, and that business planning and financial decision making are made in the right context.
- 108 The Council's Audit & Governance Committee is responsible for reviewing and analysing the Council's audited position at year-end. Final Group Accounts are due for approval by February 2026 following public scrutiny, external auditing, and any associated recommendations to the Committee.
- 109 The forecast outturn for 2024/25, as reported within the MTFS, was used to inform the budget setting process for 2025/26. Analysis of the final outturn helps to inform the Council of potential issues arising for the 2025/26 budget or highlights potential underlying issues that can be managed in future budget setting cycles.
- 110 At this stage further work is underway to identify whether the variations reported at outturn will form a significant risk to the 2025/26 budget.

Human Resources

- 111 This report is a backward look at Council activities at outturn and states the year end position. Any HR implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.
-

Risk Management

112 Financial risks are assessed and reported on a regular basis, and remedial action taken if required. Risks associated with the achievement of the 2024/25 budget and the level of general reserves were factored into the financial scenario, budget, and reserves strategy.

Impact on other Committees

113 All Committees will receive this Outturn report.

Policy

114 This report is a backward look at Council activities during the final quarter.

115 The final outturn position, ongoing considerations for future years, and the impact on general reserves will be fed into the assumptions underpinning the 2026-30 Medium-Term Financial Strategy.

Equality, Diversity, and Inclusion

116 Any equality implications that arise from activities funded by the budgets that this report deals with will be dealt within the individual reports to Members or Officer Decision Records to which they relate.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|--------------------------------|---------------------------|------------------|----------------------|
| Statutory Officer (or deputy): | | | |
| Adele Taylor | S151 Officer | 12/05/2025 | 14/05/2025 |
| Janet Witkowski | Acting Monitoring Officer | 14/05/2025 | 22/05/2025 |
| Legal and Finance | | | |
| Name | Job Title | n/a | n/a |
| Other Consultees: | | | |
| Executive Directors/Directors: | | | |
| CLT | | 07/05/2025 | |

| Access to Information | |
|-----------------------|--|
| Contact Officer: | Adele Taylor, Interim Executive Director of Resources (s151 Officer) adele.taylor@cheshireeast.gov.uk Sal Khan, Interim Head of Finance & Deputy Chief Finance Officer sal.khan@cheshireeast.gov.uk |
| Appendices: | Annex 1 – Final Outturn 2024/25 Annex 2 - Grants Register Annex 3 - Capital Programme |
| Background Papers: | Medium Term Financial Strategy 2024-28 First Financial Review 2024/25 Second Financial Review 2024/25 Third Financial Review 2024/25 |

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ANNEX 1



Outturn 2024/25

Results to end of March 2025

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Section 1: 2024/25 Final Outturn

- 1.1. Table 1 provides a service summary of financial performance. The final outturn position shows that services were £10.2m over budget 2024/25.
- 1.2. It also shows that central budgets were £7.4m above budget resulting in an overall outturn of £17.6m overspend against a net revenue budget of £364.5m.

| Table 1 Outturn 2024/25 | Revised Budget (NET) | Outturn | Variance | Forecast Variance FR3 | Movement from FR3 to Outturn |
|--------------------------------------|-------------------------------------|----------------|-----------------|--------------------------------------|---|
| | £m | £m | £m | £m | £m |
| Service Committee | | | | | |
| Adults and Health | 137.1 | 154.7 | 17.6 | 20.0 | (2.4) |
| Children and Families | 92.6 | 96.1 | 3.5 | 5.4 | (1.9) |
| Corporate Policy | 44.2 | 41.9 | (2.2) | 2.5 | (4.7) |
| Economy and Growth | 27.9 | 22.7 | (5.3) | (3.8) | (1.5) |
| Environment and Communities | 47.8 | 46.3 | (1.5) | (0.6) | (0.9) |
| Highways and Transport | 16.2 | 14.4 | (1.8) | (0.5) | (1.3) |
| TOTAL SERVICE EXPENDITURE | 365.8 | 376.0 | 10.2 | 22.9 | (12.7) |
| Finance Sub: | | | | | |
| Central Budgets | 25.0 | 32.4 | 7.4 | (4.6) | 12.0 |
| Funding | (390.8) | (390.8) | (0.0) | - | (0.0) |
| TOTAL FINANCE SUB | (0.0) | 17.6 | 17.6 | 18.3 | (0.7) |
| Exceptional Financial Support | - | (17.6) | (17.6) | (17.6) | - |
| GRAND TOTAL | (0.0) | (0.0) | (0.0) | 0.7 | (0.7) |

1.3. The outturn position reflects the following :

- Includes those savings that have been identified as non-achievable though the tracker on our High Level Business Cases (HLBC) with no/some alternative actions currently presented;
- A review of the on-going impacts of adverse variances identified in 2023/24;
- Any identified, emerging items of significance:
 - Within Adult Social Care, significant growth is forecast for care costs in line with position seen year to date, less mitigations linked to delivery of savings;
 - Includes the assumptions around additional revenue resources in Childrens Services to resource the draft improvement plan in relation to the recent OFSTED inspection;
- Impact of the confirmed increased 2024/25 pay award £1.6m (unfunded);

- Detailed review of any vacancy underspends in all areas;
- One-off items that have been identified so far through line by line reviews and/or identification of additional funding that has been announced since the MTFS was set.
- Mitigation activities delivered or forecast to be delivered by 31 March as reflected in paragraph 28 of the main covering report.
- Review of Section 106 legacy budgets, the effects of which are partly reflected in the FR3 forecast out-turn as a one off contributions to reserves work undertaken to date has identified an improvement (reduction) of the Council's bad debt provision of £1.0m,
- Changes to the MRP Policy following a Balance Sheet review through our Treasury Management advisors, Arlingclose Ltd, during 2024/25 reduced the in year charge to revenue by £3.4m.

1.4. Further items impacting on the level of the Council's balances are detailed in Section 5.

Section 2: 2024/25 Approved Budget Change Items

The following table provides detailed commentary on the outturn against the approved budget change items that were agreed as part of the budget agreed in February 2024. These are split by relevant committee.

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| | Adults and Health Committee | +1.136 | +18.707 | +17.571 | |
| 1 | Fees and Charges | -1.800 | -1.800 | 0 | Green – see below |
| 2 | Client Contributions | -0.800 | -6.122 | -5.322 | Green - £5.322m surplus vs client contribution in 2024/25. This is in addition to achieving the budgeted increase for Fees and Charges & Client Contribution increase in-year (£2.6m) |
| 3 | Working Age Adults - Prevent, Reduce, Delay | -1.467 | -1.467 | 0 | Green – Delivered |
| 4 | Older People – Prevent, Reduce, Delay | -1.566 | -1.566 | 0 | Green - Delivered |
| 5 | Market Sustainability and Workforce grant | -1.100 | -1.100 | 0 | Completed |
| 6 | Revenue grants for Adult Social Care | -2.480 | -2.480 | 0 | Completed |
| 7 | Pension Costs Adjustment | -0.493 | -0.493 | 0 | Completed |
| 8 | Investment in Adult Social Care | +7.600 | +31.417 | +23.817 | Red – MTFS growth for Care Costs not sufficient to cover the pressure seen in 2023/24 plus the expected growth in 2024/25. Mitigations to reduce pressure reported separately. |
| 9 | Pay Inflation | +1.892 | +2.104 | +0.212 | Red – Actual cost of NJC Pay increase in 2024/25 exceeded budget growth in the 2024/25 MTFS. |
| 10 | Resettlement Revenue Grants – reversal of 2023/24 use | +0.850* | +0.850* | 0 | Completed |
| 11 | Adult Social Care Transformation Earmarked Reserve Release – reversal of 2023/24 use | +0.500* | +0.500* | 0 | Completed |
| 12 | Market Sustainability and Fair Cost of Care – Removal of Grant Income | - | - | - | Completed - Now a 2025/26 Item |
| 13 | Asset Management | TBC | TBC | - | Green - The business case for future usage of the site will be revisited and taken through the appropriate CEC |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| | | | | | governance procedures. The model of care in relation to high-cost adult social care and health provisions will be part of this work. |
| 14 | Investigate potential agency creation | TBC | TBC | - | Green - This proposal has been consistently delivered in relation to the usage of a Care Workers agency in all but name. Care4CE, the Council's in house care provider, has been utilising workers, both casual and agency, as a bank of workers for several years to successfully deliver operational requirements. |
| In year | Other variances to reconcile to 2024/25 Outturn position | 0 | +1.688 | +1.688 | |
| In year | Mitigations reducing the Outturn reported position | 0 | -2.824 | -2.824 | |

** Item represented a one-off spend in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.*

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| | Children and Families Committee | +9.909 | +13.375 | +3.466 | |
| 15 | Discretionary offer to children with disabilities | -0.900 | -0.979 | -0.079 | Green - On Track, project team progressing multiple improvements to redesign the service offer, ensuring consistency and efficiency. |
| 16 | Remove school catering subsidy | -0.516 | -0.282 | +0.234 | Red – Catering service ended on 31 March. A rate uplift applied from September 2024 in order to cover the costs of the service through to the end of March 2025. Some schools managed their own arrangements before the end of the financial year, impacting on the savings target. |
| 17 | Review of structure to further integrate children and families services | -1.000 | -0.200 | +0.800 | Red - Delivery Planning in progress to address saving. Including: further Establishment review, service redesign, cross directorate risk management. |
| 18 | Reduce discretionary Post-16 Travel Support | -0.400 | -0.367 | +0.033 | Red - Agreed by Committee |
| 19 | Achieve the Family Hub model | -0.250 | -0.250 | 0 | Green - Committee approved new model of delivery in Nov Committee. Savings are not going to be delivered in 2024/25 therefore alternative saving being found to cover this. |
| 20a | Other Service Reviews – Review of commissioned services across the C&F directorate. Review of the current Domestic Abuse Service | -0.100 | -0.100 | 0 | Completed – Grant income. |
| 20b | Other Service Reviews – Maximise grant allocation to cover all costs | -0.100 | 0 | +0.100 | Red - Plan to explore current / future grants to ensure where T&Cs allow, contribution to fund base costs (e.g. staffing and on costs) is maximised. |
| 20c | Other Service Reviews – Traded services | -0.050 | +0.010 | +0.060 | Red - Part delivered. One off savings in other service areas cover the remainder. |
| 21a | Reduce Growth in expenditure – review of high cost, low outcome external residential placements | -1.000 | -1.000 | 0 | Red - Whilst work has been taking place to open CE Children's Homes and our first open is now open, with our second due in spring, our collaboration with Foster4 working well to increase our foster carers, we still are seeing more children coming into care. There is also increasing instability with the residential market, driving up prices. Complex young people need high packages of support, which are extremely expensive. We are due to review all |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| | | | | | high cost placements and other placements to identify children for whom reunification to family would be appropriate. Processes are also in place by the Head of Provider Services to review costs being paid to providers. Merged overspend on ref. 30. |
| 21b | Reduce Growth in expenditure – increase commissioning approach to establish greater opportunities to provide accommodation for +16 young people | -0.400 | +1.561 | +1.961 | Red - 16+ and 18+ Commissioning Plans / Market Shaping in Progress. Responding to increasing demand and complexity. |
| 21c | Reduce Growth in expenditure – Foster Care | -0.250 | -0.250 | 0 | Green - A Delivery Plan to increase Foster Care provision. |
| 21d | Reduce Growth in expenditure – reduced spend on expert assessment in court proceedings and services post public law proceedings | -0.250 | -0.527 | -0.277 | Green - Task & Finish Group put in place to explore and develop processes and capacity to reduce costly legal proceedings. |
| 22 | Pension Costs Adjustment | -0.515 | -0.432 | +0.083 | Red - Teacher's pension legacy costs are not reducing as anticipated. Completed - CEC pension reduction. |
| 23 | Growth to deliver statutory Youth Justice service, and growth to ensure budget is sufficient to meet Safeguarding Partnership duties | +0.170 | +0.205 | +0.035 | Amber - It is incumbent upon the three statutory safeguarding partners, the police, health and the Local Authority, to ensure that adequate funding is allocated to the Children's Safeguarding Partnership so it can fulfil its statutory functions in delivering the multi-agency safeguarding arrangements. An internal audit identified the Local Authority had not reviewed its contributions to the partnership and was insufficiently contributing to the delivery of the partnership arrangements. As a result, growth was approved by committee. This has been supported by an increase in contributions from all partner agencies. A vacancy has also been held in the business unit. |
| 24 | Growth to provide capacity to deliver transformation for SEND | +0.500 | +0.235 | -0.265 | Green. |
| 25 | Wraparound Childcare Programme (funded) | +0.587 | +0.587 | 0 | Amber - Currently reviewing sufficiency and funding details to manage delivery within budget. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| 25 | Wraparound Childcare Programme (funded) | -0.587 | -0.587 | 0 | Amber - Currently reviewing sufficiency and funding details to manage delivery within budget. |
| 26 | Legal Proceeding - Child Protection | +0.770 | +0.770 | 0 | Green. |
| 27 | Growth in School Transport budget | +0.936 | +1.359 | +0.423 | Red. |
| 28 | Pay Inflation | +1.374 | +1.915 | +0.541 | Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. |
| 29 | Use of Children & Families Transformation Reserve – reversal of 2023/24 use | +1.065* | +1.065* | 0 | Completed. |
| 30 | Growth in Childrens Placement costs | +10.825 | +12.435 | +1.610 | Red - Closely monitored throughout the year to ensure that funding is sufficient to meet demand and complexity. |
| 31 | Revenue costs for the Crewe Youth Zone (as above) aligned to Supporting Families Funding | - | - | - | Green. |
| 31 | Early Help budget to support funding towards the Crewe Youth Zone | - | - | - | Green. |
| 32 | SEND Capital Modification | TBC | TBC | - | Amber - Contingent upon wider asset management and associated timelines. Extensive work underway to plan and progress development opportunities. Captured as part of the Capital Program reported to Committee. |
| 33 | Childrens Social Work Bank | TBC | TBC | - | Red - Various options currently being explored as part of wider C&F Establishment review and potential peripatetic resource options. |
| 34 | Safe Walking Routes to School | TBC | TBC | - | Green - Features as part of School Transport Programme. |
| 35 | Withdrawal of the CEC School Meals Service | TBC | TBC | - | Green - Features as part of School Catering subsidy project - CF2428-16. |
| In year | Outturn variance Education, Strong Start and Integration | 0 | -1.951 | -1.951 | Underspend relates to vacancy management, reduced spend, use of grants and income generation across services. |
| In year | Outturn variance Children and Families Directorate | 0 | +0.292 | +0.292 | Overspend relates to external Quality Assurance Agency costs and cost of establishment. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| In year | Outturn variance Children's Social Care | 0 | +0.006 | +0.006 | Overspend relating to staffing costs offset by flexible capital receipts. |
| In year | Outturn variance Quality Assurance, Commissioning and Partnerships | 0 | -0.140 | -0.140 | Underspend relates to additional income. |

** Item represented a one-off spend in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.*

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| | Corporate Policy Committee | +0.489 | -1.759 | -2.248 | |
| 36 | Reduce leadership and management costs | -0.540 | - | +0.540 | Red - The feedback from the DMA review is that senior management vacancies will require recruitment to in order to complete the complement of Corporate Managers. In year vacancy savings will continue but will be time limited. There is potential to increase costs by additional management support during transformation. This will result in increased budget pressure. This pressure is being mitigated through the four in-year items at the end of this table. Most of those will be permanent and used to deliver this saving. |
| 37 | Close the Emergency Assistance Scheme | -0.220 | -0.220 | 0 | Completed |
| 38 | Reduce election costs and increase charges where possible | -0.150 | -0.150 | 0 | Green - The proposal is to make a payment during 2024/25 of £70k-£80k from the existing election account, as part of this one-off saving. The remainder will be delivered by reducing the sum which would normally be paid into the election reserve. This might be mitigated in the year of the next local elections by monies which will be raised by charging town and parish councils for their elections in 2027. However, this will not be sufficient and will be likely to lead to the need for a supplementary estimate. |
| 39a | Accelerate Digital Transformation (ICT Operational efficiencies) | -0.100 | -0.100 | 0 | Green – third party costs have been reduced and there are plans to reduce further during the year. |
| 39b | Accelerate Digital (Digital efficiencies) | -0.150 | -0.150 | 0 | Green – Removal of temporary budget for Solutions Architect Resource, now covered by an Earmarked Reserve. |
| 40 | Enforce prompt debt recovery and increase charges for costs | -0.150 | -0.150 | 0 | Completed - The award of costs is a matter for the Magistrates at each court hearing. However, only by exception will they vary from the level already agreed by us with the Court Manager. The approach to the Court Manager has been made and the revised level agreed. The action is therefore complete, but the financial benefits will accrue as we continue |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| | | | | | the regular recovery process during the year. |
| 41a | Other efficiencies and reductions across Corporate Services – School Subsidy (ICT) | -0.032 | -0.032 | -0.000 | Green. ICT will not be offering services to schools in the 2025/26 academic year. |
| 41b | Other efficiencies and reductions across Corporate Services – Organisational Development | -0.100 | -0.100 | 0 | Completed |
| 41c | Other efficiencies and reductions across Corporate Services – Registration Services | -0.050 | -0.050 | 0 | Green |
| 41d | Other efficiencies and reductions across Corporate Services – School Subsidy | -0.018 | 0 | +0.018 | Amber - Part of the £50k School Subsidy saving - Finance team to assist in identifying options. These are listed at the end of the table. |
| 41e | Other efficiencies and reductions across Corporate Services | -0.010 | 0 | +0.010 | Amber - Finance team to assist in identifying options. These are listed at the end of the table. |
| 41f | Other efficiencies and reductions across Corporate Services – Printing | -0.050 | 0 | +0.050 | Amber - Finance team to assist in identifying options. These are listed at the end of the table. |
| 41g | Other efficiencies and reductions across Corporate Services – Hybrid working / mileage | -0.050 | 0 | +0.050 | Amber – Options being considered regarding reduced travel spend including ensuring efficient planning around meeting attendance and minimising unnecessary movements across the area. This maximises efficient use of time as well for teams. |
| 42 | Pension Costs Adjustment | -0.378 | -0.378 | 0 | Completed |
| 43 | Mitigation of reduction in the Dedicated Schools Grant | +0.136 | +0.136 | 0 | Completed |
| 44 | Pay Inflation | +1.446 | +1.581 | +0.135 | Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. |
| 45 | Legal Services Capacity | +0.455 | +0.455 | 0 | Completed |
| 46 | ICT Review 1 | +0.450 | +0.450 | 0 | Completed - The move to Software as a Service has necessitated the transfer from Capital to Revenue budget requirements. The Shared Service continues to reduce third party costs and agency spend as per the Business case. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets (some of the budget change items have been separated out since the publication of the MTFS) | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| 47 | Workforce Strategy Review | TBC | - | - | Completed - There are no savings attributed to this area in 2024/2025. Opportunities to explore workforce options are being considered alongside transformation work. Any savings are likely to be realised in 2025/26 at the earliest. It is recommended that this item is removed from the list. |
| In year | Recognising the increased level of Registration service income of £350k. | 0 | -0.350 | -0.350 | This will be a permanent change to deliver the Red ranked items above. |
| In year | Recognising the receipt of £45k of Police and Crime Commissioner grant income. | 0 | -0.045 | -0.045 | This will be a permanent change to deliver the Red / Amber ranked items above. |
| In year | Taking the underspend on phones in corporate services (mobiles and rental) compared to budget. | 0 | -0.060 | -0.060 | This will be a permanent change to deliver the Red / Amber ranked items above. |
| In year | Adjustment required to balance to Outturn position of -£2,249k for corporate including ICT. | 0 | -2.496 | -2.496 | This figure is a mix of permanent and temporary items to assist the in-year position. |
| In-year | Reduce Members Allowances budget for excess budget relating to a pay award that was not taken | 0 | -0.100 | -0.100 | This will be a permanent change to deliver the Red / Amber ranked items above. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|---|-----------------|--------------------------|-----------------------------|--|
| | Economy and Growth Committee | +3.316 | -1.943 | -5.259 | |
| 49 | Service Restructures within Place based Services | -0.787 | -0.368 | +0.419 | Amber – achievement through permanent savings remains challenging without a full restructure. Mitigation is through offset of underspend 'in year' and proposals are to be considered to offset permanently. |
| 50 | Reduce opening hours for main offices | -0.050 | -0.050 | 0 | Completed |
| 51 | Office estate rationalisation | -0.550 | -0.440 | +0.110 | Amber - due to the timeline for the transfer of buildings being extended. This item is being mitigated by in year savings and by the items at the end of the table which are a mix of permanent and temporary measures. |
| 52 | Tatton Park | -0.046 | -0.046 | 0 | Amber - Savings can be achieved through investment in the Tatton Vision Programme. To date this programme has achieved cumulative MTFS savings of £624k. Amber rating reflects the fact that the Tatton Vision capital programme was under review and so progress delayed. |
| 53 | Transfer of Congleton Visitor Information Centre | -0.020 | -0.020 | 0 | Green - Transfer of Congleton VIC to the Town Council has already occurred. |
| 54 | Pension costs adjustment | -0.157 | -0.157 | 0 | Completed |
| 55 | Tatton Park ticketing and electronic point of sale (EPOS) upgrade | +0.005 | +0.005 | 0 | Green - A procurement process is currently underway to source a supplier who can ensure onsite and web-based delivery of a new system which aligns with present and future needs. Improved functionality should enable future savings delivery. |
| 56c | West Park collection | +0.012 | +0.012 | 0 | Green - Cost for vital conservation and storage of West Park Museum collections and ongoing temporary storage requirements. |
| 56d | CEC archives | +0.008 | 0 | -0.008 | Amber - Timescales for implementation of the Archives capital project have slipped due to grant funding decisions, with revised opening date of Spring 2026. |
| 57 | Property Information and Management System - Estates – Revenue Adjustment | +0.030 | +0.031 | +0.001 | Completed |
| 58 | Housing | +0.035 | +0.035 | 0 | Green - Consultation on the Housing Restructure commenced 22 May and |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|---|-----------------|--------------------------|-----------------------------|--|
| | | | | | includes the post that the funding is attributed to. The new structure was implemented on 1 August 2024. |
| 59 | Environmental Hub Waste Transfer Station | +0.040 | +0.040 | 0 | Green - Project on track delivery Q1/2. The replacement of bay 1 in the Councils Environmental Hub Residual Waste Transfer Station building with a new design more likely to provide long-term resilience to wear and tear, to enable the continuation of waste processing at the transfer station. |
| 60 | Rural and Visitor Economy | +0.045 | +0.045 | 0 | Green - Additional revenue support is required to cover the increase in electricity charges for the Rural and Culture Economy Service to maintain existing service provision at Tatton Park and Countryside sites. |
| 61 | Minimum energy efficiency standards (MEES) - Estates - Revenue Adjustment | +0.079 | +0.018 | -0.061 | Amber – Prioritised negotiations with 3rd parties/tenants occupying premises being expedited to avoid delays on obtaining access for surveys, completing necessary improvement works and legally completing lease renewals. |
| 62 | Public Rights of Way Income Realignment | +0.115 | +0.115 | 0 | Completed. Adjustments made to budget forecasts 2024/25 |
| 63 | Pay inflation | +0.788 | +0.940 | +0.152 | Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. This item is being mitigated by the items at the end of the table which are a mix of permanent and temporary measures. |
| 64 | Crewe town centre maintenance and operation | +0.650 | +0.579 | -0.071 | Green – Delays in completing some projects in 2024-25. Expenditure is expected in 2025-26 |
| 65 | Assets - Buildings and Operational | +3.119 | +1.292 | -1.827 | Green - Growth for Energy was not fully utilised as it was calculated when energy markets prices were incredibly high, together with significant increased inflation– the market has subdued since then and prices have stabilised, this has been adjusted for in 25/26. There were also some credits received in year due to over performance on Energy contracts. Business rates remain a challenge to predict due to revaluation, appeals and complex transitional relief calculations, this along with some one-off rebates meant there was an underspend in this area. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| | | | | | The growth increase provided for revenue maintenance has enabled existing budgets to offset the inflation factors that were applied to the contract prices, and this was fully utilised with a pressure at yearend |
| 66 | Landfill Site Assessments revenue adjustment - Estates – CE Owned Landfill sites (53 sites) Review and Risk Assessment completions | - | - | - | Amber - £10k cost growth in for 25/26. Second stage of the review to commence shortly. Internal capacity within Environmental Services to be identified. |
| 67 | Tatton Park Estate Dwellings Refurbishment | - | - | - | Completed - Provision for response maintenance issues for 8 onsite dwellings to ensure properties meet standards required as part of tenancy agreements and the National Trust lease. |
| 68 | Improving Crewe Rented Housing Standards | - | - | - | Green |
| In year | Growth & Enterprise 2024/25 mitigations to balance back to outturn position | 0 | -3.305 | -3.305 | |
| In year | Place Directorate 2024/25 mitigations to balance back to outturn position | 0 | -0.669 | -0.669 | |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| | Environment and Communities Committee | -0.052 | -1.587 | -1.535 | |
| 69 | Refresh wholly owned company overheads and contributions | -1.000 | -1.500 | -0.500 | Green - ASDV Review recommendations have now been approved in full by Finance Sub-Committee in their role as shareholder of the wholly owned companies. The process of insourcing these services is largely completed which has released the reserves in year to meet this one-off contribution. |
| 70 | Strategic Leisure Review (Stage 2) | -1.305 | -0.526 | +0.779 | Amber - Initial savings secured via committee decision on 11th March 2024. Proposals are being developed with EHL and town and parish councils to secure the residual £250k amount (£56k of this achieved through removal of car park refunds) - dialogue is ongoing. Delays to disposing of Middlewich and Holmes Chapel Leisure Centres in year are having a negative impact on savings position. Covid insurance contribution from EHL not secured. |
| 71 | Mitigate the impact of contract inflation and tonnage growth | -0.490 | -0.490 | 0 | Completed - Mitigate the impact of contract inflation and tonnage growth. |
| 72 | Emergency reduction of Household Waste Recycling Centres (HWRC) to four core sites | -0.263 | -0.200 | +0.063 | Amber - Full saving on basis of original HLBC was not achieved due to introduction of mobile provision offer as a result of Full Council decision and costs associated with trial of booking system. |
| 73 | Libraries Strategy | -0.365 | -0.138 | +0.227 | Green - Committee approval to implement final Strategy secured on 27th November, revised opening hours at Tier 3 sites went live from January 2025 and Tier 2 sites as of 1st April 2025. Staffing levels yet to be reduced with staff consultations due to be launched in 2025-26 relating to restructure of service. Engagement with Town and Parish Councils undertaken to shape the Strategy proposals and seek funding contributions, due to a delay with legal agreements only Bollington was secured for 2024-25. Progress has been made with preparing legal agreements for 2025-26. As part of funding libraries in a |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| | | | | | different way, libraries have increased income from meeting room hire and fees/charges |
| 74 | Reduce costs of street cleansing operations | -0.200 | -0.200 | 0 | Green - Value of saving now reduced from ANSA Management Fee for 2024/25, fully achieved in 24-25 due to removal of any vacancies and under-utilised fleet. |
| 75 | Reduce revenue impact of carbon reduction capital schemes | -0.336 | 0 | +0.336 | Amber – Carbon Neutral Council target deferred from 2025 to 27, as agreed at Full Council on 27.02.24, large scale prudential borrowing funded schemes spend now reprofiled to suit, however budget not sat within E&C Committee. Discussion with Corporate Financing team to re-allocate. This item is being partly mitigated by the item at the end of the table which is a mix of permanent and temporary measures. |
| 76 | Increase Garden Waste charges to recover costs | -0.045 | -0.045 | 0 | Green – Increase Garden Waste charges for the calendar year 2025 to recover costs |
| 77 | MTFS 80 (Feb 23) – Waste Disposal – Contract Inflation and Tonnage Growth (updated forecast) | +3.577 | +3.577 | 0 | Green – rating due to fluctuations in waste markets relating to recyclates and continued levels of inflation, outside CEC control and not aligned to projections. Outturn 24-25 witnessed a reduction in inflationary costs and an improved basket of goods rate that fully mitigated the pressure identified mid-year. |
| 78 | Pay Inflation – CEC & ASDV | +1.861 | +2.397 | +0.536 | Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. This item is being partly mitigated by the item at the end of the table which is a mix of permanent and temporary measures. |
| 79 | Pension Costs Adjustment | -0.151 | -0.151 | 0 | Completed |
| 80 | MTFS 90 (Feb 23) Strategic Leisure Review | +1.250 | +1.250 | 0 | Completed - Growth item budget adjustment only - replacing 2023/24 £1.3m savings target. |
| 81 | MTFS 91 (Feb 23) – Green Spaces Maintenance Review | -0.200 | -0.200 | 0 | Green - Year 2 saving - Policy now implemented and full saving secured from ANSA contract. |
| 82 | MTFS 92 (Feb 23) - Review Waste Collection Service - Green Waste | -3.150 | -3.150 | 0 | Green - Subscription levels in line with original business model. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| 83 | Review MTFS 92 (Feb 23) Garden waste subscription financial model in line with latest subscription levels and with actual observed position on any waste migration | -0.429 | -0.429 | 0 | Green – 24-25 outturn fully achieved the MTFS target, there will need to be continued monitoring of subscription levels and any adverse impacts is already in place in 25-26. |
| 84 | MTFS 93 (Feb 23) Libraries - Service Review | -0.200 | -0.200 | 0 | Amber - Year 2 of Service Review - reduction in staffing levels have been implemented and now include vacancy management in year to ensure achievement of saving. Currently covered temporarily by vacancy savings |
| 85 | Explore a Trust delivery model for Libraries and other services | +0.150 | +0.003 | -0.147 | Green - Growth item to cover one off costs relating to implementation of alternative delivery model(s) for libraries service. Aligned to development of Libraries Strategy. |
| 86 | CCTV – Service Efficiencies | -0.030 | -0.030 | 0 | Green – Ongoing actions to increase customer base for existing services, identification of new chargeable services/customers and service efficiency savings as well as increased fees and charges to meet the target. |
| 87 | Congleton Town Council Collaboration Agreement – Grounds Maintenance | -0.062 | -0.062 | 0 | Completed - Congleton Town Council Collaboration Agreement on Grounds Maintenance Cheshire East Contribution reduced in line with reductions in Cheshire East Maintained green space. |
| 88 | Closed Cemeteries | +0.005 | +0.005 | 0 | Completed - Inflationary adjustment to previous budget allocation only. |
| 89 | Environmental Hub maintenance | +0.023 | +0.023 | 0 | Completed - Inflationary adjustment to previous budget allocation only. |
| 90 | Review Closed Landfill Sites | +0.300* | +0.300* | 0 | Completed - The Council has responsibility for a number of closed landfill sites across the borough for which it holds a provision. |
| 91 | Land Charge Income Adjustment | +0.050 | +0.067 | +0.017 | Amber - Uncertainty around implementation timescales of HMLR changes to centralise some aspects of land charges functions hence understanding of actual impact, to be regularly monitored. |
| 92 | Building Control Income Alignment | +0.203 | +0.286 | +0.083 | Amber - Due to current national trend of downturn in planning and related building control income. To be monitored through more regular financial forecasting in service. Reforms to national planning policy recently consulted upon may have a positive impact on this position moving forward due to uplift in both volume and pace of developments coming forward. To be |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| | | | | | considered in due course following Govt announcement. |
| 93 | Local Plan Review | +0.255 | 0 | -0.255 | Amber - Reprofiled budget adjustment to provide additional funding towards development of new Local Plan |
| 94 | Planning income | +0.400 | +0.522 | +0.122 | Amber – Forecast reduced income in year due to current national trend of downturn in planning applications and hence income. Proactively monitored through regular financial forecasting in service. Partially mitigated by continued high level of vacancies and the item at the end of the table. Recent national planning policy forms announced by Govt which were recently subject to a consultation process may help to alleviate the income position, but will require vacancies to be filled to cater for the likely increase in applications. To be considered as and when further announcement made. |
| 95 | Planning Service Restructure | - | - | - | Green - No action for 2024/25. Growth for 2025/26 to be kept under review. |
| 96 | Review of Household Waste Recycling Centres | +0.100 | +0.100 | 0 | Green – completed on time following decision at Environment and Communities Committee on 26 September 2024 to proceed with preferred option and finalisation of new operating contract procurement process. |
| In year | Environment & Neighbourhood Services mitigations 2024/25 to balance back to outturn position | 0 | -2.796 | -2.796 | |

* Item represented a one-off saving in 2023/24. As it is not a permanent part of the budget, the value of the proposal is reversed in 2024/25.

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| | Highways and Transport Committee | +4.869 | +3.084 | -1.785 | |
| 97 | Highway maintenance savings | -0.750 | -0.750 | 0 | Green - Savings are being achieved through: - reducing the number of cuts on grass verges from 10 to 8; - directly employing staff to carry out surveys, rather than sub-contracting; - reductions in staffing and vacancy management; and - reliance on the Council's adverse weather reserve for snow clearance. Service budgets have been reduced to reflect the savings being made. |
| 98 | Introduce annual increases to car parking charges | -0.150 | -0.150 | 0 | Green - Annual inflation adjustment to existing P&D tariffs can be implemented by 1st July 2024, in advance of bringing charges into effect in the "free towns". This is 3 months earlier than planned. |
| 99 | Pension Costs Adjustment | -0.052 | -0.052 | 0 | Completed |
| 100 | Highways | -0.031 | -0.031 | 0 | Completed - This saving was delivered by changes to response times to defects in 2023/24. |
| 101 | Safe Haven outside schools (Parking) | -0.023 | 0 | 0.023 | Red - Introduction of CCTV camera enforcement of waiting/loading restrictions at school gates on a trial basis using bespoke equipment that is type approved and proven for these purposes in order to improve road safety and increase enforcement capacity at these high risk locations. |
| 102 | Transport and Infrastructure Strategy Team - Restructure | +0.120 | 0 | -0.120 | Amber - Vacancies in existing structure provide some flexibilities of resourcing. Business case for a recruitment plan has been developed setting out the opportunity to reduce costs of outsourcing / agency staffing. This will be taken forward in 2025/26. |
| 103 | Pay Inflation | +0.339 | +0.351 | +0.012 | Red - NJC Pay Claim now approved - over spend against budget as a result of £1,290/2.5% increase. Increase compared to flat percentage budget increase of 3% within original MTFS. This item is being mitigated by the item at the end of the table which is a mix of permanent and temporary measures. |
| 104 | Parking - PDA / Back Office System contract | +0.100 | +0.048 | -0.052 | Green - Market testing completed - exploring a direct award opportunity with implementation testing and data migration. System to be implemented in 2025-26 |
| 105 | Flood and Water Management Act 2010 | +0.100 | +0.100 | 0 | Green - The requirement is to be ready to implement changes when regulations are implemented nationally. |

| MTFS Ref No | Detailed List of Approved Budget Changes – Service Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|---|
| | SuDS & SABs Schedule 3 Implementation | | | | A training plan for existing staff has been identified. Recruitment is to be progressed. |
| 106 | Energy saving measures from streetlights | +0.242 | +0.242 | 0 | Completed - This entry was in the MTFS to cancel an unachievable saving from 2022/23. There is no further action. |
| 107 | Parking | +0.245 | +0.820 | +0.575 | Amber - Following decisions in January 2024, tariffs were uplifted on 1 July 2024 and extend pay and display to car parks in "free towns" from the start of December. Statutory consultations on Sunday and Evening charges have been completed to inform implementation in 2025-26. A trial of demand-responsive tariffs began with the opening of the new multistorey car park in Crewe. |
| 108 | Highways Revenue Services | +2.479 | +2.479 | 0 | Completed - This is a growth item. The growth has been factored into 2024/25 service levels and business plans. No further action. |
| 109 | Local Bus | +2.250 | +1.459 | -0.791 | Green – network of new contracts was successfully tendered and began operating on 30 March 2025. |
| 110 | FlexiLink Service Improvement Plan | - | - | - | Green - A bus service review is underway, including proposals relating to flexible transport. Committee received a report updating on the outcomes of the consultation and the approach to procurement on 19 September 2024. The review of flexible transport will consider its role in filling gaps in local bus service provision, especially in rural areas, as well as options to extend hours of operation, open up the service to more users and introduce fares to make a contribution to operating costs. |
| 111 | Highways Depot Improvements | - | - | - | Red - This later year saving is subject to the approval of the business case for capital investment in depots. This will be reviewed during 2024/25. |
| 112 | Bus Stop Advertising Revenue Generation | - | - | - | Amber - Opportunity to shadow CWAC council's extension of the existing contract in the interim period. Intention to link this to wider on street advertising project in the transformation project. |
| In year | Highways & Infrastructure 2024/25 mitigations to balance to outturn position | 0 | -1.432 | -1.432 | |

| MTFS Ref No | Detailed List of Approved Budget Changes – Central Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|---|-----------------|--------------------------|-----------------------------|--|
| | Finance Sub-Committee | -19.667 | -12.277 | +7.390 | |
| 113 | Capital Financing Budget | +9.508 | +10.517 | +1.009 | Amber – assumes use of available capital financing reserve of £2.135m compared to budget. |
| 114 | Central Bad Debt Provision adjustment | +0.600 | +0.600 | 0 | Completed - budget adjustment. |
| 115 | Use of Earmarked Reserves – MTFS Reserve | +0.255 | +0.255 | 0 | Completed - budget adjustment / planned use of reserve. |
| 115 | MTFS Reserve – reversal of 2023/24 use | +1.536 | +1.536 | 0 | Completed - budget adjustment / planned use of reserve. |
| 116 | Collection Fund Reserve - Use of Earmarked Reserves | -0.834 | -0.834 | 0 | Completed - budget adjustment / planned use of reserve. |
| 116 | Collection Fund Reserve – reversal of 2023/24 use of reserves | +2.234 | +2.234 | 0 | Completed - budget adjustment / planned use of reserve. |
| 117 | Brighter Futures Transformation – reversal of 2023/24 use of reserves | +1.271 | +1.271 | 0 | Completed - budget adjustment / planned use of reserve. |
| 118 | Use of General Reserves – Fund in-year budget shortfall [NEW] | -11.654 | -11.654 | 0 | Completed - Drawn down in line with the MTFS forecast. |
| Amber 119 | Council Tax - % increase | -13.527 | -13.527 | 0 | Green - Council tax and business rates income collection managed through the Collection Fund therefore no impact on current year funding target. |
| 120 | Council Tax – Base increase | -2.461 | -2.461 | 0 | Green - Council tax and business rates income collection managed through the Collection Fund therefore no impact on current year funding target. |
| 121 | Business Rates Retention Scheme – use of S31 compensation grants | -1.350 | -1.350 | 0 | Green - Grants received in line with final settlement from MHCLG. |
| 122 | Unring-fenced Grants + Revenue Support Grant | -5.245 | -5.245 | 0 | Green - Grants received in line with final settlement from MHCLG. |
| 123 | Council Tax and Business Rates Collection [NEW] | TBC | - | - | Initial case was to implement a working group to review council tax collection. No savings value was assigned to the case. The intention now is to bring forward via an informal briefing to include options around the council tax support scheme review (FS2428) |

| MTFS Ref No | Detailed List of Approved Budget Changes – Central Budgets | 2024/25 MTFS £m | 2024/25 Final Outturn £m | 2024/25 Outturn Variance £m | Final Progress 2024/25 (RAG rating and commentary) |
|-------------|--|-----------------|--------------------------|-----------------------------|--|
| 124 | Council Tax Support [NEW] | TBC | - | - | No change to Council Tax support scheme for 2024/25 or 2025/26. To be reviewed for 2026/27. |
| In year | Bad Debt Provision reduction (one off) | - | -1.081 | -1.081 | New bad debt policy has been adopted by Adults Social Care. |
| In year | S106 Review (one off) | - | -0.574 | -0.574 | S106 Review identifying a one off contribution in year where work has been completed in prior years but has not been reflected in transferring money from S106 into the general fund |
| In year | Increased use of reserves re Transformation spend included in Service position | - | -3.827 | -3.827 | Use of reserves to fund essential expenditure to progress the Transformation programme in 2024/25 |
| In year | Creation of new Transformation Reserve as set out in the 2025/26 MTFS | - | 3.500 | 3.500 | Creation of a reserve as reflected in the 2025/26 MTFS to fund Transformation delivery in 2025/26. |
| In year | Creation of new Change and Improvement reserve | - | 5.300 | 5.300 | New reserve created to cover one off costs of change and improvement activity in 2025/26 and 2026/27. |
| In year | Review of MRP accounting policy wef 1.4.2024 | - | -3.411 | -3.411 | New MRP Accounting Policy adopted with effect from 1 April 2024 and as approved in the 2025/26 MTFS (Feb25) |
| In year | Creation of new earmarked service reserves | - | 2.525 | 2.525 | Additional reserves to fund one off expenditure in 2025/26 which is not included in service base budgets. |
| In year | Transfer to General Fund Reserve | - | 2.473 | 2.473 | Additional transfer to reserves to increase the Council financial sustainability in future years. |
| In year | Financing and Investment Interest | - | 1.100 | 1.100 | Pressure reflecting increased cost of interest payments on borrowing offset by interest receipts from investments |
| In year | Other in year variances to budget | - | 0.376 | 0.376 | |

Section 3: Revenue Grants for approval and year end Register

- 3.1. Cheshire East Council receives two main types of Government grants; specific purpose grants and general use grants. Specific purpose grants are held within the relevant service with a corresponding expenditure budget. Whereas general use grants are held in central budgets with a corresponding expenditure budget within the allocated service area.
- 3.2. Spending in relation to specific purpose grants must be in line with the purpose for which it is provided.
- 3.3. **Table 1** shows additional specific purpose grant allocations that have been received over £1m that **Council** will be asked to approve.
- 3.4. **Table 2** shows additional specific purpose grant allocations that have been received which are over £500,000 and up to £1m and are for **Committee** approval.

Table 1 – Council Decision

3.5. Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) over £1,000,000

| Committee | Type of Grant | £000 | Details |
|---------------------------------|----------------------------------|-------|---|
| Children & Families: Schools | Core Schools Budget Grant (CSBG) | 2,502 | This grant is from the Education and Skills Funding Agency and is to support schools with their overall costs in the 2024 to 2025 financial year, in particular following confirmation of the 2024 teacher pay award. |
| Corporate Policy | Housing Benefit Subsidy | 2,231 | This grant is from the Department for Work and Pensions. Payment of claims administration within Housing Benefits. |

Table 2 – Committee Decision

3.6. Supplementary Revenue Estimate Requests for Allocation of Additional Grant Funding (Specific Purpose) over £500,000 up to £1,000,000

| Committee | Type of Grant | £000 | Details |
|-----------------------|---|------|--|
| Adults & Health | Homes for Ukraine Scheme | 755 | This grant is from the Department for Levelling Up, Housing and Communities (DLUHC) to provide support to families to rebuild their lives and fully integrate into communities. |
| Children and Families | Staying Close (Specific Purpose 2025/26) | 602 | This grant is to support the Staying Close programme, to improve outcomes for young people leaving care who do not have that continued support as they transition into independence. |

3.7. **Annex 2** contains the full Grants Register for 2024/25 comparing the MTFS budgeted levels to the final outturn for every grant received.

Section 4: Capital

Table 1: Financial Parameters for 2024/25 to 2027/28

| Parameter | Value (£m) | | | |
|--|--------------|-------------|-------------|-------------|
| | 2024/25 | 2025/26 | 2026/27 | 2027/28 |
| Repayment of Borrowing | | | | |
| Minimum Revenue Provision* | 15.3 | 18.5 | 22.7 | 24.8 |
| External Loan Interest | 19.4 | 17.9 | 18.9 | 20.9 |
| Investment Income | (4.3) | (4.1) | (2.7) | (2.7) |
| Contributions from Services Revenue Budgets | (0.9) | (1.3) | (2.3) | (2.5) |
| Total Capital Financing Costs | 29.4 | 30.5 | 36.1 | 39.8 |
| Actual CFB in MTFS | 28.5 | 35.0 | 38.8 | 41.9 |
| Budget underspend /(overspend) | (0.9) | 4.5 | 2.7 | 2.1 |
| Capital Receipts targets* | 1.0 | 1.0 | 1.0 | 1.0 |
| Flexible use of Capital Receipts | 1.0 | 1.0 | 1.0 | 1.0 |

*Anticipated MRP based on achieving capital receipts targets

- 4.1. The revised programme is funded from both direct income (grants, external contributions) and the Council's own resources (prudential borrowing, revenue contributions, capital reserve). A funding summary is shown in **Table 2**. For detailed tables by Committee please see **Annex 3**.
- 4.2. **Table 3** lists details of Delegated decisions up to £500,000 for noting.
- 4.3. Table 4 lists Capital Supplementary Estimates over £500,000 and up to £1,000,000 for committee approval and Capital Virements over £500,000 and up to and including £5,000,000 that require Relevant Member(s) of CLT and Chief Finance Officer in consultation with Chair of the relevant Committee and the Chair of Finance Sub-Committee to approve.
- 4.4. **Table 5** lists details of Capital Supplementary Estimates over £1,000,000 that requires Committee to make a recommendation to Council to approve.
- 4.5. **Table 6** lists details of reductions in Approved Budgets where schemes are completed and surpluses can now be removed. These are for noting purposes only.

Table 2: Capital Programme Update

| CHESHIRE EAST COUNCIL CAPITAL PROGRAMME SUMMARY | | | | | |
|---|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------------|
| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | |
| | Actuals 2024/25 £000 | Forecast 2025/26 £000 | Forecast 2026/27 £000 | Forecast 2027/28 £000 | Total Forecast 2024-28 £000 |
| Committed Schemes - In Progress | | | | | |
| Adults and Health | 280 | 468 | 0 | 0 | 748 |
| Children and Families | 9,513 | 46,283 | 16,356 | 17,749 | 89,901 |
| Highways & Transport | 40,647 | 44,009 | 27,653 | 119,831 | 232,140 |
| Economy & Growth | 23,110 | 51,882 | 29,539 | 78,575 | 183,106 |
| Environment & Communities | 4,262 | 13,929 | 1,034 | 15,301 | 34,526 |
| Corporate Policy | 5,465 | 10,125 | 1,173 | 0 | 16,763 |
| Total Committed Schemes - In Progress | 83,277 | 166,696 | 75,755 | 231,456 | 557,184 |
| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | |
| | Actuals 2024/25 £000 | Forecast 2025/26 £000 | Forecast 2026/27 £000 | Forecast 2027/28 £000 | Total Forecast 2024-28 £000 |
| New Schemes in 2024-25 | | | | | |
| Children and Families | 209 | 9,848 | 5,248 | 3,000 | 18,305 |
| Highways & Transport | 570 | 22,617 | 15,051 | 15,051 | 53,289 |
| Economy & Growth | 2,613 | 4,652 | 3,366 | 3,187 | 13,818 |
| Environment & Communities | 1,653 | 4,677 | 1,150 | 0 | 7,480 |
| Total New Schemes | 5,045 | 41,794 | 24,815 | 21,238 | 92,892 |
| Total | 88,322 | 208,490 | 100,570 | 252,694 | 650,076 |
| Funding Requirement | | | | | |
| Indicative Funding Analysis: | | | | | |
| Government Grants | 49,791 | 129,470 | 75,248 | 119,235 | 373,745 |
| External Contributions | 4,002 | 19,742 | 13,121 | 68,619 | 105,483 |
| Revenue Contributions | 901 | 1,290 | 0 | 0 | 2,191 |
| Capital Receipts | 0 | 1,210 | 1,324 | 33,381 | 35,915 |
| Prudential Borrowing (See note 1) | 33,629 | 56,776 | 10,876 | 31,460 | 132,742 |
| Total | 88,322 | 208,490 | 100,570 | 252,694 | 650,076 |

Note 1:

Appropriate charges to the revenue budget will only commence in the year following the completion of the associated capital asset. This allows the Council to constantly review the most cost effective way of funding capital expenditure.

Table 3: Delegated Decisions – lists details of Delegated decisions up to £500,000 for noting

| Committee / Capital Scheme | Amount Requested £ | Reason and Funding Source |
|--|-----------------------|--|
| Supplementary Capital Estimates that have been made up to £500,000 | | |
| Children and Families | | |
| Family Hubs Transformation | 115,115 | Transfer of Family Hubs Revenue grant to capital project. |
| Economy & Growth | | |
| Housing Strategy | | |
| Disabled Facilities Grant | 342,795 | To uplift to match the budget allocation to the grant received. |
| | 231,842 | To include income received from external parties |
| Home Repairs Vulnerable People | 17,131 | To include income received from external parties |
| Home Upgrade Grant Phase 2 | 6,361 | To include income received from external parties |
| Culture & Tourism | | |
| Cattle Handling Facility - Oakwood Farm | 37,694 | To increase the budget to cover additional expenditure, funded by Revenue Contribution |
| Wilmslow Dobbin Brook Informal Footpath s106 | 89,000 | Supplementary Capital Estimates approved in quarter |
| Alsager Footpath No.10 s106 | 23,140 | |
| Infrastructure | | |
| Spath Lane, Handforth | 14,364 | To increase the budget to cover additional expenditure, funded by S106 Contribution |
| Marsh Lane, Holmes Chap Bus St | 38 | |
| Coppenhall East, Remer Street, Crewe (11/1643N). | 102,351 | Supplementary Capital Estimates approved in quarter |
| Linley Lane/B5077 Junction & Footway improvements | 150,000 | |
| Wheelock St, Middlewich S106 ref 686A | 11,282 | |
| Holmes Chapel Road, Middlewich S106 Ref 448 | 20,859 | |
| London Road. Nantwich S106 457D | 117,617 | |
| Old Newcastle Rd, - s106 ref 369B | 20,099 | |
| Bank Corner Junction, Alsager | 76,715 | |
| Main Road, Weston | 281,663 | |
| Davenport Arms | 21,551 | |
| Highways & Transport | | |
| Jack Mills Way Part 1 Claims | 6,763 | To align the budget with expected contibutions from Network Rail |
| Active Travel Fund - Tranche 5 | 239,282 | Additional Active Travel funding from Department for Transport |
| BSIP Phase 3 funding | 250,000 | Additional Bus Service Improvement Plan funding from Department for Transport |
| Total Supplementary Capital Estimates Requested | 1,686,379 | |
| £ | | |
| Capital Budget Virements that have been made up to £500,000 | | |
| Children & Families | | |
| Early Years sufficiency capital fund | 155 | Virement to Family Hubs Transformation |
| Education and 14-19 Skills | | |
| Macclesfield Planning Area secondary | 5,560 | Transfer of remaining budget to Tyherington High school project |
| Brine Leas High School | 8,271 | |
| Shavington Planning Area - Secondary | 15,776 | Virements from Basic need on project closure |
| Congleton Planning Area | 1,993 | |
| Holmes Chapel Secondary School | 5,191 | Virements to Basic Need on project closure |
| Sandbach Boys School | 1,979 | |
| School Condition Grant | 107,350 | Virements to School Condition Allocation from remaining budgets on various closed school managed schemes |
| SCG - Condition Assessments 2021-22 | 14,269 | Virements to individual schemes from School Condition Allocation on closure |
| Edleston Primary School - Condition Project | 390 | |
| Styal Primary School - Condition Project | 223 | |
| High Needs | 32,396 | Virement to High Needs from budget remaining on various clsoed schemes |
| Leighton SEND Reception Adaptations | 25,629 | Virements to schemes from High Needs |
| Provision of SEN Unit - Wistaston Primary School | 17,347 | |

| | | |
|--|-----------|---|
| Economy & Growth | | |
| Future High Street Funding - CEC Innovation Centre | 278,000 | Future High Street grant funding realigned from Sustainable Energy Network to cover TADIC's energy improvement measures. |
| Macclesfield Indoor Market Refurbishment (MIMR) | 98,285 | Virement from Facilities Management Premises Capital Programme to contribute to the full cost of the project. |
| Macclesfield Indoor Market Toilet Refurbishment | 5 | |
| Strategic Housing | | |
| Home Repairs Vulnerable People | 458,000 | At Economy & Growth Committee on 12/11/24 a virement for £458,000 was approved from the Green Homes Grant to Home Repairs for Vulnerable People in the capital programme. |
| Infrastructure | | |
| Future High Street Funding - Southern Gateway | 76,934 | To vire Future High Street Fund from Flag Lane Link To utilise Future High Street Funding originally allocated to Delamere Street and Chester Street (Housing projects) which did not progress and were abandoned. |
| | 8,331 | |
| Crewe Green Link Road Ph2 | 6,097 | Payment of residual invoices relating to Crewe Green Link Road funded by S106 which was originally earmarked for David Whitby Way. |
| Environment & Communities | | |
| Environment Services | | |
| Green Investment schemes (Solar Farm) | 200,000 | Transfer of funds from Carbon Nuetral 2030 Investments (Previousl Solar Energy) |
| Highways & Transport | | |
| A532 Safer Road Fund Scheme | 243,000 | Prudential Borrowing funding element vired from A537 to cover revised forecast expenditure. |
| Sustainable Travel (Active Travel) - Boulderstone Bridge | 7,633 | There has been a fine adjustment to the agreed contribution to Network Rail, which now stands at £379,190.35. Transfer from Client Contract and asset Management |
| Hollinswood Rd/Redhouse Ln | 42,603 | Department for Transport grant reallocated from the Client Contract and asset Management project to cover expenditure in 2024-25 |
| Traffic Signs and Bollards - LED Replacement | 8592.37 | |
| Footpath Maintenance - Slurry Sealing & Reconstruction Works | 3676.85 | Reallocated funding within the STEPS Programme to cover 2024-25 expenditure |
| Hurdsfield Road/Black Lane junction, Macclesfield Cycleway (S Bollin Valley / Greater Bollin Trail | 70,252 | |
| | 13,833 | |
| Manchester Road, Wilmslow – Northern | 100,000 | £325,000 virement from STEPS - Active Travel to provide additional budget. |
| Southern Gateway | 100,000 | |
| Ayrshire Way/Park Lane, Congleton | 125,000 | |
| Facilities Management | | |
| PSDS - 3C | 223,000 | Virement from Premises Capital, match funding for grant |
| Total Capital Budget Virements Approved | 2,299,773 | |
| Total Supplementary Capital Estimates and Virements | 3,986,153 | |

Table 4: Requests for Supplementary Capital Estimates (SCEs)

| Committee / Capital Scheme | Amount Requested £ | Reason and Funding Source |
|---|-----------------------|---|
| Service Committee are asked to approve the Supplementary Capital Estimates above £500,000 up to and including £1,000,000 | | |
| Education and 14-19 Skills | | |
| School Condition Allocation | 552,916 | A provisional amount of £2,000,000 was included within the MTFS for 2025-26. The allocation has now been confirmed as £2,552,916 |
| Highways & Transport | | |
| Mill Street Corridor - Station Link Project | (687,364) | Additional grant funding of £493,800 has been added to the Capital Programme alongside reallocations on various schemes to reflect in year spend. This grant was required to be spent by 31st March 2025. |
| Park Lane – Ayreshire Way, Congleton Walking and Cycling | 107,410 | |
| Growth and Enterprise | | |
| Visitor Economy - Rural Shared Prosperity Fund | 49,980 | |
| UK Shared Prosperity Fund - Core | 354,077 | |
| Mill Street Corridor | 450,000 | |
| Macc on Foot (MOF) | 65,975 | |
| Macclesfield Indoor Market Refurbishment (MIMR) | 85,500 | |
| Royal Arcade Ph2 Meanwhile Uses | 40,280 | |
| Environment and Communities | | |
| Crewe Towns Fund - Cumberland Arena | 80,000 | |
| Total Supplementary Capital Estimates Requested | 1,098,773 | |
| Total Capital Virements requested | - | |
| Total SCEs and Virements | 1,098,773 | |

Table 5: Requests for Supplementary Capital Estimates (SCEs) For Finance Sub Committee Recommendation or Approval

| Committee | Amount Requested £ | Reason and Funding Source |
|---|-----------------------|---|
| Finance Sub Committee are asked to recommend to Council the approval of the Supplementary Capital SCEs over £1,000,000 | | |
| Education and 14-19 Skills | | |
| High Needs Capital Grant | 3,955,823 | A provisional amount of £2,000,000 was included within the MTFS for High Needs Capital Grant. The 2025-26 allocation has now been |
| Highways & Transport | | |
| Local Transport Grant | 7,754,000 | Additional Department for Transport Grant allocated for 2025-26 |
| Housing Strategy | | |
| Warm Homes Local Grant (DESNZ) | 7,792,725 | Department of Energy Security and Net Zero grant funding, supplementary estimates approved by urgent decision. |
| Total Supplementary Capital Estimates Requested | 19,502,548 | |
| Total Supplementary Capital Estimates and Virements | 19,502,548 | |

Table 6: For information – Budget Reductions

| Committee / Capital Scheme | Approved Budget £ | Revised Approval £ | Reduction £ | Reason and Funding Source |
|---|----------------------|-----------------------|---------------------|--|
| Finance Sub Committee are asked to note the reductions in Approved Budgets | | | | |
| Adults | | | | |
| Community - Rural Shared Prosperity Fund | 412,627 | 360,570 | (52,057) | Reduction in budget at closing 2024-25. |
| Education and 14-19 Skills | | | | |
| Devolved Formula Capital | 330,000 | 317,884 | (12,116) | Reduction in 2025-26 budget upon confirmation of allocation due to academy conversions |
| Environment & Communities | | | | |
| Wilmslow Town Villas | 80,964 | 47,452 | (33,512) | Reduction in budget as external funding of £33,512 paid directly to ANSA for work done rather than via CEC |
| Economy & Growth | | | | |
| Housing Strategy | | | | |
| Local Authority Housing Fund | 742,380 | 731,580 | (10,800) | To mirror the amount of grant to be received. |
| Highways & Transport | | | | |
| Alderley Edge Bypass Scheme Implementation | 60,611,100 | 60,411,100 | (200,000) | To align budget to revised forecasting. |
| Infrastructure | | | | |
| Flowerpot Phs 1 & Pinchpoint | 10,037,232 | 4,245,620 | (5,791,612) | To align the available budget with external funding available, Grant and S106 Developer Contributions |
| A500 Corridor OBC Update | 2,435,000 | 1,704,550 | (730,450) | To reduce budget to match grant received from Department for Transport to fund the scheme. |
| | 81,483,583 | 67,818,756 | (13,664,827) | |

Prudential Indicators revisions to: 2024/25 and 20245/26 – 2026/27 and future years

Background

- 4.6. There is a requirement under the Local Government Act 2003 for local authorities to have regard to CIPFA's Prudential Code for Capital Finance in Local Authorities (the "CIPFA Prudential Code") when setting and reviewing their Prudential Indicators.

Estimates of Capital Expenditure

- 4.7. In 2024/25, the Council spent £88.3m on capital expenditure as summarised below.

| Capital Expenditure | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | Future years £m |
|---------------------|-------------------------|---------------------------|---------------------------|-----------------------|
| Total | 88.3 | 208.5 | 100.6 | 252.7 |

Capital Financing

- 4.8. All capital expenditure must be financed either from external sources (government grants and other contributions), the Council's own resources (revenue reserves and capital receipts) or debt (borrowing, leasing and Private Finance Initiative). The planned financing of capital expenditure is as follows.

| Capital Financing | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | Future years £m |
|------------------------------------|-------------------------|---------------------------|---------------------------|-----------------------|
| Capital receipts | 0.0 | 1.2 | 1.3 | 33.4 |
| Government Grants | 49.8 | 129.5 | 75.2 | 119.3 |
| External Contributions | 4.0 | 19.7 | 13.1 | 68.6 |
| Revenue Contributions | 1.0 | 1.3 | 0.0 | 0.0 |
| Total Financing | 54.8 | 151.7 | 89.6 | 221.3 |
| Prudential Borrowing | 33.5 | 56.8 | 10.9 | 31.4 |
| Total Funding | 33.5 | 56.8 | 10.9 | 31.4 |
| Total Financing and Funding | 88.3 | 208.5 | 100.5 | 252.7 |

Source: Cheshire East Finance

Replacement of debt finance

- 4.9. Debt is only a temporary source of finance, since loans and leases must be repaid, and this is therefore replaced over time by other financing, usually from revenue which is known as minimum revenue provision (MRP). Alternatively, proceeds from selling capital assets may be used to replace debt finance. Planned MRP repayments are as follows:

| Replacement of debt finance | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | 2027/28 Estimate £m |
|--------------------------------|-------------------------|---------------------------|---------------------------|---------------------------|
| Total | 15.3 | 18.5 | 22.7 | 24.8 |

Source: Cheshire East Finance

Estimates of Capital Financing Requirement

- 4.10. The Council's cumulative outstanding amount of debt finance is measured by the capital financing requirement (CFR). This increases with new debt-financed capital expenditure and reduces with MRP repayments and capital receipts used to replace debt. The CFR will decrease by £2m during 2024/25. This assumes that were there has been significant forward funding of certain schemes that grants and other contributions are received in year to repay that forward funding. Based on the above figures for expenditure and financing, the Council's estimated CFR is as follows.

| Capital Financing Requirement | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | 2027/28 Estimate £m |
|----------------------------------|-------------------------|---------------------------|---------------------------|---------------------------|
| Total | 521 | 560 | 582 | 595 |

Source: Cheshire East Finance

Asset disposals

- 4.11. When a capital asset is no longer needed, it may be sold so that the proceeds, known as capital receipts, can be spent on new assets or to repay debt. Repayments of capital grants, loans and investments also generate capital receipts. The Council received £2.2m of capital receipts from asset sales in 2024/25 and has built into the MTFS planned receipts of £3.6m in future years.

| Capital Receipts | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | 2027/28 Estimate £m |
|------------------|-------------------------|---------------------------|---------------------------|---------------------------|
| Asset Sales | 2.1 | 1.0 | 1.0 | 1.0 |
| Loans Repaid | 0.1 | 0.2 | 0.2 | 0.2 |
| Total | 2.2 | 1.2 | 1.2 | 1.2 |

Source: Cheshire East Finance

Gross Debt and the Capital Financing Requirement

- 4.12. The Council's main objectives when borrowing are to achieve a low but certain cost of finance while retaining flexibility should plans change in the future. These objectives are often conflicting and the Council therefore seeks to strike a balance between cheap short term loans and long term fixed rate loans where the future cost is known but fixed over a period when rates are expected to fall.
- 4.13. Projected levels of the Council's total outstanding debt (which comprises borrowing, PFI liabilities, leases) are shown below, compared with the capital financing requirement.

| Gross Debt and the Capital Financing Requirement | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | 2027/28 Estimate £m |
|--|-------------------------|---------------------------|---------------------------|---------------------------|
| Borrowing | 396 | 423 | 476 | 512 |
| PFI Liabilities | 17 | 17 | 15 | 14 |
| Total Debt | 413 | 440 | 491 | 526 |
| Capital Financing Req. | 521 | 560 | 582 | 595 |

Source: Cheshire East Finance

- 4.14. Statutory guidance is that debt should remain below the capital financing requirement, except in the short term. As can be seen from the above table, the Council expects to comply with this in the medium term.

Liability Benchmark

- 4.15. To compare the Council's actual borrowing against an alternative strategy, a liability benchmark has been calculated showing the lowest risk level of borrowing (see para 6.18 of the Treasury Management Strategy update). This assumes that cash and investment balances are kept to a minimum level of £20m at each year end. This benchmark is currently £372m and is forecast to rise to £447m over the next four years.

| Borrowing and the Liability Benchmark | 2024/25 Actual £m | 2025/26 Estimate £m | 2026/27 Estimate £m | 2027/28 Estimate £m |
|---------------------------------------|-------------------------|---------------------------|---------------------------|---------------------------|
| Outstanding Debt | 396 | 423 | 476 | 512 |
| Liability Benchmark | 372 | 420 | 445 | 447 |

Source: Cheshire East Finance

- 4.16. The table shows that the Council expects to borrow above its liability benchmark.

Affordable borrowing limit

- 4.17. The Council is legally obliged to set an affordable borrowing limit (also termed the authorised limit for external debt) each year. In line with statutory guidance, a lower “operational boundary” is also set as a warning level should debt approach the limit.

| | 2024/25 limit £m | 2025/26 limit £m | 2026/27 Estimate £m | 2027/28 Estimate £m |
|--|------------------------|------------------------|---------------------------|---------------------------|
| Authorised Limit for Borrowing | 570 | 590 | 590 | 590 |
| Authorised Limit for Other Long-Term Liabilities | 17 | 17 | 15 | 14 |
| Authorised Limit for External Debt | 587 | 607 | 605 | 604 |
| Operational Boundary for Borrowing | 560 | 580 | 580 | 580 |
| Operational Boundary for Other Long-Term Liabilities | 17 | 17 | 15 | 14 |
| Operational Boundary for External Debt | 577 | 597 | 595 | 594 |

Source: Cheshire East Finance

Investment Strategy

- 4.18. Treasury investments arise from receiving cash before it is paid out again. Investments made for service reasons or for pure financial gain are not generally considered to be part of treasury management.
- 4.19. The Council's policy on treasury investments is to prioritise security and liquidity over yield, that is to focus on minimising risk rather than maximising returns. Cash that is likely to be spent in the near term is invested securely, for example with money market funds, other local authorities or selected high quality banks, to minimise the risk of loss. Money that will be held for longer terms is invested more widely, including in shares and property, to balance the risk of loss against the risk of returns below inflation.

| Treasury Management Investments | 31/03/25 Actual £m | 31/03/26 Estimate £m | 31/03/27 Estimate £m | 31/03/28 Estimate £m |
|---------------------------------|--------------------------|----------------------------|----------------------------|----------------------------|
| Short term | 20 | 20 | 20 | 20 |
| Long term | 20 | 20 | 20 | 20 |
| Total Investments | 40 | 40 | 40 | 40 |

Source: Cheshire East Finance

- 4.20. Although capital expenditure is not charged directly to the revenue budget, interest payable on loans and MRP are charged to revenue, offset by an investment income receivable. The net annual charge is known as financing costs; this is compared to the net revenue stream i.e., the amount funded from Council Tax, business rates and general government grants.

| Ratio of Financing Costs to Net Revenue Stream | 31/03/25 Actual | 31/03/26 Estimate | 31/03/27 Estimate | 31/03/28 Estimate |
|---|--------------------|----------------------|----------------------|----------------------|
| Financing Costs (£m) | 29.0 | 30.5 | 36.1 | 39.8 |
| Proportion of net revenue stream % | 7.33 | 7.58 | 8.75 | 9.37 |

Source: Cheshire East Finance

Section 5: Reserves

Management of Council Reserves

- 5.1. The Council's Reserves Strategy states that the Council will maintain reserves to protect against risk and support investment.
- 5.2. The opening balance at 1 April 2024 in the Council's General Fund Reserves was £5.6m, as published in the Council's Statement of Accounts for 2023/24. At FR3, the closing balance at 31 March 2025 was forecast to be £0.5m.
- 5.3. During 2024/25, transfers from Earmarked Reserves were made of £13.7m to support the revenue budget. A net total of £11.7m has been drawn down to support the in-year deficit position, whilst a further £3.8m has been used to fund the Council Transformation expenditure.
- 5.4. The current balance on reserves is insufficient in order to provide adequate protection against established and newly emerging risks, such as inflation and particularly the DSG deficit, which is £112.1m at year end and has been highlighted in the MTFS as having no alternative funding.
- 5.5. The Council also maintains Earmarked Revenue Reserves for specific purposes. The opening balance at 1 April 2024 was £32.3m, of which £6.5m has been used to fund expenditure specifically provided for by services. These balances fall within the forecasts approved during the MTFS budget setting process. The closing balance at 31 March 2025 for Earmarked Reserves is £23.3m, of which, £3.2m is ring-fenced for specific use.
- 5.6. The closing balance on General Fund Reserves at 31 March 2025, is £6.3m.
- 5.7. Total reserves available for Council use at 31 March 2025 are £29.6m.
- 5.8. Unspent schools' budgets that have been delegated, as laid down in the Schools Standards Framework Act 1998, remain at the disposal of the school and are not available for Council use. These balances are therefore excluded from all reserve forecasts.

Table 1 – Reserves Balances**Adults and Health Committee**

| Reserve Account | Opening Balance 01 April 2024 £000 | Drawdowns / Transfers to General Fund £000 | In-year Net Movement £000 | New Reserve Requests* £000 | Closing Balance 31 March 2025 £000 | Notes |
|--|---|--|------------------------------------|-------------------------------------|--|--|
| <u>Adults Social Care Commissioning</u> | | | | | | |
| PFI Equalisation - Extra Care Housing | 2,857 | (2,857) | 0 | 0 | 0 | Asper the MTFS, this reserve will be replenished over the 4 year MTFS period 2024-2028. |
| <u>Public Health</u> | | | | | | |
| Public Health Reserve | 2,369 | 0 | 0 | 835 | 3,204 | Ring-fenced underspend to be invested in areas to improve performance against key targets. |
| ADULTS AND HEALTH RESERVE TOTAL | 5,226 | (2,857) | 0 | 835 | 3,204 | |

* All New Requests are subject to approval.

Children and Families Committee

| Reserve Account | Opening Balance 01 April 2024 £000 | Drawdowns / Transfers to General Fund £000 | In-year Net Movement £000 | New Reserve Requests* £000 | Closing Balance 31 March 2025 £000 | Notes |
|---|---|--|------------------------------------|-------------------------------------|--|--|
| <u>Childrens Social Care</u> | | | | | | |
| Domestic Abuse Partnership | 131 | 0 | (131) | 0 | 0 | To sustain preventative services to vulnerable people as a result of partnership funding in previous years. |
| <u>Strong Start, Family Help and Integration</u> | | | | | | |
| Troubled Families Initiative | 1,593 | 0 | (1,593) | 0 | 0 | Crewe Youth Zone and ACT have been assigned funding from shared outcomes of the Supporting Families Programme. |
| ILAC Spending Plan | 0 | 0 | 0 | 456 | 456 | To carry forward funding identified to fund the ILAC improvement plan which spans across two financial years. |

| | | | | | |
|--|--------------|----------|----------------|------------|------------|
| CHILDREN AND FAMILIES RESERVE TOTAL | 1,724 | 0 | (1,724) | 456 | 456 |
|--|--------------|----------|----------------|------------|------------|

* All New Requests are subject to approval.

Corporate Policy Committee and Central Reserves

| Reserve Account | Opening Balance 01 April 2024 | Drawdowns / Transfers to General Fund | In-year Net Movement | New Reserve Requests* | Closing Balance 31 March 2025 | Notes |
|--|-------------------------------------|--|----------------------------|-----------------------------|--|--|
| | £000 | £000 | £000 | £000 | £000 | |
| <u>Corporate Directorate</u> | | | | | | |
| Corporate Directorate Reserve | 1,164 | (1,164) | 0 | 0 | 0 | To support a number of widespread projects within the Corporate Directorate. |
| <u>Finance and Customer Service</u> | | | | | | |
| Collection Fund Management | 8,154 | (1,235) | (1,799) | 0 | 5,120 | To manage cash flow implications as part of the Business Rates Retention Scheme. |
| Capital Financing Reserve | 4,531 | 0 | (2,289) | 0 | 2,242 | To provide for financing of capital schemes, other projects and initiatives |
| MTFS Reserve | 2,914 | (3,169) | 255 | 0 | 0 | Reserve balance has been released to the general fund to support the in-year deficit pressure |
| Brighter Futures Transformation Programme | 490 | (470) | (20) | 0 | 0 | To fund the Council's four-year transformation programme and its five outcomes of Culture; Estates and ICT systems; Customer Experience, Commercial Approach and Governance. |
| 2025/26 Transformation 1 | 0 | 0 | 0 | 3,500 | 3,500 | Additional reserve to support the 2025/26 Transformation Programme. |
| 2025/26 Transformation 2 | 0 | 0 | 0 | @Bal5,300 | 5,300 | To cover the costs of the Transformation Programme to help mitigate anticipated one off cost impacts of change. |
| Section 31 Revenue Grants | 14 | (14) | 0 | 0 | 0 | Residual unspent revenue grants have been released to the general fund to support the in-year deficit. |

Corporate Policy Committee and Central Reserves Continued

| Reserve Account | Opening Balance 01 April 2024 | Drawdowns / Transfers to General Fund | In-year Net Movement | New Reserve Requests* | Closing Balance 31 March 2025 | Notes |
|---|-------------------------------------|--|----------------------------|-----------------------------|--|--|
| | £000 | £000 | £000 | £000 | £000 | |
| <u>Governance and Compliance</u> | | | | | | |
| Insurance Reserve | 3,098 | (3,098) | 0 | 314 | 314 | To settle insurance claims and manage excess costs. |
| Elections General | 132 | 0 | 0 | 300 | 432 | To provide funds for Election costs every 4 years. |
| Brexit Funding | 13 | (13) | 0 | 0 | 0 | Residual reserve balance has been released to the general fund to support the in-year deficit pressure. |
| <u>Human Resources</u> | | | | | | |
| HR (CARE4CE Review, Culture Change, Pay realignment, Learning Mgt System) | 59 | (59) | 0 | 0 | 0 | Residual reserve balance has been released to the general fund to support the in-year deficit pressure. |
| Pay Structure (M Grade Review) | 54 | (54) | 0 | 0 | 0 | Residual reserve balance has been released to the general fund to support the in-year deficit pressure |
| <u>ICT</u> | | | | | | |
| Digital Solutions Architect | 150 | 0 | (76) | 0 | 74 | To fund a role for the Digital Customer Enablement programme and will be key to realising the cost savings and efficiencies across the Council from the deployment of a number of digital initiatives. |
| ICT | 0 | 0 | 0 | 300 | 300 | To fund costs associated with Gemini / TOM |
| CORPORATE POLICY AND CENTRAL RESERVE TOTAL | 20,773 | (9,276) | (3,929) | 9,714 | 17,282 | |

* All New Requests are subject to approval.

Economy and Growth Committee

| Reserve Account | Opening Balance 01 April 2024 £000 | Drawdowns / Transfers to General Fund £000 | In-year Net Movement £000 | New Reserve Requests* £000 | Closing Balance 31 March 2025 £000 | Notes |
|---|---|--|------------------------------------|-------------------------------------|--|---|
| <u>Directorate</u> | | | | | | |
| Place Directorate Reserve | 1,164 | (306) | (510) | 70 | 418 | To support a number of widespread projects within the Place Directorate. |
| Investment (Sustainability) | 610 | (40) | (21) | 0 | 549 | To support investment that can increase longer term financial independence and stability of the Council. |
| <u>Growth and Enterprise</u> | | | | | | |
| Legal Proceedings | 212 | 0 | (33) | 0 | 179 | To enable legal proceedings on land and property matters. |
| Investment Portfolio | 534 | (534) | 0 | 0 | 0 | The full reserve has been released to the general fund to support the in-year deficit pressure. |
| Homelessness & Housing Options - Revenue Grants | 129 | 0 | (129) | 0 | 0 | Grant committed for the purchase and refurbishment of properties to be used as temporary accommodation to house vulnerable families. |
| Tatton Park Trading Reserve | 128 | (128) | 0 | 250 | 250 | To fund Tatton Park playground through the Transformation Programme, and cover costs for vehicle replacement, maintenance and repair. |
| ECONOMY AND GROWTH RESERVE TOTAL | 2,777 | (1,008) | (693) | 320 | 1,396 | |

* All New requests are subject to approval.

Environment and Communities Committee

| Reserve Account | Opening Balance 01 April 2024 £000 | Drawdowns / Transfers to General Fund £000 | In-year Net Movement £000 | New Reserve Requests* £000 | Closing Balance 31 March 2025 £000 | Notes |
|--|---|--|------------------------------------|-------------------------------------|--|---|
| <u>Environment and Neighbourhood Services</u> | | | | | | |
| Strategic Planning | 568 | (281) | 0 | 0 | 287 | To meet costs associated with the Local Plan - site allocations, minerals and waste DPD. |
| Trees / Structures Risk Management | 139 | (55) | 0 | 0 | 84 | To help respond to increases in risks relating to the environment, in particular the management of trees, structures and dealing with adverse weather events. |
| Air Quality | 36 | 0 | 0 | 0 | 36 | Air Quality Management - DEFRA Action Plan. Relocating electric vehicle charge point in Congleton. |
| Licensing Enforcement | 8 | 0 | 2 | 0 | 10 | Three year reserve to fund a third party review and update of the Cheshire East Council Taxi Licensing Enforcement Policies. |
| Flood Water Management (Emergency Planning) | 2 | 0 | 0 | 0 | 2 | Relating to Public Information Works. |
| Neighbourhood Planning | 82 | (41) | 0 | 0 | 41 | To match income and expenditure. |
| Spatial Planning - revenue grant | 13 | (13) | 0 | 0 | 0 | Residual reserve balance has been released to the general fund to support the in-year deficit pressure. |
| Street Cleansing | 22 | 0 | 0 | 0 | 22 | Committed expenditure on voluntary litter picking equipment and electric blowers. |
| ENVIRONMENT AND NEIGHBOURHOOD RESERVE TOTAL | 870 | (390) | 2 | 0 | 482 | |

* All New Requests are subject to approval.

Highways and Transport Committee

| Reserve Account | Opening Balance 01 April 2024 £000 | Drawdowns / Transfers to General Fund £000 | In-year Net Movement £000 | New Reserve Requests* £000 | Closing Balance 31 March 2025 £000 | Notes |
|---|---|--|------------------------------------|-------------------------------------|--|--|
| <u>Highways and Infrastructure</u> | | | | | | |
| Rail and Transport Integration | 385 | (185) | (200) | 0 | 0 | To support the Council's committed costs to the rail and transport networks across the borough. |
| Flood Risk Adverse Weather Events | 400 | 0 | 0 | 0 | 400 | To help the service manage risks such as the impact of adverse weather, specifically flooding or extensive periods where winter maintenance is required. |
| Highways Procurement Project | 104 | (20) | (1) | 0 | 83 | To finance the development of the next Highway Service Contract. Depot mobilisation costs, split over 7 years from start of contract in 2018. |
| LEP-Local Transport Body | 19 | 0 | 0 | 0 | 19 | Contribution to LEP transport studies/consultancy. Ongoing working around Transport Legacy issues. |
| ECONOMY AND GROWTH RESERVE TOTAL | 908 | (205) | (201) | 0 | 502 | |

* All New Requests are subject to approval.

Total Reserves

| Reserve Account | Opening Balance 01 April 2024 £000 | Drawdowns / Transfers to General Fund £000 | In-year Net Movement £000 | New Reserve Requests* £000 | Closing Balance 31 March 2025 £000 | Notes |
|--------------------------|---|--|------------------------------------|-------------------------------------|--|-------|
| Total Earmarked Reserves | 32,278 | (13,736) | (6,545) | 11,325 | 23,322 | |
| General Fund Reserve | 5,580 | 13,736 | (15,481) | 2,473 | 6,308 | |
| RESERVE TOTAL | 37,858 | 0 | (22,026) | 13,798 | 29,630 | |

* All New Requests are subject to approval.

Section 6: Treasury Management

Management of Council Reserves

- 6.1 Treasury management is the management of the Authority's cash flows, borrowing and investments, and the associated risks. The Authority has borrowed and invested substantial sums of money and is therefore exposed to financial risks including the loss of invested funds and the revenue effect of changing interest rates. The successful identification, monitoring and control of financial risk are therefore central to the Authority's prudent financial management.
- 6.2. Treasury risk management at the Authority is conducted within the framework of the Chartered Institute of Public Finance and Accountancy's *Treasury Management in the Public Services: Code of Practice* (the CIPFA Code) which requires the Authority to approve a treasury management strategy before the start of each financial year. This report fulfils the Authority's legal obligation under the *Local Government Act 2003* to have regard to the CIPFA Code.
- 6.3. Investments held for service purposes or for commercial profit are considered in the Investment Report (see **Section 9**).

1. External Context

- 6.4. **Economic background:** Both the UK and US elected new governments during the period, whose policy decisions impacted the economic outlook. The Chancellor of the Exchequer delivered her Spring Statement in March 2025, following her Budget in October 2024. Based on the plans announced, the Office for Budget Responsibility downgraded its predictions for UK growth in 2025 to 1% from 2%. However, it upgraded its predictions for the four subsequent years. Inflation predictions for 2025 were pushed up, to 3.2% from 2.6%, before seen as falling back to target in 2027. The market reaction to the Spring Statement was more muted compared to the Budget, with very recent market turbulence being driven more by US trade policy decisions and President Trump.
- 6.5. UK annual Consumer Price Index (CPI) Inflation continued to stay above the 2% Bank of England (BoE) target in the later part of the period. The Office for National Statistics (ONS) reported headline consumer prices at 2.8% in February 2025, down from 3% in the previous month and below expectations. Core CPI also remained elevated falling slightly in February to 3.5%, just below expected 3.6% but higher than the last 3 months of 2024.
- 6.6. The UK economy Gross Domestic Product (GDP) grew by 0.1% between October and December 2024, unrevised from the initial estimate. This was an

improvement on the zero growth in the previous quarter, but down from the 0.4% growth between April and June 2024. The economy was estimated to have contracted by 0.1% in January 2025, worse than the expectations for a 1% gain.

- 6.7. The labour market continued to cool, but the ONS data still requires treating with caution. Recent data showed the unemployment rate rose to 4.4% (3mth/year) in the three months to January 2025 while the economic inactivity rate fell again to 21.5%. The ONS reported pay growth over the same three-month period at 5.9% for regular earnings (excluding bonuses) and 5.8% for total earnings.
- 6.8. The BoE's Monetary Policy Committee (MPC) held Bank Rate at 4.5% at its March 2025 meeting, having reduced it in February. This follows earlier 0.25% cuts in November and August 2024 from the 5.25% peak. At the March MPC meeting, members voted 8-1 to maintain Bank Rate at 4.5%, with the one dissenter preferring another 25 basis points cut. The meeting minutes implied a slightly more hawkish tilt compared to February when two MPC members wanted a 50bps cut. In the minutes, the Bank also upgraded its Q1 2025 GDP forecast to around 0.25% from the previous estimate of 0.1%
- 6.9. The February Monetary Policy Report (MPR) showed the BoE expected GDP growth in 2025 to be significantly weaker compared to the November MPR. GDP is forecast to rise by 0.1% in Q1 2025, less than the previous estimate of 0.4%. Four-quarter GDP growth is expected to pick up from the middle of 2025, to over 1.5% by the end of the forecast period. The outlook for CPI inflation showed it remaining above the MPC's 2% target throughout 2025. It is expected to hit around 3.5% by June before peaking at 3.7% in Q3 and then easing towards the end of the year, but staying above the 2% target.
- 6.10. Arlingclose, the authority's treasury adviser, maintained its central view that Bank Rate would continue to fall throughout 2025. Further to the cut in May to 4.25%, it is anticipated that other cuts will follow in line with MPR months to take Bank rate down to 3.75% by the end of 2025.
- 6.11. **Financial Markets:** Financial market sentiment was reasonably positive over most of the period but economic, financial and geopolitical issues meant the trend of market volatility remained. In the latter part of the period, volatility increased and bond yields started to fall following a January peak, as the economic uncertainty around likely US trade policy impacted financial markets. Yields in the UK and US started to diverge in the last month of the period, with the former rising around concerns over the fiscal implications on the UK government from weaker growth, business sentiment and higher rates, while the latter started falling on potential recession fears due to the unpredictable nature of policy announcements by the US President and their potential impact. Since then, the US announced 'reciprocal tariffs', the immediate aftermath of which saw stock prices and government bond yields falling and introduced further uncertainty over the economic outlook.

- 6.12. **Credit Review:** Due to improving credit conditions our treasury advisors, increased their recommended maximum unsecured duration limit on most banks on its counterparty list to 6 months from the previous limit of 100 days.
- 6.13. Credit default swap prices were generally lower over the period but did start to rise modestly in March but not to any level causing concern. Price volatility over the period was also generally more muted compared to previous periods.
- 6.14. Financial market volatility is expected to remain a feature, at least in the near term and credit default swap levels will be monitored for signs of ongoing credit stress. As ever, the institutions and durations on the Authority's counterparty list recommended by Arlingclose remain under constant review

2. Local Context

- 6.15. As at 31 March 2025 the Authority has borrowings of £414m and investments of £39m. Forecast changes in these sums are shown in the balance sheet analysis in **Table 1** below.

Table 1: Balance Sheet Summary and Forecast

| | 31/03/25 Actual £m | 31/03/26 Estimate £m | 31/03/27 Estimate £m | 31/03/28 Estimate £m | * |
|--|--------------------------|----------------------------|----------------------------|----------------------------|---|
| General Fund CFR | 538 | 578 | 597 | 609 | |
| Less: Other long term liabilities * | (17) | (17) | (15) | (14) | |
| Loans CFR | 521 | 561 | 582 | 595 | |
| Less: External borrowing ** | (396) | (163) | (133) | (119) | |
| Internal (over) borrowing | 126 | 398 | 448 | 477 | |
| Less: Usable reserves | (122) | (113) | (108) | (119) | |
| Less: Working capital | (47) | (50) | (50) | (51) | |
| (Treasury Investments) or New borrowing | (44) | 235 | 290 | 307 | |

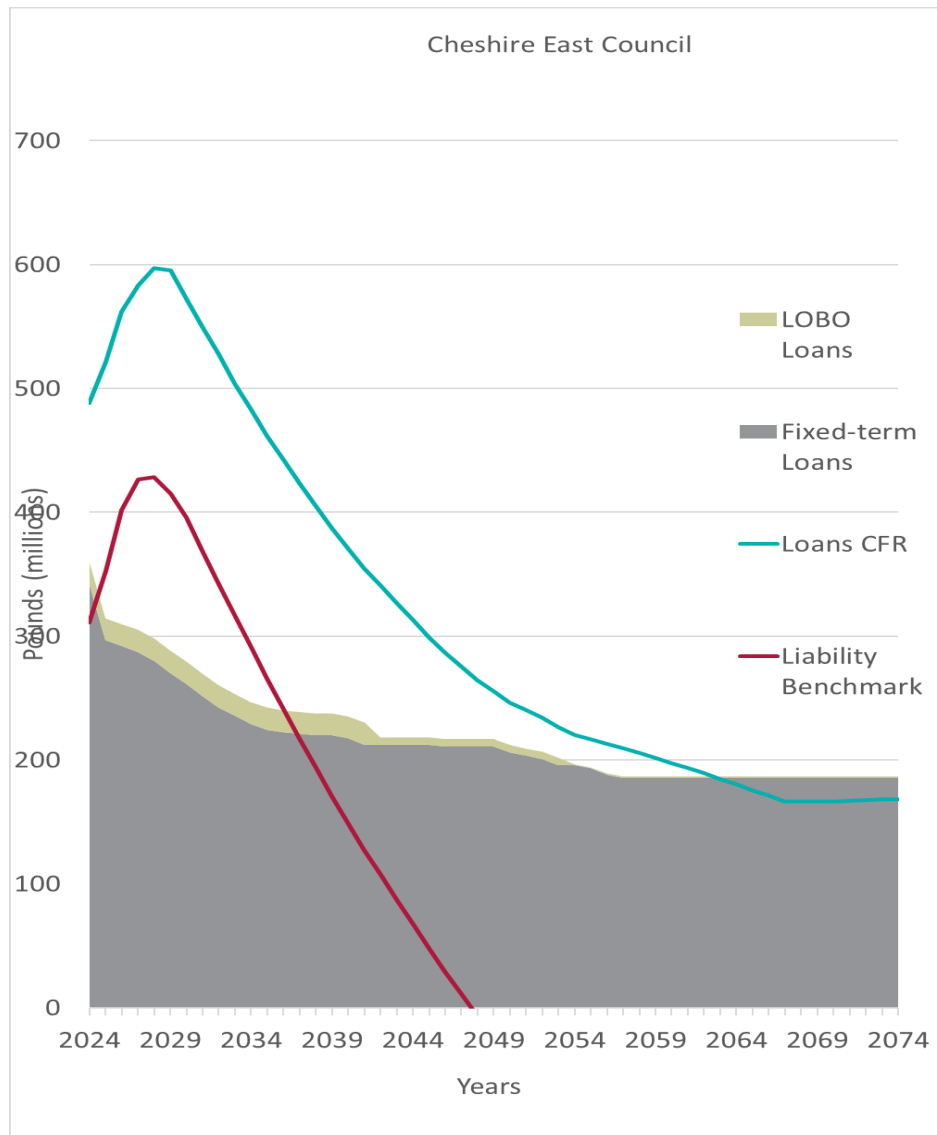
*finance leases and PFI liabilities that form part of the Authority's debt

** shows only loans to which the Authority is committed and excludes optional refinancing

- 6.16. The underlying need to borrow for capital purposes is measured by the Capital Financing Requirement (CFR), while usable reserves and working capital are the underlying resources available for investment. The Authority's current strategy is to maintain borrowing and investments below their underlying levels, sometimes known as internal borrowing.
- 6.17. CIPFA's Prudential Code for Capital Finance recommends that the Authority's total debt should be lower than its highest forecast CFR over the next three years. **Table 1** shows that the Authority expects to comply with this recommendation.
- 6.18. **Liability Benchmark:** To compare the Councils actual borrowing against an alternative strategy, a liability benchmark has been calculated showing the lowest risk level of borrowing. This assumes the same forecasts as table 1 above, but that cash and investment balances are kept to a minimum level of £20m at each year-end to maintain a core strategic investment.

Table 2: Liability Benchmark

| | 31/03/25 Actual £m | 31/03/26 Estimate £m | 31/03/27 Estimate £m | 31/03/28 Estimate £m |
|----------------------------|--------------------------|----------------------------|----------------------------|----------------------------|
| Loans CFR | 521 | 561 | 582 | 595 |
| Less: Usable reserves | (122) | (113) | (108) | (103) |
| Less: Working capital | (47) | (50) | (50) | (51) |
| Plus: Minimum investments | 20 | 20 | 20 | 20 |
| Liability Benchmark | 372 | 418 | 444 | 446 |

Chart 1: Liability benchmark

3. Borrowing Strategy

- 6.19. CIPFA's 2021 Prudential Code is clear that local authorities must not borrow to invest primarily for financial return and that it is not prudent for local authorities to make any investment or spending decision that will increase the capital financing requirement, and so may lead to new borrowing, unless directly and primarily related to the functions of the Authority. PWLB loans are no longer available to local authorities planning to buy investment assets primarily for yield unless these loans are for refinancing purposes.
- 6.20. The Authority has not, and is not planning to borrow to invest primarily for commercial return and so is unaffected by the changes to the Prudential Code
- 6.21. The Authority currently holds loans of £397m, an increase of £60m since 31 March 2024. This increase is primarily due to continued capital expenditure including use of grants received in advance and increasing Dedicated Schools Grant deficit.

- 6.22. The Authority's chief objective when borrowing has been to strike an appropriately low risk balance between securing low interest costs and achieving cost certainty over the period for which funds are required, with flexibility to renegotiate loans should the Authority's long term plans change being a secondary objective. The Authority's borrowing strategy continues to address the key issue of affordability without compromising the longer-term stability of the debt.
- 6.23. Interest rates have seen substantial rises over the last 3 years which has significantly increased the cost of borrowing. Borrowing costs have begun to fall and the expectation is that they will continue to fall although market uncertainty may impact on the timing of any reductions.
- 6.24. The cost of short-term borrowing from other local authorities has generally followed Base Rate over the year. However, liquidity in the market from October onwards caused rates to increase disproportionately compared to underlying Base Rates. The Council's application for Exceptional Financial Support also reduced the credit quality of the Council to some lenders which exacerbated the shortage of liquidity available. As a result some PWLB borrowing was undertaken with a mix of 1-2 year maturity loans and 2-3 year Equal Instalments of Principal (EIP) repayment loans. The average rate payable on these loans is 4.84%. This provides some surety of cost at lower rates than we could otherwise have achieved at the time and reduces over-reliance on short term borrowing. The relatively short period of these PWLB loans should provide opportunities to refinance at lower cost if rates fall in line with expectations.
- 6.25. The cost of short term borrowing in 2024/25 is 5.29% which is an increase from 4.82% in 2023/24. The average rate paid on all borrowing was 5.03%.
- 6.26. **LOBO's:** The Authority holds £17m of LOBO (Lender's Option Borrower's Option) loans where the lender has the option to propose an increase in the interest rate at set dates, following which the Authority has the option to either accept the new rate or to repay the loan at no additional cost. All of these LOBOS had options during 2024/25. Some LOBO providers have exercised their options but this has not been the case with our loans. Discussions with the provider indicates that they are unlikely to change their position.

4. Investment Strategy

- 6.27. The Authority holds invested funds, representing income received in advance of expenditure plus balances and reserves held. Due to the overriding need for short term borrowing, other than £20m invested strategically in managed funds, the investments are generally short term for liquidity purposes.
- 6.28. The CIPFA Code requires the Authority to invest its funds prudently, and to have regard to the security and liquidity of its investments before seeking the highest rate of return, or yield. The Authority's objective when investing money is to strike an appropriate balance between risk and return, minimising the risk of incurring losses from defaults and the risk of receiving unsuitably low investment income.
- 6.29. The maximum amount that can be invested with any one organisation is set in the Treasury Management Strategy Report. The maximum amount and duration of investments with any institution depends on the organisations credit rating, the type of investment and for banks and building societies, the security of the investment.

Generally credit rated banks and building societies have been set at a maximum value of £6m for unsecured investments and £12m for secured investments. Any limits also apply to the banking group that each bank belongs to. Limits for each Money Market fund have been set at a maximum value of £12m per fund. All potential counterparties are kept under continual review by our treasury advisors and advisory lower limits than those contained in the strategy are applied.

- 6.30. Treasury Management income for 2024/25 is £3,290,000 which is higher than the budgeted £1,870,000. However, borrowing costs are also higher than budgeted at £18.9m compared to budget of £16.1m.
- The average daily investment balance including managed funds during 2024/25 is £65.0m
 - The average annualized interest rate received on in-house investments during 2024/25 is 4.96%
 - The average annualized interest rate received on the externally managed funds during 2024/25 is 5.43%
- 6.31. The Authority's total average interest rate on all investments in 2024/25 is 5.10%. The return is below our own performance target of 5.45% (average Base Rate + 0.50%) due to the short term nature of most of our investments. However, we do compare favourably to the Sterling Over Night Interest Average (SONIA) rate.

Table 3 – Interest Rate Comparison

| Comparator | Average Rate 2024/25 |
|---------------|-------------------------|
| Cheshire East | 5.10% |
| SONIA | 4.90% |
| Base Rate | 4.95% |
| Target Rate | 5.45% |

- 6.32. As the Authority holds reserves and working capital, £20m of this has been placed in strategic investments in order to benefit from higher income returns whilst spreading risk across different asset classes.
- 6.33. The investments are in five different funds which are all designed to give an annual income return higher than cash investments but which have different underlying levels of volatility. By spreading investments across different types of fund, the intention is to dampen any large fluctuations in the underlying value of the investments.

Table 4 –Strategic Investments

| Fund Manager | Asset Class | Invested £m | 31/03/25 Value £m |
|-----------------|-------------|----------------|-------------------------|
| CCLA | Property | 7.5 | 7.4 |
| Aegon | Multi Asset | 5.0 | 4.6 |

| Fund Manager | Asset Class | Invested £m | 31/03/25 Value £m |
|--------------|-----------------|----------------|-------------------------|
| Fidelity | Equity - Global | 4.0 | 4.5 |
| Schroders | Equity - UK | 2.5 | 2.4 |
| M & G | Bonds | 1.0 | 0.8 |
| TOTAL | | 20.0 | 19.7 |

- 6.34. The value of these investments does vary. Fund values had been affected by high inflation, low levels of GDP and market uncertainty following US announcements on global tariffs. However, the past year has shown a gradual improvement. All funds continue to deliver good levels of income return which, although were not significantly higher than cash investments in 2024/25, are expected to remain at this level as interest rates on cash deposits fall in 2025/26 and beyond.

Chart 2 – Current Investments by Counterparty Type

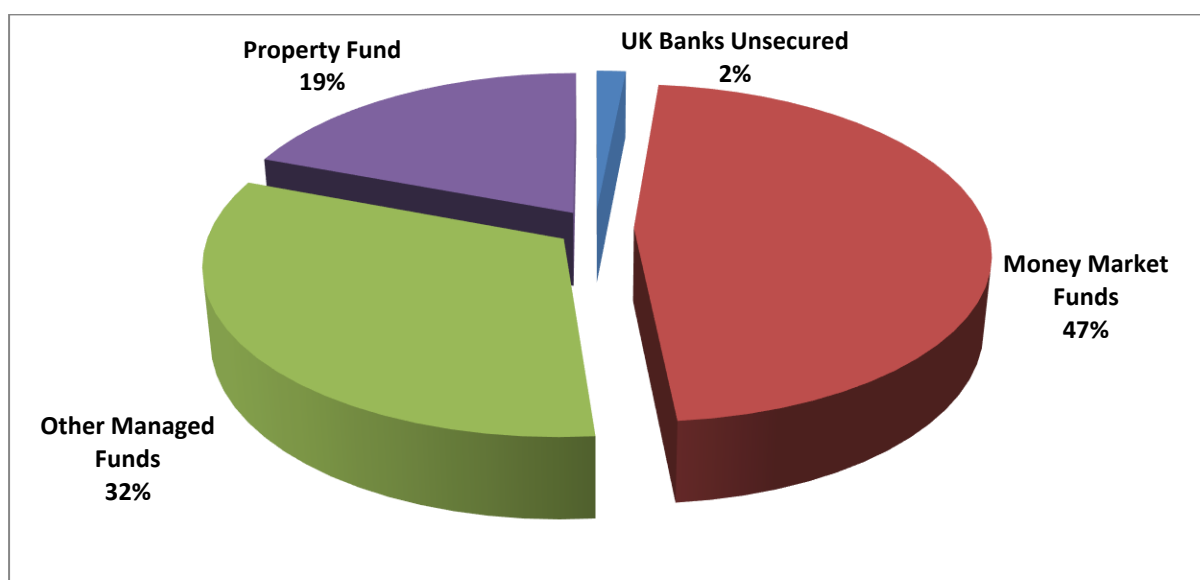
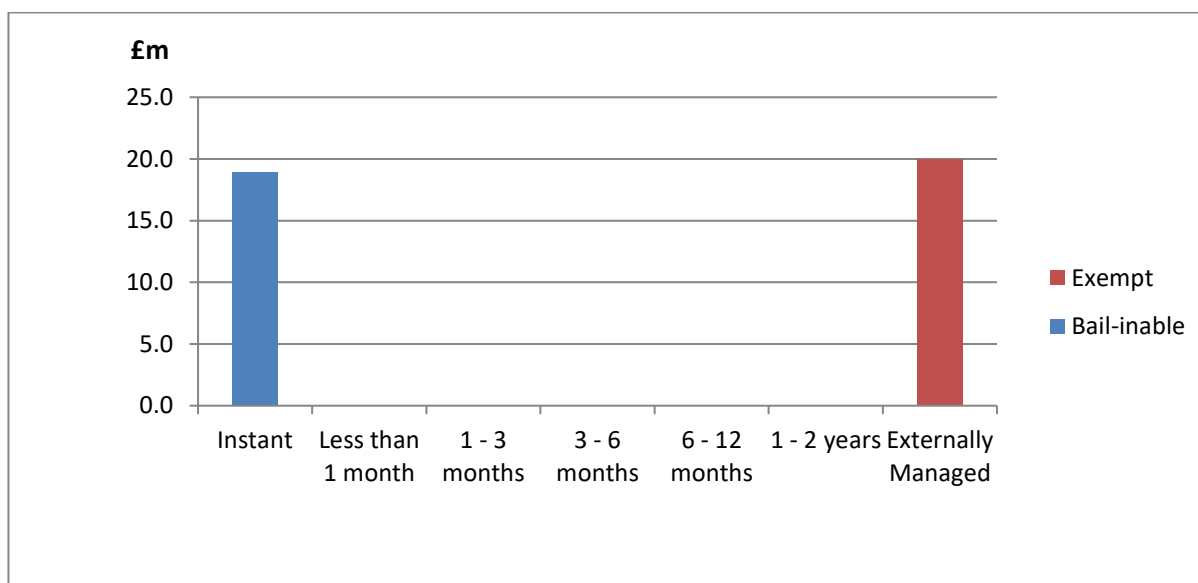


Table 5 – Types of Investments and Current Interest Rates

| Instant Access Accounts | Average Rate | £m |
|---------------------------------------|--------------|-------------|
| Money Market Funds | 4.54% | 18.3 |
| Banks | 4.34% | 0.6 |
| Externally Managed Funds | | £m |
| Total – see table 4 | 5.43% | 20.0 |
| Summary of Current Investments | | £m |
| TOTAL | 4.93% | 38.9 |

Chart 3 – Maturity Profile of Investments

6.35. Note: Bail-inable means that in the event of default the counterparty may be required to use part of the investments as their own capital in which case the Council would not get back as much as they invested. This would apply with most bank and Building Society investments.

Treasury Management Indicators

6.36. The Authority measures and manages its exposures to treasury management risks using the following indicators.

6.37. **Interest Rate Exposures:** This indicator is set to control the Authority's exposure to interest rate risk. The upper limit on the one-year revenue impact of a 1% rise in interest rates is:

| Interest Rate Risk Indicator | Limit |
|--|------------|
| Upper limit on one-year revenue impact of a 1% <u>rise</u> in interest rates | £2,270,000 |
| Actual impact in 2024/25 of changes in interest rates compared to budget | £250,000 |

6.38. The impact of a change in interest rates is calculated on the assumption that maturing loans and investments will be replaced at current rates. Borrowing and

investment rates during 2024/25 were broadly in line with the budgeted expectations.

- 6.39. **Maturity Structure of Borrowing:** This indicator is set to control the Authority's exposure to refinancing risk. Lower limits have been set at 0%. The upper limits on the maturity structure of borrowing and the actual maturity profiles as at 31 March 2025 are:

| Refinancing rate risk indicator | Upper Limit | Actual |
|---------------------------------|-------------|--------|
| Under 12 months | 75% | 59% |
| 12 months and within 24 months | 75% | 8% |
| 24 months and within 5 years | 75% | 9% |
| 5 years and within 10 years | 75% | 12% |
| 10 years and within 20 years | 100% | 5% |
| 20 years and above | 100% | 7% |

- 6.40. Time periods start on the first day of each financial year. The maturity date of borrowing is the earliest date on which the lender can demand repayment.
- 6.41. **Principal Sums Invested for Periods Longer than 364 days:** The purpose of this indicator is to control the Authority's exposure to the risk of incurring losses by seeking early repayment of its investments. The limits on the total principal sum invested to final maturities beyond the period are:

| Price Risk Indicator | 2024/25 | 2025/26 | 2026/27 |
|---|---------|---------|---------|
| Limit on principal invested beyond year end | £25m | £15m | £10m |
| Actual amounts committed beyond year end | £0m | £0m | £0m |

Annex A: Existing Investment & Debt Portfolio Position

| | 31/03/25 Actual Portfolio £m | 31/03/25 Average Rate for the year % |
|-------------------------------------|------------------------------------|---|
| External Borrowing: | | |
| PWLB – Fixed Rate | 201 | 4.79% |
| Local Authorities | 170 | 5.30% |
| LOBO Loans | 17 | 4.63% |
| Other | 9 | 4.91% |
| Total External Borrowing | 397 | 5.03% |
| Other Long Term Liabilities: | | |
| PFI | 17 | - |
| Total Gross External Debt | 414 | - |
| Investments: | | |
| <i>Managed in-house</i> | | |
| Short-term investments: | | |
| Instant Access | 19 | 4.96% |
| <i>Managed externally</i> | | |
| Property Fund | 7.5 | 4.91% |
| Multi Asset Fund | 5 | 5.53% |
| Equity - Global | 4 | 5.95% |
| Equity - UK | 2.5 | 6.47% |
| Bonds | 1 | 4.13% |

| | | |
|--------------------------|------------|--------------|
| Total Investments | 39 | 5.10% |
| Net Debt | 375 | - |

Section 7: Investment Strategy

Purpose

- 7.1 The Authority is required to present an Investment Strategy to Council on an annual basis. It does this via the MTFS approval process. This short summary updates the tables included in the main Investment Strategy. For a more detailed commentary please see the main Strategy within the published MTFS document.
- The purpose of the Investment Strategy is to:
 - set out the Council's approach to managing investments,
 - establish financial limits for various classifications of investment,
 - recognise the role and responsibilities of the Finance Sub-Committee and its position as the main conduit through which investment opportunities should be considered.
- 7.2 The definition of an investment covers all the financial assets of a local authority as well as other non-financial assets that the organisation holds primarily or partially to generate a profit; for example, investment property portfolios. This may therefore include investments that are not managed as part of normal treasury management processes or under treasury management delegations.
- 7.3 The Council has a Capital Strategy (prepared in line with the requirements of the Prudential Code); and a Treasury Management Strategy (prepared in line with the requirements of the Treasury Management Code) – relevant disclosures are made within each document.
- 7.4 Consequently, this Investment Strategy is part of a suite of related documents and focuses predominantly on matters not covered by the Capital Strategy and Treasury Management Strategy.

Investment Indicators

- 7.5 The Authority has set the following quantitative indicators to allow elected Members and the public to assess the Authority's total risk exposure arising from its investment decisions.
- 7.6 **Total risk exposure:** The first indicator shows the Authority's total exposure to potential investment losses. This includes amounts the Authority is contractually committed to lend but have yet to be drawn down and guarantees the Authority has issued over third-party loans.

| Table 1 Total investment exposure | 31/03/24 Actual | 31/03/25 Actual | 31/03/26 Forecast |
|--|----------------------------|----------------------------|------------------------------|
| Treasury management investments | 41,940 | 38,900 | 40,000 |
| Service investments: Loans | 26,722 | 26,637 | 26,567 |
| Service investments: Shares | 3,270 | 1,960 | 1,960 |
| Commercial investments: Property | 22,295 | 21,815 | 21,815 |
| Commercial Investments: Loans | 3,491 | 3,147 | 2,792 |
| TOTAL INVESTMENTS | 97,718 | 92,459 | 93,134 |
| Commitments to lend | 6,013 | 6,013 | 6,013 |
| TOTAL EXPOSURE | 103,731 | 98,472 | 99,147 |

- 7.7 The Council has total investments exposure estimated at £98m by March 2025 (£59m excluding treasury management), of which £22m relates to property investment backed by physical assets with an income stream and alternative use. Other investments are loans for economic development purposes; and due to their nature, they are not a material element of our budgeting for interest income within the MTFS.
- 7.8 **How investments are funded:** Currently the Authority's investments are largely funded by usable reserves and income received in advance of expenditure. Prudential borrowing is being used in limited circumstances and performance is closely monitored.

| Table 2 Investments funded by borrowing | 31/03/24 Actual | 31/03/25 Actual | 31/03/26 Forecast |
|--|----------------------------|----------------------------|------------------------------|
| Treasury management investments | 0 | 0 | 0 |
| Service investments: Loans | 0 | 0 | 0 |
| Service investments: Shares | 0 | 0 | 0 |
| Commercial investments: Property | 20,089 | 19,330 | 18,820 |
| Commercial Investments: Loans | 3,491 | 3,147 | 2,792 |
| TOTAL FUNDED BY BORROWING | 23,580 | 22,477 | 21,612 |

- 7.9 **Rate of return received:** In part this indicator shows, for Treasury Management and Commercial Property investments, the investment income received less the associated costs, including the cost of borrowing where appropriate, as a proportion of the sum initially invested. Note that due to the nature of the local government accounting framework, not all recorded gains and losses affect the revenue account in the year they are incurred.

| Table 3 Investments net rate of return | 2023/24 Actual | 2024/25 Actual | 2025/26 Forecast |
|---|-----------------------|-----------------------|-------------------------|
| Treasury management investments | 5.21% | 5.10% | 4.30% |
| Service investments: Loans | -2.44% | 0.23% | 0.00% |
| Service investments: Shares | NIL | NIL | NIL |
| Commercial investments: Property | 3.20% | 3.30% | 3.50% |
| Commercial Investments: Loans | 3.13% | 3.13% | 3.13% |

- 7.10 The return for Service Investments: Loans is not a true return but is instead based largely on the % fluctuation in the underlying value of the new assets within the Life Science Fund. As such they do not reflect actual cashflows. In addition there are a number of non-interest bearing loans.
- 7.11 Typically, a return on a share would be based upon the dividend yield and there have been no dividends paid. Therefore, this has been shown as Nil. There has been a downward revaluation of property assets at Alderley Park which has impacted the underlying asset value that we show in Table 5 below. We will continue to monitor for signs of recovery, but the underlying asset value remains more than the Authority paid for the shares.
- 7.12 The major assets included within Commercial Investments: Properties, representing over 90% of the value in that classification, are two commercial retail properties. Whilst we will see fluctuations year-on-year given the pressures on 'bricks and mortar retail', the Council will only experience an impact on its Revenue Account if a site becomes vacant for a prolonged period or is subject to a (lower) rent review.
- 7.13 From the perspective of the Council one of the tenants affected is a home improvements retailer and the second is a national supermarket retailer. Both tenants have thus far weathered the local economic effects of recent years though we have experienced further reductions in asset value in the last financial year. As the lease term reduces this may continue until the leases are renewed.
- 7.14 Much of the investment returns for Commercial Investments relates to rent on these two assets. Rental income on both has held up during the year. Overall returns are affected by the need to offset prudential borrowing costs against the income. However, as this is the major income bearing category of investment more attention needs to be diverted to ensure that occupancy and income are maximised and secured for the long term.
- 7.15 The Commercial investments: Loans are at the expected level of return given the rates in place when they were established.

Treasury Management Investments

- 7.16 Full details of the Authority's policies and plans for 2025/26 for treasury management investments are covered in the separate Treasury Management Strategy.

Service Investments: Loans

- 7.17 **Contribution:** The Council lends money to other organisations to support local public services and stimulate economic growth. These are shown below in Table 4. No new loans were issued in the year though there were movements on existing loans and write offs of historic balances.

| Table 4 Loans for service purposes Category of borrower | 31/03/24 Actual £000 | 31/03/25 Actual £000 | 31/03/25 Actual £000 | 31/03/25 Forecast £000 | 2025/26 £000 |
|--|----------------------------|----------------------------|----------------------------|------------------------------|-----------------|
| | | Balance owing | Loss allowance | Net figure in accounts | Approved Limit |
| Subsidiaries | 0 | 0 | 0 | 0 | 2,000 |
| Suppliers | 23 | 0 | 0 | 0 | 500 |
| Local businesses | 26,470 | 26,531 | 61 | 26,470 | 30,000 |
| Local charities | 158 | 106 | 11 | 95 | 2,500 |
| TOTAL | 26,651 | 26,637 | 72 | 26,565 | 35,000 |

Service Investments: Shares

- 7.18 **Contribution:** The Council invests in the shares of its subsidiaries and local businesses to support local public services and stimulate local economic growth.
- 7.19 The Authority invested in Alderley Park Holdings Limited to maintain and stimulate this key strategic site within the borough. Cheshire East is a minority 10% shareholder. This should be seen as a long-term strategic investment with no dividend returns. Valuations are based upon the change in value of our share of the underlying assets. There is a lag between the forecasts used for the Investment Strategy and finalisation of the Council's accounts. Consequently, the value fell from a forecast of £3,270K to an actual of £1,960K, a fall in value of £1,310K, or 40%. This fall is continuing and accelerating a downward trend, and steps will be taken to ascertain the strategy for reversing this trend.
- 7.20 Currently, the valuation (see Table 5) remains greater than the purchase price and the underlying assets at Alderley Park remain strong, with a pipeline of future investments in place. A gain or loss to the Council's Revenue and Capital Receipts accounts would only crystallise in the event of divesting our equity stake.

| Table 5 Shares held for service purposes Category of company | 31/03/24 actual £000 | 31/03/25 actual £000 | 31/03/25 Actual £000 | 31/03/25 Actual £000 | 2025/26 £000 |
|---|----------------------------|----------------------------|----------------------------|----------------------------|-----------------|
| | | | | | |

| | Value in accounts | Amounts invested | Total Gains/ (Losses) | Value in accounts | Approved Limit (at cost) |
|------------------|-------------------|------------------|-----------------------|-------------------|--------------------------|
| Local businesses | 3,270 | 1,070 | 890 | 1,960 | 10,000 |
| TOTAL | 3,270 | 1,070 | 890 | 1,960 | 10,000 |

Commercial Investments: Property

7.21 For the purpose of this Strategy, it should be noted that property is defined as an investment if it is held primarily or partially to generate a profit. To comply with accounting classifications, the Authority includes several assets in Table 6 that might otherwise be excluded as they are not being held to primarily generate a yield or return.

7.22 **Contribution:** The Council invests in local commercial property and land, for a number of reasons. The intention of making a profit that will be spent on local public services is largely a by-product and is not the primary reason.

7.23 We have revisited the historic purchase costs of the assets included in the categories below. For those that were inherited by Cheshire East Council we have used the valuation at 2009/10. This is to allow for a simple calculation of yield.

7.24 The value of properties is updated annually. The most recent valuation is from March 2024 and saw continuing falls to commercial property valuations. The most significant correction came with retail property, and this category is now valued at less than purchase cost. The main driver for the fall in is the reduced number of years remaining on an existing lease. This increases the risk of non-renewal thereby lowering the valuation. The downward trend is expected to continue in 2025 until a new tenancy agreement is agreed. No revised valuation for 2025 is currently available. The figures will be updated in future reports. There has also been a disposal of office property in the year.

| Table 6 Property held for investment purposes Property | Actual Purchase cost | 31/03/24 actual Gains or (losses) in-year | 31/03/24 actual Value in accounts (includes gains/ (losses) to date | 31/03/25 expected Gains or (losses) | 31/03/25 expected Value in accounts |
|--|----------------------|---|---|-------------------------------------|-------------------------------------|
| Industrial Units | 1,492 | 122 | 1,740 | - | 1,740 |
| Enterprise Centres | 245 | 20 | 345 | - | 345 |
| Retail | 23,300 | (2,358) | 19,730 | - | 19,730 |
| Office | 240 | (26) | 480 | (480) | - |
| Total | 25,277 | (2,242) | 22,295 | (480) | 21,815 |

Commercial Investments: Loans

- 7.25 **Contribution:** The Authority has worked alongside Cheshire West and Chester Council and Warrington Borough Council to each provide Enterprise Cheshire & Warrington Ltd with a £10m loan facility to be used to invest in economic development schemes across the Enterprise Zones in the sub-region.
- 7.26 There is currently one loan in place and has been used to fund development of Alderley Park. The purpose is to stimulate economic development, and payback of the loans will be achieved from Business Rates retained by the LEP under Enterprise Zone regulations. Whilst the balance of the facility is still available there are no imminent plans to draw down further amounts.

| Table 7 Loans for commercial purposes Category of borrower | 31/03/24 Actual | As at 31/03/25 Actual Balance owing | As at 31/03/25 Actual Loss allowance | As at 31/03/25 Actual Net figure in accounts | 2025/26 Approved Limit |
|---|------------------------|--|---|---|-------------------------------|
| Partner Organisations | 3,351 | 3,147 | 126 | 3,021 | 10,000 |
| TOTAL | 3,351 | 3,147 | 126 | 3,021 | 10,000 |

Loan Commitments and Financial Guarantees

- 7.27 As Accountable Body for Enterprise Cheshire & Warrington, the Council is acting as Entrusted Entity to a £20m European Regional Development Fund supported 'Evergreen' Development Fund, which has issued loans to third parties. The Council, as contracting party, provides guarantees in respect of the amounts provided through ERDF.
- 7.28 The Fund is designed to provide loan finance to specific projects across Cheshire and the north west and will not generate a return for the Authority. The balances are included this year within Service Investments: Loans (see Table 4 above).

Proportionality

- 7.29 A major concern for external governing bodies is the extent to which Authorities are dependent upon investment income to fund services. Proportionality forms a key component of the Prudential Code.
- 7.30 Historically, the Authority has not been materially dependent on return-generating investment activity to achieve a balanced revenue budget. However, in the context of the current financial situation faced by the Authority and the sector, those returns will become an important factor in the ability to set a balanced budget. Whilst the proportion of the net revenue budget was consistently low and deemed immaterial this could change and should it fail to achieve the expected net return, the Authority's contingency plans for continuing to provide these services include effective budget management and tight cost control could become more difficult to achieve. Therefore, more emphasis needs to be placed on managing the portfolio and securing an income stream or reviewing exit strategies.

Capacity, Skills and Culture

- 7.31 **Elected Members and Statutory Officers:** Adequate steps are taken to ensure that those elected Members and statutory officers involved in the investment decision making process have appropriate capacity, skills and information to enable them to: 1. take informed decisions as to whether to enter into a specific investment; 2. to consider individual assessments in the context of the strategic objectives and risk profile of the local authority; and 3. to enable them to understand how the quantum of these decisions have changed the overall risk exposure of the local authority.
- 7.32 The Finance Sub-Committee comprising Members, supported by officers and where necessary external advisors, provides oversight of the Investment Strategy and acts on recommendations from officers that consider opportunities to enhance the Revenue and Capital Budgets of the Council through strategic investments, whether that involves using capital / cash resources or borrowing and lending powers.
- 7.33 **Commercial deals:** Steps have been taken to ensure that those negotiating and reporting commercial deals are aware of the core principles of the prudential framework and of the regulatory regime within which local authorities operate. A team of officers from Place, Finance, Legal, and Procurement are responsible for ensuring that the framework is followed. Where appropriate staff are provided with additional training and up to date skills via CIPFA and other providers.
- 7.34 **Corporate governance:** Corporate governance arrangements have been put in place to ensure accountability, responsibility and authority for decision making on investment activities within the context of the Council's corporate values and Constitution.

ANNEX 2



Grants Register 2024/25

Results to end of March 2025

Corporate Grants Register 2024/25

| Children & Families Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|---|--------------------|--------------------|--------------------------------------|--|
| Children & Families: Schools - Ring-fenced (specific purpose) | | | | |
| Dedicated Schools Grant | 183,309,155 | 178,734,274 | -4,574,881 | FR3 |
| Pupil Premium Grant | 4,958,000 | 5,018,268 | 60,268 | |
| Pupil Premium Plus - Post 16 Funding | 56,000 | 92,075 | 36,075 | |
| Sixth Forms Grant | 2,892,000 | 2,932,912 | 40,912 | |
| Universal Infant Free School Meals (UIFSM) | 1,928,000 | 1,832,376 | -95,624 | |
| Primary Physical Education Sports Grant | 982,000 | 947,911 | -34,089 | |
| Teachers Pay Additional Grant | 0 | 1,677,984 | 1,677,984 | FR1 |
| Teachers Pension Grant | 0 | 2,617,416 | 2,617,416 | FR1 |
| COVID-19 Recovery Premium | 900,000 | 245,118 | -654,882 | |
| School Led Tutoring Grant | 295,000 | 98,335 | -196,666 | |
| School Improvement Monitoring & Brokering Grant FY 2025-26 - carried-forward | 0 | -264,917 | -264,917 | |
| School Improvement Monitoring & Brokering Grant FY 2023-24 | 0 | 364,002 | 364,002 | |
| Milk Subsidy | 21,000 | 0 | -21,000 | |
| Core Schools Budget Grant (CSBG) | 0 | 2,502,001 | 2,502,001 | See Table 1 above |
| Senior Mental Health Lead Training Grant | 0 | 15,600 | 15,600 | |
| S14 Experts and Mentors Programme Grant - carried-forward | 0 | 6,500 | 6,500 | |
| Delivering Better Value in SEND | 408,000 | 115,234 | -292,766 | |
| National Professional Qualification Grant | 0 | 15,800 | 15,800 | |
| Early Years Supplementary Grant | 0 | -45,570 | -45,570 | |
| Early Years Budget Grant | 0 | 202,522 | 202,522 | |
| Early Years Teachers Pay Additional Grant | 0 | 146,161 | 146,161 | |
| Total Children & Families: Schools - Ring-fenced (specific purpose) | 195,749,155 | 197,254,002 | 1,504,847 | |
| Children & Families: Children's Services - Ring-fenced (specific purpose) | | | | |
| Asylum Seekers | 3,700,000 | 2,946,667 | -753,333 | |
| Asylum Seekers - difference between estimated grant income relating to 2023/24 and actual | 0 | 111,651 | 111,651 | |
| Supporting Families (previously Tackling Troubled Families) Payment By Results | 0 | 409,600 | 409,600 | |
| Supporting Families (Payments by Results) Upfront Grant | 720,000 | 785,100 | 65,100 | |

| Children & Families Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|---|--------------------|------------------|--------------------------------------|--|
| Supporting Families Payments by Results/Upfront Grant - Carry forward to 2025-2026 | 0 | -1,729,854 | -1,729,854 | |
| Reducing Parental Conflict Grant - Accrual Reversal from 2023-2024 | 0 | -13,320 | -13,320 | |
| Reducing Parental Conflict Grant | 0 | 39,268 | 39,268 | |
| Adoption Support Fund | 70,000 | 137,257 | 67,257 | |
| KS2 Moderation & KS1 Phonics | 11,000 | 10,803 | -197 | |
| Independent Support Grant (CEIAS) FY2025-2026 c/f from previous years | 0 | -12,228 | -12,228 | |
| Independent Support Grant (CEIAS) FY2023-2024 | 0 | 12,228 | 12,228 | |
| Skills & Lifelong Learning FY2025-2026 c/f from previous years | 0 | -163,355 | -163,355 | |
| Skills & Lifelong Learning FY2024-2025 | 897,000 | 995,113 | 98,113 | |
| Supporting Families; Investing in Practice programme (Mockingbird Family Model) | 0 | 115,284 | 115,284 | |
| Remand Grant | 107,000 | 120,308 | 13,308 | |
| Domestic Abuse Safe Accommodation Housing Grant - carried-forward | 0 | -111,086 | -111,086 | |
| Domestic Abuse Safe Accommodation Housing Grant | 676,000 | 675,643 | -357 | |
| Domestic Abuse Safe Accommodation Housing Grant - brought-forward | 0 | 148,545 | 148,545 | |
| Holiday Activities & Food Programme Grant | 906,000 | 906,480 | 480 | |
| Holiday Activities & Food Programme Grant - Grant carried forward to 2025-2026 for clawback | 0 | -50,258 | -50,258 | |
| Holiday Activities & Food Programme Grant adjustment 2023/24 | 0 | 141,202 | 141,202 | |
| S31 Kinship Grant | 0 | 20,000 | 20,000 | |
| S31 Kinship Grant - Grant carried forward to 2025-26 | 0 | -20,000 | -20,000 | |
| S31 Extension of the Role of Virtual School Heads to children with a social worker 2024/25 | 118,000 | 118,136 | 136 | |
| S31 Extension of the Role of Virtual School Heads to children with a social worker 2024/25 - c/f to 2025/26 | 0 | -118,136 | -118,136 | |
| S31 Extension of the Role of Virtual School Heads to children with a social worker 2023/24 - b/f prev year | 0 | 118,136 | 118,136 | |
| S31 Extension of the Role of Virtual School Heads to children with a social worker 2023/24 - c/f to 2025/26 | 0 | -73,017 | -73,017 | |
| S31 Extension of the Role of Virtual School Heads to children with a social worker 2022-2023 - c/f from prev year | 0 | 100,281 | 100,281 | |
| Covid 19 - Recovery Premium Grant | 0 | 51,286 | 51,286 | |

| Children & Families Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|--|--------------------|-------------------|--------------------------------------|--|
| Covid 19 - Recovery Premium Grant - carried-forward | 0 | -51,286 | -51,286 | |
| Household Support Fund - Grant RIA 2023-2024 - To be clawed back in 2024-2025 | 0 | 43,312 | 43,312 | |
| Household Support Fund - Grant received in year 2024-25 (incl clawback) | 0 | 2,871,396 | 2,871,396 | FR1/FR2 |
| Household Support Fund - Grant Debtor 2024-25 | 0 | 1,493,076 | 1,493,076 | FR1/FR2 |
| Hong Kong UK Welcome Programme (British Nationals) | 0 | 33,129 | 33,129 | |
| Early Years - Delivery Support Fund - Carried forward from 2023-2024 | 0 | 90,278 | 90,278 | |
| Early Years - Delivery Support Fund carried forward to 2025-26 | 0 | -19,144 | -19,144 | |
| Early Years - Professional Development Programme | 0 | 68,192 | 68,192 | |
| Early Years - Professional Development Programme - Grant carried forward | 0 | -29,156 | -29,156 | |
| Early Years - Experts and Mentors Programme | 0 | 7,050 | 7,050 | |
| Early Years - Wraparound Childcare Programme | 0 | 64,932 | 64,932 | |
| Early Years - Wraparound Childcare Programme | 587,000 | 516,397 | -70,603 | |
| Early Years - Wraparound Childcare Programme - Carry forward to 2025-2026 | 0 | -350,172 | -350,172 | |
| Family Hubs Transformation Funding - Carried forward from 2023-2024 | 0 | 492,103 | 492,103 | |
| Family Hubs Transformation Funding 2024-25 | 0 | 90,200 | 90,200 | |
| Family Hubs Transformation Funding 2024-25 - Transferred to capital | 0 | -115,000 | -115,000 | |
| Family Hubs Transformation Funding 2024-25 - C/F to 2025-26 | 0 | -38,892 | -38,892 | |
| Leaving Care Allowance Uplift Implementation Grant (New Burdens) | 72,000 | 72,022 | 22 | |
| Staying Close Award | 602,000 | 602,060 | 60 | |
| Staying Close Award - carried forward | 0 | -123,520 | -123,520 | |
| Supported Accommodation New Burdens Grant | 174,000 | 619,672 | 445,672 | |
| Enhance Programme Funding | 350,000 | 330,244 | -19,756 | |
| Befriending and Mentoring Programme | 0 | 316,599 | 316,599 | |
| Social Worker Apprenticeship | 0 | 1,125 | 1,125 | |
| Total Children & Families: Children's Services - Ring-fenced (specific purpose) | 8,990,000 | 12,656,352 | 3,666,352 | |
| Children & Families: Children's Services - Unring-fenced (general purpose) | | | | |
| Social Care Support Grant (Children) | 9,166,000 | 9,216,863 | 50,863 | |
| Staying Put Implementation Grant | 0 | 130,125 | 130,125 | |

| Children & Families Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|---|--------------------|------------------|--------------------------------------|--|
| Extended Rights to Free Transport (Home to School Transport) | 0 | 324,300 | 324,300 | |
| Extended Personal Adviser Duty Implementation | 0 | 57,414 | 57,414 | |
| Extension of the role of Virtual School Heads | 0 | 60,595 | 60,595 | |
| Total Children & Families: Children's Services - Unring-fenced (general purpose) | 9,166,000 | 9,789,297 | 623,297 | |

| Adults & Health Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|--|--------------------|------------------|--------------------------------------|--|
| Adults & Health - Ring-fenced (specific purpose) | | | | |
| Additional Better Care (for Adult Social Care) | 8,706,000 | 8,705,871 | -129 | |
| Market Sustainability and Fair Cost of Care Fund | 979,000 | 979,180 | 180 | |
| Market Sustainability and Fair Cost of Care Fund - top-up | 4,098,000 | 4,267,358 | 169,358 | |
| Market Sustainability and Fair Cost of Care Fund - Workforce Element | 1,100,000 | 1,100,000 | 0 | |
| Discharge Fund | 2,021,000 | 2,034,248 | 13,248 | |
| Multiply - Supported Employment - brought-forward | 0 | 135,235 | 135,235 | |
| Multiply - Supported Employment | 536,000 | 414,483 | -121,517 | |
| Multiply - Supported Employment - carried-forward | 0 | -40,747 | -40,747 | |
| Supported Internship Grant | 0 | 28,465 | 28,465 | |
| Asylum Dispersal Scheme - brought forward | 0 | 343,982 | 343,982 | |
| Asylum Dispersal Scheme | 0 | 459,000 | 459,000 | FR2 |
| Asylum Dispersal Scheme - carried forward | 0 | -496,156 | -496,156 | |
| Afghan - Wrap Around support - brought-forward | 0 | 431,050 | 431,050 | |
| Afghan - Wrap Around support - carried-forward | 0 | -153,381 | -153,381 | |
| Afghan - Resettlement support - brought-forward | 0 | 403,723 | 403,723 | |

| Adults & Health Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|--|--------------------|-------------------|--------------------------------------|--|
| Afghan - Resettlement support | 132,000 | 501,215 | 369,215 | |
| Afghan - Resettlement support - carried-forward | 0 | -1,044,138 | -1,044,138 | |
| Afghan - Integration Support | 0 | 107,150 | 107,150 | |
| Homes for Ukraine Scheme - brought-forward | 0 | 211,411 | 211,411 | |
| Homes for Ukraine Scheme | 0 | 754,668 | 754,668 | See Table 2 above |
| Homes for Ukraine Scheme - carried-forward | 0 | -166,300 | -166,300 | |
| Private Finance Initiative (PFI) credits | 4,125,000 | 4,124,787 | -213 | |
| Private Finance Initiative (PFI) credits (Beechmere) - carried-forward | 0 | -1,288,996 | -1,288,996 | |
| National Grant from DHSC to fund LAs to create additional ASC apprenticeships | 0 | 30,000 | 30,000 | |
| Total Adults & Health - Ring-fenced (specific purpose) | 21,697,000 | 21,842,108 | 145,108 | |
| Adults & Health - Unring-fenced (general purpose) | | | | |
| Social Care Support Grant (Adults) | 16,414,000 | 16,385,551 | -28,449 | |
| Local Reform & Community Voices | 207,000 | 207,874 | 874 | |
| Social Care in Prisons | 73,000 | 67,956 | -5,044 | |
| War Pension Scheme Disregard | 60,000 | 58,635 | -1,365 | |
| Total Adults & Health - Unring-fenced (general purpose) | 16,754,000 | 16,720,016 | -33,984 | |
| Adults & Health: Public Health - Ring-fenced (specific purpose) | | | | |
| Public Health Grant | 18,345,000 | 18,344,755 | -245 | |
| Public Health Grant - Top up | 0 | 281,960 | 281,960 | |
| OHID SSMTR Supplementary Substance Misuse Treatment & Recovery Grant | 0 | 524,528 | 524,528 | FR1 |
| North West Probation Service funding for SMS rehabilitative and resettlement interventions | 72,000 | 123,182 | 51,182 | |
| CHAMPS Marmot Place Funding - encourage pregnant women to stop smoking - brought-forward | 0 | 21,500 | 21,500 | |
| CHAMPS SMS - inpatient detox | 0 | 159,253 | 159,253 | |
| Reducing cardio-vascular disease in Cheshire East | 0 | 6,000 | 6,000 | |
| Local stop smoking services and support | 0 | 432,331 | 432,331 | |
| Local stop smoking services and support - carried-forward | 0 | -42,850 | -42,850 | |
| Total Adults & Health: Public Health - Ring-fenced (specific purpose) | 18,417,000 | 19,850,659 | 1,433,659 | |

| Corporate Policy Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|--|--------------------|-------------------|--------------------------------------|--|
| Corporate Policy - Ring-fenced (specific purpose) | | | | |
| Revenues and Housing Benefits: | | | | |
| Housing Benefit Subsidy | 53,221,000 | 55,451,715 | 2,230,715 | See Table 1 above |
| Discretionary Housing Payments Grant | 349,000 | 348,661 | -339 | |
| Housing Benefit (HB) Award Accuracy Initiative | 29,000 | 26,926 | -2,074 | |
| LADS - VEP (RTI) funding | 14,000 | 8,071 | -5,929 | |
| New Burdens: Universal Credit, maintenance & natural migration | 24,000 | 24,005 | 5 | |
| Local Authority Data Sharing (LADS) | 0 | 733 | 733 | |
| LADS - New Burdens - Discretionary Housing Payments (DHP) | 60,000 | 59,230 | -770 | |
| LADS - New Burdens - Benefit Cap | 1,000 | 213 | -787 | |
| LADS - New Burdens - Single Fraud Investigation | 0 | 911 | 911 | |
| LADS - New Burdens - Single Housing Benefit Extract Automation | 1,000 | 13,009 | 12,009 | |
| Additional funding for the Verify Earnings and Pensions service for the financial year ending March 2025 | 0 | 4,704 | 4,704 | |
| Additional New Burden: terminating Employment Support Allowance with Housing Benefit claims 2024/25 | 0 | 10,377 | 10,377 | |
| HB Review Admin Payment | 0 | 236 | 236 | |
| Business Rates Reliefs Grant - NNDR1 | 23,442,000 | 10,629,000 | -12,813,000 | |
| Business Rates Reliefs Grant - additional at NNDR3 | 0 | -940,052 | -940,052 | |
| New Burdens Administration Grant | 0 | 27,640 | 27,640 | |
| Democratic Services: | | | | |
| Police and Crime Commissioner's Panel grant | 0 | 65,260 | 65,260 | |
| Police And Crime Commissioner Election 2021 Grant | 0 | 84,427 | 84,427 | |
| Finance and Customer Services: | | | | |
| Redmond Review | 0 | 51,396 | 51,396 | |
| Cyber Support Grant | 0 | 3,418 | 3,418 | |
| Client-Level Data Flows Support | 0 | 0 | 0 | |
| Total Corporate Policy - Ring-fenced (specific purpose) | 77,141,000 | 65,869,880 | -11,271,120 | |
| Corporate Policy - Unring-fenced (general purpose) | | | | |
| Housing Benefit Administration Subsidy | 720,000 | 706,572 | -13,428 | |
| NNDR Administration Allowance | 586,652 | 578,438 | -8,214 | |
| New Homes Bonus | 4,084,880 | 4,084,880 | 0 | |
| Services Grant | 271,000 | 296,984 | 25,984 | |
| Local Government Transparency Code | 0 | 13,071 | 13,071 | |
| Debt Charges (Ministry of Justice) | 0 | 38,882 | 38,882 | |
| Electoral Integrity New Burdens | 0 | 82,055 | 82,055 | |
| Revenue Support Grant | 414,000 | 414,069 | 69 | |

| Corporate Policy Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|---|--------------------|------------------|--------------------------------------|--|
| Business Rates Levy Surplus | 0 | 356,734 | 356,734 | |
| Total Corporate Policy - Unring-fenced (general purpose) | 6,076,532 | 6,571,685 | 495,153 | |

| Place Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|----------------------------------|--------------------|------------------|--------------------------------------|--|
|----------------------------------|--------------------|------------------|--------------------------------------|--|

| | | | | |
|--|------------------|------------------|------------------|-----|
| Economy & Growth - Ring-fenced (specific purpose) | | | | |
| Rough Sleeping Initiative | 0 | 179,879 | 179,879 | |
| Rough Sleeping Initiative | 0 | 41,952 | 41,952 | |
| Homelessness Prevention Grant | 0 | 815,676 | 815,676 | FR1 |
| Homelessness Prevention Grant | 0 | 238,686 | 238,686 | FR1 |
| Local Authority Housing Fund | 0 | 3,230 | 3,230 | |
| Shared Prosperity Fund - brought-forward | 0 | 1,064,784 | 1,064,784 | |
| Shared Prosperity Fund | 5,868,000 | 2,634,087 | -3,233,913 | |
| Enterprise Cheshire & Warrington (ECW): Growth Hub Funding | 0 | 234,285 | 234,285 | |
| Enterprise Cheshire & Warrington (ECW): NP (Northern Powerhouse) 11 | 0 | 261,000 | 261,000 | |
| Enterprise Cheshire & Warrington (ECW): Skills Bootcamp | 0 | 2,229,214 | 2,229,214 | FR3 |
| Natural England - Stewardship scheme | 2,000 | 1,690 | -310 | |
| Natural England - Stewardship scheme | 7,000 | 7,512 | 512 | |
| Apprentice Incentive Scheme | 0 | 500 | 500 | |
| Natural England - Stewardship scheme | 0 | 111,020 | 111,020 | |
| Total Economy & Growth - Ring-fenced (specific purpose) | 5,877,000 | 7,823,515 | 1,946,515 | |

| | | | | |
|---|----------|----------------|----------------|--|
| Environment & Communities - Ring-fenced (specific purpose) | | | | |
| Bikeability Grant | 0 | 294,307 | 294,307 | |
| Planning Skills Delivery Fund - brought forward | 0 | 100,000 | 100,000 | |
| Neighbourhood Planning (Referendums) | 0 | 30,000 | 30,000 | |
| Air Quality Grant (Cycling) - brought-forward | 0 | 4,047 | 4,047 | |
| Section 31 grant - Biodiversity net gain | 0 | 43,467 | 43,467 | |
| DLUHC - Mobile Home Fit and Proper Person Test grant - brought forward | 0 | 250 | 250 | |
| XL Bully Ban Implementation Fund | 0 | 6,759 | 6,759 | |
| Fly Tipping Intervention | 0 | 9,330 | 9,330 | |
| Total Environment & Communities - Ring-fenced (specific purpose) | 0 | 488,160 | 488,160 | |

| | | | | |
|--|---|---------|---------|--|
| Highways & Transport - Ring-fenced (specific purpose) | | | | |
| Bus Capacity Grant - brought-forward | 0 | 158,571 | 158,571 | |

| Place Name of Grants received | Original Budget | Final Outturn | Change from Original Budget | Suppleme ntary Revenue Estimate reported |
|--|--------------------|--------------------|--------------------------------------|--|
| Bus Capacity Grant - carried-forward | 0 | -94,884 | -94,884 | |
| Bus Recovery Grant - brought-forward | 0 | 150,000 | 150,000 | |
| Bus Capability Grant - brought-forward | 0 | 0 | 0 | |
| Local Transport Fund | 0 | 218,883 | 218,883 | |
| Bus Support Grant - brought-forward | 0 | 0 | 0 | |
| Bus Support Grant | 0 | 347,865 | 347,865 | |
| Active Travel Capability Fund - brought-forward | 0 | 196,339 | 196,339 | |
| Active Travel Capability Fund - carried-forward | 0 | -49,856 | -49,856 | |
| Local Electric Vehicle Infrastructure (LEVI) - brought forward | 0 | 229,510 | 229,510 | |
| Local Electric Vehicle Infrastructure (LEVI) - 2024-25 | 0 | 159,490 | 159,490 | |
| Local Electric Vehicle Infrastructure (LEVI) - carried forward | 0 | -377,471 | -377,471 | |
| Bus Service Improvement Plan+ (BSIP+) - brought forward | 0 | 1,178,350 | 1,178,350 | |
| Bus Service Improvement Plan+ (BSIP+) - Phase 2 | 0 | 1,187,596 | 1,187,596 | FR1 |
| Bus Service Improvement Plan+ (BSIP+) - Phase 3 | 0 | 2,268,000 | 2,268,000 | FR1 |
| Bus Service Improvement Plan+ (BSIP+) - Transfer to Capital | 0 | -450,000 | -450,000 | |
| Bus Service Improvement Plan+ (BSIP+) - carried forward | 0 | -3,448,795 | -3,448,795 | |
| Bus Fare Cap Grant - brought forward | 0 | 1,415 | 1,415 | |
| Bus Fare Cap - Mikro | 0 | 1,474 | 1,474 | |
| Bus Fare Cap 2024-25 | 0 | 1,543 | 1,543 | |
| Bus Fare Cap 2024-25 additional | 0 | 2,509 | 2,509 | |
| Rural Mobility Fund - brought-forward | 0 | 241,950 | 241,950 | |
| Highways Tree Survey | 0 | 3,359 | 3,359 | |
| Total Highways & Transport - Ring-fenced (specific purpose) | 0 | 1,925,848 | 1,925,848 | |
| | | | | |
| Total Ring-fenced Grants | 327,871,155 | 327,710,523 | -160,632 | |
| Total Unring-fenced Grants | 31,996,532 | 33,080,998 | 1,084,466 | |

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Capital Programme 2024/25

Results to end of March 2025

| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | | | | | | | | | |
|-------------------------------------|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024/28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| Scheme Description | | | | | | | | | | | | | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Adults Services | | | | | | | | | | | | | |
| Community - Rural Shared Prosperity | 361 | 81 | 280 | 0 | 0 | 0 | 280 | 280 | 0 | 0 | 0 | 0 | 280 |
| Electronic Call Monitoring System | 389 | 0 | 0 | 389 | 0 | 0 | 389 | 0 | 0 | 389 | 0 | 0 | 389 |
| People Planner System | 94 | 43 | 0 | 51 | 0 | 0 | 51 | 51 | 0 | 0 | 0 | 0 | 51 |
| Replacement Care4CE Devices | 93 | 65 | 0 | 28 | 0 | 0 | 28 | 28 | 0 | 0 | 0 | 0 | 28 |
| Total Committed Schemes | 937 | 189 | 280 | 468 | 0 | 0 | 748 | 359 | 0 | 389 | 0 | 0 | 748 |
| | | | | | | | | | | | | | |
| Total Adults and Health Schemes | 937 | 189 | 280 | 468 | 0 | 0 | 748 | 359 | 0 | 389 | 0 | 0 | 748 |

Children and Families

CAPITAL

| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | | | | | | | | | |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024/28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| | | | | | | | | | | | | | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Childrens Social Care | | | | | | | | | | | | | |
| Foster Carers Capacity Scheme | 534 | 434 | 34 | 67 | 0 | 0 | 101 | 0 | 0 | 0 | 0 | 101 | 101 |
| Crewe Youth Zone | 4,826 | 395 | 175 | 4,256 | 0 | 0 | 4,431 | 3,584 | 0 | 0 | 0 | 847 | 4,431 |
| Family Hubs Transformation | 282 | 124 | 158 | 0 | 0 | 0 | 158 | 158 | 0 | 0 | 0 | 0 | 158 |
| Children's Home Sufficiency Scheme | 1,404 | 204 | 155 | 1,046 | 0 | 0 | 1,200 | 0 | 0 | 0 | 0 | 1,200 | 1,200 |
| Strong Start, Family Help & Integration | | | | | | | | | | | | | |
| Early Years Sufficiency Capital Fund | 1,036 | 943 | 42 | 50 | 0 | 0 | 92 | 92 | 0 | 0 | 0 | 0 | 92 |
| Childcare Capital Expansion | 749 | 0 | 9 | 740 | 0 | 0 | 749 | 749 | 0 | 0 | 0 | 0 | 749 |
| Education and 14-19 Skills | | | | | | | | | | | | | |
| Adelaide Academy | 904 | 55 | 13 | 835 | 0 | 0 | 848 | 678 | 0 | 0 | 0 | 170 | 848 |
| Basic Need Grant Allocation | 7,551 | 10 | 7 | 7,534 | 0 | 0 | 7,541 | 7,541 | 0 | 0 | 0 | 0 | 7,541 |
| Brine Leas High School | 709 | 5 | 705 | 0 | 0 | 0 | 705 | 705 | 0 | 0 | 0 | 0 | 705 |
| Cledford House | 11 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Congleton Planning Area | 4,523 | 4,521 | 2 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 | 0 | 2 |
| Congleton Planning Area - Primary (1) | 2,209 | 179 | 0 | 2,030 | 0 | 0 | 2,030 | 764 | 1,266 | 0 | 0 | 0 | 2,030 |
| Congleton Planning Area - Primary (2) | 628 | 574 | 6 | 49 | 0 | 0 | 55 | 55 | 0 | 0 | 0 | 0 | 55 |
| Congleton Planning Area - Primary (3) | 7,504 | 4 | 0 | 49 | 2,200 | 5,250 | 7,499 | 4,299 | 3,200 | 0 | 0 | 0 | 7,499 |
| Devolved Formula Grant - Schools | 1,533 | 0 | 443 | 780 | 310 | 0 | 1,533 | 1,533 | 0 | 0 | 0 | 0 | 1,533 |
| Energy Efficiency Grant - Schools | 672 | 391 | 165 | 116 | 0 | 0 | 280 | 280 | 0 | 0 | 0 | 0 | 280 |
| Future Schemes - Feasibility Studies | 250 | 25 | 99 | 126 | 0 | 0 | 225 | 225 | 0 | 0 | 0 | 0 | 225 |
| Handforth Planning Area - New School | 13,003 | 3 | 6 | 494 | 4,000 | 8,499 | 12,999 | 135 | 12,864 | 0 | 0 | 0 | 12,999 |
| Holmes Chapel Secondary School | 3,659 | 3,664 | -5 | 0 | 0 | 0 | -5 | -5 | 0 | 0 | 0 | 0 | -5 |
| Little Angels Satellite Sites | 29 | 21 | 0 | 8 | 0 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 8 |

Children and Families

CAPITAL

| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | | | | | | | | | |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|-----------------------|
| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | Total Funding £000 |
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024/28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | |
| | | | | | | | | | | | | | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Education and 14-19 Skills | | | | | | | | | | | | | |
| Macclesfield Academy Resource Provision | 103 | 3 | 0 | 100 | 0 | 0 | 100 | 100 | 0 | 0 | 0 | 0 | 100 |
| Macclesfield Planning Area - Secondary | 1,157 | 1,148 | 10 | 0 | 0 | 0 | 10 | 0 | 10 | 0 | 0 | 0 | 10 |
| Macclesfield Planning Area - Secondary New | 731 | 5 | 1 | 725 | 0 | 0 | 725 | 725 | 0 | 0 | 0 | 0 | 725 |
| Macclesfield Planning Area - New School | 4,001 | 1 | 0 | 0 | 0 | 4,000 | 4,000 | 0 | 4,000 | 0 | 0 | 0 | 4,000 |
| Malbank High School | 1,922 | 1,897 | 0 | 25 | 0 | 0 | 25 | 25 | 0 | 0 | 0 | 0 | 25 |
| Mobberley Primary School | 1,208 | 35 | 2 | 609 | 561 | 0 | 1,172 | 872 | 0 | 0 | 300 | 0 | 1,172 |
| Nantwich Planning Area (Primary Schools - 210 | 9,061 | 733 | 60 | 7,768 | 500 | 0 | 8,328 | 5,308 | 3,020 | 0 | 0 | 0 | 8,328 |
| Oakfield Lodge & Stables | 50 | 12 | 0 | 37 | 0 | 0 | 38 | 38 | 0 | 0 | 0 | 0 | 38 |
| Poynton Planning Area | 1,500 | 13 | 8 | 1,479 | 0 | 0 | 1,487 | 684 | 803 | 0 | 0 | 0 | 1,487 |
| Provision of Sufficient School Places - SEND (Springfield Crewe) | 7,182 | 3,861 | 3,113 | 208 | 0 | 0 | 3,322 | 0 | 0 | 0 | 0 | 3,322 | 3,322 |
| Puss Bank SEN Expansion | 532 | 520 | 0 | 12 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 12 | 12 |
| Provision of SEN Unit - Wistaston Primary School | 1,523 | 169 | 1,354 | 0 | 0 | 0 | 1,354 | 1,054 | 0 | 0 | 0 | 300 | 1,354 |
| Sandbach Boys School | 18 | 20 | -2 | 0 | 0 | 0 | -2 | -2 | 0 | 0 | 0 | 0 | -2 |
| Sandbach Primary Academy | 1,583 | 106 | 806 | 671 | 0 | 0 | 1,477 | 1,477 | 0 | 0 | 0 | 0 | 1,477 |
| Schools Condition Capital Grant | 7,600 | 1,227 | 199 | 4,175 | 2,000 | 0 | 6,373 | 6,373 | 0 | 0 | 0 | 0 | 6,373 |
| SEN/High Needs Capital Allocation | 4,790 | 168 | 19 | 4,603 | 0 | 0 | 4,622 | 4,622 | 0 | 0 | 0 | 0 | 4,622 |
| Shavington Planning Area - New Primary School | 8,040 | 156 | 6 | 1,094 | 6,784 | 0 | 7,884 | 5,549 | 2,335 | 0 | 0 | 0 | 7,884 |
| Shavington Planning Area - Secondary | 3,522 | 2,883 | 639 | 0 | 0 | 0 | 639 | 639 | 0 | 0 | 0 | 0 | 639 |
| Springfield Satellite Site (Dean Row) | 6,112 | 5,934 | -114 | 292 | 0 | 0 | 178 | 0 | 0 | 0 | 0 | 178 | 178 |
| The Dingle PS Expansion | 1,395 | 1,135 | 238 | 22 | 0 | 0 | 260 | 260 | 0 | 0 | 0 | 0 | 260 |
| Tytherington High School | 2,806 | 172 | 36 | 2,597 | 0 | 0 | 2,633 | 2,633 | 0 | 0 | 0 | 0 | 2,633 |
| Various SEN Sites - Small Works/Adaptations | 150 | 0 | 1 | 149 | 0 | 0 | 150 | 150 | 0 | 0 | 0 | 0 | 150 |
| Wheelock Primary School | 2,411 | 201 | 689 | 1,521 | 0 | 0 | 2,210 | 1,751 | 460 | 0 | 0 | 0 | 2,210 |
| Wilmslow High School BN | 14,179 | 12,355 | 433 | 1,391 | 0 | 0 | 1,825 | 487 | 1,290 | 0 | 0 | 48 | 1,825 |
| Wilmslow Primary Planning Area | 626 | 1 | 0 | 625 | 0 | 0 | 625 | 125 | 500 | 0 | 0 | 0 | 625 |
| Total Committed Schemes | 134,219 | 44,319 | 9,513 | 46,283 | 16,356 | 17,749 | 89,901 | 53,675 | 29,747 | 0 | 300 | 6,178 | 89,901 |

Children and Families

CAPITAL

| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | | | | | | | | | |
|--|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024/28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| | | | | | | | | | | | | | |
| New Schemes | | | | | | | | | | | | | |
| Education and 14-19 Skills | | | | | | | | | | | | | |
| New Satellite Special School - 1 | 6,000 | 0 | 17 | 5,983 | 0 | 0 | 6,000 | 6,000 | 0 | 0 | 0 | 0 | 6,000 |
| New Satellite school - 2 | 9,000 | 0 | 13 | 987 | 5,000 | 3,000 | 9,000 | 9,000 | 0 | 0 | 0 | 0 | 9,000 |
| New SEN places - 1 | 1,089 | 0 | 4 | 1,086 | 0 | 0 | 1,089 | 1,089 | 0 | 0 | 0 | 0 | 1,089 |
| New SEN places - 2 | 25 | 0 | 0 | 25 | 0 | 0 | 25 | 25 | 0 | 0 | 0 | 0 | 25 |
| New SEN places - 3 | 163 | 0 | 141 | 22 | 0 | 0 | 163 | 163 | 0 | 0 | 0 | 0 | 163 |
| SEN New Free School | 998 | 0 | 10 | 740 | 248 | 0 | 998 | 998 | 0 | 0 | 0 | 0 | 998 |
| Gainsborough Primary - Flooring | 304 | 0 | 17 | 287 | 0 | 0 | 304 | 304 | 0 | 0 | 0 | 0 | 304 |
| New AP Free School | 500 | 0 | 3 | 497 | 0 | 0 | 500 | 500 | 0 | 0 | 0 | 0 | 500 |
| Leighton SEND Reception Adaptations | 26 | 0 | 0 | 26 | 0 | 0 | 26 | 26 | 0 | 0 | 0 | 0 | 26 |
| Park Lane Refurbishment additional SEND places | 200 | 0 | 5 | 195 | 0 | 0 | 200 | 200 | 0 | 0 | 0 | 0 | 200 |
| Total New Schemes | 18,305 | 0 | 209 | 9,848 | 5,248 | 3,000 | 18,305 | 18,305 | 0 | 0 | 0 | 0 | 18,305 |
| | | | | | | | | | | | | | |
| Total Children and Families Schemes | 152,524 | 44,319 | 9,722 | 56,131 | 21,604 | 20,749 | 108,205 | 71,980 | 29,747 | 0 | 300 | 6,178 | 108,205 |

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | Total Funding £000 |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|-----------------------|
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| ICT Services | | | | | | | | | | | | | |
| Accelerate Digital | 1,460 | 0 | 282 | 1,177 | 0 | 0 | 1,460 | 0 | 0 | 0 | 0 | 1,460 | 1,460 |
| Care Act Phase 2 | 6,314 | 4,599 | 657 | 1,058 | 0 | 0 | 1,715 | 0 | 0 | 0 | 0 | 1,715 | 1,715 |
| Digital Customer Enablement | 3,102 | 2,424 | 516 | 163 | 0 | 0 | 678 | 0 | 0 | 0 | 0 | 678 | 678 |
| ICT Device Replacement | 1,912 | 683 | 454 | 776 | 0 | 0 | 1,229 | 0 | 0 | 0 | 0 | 1,229 | 1,229 |
| ICT Hybrid Model | 3,449 | 445 | 1,314 | 1,690 | 0 | 0 | 3,004 | 0 | 0 | 0 | 0 | 3,004 | 3,004 |
| IADM (Information Assurance and Data | 19,465 | 16,421 | 1,035 | 2,009 | 0 | 0 | 3,044 | 0 | 0 | 0 | 0 | 3,044 | 3,044 |
| Infrastructure Investment Programme (IIP) | 34,429 | 31,065 | 311 | 2,223 | 830 | 0 | 3,364 | 0 | 0 | 0 | 0 | 3,364 | 3,364 |
| Vendor Management | 1,006 | 765 | 3 | 239 | 0 | 0 | 241 | 0 | 0 | 0 | 0 | 241 | 241 |
| Finance & Customer Services | | | | | | | | | | | | | |
| Core Financials | 11,317 | 9,365 | 894 | 765 | 293 | 0 | 1,952 | 0 | 0 | 0 | 0 | 1,952 | 1,952 |
| Strategic Capital Projects | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vendor Management - Phase 2 | 99 | 24 | 0 | 25 | 50 | 0 | 75 | 0 | 0 | 0 | 0 | 75 | 75 |
| Total Committed Schemes | 82,553 | 65,790 | 5,465 | 10,125 | 1,173 | 0 | 16,764 | 0 | 0 | 0 | 0 | 16,764 | 16,764 |
| Total Corporate Policy Schemes | 82,553 | 65,790 | 5,465 | 10,125 | 1,173 | 0 | 16,764 | 0 | 0 | 0 | 0 | 16,764 | 16,764 |

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | Total Funding |
|---|-------------------------------|---------------------|----------------------------|------------------------------------|------------------------------------|------------------------------------|--|------------------|--------------------------------|-------------------------------|--------------------------|------------------------------|---------------|
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Facilities Management | | | | | | | | | | | | | |
| Public Sector Decarbonisation Fund - FM 3 | 5,214 | 5,023 | 121 | 70 | 0 | 0 | 191 | 0 | 0 | 0 | 0 | 191 | 191 |
| PSDS - 3B - Lot 1 | 1,028 | 77 | 135 | 815 | 0 | 0 | 951 | 827 | 0 | 0 | 0 | 123 | 951 |
| PSDS - 3B - Lot 3 (schools) | 4,390 | 3,267 | 87 | 1,036 | 0 | 0 | 1,123 | 1,056 | 0 | 67 | 0 | 0 | 1,123 |
| Septic Tanks | 636 | 285 | 6 | 94 | 251 | 0 | 351 | 0 | 0 | 0 | 0 | 351 | 351 |
| Schools Capital Maintenance | 8,315 | 5,575 | 213 | 2,527 | 0 | 0 | 2,740 | 2,459 | 0 | 281 | 0 | 0 | 2,740 |
| Corporate Landlord - Operational | 999 | 996 | 4 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 4 | 4 |
| Premises Capital (FM) | 39,587 | 32,530 | 1,516 | 4,393 | 1,149 | 0 | 7,058 | 0 | 0 | 0 | 0 | 7,058 | 7,058 |
| Poynton Pool Spillway | 1,380 | 468 | 95 | 816 | 0 | 0 | 912 | 0 | 0 | 27 | 0 | 884 | 912 |
| Housing | | | | | | | | | | | | | |
| Crewe Towns Fund - Warm and Healthy Homes | 2,126 | 31 | 130 | 1,965 | 0 | 0 | 2,095 | 2,095 | 0 | 0 | 0 | 0 | 2,095 |
| Disabled Facilities | 22,884 | 10,181 | 3,859 | 3,244 | 2,800 | 2,800 | 12,703 | 11,435 | 341 | 0 | 0 | 928 | 12,703 |
| Green Homes Grant | 3,030 | 2,378 | 72 | 242 | 339 | 0 | 652 | 652 | 0 | 0 | 0 | 0 | 652 |
| Gypsy and Traveller Sites | 4,136 | 2,938 | 1,120 | 78 | 0 | 0 | 1,198 | 175 | 0 | 0 | 0 | 1,023 | 1,198 |
| Home Repairs Vulnerable People | 1,458 | 870 | 117 | 471 | 0 | 0 | 588 | 119 | 33 | 0 | 0 | 436 | 588 |
| Home Upgrade Grant Phase 2 | 4,416 | 740 | 1,354 | 2,322 | 0 | 0 | 3,675 | 3,666 | 9 | 0 | 0 | 0 | 3,675 |
| Local Authority Housing Fund | 731 | 293 | 129 | 309 | 0 | 0 | 438 | 438 | 0 | 0 | 0 | 0 | 438 |
| Social Housing Decarbonisation Fund | 1,565 | 1,557 | 8 | 0 | 0 | 0 | 8 | 8 | 0 | 0 | 0 | 0 | 8 |
| Sustainable Warmth - Home Upgrade Grant not | 1,584 | 1,557 | 14 | 14 | 0 | 0 | 28 | 40 | -12 | 0 | 0 | 0 | 28 |
| Temporary Accommodation | 1,479 | 1,069 | 7 | 403 | 0 | 0 | 410 | 0 | 164 | 246 | 0 | 0 | 410 |
| Warm Homes Fund | 239 | 213 | 5 | 21 | 0 | 0 | 26 | 26 | 0 | 0 | 0 | 0 | 26 |
| Estates | | | | | | | | | | | | | |
| Corporate Landlord - Non-Operational | 1,336 | 0 | 0 | 1,336 | 0 | 0 | 1,336 | 0 | 0 | 0 | 0 | 1,336 | 1,336 |
| Malkins Bank Landfill Site | 1,360 | 661 | 121 | 577 | 0 | 0 | 699 | 0 | 0 | 0 | 0 | 699 | 699 |
| Farms Strategy | 2,910 | 1,689 | 0 | 385 | 209 | 626 | 1,220 | 0 | 0 | 0 | 1,220 | 0 | 1,220 |

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| | | | | | | | | | | | | | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Economic Development | | | | | | | | | | | | | |
| Crewe Towns Fund - Repurposing Our High | 1,132 | 162 | 364 | 288 | 318 | 0 | 970 | 970 | 0 | 0 | 0 | 0 | 970 |
| Crewe Towns Fund - Flag Lane Baths | 1,968 | 583 | 20 | 1,365 | 0 | 0 | 1,385 | 32 | 0 | 0 | 0 | 1,353 | 1,385 |
| Crewe Towns Fund - Mill Street Corridor | 4,477 | 684 | 795 | 2,998 | 0 | 0 | 3,793 | 3,793 | 0 | 0 | 0 | 0 | 3,793 |
| Crewe Towns Fund - Mirion St | 1,190 | 164 | 901 | 125 | 0 | 0 | 1,026 | 1,026 | 0 | 0 | 0 | 0 | 1,026 |
| Crewe Towns Fund - Crewe Youth Zone non- | 351 | 125 | 121 | 105 | 0 | 0 | 226 | 226 | 0 | 0 | 0 | 0 | 226 |
| History Centre Public Realm & ICV (Crewe Towns Fund) CTC1 | 580 | 10 | 18 | 152 | 400 | 0 | 570 | 570 | 0 | 0 | 0 | 0 | 570 |
| Handforth Heat Network | 13,219 | 17 | 18 | 695 | 450 | 12,039 | 13,202 | 2,587 | 7,428 | 0 | 0 | 3,187 | 13,202 |
| Demolition of Crewe Library & Concourse CTC10 | 3,396 | 859 | 2,379 | 159 | 0 | 0 | 2,538 | 1,015 | 0 | 0 | 0 | 1,523 | 2,538 |
| Future High Street Funding - CEC Innovation Centre | 4,251 | 530 | 3,431 | 291 | 0 | 0 | 3,721 | 3,721 | 0 | 0 | 0 | 0 | 3,721 |
| Crewe Town Centre Regeneration | 32,333 | 30,993 | 17 | 1,323 | 0 | 0 | 1,340 | 239 | 64 | 0 | 0 | 1,037 | 1,340 |
| South Macclesfield Development Area | 34,630 | 3,259 | 24 | 176 | 0 | 31,171 | 31,371 | 10,000 | 10,000 | 0 | 11,371 | 0 | 31,371 |
| North Cheshire Garden Village | 57,866 | 7,026 | 2,504 | 9,345 | 17,285 | 21,706 | 50,840 | 20,165 | 0 | 0 | 21,700 | 8,975 | 50,840 |
| Handforth Garden Village s106 Obligations | 6,841 | 0 | 0 | 0 | 2,740 | 4,101 | 6,841 | 0 | 0 | 0 | 0 | 6,841 | 6,841 |
| Leighton Green | 2,096 | 1,468 | 26 | 601 | 0 | 0 | 628 | 0 | 0 | 0 | 0 | 628 | 628 |
| Connecting Cheshire Phase 3 | 8,000 | 128 | 593 | 2,207 | 2,200 | 2,872 | 7,872 | 0 | 7,872 | 0 | 0 | 0 | 7,872 |
| Connecting Cheshire 2020 | 9,250 | 5,680 | 0 | 585 | 0 | 2,985 | 3,570 | 5,172 | 0 | 0 | 0 | -1,601 | 3,570 |
| UK Shared Prosperity Fund - Core | 1,304 | 202 | 1,102 | 0 | 0 | 0 | 1,102 | 1,102 | 0 | 0 | 0 | 0 | 1,102 |
| Macclesfield Indoor Market Toilet Refurbishment | 191 | 186 | 5 | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 5 | 5 |
| Macclesfield Town Centre | 1,859 | 1,858 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| Culture & Tourism | | | | | | | | | | | | | |
| Cattle Handling Facility - Oakwood Farm | 405 | 367 | 38 | 0 | 0 | 0 | 38 | 0 | 0 | 38 | 0 | 0 | 38 |
| Countryside Vehicles | 1,579 | 700 | 26 | 419 | 217 | 217 | 879 | 0 | 0 | 0 | 0 | 879 | 879 |
| Culture & Tourism S106 Schemes | 766 | 124 | 40 | 327 | 216 | 59 | 642 | 0 | 642 | 0 | 0 | 0 | 642 |
| New Archives Premises CTC1 | 10,256 | 442 | 1,124 | 8,450 | 240 | 0 | 9,814 | 0 | 0 | 0 | 0 | 9,814 | 9,814 |
| PROW Capital Works | 1,138 | 1,042 | 85 | 11 | 0 | 0 | 96 | 96 | 0 | 0 | 0 | 0 | 96 |
| PROW CMM A6 MARR | 100 | 69 | 1 | 30 | 0 | 0 | 31 | 31 | 0 | 0 | 0 | 0 | 31 |
| PROW Flood Damage Investment | 72 | 71 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| Visitor Economy - Rural Shared Prosperity Fund | 465 | 113 | 352 | 0 | 0 | 0 | 352 | 352 | 0 | 0 | 0 | 0 | 352 |
| Tatton Park Investment Phase 2 | 3,280 | 1,434 | 11 | 1,109 | 725 | 0 | 1,845 | 0 | 0 | 0 | 0 | 1,845 | 1,845 |
| Total Committed Schemes | 313,801 | 130,694 | 23,110 | 51,882 | 29,539 | 78,575 | 183,106 | 74,095 | 26,540 | 658 | 34,291 | 47,522 | 183,106 |

| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | | | | | | | | | |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| | | | | | | | | | | | | | |
| New Schemes in 24-25 | | | | | | | | | | | | | |
| Facilities Management | | | | | | | | | | | | | |
| PSDS - 3C | 1,671 | 0 | 86 | 1,585 | 0 | 0 | 1,671 | 1,448 | 0 | 0 | 0 | 223 | 1,671 |
| Estates | | | | | | | | | | | | | |
| WorkplaCE | 1,000 | 0 | 255 | 745 | 0 | 0 | 1,000 | 1,000 | 0 | 0 | 0 | 0 | 1,000 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Housing | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Warm Homes Local Grant (DESNZ) | 7,793 | 0 | 0 | 1,354 | 3,252 | 3,187 | 7,793 | 7,793 | 0 | 0 | 0 | 0 | 7,793 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Economic Development | | | | | | | | | | | | | |
| Macclesfield Indoor Market Refurbishment (MIMR) | 2,496 | 40 | 1,858 | 598 | 0 | 0 | 2,456 | 2,358 | 0 | 0 | 0 | 98 | 2,456 |
| Macc on Foot (MOF) | 417 | 5 | 413 | 0 | 0 | 0 | 413 | 413 | 0 | 0 | 0 | 0 | 413 |
| Nantwich Town Centre Public Realm | 100 | 0 | 0 | 100 | 0 | 0 | 100 | 0 | 100 | 0 | 0 | 0 | 100 |
| Culture & Tourism | | | | | | | | | | | | | |
| Green Structures Investment | 384 | 0 | 0 | 271 | 113 | 0 | 384 | 0 | 0 | 0 | 0 | 384 | 384 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total New Schemes | 13,862 | 45 | 2,613 | 4,652 | 3,366 | 3,187 | 13,817 | 13,012 | 100 | 0 | 0 | 706 | 13,817 |
| | | | | | | | | | | | | | |
| Total Growth & Enterprise | 327,663 | 130,740 | 25,723 | 56,533 | 32,905 | 81,762 | 196,923 | 87,107 | 26,640 | 658 | 34,291 | 48,228 | 196,924 |

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| | | | | | | | | | | | | | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Environment Services | | | | | | | | | | | | | |
| Bereavement Service Data System | 35 | 7 | 0 | 28 | 0 | 0 | 28 | 0 | 0 | 28 | 0 | 0 | 28 |
| Booth Bed Lane, Goostrey | 140 | 0 | 0 | 140 | 0 | 0 | 140 | 100 | 40 | 0 | 0 | 0 | 140 |
| Bosley Village Play Area | 20 | 0 | 0 | 20 | 0 | 0 | 20 | 0 | 20 | 0 | 0 | 0 | 20 |
| Browns Lane Play Area 2024/25 | 12 | 0 | 0 | 12 | 0 | 0 | 12 | 0 | 12 | 0 | 0 | 0 | 12 |
| Carbon Offset Investment | 568 | 137 | 403 | 29 | 0 | 0 | 431 | 0 | 0 | 0 | 0 | 431 | 431 |
| Carnival Fields | 42 | 0 | 0 | 42 | 0 | 0 | 42 | 0 | 42 | 0 | 0 | 0 | 42 |
| Chelford Village Hall Open Space and Sport Improvements | 121 | 119 | -0 | 2 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 2 | 2 |
| Chelford Village Hall Phase 2 | 61 | 0 | 0 | 61 | 0 | 0 | 61 | 0 | 61 | 0 | 0 | 0 | 61 |
| Cremator Flue Gas Modifications | 30 | 0 | 19 | 11 | 0 | 0 | 30 | 0 | 0 | 0 | 0 | 30 | 30 |
| Crewe Crematorium and Macclesfield Crematorium Major | 30 | 14 | 4 | 12 | 0 | 0 | 16 | 0 | 0 | 0 | 0 | 16 | 16 |
| Elworth Park | 52 | 0 | 2 | 50 | 0 | 0 | 52 | 0 | 52 | 0 | 0 | 0 | 52 |
| Energy Improvements at Cledford Lane | 985 | 908 | 6 | 71 | 0 | 0 | 77 | 0 | 0 | 0 | 0 | 77 | 77 |
| Fleet EV Transition | 6,897 | 39 | 951 | 3,580 | 327 | 2,000 | 6,858 | 0 | 0 | 0 | 0 | 6,858 | 6,858 |
| Fleet Vehicle Electric Charging | 585 | 155 | 3 | 286 | 140 | 0 | 430 | 0 | 0 | 0 | 0 | 430 | 430 |
| Future High Street Funding - Sustainable Energy Network | 1,566 | 1,148 | 202 | 216 | 0 | 0 | 418 | 418 | 0 | 0 | 0 | 0 | 418 |
| Green Investment Scheme (Solar Farm) | 4,150 | 2,279 | 1,180 | 536 | 155 | 0 | 1,871 | 0 | 0 | 0 | 0 | 1,871 | 1,871 |
| Grounds Maintenance Management ICT System | 121 | 101 | -42 | 62 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 20 | 20 |
| Household Bins Schemes | 292 | 0 | 292 | 0 | 0 | 0 | 292 | 0 | 0 | 292 | 0 | 0 | 292 |
| Household Waste Recycling Centres | 860 | 48 | 36 | 776 | 0 | 0 | 812 | 0 | 0 | 0 | 0 | 812 | 812 |
| Jim Evison Playing Fields | 161 | 0 | 19 | 142 | 0 | 0 | 161 | 0 | 161 | 0 | 0 | 0 | 161 |
| Litter and Recycling Bins | 208 | 119 | 0 | 42 | 25 | 22 | 89 | 0 | 0 | 0 | 0 | 89 | 89 |
| Longridge Open Space Improvement Project | 66 | 0 | 0 | 66 | 0 | 0 | 66 | 0 | 66 | 0 | 0 | 0 | 66 |
| Macclesfield Chapel Refurbishment | 429 | 22 | 0 | 407 | 0 | 0 | 407 | 0 | 0 | 407 | 0 | 0 | 407 |
| Main Road, Langley | 259 | 0 | 3 | 257 | 0 | 0 | 259 | 0 | 259 | 0 | 0 | 0 | 259 |
| Newtown Sports Facilities Improvements | 99 | 81 | 12 | 6 | 0 | 0 | 18 | 0 | 18 | 0 | 0 | 0 | 18 |

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | Total Funding |
|--|-------------------------------|---------------------|----------------------------|------------------------------------|------------------------------------|------------------------------------|--|------------------|--------------------------------|-------------------------------|--------------------------|------------------------------|---------------|
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Environment Services | | | | | | | | | | | | | |
| Park Development Fund | 846 | 670 | 0 | 89 | 87 | 0 | 176 | 0 | 0 | 0 | 0 | 176 | 176 |
| Park Lane, Poynton | 39 | 0 | 39 | 0 | 0 | 0 | 39 | 0 | 39 | 0 | 0 | 0 | 39 |
| Park Play, Meriton Road & Stanley Hall | 10 | 0 | 0 | 10 | 0 | 0 | 10 | 0 | 10 | 0 | 0 | 0 | 10 |
| Pastures Wood De-carbonisation | 51 | 35 | 4 | 13 | 0 | 0 | 16 | 0 | 0 | 16 | 0 | 0 | 16 |
| Pear Tree Play Area, Stapeley Improvements | 7 | 1 | 6 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 0 | 1 | 6 |
| Queens Park Bowling Green | 17 | 0 | 2 | 15 | 0 | 0 | 17 | 0 | 2 | 0 | 0 | 15 | 17 |
| Rotherhead Drive Open Space and Play Area | 141 | 117 | 0 | 24 | 0 | 0 | 24 | 0 | 24 | 0 | 0 | 0 | 24 |
| Rugby Drive, Macclesfield | 71 | 0 | 24 | 47 | 0 | 0 | 71 | 0 | 71 | 0 | 0 | 0 | 71 |
| Shaw Heath Recreation Ground | 22 | 3 | 12 | 6 | 0 | 0 | 19 | 0 | 19 | 0 | 0 | 0 | 19 |
| Solar Energy Generation | 13,980 | 91 | 12 | 297 | 300 | 13,279 | 13,889 | 0 | 0 | 0 | 0 | 13,889 | 13,889 |
| Stanley Hall Improvements | 55 | 0 | 53 | 2 | 0 | 0 | 55 | 20 | 35 | 0 | 0 | 0 | 55 |
| The Carrs Improvement Project | 61 | 0 | 0 | 61 | 0 | 0 | 61 | 0 | 61 | 0 | 0 | 0 | 61 |
| The Moor, Knutsford | 36 | 0 | 32 | 4 | 0 | 0 | 36 | 0 | 17 | 0 | 0 | 19 | 36 |
| Tytherington Public Art | 10 | 0 | 10 | 0 | 0 | 0 | 10 | 0 | 10 | 0 | 0 | 0 | 10 |
| Unsafe Cemetery Memorials | 35 | 9 | 0 | 26 | 0 | 0 | 26 | 0 | 0 | 0 | 0 | 26 | 26 |
| Victoria Park Amenity Improvements | 20 | 9 | 3 | 8 | 0 | 0 | 11 | 0 | 11 | 0 | 0 | 0 | 11 |
| Victoria Park Pitch Improvements | 29 | 28 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 |
| West Park Open Space & Sports Improvements | 120 | 23 | 22 | 75 | 0 | 0 | 98 | 0 | 98 | 0 | 0 | 0 | 98 |
| Wilmslow Town Council - Villas | 47 | 0 | 47 | 0 | 0 | 0 | 47 | 0 | 13 | 0 | 0 | 34 | 47 |
| Woodland South of Coppice Way, Handforth | 89 | 68 | 0 | 21 | 0 | 0 | 21 | 0 | 21 | 0 | 0 | 0 | 21 |
| Wynbunbury Parish Open Space | 5 | 1 | 0 | 4 | 0 | 0 | 4 | 0 | 4 | 0 | 0 | 0 | 4 |
| Wybunbury St Chad's Closed Cemetery | 219 | 0 | 0 | 219 | 0 | 0 | 219 | 0 | 0 | 0 | 0 | 219 | 219 |
| Neighbourhood Services | | | | | | | | | | | | | |
| Congleton Leisure Centre | 13,000 | 12,963 | 11 | 27 | 0 | 0 | 38 | 0 | 20 | 0 | 0 | 18 | 38 |
| Crewe Towns Fund - Valley Brook Green Corridor | 3,339 | 327 | 264 | 2,748 | 0 | 0 | 3,012 | 3,012 | 0 | 0 | 0 | 0 | 3,012 |
| Crewe Towns Fund - Cumberland Arena | 3,173 | 128 | 276 | 2,768 | 0 | 0 | 3,045 | 3,045 | 0 | 0 | 0 | 0 | 3,045 |
| Crewe Towns Fund - Pocket Parks | 1,481 | 652 | 302 | 527 | 0 | 0 | 829 | 829 | 0 | 0 | 0 | 0 | 829 |
| Middlewich Leisure Centre | 60 | 51 | 0 | 9 | 0 | 0 | 9 | 0 | 0 | 0 | 0 | 9 | 9 |
| Libraries - Next Generation - Self Service | 374 | 336 | 0 | 38 | 0 | 0 | 38 | 0 | 0 | 0 | 0 | 38 | 38 |
| Bollington Leisure | 51 | 0 | 51 | 0 | 0 | 0 | 51 | 51 | 0 | 0 | 0 | 0 | 51 |
| Planning & Regulatory Services | | | | | | | | | | | | | |
| Regulatory Systems & Environmental Health ICT System | 313 | 279 | 1 | 34 | 0 | 0 | 34 | 0 | 0 | 0 | 0 | 34 | 34 |
| Total Committed Schemes | 55,492 | 20,967 | 4,262 | 13,929 | 1,034 | 15,301 | 34,525 | 7,475 | 1,193 | 743 | 0 | 25,114 | 34,525 |

Environment & Communities

CAPITAL

| CAPITAL PROGRAMME 2024/25 - 2027/28 | | | | | | | | | | | | | |
|---|-------------------------------------|------------------------|----------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | |
| | Total Approved Budget £000 | Prior Years £000 | Actuals 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | Total Funding £000 |
| New Schemes | | | | | | | | | | | | | |
| Environment Services | | | | | | | | | | | | | |
| Closed Cemeteries | 152 | 0 | 0 | 152 | 0 | 0 | 152 | 0 | 0 | 0 | 0 | 152 | 152 |
| LTA - Tennis Facility Improvements | 124 | 0 | 39 | 85 | 0 | 0 | 124 | 99 | 0 | 0 | 0 | 25 | 124 |
| Review of Household Waste Recycling Centres | 1,000 | 0 | 0 | 1,000 | 0 | 0 | 1,000 | 0 | 0 | 0 | 0 | 1,000 | 1,000 |
| Strategic Leisure Review | 3,400 | 0 | 1,329 | 1,421 | 650 | 0 | 3,400 | 0 | 0 | 0 | 0 | 3,400 | 3,400 |
| Weekly Food Waste Collections | 2,712 | 0 | 192 | 2,019 | 500 | 0 | 2,712 | 2,712 | 0 | 0 | 0 | 0 | 2,712 |
| Macclesfield Crematorium - hearth replacement | 72 | 0 | 72 | 0 | 0 | 0 | 72 | 0 | 0 | 72 | 0 | 0 | 72 |
| Green Spaces Wilmslow - Mersey Forest | 21 | 0 | 21 | 0 | 0 | 0 | 21 | 21 | 0 | 0 | 0 | 0 | 21 |
| | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total New Schemes | 7,481 | 0 | 1,653 | 4,677 | 1,150 | 0 | 7,481 | 2,832 | 0 | 72 | 0 | 4,577 | 7,481 |
| | | | | | | | | | | | | | |
| Total Environment and Communities Schemes | 62,973 | 20,967 | 5,915 | 18,606 | 2,184 | 15,301 | 42,006 | 10,307 | 1,193 | 815 | 0 | 29,690 | 42,006 |

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | Total Funding |
|--|-------------------------------|---------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------------|------------------|--------------------------------|-------------------------------|--------------------------|------------------------------|---------------|
| | Total Approved Budget £000 | Prior Years £000 | Forecast Budget 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Highways | | | | | | | | | | | | | |
| A532 Safer Road Fund Scheme | 1,466 | 677 | 719 | 70 | 0 | 0 | 789 | 447 | 0 | 0 | 0 | 342 | 789 |
| A536 Safer Road Fund Scheme | 2,404 | 1,925 | 428 | 51 | 0 | 0 | 479 | 385 | 0 | 0 | 0 | 94 | 479 |
| A537 Safer Road Fund Scheme | 2,490 | 2,155 | 191 | 144 | 0 | 0 | 335 | 335 | 0 | 0 | 0 | 0 | 335 |
| Air Quality Action Plan | 523 | 421 | 101 | 2 | 0 | 0 | 102 | 87 | 0 | 0 | 0 | 15 | 102 |
| Alderley Edge Bypass Scheme Implementation | 60,411 | 60,359 | 1 | 51 | 0 | 0 | 52 | 0 | 0 | 0 | 0 | 52 | 52 |
| Bridge Maintenance Minor Wks | 12,463 | 10,037 | 1,635 | 792 | 0 | 0 | 2,427 | 1,406 | 602 | 0 | 0 | 418 | 2,427 |
| Client Contract and Asset Mgmt | 693 | 485 | 62 | 146 | 0 | 0 | 208 | 62 | 0 | 0 | 0 | 146 | 208 |
| Footpath Maintenance - Slurry Sealing & Reconstruction Works | 1,323 | 514 | 809 | 0 | 0 | 0 | 809 | 809 | 0 | 0 | 0 | 0 | 809 |
| Highway Maintenance Minor Wks | 69,622 | 53,616 | 15,936 | 70 | 0 | 0 | 16,006 | 9,994 | 0 | 0 | 0 | 6,011 | 16,006 |
| Highway Pothole/Challenge Fund | 11,669 | 8,098 | 3,399 | 172 | 0 | 0 | 3,571 | 3,316 | 0 | 0 | 0 | 255 | 3,571 |
| Jack Mills Way Part 1 Claims | 307 | 299 | 8 | 0 | 0 | 0 | 8 | 0 | 8 | 0 | 0 | 0 | 8 |
| Local Highway Measures | 7,255 | 6,873 | 232 | 151 | 0 | 0 | 382 | 382 | 0 | 0 | 0 | 0 | 382 |
| Ward Members Local Highway Measures | 872 | 0 | 319 | 553 | 0 | 0 | 872 | 496 | 0 | 0 | 0 | 376 | 872 |
| Programme Management | 1,547 | 1,229 | 317 | 2 | 0 | 0 | 318 | 318 | 0 | 0 | 0 | 0 | 318 |
| Road Safety Schemes Minor Wks | 6,423 | 5,944 | 316 | 163 | 0 | 0 | 478 | 350 | 0 | 0 | 0 | 128 | 478 |
| Traffic Signal Maintenance | 1,095 | 516 | 278 | 300 | 0 | 0 | 578 | 577 | 0 | 0 | 0 | 1 | 578 |
| Traffic Signs and Bollards - LED Replacement | 1,259 | 1,011 | 248 | 0 | 0 | 0 | 248 | 0 | 0 | 0 | 0 | 248 | 248 |
| Winter Service Facility | 957 | 674 | 97 | 97 | 89 | 0 | 283 | 0 | 0 | 0 | 0 | 283 | 283 |
| Infrastructure | | | | | | | | | | | | | |
| Future High Street Funding - Adaptive Signals | 509 | 455 | 0 | 54 | 0 | 0 | 54 | 0 | 54 | 0 | 0 | 0 | 54 |
| Future High Street Funding - Flag Lane Link | 1,481 | 1,249 | 232 | 0 | 0 | 0 | 232 | 232 | 0 | 0 | 0 | 0 | 232 |
| Future High Street Funding - Southern Gateway | 5,303 | 1,318 | 3,783 | 202 | 0 | 0 | 3,985 | 3,985 | 0 | 0 | 0 | 0 | 3,985 |
| Highways & Infrastructure S106 Funded Schemes | 5,590 | 816 | 529 | 2,519 | 489 | 1,238 | 4,774 | 378 | 4,391 | 0 | 0 | 5 | 4,774 |
| Transport & Infrastructure Development Studies | 350 | 10 | 33 | 307 | 0 | 0 | 340 | 340 | 0 | 0 | 0 | 0 | 340 |
| Middlewich Eastern Bypass | 96,600 | 26,237 | 1,441 | 21,730 | 22,876 | 24,316 | 70,363 | 46,779 | 14,611 | 0 | 0 | 8,973 | 70,363 |
| Mill Street Corridor - Station Link Project | 847 | 92 | 171 | 584 | 0 | 0 | 755 | 171 | 284 | 0 | 0 | 300 | 755 |
| North-West Crewe Package | 51,366 | 43,108 | 5,947 | 1,411 | 300 | 600 | 8,258 | -1,092 | 3,368 | 0 | 0 | 5,982 | 8,258 |
| Old Mill Road / The Hill Junction | 1,325 | 187 | 1 | 1,136 | 0 | 0 | 1,137 | 0 | 1,137 | 0 | 0 | 0 | 1,137 |
| Poynton Relief Road | 54,848 | 46,283 | 1,010 | 2,709 | 1,146 | 3,700 | 8,565 | 2,236 | 4,319 | 0 | 1,000 | 1,010 | 8,565 |
| Sydney Road Bridge | 10,501 | 10,111 | 1 | 14 | 375 | 0 | 390 | 0 | 390 | 0 | 0 | 0 | 390 |

Highways & Transport

CAPITAL

CAPITAL PROGRAMME 2024/25 - 2027/28

| Scheme Description | Forecast Expenditure | | | | | | | Forecast Funding | | | | | Total Funding £000 |
|--|-------------------------------------|------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|------------------|-----------------------------------|----------------------------------|-----------------------------|---------------------------------|-----------------------|
| | Total Approved Budget £000 | Prior Years £000 | Forecast Budget 2024/25 £000 | Forecast Budget 2025/26 £000 | Forecast Budget 2026/27 £000 | Forecast Budget 2027/28 £000 | Total Forecast Budget 2024-28 £000 | Grants £000 | External Contributions £000 | Revenue Contributions £000 | Capital Receipts £000 | Prudential Borrowing £000 | |
| Committed Schemes in progress | | | | | | | | | | | | | |
| Strategic Transport and Parking | | | | | | | | | | | | | |
| A538 Waters Roundabout Pedestrian and Cyclist Crossing | 140 | 87 | 53 | 0 | 0 | 0 | 53 | 53 | 0 | 0 | 0 | 0 | 53 |
| Active Travel Fund | 3,400 | 729 | 97 | 2,574 | 0 | 0 | 2,671 | 2,671 | 0 | 0 | 0 | 0 | 2,671 |
| Active Travel (Cycling / Walking Route) Investment | 2,920 | 2,765 | 89 | 66 | 0 | 0 | 155 | 90 | 0 | 0 | 0 | 65 | 155 |
| Available Walking Routes | 151 | 0 | 0 | 151 | 0 | 0 | 151 | 151 | 0 | 0 | 0 | 0 | 151 |
| Bollin Valley / Greater Bollin Trail | 114 | 89 | 25 | 0 | 0 | 0 | 25 | 25 | 0 | 0 | 0 | 0 | 25 |
| LEVI Capital Fund 23/24 | 2,172 | 0 | 0 | 543 | 543 | 1,086 | 2,172 | 2,172 | 0 | 0 | 0 | 0 | 2,172 |
| On-street Residential Charging | 551 | 258 | 131 | 162 | 0 | 0 | 293 | 251 | 0 | 0 | 0 | 42 | 293 |
| Park Lane – Ayreshire Way, Congleton Walking and Cycling | 482 | 14 | 419 | 49 | 0 | 0 | 468 | 468 | 0 | 0 | 0 | 0 | 468 |
| Route 55 Middlewood Way on Black Lane | 770 | 694 | 76 | 0 | 0 | 0 | 76 | 76 | 0 | 0 | 0 | 0 | 76 |
| Sustainable Travel Access Prog | 2,245 | 2,038 | 21 | 186 | 0 | 0 | 208 | 208 | 0 | 0 | 0 | 0 | 208 |
| Sustainable Modes of Travel to Schools Strategy (SMOTSS) | 1,117 | 756 | 126 | 234 | 0 | 0 | 361 | 361 | 0 | 0 | 0 | 0 | 361 |
| Public Transport Infrastructure | 1,615 | 1,134 | 452 | 29 | 0 | 0 | 481 | 481 | 0 | 0 | 0 | 0 | 481 |
| Local Access - Crewe Transport Access Studies | 400 | 88 | 0 | 312 | 0 | 0 | 312 | 312 | 0 | 0 | 0 | 0 | 312 |
| Local Access - Macclesfield Transport Access Studies | 300 | 61 | 0 | 239 | 0 | 0 | 239 | 239 | 0 | 0 | 0 | 0 | 239 |
| Middlewich Rail Study | 20 | 0 | 0 | 20 | 0 | 0 | 20 | 20 | 0 | 0 | 0 | 0 | 20 |
| LTP Development & Monitoring Studies | 900 | 430 | 30 | 220 | 221 | 0 | 471 | 471 | 0 | 0 | 0 | 0 | 471 |
| Digital Car Parking Solutions | 140 | 93 | 3 | 44 | 0 | 0 | 47 | 16 | 0 | 0 | 0 | 31 | 47 |
| Pay and Display Parking Meters | 620 | 607 | 0 | 13 | 0 | 0 | 13 | 0 | 0 | 0 | 0 | 13 | 13 |
| Car Parking Improvements (including residents parking) | 322 | 266 | 0 | 56 | 0 | 0 | 56 | 0 | 0 | 0 | 0 | 56 | 56 |
| Total Committed Schemes | 647,414 | 415,274 | 40,647 | 44,009 | 27,653 | 119,831 | 232,140 | 158,389 | 47,902 | 0 | 1,000 | 24,849 | 232,140 |
| New Schemes | | | | | | | | | | | | | |
| Highways | | | | | | | | | | | | | |
| Managing and Maintaining Highways | 4,712 | 0 | 0 | 4,712 | 0 | 0 | 4,712 | 0 | 0 | 0 | 0 | 4,712 | 4,712 |
| Pothole Funding | 17,397 | 0 | 0 | 5,799 | 5,799 | 5,799 | 17,397 | 17,397 | 0 | 0 | 0 | 0 | 17,397 |
| Integrated Block - LTP | 6,009 | 0 | 0 | 2,003 | 2,003 | 2,003 | 6,009 | 6,009 | 0 | 0 | 0 | 0 | 6,009 |
| Maintenance Block - LTP | 19,476 | 0 | 0 | 7,878 | 5,799 | 5,799 | 19,476 | 17,397 | 0 | 0 | 0 | 2,079 | 19,476 |
| Incentive Fund - LTP | 4,350 | 0 | 0 | 1,450 | 1,450 | 1,450 | 4,350 | 4,350 | 0 | 0 | 0 | 0 | 4,350 |
| Strategic Transport and Parking | | | | | | | | | | | | | |
| BSIP+ Programme Delivery | 539 | 89 | 0 | 450 | 0 | 0 | 450 | 450 | 0 | 0 | 0 | 0 | 450 |
| Car Parking Review | 895 | 0 | 570 | 325 | 0 | 0 | 895 | 0 | 0 | 328 | 325 | 242 | 895 |
| | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| New Grant Allocated for 2025-26 | | | | | | | | | | | | | |
| Local Transport Grant | 7,754 | 0 | 0 | 7,754 | 0 | 0 | 7,754 | 7,754 | 0 | 0 | 0 | 0 | 7,754 |
| Total New Schemes | 61,132 | 89 | 570 | 30,371 | 15,051 | 15,051 | 61,043 | 53,357 | 0 | 328 | 325 | 7,033 | 61,043 |
| Total Highways & Transport | 708,546 | 415,363 | 41,218 | 74,379 | 42,704 | 134,882 | 293,182 | 211,746 | 47,902 | 328 | 1,325 | 31,882 | 293,182 |

Children and Families Committee**09 June 2025****Children and Families Capital
Programme – School Condition
Programme 2025/26****Report of: Dawn Godfrey, Executive Director of Childrens Services****Report Reference No: CF/14/25-26.****Ward(s) Affected: All Wards
Decision****Purpose of Report**

1. For Committee to approve the progression of the school condition schemes detailed in Appendix1.
2. To ask the Committee to delegate authority to the Executive Director of Childrens Services to allocate uncommitted school condition monies to address any emerging priorities that arise to ensure schools remain safe and operational. Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place.

Executive Summary

3. School Condition Programme – appendix 1

This Appendix outlines the schemes included in the 2025/26 School Condition Programme and highlights the following: -

- Details of individual schemes
- Details of block allocation for in-year emerging priorities to address urgent Health and Safety issues and/or to prevent school closures.

- Details of a block allocation to progress with feasibility assessments for future schemes.
 - Details of a block allocation to undertake any necessary surveys in order to comply with legislation and ensure the safety of our school buildings.
4. The School Condition Allocation grant can only be used for maintained, foundation and voluntary controlled schools that are the responsibility of the Council as the Local Education Authority. Academies have access to Condition Improvement Fund and Voluntary Aided settings apply separately for school Condition allocation (formerly known as Local Education Authority Coordinated Voluntary Aided Programme (LCVAP), both of these grants are distributed by the Department for Education direct to Academy Trusts and the Diocesan Authorities.

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Approve the School Condition Programme of schemes as detailed in Appendix 1.
2. Delegate authority to the Executive Director of Childrens Services to approve uplifts to Project Costs of schemes approved in the School Condition Programme (and the updates received during the financial year) to a maximum of 20% of the approved capital budget, this will ensure that schemes will be progressed in a timely way and to provide updates to committee as required. Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place.
3. Delegate authority to the Executive Director of Childrens Services to determine the school sites and works to be instructed from the block funding allocations set out in Appendix 1 and take all steps to deliver these works. Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place.

Background

5. The various funding streams which are utilised to support the capital investment into our schools include Basic Need Grant (DfE funded), Schools Condition Allocation Grant (DfE funded), High Needs Provision Capital Fund (DfE funded), developer contributions under s106 Town and County Planning Act 1990 and Approved Council Prudential Borrowing.

Many of the grant allocations received from the DfE are based upon annual returns which the Council completes outlining our levels of need.

6. The DfE provides basic need capital grant funding to local authorities to support them to meet their statutory responsibility to ensure there are enough school places available in their area for every child aged 5 to 16, as set out under section 14 of the 1996 Education Act. The annual 'School Capacity Survey' return (SCAP) as submitted to DfE in July provides the summary of priority areas where additional places are needed, and this is used to generate basic need allocations.
7. The DfE provides School Condition Allocations (SCA) on an annual basis for local authority-maintained schools only which provides the Council with the mechanism to maintain/improve school building infrastructures. In line with DfE guidance, investment should be prioritised on keeping school buildings safe and in good working order by tackling poor building condition, building compliance, energy efficiency, safeguarding concerns as well as health and safety issues. An indicative budget for the anticipated 2025-26 School Condition Allocation (SCA) grant of £2m was included in the Medium-Term Financial Strategy (MTFS), which was approved at full council in February 2025. Following the announcement from the DfE on 27 March 2025, the 2025/2026 the School Condition Allocation was confirmed as £ £2.552.916 million. This figure will be adjusted in the capital programme at the 1st quarter review.
8. The SCA can only be used for maintained, foundation and voluntary controlled schools. Academies have access to the Condition Improvement Fund and Voluntary Aided settings are funded via LCVAP (Locally Co-ordinated Voluntary Aided programme), both of these grants are distributed by the Department for Education direct to Academy Trusts and the Diocesan Authorities.
9. We will monitor the School Condition Programme to ensure the schemes compliment the Transformation Programme and Cheshire East's Corporate Plan.

Consultation and Engagement

10. Prior to and during the scoping and progression of capital schemes, the team work closely with our schools to plan the programmes of work.

Reasons for Recommendations

11. The recommendations seek approval from Committee to progress with these priority schemes and allocate funding accordingly and to delegate authority to the Executive Director of Children Services to take decisions to deliver the schemes which allows for the effective management of each of these programmes of work in a timely manner.
12. The delegated authority to the Executive Director of Childrens Services to approve uplifts to project costs of individual schemes approved in the School Condition Programme to a maximum of 20% of the approved capital budget, will ensure that schemes are progressed in a timely way and to provide updates to committee as required. Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place.
13. Committee have been previously informed about the current pressures on funding which are resulting in costs of scheduled schemes increasing due to a range of factors, these can include additional costs as a result of planning conditions, high costs resulting from low carbon build standards, increasing costs of materials, rising costs of raw materials etc.

Other Options Considered

14. The option to do nothing and consequently not undertake the works detailed in appendix 1 could result in temporary closures of schools.
15. There is an option that officers continue to provide individual committee reports and seek individual decisions or delegations for every scheme. This does not allow for flexible working to deliver schemes or to react to individual emergencies or needs. It is also time consuming for Officers and the Committee.

16.

| Option | Impact | Risk |
|--|---|-----------|
| The option not to do nothing and not progress the school condition programme | This could result in the closure of schools and/or failure to address health and safety risks and safeguarding issues | High Risk |

Implications and Comments

Monitoring Officer/Legal

17. The committee has responsibility for the Council's education infrastructure provision. The DfE provides the Council with the School Condition Allocation grant based on a formulaic approach taking into account the school type and pupil numbers, the funding is intended to be used to address poor building condition, building compliance, energy efficiency and health and safety issues. The grant determination is made under section 31 Local Government Act 2003 which allows a local authority to receive a grant towards the expenditure it incurs. The Council must ensure that it only uses the grant funding in accordance with the grant conditions which are set out in Annex B of the Condition Funding Grant Determination 2025-26 no 31/7717, non-compliance with the terms of the grant could result in the funding being reduced, suspended or withheld.

The Council intends to use the monies to maintain or improve the condition of school buildings with the proposed schemes. The Council has an obligation to ensure that the premises of schools which it maintains are maintained to prescribed standards in accordance with section 542 of the Education Act 1996 and regulations made under that section.

As the Council is receiving a grant it will need to consider and comply with the Subsidy Control Act 2022, with legal advice being sought where necessary. The Procurement of works funded under this capital programme will comply with the Council's Contract Procedure Rules and the Public Procurement Regulations where applicable.

Section 151 Officer/Finance

18. Funding for Children and Families capital programme is through a range of routes with the main ones relating to the use of the 'Basic Need' grant along with agreed Section 106 developer funding for education to mitigate the need for additional school places due to the impact of new housing. In addition to this external DfE grant has been allocated that supports SEN/High Needs schemes including provision of additional places. There is an annual allocation of School Condition funding, but this can only be used for local authority-maintained schools.
19. The School Condition Grant allocation is based on the number of maintained schools within the authority and can change subject to the number of schools that have converting to an academy, or an academy order has been submitted.

20. The DfE provides School Condition Allocations (SCA) on an annual basis for local authority-maintained schools only and provides the Council with the mechanism to maintain/improve school building infrastructures. In line with DfE guidance, investment should be prioritised on keeping school buildings safe and in good working order by tackling poor building condition, building compliance, energy efficiency, safeguarding concerns as well as health and safety issues.
21. An indicative budget for the anticipated 2025-26 School Condition Allocation (SCA) grant of £2m was included in the Medium-Term Financial Strategy (MTFS) 2025-29, which was approved at Full Council in February 2025. Following the announcement from the DfE on 27 March 2025, the 2025/2026 the School Condition Allocation was confirmed as £ £2.552.916 million. This figure will be adjusted in the capital programme at the 1st quarter review.
22. The schemes and block allocations named in Appendix 1, are fully funded from the School Condition Block allocation, also approved at Full Council on 26 February 2025 as part of the Medium-Term Financial Strategy (MTFS) 2025-26.
23. The programme of condition works are based on estimated costs from Facilities Management Team, these could change as more detailed surveys are undertaken and the schemes are progressed.
24. This programme will be regularly reported and updated to the Capital Programme Board who will determine any necessary further reports.

Policy

25. School Condition Allocation - Investment should be prioritised on keeping school buildings safe and in good working order by tackling poor building condition, building compliance, energy efficiency, and health and safety issues.

26.

| | | |
|--|--|--|
| <p>An open and enabling organisation.</p> | <p>A council which empowers and cares about people</p> <p>Support all children to have the best start in life.</p> <p>Increase opportunities for all children and young adults with additional needs.</p> <p>Ensure all children have a high quality, enjoyable education that enables</p> | <p>A thriving and sustainable place</p> <p>Reduce impact on the environment.</p> <p>Thriving urban and rural economies with opportunities for all</p> <p>Be a carbon neutral council by 2027</p> |
|--|--|--|

| | | |
|--|---|--|
| | them to achieve their full potential (Include which aim and priority) | |
|--|---|--|

Equality, Diversity and Inclusion

27. Equality Impact Assessments are completed informally and formally to determine the varying needs of learners and their families to be able to access schools. Such factors are built into all stages of the progression of a scheme.

Human Resources

28. There are no direct human resource implications for the council.

Risk Management

29. As outlined in the finance section, the DfE have confirmed capital funding grants which allows for the virement of funding. This funding is already available and therefore is not reliant on future funding allocations.
30. Force Majeure – The global Covid pandemic has identified that there can be some risks that on impact cannot be mitigated against and will inevitably cause some delay, disruption, and any additional costs.
31. It is essential that we achieve best value for our schools in the use of the funding and ensure that the schemes agreed will support and maintain the Education Estate and ensure that schools remain a safe, warm and dry environment for our pupils to attend. Grant allocation is in recognition of the need to repair existing defects as well as provide ongoing maintenance to keep all buildings in good condition over their lifecycle. This provides improved school infrastructures to allow learners to be educated and prosper in the best school building.
32. Schemes will be managed by our ‘in-house’ Facilities Management and CEC Property Projects Team and will be undertaken under the Authority’s corporate contract which conducts maintenance services across Cheshire East.

Rural Communities

33. There are no direct implications for rural communities.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

34. In accordance with the programme to ensure all children have a high quality, enjoyable education that enables them to achieve to their full potential.

Public Health

35. There are no direct implications for public health.
36. It is essential that we ensure that the schemes agreed will support and maintain the Education Estate and ensure that schools remain a safe, warm and dry environment for our pupils to attend.

Climate Change

37. For all school condition schemes, we will consider all measures to achieve carbon reduction including materials used and technology/equipment used to ensure maximum energy efficiency is achieved where it is possible and viable.
38. All schemes will require full compliance with the latest building regulations and the Cheshire East Low Carbon Build Standard relating to such factors as insulation/heat loss, energy efficiencies and sustainable heat and power. Such factors will be key considerations as the schemes are developed through to full handover.
39. The Cheshire east Low Carbon Build Standard was adopted in 2022 and requires all new or refurbished buildings below £10million to target low carbon and energy in a hierarchy of reduce, re-use, renewables. This standard will form a base point for the school condition schemes.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|---------------------------------------|--|------------------|----------------------|
| <i>Statutory Officer (or deputy):</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 23/05/25 | 23/05/25 |
| Janet Witkowski | Acting Governance, Compliance and Monitoring Officer | 23/05/25 | 26/05/25 |

| <i>Legal and Finance</i> | | | |
|--------------------------------------|--|----------|----------|
| Helen Donald | Capital Accountant | 08/05/25 | 09/05/25 |
| Mandy Withington/Adrian Leslie | Principal Lawyer (Commercial Property and Projects)/ Lawyer Contracts & Procurement Team | 08/05/25 | 22/05/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Peter Skates | Director of Growth and Enterprise | 22/05/25 | 23/05/25 |

| Access to Information | |
|-------------------------------|---|
| Cont act Officer : | <p>Claire Williamson - Director of Strong Start, Family Help and Integration</p> <p>Claire.williamson@cheshireeast.gov.uk</p> <p>Joanne Prophet – School Organisation and Capital Manager</p> <p>Joanne.prophet@cheshireeast.gov.uk</p> |
| Appen dices: | Appendix 1 – School Condition Programme |
| Backg round Paper s: | <p>1. MTFS approval paper Feb 2025</p> <p>https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s122772/Minute%20extract%20CPC.pdf</p> <p>2. Children and Families Committee 7 April 2025</p> <p>https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s123805/Capital%20Programme%20Update%20April%2007042025.pdf</p> |

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Appendix 1

| 2025-2026Schools Condition Programme (Maintained Schools Only) | |
|--|---------------|
| | |
| Confirmed 2025-2026 School Condition Allocation grant | £2,552,916.00 |

| Condition priorities recommended for approval | | Total Estimate | Notes |
|---|---|----------------------|------------------------------|
| Wrenbury PS | Phase 2 of roofing works | £189,691.34 | Phase 2 of roofing scheme |
| Malbank HS | Main building re-roofing | £300,000.00 | Scheme costs to be finalised |
| The Dingle PS | Boiler Replacement | £180,000.00 | Scheme costs to be finalised |
| Dean Valley PS | Roof Replacement | £250,000.00 | Scheme costs to be finalised |
| Edleston PS | Stabiliation works to MUGA | £25,000.00 | Scheme costs to be finalised |
| Brierley St PS | Intruder and Fire Alarm Replacement | £70,000.00 | Scheme costs to be finalised |
| Alderley Edge Primary School | Rrepairs to windows/guttering and RWP/roofing (listed building) | £50,000.00 | Scheme costs to be finalised |
| Ruskin School | Fire Door replacement programme | £200,000.00 | Scheme costs to be finalised |
| Rainow Primary school | Safeguarding scheme (exterior fencing) | £25,000.00 | Scheme costs to be finalised |
| Styal Primary | Building suitability issues | £100,000.00 | Scheme costs to be finalised |
| | | £1,389,691.34 | |

| | | |
|---|---------------------------------|---------------|
| 2025/26 School Condition Allocation grant element funding - Schemes detailed above recommended for approval | <i>Recommended for approval</i> | £1,389,691.34 |
|---|---------------------------------|---------------|

| | | |
|---|---------------------------------|---------|
| Project Management fee's - recommended for approval | <i>Recommended for approval</i> | £50,000 |
|---|---------------------------------|---------|

| | | |
|--|---------------------------------|-------------|
| Block funding to support in year emerging priorities 2025/26 recommended for approval - Emergency H&S, statutory compliance, avoidance of school closures etc. - Executive Director of Childrens Services to determine and approve ODR's (Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place) | <i>Recommended for approval</i> | £963,224.66 |
|--|---------------------------------|-------------|

| | | |
|---|---------------------------------|-------------|
| Block funding to Surveys and feasibilities to establish future years priorities etc - Executive Director of Childrens Services/Head of Service to determine and approve ODR's | <i>Recommended for approval</i> | £150,000.00 |
|---|---------------------------------|-------------|

| | |
|--------------|----------------------|
| Total | £2,552,916.00 |
|--------------|----------------------|

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OPEN

Children and Families Committee

09 June 2025

Councillor Frontline Visits

Report of: Dawn Godfrey, Executive Director of Children's Services

Report Reference No: CF/13/25-26

Ward(s) Affected: All

Decision

Purpose of Report

- 1 This report proposes new arrangements for councillor visits to frontline children's social care services to strengthen councillor oversight of the impact of services on children's outcomes.
- 2 This report also provides the themes raised through the previous councillor frontline visits undertaken between 1 April 2023 to 31 March 2024.

Executive Summary

- 3 Councillors asked that the arrangements for councillor frontline visits were reviewed, strengthened, and reinstated to support effective oversight of practice and its impact on children's outcomes. It was noted that staff are expected to facilitate the regular Ofsted inspections, DfE progress reviews, SLIP involvement, practice Observations etc, and so consideration has been given how to ensure a balanced approach, preventing staff from being overwhelmed. This report therefore details new arrangements for these visits.
- 4 This report also provides the themes raised through the previous councillor frontline visits undertaken between 1 April 2023 to 31 March 2024 in response to a request at the last committee.

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Approve the arrangements for councillor frontline visits as outlined in this report.

Background

Proposed new arrangements for councillor frontline visits

- 5 The following is proposed as the new arrangements for councillor frontline visits:
- 6 Frontline visits will be conducted to the following children's social care teams. This is a significant expansion of the previous arrangements and will ensure there is oversight of all key areas of practice over the year.

| Area | Visit to | Visit in | Report to Committee |
|--|-------------------------|----------------|---------------------|
| Cared for Children and Care Leavers | Court Team | July 2025 | 15 September 2025 |
| | Cared for Teams | | |
| | Care Leavers Teams | | |
| Quality Assurance | Child Protection IROs | September 2025 | 10 November 2025 |
| | Cared for IROs | | |
| | SCIES | | |
| | LADO & FGC | | |
| Placements | Fostering Team & | November 2025 | 19 January 2026 |
| | Residential Teams | | |
| Family Help | North Family Help Teams | December 2025 | 16 February 2026 |
| | South Family Help Teams | | |

| | | | |
|--|--|---------------|---------------|
| Front Door | Front Door/Domestic Abuse Team | February 2026 | 13 April 2026 |
| | Emergency Duty Team | | |
| Children in Need and Child Protection (CINCP) | Macclesfield CINCP | April 2026 | June 2026 |
| | Crewe CINCP (including the Court team) | | |
| | Children with Disabilities Team | | |

7 Visits will focus on:

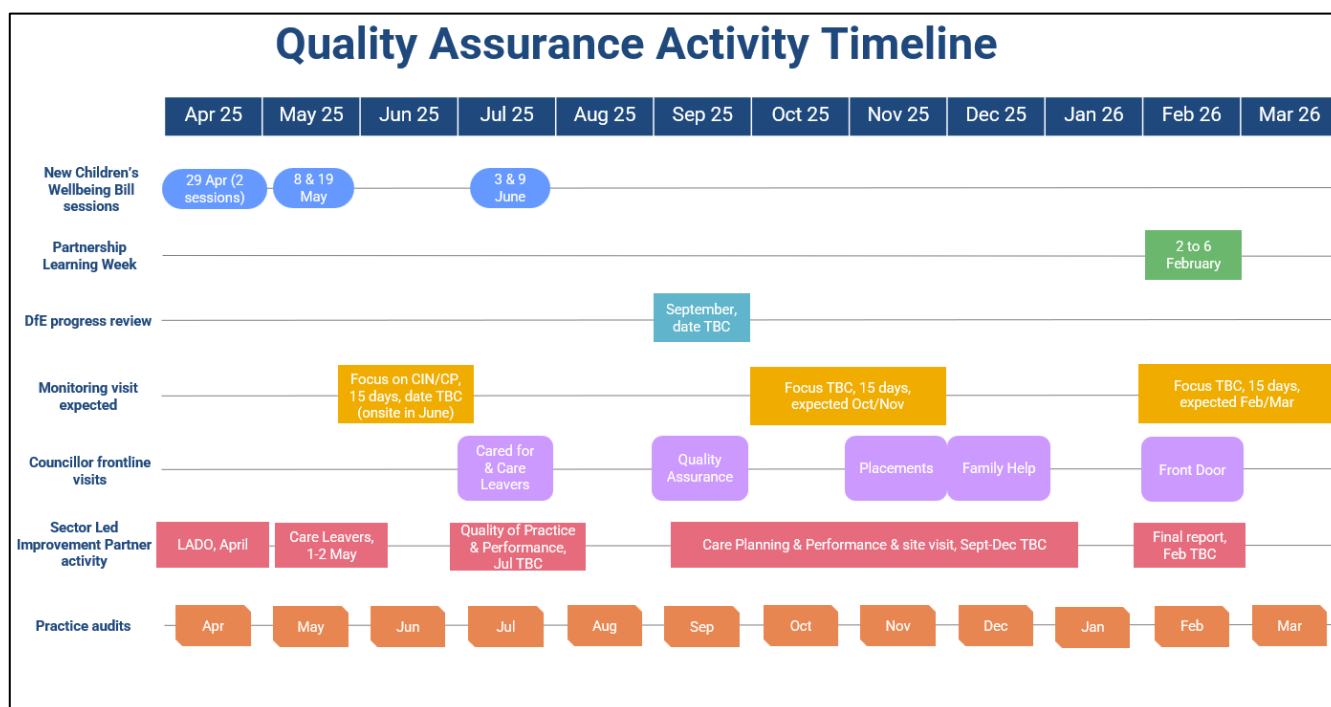
- The quality of frontline practice – what’s working well and current challenges.
- The support for our workforce to deliver good quality practice.

8 Each member of the two children’s committees will undertake one frontline visit per year as part of their role. One councillor will need to undertake 2 visits in the year, and for this we request a volunteer.

9 Each visit will be scheduled in advance for 2 1/2 hours in person and will consist of:

- A meeting with the service manager – the service manager will provide context on the service and an update on recent developments/ priorities (30 minutes).
- A meeting with a frontline practitioner within the team room. The practitioner will show an example of their work and will talk about their experiences working in the team (30 minutes).
- A meeting with a team manager within the team room. The team manager will discuss their work areas and responsibilities, there will be an opportunity to shadow their work, and they will talk about their experiences working in the team (30 minutes).
- A meeting with a focus group of practitioners (1 hour) to enable a good understanding of the service area, improvements to practice, staff morale and working conditions. This will allow for more questions to understand practice. Guidance and preparation will be provided beforehand for members prior to all visits.

- 10 This will mirror the approach taken by Ofsted inspectors, so will be another opportunity for practitioners and managers to speak about their work and how this makes a difference to children's lives to people outside of their service.
- 11 Councillors will be provided with a set of areas to ask questions about (in line with Ofsted's approach – Appendix 1), and a form to complete with their findings (Appendix 2). Councillors will receive a briefing on Teams ahead of their visit to ensure that they have all the information they need and to raise any questions in advance about the process.
- 12 Councillors will be asked to return their findings within one week of the visit. Councillors' findings will be shared with the service manager and the head of service once received. A point of contact will be set up so should any issues arise during these visits from anyone involved in the process things can be addressed immediately. This will all be discussed in the pre-briefing sessions
- 13 Councillors' findings will be reported to each committee as part of the improvement plan progress report. Councillors who conducted the visits for that period will have the opportunity to provide further context or information on their visit within committee if appropriate. If there are any findings that require a response from the head of service, this will be included as part of the report to committee.
- 14 This proposal provides oversight of all key service areas in a proportionate way, with regular updates on findings, and will allow us to schedule activity around other quality assurance activity where practice is reviewed to ensure services have appropriate capacity, for example



audits, DfE practice reviews, Ofsted monitoring visits, and sector led improvement partner work. Please see the above schedule.

- 15 Councillors will continue to be offered additional informal opportunities to meet with and speak to frontline children's services staff such as at open days and events, for example the Children's Wellbeing and Schools Bill sessions, practice weeks and STAR awards. Councillor frontline visits will complement this and provide a formal reporting structure demonstrating councillor oversight of practice.

Findings from Visits for 2023-24

- 16 A summary of the themes from frontline visits during the 12 months from April 2023 to the end of March 2024 is set out below for transparency following the request from councillors at the last committee. It is recognised that due to the time passed the findings may not reflect current practice.
- 17 Visits under the arrangements at this time only took place to the following service areas:
 - Cheshire East Consultation Service (ChECS)
 - Children in Need and Child Protection in Crewe
 - Children in Need and Child Protection in Macclesfield
 - Children with Disabilities Social Work Team
 - Children with Disabilities Short Breaks Team.
- 18 Visits were paused over May and June 2023 due to the elections and subsequent changes to committee members.
- 19 Since July 2021 visits to the Children with Disabilities (CWD) service were split between the social work and short breaks teams. Following service structure changes, it was agreed in October 2023 that visits would include only the statutory CWD social work team.
- 20 Across all the visits, councillors noted the passionate commitment practitioners had for supporting our children and young people.
- 21 **Cheshire East Consultation Service (ChECS):**
- 22 One visit to ChECS took place in October 2023. Another was planned for February 2024 but was rearranged due to a clash with an additional committee meeting.
- 23 Areas of strength:
 - Appropriate decision making for children.
 - Effective multi-agency working.

- Timely decisions.
- Good management support and support from the team.
- Good team morale.

24 Areas for improvement:

- Communication with families could be improved.
- Staffing across the service is a challenge in delivering consistency of practice.
- Workloads can be high, sick leave and annual leave has an impact.
- Workloads can make it challenging to find time for training and development.
- The police moving out of Delamere House has had an impact on ease of information sharing.

25 Current service position in response to these findings:

- The areas of strength remain consistent as demonstrated through the Ofsted monitoring visit of the front door in February 2025 and Dorset's peer review in October 2024.
- Practice has improved; however, we are always looking to continue to improve communication with families and further work is required with partners. A project plan is in place to develop services in line with the findings from Dorset's review and actions are reported generally in the improvement plan updates.
- Staffing and stability within the service has improved; the team now has 10 social workers, 5 of which are agency. An advert for 5 permanent social workers is about to go live. Workloads are continually monitored.
- Staff have undertaken more training recently as a result of the improved staffing.
- Police presence in the office has increased to one day per week. We are planning to move to a MASH model and police presence will be considered as part of this development. This will improve partnership information sharing and joint working.

26 **Child in Need and Child Protection (CINCP):**

- 27 Three visits took place: two to Crewe CINCP in April and November 2023, and one to Macclesfield CINCP in November 2023. Another visit was planned for March 2024, but this needed to be rearranged due to councillor availability.

28 Areas of strength:

- Family support workers' direct work with families to gain their views.
- Practitioners are increasingly exploring the family network and using family arrangements rather than foster placements, so children can be placed with people who already know and care about them.
- Good management support and support from the team.
- More permanent staff has meant caseloads have reduced. The Step up to Social Work and apprenticeship schemes are working well. The retention of social workers is good.
- The training offer is good, especially practice weeks.

29 Areas for improvement:

- Chronologies are needed to support effective understanding of a child's experience and the risks to them, and timely decisions.
- The 'grow your own' initiative appears to be working but there does not seem to be any barrier to recruits leaving as soon as they are trained. Pay is less than neighbouring councils.
- Sometimes staff have to return home because there is no space to work.
- Staff would like to see the car salary sacrifice scheme reinstated for the whole team.

30 Current service position in response to these findings:

- The strengths observed have continued.
- Chronologies are an area we still need to improve on. Training on chronologies and genograms is part of our new lead practitioner training offer which launched in April 2025 to support improvement in this area.

31 Recruitment and retention continues to be a key focus, as we know this is vital in achieving consistently good practice. Work has been carried out to review our offer in line with neighbouring areas to ensure we are competitive, and further work is required to improve some of the HR process and systems. A business case has been requested to enable dedicated capacity to facilitate recruitment away from front line SW managers. we know the DfE progress review highlighted the need for corporate support to come alongside the pace of change required. We have also explored other avenues, such as international recruitment. Nationally, social work is an area where there is high attrition from the profession. We are targeting this through our workforce strategy, and with recruitment and retention initiatives. We are not currently seeing an issue with newly qualified apprentices leaving.

32 Office space is more of an issue in Crewe than Macclesfield, but workers are not currently having to return home due to a lack of available desks in either location.

33 There is a new car salary sacrifice scheme which is in place for all Cheshire East staff. The initiative offers employees the opportunity to drive an electric or hybrid vehicle through a salary sacrifice arrangement, providing a cost-effective and environmentally friendly alternative to traditional vehicles.

34 **Children with Disabilities Social Work Team (CWD)**

35 One visit to the children with disabilities team took place in July 2023. Another was planned for January 2024 but was cancelled.

36 Areas of strength:

- There is clear 'assess and release' criteria, so the team knows what it is achieving.
- Flexible working.

37 Areas for improvement:

- More technology/tools are needed to support communication with non-verbal children.
- Cases referred to the team which aren't within the team's remit.
- Staff retention, caseloads are too high.

38 Current service position in response to these findings:

- We are planning to move into a Children with Disabilities Hub model in line with the Children and Families Bill. This integrated, multi-agency hub will improve outcomes for children and young people by enhancing aspirations, promoting independence, and ensuring their safety.
- Cases have been reviewed and appropriately transferred to services such as CINCP and cared for teams. Caseloads are regularly reviewed, and Family Support Workers are now handling early help cases as part of the transition to the CWD Hub model.
- The team is fully staffed.

39 **Children with Disabilities Short Breaks Team**

40 One visit to the short breaks team took place in September 2023.

41 Areas of strength:

- The open phone line gives families a first port of call.
- Feedback from families is good.
- Early Help Individual Payments (EHIPs) save the council money and allow parents to take a short break from their caring responsibilities, supporting family resilience.
- Good team management, practitioners were happy with the supervision they receive.

42 Areas for improvement:

- Reduction in funding for short breaks providers has resulted in greater demand for early help individual payments (EHIPs) and consequently that funding has run out.
- The team is understaffed, and caseloads are high.
- Staff regularly choose not to attend training due to prioritising workload.
- There is no clear route for advancement to become, for example, a social worker.

43 The CWD short breaks team has now been integrated within our family help offer, so there is no longer a specific team as there was at the time of the visits. The merge of the service has eliminated the previously mentioned issues. EHIPs are also no longer in operation. A social worker apprenticeship programme is now available.

Consultation and Engagement

44 Councillors will have the opportunity to discuss this paper through the all committee briefing and during the committee meeting. Services have been consulted about the arrangements for the visits.

Reasons for Recommendations

- 45 Committee is asked to agree to these arrangements for frontline visits to ensure each member of the children's committees has oversight of the quality of frontline practice, and the support in place for our workforce. This will support councillors in their key role to drive improved outcomes for children and young people in Cheshire East.
- 46 This proposal provides oversight of all key service areas in a proportionate way, with regular updates on findings, and will allow us to schedule activity around other quality assurance activity where practice is reviewed to ensure services have appropriate capacity.

Other Options Considered

| Option | Impact | Risk |
|------------|--|--|
| Do nothing | Councillors will not have direct oversight of frontline practice | Councillors do not accurately understand which services are improving, and any barriers to improvement, making it difficult to support practice to improve as required |

Implications and Comments

Monitoring Officer/Legal

- 47 There are no specific legal implications but the proposals for Councillor Frontline Visits demonstrates the Council's adherence to good practice and aligns to ongoing improvement.
- 48 It is important that confidentiality is maintained before, during and after such visits and all councillors who are undertaking the frontline visits must ensure they have completed the councillor relevant Data Protection and UKGDPR training.
- 49 In addition, whilst at this point in time councillors are not required to undertake DBS checks to participate in these activities, as they will be accompanied by a member of staff, they are encouraged to undertake DBS checks to enable them to effectively discharge other corporate parenting roles and comply with the recent government request for all elected members to have up to date DBS checks.

Section 151 Officer/Finance

- 50 There are no financial implications that require an amendment to the Medium-Term Financial Strategy as a result of the recommendations in this report.

Policy

- 51 If approved by committee the new arrangements for councillor frontline visits will be put into place from July 2025.

| | | |
|---|---|--|
| Commitment 1: Unlocking prosperity for all | Commitment 2: Improving health and wellbeing | Commitment 3: An effective and enabling council |
| | | |

Equality, Diversity, and Inclusion

52 There are no equality implications.

Human Resources

53 Previous feedback from staff is that frontline visits make them feel valued. However, we need to ensure that frontline visits are planned along with the other quality assurance activity that is taking place so that we are not creating additional burdens for frontline teams.

Risk Management

54 If frontline social work teams are not able to carry out their role effectively to assess and manage risk to children, and provide appropriate intervention, there is a risk to the outcomes for our children including a potential risk of serious harm. The ability to carry this out effectively can often be linked to capacity and quality and therefore it is essential our councillors are cited and in touch with the work of our frontline teams.

Rural Communities

55 There are no direct implications for rural communities.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

56 Frontline visits will support us to ensure that services are equipped to meet the needs of children and young people and achieve strong outcomes.

Public Health

57 The aim of frontline visits is to support improvements to services so that we can deliver strong outcomes for our most vulnerable children, young people, and young adults.

Climate Change

58 There are no direct implications for climate change.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|---------------------------------------|---|------------------|----------------------|
| <i>Statutory Officer (or deputy):</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 21/05/25 | 23/05/25 |
| Janet Witkowski | Acting Governance, Compliance and Monitoring Officer | 21/05/25 | 25/05/25 |
| <i>Legal and Finance</i> | | | |
| Diane Green | Children's Services Finance Manager | 08/05/25 | 08/05/25 |
| Janet Witowski | Acting Governance, Compliance and Monitoring Officer | 08/05/25 | 15/05/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Claire Williamson | Acting Director of Children's Services | 21/05/25 | 27/05/25 |

Access to Information

| | |
|------------------|---|
| Contact Officer: | Lisa Davies Interim Improvement Director |
|------------------|---|

| | |
|--------------------|---|
| | Lisa.davies@cheshireeast.gov.uk |
| Appendices: | Appendix 1: Example questions for frontline visits Appendix 2: Form for frontline visits |
| Background Papers: | None. |

Appendix 1

Example questions for frontline visits

For one-to-one meetings with frontline practitioners

1. Can you tell me about some work you are proud of?
2. What was the impact of your work on that child/ young person?
3. How do you assess or measure that your work has had an impact?
4. Tell me about how you involved and worked together with the child/ young person, and their parents/ carers
5. How did you try to understand the child/ young person's lived experience?
6. How did you manage the risk involved?
7. How were decisions made in the child/ young person's best interests?
8. How do you work collaboratively with other agencies?
9. What do you think the child/ young person, or the family would say about the work you're doing?

For one-to-one meetings with team managers

1. What improvements have you seen since the inspection?
2. How do you support good quality practice in your team?
3. How do you assess what impact your team is having on children and young people?
4. Tell me about how you understand children/ young people's lived experiences?
5. How do you make sure decisions are made in children/ young people's best interests?

For the focus group

On working in Cheshire East

1. What improvements have you seen since the inspection?
2. Thinking about how you work with children and young people, and improving their outcomes - what are your team's strengths?
3. What are the things that are getting in the way of achieving better outcomes? The things we need to change as an organisation.
4. What's your experience of working in Cheshire East – starting with what's good about working here?
5. What could be better about working in Cheshire East?
6. How are you supported to keep improving and developing your work?

Appendix 2

Councillor Frontline Visits Form

| | |
|---------------------------|--|
| Name of Councillor | |
| Date of visit | |
| Team visited | |

| |
|--|
| Quality of practice |
| Strengths: |
| Areas for development: |
| Experience of working for Cheshire East Council |
| Strengths: |
| Areas for development: |

| |
|---|
| Issues to be escalated to Head of Service |
| <i>Please provide any areas where you require a response from the Head of Service</i> |

Please send this completed form within one week of the visit to childrensdevelopmentandpartnerships@cheshireeast.gov.uk

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OPEN

Children and Families Committee

09 June 2025

Supported Accommodation for 16–25- year-old Children in Care and Care Leavers

Report of: Dawn Godfrey, Executive Director of Children's Services

Report Reference No: CF/26/25-26

Ward(s) Affected: All

Decision

Purpose of Report

- 1 This report is to update on the Supported Accommodation project established in response to ILACS improvement plan recommendations.
- 2 The report provides details of the planned recommissioning activity and co-production with the stakeholders (including care experienced young people) to shape the future service offer. Detailed is the work completed to date, including the current service pressures and proposed future pathway.
- 3 To secure approval to proceed with the implementation of the model described in detail in sections 24 - 40 of this report.
- 4 This service falls under Commitment 2 of The Cheshire East Plan 2025-29 - Children and young people thrive and reach their potential with targeted support when and where they need it and highlights the need to deliver the priorities in the Cared for Children and Care Leavers Strategy 2022-26.

Executive Summary

- 5 Our mission is to provide the right accommodation and support to our children in care and care experienced young people, preventing homelessness and ensuring our young people have the best life chances.
- 6 The Council has a duty to ensure that children in care and care leavers are appropriately and safely accommodated. Current contractual options for accommodating 16-25-year-old children in care and care leavers in Cheshire East continues to be challenging due to levels of demand for this type of accommodation, which often results in spot purchasing beds at a significantly higher cost.
- 7 The supported accommodation model needs to be specifically designed for children in care and care leavers aged 16-25, focusing on achieving key outcomes such as Education, Employment, Training (EET), Health and Wellbeing and Independence. The model will comprise of a variety of property types and support levels to meet diverse needs across the Borough.
- 8 The provision of additional accommodation with support as part of block contracted arrangements will enable vulnerable young people to remain close to their local connections and provide local, good quality outcomes and cost-effective placements.

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Review and approve in principle the new service model and pathway for supported accommodation.
2. Delegate authority to the Executive Director of Children's Service's in consultation with the Monitoring Officer and Section 151 Officer to procure and award the Supported Accommodation contracts for 16–25-year-old Children in Care and Care Leavers Service.

Background

- 9 As corporate parent for over 600 care leavers, Cheshire East Council needs to ensure that a sufficient number and range of quality accommodation is available to support the emotional / physical well-being of every care leaver, ensuring that they reach their full potential in adult

life, and are able to thrive, without unnecessary recourse to further long-term support. The model and configuration of our commissioned supported accommodation offer plays a vital role in delivering against the Council's sufficiency duty under Section 22G of the Children Act 1989.

- 10 In addition, section 22G places a duty on local authorities to take strategic action by requiring them to secure sufficient accommodation within their area which meets the needs of their cared for and care leaver cohort, so far as reasonably practicable (the sufficiency duty).
- 11 The 2024 ILACS inspection found that we needed to improve our support around accommodation for care leavers:
 - (a) 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.
 - (b) 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 not in education, employment or training (NEET) or those who are in unsuitable accommodation, or have no fixed abode.
 - (c) Information about where young people are living is not routinely updated. This means that the Council cannot be assured that these vulnerable young people are safe and well cared for.
- 12 The Council currently commissions Crewe YMCA to operate in the south of the Borough, and People Potential Possibilities (P3) to operate in the north. The current contract runs from 2 January 2021 to 1 January 2024 with an option for two additional years to 1 January 2026. The total cost is circa £610k per annum. The commission covers 29 beds in total, and includes three emergency beds, 10 semi-supported accommodation units at Gresty Road in Crewe and Watermill House in Macclesfield, and 16 dispersed one bed properties across Cheshire East. These contracts have been extended beyond their initial term and will run until the 31 March 2026.
- 13 There is currently no bespoke accommodation offer to post 18-year-olds. Since the ILACS inspection we have seen an increase in those 18-year-olds not moving on and remaining with their Ofsted regulated Supported Accommodation provider.
- 14 Work has focused upon sourcing additional capacity at lower rates than our spot purchased rates and transferring young people into this new accommodation. This has resulted in three additional emergency beds for post 18 at the YMCA Gresty Road in Crewe, three additional one bed

dispersed properties across Cheshire East, all at current contracted rates.

- 15 It was also agreed in October 2024, for a pilot of six beds at Apollo Education UK in Crewe for post 18 Migrant Young People, who were previously placed in children's regulated placements. These young people have been accommodated at the Apollo Crewe site since December 2024 with support from the YMCA. To date, young people have settled well into this accommodation enjoying the wider offer on campus and planned activities the YMCA have provided. This work has saved the Local Authority £0.300m per annum.
- 16 As of December 2024, there were 155 young people aged between 16-25 placed in supported accommodation. 62 of these young people are 16-17 years old, with the remaining 93 post 18. 81 young people placed in supported accommodation are migrant young people.
- 17 The budget for cared for children and care leavers external agency placements is under significant pressure. The allocated budget for supported accommodation stands at **£7.3 million**. However, the projected commitment for the financial year 2025/26 amounts to **£8.7 million**, resulting in an anticipated overspend of **£1.4 million** on supported accommodation placements. The current 'spot purchased' placements cost is approx. **£1.5k per week** on average. The current value of the two commissioned contracts with Crewe YMCA and P3 are circa **£610k**, with an average cost per bed approx. **£400 per week**.

Consultation and Engagement

- 18 During the review of the supported accommodation offer the Council has consulted and engaged with care leavers, providers of supported accommodation, professionals and other local authorities to shape the future intentions of a commissioned offer. During the evaluation stage of the recommission, we are hopeful that our Care Leaver Ambassador will form part of an interview panel for prospective providers, where their scores will be included in the award of future contracts.
- 19 The consultation and engagement included the following activities:
 - a) The Council gathered care leaver feedback in collaboration with the Youth Support Participation Team, a Care Leaver Ambassador and Care Leaver Service via a Care Leaver Survey.
 - b) The Care Leaver Survey was shared with commissioned providers, the Care Leaver Service and Pure Insight who are the current contracted provider for Care Leaver Mentoring.

- c) The Children's Commissioning Team have consulted and engaged with providers of supported accommodation via a Market Engagement questionnaire.
- 20 Additional feedback has been gathered from the Local Offer review in 2024, where care leavers highlighted pathway plans, housing, preparing for adulthood and specific support areas i.e. financial, mental health, life skills as areas of need.
- 21 Results from both surveys were mixed, with 28 responses for the Care Leaver Survey and 12 responses for the Provider Market Engagement questionnaire.
- 22 The Care Leaver Survey highlighted the below themes in response to how the current service could be enhanced:
- a) Independence preparation should be gradual and start before the age of 16, with support from foster carers, residential staff, and semi-independent housing providers. This could include skills-building around managing a household, cooking, and budgeting.
 - b) There should be more housing options available to young people and in the areas that they want to live. There needs to be better understanding and support with the Cheshire Homechoice process. A dedicated housing officer within the team could act as a mediator between the Leaving Care Service and Housing.
 - c) Young people told us they would like 'trainer flats' that are semi-independent. Shared living/accommodation with support are also highlighted, sharing with 1-3 people to learn new skills together.
 - d) Young people feel that they require supported accommodation until they are mentally, physically and financially ready to move on. This could take anywhere between 12 months to a few years.
 - e) Young people would like to be close to town centres i.e. Crewe, Congleton, Macclesfield which include colleges/education settings.
 - f) Young people told us that a good service offers support, from appropriate staffing levels and prepares them for independence. 24/7 access to support was also highlighted to help with feeling isolated. Mental health support in becoming 'adult' ready was highlighted within the responses i.e. mental health support, counselling.
- 23 The Provider Market Engagement questionnaire highlighted the below responses:

- a) All 12 providers told us that they would be interested in delivering across Cheshire East, but this would be mainly dependent on suitable accommodation being readily available, and funding available with the contract.
- b) The types of accommodation that could be achievable are Semi-independent living (16–18-year-olds) including 24/7 onsite support, Independent Living (18-21 years old) with lower less intensive support and Full Independence (21-25 years old) with mentoring and aftercare support. Emergency accommodation with specific move on plans would also be achievable within the right budget.
- c) By providing tailored accommodation, preventative support, person-centred planning through the correct pathways, and strong partnerships, providers can ensure that young people in Cheshire East are supported to avoid homelessness and achieve the best possible life chances.
- d) Every young person should receive an initial assessment, shaping their personalised support plan ensuring their participation, with regular weekly key working sessions to track progress. More formal reviews at intervals agreed with the young person would work towards positive transition to adulthood.
- e) Mental Health and Wellbeing Team, who support trauma-informed practice and good connection to specialist agencies.
- f) Challenges that providers will face include demand and capacity issues, with the rising numbers of care leavers and UASC putting pressure on available placements, availability of suitable properties, sustainable funding – longer term contracts would be beneficial for providers to build a sustainable offer.

Service Model

Service Review Key Findings

- 24 The current service offer for our 16–25-year-old young people has been reviewed. It has recognised service demand pressures, including increased demand for post 18 accommodation with support, and the increasing needs of young people pre and post 18.

Housing

- 25 Current demand for social housing through Cheshire Homechoice has resulted in waiting list of 9-12 months or more for our tenancy ready care leavers. In 24/25 there were 61 care leavers registered for social housing with 35 care leavers finding successful accommodation.

- 26 29 applications for general needs supported accommodation were received from care experienced young people last year. 14 were placed in supported accommodation, 9 of the 14 were successful in a positive long term outcome at the end of their placement. This tells us that there were 15 young people who were not suited to services or did not want to accept a placement offered therefore we are seeing 35% of young people who enter our adult pathway fail, either through eviction or abandonment of placements.

Commissioning

- 27 Current contracts don't meet the demand and need for our young people with a vast majority of placements being spot purchased as demand has grown over the life course of the commissioned contract.
- 28 Increased complexity has led to difficulty finding appropriate placements for some young people with Cheshire East then having to pay a premium for placements with little confidence outcomes are being worked towards and achieved. The highest weekly cost placement stands at circa £8k per week.
- 29 With no current offer for post 18 care leavers that offers accommodation with support Cheshire East trails behind many local authorities who offer their young people this type of service, as part of their Corporate Parenting responsibilities.
- 30 Cheshire East has seen, over the last 12 months, an increase in post 18-year-olds not exiting supported accommodation to move into their own tenancies. Reasons cited include young people not being tenancy ready at 18, late entrants into care in Cheshire East, shortage of social housing with extended waiting lists. As at December 2024 Children's Services has 93 post 18-year-olds in supported accommodation placements.
- 31 Cheshire East is also seeing many placements out of borough. 34% (46) placements are outside the borough.

Proposal

- 32 The proposal is to block contract a range of accommodation types with levels of support to match for our cohort of 16–25-year-olds. Ensuring that accommodation meets need and moves individuals on to independence is the overall aim.
- 33 It is likely that the commission will seek to block contract 126 beds across the borough, with the number of beds scaling up across the life of the contract as young people can transition into them.
- 34 Table 1 – Split of block and spot purchased beds 2026/27 to 2028/29

| | 2025-26 (Current) £m | 2026-27 £m | 2027-28 £m | 2028-29 £m |
|--|----------------------------|---------------|---------------|---------------|
| Block | 0.9 | 2.2 | 2.9 | 3.9 |
| Spot | 7.8 | 5.8 | 3.9 | 1.5 |
| Total Supported Accommodation | 8.70 | 8.02 | 6.88 | 5.38 |
| Block | 40 | 66 | 92 | 126 |
| Spot | 103 | 80 | 54 | 20 |
| Total Supported Accommodation | 143 | 146 | 146 | 146 |
| Budget (Subject to MTFS Item 26T - £1.1m Budget Saving in 2025-26 and a further £0.7m in 2026-27) | 7.3 | 6.6 | 6.6 | 6.6 |
| Comparison to Budget | 1.39 | 1.42 | 0.28 | -1.22 |

- 35 The table above outlines the projected spend across Supported Accommodation for years 1 to 3 of the proposed block commission. The current spend for this cohort is £8.7m against a budget of £7.3m. Budget reduces to £6.6m with the MTFS adjustment for 2026/27.
- 36 The above shows a projected spend of £8m in 2026/27, £6.9m in 2027/28 and £5.4m in 2028/29 when the block contract is at capacity. By year three the block contract proposes to save £1.2m against budget for 2028/29.
- 37 Contract management of 126 new beds will require continued investment within the Children's Commissioning Team from 1 April 2026, for the initial 3 years of the new contract(s). This will ensure beds are mobilised and occupancy levels achieve 95-100%. Currently, a Project Manager post is leading on the recommission funded from the ILACS Improvement budget, however this post ends on 31 March 2026.
- 38 The table below shows the cost of continued investment of a Project Manager role in Children's Commissioning to mobilise, develop and maximise service delivery:

| 2026-27 | 2027-28 | 2028-29 | Total Cost |
|---|----------|----------|------------|
| £ 75,507 | £ 77,394 | £ 79,329 | 232,230 |
| * Based on 3.2% uplift in 2025/26 and 2.5% uplift in future years | | | |
| * Penultimate SCP Grade 11 1.00 FTE | | | |

- 39 The above table slightly affects the savings against the supported accommodation budget. By year three the block contract still proposes to save £1.1m against budget for 2028/29.
- 40 The pathway for accommodation is shown in appendix 1. The pathway outlines the range of accommodation types and levels of support that young people may receive. Whilst the pathway has several accommodations types, young people may only have 2-3 moves before the final stage, their own independent tenancy.
- 41 The pathway/model shows the distinguishment between pre and post 18-year-olds. Additional support and wrap around for 16–17-year-olds in regulated placements followed by accommodation funded through Enhanced Housing Benefit for post 18-year-olds with appropriate levels of support that meets their needs.
- 42 The needs of Unaccompanied Asylum Seeking Children (UASC) are to be recognised as a distinct cohort with their own needs, often being different to that of the general population, therefore there needs to be a specific offer to this cohort and a pathway to support their needs.
- 43 The review needs to ensure that internal systems and processes; including decision making and support offer, meets the needs to this cohort and contributes to the desired pathway and outcomes.

Procurement Timelines

- 44 A procurement process will need to be undertaken in accordance with the Procurement Regulations 2024 and the Council's own Contract Procedure Rules.
- 45 To date provider engagement has taken place via the Chest. It is proposed that further market engagement takes place over the Spring.
- 46 It is intended that the tender will be advertised during September and October 2025 for a period of 35 days, with applications evaluated by cross-organisational representation. The contract will be awarded in December with a start date for the 1st of April 2026.

Reasons for Recommendations

- 47 The ILACS inspection and associated action plan developed in response in early 2024, found that Cheshire East needed to improve our support around accommodation for care leavers. This project recommends a model to support our children in care and care leavers through a pathway to independence providing accommodation with support through to their own independent tenancy.

- 48 In addition, section 22G of the 1989 Act places a duty on local authorities to take strategic action by requiring them to secure sufficient accommodation within their area which meets the needs of their cared for and care leaver cohort, so far as reasonably practicable (the sufficiency duty).
- 49 This project aims to provide our children in care and care leavers with accommodation and support that meets their needs and provides choice,
- a) Address the sufficiency issues across Cheshire East Borough for Children in our Care and Care Experienced young people
 - b) Provide value for money in our commissioning of supported accommodation
- 50 This model sees fewer spot purchased beds for supported accommodation across Cheshire East. It gives greater value for money opportunities and greater control over price, with spot purchase providers currently starting to request annual uplifts to price.
- 51 The current forecasted spend for this cohort is £8.7m in 2025/26 against a budget of £7.3, this then reduces to £6.6m in the MTFs for 2026/27. The do nothing position will likely see this cost remain overbudget. This model proposes to reduce that spend over time to a spend of circa £5.4m by year 3 (2028/29) of the contract.

Other Options Considered

- 52 The review has considered a number of options with the recommended option being option 2.

| Option | Impact | Risk |
|---|--|--|
| Do nothing, do not procure contracts for this area. | The council will be at significant risk of non-compliance with its legal obligations. Future service demand/needs for children may not be met. No change in the current pathway for 16-25 year old cared for and care leavers. Unsuitable, unregistered or poor quality accommodation may need to be used for this group. | Continued high costs against the children's social care budget. Reputational damage and higher spot purchase costs through Placements Northwest framework. No offer to post 18 year olds meaning they potentially remain in high cost Ofsted Regulated placements. |
| Commission a range of accommodation with support options for 16-18, | The broad offer of accommodation with support for 16-25 year old will see the | Young people will need to be carefully managed through the pathway to |

| | | |
|---|--|--|
| 18 plus, UASC and Supported Lodgings. | <p>Council using block arrangements ensuring value for money and young people accommodated within borough.</p> <p>The likely impact will be that young people are supported in the right place and the right time.</p> <p>The likely impact will be that young people are better supported to independence with the overall outcome being their own independent tenancy.</p> | ensure that block arrangements are utilised. |
| Continued investment in Project Manager post in Children's Commissioning for first 3 years of the contract. | <p>New beds mobilised and occupancy levels would be consistently high (95-100%) achieving best possible outcomes and savings.</p> <p>Legal compliance with statutory obligations</p> | Without continued contract management, beds would not be mobilised and occupancy levels fall under 85% failing to deliver anticipated savings. |
| Utilise the Placements Northwest framework only | <p>Limited number of providers to choose from with higher costs for spot purchased placements.</p> <p>A loss of opportunity with local providers who can provide efficiencies and savings.</p> <p>No change in the current pathway for 16-25 year old cared for and care leavers.</p> | <p>Would not realise the saving benefits.</p> <p>Would be more barriers for children accessing the service.</p> <p>Reduces the opportunities to ensure the service is fit for the future and can meet the growing demands of cared for and care leavers.</p> |

Implications and Comments

Monitoring Officer/Legal

- 53 The committee has responsibility for children who are cared for by the local authority and for whom the Council has corporate parenting responsibility, including care leavers.
- 54 Whilst this report is before the Children and Families Committee, as the matters in the report currently also fall within the remit of Adults and Health Committee, it is noted that the Committee has been consulted in line with the Constitution, which provides that the Chair or any other member of Adults and Health committee may attend the meeting to speak on this item and the Chair of the Children and Families Committee will

exercise their discretion in favour of allowing them to do so, subject to time constraints and the effective conduct of the meeting.

- 55 The proposed service accommodation offer, answers to all the duties owed to Children and Young People under the Children Act 1989 and all subsequent legislation which mentions local authority duties to this cohort and the prevention of homelessness. The report also deals appropriately with the Cheshire East Plan, the ILACs improvement plan and the impact on the Council's budget.
- 56 Legal and procurement advice and support will be with a view to ensuring that the procuring and award of the supported accommodation contracts is in line with the Councils contract procedure rules and relevant procurement legislative requirements.

Section 151 Officer/Finance

- 57 The financial implication of this report varies depending on the mix of purchased beds between block and split rates in the proposal included in paragraph 34. Year 2 begins to demonstrate a significant change in overspend to budget.
- 58 The risk of a timely transition to the new block beds may result in occupancy rates of block beds being lower and spot beds being higher for longer which are at a higher cost. A further consideration is the likelihood of delays in movement on from supported accommodation which will increase demand above capacity, creating insufficient accommodation for future demand.
- 59 The risk of an occupancy rate of 85% results in an overspend in all 3 years as included in the table below. This risk will be managed by the service area via contract monitoring meetings, expectation is occupancy would be running at 95%-100%.

| Scenario 1 - 15% underoccupancy on non E-Beds Block - movement of more into | 2025-26 (Current) | | 2026-27 £m | | 2027-28 £m | | 2028-29 £m | |
|---|----------------------|-----|------------|-----|------------|-----|------------|-----|
| Block | 0.9 | 10% | 2.2 | 25% | 2.9 | 38% | 3.9 | 59% |
| Spot | 7.8 | 90% | 6.5 | 75% | 4.9 | 62% | 2.8 | 41% |
| Total Supported Accommodation | 8.7 | | 8.7 | | 7.8 | | 6.7 | |
| Block | 40 | 28% | 66 | 43% | 92 | 58% | 126 | 77% |
| Spot | 103 | 72% | 89 | 57% | 67 | 42% | 38 | 23% |
| Total Supported Accommodation | 143 | | 155 | | 159 | | 164 | |
| Comparison to Budget | 1.39 | | 2.08 | | 1.22 | | 0.09 | |

- 60 Assuming start date 1 April 2026 is achieved, Year 1 continues to show the same level of overspend as 2025/26.

- 61 Inflation has been excluded from all years relating to current commitment and future costed contract arrangements.
- 62 The budgets stated are excluding any cross-directorate savings yet to be allocated.
- 63 This project supports MTFS 26T, to reduce costs in relation to accommodation with support offer for 16-25 young people, which is scheduled to generate a saving £1.1m 2025/26 and £0.7m in 2026/27. This financial saving is only achieved in year 3 with a cost of £5.4m against a budget of £6.6m.
- 64 The transformation project is combining this MTFS saving with 2 others and progress outturn will be managed together (26T 27T 28T total saving of £2.92m).
- 65 The paper proposal does not provide any savings for the current year, 2025/26, budget, however an early forecast position should include an updated position of the current projected overspend of £1.4m. This will be offset by the grant contribution for UASC and LC from the Home Office. The UASC current rate of £114pn has been announced to increase to £143pn and LC £270.
- 66 Contract values will be included in the future budgets which are targeting to reduce level of costs in future years until reach MTFS level in 2028/29.
- 67 This is an alternative accommodation provision and not an additional provision in order to achieve savings included in the MTFS and reduce current spending levels. As this currently stands, a contract cannot be awarded until an appropriate budget has been provided. This will need to be undertaken prior to Recommendation No.2 being implemented.

Policy

- 68 The Cheshire East Plan 2025-29 has 3 main commitments under its vision enabling prosperity and wellbeing for all in Cheshire East:
 - Commitment 1: Unlocking prosperity for all
 - Commitment 2: Improving health and wellbeing
 - Commitment 3: An effective and enabling council
- 69 Commitment 2 - Children and young people thrive and reach their potential with targeted support when and where they need it and highlights the need to deliver the priorities in the Cared for Children and

Care Leavers Strategy 2022-26 Cared for leavers strategy
(cheshireeast.gov.uk)

- 70 Our mission is to provide the right accommodation and support to our Children in Care and Care Experienced Young People, preventing homelessness and ensuring our young people have the best life chances. Our supported accommodation model needs to be specifically designed for care leavers aged 16-25, focusing on achieving key outcomes such as Education, Employment, Training (EET), and Independence. This initiative is structured around a variety of property types and support levels to meet diverse needs across the borough. It will also provide stable housing and tailored support to help young adults transition smoothly into independent living.

Equality, Diversity and Inclusion

- 71 All public sector authorities are bound by the Public Sector Equality Duty as set out in section 149 of the Equality Act 2010. An Equality Impact Assessment will be carried out early in the re-commissioning cycle and the needs of persons with protected characteristics as set out in equalities legislation will be considered.
- 72 A refreshed Equality Impact Assessment will be completed for the overarching review/recommission of the Supported Accommodation offer for 16–25-year-olds.

Human Resources

- 73 There is no direct impact on any Cheshire East Council employees.
- 74 Employees of the two current contracted providers are on terms and conditions relevant to their respective employer and may be eligible for TUPE. During the tender all applicants will have access to a full list of the eligible employees. There is an extended period of contract mobilisation to allow time for the TUPE transfer to take place.

Risk Management

- 75 Risk, Issues and Change Logs have already been established as part of the Stabilisation workstream and are maintained and managed by the Delivery Lead and Project Support Team.
- 76 If risks are required to be escalated these will be highlighted on agreed reporting framework and through the approved governance.

Rural Communities

- 77 There are no direct implications for rural communities.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 78 There are direct, significant and lasting implications for children in care and care leavers when delivering supported accommodation and independent living. Supported accommodation and independent living is an essential service for our care leavers which supports effective pathways to independence, tenancy readiness and the ability to secure and sustain good quality accommodation that is local to their community and is safe.

Public Health

- 79 Cared for children and Care Leavers are more at risk of health inequalities than their peers. The proposals are expected to improve the awareness and response in respect of these health needs, with support staff from Apollo and the YMCA working towards improved outcomes.

Climate Change

- 80 The recommendation will ensure that the maximum number of cared for children and care leavers will live in local areas ensuring the travel of young people themselves, their social worker and support team is reduced therefore having a positive impact on the Council's carbon footprint. The service provider will be expected to work with care leavers to improve their independent living skills / money management which should include reducing energy consumption.

Consultation

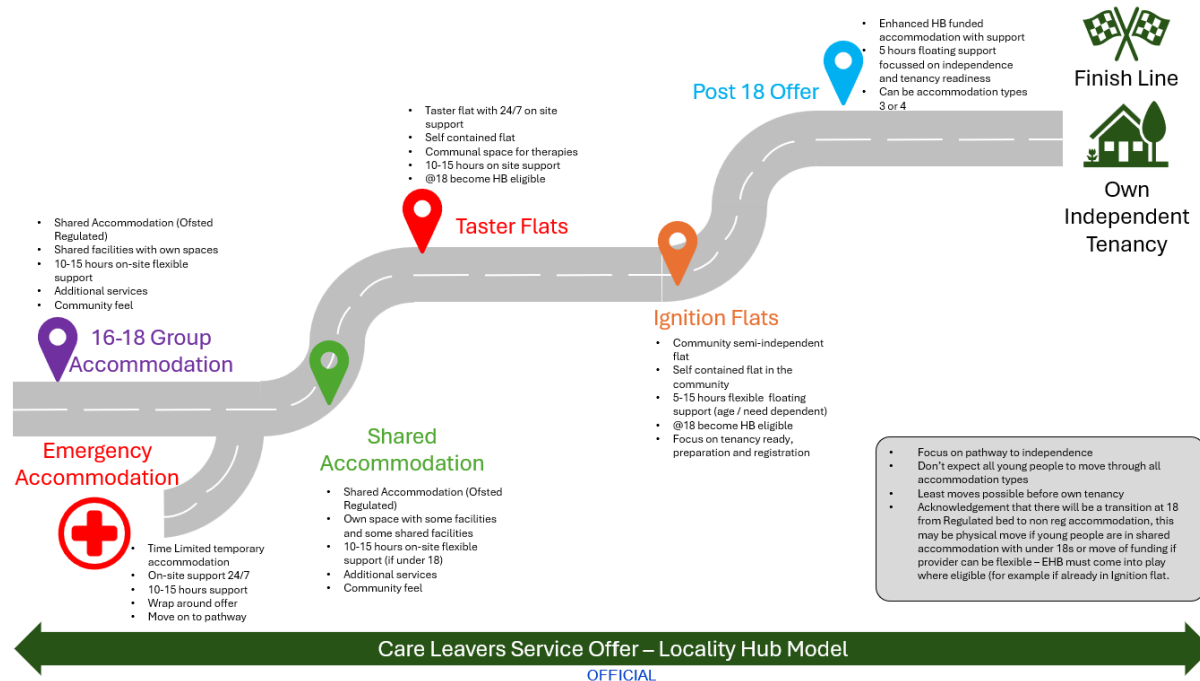
| Name of Consultee | Post held | Date sent | Date returned |
|--|--|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 22/05/25 | 23/05/25 |
| Janet Witkowski | Acting Governance, Compliance and Monitoring Officer | 22/05/25 | 25/05/25 |

| <i>Legal and Finance</i> | | | |
|--------------------------------------|---|----------|----------|
| Adrian Leslie | Principal Lawyer | 14/04/25 | 30/04/25 |
| Angela Bosiacki | Principal Lawyer | 14/04/25 | 29/04/25 |
| Diane Green | Finance Manager | 14/04/25 | 29/04/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Claire Williamson | Interim Executive Director of Children and Families | 22/05/25 | 27/05/25 |
| Richard Nash | Interim Director Family Help and Children's Social Care | 07/05/25 | 07/05/25 |
| Mark Lobban | Interim Director of Commissioning and Transformation | 08/04/25 | 08/04/25 |

| Access to Information | |
|------------------------------|---|
| Contact Officer: | Martyn Baggaley Martyn.baggaley@cheshireeast.gov.uk |
| Appendices: | Appendix 1 – Draft Supported Accommodation Pathway |

Appendix 1

Supported Accommodation Pathway:



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OPEN

Children and Families Committee

09 June 2025

Improvement Plan Progress Update

Report of: Dawn Godfrey Executive Director of Children's Services

Report Reference No: CF/08/25-26

Ward(s) Affected: All

Scrutiny

Purpose of Report

- 1 This report is part of our regular updates to committee on the progress of the children's services improvement plan.
- 2 The improvement plan addresses the findings from the Ofsted inspection in February and March 2024. The plan was agreed at the Children and Families Committee on 16 July and Full Council on 17 July. As agreed at the Children and Families Committee on 3 June, committee will receive updates on progress against this plan at each meeting so it can scrutinise the impact on outcomes for children.
- 3 This report also includes
 - the findings from a review by our sector led improvement partner (SLIP), North Tyneside, of improvements to services supporting care leavers, carried out during May 2025 and a summary of the LADO findings and actions being taken.
 - the findings from the DfE progress review in April 2025.

Executive Summary

- 4 We are continuing to make progress in delivering our improvement plan. 27% actions in the plan are now signed off as complete, which means we have been able to demonstrate impact or that measures have been achieved to the required level.

- 5 The SLIP has confirmed that the quality of practice has improved in relation to care leavers since the full inspection.

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Note the progress against the improvement plan.
2. Note the findings from the sector led improvement partner review of improvements to services for care leavers and the summary of the LADO and associated action plans.
3. Note the findings from the DfE progress review.

Background

- 6 Improvement governance arrangements are continuing to monitor progress against the plan and provide scrutiny and challenge monthly. Changes to the plan since the last report which have been agreed through by these arrangements are included in Appendix 3 for transparency.
- 7 We are expecting our second Ofsted monitoring visit on children in need and child protection in June 2025.

Progress against the improvement plan

- 8 The improvement plan at Appendix 2 includes updated RAG ratings and progress updates for each area as of 8 May 2025. Appendix 1 shows an overview of the RAG ratings for each action.
- 9 27% actions in the plan are now signed off as complete, which means we have been able to demonstrate impact or that measures have been achieved to the required level.
- 10 One action is delayed (S7b) as due to Ofsted availability, a registration visit has not yet taken place for Cherry Tree House. This was raised as an issue at the Improvement and Impact Board and the DfE advisor was also going to raise with Ofsted.
- 11 Key improvement activity which has taken place since the [last update to committee on 7 April 2025](#) includes:
- The family feedback strategy was received and agreed by the policies, procedure and practice group (PPP) in April 2025. This will ensure families have a variety of ways to provide feedback on our services, and that there is a feedback loop, so we learn and develop in response.
 - New corporate parenting workstreams 'Good Homes for All,' 'Good Health and Wellbeing' and 'Education and Skills' have taken place during

March and April and are ensuring there are action plans in place to develop our support in these areas. Care leaver ambassadors are part of the workstreams.

- Care leaver champions have now been launched. These champions will be members of staff across the council who will be supported to have expertise on the needs of care experienced young people so they can champion meeting our corporate parenting responsibilities within their areas. Communications have been cascaded to wider staff to recruit champions throughout April, including through management share and support sessions and team voice.
 - A mid-way Local Offer review will take place on 4 June where we will feedback what changes / support has been implemented in response to young people's feedback following the review in November 2024. Recommendations and feedback with financial implications have been shared and discussed at the Corporate Parenting Executive Board. £25 per month for leisure activities has been agreed for all care leavers who do not wish to have an everybody leisure pass and would prefer something different.
 - The neglect strategy was agreed at the Safeguarding Children Partnership Board in April 2025.
 - Work is underway to strengthen our audit process. The audit form has been updated, and a process for the responsibilities within the audit cycle has been completed. We have expanded our pool of auditors and moderators; from March 2025 we are undertaking between 15-20 audits each month. This will ensure going forward that there is broader oversight of current practice.
- 12 The lead practitioner training plan was launched in April 2025 to address our key areas for improvement from the monitoring visit and the inspection. The programme includes a mixture of lunch time sessions and master classes over a range of topics on:
- writing to the child
 - assessment skills
 - understanding a child's history and family (chronologies and genograms)
 - writing SMART and child focused plans.
 - strategy discussions
 - undertaking a s47 enquiry
 - contingency planning and safety planning
 - reflective supervision
 - collaborative audits

- family network toolkit.
- 13 The Family Group Conferencing (FGC) Service has been moved to sit under the Manager for the Child Protection (CP) Chairs Team. The remit of the team is to ensure FGC is provided to all those subject to CP and pre-proceedings in line with the Children's Wellbeing Bill. Further work is then being considered to look at what support we can offer prior to cases coming to conference under a family network approach.
- 14 The first integrated front door governance Board took place in March and a project plan is in place to deliver service improvements and move to a multi-agency safeguarding hub (MASH) model. This will improve partnership information sharing and decision-making.
- 15 Apartments in a second accommodation block on the Apollo site are being readied and decorated with the involvement of the young people placed in the first cohort. This will increase our sufficiency for migrant young people.
- 16 We are celebrating foster care fortnight over 12-25 May – shining a spotlight (with the help of a promotional video) on some of the great work of our foster carers, gaining insight into the importance of building relationships in the profession.

Sector Led Improvement Partner (SLIP) work on Care Leavers

- 17 Approval for Cheshire East Council to receive sector led improvement partner (SLIP) support from North Tyneside was granted by the DfE on 11 April 2025. North Tyneside were recently [rated as outstanding across the board by Ofsted in their last inspection in November 2024](#). This work will support our improvement journey through learning what works well in another area and will provide external evaluation of the improvements achieved to date.
- 18 North Tyneside completed a review in May of the improvements we had made to date to support care leavers . This included:
 - a review of documentation in advance such as strategies and offers we had implemented, including our improvement plan reporting on the actions, performance information and audit reports
 - meetings over teams with key leaders
 - two days onsite on 1 and 2 May with our care leaver service and Crewe care leaver hub
 - focus groups with partners, team managers, social workers and PAs
 - meetings with our care leaver ambassadors and participation lead
 - meetings with young people

- meetings with voluntary sector providers
 - review of 10 case files.
- 19 Some meetings with key leaders to understand how we fulfil our corporate parenting responsibilities had not yet taken place at the time of writing so additional findings on corporate parenting are expected by the end of May.
- 20 The findings of this review were very positive and provided good assurance to the progress and impact of the improvement work in this area of the service. These are detailed below.

Strengths

- Everyone was passionate about doing their best for young people – there was clear commitment and desire to improve young people’s life chances
- We know ourselves and the findings reflect what we said they would see
- Young people said the support they got from their PAs was good and they were very positive about the support provided through Pure Insights– one person said it was like “being in a second family.”
- The quality of practice and case recording has improved since the inspection:
 - There are some examples of excellent practice which can be used as guide for improving consistency of practice across the service
 - All cases had case notes in April, most were within the last week.
 - All young people had been visited in March or April 2025. 7 of the 10 were seen in April. There were excellent examples of statutory visits. There was variability in recording, but all visits contained the young person’s voice.
 - 9 of the 10 cases had an up-to-date pathway plan.
 - The voice of the child was clearly seen throughout all recording.
 - There was evidence of transition planning on case files.
 - Contextual safeguarding risks were identified and responded to appropriately.

- The reviewer was particularly impressed with the support given to young people to make or keep in contact with their families or connected people. This included separated young people for whom contact was supported through the Red Cross, and young people with long histories of abuse who were being supported with family contact as they reached adulthood.
- 9 of 10 cases had clear information about EET activity. For those who were not in EET, the involvement of the EET team and the support offered was clear.
- Management oversight was evident on case files. Almost all the cases had up to date supervision.
- Opportunity for IRO support for young people up to 21 years.
- The Care Leaver Ambassadors were clear about the opportunities they get to influence practice.
- The resources available for separated migrant children and young people were excellent.

Areas for development

- There is still variability in the quality of practice.
- Case summaries were not always up to date. Sometimes case summaries had a recent date of update, but the information was still old.
- When pathway plans are updated, they pull through information from the previous plan. Quality assurance activity is needed to ensure that plans are updated each time with new information.
- Supervision varies in quality and is an area for improvement.
- There was almost no evidence of quality assurance activity on the 10 cases selected. All quality assurance activity, including dip samples from the service manager, needs to be recorded on files.
- Practitioners were not clear about our practice model in Cheshire East – restorative practice.
- Pathway planning focused on the next six months rather than preparing young people for longer term adulthood

- Some people (practitioners, young people, and partners) did not know about the local offer for care leavers or the local offer app (Junction 16 Plus).
 - Other than Pure Insights and the YMCA, it was difficult to see the footprint of partner involvement on young people's records.
- 21 There are a number of recommendations from the review, and an action plan is being developed in response to ensure we continue to improve our services.

Sector Led Improvement Partner (SLIP) work on the Local Authority Designated Officer (LADO)

- 22 The LADO service was reviewed by the SLIP at our request as part of a service review. This included an audit of 10 exception cases during April 2025. These cases were selected due to a number of varying exceptions, including being held open for longer than expected.
- 23 The SLIP review found that whilst there was a prompt response from the LADO service, there were a number of areas that could be improved, including:
- Review and develop the contact/referral/advice and guidance pathways, so that the criteria for a LADO referral is better understood by partners.
 - Too many cases remain open with no clear rationale - review of all open cases required.
 - Develop a better system for management oversight, QA, tracking and reviewing.
 - Recording is too reliant upon email trails and requires greater analysis and clarity of outcomes.
- 24 An improvement plan has been developed that includes the following actions:
- Review the referral pathway and provide clarity for referrers and expectations of the LADO role on the LADO threshold criteria (WT 23); The review should consider an 'advice and guidance' pathway and the timeliness and content of the Allegation Management Meeting (AMM) /Risk Management Meeting (RMM) to ensure that threshold criteria and LADO outcomes are used, and meetings are timely.

- Ensure that AMM /RMM meetings and reviews are the mechanism used to agree threshold and actions; Analysis of information and LADO outcomes to be clearly recorded.
- Six weekly meetings with SCIEs, social care and fostering to ensure cases are progressing where we have other parallel processes running.
- Agree wording of advice and where this is recorded. LADO to be clear on own remit and what the role can and cannot do
- Review all open cases to ensure grounds are met to remain open and or the right action has been taken. AMM meetings to be main decision making and record of progress.
- Agree with Liquid Logic (LL) and Service areas points at which 'LADO involvement' prompt is in system and adjust forms.
- Produce clear QA framework for LADO, including management oversight, supervision, multi-agency audit, peer reviews, reporting to CЕСSР and DCS/Chief Executive.

DfE Progress Review

25 The DfE completed a progress review on 10 April 2025. This is part of the requirements of our improvement notice. The review evaluates Cheshire East's progress and challenges in relation to the inspection findings. The findings are summarised below:

Strengths

- Overall, the pace of improvement in the past 6 months has accelerated, acknowledging the limited progress made in the first few months after the inspection report was published.
- The council, across all layers, knows itself better than it did previously. There is now a much more consistent understanding of the strengths and challenges in relation to children's services.
- There is significant political and corporate commitment to children, young people and families, for example through "right-sizing" the budget for children's services despite financial pressures across the council, and through dedicated task and finish groups of officers and councillors.
- The interim leadership team has brought a robust approach to service improvement and there is some evidence of the positive impact this is having on the quality of practice.

- Most frontline practitioners and managers were positive about the training they were receiving, for example the recent reflective supervision training and the impact this was starting to have on the quality of supervision.
- Morale was mostly positive and staff were receptive to, and engaged with, the improvement journey.
- There has been a strong focus on putting in place the supporting infrastructure for the Safeguarding Children Partnership, including basic structures, governance, systems and plans and this has progressed at considerable pace.

Areas for development

- Corporately, there have been improvements in the support delivered to children's services but there is more to do to reflect the urgent nature of improvements required. At times, the pace of change in children's services can be negatively impacted by the pace of change across the council and cumbersome systems and processes. An example includes the limited progress made in relation to recruitment and onboarding of key posts across children's services.
- Practice remains variable across the service, and this continues to be a focus for leaders.
- More work needs to be done to embed restorative practice consistently, including updating forms within the child's record to reflect this approach.
- High workloads and recruitment challenges were raised by staff as a barrier to improvement.
- Leaders should reflect on communication and engagement with staff to ensure clear and consistent messaging and to allay worries whilst keeping them updated with important information. There were some positive examples where this has worked well, such as the recent events on the Children's Wellbeing and Schools Bill. It is crucial that the Council sensitively manages the transition from the current interim Executive DCS to the newly appointed, permanent Executive DCS.
- The Safeguarding Children Partnership might benefit from further reviewing its scrutiny arrangements, in particular how the Independent Scrutineer can be best utilised.

Impact for children and young people

- 26 The SLIP and DfE reviews found that improvements have been made since the inspection, and that staff at all levels are committed to making improvements.
- 27 Our care leaver ambassadors continue to be involved in shaping services and have recently delivered training to frontline practitioners about the importance of relationships, presented at committee, supported the recruitment of PAs and senior managers across the council including the new DCS, Director of Children's Social Care and Director of QA and Commissioning, fed back ideas about sufficiency, independence packs, and writing to the child. They are also planning for the local offer review event in June 2025.

Child and Family Feedback

- 28 Young people participated in the SLIP review and provided feedback on their experiences. The feedback from all the young people the SLIP team spoke to was that the support they got from PAs was good. Young people did not like changes in their PAs, and some relationships were better than others. Feedback on the commissioned volunteer resources was very positive, particularly for Pure Insights. One young person said their support was like “being in a second family”. Volunteer mentors were also appreciated – young people like that people are supporting them because they want to and not for pay.
- 29 Care Leaver Ambassadors have joined the corporate parenting workstreams and attended to represent the voices and experiences of children and young people who are care experienced. So far young people have attended “Good Homes for All” and “Good Health and Wellbeing”. Through the relationships built in Good Homes for All, other professionals from Housing have agreed to support the delivery of the new coproduced pilot project to embed the improvements to Independence Packs.

Update on Recruitment

- 30 Additional posts were agreed by committee and full Council as additional capacity to support service improvements for 18 months, starting from September 2025. It is recognised that after the 18-month funding period has expired we will need to remain within the original establishment. An updated position on those posts which were not filled is provided below.

| <u>Roles</u> | <u>Update</u> |
|--|--|
| Independent Reviewing Officers (IRO) x 2 | Both roles are currently covered by agency. The roles are about to be advertised for permanent recruitment. |

| | |
|-------------------------------|---|
| Connected carer assessors x 2 | One post holder commenced in February 2025. The other post was re advertised, and we appointed, with a start date of 12 May 2025. |
| PAs x 3 | Recruited 3 additional staff on an agency basis, however, due to turnover within the service they are now no longer additional capacity and additional resource is being sourced. We are currently about to go live with adverts for 2 permanent PAs. One agency PA is converting to permanent which is very positive. |
| Quality Assurance Officer | This post started on 3 December 2024, but the postholder since resigned. This post will have been recruited to on an interim basis while permanent recruitment is undertaken. The interim postholder will start at the end of May 2025. |

Consultation and Engagement

- 31 Staff, stakeholders and young people are consulted on the impact of improvements through the DfE and SLIP reviews. There are opportunities for staff and young people to be involved in shaping services through the practitioner forum and participation team.

Reasons for Recommendations

- 32 Cheshire East Council's children's services received an inadequate judgement from the Ofsted inspection. The inspection demonstrated that there are areas we need to address at pace to improve outcomes for children. The council needs to ensure the findings from the inspection are addressed in a timely way to ensure we achieve good outcomes for children and young people and members need to be assured that the arrangements in place to address the shortcomings and make the necessary improvements are sufficiently robust and will deliver good or better outcomes for our children within a reasonable timeframe.

Other Options Considered

| Option | Impact | Risk |
|--|--|---|
| Do not scrutinise the improvement plan | Committee will not have oversight of progress against the plan so cannot be assured that outcomes will be improved for children and young people | There is a risk that improvements are not achieved at the pace needed |

Implications and Comments

Monitoring Officer/Legal/Governance

- 33 This is a further update report for the committee on the Childrens Improvement Plan. It is within the committee remit to monitor improvement within the service and ensure compliance with the improvement notice served by the DfE.
- 34 Members of the committee therefore need to be assured that all requirements and recommendations within the ILACS report and the improvement notice (served upon the council by the DfE on the 24 July 2024 resulting from the Ofsted inspection findings), are complied with and that the plans in place deliver the improvements required are within the timescales set by the DfE.
- (a) Failure to comply or poor progress against the Improvement Plan can result in the imposition of directions to secure performance, which can include DfE intervention and nomination of a person to act on its behalf to secure performance.
- 35 The protection of vulnerable people is a council responsibility. Continued regular oversight by members of the Childrens and Families Committee, alongside the overall approach to improving service provision, aligns with this obligation.

Section 151 Officer/Finance

- 36 The improvement plan to address the findings from the inspection was agreed at the Children and Families Committee on 16 July and Full Council on 17 July, which included the approach to the funding of the plan.
- 37 The overall funding was approved totalling £1.987m across the 2 financial years 2024/25 and 2025/26.
- 38 In summary of the outturn spend 2024/25, the planned expenditure for 2025/26, and the forecast costs for 2025/26 is shown in the below table.
- 39 The outturn for 2024/25 is an underspend of £0.1m. As at 1st April 2025 the forecast for 2025/26 is an overspend of £0.9m. The combined two-year forecast is £2.8m an overspend of £0.8m by March 2026. This overspend will need to be addressed either through reduced expenditure, or identification of additional funding in year.

| Expenditure | 2024/25 Budget (Original Planned) | 2024/25 Outturn | 2024/25 Variance | 2025/26 Budget (Original Planned) Budget | 2025/26 Forecast | 2025/26 Variance | 2 Year 2024/26 Forecast Spend | 2 Year 2024/26 Forecast Variance |
|---|---|-----------------|------------------|--|---------------------|------------------|----------------------------------|-------------------------------------|
| 4.00 FTE Agency Social Worker (initial plan 6.00 FTE Direct Employees) | £213,637 | 144,426 | -£69,210 | £344,106 | £326,465 | -£17,641 | 470,891 | 86,851 |
| Connected Care Assessor | £71,212 | - | -£71,212 | £114,702 | £126,800 | £12,098 | 126,800 | 59,114 |
| Independent Reviewing Officer | £82,842 | 79,522 | -£3,320 | £133,434 | £162,788 | £29,354 | 242,310 | 26,035 |
| Personal Advisor | £77,518 | 12,187 | -£65,331 | £124,860 | £138,477 | £13,617 | 150,664 | 51,714 |
| Project Manager (grade 11) to lead 18-25 accommodation recommitment | £41,421 | 43,467 | £2,047 | £66,717 | £73,665 | £6,948 | 117,132 | 8,995 |
| QA Officer | £41,421 | 19,766 | -£21,654 | £66,717 | £73,665 | £6,948 | 93,431 | 14,706 |
| Specialist Expert Support | £100,000 | - | -£100,000 | £0 | £0 | £0 | - | 100,000 |
| Head of Service - Integrated Front Door | £0 | 65,747 | £65,747 | £0 | £169,032 | £169,032 | 234,779 | 234,779 |
| Specialist Expert Support - Dorset Council Peer Review of Front Door | £0 | 5,931 | £5,931 | £0 | £0 | £0 | 5,931 | 5,931 |
| Specialist Expert Support - External Consultant to work on Health programmes | £0 | 27,170 | £27,170 | £0 | £0 | £0 | 27,170 | 27,170 |
| Executive Assistant to the Improvement Programme | £0 | 675 | £675 | £0 | £0 | £0 | 675 | 675 |
| Additional Pre Proceedings and Court Work Manager | £0 | - | £0 | £0 | £0 | £0 | - | - |
| Service Manager - Children with Disabilities | £0 | 53,995 | £53,995 | £0 | £150,816 | £150,816 | 204,811 | 204,811 |
| Strengths Finder - licences | £0 | - | £0 | £0 | £0 | £0 | - | - |
| Project Lead | £0 | 63,598 | £63,598 | £0 | £173,270 | £173,270 | 236,868 | 236,868 |
| Safeguarding Quality Assurance Manager | £0 | 8,743 | £8,743 | £0 | £144,101 | £144,101 | 152,843 | 152,843 |
| Relationship Support Service | £0 | - | £0 | £0 | £15,000 | £15,000 | 15,000 | 15,000 |
| Children's Home for Children with Complex Mental Health Needs and Challenging Behaviour - design costs and programme document | £0 | 18,700 | £18,700 | £0 | £0 | £0 | 18,700 | 18,700 |
| Specialist Capital Consultant | £0 | - | £0 | £0 | £9,000 | £9,000 | 9,000 | 9,000 |
| Grand Total | £628,050 | 543,928 | -£84,122 | £1,358,550 | £2,218,159 | £859,609 | 2,762,086 | 775,487 |

Original improvement plan
Original plan item replaced
Updated plan

Human Resources

- 40 Additional capacity has been requested to support the delivery of the improvement plan and an update on this is included within the body of the report. HR are supporting the improvement work and a workforce strategy has been developed.

Risk Management

- 41 There are reputational and financial risks to not providing good quality services, as well as risks to individual children and young people. The council must continue to ensure that these risks are mitigated by ensuring effective plans are in place to improve and that these make an impact on children's outcomes.

Impact on other Committees

- 42 None.

Policy

- 43

| | | |
|--|--|--|
| | Commitment 2: Improving health and wellbeing | |
|--|--|--|

Equality, Diversity and Inclusion

- 44 Good quality practice with families ensures that all children and young people's needs are considered and supported.

Other Implications

45 The improvement plan aims to improve the outcomes for our most vulnerable children and young people.

46 Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|--|---|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 16/05/25 | 23/05/25 |
| Janet Witkowski | Acting Governance, Compliance and Monitoring Officer | 16/05/25 | 22/05/25 |
| <i>Legal and Finance</i> | | | |
| Diane Green | Finance Manager - Children's Services | 09/05/25 | 15/05/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Lisa Davies | Improvement Director | 09/05/25 | 19/05/25 |

| Access to Information | |
|------------------------------|--|
| Contact Officer: | Lisa Davies, Interim Director for Improvement, Children's Services Lisa.davies@cheshireeast.gov.uk |
| Appendices: | Appendix 1: RAG rating overview Appendix 2: Improvement Plan Appendix 3: Changes to improvement plan actions Appendix 4: Vital Signs Scorecard |
| Background Papers: | Report on the improvement plan to the Children and Families Committee on 7 April 2025 Report on the improvement plan to the Children and Families Committee on 13 January 2025 Report on the improvement plan to the Children and Families Committee on 11 November 2024 Report on the improvement plan to the Children and Families Committee on 16 September 2024 Report on the improvement plan to the Children and Families Committee on 16 July 2024 Report on the Ofsted inspection findings to the Children and Families Committee on 3 June 2024 Cheshire East's Ofsted Inspection Report published 16 May Ofsted ILACS Framework |

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Improvement Plan

Rating Overview

Ratings as at 8 May 2025

Key

| Colour | Action Definition |
|---------|---|
| Grey | Not started yet/ action closed and replaced with new action |
| Red | Not on track |
| Amber | On track to be completed within timescales |
| Amber E | Completed but we need to embed and evidence impact |
| Green | Completed and embedded with evidence of impact |

Chapter 1

| Senior Leaders' Oversight | | | |
|---------------------------|--|---------|-----------|
| Ref | Action | Due by | RAG |
| SL1 | Reporting and governance arrangements | Jan 25 | Complete |
| SL2a | Internal Family Feedback Strategy | Apr 25 | Amber E |
| SL2b | Partnership Family Feedback Strategy | Mar 25 | Amber E |
| SL3 | Improvement Board | July 24 | Complete |
| SL4 | Children's Services Strategic Quartet | July 24 | Amber E |
| SL5 | Corporate parenting strategic board | Nov 24 | Amber E |
| SL6 | LGA corporate parenting training | TBC | Reviewing |
| SL7 | Care leaver champions | Apr 25 | Amber E |
| SL8 | Cared for children and care leavers strategy | Sept 25 | On track |
| SL9 | Quality assurance activity against improvement plan | Feb 25 | Amber E |
| SL10 | Service manager thematic audit group | Aug 24 | Amber E |
| SL11 | Share audit findings with teams | Sept 24 | Amber E |
| SL12 | Vital signs performance report | Sept 24 | Complete |
| SL13 | Councillor oversight of frontline practice | Sept 25 | On track |
| SL14 | Children's social care national framework implications | Feb 25 | Complete |
| SL15a | Practice guidance on timescales | Jun 25 | On track |
| SL15b | Embed practice standards | Apr 25 | Amber E |
| SL16 | Examples of good practice | Aug 24 | Amber E |
| SL17 | Strengthen the audit process | July 25 | On track |
| SL18 | Family feedback implementation plan | Oct 25 | On track |

| Care Leavers: Quality of Practice | | | |
|-----------------------------------|---|----------|----------|
| Ref | Action | Due by | RAG |
| CLA1 | Practice standards | June 24 | Complete |
| CLA2 | Mandatory training plan | June 25 | Complete |
| CLA3 | Management structure | April 24 | Complete |
| CLA4 | New pathway plan format | May 24 | Amber E |
| CLA6 | Arrangements for young adults where there are safeguarding concerns | Sept 24 | Complete |
| CLA7 | Recruit Care Leaver Ambassadors | Oct 24 | Amber E |

| Care Leavers: Planning for Adulthood | | | |
|--------------------------------------|---|---------|----------|
| Ref | Action | Due by | RAG |
| CLB2 | Review Ignition Panel | Sept 24 | Complete |
| CLB3 | Preparing for adulthood in practice standards | June 24 | Complete |
| CLB4 | Care leaver hubs | July 24 | Amber E |
| CLB6 | Health histories development | July 25 | On track |
| CLB7 | PA training on health histories | June 24 | Amber E |
| CLB8 | Local offer app | Aug 24 | Amber E |
| CLB9 | Review the local offer | Dec 24 | Amber E |
| CLB10 | PA training on the local offer | July 24 | Amber E |
| CLB11 | Participation opportunities at hubs | July 24 | Complete |
| CLB12 | Free bus pass for care leavers | Oct 24 | Complete |

| Care Leavers: EET | | | |
|-------------------|--|---------|----------|
| Ref | Action | Due by | RAG |
| CLC1 | EET plans for young people | Sept 24 | Complete |
| CLC2 | Offer of EET opportunities | Mar 25 | Complete |
| CLC3 | Work with local businesses and organisations | Mar 25 | Complete |
| CLC4 | Support on employment preparation | Oct 24 | Complete |

| Care Leavers: Accommodation | | | |
|-----------------------------|--|---------|----------|
| Ref | Action | Due by | RAG |
| CLD1 | Emergency accommodation protocol | Aug 24 | Amber E |
| CLD2 | Review all young people who are/ at risk of being homeless or in emergency accommodation | June 24 | Amber E |
| CLD3 | Temporary and emergency accommodation meeting | June 24 | Complete |
| CLD4 | PA training on housing support | July 24 | Complete |
| CLD5 | Project group for accommodation | July 24 | Complete |
| CLD6 | Review temporary and emergency options | Sept 24 | Complete |
| CLD7 | Proposals to address accommodation shortages | July 24 | Complete |
| CLD8 | Flexibilities in current contracts for 16-18 year olds' accommodation | Oct 24 | Amber E |
| CLD9 | 18-25 accommodation offer | Mar 26 | On track |

| Care Leavers: aged over 21 | | | |
|----------------------------|--|---------|----------|
| Ref | Action | Due by | RAG |
| CLE1 | Contact all 209 care leavers over 21 | Mar 24 | Complete |
| CLE2 | 21+ offer protocol | July 24 | Complete |
| CLE3 | Review care leavers 21+ with a disability | June 24 | Amber E |
| CLE4 | Tracker for care leavers 21+ | May 24 | Complete |
| CLE5 | Quality assurance of care leavers 21+ | Aug 24 | Amber E |
| CLE6 | Review the impact of 21+ offer with young adults | Mar 25 | Complete |

| Quality of Plans | | | |
|------------------|----------------------------|--------|---------|
| Ref | Action | Due by | RAG |
| P1 | Restorative practice model | Dec 24 | Amber E |
| P2 | Masterclasses | Apr 25 | Amber E |

| | | | |
|-----|---|---------|----------|
| P3 | Management session on planning | Sept 24 | Amber E |
| P4 | Reflective case discussions for CP | July 24 | Amber E |
| P5 | Permanence action plan | Nov 25 | On track |
| P6 | Best practice guidance on care planning | May 25 | On track |
| P7 | Review children's panels | Sept 25 | On track |
| P8 | Training on partnership challenge | Dec 24 | Complete |
| P9 | New forms in line with families first | Feb 24 | On track |
| P10 | Single assessment | June 25 | On track |
| P11 | Training plan for lead practitioners | Apr 25 | Amber E |
| P12 | Central place for resources | May 25 | On track |

| Quality and Frequency of Visits | | | |
|---------------------------------|--------------------------------|---------|---------|
| Ref | Action | Due by | RAG |
| V1 | Performance framework | Sept 24 | Amber E |
| V2 | Masterclasses on visiting | Sept 24 | Amber E |
| V3 | Visiting template | July 24 | Amber E |
| V4 | e-learning on visiting | Aug 24 | Amber E |
| V5 | Training on recording | May 25 | Amber E |
| V7 | Review visiting in supervision | Jan 25 | Amber E |

| Management Oversight and Supervision | | | |
|--------------------------------------|---|---------|----------|
| Ref | Action | Due by | RAG |
| MO1 | Leadership development programme | June 25 | Amber E |
| MO2 | CSC management programme | Apr 25 | Closed |
| MO3 | Supervision policy and guidance | Sept 24 | Amber E |
| MO4 | Supervision training | June 25 | On track |
| MO5 | Permanence tracker | Oct 24 | Amber E |
| MO6 | Review plans for cared for children who are not in foster care or planning to return home | July 24 | Amber E |
| MO7 | Include children's views in the supervision form | Oct 24 | Amber E |

| Effectiveness of IROs | | | |
|-----------------------|--|----------|----------|
| Ref | Action | Due by | RAG |
| IR1 | IRO performance management framework | Sept 24 | Amber E |
| IR2 | IROs on management programme | April 24 | Complete |
| IR3 | IRO practice standards | Sept 24 | Amber E |
| IR4 | Quarterly IRO development days | June 24 | Complete |
| IR5 | IRO quality assurance alert guidance | Aug 24 | Amber E |
| IR6 | Challenge permanence performance | July 24 | Amber E |
| IR7 | Consult with children on the impact of the cared for IRO service | Mar 25 | Amber E |

| Sufficiency of Placements | | | |
|---------------------------|--|---------|-----------|
| Ref | Action | Due by | RAG |
| S1 | Family led decision making | TBC | Reviewing |
| S2 | Join Foster4 | May 24 | Complete |
| S3 | Build Foster4 offer and front door | Oct 24 | Complete |
| S4 | Opportunities for fostering marketing | Oct 24 | Amber E |
| S5 | Specialist foster carers to support step down from residential | Nov 25 | On track |
| S6 | Third Mockingbird constellation | Sept 24 | Complete |

| | | | |
|-----|---|---------|----------|
| S7 | Two council residential homes | Jan 25 | Delayed |
| S9 | Joint commissioning high needs placements | Feb 26 | On track |
| S10 | Young people influence recruitment of foster carers | Sept 24 | Complete |
| S11 | Homes for cared for children workstream | Apr 25 | Amber E |

Chapter 2

| The Front Door | | | |
|----------------|---|---------|----------|
| Ref | Action | Due by | RAG |
| FD1 | Contact guidance | July 24 | Amber E |
| FD2 | Review LA MASH arrangements | Aug 24 | Complete |
| FD3 | Multi-agency workshop reviewing front door arrangements | Jan 25 | Complete |
| FD4 | Chapter 3 Working Together | Apr 25 | Amber E |
| FD5 | Establish a MASH | Mar 26 | On track |

| Strategy Meetings | | | |
|-------------------|-----------------------------------|---------|----------|
| Ref | Action | Due by | RAG |
| SM1 | Workshop on strategy meetings | Aug 24 | Closed |
| SM2 | Minute-taking training | Aug 24 | Closed |
| SM3 | Management analysis box | June 24 | Amber E |
| SM4 | Partnership and managers training | June 24 | On track |

| Life-story work and later-life letters | | | |
|--|---|--------|---------|
| Ref | Action | Due by | RAG |
| LS1 | Commission training | Mar 25 | Amber E |
| LS3 | Monitoring for life-story work and later life letters | Aug 24 | Amber E |

| Health of Cared for Children | | | |
|------------------------------|---|--------|----------|
| Ref | Action | Due by | RAG |
| H1 | Prioritisation for vulnerable children for CYPMHS support | Mar 25 | Amber E |
| H2 | Waiting well initiatives | Mar 25 | Amber E |
| H3 | Review emotional support for UASC | Aug 25 | On track |
| H4 | Joint health and CSC reviews of health assessments timeliness | May 24 | Closed |
| H5 | LA single point of contact | May 24 | Closed |
| H6 | Quarterly reporting to NHS England | May 24 | Closed |
| H7 | Health and wellbeing workstream | Jun 25 | On track |
| H8 | Review and streamline health assessment process | May 25 | On track |

| Education for Cared for Children | | | |
|----------------------------------|--|---------|---------|
| Ref | Action | Due by | RAG |
| ED1 | Education advisor attendance meetings | Apr 24 | Amber E |
| ED2 | Attendance forum | Apr 24 | Amber E |
| ED3 | Multi-disciplinary attendance meetings | Apr 24 | Amber E |
| ED4 | PEP training | Dec 24 | Amber E |
| ED5 | Review PEP form | Sept 24 | Amber E |
| ED6 | Benchmark cared for attainment against their peers | Feb 25 | Amber E |

| | | | |
|-----|---------------------------------------|--------|----------|
| ED7 | Audit young adults who are NEET at 20 | Mar 25 | Complete |
| ED8 | Use RONI to identify at risk of NEET | Nov 24 | Complete |

| Workforce | | | |
|-----------|--------------------------------------|--------------|----------|
| Ref | Action | Due by | RAG |
| W1 | Financial support for the plan | July 24 | Complete |
| W2 | Capacity for the care leaver service | July 24 | Complete |
| W3 | Review IRO capacity | July 24 | Complete |
| W4 | Recruitment and retention group | Sept 24 | Amber E |
| W5 | Recruitment and retention strategy | Dec 24 | Amber E |
| W6 | Recruitment campaign | Aug 25 | On track |
| W7 | Reporting on caseloads | Aug 24 | Complete |
| W8 | Masters apprenticeship scheme | Mar 25 | Complete |
| W9 | Seek practitioner views | Qrtly review | On track |
| W10 | Communicate improvement progress | Qrtly review | Complete |
| W11 | Seek children's views through audit | Monthly | Amber E |
| W12 | Base build children's services | Dec 25 | On track |

Chapter 3

| Entries to Care | | | |
|-----------------|--|---------|----------|
| Ref | Action | Due by | RAG |
| C1 | Review children's experiences to see if early help could have been offered | Feb 25 | Amber E |
| C2 | Early Help Strategy | June 25 | On track |
| C3 | Joint protocol for police protection | July 25 | On track |
| C4 | Neglect Strategy | June 25 | Complete |

| Children’s home inspection | | | |
|----------------------------|---|--------|---------|
| Ref | Action | Due by | RAG |
| CH1 | Weekly management reviews | Mar 25 | Amber E |
| CH2 | Strengthen reg 44 visits | Mar 25 | Amber E |
| CH3 | Review the recording system for residential provision | Mar 25 | Amber E |



Children's Services Improvement Plan

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Introduction

This is our action plan to address the findings from the Ofsted inspection of children's services in Cheshire East which took place in February and March 2024. The findings from the inspection are available in a report on the [Ofsted website](#). The inspection gave Cheshire East's children's services an overall grading of inadequate and found that although some improvements had been made since our last inspection in 2019, the quality of practice and the experience and progress of children and young people was too variable, and for care leavers this was inadequate. We need to make significant improvements, and this plan sets out how we will do this.

We are committed to improving outcomes for children and young people. We will use the inspection and monitoring visit findings to continue to improve the support we offer. This plan responds to all the areas identified in the inspection report. Immediate action was taken to improve services, starting during the inspection, and this is reflected in the plan alongside longer-term actions and ambitions.

Through the delivery of our plan and our programme of improvement, we will continue to embed a culture of high support and high challenge and be a **child-focused** organisation that works **together with** people, through effective relationships that support positive change. We know our workforce is our most important asset and we will continue to support and regularly communicate with frontline practitioners and managers so everyone understands their role in improvement and we co-produce, deliver, evaluate and celebrate changes together.



Cfcontext

This inspection, and previous inspections, have shown that Cheshire East's children's services have not provided consistently good quality support to our children and young people. We were judged inadequate in 2013 and 2024. In developing this plan, we have critically considered what barriers have prevented us from achieving good quality services to date. We have recognised that in the past we have moved from fixing problem to problem, which has led to a 'stop/start' approach. We now need to embed a systemic approach to improvement; changing our culture, developing the right systems and processes to ensure we routinely evaluate impact, and holding our shape around the changes we expect to see – holding the right people accountable consistently at every level.

We will be reviewing and changing our services in line with the [children's social care national framework](#) to ensure that we deliver consistently good quality practice that achieves strong outcomes for children and young people.

Cheshire East Council, like councils across the country, has been experiencing unprecedented financial pressures. In February 2024, the council approved a balanced budget for 2024/25, which included spending money from reserves to cover the impact of additional financial pressures. The level of reserves is now insufficient to adequately protect the council against future risks. Forecasts indicate there is four-year funding gap of £100m to balance the budget and hold an appropriate level of reserves.

Alongside the improvement programme in children's services, Cheshire East Council has embarked on a significant transformation programme. The council-wide transformation plan will aim to address the funding gap and will be submitted to the Department for Levelling Up, Housing and Communities (DLUHC) as part of the criteria for exceptional financial support from the government.

We calculate that £1.986m of additional investment will be required to support children's services to deliver our improvement plan at pace. A

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costed proposal for additional capacity and expertise to support improvement was received and agreed by the Children and Families Committee and Full Council in July 2024.

Challenges for children's services are challenges for the whole council, and there is whole-council commitment and support for delivering this plan. This improvement plan is part of the council's transformation and has been informed by the findings from the LGA corporate peer review in March 2024.

The council's transformation plan will also support us to achieve our improvement plan. Cheshire East Council's transformation will include changes to the organisation's culture - embedding high standards, and effective challenge and performance management where these are not met, focusing on outcomes, not process. These messages will be echoed through our children's leadership and management programme.

The council's transformational plan will also support improved working between council services and improve the support to services from enablers.

This plan also feeds into our wider strategy for developing the council's children's services, the Together Strategy, which has the following building blocks:

- **Together supporting and enabling our workforce:** we have the right people, with the right skills and support to improve the outcomes of our children and young people
- **Together connecting as one team:** we work as one team across children's and adult services with shared skills, processes and communication to focus on the needs and experiences of children, young people and their families
- **Together improving and innovating our services:** our children, young people and their families have consistently good/ outstanding experiences of our services

- **Together collaborating with our families, colleagues and partners:** we adopt an 'experts by experience' approach that ensures that those receiving or delivering our services help to shape them.

Coproduction

In Cheshire East, we aim to work [TOGETHER](#) and adopt an 'experts by experience' approach that ensures that those receiving or delivering services help to shape them.

We will engage children and young people throughout our improvement journey in developing and delivering improvements. Children and young people's views will influence our delivery on a child, service, and strategic level. We are developing new Corporate Parenting governance arrangements that will include care experienced young people as key members. Young people will also be involved in shaping and evaluating services through our young people's participation groups, through our audits, young people's surveys, and the local offer app.

We will also continue to engage with practitioners and managers within our frontline teams to ensure we are all delivering improvements together, and we will ensure their feedback, and feedback from our partners, informs our evaluation of impact.

Support and Challenge

We are committed to delivering this plan and achieving consistently good and better services that achieve strong outcomes for children and young people. We know that we cannot deliver this plan alone, and that we need to work together with our children, young people and families, with our teams, across the partnership and throughout the council.

Throughout the development of the plan, we have engaged with frontline practitioners and managers on the inspection findings and what support

they need moving forwards, and we will continue to engage with our workforce throughout the delivery of the plan to ensure we are all on this journey together.

This plan has been developed together with and provided with scrutiny and challenge by:

- service managers and service leads, including partners
- the children’s services leadership team
- the council’s leadership team
- the Safeguarding Children’s Partnership
- the Improvement and Impact Board
- elected members on the Children and Families Committee and Cared for Children and Care Leavers Committee.

The final plan was endorsed by full Council.

We will continue to invest in our workforce through training, development, and management and leadership support and challenge. Training has been tailored to the areas for improvement raised during the inspection and will continue to be responsive to development needs throughout the year as identified in quality assurance and monitoring activity. This includes a bespoke leadership programme for all leaders within children’s services to embed a culture of high support and high challenge, and embedding restorative practice as our practice model so we build strong relationships that support effective change. The impact of training and support on practice will continue to be evaluated through the delivery of this plan so we can adapt and respond to areas for improvement.

We will also seek to ‘infect our system’ with good practice by collecting and sharing examples of good practice with teams.

We also recognise the enormous value from learning from other areas. We will work through the sector led improvement programme (SLIP) to support improvements. We have reviewed successful improvement plans in other areas and sought advice from other authorities and external bodies with specialist expertise, including the LGA and DfE, to support the

development of this plan and will continue to use these sources throughout out improvement journey. We will continue to learn from innovative and best practice in other areas to improve our offer for children and young people in Cheshire East.

Monitoring Impact

The first chapter of the plan is structured under the seven areas for improvement highlighted in the 2024 Ofsted inspection report. It starts with senior manager oversight, to ensure this drives continuous improvement, followed by care leavers, as this is the area requiring the greatest improvement. The second chapter considers the additional areas for development from the inspection report. The third chapter covers additional actions identified through internal assurance activities.

The plan sets out the actions we will take to improve services. What is most important is that what we do makes a difference, so each month we will report on impact against the inspection findings. Progress against actions and impact against the inspection findings will be rated using the following:

| Colour | Definition |
|---------|--|
| Grey | Action not started yet, no risk to implementation anticipated |
| Red | Action not on track |
| Amber | Action not yet completed, but on track to be completed within timescales |
| Amber E | Action completed but we need to embed and evidence impact |
| Green | Action completed and embedded with evidence of impact |

The sources we will use to assess our impact for each area of the plan are outlined in each section. These include:

- Seeking and listening to children and young people’s experiences

- Single agency and multi-agency audits
- Performance indicators
- Listening to practitioners and managers, including within partner agencies
- Recruitment and retention information.

Our impact on work with children and young people will also be evaluated through Ofsted and DfE monitoring visits.

The plan will be a live and responsive plan, so will adapt to incorporate new actions as needed.

Governance and Accountability

Progress against the plan will be driven by senior leaders and will be assessed and monitored through specific workstreams that report into a Partnership Oversight Group.

An independently chaired Improvement and Impact Board will formally scrutinise progress and impact. Key members of the Safeguarding Children's Partnership and the council's senior leadership team are members of the Improvement and Impact Board.

The Corporate Parenting Executive Board will drive developments for cared for children and care leavers, and so will contribute to delivering improvements in relation to the inspection findings. The Cared for Children and Care Leavers Committee will scrutinise progress pertinent to care experienced young people.

The Safeguarding Children's Partnership will receive six monthly updates on progress enabling all members to scrutinise and challenge progress.

The Children and Families Committee will scrutinise impact against the plan at every committee meeting.

The Children's Services Strategic Quartet, chaired by the council's chief executive, will scrutinise progress for children and young people. Progress

will also be reported into the corporate assurance panel, an external panel monitoring the council's transformation.

Key stakeholders, including our workforce, will be kept informed of progress through regular communications. Feedback from our workforce will continue to be sought through existing forums/ mechanisms such as team meetings, senior leaders walking the floor, councillor frontline visits, and #talktogether staff sessions.

Glossary

The legal definition of a care leaver comes from The Children (Leaving Care) Act 2000 which states that a care leaver is someone who has been in the care of the local authority for a period of 13 weeks or more spanning their 16th birthday.

Care leavers can also be referred to as care experienced young people or young adults, as they have had experience of being in care. This term tends to be preferred by young people/ young adults. Both terms are used interchangeably within this plan.

| Abbreviation | Expansion |
|--------------|--|
| CINCP | Child in Need and Child Protection |
| CYPMHS | Children and young people's mental health services |
| DfE | Department for Education |
| DLUHC | Department for Levelling Up, Housing and Communities |
| EET | Education, employment or training |
| ICB | Integrated Care Board |
| IRO | Independent Reviewing Officer |
| LGA | Local Government Association |
| MASH | Multi-agency safeguarding hub |
| NEET | Not in education, employment or training |

| | |
|-------|--|
| NHS | National Health Service |
| PAs | Personal Advisors |
| PEPs | Personal education plans |
| RONI | Risk of NEET indicators |
| SLIP | Sector led improvement programme |
| SMART | Specific, measurable, achievable, relevant, time-based |
| UASC | Unaccompanied asylum-seeking children |

Children's Services Improvement Plan on a Page

Our improvement plan sets out how we will address the findings from the [Ofsted inspection of local authority children's services \(ILACS\)](#) in February and March 2024. It covers the 7 areas inspectors highlighted:

| Senior leaders' oversight | Care leavers | Quality of plans | Quality and frequency of visits | Management oversight and supervision | Effectiveness of IROs | Sufficiency of placements |
|--|---|--|---|---|---|---|
| What the inspection found: We need to improve how we monitor if children are getting the right support, as some children were not getting support that was good enough | What the inspection found: We need to improve the quality and consistency of support to care leavers, including those who are homeless and those who are over 21 | What the inspection found: We need to improve the quality of plans for children so they are child-focused and drive timely change | What the inspection found: We need to improve the quality and frequency of visits to children to ensure they are purposeful and in line with children's assessed needs. | What the inspection found: We need to improve the quality of management oversight and supervision to ensure this supports consistently good practice | What the inspection found: We need to improve the effectiveness of child protection chairs and IROs to escalate, challenge, and scrutinise plans for children | What the inspection found: We don't have sufficient placements to meet children and young people's needs |
| What we will do: Review reporting and governance arrangements Develop a Family Feedback Strategy Monitor progress against the improvement plan through an independently chaired Improvement Board Embed our practice standards 'Being Brilliant at Best Practice' Revise quality assurance arrangements Step up a new Corporate Parenting Executive Board to ensure there is a whole council and partnership approach to improving outcomes for care experienced young people Commission corporate parenting training for senior leaders and elected members Develop corporate parenting champions across the council | What we will do: Develop practice standards Roll out a mandatory training plan specific to the care leavers service Change the management structure Revise the format of the pathway plan with young people Formalise arrangements around young adults where there are safeguarding concerns Develop care leavers hubs in Crewe and Macclesfield Launch an app for the local offer Develop EET plans for all young adults who are NEET and able to work Increase apprenticeships and other route to work opportunities Refresh the protocol for care leavers in emergency accommodation Mobilise additional accommodation options for 16-18 year olds Implement a wider 18-25 accommodation offer Review the 21+ offer and approach | What we will do: Embed restorative practice Continue to run masterclasses on plans Hold a management and leadership session on plans Establish reflective case discussion meetings to progress outcomes for children on longer child protection and repeat plans Develop a permanence action plan Review permanence decision panels Explore what partnership training is needed to support effective challenge Develop a new child protection plan in partnership with children, young people and families Review the cared for plan in partnership with children, young people and families | What we will do: Strengthen the performance framework to ensure there is robust performance management of visits to children Deliver masterclasses on purposeful visits Reissue the visiting template to support consistent recording Develop and roll-out e-learning on visiting Team managers to review visiting schedules in supervision, and IROs and CP chairs to have oversight of frequency visits to children | What we will do: Commission a bespoke leadership development programme for all leaders in children's services Deliver an in-house leadership and management programme for children's social care tailored to our areas for improvement Update the supervision policy and develop practice guidance on reflective supervision All managers to complete supervision training Embed the permanence tracker Review the care plans for all cared for children who are not currently in foster care or planning to return home | What we will do: Review the performance management framework for IROs Include IROs in the in-house and commissioned leadership and management programmes Review and refresh the IRO best practice guidance Hold an IRO service development day every 3 months Revise the guidance on IRO quality assurance alerts to support outcome-focused practice Explore and challenge performance around permanence in performance clinics | What we will do: Develop a system which enables family led decision making including training and a family network procedure Join Foster4 Work in partnership with the other Foster4 LAs to build our offer – ensuring there is an effective front door to support those who make an enquiry about becoming a foster carer Explore opportunities within the council to increase fostering marketing and raise awareness of fostering Develop specialist foster carers to support children to step down from residential care Develop our third Mockingbird constellation Open two council residential children's homes Carry out a deep dive on reunification and step down for children from care Investigate the potential for joint commissioning of high needs placements |

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Children's Services Improvement Plan Timeline

Our improvement plan set out how we will address the findings from the [Ofsted inspection of local authority children's services \(ILACS\)](#) in February and March 2024. This is the timeline for what we will achieve by delivering our plan.

What we achieved by the end of June 2024

1. All 209 21+ care leavers contacted and offered support. Tracker in place to monitor engagement with 21+ care leavers
2. New management structure in the care leavers service
3. Developed and started delivering a bespoke training programme for the care leavers service
4. New best practice guidance for the care leavers service
5. Coproduced new pathway plan
6. Foster4 – we joined and launched new service
7. Opened a new residential home – Flude House
8. Revised quality assurance framework
9. New Improvement and Impact Board to drive and evaluate progress against the improvement plan
10. New Children's Services Strategic Quartet to provide improved leadership and accountability for children's services
11. Director level project group for accommodation for cared for young people and care leavers

What we achieved by the end of September 2024

12. Care leaver hubs (safe spaces) in Crewe and Macclesfield
13. Local offer app launched
14. Proposals in place to address 16-18 and 18-25 accommodation shortages
15. Revised protocol for care leavers in emergency accommodation
16. All young adults who are NEET and able to work will have an EET plan
17. Reflective case discussions established for longer child protection and repeat plans
18. Third Mockingbird constellation
19. Senior leaders and first tranche of managers trained in our bespoke management and leadership programme
20. Revised supervision policy
21. Vital signs performance report in place to support evaluation of the improvement plan

What we achieved by the end of December 2024

22. Additional capacity in place to deliver the improvement plan
23. First meeting of the multi-agency corporate parenting executive board
24. LGA corporate parenting training rolled out for senior leaders and elected members
25. Local offer reviewed together with young people and partners
26. Additional accommodation options in place for young people aged 16-18 using flexibilities/ modifications in current contracts
27. Refreshed workforce strategy

What we achieved by the end of March 2025

28. Strengthened performance framework
29. Increased apprenticeship opportunities and other route to employment opportunities in place for care leavers
30. Approaches in place to ensure the most vulnerable children and young people are prioritised for mental health support
31. 'Waiting well' initiatives developed with key health providers and third sector provision
32. Level 7 apprentice scheme to support people to train as social workers with Cheshire East

Improvement Plan

All ratings are accurate as at 8 May 2025.

Chapter 1

1. Senior Leaders' Oversight

| What needs to improve | | | | |
|---|--|---|--------------|--------------------------------------|
| Senior leaders' oversight of performance to ensure that there is a coherent approach to continuous improvement. | | | | |
| What inspectors found | <ul style="list-style-type: none"> Senior leaders had not recognised, until this inspection, the extent of improvement required in services for care leavers. 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. As a result, too many vulnerable care leavers are not getting the right level of help, support or protection. Despite improvements, the quality of practice is still too variable. Improved timeliness has not been achieved for all children. Implementation of improvement plans needs to accelerate across teams but in particular within the care leavers service. Leaders have recognised in their self-evaluation that more needs to be done to ensure that quality assurance activity is identifying all areas of poor practice and that it is consistently having an impact on outcomes for children. Not all young people are informed of, or understand, the pledges contained within the cared for children and care leavers' strategy. | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| SL1 | Ensure there is effective line of sight from frontline practice through to the Executive Director of Children's Services through a review of reporting and governance arrangements, including a review of the performance framework. | Executive Director of Children's Services | January 2025 | Complete |
| SL2a | Develop a Family Feedback Strategy to ensure our services develop in response to what our families tell us. | Principal Social Worker | April 2025 | Complete but need to evidence impact |

| | | | | |
|------|--|---|----------------|--------------------------------------|
| SL2b | Develop a partnership child and family Engagement strategy that describes how and when to facilitate co-production and will be linked to the family feedback strategy. | Safeguarding Children's Partnership | March 2025 | Complete but need to evidence impact |
| SL3 | Refresh the terms of reference for the Improvement and Impact Board, and expand the board to incorporate partners, to ensure there are robust arrangements in place to drive and scrutinise impact for children and young people in response to the inspection findings. | Executive Director of Children's Services | July 2024 | Complete |
| SL4 | Establish a Children's Services Strategic Quartet to provide improved leadership and accountability for children's services in line with best practice in the LGA guide for Chief Executives , and for council leaders , and DfE statutory guidance on the roles and responsibilities of the Director of Children's Services and the Lead Member for Children's Services . | Executive Director of Children's Services | July 2024 | Complete but need to evidence impact |
| SL5 | Step-up a multi-agency corporate parenting executive board to drive and scrutinise progress for cared for children and care experienced children and young people and ensure there is a whole council and partnership approach to supporting our young people. | Executive Director of Children's Services | November 2024 | Complete but need to evidence impact |
| SL6 | Commission LGA corporate parenting training for senior leaders across the partnership and all elected members. | Executive Director of Children's Services | TBC | Reviewing |
| SL7 | Develop Corporate Parenting champions across the council to increase awareness and support for care experienced young people and young adults. | Head of Service Cared for Children and Care Leavers | April 2025 | Complete but need to evidence impact |
| SL8 | Refresh the cared for children and care leavers strategy 2022-26 and action plan together with our care leaver ambassadors. | Head of Service Cared for Children and Care Leavers | September 2025 | On track |
| SL9 | Develop quality assurance activity to evaluate the impact of the improvement plan. | Head of Service Children's Safeguarding and Quality Assurance | February 2025 | Complete but need to evidence impact |
| SL10 | Establish service manager thematic audits to understand our support to specific cohorts/ within specific areas and drive improvements. | Service Managers CINCP | August 2024 | Complete but need to |

| | | | | |
|----------------------------------|---|---|--|--------------------------------------|
| | | | | evidence impact |
| SL11 | Develop mechanisms to ensure audit findings and feedback from children and young people are routinely shared with teams to strengthen the impact of audits on practice. | Head of Service Children's Safeguarding and Quality Assurance | September 2024 | Complete but need to evidence impact |
| SL12 | Develop a vital signs performance report in line with the improvement plan areas to support effective evaluation of improvement activity and drive improvements. | Business Intelligence Manager | September 2024 | Complete |
| SL13 | Ensure councillors have oversight of practice and receive feedback from frontline practitioners through a variety of opportunities. | Business Manager | September 2025 | On track |
| SL14 | Review the children's social care national framework and its implications for practice and processes, to embed consistently good practice that achieves strong outcomes for children and young people. | Principal Social Worker | February 2025 | Complete |
| SL15a | Develop practice guidance on timescales to ensure expectations are clear to practitioners and managers. | Business Development Officer | June 2025 | On track |
| SL15b | Embed the practice standards ('Being Brilliant at Best Practice') through our culture, leadership, and developing and sharing key communications on practice. Continually evaluate impact and reinforce messages through monthly performance meetings and quality assurance activity. | Principal Social Worker | April 2025 | Complete but need to evidence impact |
| SL16 | Collate and share examples of good practice to embed understanding of good practice across teams and to celebrate good work. | Principal Social Worker | Start sharing practice by August 2024 and continue throughout the year | Complete but need to evidence impact |
| SL17 | Strengthen the audit process – revise the audit tool and integrate audit and reporting within the child's record. | Quality Assurance Improvement Lead | July 2025 | On track |
| SL18 | Develop an implementation plan for the family feedback strategy. | Participation Lead | October 2025 | On track |
| How we'll assess if we've | The pace and impact of changes will be evaluated through: <ul style="list-style-type: none"> monthly reports against the improvement plan | What we will see when we've | <ul style="list-style-type: none"> Improvements result in consistently good quality practice - over 80% of audits will be good or better quality. | |

| | | | |
|----------------------------|---|----------------------------|---|
| addressed this area | <ul style="list-style-type: none"> • monthly performance indicators in the vital signs performance report • practice review audits which assess the quality of practice across services • thematic audits to understand our support to specific cohorts/ within specific areas • feedback from children and young people from our participation groups and through audits. • Ofsted monitoring visits will demonstrate whether our understanding of improvements are accurate. | addressed this area | <ul style="list-style-type: none"> • Senior leaders have an accurate understanding of children's outcomes and areas for development. • Senior leaders have an accurate understanding of the practice and development needs of staff on both an individual and workforce level. • Quality assurance activity drives improvements to the quality of practice, resulting in improved outcomes for children. • 90% young people tell us they understand the pledges contained within the cared for children and care leavers' strategy. • The council will have at least 20 care leaver champions across all the directorates. |
|----------------------------|---|----------------------------|---|

Key improvement activities delivered this month and what impact we are achieving for children and young people

The family feedback strategy was received by PPP in April and is now being finalised.

Care leaver champions have now been launched. These champions will be members of staff across the council who will be supported to have expertise on the needs of care experienced young people so they can champion meeting our corporate parenting responsibilities within their areas. Communications have been cascaded to wider staff to recruit champions throughout April, including management share and support sessions and team voice. Individuals had until the end of April to submit an interest in becoming a champion.

A paper is being developed for the Children and Families Committee in June on a revised process for councillor frontline visits to ensure all children's councillors have a light of sight to frontline practice and understand what frontline practitioners' experiences are of working for Cheshire East Council.

Work is underway within the QA service to strengthen our audit process. Phase 1 of this work has been completed - the audit form has been updated and a process for the responsibilities within the audit cycle has been completed. Phase 2 will cover embedding the process within the case management system and strengthening how we disseminate learning from audits.

2. Care Leavers

What needs to improve

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.

A. Quality of practice

What inspectors found

The quality of practice for care leavers is inadequate.

Relationships and transition to the care leavers' service

- 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. For some, their voice is not evident and plans lack detail which means their individual needs are not always sufficiently understood. This means that there are some young people who leave care with too much uncertainty about how they will be supported.
- 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.
- Case records do not reflect the work undertaken with young people.

Pathway plans

- Pathway plans do not consistently cover all the important elements of young people's lives. Wishes and feelings are not always clearly expressed. They 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 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.

Recognising and responding to risk

- Risk of harm is not always recognised or responded to effectively.
- For some 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.

| <ul style="list-style-type: none"> 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. <p>Management oversight</p> <ul style="list-style-type: none"> PAs receive supervision, however the quality of supervision was variable. Most supervision is brief and task focused. Significant gaps in supervision exist on some young people's care files meaning there is a lack of consistent management grip on driving young people's plans forward and ensuring they are safe. | | | | |
|--|---|---|---|--------------------------------------|
| Ref | Action | Action Owner | Due by | Action Rating |
| CLA1 | Develop and launch practice standards for the care leavers service to support consistently good practice. This will include clear standards on recording, visiting, transitions, and responsibilities when cases are jointly held. | Service Manager Care Leavers | June 2024 | Complete |
| CLA2 | Develop and roll out a mandatory training plan that is specific for the care leavers service to support practitioners to deliver consistently good practice. This will include planning, professional curiosity, adult/ transitional safeguarding and culture/diversity. | Principal Social Worker Service Manager Care Leavers | Launch in June 2024 and deliver over the year | Complete |
| CLA3 | Change the management structure of the care leavers service, removing the role of senior PAs, ensuring that all PAs receive direct oversight and supervision from a team manager (who are qualified social workers) to support good quality supervision and drive improved outcomes for care leavers. | Service Manager Care Leavers | April 2024 | Complete |
| CLA4 | Revise the format of the pathway plan with young people to ensure it supports good practice. The new plan will include sections for multi-agency professionals' views, and contingency plans. | Service Manager Cared for Children | May 2024 | Complete but need to evidence impact |
| CLA6 | Formalise arrangements around young adults where there are safeguarding concerns to ensure senior leaders have oversight of these young adults and that multi-agency team around the adult meetings are held to develop safety plans with them. | Head of Service for Cared for Children and Care Leavers | September 2024 | Complete |
| CLA7 | Recruit Care Leaver Ambassadors to work together with us to improve services, and to represent the experiences of cared for children and care leavers to the Corporate Parenting Strategic Board and corporate parenting workstreams. | Participation Lead | October 2024 | Complete but need to evidence impact |

Please also see the section on management oversight and supervision

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| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Practice review audits will tell us about the quality of practice and plans and will assess if PAs can tell young people's stories. • Thematic audits will conduct deep dives to understand our support to specific cohorts/ within specific areas, for example UASC young people. • Some of the thematic audits will involve phone calls to young people to understand their experience of services, the impact of their plan, and their relationships with their PAs. • The percentage of young people with PAs and pathway plans at 16. | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Practice to support care leavers will be of consistently good quality and will support young people to achieve good outcomes. Over 80% audits will be good or better quality. • Management oversight is good quality and drives improved outcomes. Over 80% of management oversight in audits will be good or better quality. • 100% of young people will get to know their PAs from age 16. 90% young people will tell us they have good relationships with their PAs and know how they will be supported once they leave care. • 100% PAs will be able to tell young people's stories. • 100% case records will accurately reflect work with young people. • Pathway plans will cover all the important elements of young people's lives, and will reflect their voices and their individual needs, including their cultural heritage. Plans will consistently include other professionals and will be ambitious for young people. Over 80% plans audited will be good or better quality. • There is appropriate professional curiosity, which means risk of harm is recognised and responded to swiftly and effectively. When potential risk of harm is identified, it is managed or mitigated effectively. 100% audits will show appropriate professional curiosity and that risk of harm is responded to. |
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Key improvement activities delivered this month and what impact we are achieving for children and young people

The SLIP work on care leavers in May found that improvements have been achieved in the quality of practice.

The Care Leaver Ambassadors have delivered training to frontline practitioners about the importance of relationships, presented at committee, supported the recruitment of PAs and senior managers across the council including the new DCS, Director of Children's Social Care and Director of QA and Commissioning, fed back ideas about sufficiency, independence packs, and writing to the child. They are also planning for the local offer review event in June 2025, have been taking part in the corporate parenting workstreams and the SLIP work on care leavers.

B. Planning for Adulthood

What inspectors found

- 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 such as those with complex mental health and emotional needs, proactive transition planning does not always take place. This means that these care leavers do not access the help and support that they need.
- Not all care leavers have access to their full health history. This means important information that could be used to provide ongoing support to them as they transition to adulthood is not available or used to inform care planning for them.
- 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. 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.
- 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.

| Ref | Action | Action Owner | Due by | Action Rating |
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| CLB2 | Review terms of reference and membership for Ignition Panel to ensure young people's post 18 plans are effectively tracked and reviewed from age 16 to ensure proactive transition plans are in place. | Head of Service Cared for Children and Care Leavers | September 2024 | Complete |
| CLB3 | The practice standards will specify which preparing for adulthood roles should be undertaken by social workers and which by PAs and will set clear expectations on what care leavers should receive/ have in place. | Service Manager Care Leavers | June 2024 | Complete |
| CLB4 | Develop care leavers hubs, with our care leavers, as a safe space for care leavers to access support and advice. Advice sessions will be offered from the hub to support preparation for adulthood, including housing, finances, drug and alcohol support, parenting support, careers advice, CV workshops, and interview preparation. Emotional health and wellbeing support will be available at the hub through Pure Insight and health support through the cared for nurse. | Service Manager Care Leavers Area Delivery Manager Targeted Youth Work | Interim hubs in Crewe and Macclesfield by July 2024 | Complete but need to evidence impact |
| | | Head of Service for Education Participation and Pupil Support | Consider suitable options for a long-term care leaver hub in | On track |

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| | | | Crewe by the end of 2025 | |
| CLB6 | Engage and consult with care experienced young people on how they want to understand their health histories and adapt the current process in line with their feedback. | Designated Nurse Safeguarding and Looked After Children | July 2025 | On track |
| CLB7 | Deliver training to PAs on arrangements to support young people to understand their health histories. | Designated Nurse Safeguarding and Looked After Children | June 2024 | Complete but need to evidence impact |
| CLB8 | Launch an app for the local offer. This will ensure all care leavers have immediate access to the local offer and their entitlements through their mobile. It will also support us to keep in touch with young people and gain their feedback and allow young people to develop peer support groups. | Service Manager Care Leavers | August 2024 | Complete but need to evidence impact |
| CLB9 | Review the local offer together with young people and partners. | Service Manager Care Leavers | December 2024 | Complete but need to evidence impact |
| CLB10 | Deliver training on the local offer to all PAs. | Service Manager Care Leavers | July 2024 | Complete but need to evidence impact |
| CLB11 | Develop regular participation opportunities for care leavers through the care leaver hubs, to ensure their views shape services. | Participation Lead | July 2024 | Complete |
| CLB12 | Launch a free bus pass for care leavers aged up to 22. | Head of Service Cared for Children and Care Leavers | October 2024 | Complete |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> Monthly thematic audits will conduct deep dives to understand our support to specific cohorts/ within specific areas. One theme will be planning for adulthood. The thematic audit will involve phone calls to young people to understand their experience of services, | What we will see when we've addressed this area | <ul style="list-style-type: none"> Proactive planning takes place for all care leavers ensuring they are prepared for adulthood. Over 80% audits will be good or better quality. 90% young people tell us they feel well supported and have the information they need to be prepared for adulthood. 90% tell us they know about the local offer, the care leavers hub, and their entitlements. | |

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| | <p>what they know about the local offer, and how their plan is preparing them for adulthood.</p> <ul style="list-style-type: none"> • The percentage of young people who have access to their health histories. • PAs can describe the local offer and explain how care leavers can benefit from it. • Feedback from young people accessing the care leaver hubs. | | <ul style="list-style-type: none"> • 100% care leavers have access to their health histories. • 100% PAs can describe the local offer and explain how care leavers can benefit from it. |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | |
| <p>We will be going out to staff consultation for out of hours support at the hubs, recognising that this needs to be available for young people outside of working hours for those in EET. We will be writing to all our care leavers to remind them about the support available through the hubs and the app.</p> <p>A mid-way Local Offer review has been arranged for 4th June at Crewe YMCA. We will feedback what changes / support has been implemented in response to young people's feedback following the review in November 2024. Recommendations and feedback with financial implications have been shared and discussed at the Corporate Parenting Executive Board. £25 per month for leisure activities has been agreed for all care leavers who do not wish to have an everybody leisure pass and would prefer something different.</p> <p>100% of care leavers due a care leaver health summary received one this quarter. Work has been completed to revise the consent process, and PAs will now be gaining consent from 16 onwards, with the aim that consent will also be provided to keep a copy of the summary on Liquid Logic. The ICB have confirmed that the dental pathway for Care Leavers has been extended until March 2026.</p> | | | |

C. Education, Employment and Training

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| What inspectors found | | • Too many care leavers are not in education, employment or training (NEET). They are not being encouraged and well supported to improve their life chances in order to achieve their aspirations for a better future. | | | |
| Ref | Action | | Action Owner | Due by | Action Rating |
| CLC1 | Work together with young adults who are NEET and able to work to develop an EET plan to support them towards gaining EET. Plans will be reviewed every 12 weeks. | | Service Manager Care Leavers | September 2024 | Complete |
| CLC2 | Develop an offer of EET opportunities, including apprenticeships, that support young people to gain employment or training in their chosen field. | | Service Manager Care Leavers | March 2025 | Complete |
| CLC3 | Work with local businesses and organisations, including the chamber of commerce, to secure additional corporate parenting support for cared for children and care leavers and to prepare employers for supporting young people in employment. | | Service Manager Care Leavers | March 2025 | Complete |
| CLC4 | Provide bespoke support to enable young people to be prepared for entering employment through job readiness training, CV and interview support. | | Service Manager Care Leavers | October 2024 | Complete |
| How we'll assess if we've addressed this area | | • The percentage of young people who are in EET. • Thematic audits will conduct deep dives to understand our support to specific cohorts/ within specific areas, including EET. | What we will see when we've addressed this area | • The percentage of care leavers who are in EET will increase – we want to increase to above 75% in EET. • By April 2025, we would have at least 10 new apprenticeship opportunities for young adults. • 90% young people will tell us they are encouraged and well supported to improve their life chances and access EET. | |

Key improvement activities delivered this month and what impact we are achieving for children and young people

We are continuing to explore EET opportunities for young people and have recently met with Kier Construction, NHS, and Care Leavers Covenant.

The SLIP work found that in all 10 cases sampled there was evidence of support from the EET team for young people.

D. Accommodation

| What inspectors found | <ul style="list-style-type: none">• 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.• 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 not in education, employment or training (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. | | | | |
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| Ref | Action | Action Owner | Due by | Action Rating | |
| CLD1 | Refresh and relaunch the protocol for care leavers in emergency accommodation, with clear escalation requirements, to ensure all practitioners are working to expected practice standards and there is senior leadership oversight of any young adults in emergency and unsuitable accommodation. | Service Manager Care Leavers | August 2024 | Complete but need to evidence impact | |
| CLD2 | All young people who are homeless, at risk of homelessness, or in emergency accommodation will be reviewed in weekly performance clinics and by the monthly risk management forum to ensure effective plans are in place to support and protect them. | Service Manager Care Leavers | June 2024 | Complete but need to evidence impact | |
| CLD3 | The weekly temporary and emergency accommodation meeting will consider any care leavers who need accommodation. | Housing Options Manager | June 2024 | Complete | |
| CLD4 | Deliver training for PAs on supporting young adults with housing concerns, including how to support young people to meet the criteria for housing allocation in other areas, so they can provide bespoke support tailored to young adults' needs. | Housing Options Manager | July 2024 | Complete | |
| CLD5 | Establish a director level project group for accommodation for cared for young people and care leavers to drive increased sufficiency. | Interim Director of Commissioning | July 2024 | Complete | |
| CLD6 | Explore and review the suitability of temporary and emergency accommodation options across Cheshire East to increase options for care leavers. Identify gaps in provision to inform commissioning to ensure we can meet young people's needs. | Service Manager Care Leavers | September 2024 | Complete | |

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| | | Head of Housing Head of Commissioning Children, Families and Adults with Complex Needs | | |
| CLD7 | Develop proposals to address 16-18 and 18-25 accommodation shortages. | Head of Housing Head of Commissioning Children, Families and Adults with Complex Needs | July 2024 | Complete |
| CLD8 | Mobilise additional accommodation options for cared for young people aged 16-18 using flexibilities/ modifications in current contracts. | Head of Commissioning Children, Families and Adults with Complex Needs | October 2024 | Complete but need to evidence impact |
| CLD9 | Implement a wider 18-25 accommodation offer, ensuring this is shaped by our care experienced young adults. | Head of Housing Head of Commissioning Children, Families and Adults with Complex Needs | March 2026 | On track |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">• Thematic audits will conduct deep dives to understand our support to specific cohorts/ within specific areas, including care leavers in unsuitable accommodation.• The thematic audit will involve phone calls to young people to understand their experiences.• The number of young people who are homeless.• The number of young people in unsuitable accommodation. | What we will see when we've addressed this area | <ul style="list-style-type: none">• Over 80% care leavers who live out of area access suitable housing in a timely way.• 90% care leavers tell us they are well supported.• Effective plans and contingency plans prevent care leavers from needing to access emergency or unsuitable accommodation. Over 80% audits will be good or better quality.• Records on where young people are living are accurate and there is effective oversight of young people's accommodation. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | |
| Further training for PAs on supporting young adults with housing concerns was delivered on 12 March 2025 to 28 attendees. 11 training evaluations were completed which demonstrated attendees found the training very useful. E-learning will be developed for new starters. | | | | |

Apartments in a second accommodation block on the Apollo site are being readied and decorated with the involvement of the young people placed in the first cohort, the second cohort of young people will be visiting very shortly - target for completion is end of May 2025.

E. Care leavers aged over 21

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| What inspectors found | <ul style="list-style-type: none"> For care leavers over the age of 21, persistent efforts to engage them are not routinely made. 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. It was not evident on young people's records that discussions had taken place to inform a decision as to young people's informed choice to move from having a personal advisor to the 21+ offer. Disabled care leavers who are open to the 21+ offer are not prioritised as a vulnerable group and as such the local authority cannot be assured that their needs are being met. In cases seen there was not enough evidence of persistence or curiosity in where they may be now, despite histories of having extensive engagement with services as children. The quality assurance of the care leaver cohort aged 21+ needs strengthening. |
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| Ref | Action | Action Owner | Due by | Action Rating |
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| CLE1 | Contact all 209 care leavers aged over 21 to ensure they are aware of the support available to them and offer them an allocated worker. | Service Manager Care Leavers | March 2024 | Complete |
| CLE2 | Review the 21+ offer and approach, formalising this in a protocol and ensuring it is clear on the local offer. The protocol will include continued proactive communication post 21 so young people know what support is available. | Service Manager Care Leavers | July 2024 | Complete |
| CLE3 | Review cases for care leavers with a disability who are open to the 21+ offer to ensure their needs are being met. | Service Manager Care Leavers | June 2024 | Complete but need to evidence impact |
| CLE4 | Develop a tracker for care leavers aged over 21 and monitor through weekly performance clinics to ensure there is regular oversight of engagement and support with these young people. | Service Manager Care Leavers | May 2024 | Complete |

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| CLE5 | Establish regular quality assurance around care leavers aged over 21 to ensure there is effective oversight of their outcomes and that this drives improvement. | | Head of Service for Cared for Children and Care Leavers | August 2024 | Complete but need to evidence impact |
| CLE6 | Review the impact of the revised 21+ offer with young adults, involving them in shaping any changes to services. | | Service Manager Care Leavers | March 2025 | Complete |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">Monthly thematic audits will conduct deep dives to understand our support to specific cohorts/ within specific areas. One theme will be support to those 21 and over, including those with a disability.The thematic audit will involve phone calls to young adults to understand their experience of services.The percentage of care leavers over 21 who we were in touch with within the last 3 months. | What we will see when we've addressed this area | <ul style="list-style-type: none">Persistent efforts to engage young adults over 21 are routinely made. We are in touch with over 90% of care leavers over 21 in the last 3 months.Over 90% young adults will tell us they know that support is available if they need it.There is effective oversight of young adults aged 21+ and their outcomes, including young adults with a disability. | | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | | |
| Quarterly dip samples on support to young people open to the 21+ offer, and those aged 21+ with a disability were carried out in April 2025 to drive service improvements. | | | | | |

3. Quality of plans

| What needs to improve | | | | |
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| The quality of plans for children to ensure that they are more child-focused and drive forward positive change in a timely way. | | | | |
| What inspectors found | Child in need and child protection <ul style="list-style-type: none"> The quality of child protection plans is inconsistent. Some are outcome focused although some lack purpose and urgency. Some children have been subject to protracted child protection planning. The quality of safety plans is inconsistent, mostly relying on vulnerable parents and are overly optimistic. The use of jargon makes it difficult for parents to understand what is required. Multi-agency core groups meet regularly to review progress however social workers do not routinely update children's experiences against the child protection plan. 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. When child in need and child protection plans do not progress, there was drift and delay for children, and ineffective challenge from the chair and multi-agency group in child in need meetings, core groups and review conferences. | | | |
| | Cared for children <ul style="list-style-type: none"> The quality of care plans for children is inconsistent. Consideration is not routinely given to permanence planning for children from an early stage. 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. | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| P1 | Embed the agreed restorative practice model approach to support requirement for consistently good practice. | Principal Social Worker | December 2024 | Complete but need to evidence impact |

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| P2 | Continue to provide masterclasses – short in-house training sessions for practitioners and managers on specific topics. This will include planning. The masterclass programme will continue to be responsive to audit findings to support improved practice. | Principal Social Worker | Starting in April 2024 and running throughout the year | Complete but need to evidence impact |
| P3 | Hold a management and leadership session on planning to ensure there is a shared understanding on what constitutes a good quality plan, and that the role of team managers and IROs is clear in scrutinising plans to ensure all plans are good quality. | All Service Managers | September 2024 | Complete but need to evidence impact |
| P4 | Establish reflective case discussion meetings to progress outcomes for children on longer child protection plans and repeat plans. | Safeguarding and Quality Assurance Manager, Child Protection | July 2024 | Complete but need to evidence impact |
| P5 | Develop a permanence action plan to ensure permanence planning is considered and progressed from an early stage, with permanence plans being in place at the second cared for review. The permanence action plan should consider all routes to permanence, including reunification. | Head of Service for Cared for Children and Care Leavers | November 2025 | On track |
| P6 | Develop best practice guidance on care planning to ensure expectations to support permanence and life story work are clear. | Service Manager Cared for Children | May 2025 | On track |
| P7 | Review children's panels and they outcomes they achieve for children (including permanence) to ensure they are effective and streamlined. | Director of Children's Social Care | September 2025 | On track |
| P8 | Explore within the multiagency safeguarding group what training is needed to support effective partnership challenge. | Children's Safeguarding Partnership Training Manager | December 2024 | Complete |
| P9 | Review and refresh forms within the child's record in line with families first and remove references to Signs of Safety. | Business Development Officer | February 2026 | On track |
| P10 | Develop a new C&F assessment. | Principal Social Worker | June 2025 | On track |
| P11 | Develop a clear training plan for the lead practitioners to support improved quality practice. | Lead Practitioners | April 2025 | Complete but need to evidence impact |

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| P12 | Develop and launch a new central point for children and families resources, practice guidance and training. | Business Development Officer | May 2025 | On track |
| <i>Please also see action MO5 - Embed the permanence tracker to monitor achieving permanence planning within statutory and children's timescales.</i> | | | | |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Monthly practice review audits will tell us about the quality of plans across all service areas. • Multi-agency audits will tell us about the quality of multi-agency challenge in supporting plan progression. • Permanence planning will be a focus of thematic audits. • The percentage of plans judged good or better. • The percentage of plans within timescales. • The percentage of children on repeat child protection plans. • Number of children on CP plans over 15 months. • The percentage of permanence plans in place by the second review. • The number of children on care orders and number of care orders discharged. | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Plans will be consistently good quality, with effective contingency plans, child-focused and result in good outcomes for children and young people. It will be easy for everyone to see what needs to happen from the plan. Over 80% plans audited will be good or better quality. • Drift and delay is prevented through effective management oversight and partnership challenge. • Consideration is routinely given to permanence planning for children from an early stage and children achieve permanence in a timely way. • Repeat child protection plans will be under 15%. • 100% permanence plans will be in place by the second review. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | |
| <p>The lead practitioner training plan was launched in April 2025 and invites have been sent out for sessions.</p> <p>The programme includes:</p> <ul style="list-style-type: none"> - writing to the child - assessment skills - understanding a child's history and family (chronologies and genograms) - writing SMART and child focused plans. <p>Lunchtime learning sessions will be offered on:</p> <ul style="list-style-type: none"> - Attending a strategy discussion - Undertaking a s47 enquiry - Discussing risk in strategy discussions | | | | |

- Contingency Planning and Safety planning
- Reflective Supervision
- Collaborative audits
- Family Network toolkit.

Practice guidance has been drafted for cared for children in consultation with health and education.

The new C&F assessment was received by the PPP group in April 2025. The assessment will be updated in line with restorative practice and is planned to be launched in June.

A new CP plan is planned to be launched in June 2025.

Mapping of current information sources available to children's services staff has taken place. Options for developing these into a more centralised resource are being explored with webteam and a proposal will be put to the practitioner reference group for consultation.

4. Quality and frequency of visits

| What needs to improve | | | | |
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| The quality and frequency of visits to children so that they are purposeful and in line with assessed needs. | | | | |
| What inspectors found | <p>Child in need and child protection</p> <ul style="list-style-type: none"> • Visits to children in need and those subject to child protection plans are not always carried out at a frequency reflecting assessed need. Not all visits are carried out within local authority prescribed or statutory timescales. There is a lack of clarity on the expected visiting times for children in need. • Some children are not visited often enough for social workers to build trusting relationships with them. Changes in social workers impacts this. • Visits to children do not always have purpose and do not link to their plans clearly enough. Records of visits vary in depth and quality of detail. Some visits are very brief, and their contribution towards the assessment or progress of the plan is limited. <p>Cared for children</p> <ul style="list-style-type: none"> • Visits to children in care are not always carried out in line with statutory visiting schedules or their assessed need. | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| V1 | Strengthen the performance framework to ensure robust performance management of visits to children. | Director of Family Help and Children's Social Care | September 2024 | Complete but need to evidence impact |
| V2 | Support improved visiting practice through the masterclass training programme and briefings to team meetings. | Principal Social Worker | September 2024 | Complete but need to evidence impact |
| V3 | Reissue the visiting template to practitioners to ensure consistency in recording. | Principal Social Worker | July 2024 | Complete but need to evidence impact |

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| V4 | Develop and roll out e-learning on visiting to support purposeful visits that are carried out with a frequency that reflects children’s needs. | | Principal Social Worker | August 2024 | Complete but need to evidence impact |
| V5 | Deliver training to the children’s social care workforce on the impact of recording and how this impacts on children’s understanding of their experiences. | | Principal Social Worker | May 2025 | Complete but need to evidence impact |
| V7 | Team managers to review visiting schedules in supervision, and IROs and CP chairs to have oversight of frequency visits to children. | | All Team Managers and IROs | Evaluate in January 2025 | Complete but need to evidence impact |
| How we’ll assess if we’ve addressed this area | | <ul style="list-style-type: none">• Monthly practice review audits will tell us about the quality of practice and visits, and the quality of relationships with children and young people.• Timeliness of visits. | What we will see when we’ve addressed this area | <ul style="list-style-type: none">• Visits to children are carried out at a frequency reflecting assessed need and this is clearly recorded on their files. Over 80% visits will be in line with need as shown through audit.• Children are visited often enough for social workers to build trusting relationships with them. 90% of young people will tell us they trust their social workers.• Visits to children are purposeful and clearly link to their assessments or plans. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | | |
| The new lead practitioner training programme includes writing to the child training. | | | | | |

5. Management Oversight and Supervision

| What needs to improve | | | | |
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| The quality of management oversight and supervision to ensure that consistent, good social work practice is in place. | | | | |
| What inspectors found | <ul style="list-style-type: none"> Management oversight and challenge are not fully embedded across all service areas. 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 upon in a timely way. The quality of supervision is too variable. Supervision is not always sufficiently analytical or reflective. Supervision is not consistently driving children's plans forward, actions although timebound roll over for many months without completion. This means not all children's circumstances are sufficiently understood. For a small number of young children who live in children's homes 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. 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. | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| MO1 | Commission a bespoke leadership development programme to support all leaders in children's services (from team leaders and above) to develop their leadership, reflective skills, and confidence in effective challenge to improve practice and outcomes for children. | Principal Social Worker | Running between March 2024 - June 2025 | Complete but need to evidence impact |
| MO2 | Deliver an in-house leadership and management development programme for children's social care, tailored to our areas for improvement, to support a culture of high support and high challenge and embed consistently good quality practice. | Principal Social Worker | To commence in April 2024 and run throughout the year | Closed |
| MO3 | Update the supervision policy and develop practice guidance on reflective supervision based on best practice. | Principal Social Worker | September 2024 | Complete but need to evidence impact |

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| MO4 | All managers to complete supervision training to support them to deliver reflective supervision that considers children’s lived experiences, supports learning and improves practice. | | Principal Social Worker | Training to be delivered between November and March 2025 Commission a final cohort by end of June 2025 | On track |
| MO5 | Embed the permanence tracker to monitor achieving permanence within statutory and children’s timescales. | | Service Manager Cared for Children | Evaluate impact in October 2024 | Complete but need to evidence impact |
| MO6 | Review the care plans for all cared for children who are not currently in foster care or planning to return home to ensure they are on the right plan. | | Head of Service Safeguarding and Quality Assurance | July 2024 | Complete but need to evidence impact |
| MO7 | Revise the supervision form to ensure that children and young people’s views are included and considered as part of reflective supervision. | | Head of Service Child in Need and Child Protection | October 2024 | Complete but need to evidence impact |
| How we’ll assess if we’ve addressed this area | | <ul style="list-style-type: none">Monthly practice review audits will tell us about the quality of practice and management oversight. These audits include a review of case supervision which informs the judgement on management oversight.The percentage of supervision within timescales. | What we will see when we’ve addressed this area | <ul style="list-style-type: none">Management oversight and challenge are embedded across all service areas. Over 80% of management oversight in audits will be good or better quality.Supervision is consistently good quality, analytical and reflective.Management oversight improves social work practice, leading to children and young people receiving timely support and experiencing good outcomes.Children achieve permanence in a timely way.100% children will have a permanence plan by their second review.Over 90% supervision will be within timescales. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | | |
| The final cohort of for the external leadership training started in January 2025 and concluded in April 2025. | | | | | |

An additional supervision course will take place in June to cover the remaining cohort of managers.

6. Effectiveness of IROs

| What needs to improve | | | | |
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| The effectiveness of child protection chairs and independent reviewing officers (IROs) to escalate, challenge and scrutinize plans for children. | | | | |
| What inspectors found | | <ul style="list-style-type: none"> Child protection chairs are not consistently effective in driving forward plans for children. Some children have been subject to protracted child protection planning, some plans lack purpose and urgency. They do not consistently advocate for children. Consequently, there are missed opportunities to act when risks increase, or changes have not happened within the child's timeframe. For example, for children who experience long-term neglect. Child protection chairs recognise they need to be more specific about what needs to change within the timeframe for children. Some plans are lengthy and opaque, the use of jargon makes it difficult for parents to understand what is required. Permanence plans are not routinely identified by the time of children's second reviews, leading to drift and delay of children's plans. For some children, IROs were not seen to actively raise this within the cared for children's review. IROs do not always robustly challenge the appropriateness of plans, which are not always-outcome focused, or challenge drift. The quality and impact of care planning for cared for children was variable. For some children, the impact of multiple social workers and IROs has resulted in drift and delay of their plans and permanence. For a small number of young children who live in children's homes 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. | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| IR1 | Review the performance management framework for IROs to ensure that we can evidence their impact in children's plans and children's lives. | Head of Service for Children's Safeguarding and Quality Assurance | September 2024 | Complete but need to evidence impact |
| IR2 | IROs will be included in the in-house and commissioned leadership and management development programme. This will ensure we have a consistent understanding of quality and expectations on practice and joint approach to improvement. | Principal Social Worker | IROs to be included by April 2024 | Complete |

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| IR3 | Review and refresh the IRO practice standards to embed consistently good quality practice. | | Safeguarding and Quality Assurance Managers | Review quarterly at service development days | Complete but need to evidence impact |
| IR4 | Hold an IRO service development day every 3 months to embed consistently good practice. | | Safeguarding and Quality Assurance Managers | Every 3 months from June 2024 | Complete |
| IR5 | Revise the guidance on IRO quality assurance alerts to support improved outcome-focused practice in line with our key improvement areas, e.g. planning, tailored visiting, and preventing drift and delay. | | Safeguarding and Quality Assurance Managers | August 2024 | Complete but need to evidence impact |
| IR6 | Explore and challenge performance around permanence in performance clinics with IROs to ensure this is achieved within children’s timescales. | | Safeguarding and Quality Assurance Manager, Cared for Children | July 2024 | Complete but need to evidence impact |
| IR7 | Carry out consultation and engagement sessions with cared for young people to evaluate the impact of the cared for IRO service and redesign the consultation forms for older young people. | | Safeguarding and Quality Assurance Manager, Cared for Children | March 2025 | Complete but need to evidence impact |
| How we’ll assess if we’ve addressed this area | | <ul style="list-style-type: none">• Monthly practice review audits will tell us about the quality of practice and plans.• Themes and impact of IRO quality assurance alerts.• Percentage of plans that are good or better quality.• Number of children on CP plans over 15 months.• Percentage of repeat child protection plans.• Percentage of permanence plans at the second review. | What we will see when we’ve addressed this area | <ul style="list-style-type: none">• IROs consistently drive forward plans and advocate for children. Plans are good quality, outcome-focused, and result in good outcomes for children. Over 80% plans audited will be good or better quality.• Children achieve long-term permanence in a timely way.• 100% children will have a permanence plan by their second review.• Repeat child protection plans will be under 15%. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | | |
| Surveys for children, young people, families and professionals are now place where they can share their views about CP conferences and cared for reviews. | | | | | |

7. Sufficiency of placements

| What needs to improve | | | | |
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| The sufficiency of suitable placements that can meet children and young people's assessed needs. | | | | |
| What inspectors found | <ul style="list-style-type: none"> When children cannot remain in the care of their birth parents, there is variability in how quickly potential carers from within the extended family are identified. Challenges to sufficiency impact on the choice of placements and the quality of children's experiences. Some children still live in homes that do not match their needs, due to a lack of choice. Sufficiency of in-house foster carers is a challenge. Some children experience multiple placement moves, which are unsettling for them. There are inconsistencies in management oversight and recording as to the rationale for this. 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. Some young children live in residential children's homes for long periods of time. | | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| S1 | Deliver a system which enables family led decision making to support children and young people to stay safely within families: <ul style="list-style-type: none"> - Develop a family network procedure - Develop training for the workforce to deliver family network meetings | Head of Service Child in Need and Child Protection | TBC | Reviewing |
| S2 | Join Foster4, which will provide additional resources for fostering recruitment and training. | Head of Service Children's Provision | May 2024 | Complete |
| S3 | Work in partnership with the other local authorities to build our Foster4 offer, ensuring there is an effective front door to the fostering service so we can effectively support those who make an enquiry and increase the number of foster carers within Cheshire East. | Head of Service Children's Provision | October 2024 | Complete |
| S4 | Explore opportunities within the council to increase fostering marketing and raise awareness of fostering to increase the number of people considering fostering. | Head of Service Children's Provision | October 2024 | Complete but need to |

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| | | | | evidence impact |
| S5 | Develop specialist foster carers to support children and young people to step down from residential care. | Head of Service Children's Provision | November 2025 | On track |
| S6 | Develop our third Mockingbird constellation to increase support for foster carers and children and young people in foster care. | Service Manager for Fostering | September 2024 | Complete |
| S7 | Open two Cheshire East Council residential children's homes to increase the placement options for Cheshire East's young people. | Head of Service Children's Provision | Flude House to open in April 2024 | Complete |
| | | | Cherry Tree House to open in January 2025 | Delayed |
| S9 | Establish effective processes with relevant system partners for consideration of joint commissioning and funding arrangements of placements where there is a combination of health, education and social care needs. | Health Consultant | February 2026 | On track |
| S10 | Young people to develop recruitment questions to ask foster carers, and deliver training to the fostering panel, to ensure children and young people's voices and experiences are included in the recruitment and selection of foster carers. | Participation Lead | September 2024 | Complete |
| S11 | Develop a 'Good Homes for All' workstream and action plan to improve outcomes for cared for children. This workstream will include a care leaver ambassador to ensure the views of care experienced children and young people shape our priorities and service development. | Head of Housing Participation Team | April 2025 | Complete but need to evidence impact |
| How we'll assess if we've addressed this area | | What we will see when we've addressed this area | • When children cannot remain in the care of their birth parents, their networks are explored at an early stage to support them to remain with their wider family where possible. • There is sufficient choice of placements to meet children and young people's needs, which means children are placed in a home that is right for them. | |
| • Increase in in-house fosters and increase in range of foster carers to support different groups, for example older young people. • Percentage of children and young people in foster care with Cheshire East carers. • Reduction in the timeframe to bring in new foster carers. | | | | |

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| | <ul style="list-style-type: none"> • Number of children and young people with 3 or more placement moves. • Children and young people will report that their placements meet their needs and they feel safe and supported. | | <ul style="list-style-type: none"> • Children and young people experience stable homes and placement moves are prevented/ limited wherever possible. |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | |
| <p>A workshop is being developed on family networks in partnership with the lead practitioners. We are also exploring how we can put 'checkpoints' early within case planning for Family Group Conferencing to ensure this is offered to families.</p> <p>Cherry Tree House was due to have its registration visit in January, but this was cancelled due to Ofsted availability. We are waiting to hear back from Ofsted on a new date for registration.</p> <p>A report is being produced for the June C&F committee on specialist foster carers.</p> <p>A new corporate parenting workstream 'Good Homes for All' commenced on 13 March 2025. An action plan was agreed in the second meeting in April. Work is underway to improve the support offered to care experienced young people pre and post tenancy. A workshop to develop a Charter with Youth Ambassadors and Registered Providers is planned for May 2025.</p> | | | |

Chapter 2

1. The Front Door

| What inspectors found | | <ul style="list-style-type: none">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.For a small number of children, obtaining information from partner agencies and the voice of the child can lead to a delay in decision-making when the threshold is clearly met.Issues relating to parental consent are not always well recorded.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. | | |
|------------------------------|--|---|--------------|--------------------------------------|
| Ref | Action | Action Owner | Due by | Action Rating |
| FD1 | Update the contact guidance to include that where the threshold for a referral is clearly met, cases must be actioned immediately. This guidance will also include ensuring consent is clearly recorded. Embed the guidance to support consistently good practice. | Service Manager Integrated Front Door | July 2024 | Complete but need to evidence impact |
| FD2 | Review multi-agency safeguarding hub (MASH) arrangements in other local authorities to learn from good practice and inform the development of multi-agency decision making in the front door. | Head of Service Early Help, Prevention and Domestic Abuse Service Manager Integrated Front Door | August 2024 | Complete |
| FD3 | Hold a collaborative workshop to review the current front door provision and agree actions to establish multi-agency decision-making, informed by the inspection findings and observation of good practice in other areas. | Head of Service Front Door | January 2025 | Complete |
| FD4 | Consider chapter 3 of Working Together 2023 in the safeguarding partnership to establish agreed multi-agency working arrangements. | Head of Service Children's Safeguarding and Quality Assurance | April 2025 | Complete but need to evidence impact |

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| | | Chair of the Safeguarding Partnership and statutory partners within the partnership | | |
| FD5 | Establish a multi-agency safeguarding hub (MASH), supported by effective partnership governance arrangements. | Head of Service for the Front Door | March 2026 | On track |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">• Monthly multi-agency front door thematic audits will conduct deep dives to understand our support to specific cohorts/ within specific areas. One theme will be step up to social care. These audits also consider consent and timeliness of decisions.• The percentage of contacts that are referred to children's social care completed within 24 hours. | What we will see when we've addressed this area | <ul style="list-style-type: none">• Families stepping-up from early help services to statutory services will swiftly receive support. Over 90% of referrals to children's social care will be within 24 hours.• 90% parental consent will be well recorded.• All decisions for referrals to children's social care will be made swiftly. Over 80% referrals audited will be good quality.• The multi-agency partnership is routinely included in social care decisions about next steps to help and protect children and when managers make decisions to close referrals. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | |
| The first integrated front door governance board took place in March and a project plan is in place to deliver service improvements and move to a MASH model. Project support to support this has now been identified. A second governance board will take place in May. | | | | |
| An assessment of how the partnership is implementing Working Together has been carried out. An implementation plan was received by the CЕСSP board in April 2025. | | | | |

2. Strategy Meetings

| What inspectors found | | <ul style="list-style-type: none"> Strategy meetings do not consistently capture the discussion about risk, which means that the rationale for decisions made, and next steps, is not always clear. | | |
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| Ref | Action | Action Owner | Due by | Action Rating |
| SM1 | Deliver a workshop on strategy meetings for team managers to support consistently good practice. | Service Managers CINCP | August 2024 | Closed |
| SM2 | Deliver training for unit coordinators on minute taking to support consistently good practice across the team in capturing discussions on risk. | Children and Family Service Business Support Lead | August 2024 | Closed |
| SM3 | A management analysis box to be added to the strategy discussion form to ensure a clear rationale for decisions is included. | Service Managers CINCP | June 2024 | Complete but need to evidence impact |
| SM4 | Develop partnership and managers training to strengthen partnership contributions during strategy discussions, what is recorded, and how minutes are signed off. | Partnership Training Manager Service Manager Front Door Lead Practitioners | June 2024 | On track |
| How we'll assess if we've addressed this area | | <ul style="list-style-type: none"> Strategy discussion audits within the 8-weekly multi-agency liaison meetings will tell us about the quality of strategy discussions and whether the rationale for decisions is clearly recorded. | What we will see when we've addressed this area | <ul style="list-style-type: none"> Strategy meetings consistently capture the discussion about risk which means that the rational for decisions and next steps is clear. 90% strategy discussions will have a clear rationale for decisions. |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | |
| The lead practitioner training plan was launched in April 2025 and invites have been sent out for sessions. Lunchtime learning sessions will be offered on attending a strategy discussion, undertaking a s47 enquiry and discussing risk in strategy discussions. Longer partnership training sessions will be run in July and October for managers. | | | | |

3. Life-story work and later-life letters

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| What inspectors found | | • 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. | | | | |
| Ref | Action | | | Action Owner | Due by | Action Rating |
| LS1 | Commission external training on life-story work to ensure practitioners understand the expectation, importance, and how to complete it. | | | Principal Social Worker | March 2025 | Complete but need to evidence impact |
| LS3 | Establish a process for monitoring and reviewing life-story work and later-life letters. | | | Service Managers Cared for Children | August 2024 | Complete but need to evidence impact |
| How we'll assess if we've addressed this area | | • Feedback from children and young people, and their carers – children will tell us they have a better understanding of their life stories. | What we will see when we've addressed this area | • Life-story work and later-life letters are started early so children understand why they are in care. | | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | | | |
| The new practice guidance for cared for services include guidance on life story work. | | | | | | |

4. Health of Cared for Children

| What inspectors found | | <ul style="list-style-type: none"> Waiting lists result in some delay in children accessing emotional support services. A small number of unaccompanied asylum-seeking children (UASC) and young people wait too long to access emotional support and counselling due to waiting lists. Initial and review health assessments are not always completed within appropriate timescales. | | |
|------------------------------|--|--|-------------|---------------|
| Ref | Action | Action Owner | Due by | Action Rating |
| H1 | Develop prioritisation matrices/ approaches to ensure the most vulnerable children and young people are prioritised for mental health support based on an understanding of the additional and differing needs and risks for children with experience of the care system. | Head of Commissioning Children, Families and Adults with Complex Needs Programme Lead for Mental Health and Neurodiversity – Cheshire East NHS ICB | March 2025 | Amber E |
| H2 | Develop 'waiting well' initiatives with key health providers and third sector provision to support children and young people while they wait based on an understanding of protective factors and how they can be increased and developed in response to needs. | Head of Commissioning Children, Families and Adults with Complex Needs Programme Lead for Mental Health and Neurodiversity – Cheshire East NHS ICB | March 2025 | Amber E |
| H3 | Review the current emotional support offer for UASC young people in Cheshire East, taking into account any recommendations/ good practice from the Cheshire and Merseyside scoping exercise on support to UASC young people. | Designated Nurse Safeguarding and Looked After Children | August 2025 | On track |
| H4 | Health and children's social care to jointly review the timeliness of health assessments on a six-weekly basis to support improved timeliness. | Service Manager Cared for Children Designated Nurse Safeguarding and Looked After Children | May 2024 | Closed |
| H5 | Develop a single point of contact for health assessments within the local authority to support increased timeliness. | Service Manager Cared for Children | May 2024 | Closed |
| H6 | Report quarterly to NHS England on out of area initial and review health assessments that are out of timescale to drive improved timeliness. | Designated Nurse Safeguarding and Looked After Children | May 2024 | Closed |

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| H7 | Develop a health and wellbeing workstream and action plan to improve health outcomes for cared for children and care leavers. This workstream will include a care leaver ambassador to ensure the views of care experienced children and young people shape our priorities and service development. | Designated Nurse Safeguarding and Looked After Children | June 2025 | On track |
| H8 | Review and streamline the process around initial health assessments to improve timeliness. | Head of Service Child in Need and Child Protection | May 2025 | On track |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">• Waiting lists for children and young people's mental health services (CYPMHS).• Timeliness of annual health assessments, initial and review health assessments. | What we will see when we've addressed this area | <ul style="list-style-type: none">• Children and young people access children and young people's mental health services (CYPMHS) without delay. 90% of non-urgent referrals receive an assessment within 6 weeks. 90% wait no more than 6 weeks between assessment and treatment.• 90% annual health assessments will be completed within timescales. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | |
| Health Assessments for Cared for Children In Q4 100% of review health assessments for children living within Cheshire East were completed within timescales, and there was an improvement in timescales for children living outside of borough. All RHAs that were quality assured passed. Training was provided to social workers on initial health assessments and children's social care are currently reviewing their processes. There is one more training session in May and then the new paperwork will be commenced, this is expected to provide more detailed information about the child to improve the quality of the health plan. | | | | |
| Unaccompanied Asylum-Seeking Children Following some delay, Greater Manchester ICB will be feeding back on their exercise on behalf of NHS England to drive improvement for health services for UASC on the 15 May. Any learning will be considered through the new Health and Wellbeing workstream. | | | | |
| Good Health and Wellbeing Workstream The first meeting of the new Good Health and Wellbeing workstream has taken place, with the second planned for early May. The terms of reference have been reviewed and an initial draft of an action plan has been developed for review at the next meeting. Our care leaver ambassador is a key member of the workstream and has some great ideas for participation. | | | | |

5. Education for Cared for Children

| What inspectors found | | <ul style="list-style-type: none"> • Too many primary-aged children in care experience attendance issues as they move into secondary school. • Personal education plans (PEPs) 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 employment, education or training (NEET) does not begin early enough. | | |
|------------------------------|--|--|---|--------------------------------------|
| Ref | Action | Action Owner | Due by | Action Rating |
| ED1 | Review attendance through education advisors' fortnightly attendance meetings and determine clear actions for young people to improve their attendance. | Head of Service for Inclusion | April 2024 | Complete but need to evidence impact |
| ED2 | Review the plans for those with lower than 50% attendance, in alternative provision, or not in full time education, in a forum chaired by a head of service, to ensure there are clear actions on what needs to happen and there is senior leader oversight of these young people. | Head of Service for Inclusion | April 2024 | Complete but need to evidence impact |
| ED3 | Hold multi-disciplinary team meetings for individual children and young people when required to improve attendance. These meetings develop a plan to improve attendance and continue to meet until attendance has improved. | Head of Service for Inclusion | April 2024 | Complete but need to evidence impact |
| ED4 | Improve the quality of PEPs through delivering training, ensuring we are ambitious for young people, targets are SMART, and there is a clear early planning for preparing young people for adulthood and securing EET. Involve young people in the development and delivery of the training to ensure the impact of a good quality PEP is clear. | Head of Service for Inclusion | Delivery from September - December 2024 | Complete but need to evidence impact |
| ED5 | Review the PEP form to ensure that this supports improvement in areas where care experienced young people attain less well than their peers, for example reading. | Head of Service for Inclusion | September 2024 | Complete but need to evidence impact |

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| ED6 | Report cared for children’s attainment against their peers within scorecards and performance reports to drive improved performance. | | Head of Service for Inclusion | February 2025 | Complete but need to evidence impact |
| ED7 | Audit young adults who are NEET at 20 and look what learning can be taken from their preparation for adulthood to improve our support. | | Head of Service for Inclusion Service Manager for Care Leavers | March 2025 | Complete |
| ED8 | Use the risk of NEET indicators (RONI) to identify which cared for young people in Year 11 are at risk of NEET and ensure that the right support is in place to support them into EET. | | Area Delivery Manager Youth Support Service – NEET and Preparing for Adulthood | November 2024 | Complete |
| How we’ll assess if we’ve addressed this area | | <ul style="list-style-type: none">• Percentage attendance for cared for children.• Educational outcomes for cared for children.• PEP audits will tell us about the quality of PEPs and impact, and how well they support preparation for adulthood and prevent young people becoming NEET.• Percentage of PEPs that are good or better quality.• Percentage of young people in care in Year 12 and 13 that are NEET. | What we will see when we’ve addressed this area | <ul style="list-style-type: none">• 95% attendance for all cared for children• Educational outcomes for cared for children are good and in line with their peers.• Cared for young people are well prepared for adulthood.• Identifying children and young people who are at risk of NEET begins early and helps to prevent them becoming NEET.• 95% of PEPs are graded as good or better• 90% of young people in care in Year 12 and 13 are EET. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | | |
| A new education and skills workstream has been developed as part of the corporate parenting governance. | | | | | |

6. Workforce

| What inspectors found | | <ul style="list-style-type: none">• Frequent changes in social workers impact on the quality of relationships and the progress of plans for some children, leading to delay.• Too many children have experienced changes in social worker, which means they must retell their story, and this prevents them from being able to build trusting relationships.• The impact of multiple social workers and IROs on care planning has resulted in drift and delay for some children in achieving permanence. | | |
|-----------------------|--|--|----------------|--------------------------------------|
| Ref | Action | Action Owner | Due by | Action Rating |
| W1 | Review capacity across children’s social care and supporting services to deliver the improvement plan and develop a costed proposal to the Children and Families Committee. | Director of Family Help and Children’s Social Care | July 2024 | Complete |
| W2 | Assess demand to the care leavers service and determine what capacity is needed to support allocation at 15 years 9 months and to increase support to care leavers aged 21+. | Service Manager Care Leavers | July 2024 | Complete |
| W3 | Review capacity across the two IRO teams to look at how we can create dedicated time for supporting and driving improved outcomes for care leavers. | Head of Service Children’s Safeguarding and Quality Assurance | July 2024 | Complete |
| W4 | Reestablish a workforce, recruitment and retention group for children’s social care. | Director of Family Help and Children’s Social Care | September 2024 | Complete but need to evidence impact |
| W5 | Refresh the workforce strategy. | Head of HR Principal Social Worker | December 2024 | Complete but need to evidence impact |
| W6 | Develop and launch a refreshed recruitment campaign to attract high quality practitioners and managers to Cheshire East. | Head of HR Principal Social Worker | August 2025 | On track |

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| W7 | Develop reporting on caseloads specific to each service on what we would expect to see to support effective oversight. | Director of Family Help and Children's Social Care Business Intelligence Manager | August 2024 | Complete |
| W8 | Launch a level 7 apprentice scheme (a masters equivalent programme, so a shorter programme than our current BA equivalent level 6 apprenticeships) to supplement our current scheme supporting people to train as social workers with Cheshire East. | Principal Social Worker | To start in March 2025 | Complete |
| W9 | Seek practitioners' views on the support they receive to deliver good practice, workloads, and progress to date, through the practice review audits, elected member frontline visits, and walking the floor. | Executive Director of Children's Services | Quarterly review | On track |
| W10 | Keep the children's workforce updated on developments around the inspection findings through the monthly children's newsletter and monthly talk together sessions with the DCS to ensure there is a joined up approach to improvement. | Executive Director of Children's Services | Quarterly review | Complete |
| W11 | Seek children, young people and families' views of the support they have received through our audit process. | Head of Service Children's Safeguarding and Quality Assurance | Monthly | Complete but need to evidence impact |
| W12 | Deliver a base build of children's services to ensure there is the right support to meet children's needs. | Executive Director of Children's Services | December 2025 | On track |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none">Monthly practice review audits will tell us about the quality of practice across all service areas and include feedback from children and families on their relationships with their workers.Caseload data.The percentage of social worker vacancies and the percentage turnover rate for social workers. | What we will see when we've addressed this area | <ul style="list-style-type: none">Social workers build effective and trusting relationships with children and families, which supports improved outcomes for children and young people. 90% young people tell us that they trust their social workers.Teams are stable, meaning children and young people don't experience frequent changes in social worker or IROs.Average caseloads are 15 for AYSEs, 20 for cared for, and 22 for CINCP.80% practitioners tell us that their caseloads are manageable and they feel well supported by managers. | |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | | |

We are commissioning an external company to design an attractive recruitment campaign to help us attract high quality experienced candidates. Creative proposals have been developed and considered by the workforce group.

A second round of Children's Wellbeing Bill sessions are taking place in April and May to engage staff about the changes required and involve them in shaping the next steps.

Chapter 3

Actions from internal assessment activities from September 2024

Entries to Care

| Source | | Focus on Care Planning and Children who have become Cared for since April 2024 – Report to the Improvement Board on 7 November 2024 | | |
|-----------------------|---|---|---------------|--------------------------------------|
| Areas for improvement | | <ul style="list-style-type: none"> Too many children were coming into care in an unplanned way (58 of 116 in Q1 and Q2 2024-25). There were 25 children who were not open to children's services before becoming cared for. 7 children were open to early help when they came into care. The number of unplanned entries to care include a high percentage from the use of Police Protection Powers. Interim care orders were granted for 18 children where the Court did not endorse the care plan. | | |
| Ref | Action | Action Owner | Due by | Action Rating |
| C1 | Review children's experiences and identify if there were opportunities where early help could have been offered to support them. | Head of Service for Early Help and Protection | February 2025 | Complete but need to evidence impact |
| C2 | Refresh and relaunch the early help strategy to ensure there is a strong partnership approach to delivering early help. | Head of Service for Early Help and Protection | June 2025 | On track |
| C3 | Agree a joint protocol for responding to and managing police protection, including how police protection paperwork is shared and recorded on a child's electronic file. | Head of Service Children's Safeguarding and Quality Assurance | July 2025 | On track |
| C4 | Develop a neglect strategy to ensure all agencies are responding appropriately to neglect and earlier intervention is considered where necessary. | Children's Safeguarding Partnership Business Manager Head of Early Help and Prevention | June 2025 | Complete |

| | | | |
|---|---|--|--|
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> • Increase in the number of children coming into care in a planned way. • Reduction in the use of Police Protection. • Reduction in the number of care plans not endorsed by the court. | What we will see when we've addressed this area | <ul style="list-style-type: none"> • Children will come into care in a planned way. There will be no unplanned entries into care unless there are legitimate reasons which the partnership feel is acceptable (by exception). • Children and families will have their needs identified early and will receive effective support that prevents issues from escalating. Children who do come into care in a planned way will have evidence of earlier intervention having taken place. |
| Key improvement activities delivered this month and what impact we are achieving for children and young people | | | |
| The neglect strategy was agreed at the Safeguarding Children Partnership Board in April 2025. | | | |

Children's home inspection

| | | | | | |
|--|--|---|---|---------------|--------------------------------------|
| Source | | Children's home monitoring visit – 4 February 2025 | | | |
| Areas for improvement | | <ul style="list-style-type: none"> Three requirements were restated from the last inspection in November 2024 as they were not met: <ul style="list-style-type: none"> Written plans need to contain all known risks to children and have clear strategies for staff to follow to keep children safe. Monitoring and review systems need to ensure that shortfalls in the quality of care are identified and addressed. Case records need to be up to date and include the information and documents listed in Schedule 3. | | | |
| Ref | Action | Action Owner | | Due by | Action Rating |
| CH1 | Implement weekly management reviews of compliance with standards to drive improved management oversight and improved quality of practice. | Registered Manager | | 7 March 2025 | Complete but need to evidence impact |
| CH2 | Strengthen the regulation 44 visits and reports through delivery of training to ensure there is effective oversight of the quality of care. | Head of Service Children's Provision | | March 2025 | Complete but need to evidence impact |
| CH3 | Review the recording system for residential provision within LiquidLogic to ensure this supports best practice and recording holds appropriately. | Registered Managers and Business Intelligence | | March 2025 | Complete but need to evidence impact |
| How we'll assess if we've addressed this area | <ul style="list-style-type: none"> Monthly regulation 44 visits and reports, considering the quality of practice and compliance with standards. Audit by Head of Service to test monitoring and review systems in place and quality of practice. | What we will see when we've addressed this area | <ul style="list-style-type: none"> Children's plans will contain all known risks to children, there will be clear strategies in place for staff which are followed and support children to be kept safe. Monitoring and review systems accurately identify shortfalls in the quality of care and actions is taken swiftly to address these. Case records are up to date and include all the information and documents listed in Schedule 3 so there is a accurate record of the child's experiences and support. | | |

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|--|
| Key improvement activities delivered this month and what impact we are achieving for children and young people |
| Weekly management reviews were put in place in March. Training on reg 44 visits and reports has been delivered. The first report has been received which covered all the required areas. Meetings have taken place with business intelligence to review the recording system and ensure it supports good practice. |

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Appendix 3 – Changes to the improvement plan as agreed by the Partnership Oversight Group

New actions have been added in response to the children's home inspection completed on 4 February 2025 (section CH in Chapter 3), as well as the following:

| Ref | Action | Timescale |
|-----|---|------------|
| P10 | Develop a new C&F assessment. | June 2025 |
| P11 | Develop a clear training plan for the lead practitioners to support improved quality practice. | April 2025 |
| P12 | Develop and launch a new central point for children and families resources, practice guidance and training. | May 2025 |

The following actions have been closed and replaced with a new action to address the same area. Impact will be assessed through the new action:

| Ref | Actions that have been closed | New action |
|-----|---|--|
| SM1 | Deliver a workshop on strategy meetings for team managers to support consistently good practice. | SM4 - Develop partnership and managers training to strengthen partnership contributions during strategy discussions, what is recorded, and how minutes are signed off. |
| SM2 | Deliver training for unit coordinators on minute taking to support consistently good practice across the team in capturing discussions on risk. | |
| H4 | Health and children's social care to jointly review the timeliness of health assessments on a six-weekly basis to support improved timeliness. | H8 - Review and streamline the process around initial health assessments to improve timeliness. |
| H5 | Develop a single point of contact for health assessments within the local authority to support increased timeliness. | |
| H6 | Report quarterly to NHS England on out of area initial and review health assessments that are out of timescale to drive improved timeliness. | |

The following actions have been revised:

| Ref | Action | Revised action | Timescale |
|------|---|---|-------------|
| SL2b | Develop the child and family Engagement strategy that describes how and when to | Develop a partnership child and family Engagement strategy that describes how and | Not changed |

| | | | |
|------|--|---|--|
| | facilitate co-production and will be linked to the family feedback strategy. | when to facilitate co-production and will be linked to the family feedback strategy. | |
| SL13 | Ensure councillors have oversight of practice through opportunities built into the practice and learning weeks that will take place twice a year. | Ensure councillors have oversight of practice and receive feedback from frontline practitioners through a variety of opportunities. | September 2025 A proposal on new arrangements for councillor frontline visits will be received by committee in June 2025, and additional time is accounted for to put the new process in place once agreed. |
| SL15 | Embed 'Being Brilliant at Best Practice' through our culture, leadership, and developing and sharing key communications on practice. Continually evaluate impact and reinforce messages through monthly performance meetings and quality assurance activity. | SL15a - Develop practice guidance where specific practice guidance is required and to include timescales to ensure expectations are clear to practitioners and managers. SL15b - Embed the practice standards ('Being Brilliant at Best Practice') through our culture, leadership, and developing and sharing key communications on practice. Continually evaluate impact and reinforce messages through monthly performance meetings and quality assurance activity. | July 2025 April 2025 |
| SL17 | Strengthen how we capture children and young people's feedback through audits through a dedicated resource to ensure this is supported and actioned. | Strengthen the audit process – revise the audit tool and integrate audit and reporting within the child's record. | July 2025 |
| SL18 | Introduce a way to capture feedback from families to understand the impact of services/interventions on outcomes for children and young people, to inform service improvement. | Develop an implementation plan for the family feedback strategy that has now been approved. | October 2025 |
| CLB4 | Permanent hub from the Crewe Youth Zone by the end of 2025 | Consider suitable options for a long-term care leaver hub in Crewe | Not changed |
| P6 | Refresh the practice standards on care planning to ensure expectations to support permanence are clear. | Develop best practice guidance on care planning to ensure expectations to support permanence and life story work are clear. | May 2025 |

| | | | |
|-----|--|--|----------------|
| P7 | Review permanence decision panels to ensure effectiveness of permanence planning. | Review children's panels and the outcomes they achieve for children (including permanence) to ensure they are effective and streamlined | September 2025 |
| P9 | Develop a new child protection plan in partnership with children, young people and families to ensure it is concise, focused on the key priorities to keep children safe, and easy for families to understand. | Review and refresh forms within the child's record in line with families first and remove references to Signs of Safety. | February 2026 |
| P10 | Review the cared for plan in partnership with children, young people and families to ensure it supports best practice and is easy for families to understand. | | |
| V5 | Deliver training to the children's social care workforce on the impact of recording, including views from a care leaver on what reading their case files felt like for them. | Deliver training to the children's social care workforce on the impact of recording and how this impacts on children's understanding of their experiences. | May 2025 |
| S1 | Embed a culture of considering support from the family network at the earliest opportunity, including identifying potential carers from within the extended family where children can't remain in the care of their birth parents. | Deliver a system which enables family led decision making to support children and young people to stay safely within families: <ul style="list-style-type: none"> - Develop a family network procedure - Develop training for the workforce to deliver family network meetings | In scoping |
| S9 | Investigate the potential for joint commissioning of high needs placements for children with relevant system partners, developing costed business cases where required, to support increased placement options for young people. | Establish effective processes with relevant system partners for consideration of joint commissioning and funding arrangements of placements where there is a combination of health, education and social care needs. | Not changed |
| S11 | Develop a 'Homes for Cared for Children' workstream and action plan to improve outcomes for cared for children. This workstream will include a care leaver ambassador to ensure the views of care | Develop a 'Good Homes for All' workstream and action plan to improve outcomes for cared for children. This workstream will include a care leaver ambassador to ensure the views of | April 2025 |

| | | | |
|--|---|--|--|
| | experienced children and young people shape our priorities and service development. | care experienced children and young people shape our priorities and service development. | |
|--|---|--|--|

The timescales for the following actions have been revised through the oversight group to ensure these are suitable:

| Ref | Action | Last reported timescale | Revised timescale |
|------|---|-------------------------|--|
| SL2a | Develop a Family Feedback Strategy to ensure our services develop in response to what our families tell us. | February 2025 | April 2025 Updated due to staff absence, the family feedback strategy was agreed by the PPP group in April. |
| CLB6 | Engage and consult with care experienced young people on how they want to understand their health histories and adapt the current process in line with their feedback. | Scoping | July 2025 Consultation has taken place, and changes made, the new process is now being put in place in health and children's social care, which involves changes to ICT systems. |
| MO4 | All managers to complete supervision training to support them to deliver reflective supervision that considers children's lived experiences, supports learning and improves practice. | May 2025 | June 2025 An additional supervision course will take place in June to cover the remaining cohort of managers. It was not possible to have this in May due to the trainer's availability. |
| IR7 | Carry out consultation and engagement sessions with cared for young people to evaluate the impact of the cared for IRO service and redesign the consultation forms for older young people. | Scoping | March 2025 Surveys for children, young people, families and professionals are now in place where they can share their views about CP conferences and cared for reviews. |
| S5 | Develop specialist foster carers to support children and young people to step down from residential care. | Scoping | November 2025 A report will be produced for the C&F committee on this approach so additional time is needed to support this being received by committee, and then time will be needed once the approach is agreed to recruit carers. |
| H7 | Develop a health and wellbeing workstream and action plan to improve health outcomes for cared for children and care leavers. This workstream will include a care leaver ambassador to ensure the views of care experienced children and young people shape our priorities and service development. | March 2025 | June 2025 The first meeting of the new Good Health and Wellbeing workstream has taken place in April, with the second planned for early May. The terms of reference have been reviewed and an initial draft of an action plan has been developed for review at the next meeting. |

| | | | |
|-----|--|------------|--|
| H3 | Review the current emotional support offer for UASC young people in Cheshire East, taking into account any recommendations/ good practice from the Cheshire and Merseyside scoping exercise on support to UASC young people. | March 2025 | August 2025 Following some delay, Greater Manchester ICB will be feeding back on their exercise on behalf of NHS England to drive improvement for health services for UASC on the 15 May. Any learning will be considered through the new Health and Wellbeing workstream. |
| W6 | Develop and launch a refreshed recruitment campaign to attract high quality practitioners and managers to Cheshire East. | March 2025 | August 2025 Additional time is needed as external support has now been commissioned and timing of the launch and advertising needs to be considered |
| W12 | Deliver a base build of children's services to ensure there is the right support to meet children's needs. | June 2025 | December 2025 This is a large piece of work and will involve engagement from staff and key stakeholders in determining the changes. A programme director commenced in April who is leading this. |
| C3 | Agree a joint protocol for responding to and managing police protection, including how police protection paperwork is shared and recorded on a child's electronic file. | March 2025 | July 2025 A protocol was drafted, but following joint work with the police, it has been agreed that this needs to be rewritten collaboratively. |

The following actions have been removed:

| Ref | Action | Reason |
|------|--|--|
| CLB1 | Embed within our culture and approach that we start planning for adulthood as soon as a child or young person enters care. | This is covered under the birth to thrive workstream as a transformation project. As work progresses, we may determine if any actions need to be pulled into this plan |
| LS2 | Include in the practice standards for care planning that the expectation for every child is that life story work and later life letters are started early. | This is covered under action P6 - Develop best practice guidance on care planning to ensure expectations to support permanence and life story work are clear. |

The following action has been closed as impact will be tested across a varying number of improvements within the plan and BAU QA work:

| Ref | Actions that have been closed |
|-----|--|
| MO2 | Deliver an in-house leadership and management development programme for children's social care, tailored to our areas for improvement, to support a culture of high support and high challenge and embed consistently good quality practice. |

| | | | |
|---|-----------|----------------------|---------------------------|
| RAG rating for actuals against targets (it is not appropriate to have targets for all indicators) | On target | Within 15% of target | More than 15% from target |
| Direction of travel shown between current and previous month (green indicates an improvement and amber indicates a decline) | ▲ | ▼ | |

Indicators of Success

The indicators below will demonstrate change achieved

Rates are calculated using the 2023 ONS mid year population estimate 0-17 of 81,634 (Office of National Statistics) and are calculated as a rate per 10,000 children aged 0-17.

| ID | Early Help and Front Door Responses - Early Help and Front Door information only | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Target | SN av | Direction of travel |
|----|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|-------|---------------------|
| 1 | Number of Early Help / Front Door Referrals (in month) | 628 | 683 | 690 | 776 | 602 | 691 | 661 | 560 | 384 | 527 | 403 | 435 | Monitor | N/A | ▲ |
| 2 | Percentage of Early Help Assessments completed within 45 working days (in month) | 87.0% | 85.0% | 82.0% | 83.0% | 90.0% | 73.0% | 84.0% | 87.4% | 94.0% | 99.0% | 96.0% | 99.0% | 90.0% | N/A | ▲ |
| 3 | Percentage of Early Help episodes closed within the last 12 weeks who have been referred to Social Care (in month) | 3.7% | 4.7% | 5.6% | 4.2% | 4.3% | 3.8% | 4.4% | 4.2% | 4.5% | 3.2% | 7.5% | 8.8% | Below 8% | N/A | ▲ |
| 4 | Number of children stepped down from Child In Need to Early Help (in month) | 23 | 26 | 34 | 16 | 17 | 29 | 41 | 18 | 20 | 9 | 27 | 31 | Monitor | N/A | ▲ |
| 5 | Number of ChECS Contacts (in month) | 1,036 | 687 | 749 | 900 | 642 | 865 | 935 | 747 | 817 | 933 | 912 | 1083 | Monitor | N/A | ▲ |
| 6 | Percentage of repeat contacts where previous contact was within previous 12 months (in month) | 55.5% | 53.4% | 53.7% | 51.6% | 55.2% | 53.1% | 53.8% | 50.8% | 44.5% | 46.1% | 45.4% | 43.1% | 45% | N/A | ▼ |
| 7 | Percentage of ChECS Contact decisions made within one working day (in month) | 77.7% | 86.5% | 91.4% | 86.7% | 90.6% | 95.3% | 77.2% | 89.6% | 91.7% | 93.3% | 84.7% | 82.1% | 90.0% | N/A | ▼ |
| 8a | Number of Referrals (in month) | 193 | 170 | 209 | 248 | 192 | 214 | 226 | 181 | 216 | 223 | 255 | 272 | Monitor | N/A | ▲ |
| 8b | Percentage of referrals leading to 'No Further Action' (in month) | 10.0% | 4.7% | 2.9% | 4.8% | 8.3% | 9.8% | 10.2% | 2.8% | 0.5% | 1.8% | 0.3% | 0.3% | below 10% | N/A | ◀ ▶ |
| 9a | Percentage of visits within 5 working days of referral (in month) | 57.0% | 80.8% | 55.7% | 57.7% | 65.6% | 61.8% | 68.4% | 58.3% | 57.7% | 50.8% | 65.2% | 55.2% | 90.0% | N/A | ▼ |
| 9b | Percentage of referral visits within 10 working days of referral (in month) | 68.0% | 86.0% | 70.0% | 74.0% | 81.0% | 75.0% | 84.0% | 79.0% | 77.0% | 74.0% | 83.0% | 83.0% | 90.0% | N/A | ◀ ▶ |
| 10 | Percentage of re-referrals within previous 12 months (rolling 12 months) | 23.0% | 17.0% | 16.0% | 17.0% | 18.0% | 17.0% | 16.0% | 16.0% | 16.0% | 16.0% | 16.0% | 16.0% | below 18% | 19% | ◀ ▶ |
| 11 | Percentage of single assessments leading to closure (in month) | 25.4% | 40.5% | 42.1% | 44.0% | 42.8% | 53.7% | 52.5% | 43.0% | 42.8% | 48.6% | 46.9% | 47.7% | 45% | N/A | ▲ |
| 12 | Percentage of single assessments closed with outcome of Early Help | 14.9% | 7.9% | 13.3% | 11.9% | 12.5% | 7.8% | 16.4% | 13.6% | 21.1% | 6.9% | 17.5% | 12.2% | 25% | N/A | ▼ |
| 13 | Percentage/ number of strategy discussions held within 48 hours of referral date | 51.9% | 78.8% | 63.5% | 69.4% | 52.3% | 71.1% | 80.6% | 69.6% | 83.7% | 67.8% | 60.8% | 57.8% | 90.0% | N/A | ▼ |
| 14 | Percentage of strategy discussions with the outcome 'Section 47 enquiry required' (in month) | 66.9% | 68.9% | 79.6% | 67.9% | 62.7% | 59.7% | 75.9% | 78.5% | 62.2% | 68.5% | 71.7% | 67.3% | 60% | N/A | ▼ |
| 15 | Percentage of authorised Section 47 Enquiries with the outcome 'Convene initial child protection conference' (in month) | 43.9% | 50.0% | 15.2% | 33.3% | 20.6% | 27.1% | 24.4% | 16.1% | 21.7% | 24.1% | 20.0% | 30.4% | 35% | N/A | ▲ |

Narrative:
 ID 3: There has been an increase in the % of cases closed to early help within the last 12 weeks that have been referred back into social care in March. This potentially suggests that the early help work being completed is not delivering lasting results.
 ID 5: March saw the largest number of contacts in a month to the front door in the last 12 mths. This hasn't however resulted in a significant rise in referrals which potentially suggests that partners may not be clear about thresholds.
 ID 13: There has been a further drop in the % of Strategy discussions being held within 48hrs where an immediate strategy discussion is required from referral. Again we need to ensure that this isn't putting individuals at additional risk.

| ID | Robust and effective social work practice - All of CYPFS | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Target | SN av | Direction of travel |
|----|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|---------------------|
| 16 | Rate of Children in Need (CIN) per 10,000 children (month end snapshot) | 100.8r | 101.8r | 106.2r | 112.5r | 118.8r | 109.4r | 100.4r | 106.2r | 108.4r | 126.4r | 135.9r | 134.9r | 105-135 | N/A | ▼ |

| | | | | | | | | | | | | | | | | |
|-----|--|-------|-------|--------|-------|-------|-------|--------|-------|-------|--------|-------|-------|-----------|-----|-----|
| 17 | Rate of Children subject to a Child Protection Plan (CP) per 10,000 children (month end snapshot) | 34.9r | 36.0r | 34.1r | 34.9r | 35.0r | 34.8r | 34.3r | 32.4r | 30.4r | 29.3r | 28.9r | 30.0r | 34-35 | 38r | ▲ |
| 18 | Rate of Cared for Children (CIC) per 10,000 children (month end snapshot) | 64.7r | 64.5r | 66.0r | 66.4r | 65.6r | 68.5r | 68.6r | 68.6r | 67.5r | 67.3r | 67.3r | 67.4r | 64-66 | 64r | ◀ ▶ |
| 19a | Percentage of single assessments completed within 45 working days (in month) | 83.1% | 75.3% | 63.5% | 80.4% | 75.3% | 61.6% | 74.4% | 82.0% | 66.5% | 65.2% | 76.0% | 72.2% | 90.0% | 87% | ▼ |
| 19b | Percentage of single assessments completed within 45 working days (year to date) | 83.1% | 79.7% | 74.7% | 76.2% | 76.1% | 72.8% | 73.1% | 74.0% | 73.2% | 72.5% | 72.8% | 72.7% | 90.0% | 87% | ▼ |
| 19c | Percentage of single assessments completed within 45 working days (rolling 12 months) | 82.8% | 84.0% | 84.3% | 86.0% | 85.1% | 81.8% | 80.2% | 80.1% | 78.4% | 75.7% | 74.0% | 72.7% | 90.0% | 87% | ▼ |
| 20 | Percentage of children seen during assessment (completed in month) | 98.6% | 93.9% | 96.6% | 93.8% | 98.0% | 95.0% | 97.80% | 96.2% | 99.1% | 97.60% | 98.2% | 96.5% | 95.00% | N/A | ▼ |
| 21 | Percentage of Initial Child Protection Conferences held within 15 working days of Strategy Discussion (in month) | 80.9% | 85.4% | 100.0% | 69.3% | 76.0% | 80.0% | 93.9% | 64.7% | 66.7% | 82.9% | 71.4% | 91.4% | 90.0% | 79% | ▲ |
| 22 | Percentage of current children subject to Repeat Child Protection Plans within 2 years (month end snapshot) | 13.6% | 13.4% | 14.3% | 13.5% | 14.6% | 11.3% | 9.2% | 9.8% | 9.7% | 8.4% | 7.2% | 8.2% | below 15% | N/A | ▼ |
| 23 | Percentage of children who have a closed Child Protection plan open for 2 years or more (year to date) | 2.2% | 1.3% | 1.0% | 1.5% | 1.3% | 2.7% | 4.6% | 4.1% | 3.6% | 3.1% | 2.9% | 2.7% | below 4% | 4% | ▼ |
| 24 | Number of children with a missing episode(s) in month | 52 | 53 | 61 | 55 | 56 | 47 | 59 | 53 | 49 | 46 | 44 | 57 | below 50 | N/A | ▲ |
| 25 | Contextual Safeguarding - Number of Current Children with an active exploitation Flag (month end snapshot) | 33 | 32 | 38 | 41 | 44 | 43 | 44 | 47 | 48 | 53 | 52 | 51 | Monitor | N/A | ▼ |
| 26 | Percentage of PLO (Public Law Outline) concluding within 16 weeks | 50.0% | 0.0% | 57.1% | 60.0% | 28.6% | 28.6% | 66.7% | 66.6% | 40.0% | 14.3% | 12.5% | 33.3% | 90.0% | N/A | ▲ |

Narrative:
ID 19a - c:Timeliness of assessment remains an ongoing concern and the outturn for 24-25 will be significantly lower that national and stat neighbour averages. Timely assessments is the first indication that individuals are having their needs addressed quickly and that plans can be put in place to support.
ID 21: There has been a significant improvement in the timeliness of Initial Child protection conferences. This means that we are getting prompt multiagency decisions on how best to support our vulnerable families.
ID 24: We have seen a rise in the the number of young people with a missing episode in March. This is sometimes seen with the lighter nights starting however we need to be confident that all reasons are understood and plans are in place where there may be increased risks.

| ID | At risk of Care, Cared for and Care Experienced Children and Young People - All of CYPFS | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Target | SN av | Direction of travel |
|-----|--|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|-------|---------------------|
| 27 | Number of admissions to care in month | 13 | 15 | 27 | 22 | 10 | 29 | 13 | 26 | 12 | 23 | 15 | 20 | 15 | N/A | ▲ |
| 28 | Number of discharges from care in month | 26 | 17 | 19 | 11 | 16 | 13 | 13 | 24 | 20 | 24 | 13 | 17 | Monitor | N/A | ▲ |
| 29 | Number of unregistered placements – Under 16 (month end snapshot) | | | | | 3 | 2 | 1 | 2 | 2 | 3 | 3 | 4 | 0 | N/A | ▲ |
| 30 | Number of unregistered placements – Age 16+ (month end snapshot) | | | | | 0 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 0 | N/A | ▼ |
| 31 | Number of residential placements (month end snapshot) | 44 | 47 | 46 | 42 | 42 | 40 | 41 | 42 | 44 | 49 | 50 | 51 | 43 | N/A | ▲ |
| 32 | Number of children subject to Police Protection Powers (PPP) who entered care in month | 1 | 2 | 8 | 5 | 2 | 8 | 7 | 8 | 4 | 5 | 3 | 4 | 0 | N/A | ▲ |
| 33 | Percentage of discharges from care to Special Guardianship Order (rolling 12 months) | 12.1% | 12.0% | 12.9% | 11.4% | 11.1% | 10.3% | 9.0% | 10.3% | 10.6% | 13.4% | 12.9% | 13.4% | 13.0% | 10% | ▲ |
| 34 | Number of Special Guardianship Orders in place | | | | | | | | | | | | | Monitor | N/A | |
| 35a | Number of Children in "in house" foster care provision (inc Kinship) | 228 | 227 | 242 | 239 | 238 | 246 | 251 | 249 | 241 | 239 | 235 | 233 | 240 | | ▼ |
| 35b | Number of Children in IFA Placements | 123 | 122 | 119 | 123 | 119 | 115 | 121 | 118 | 114 | 124 | 121 | 119 | Monitor | | ▼ |
| 35c | Percentage of children placed with 'in house' foster carers (month end snapshot) | 65% | 65% | 68% | 66% | 66.7% | 68.1% | 67.5% | 67.8% | 67.9% | 65.8% | 66.0% | 66.0% | 70.0% | N/A | ◀ ▶ |
| 35d | Total number of Mainstream Fostering Households | | | | | | | 74 | 75 | 73 | 73 | 73 | 76 | Monitor | N/A | ▲ |

| 35e | Total number of approved Kinship Households | | | | | | | 65 | 56 | 56 | 52 | 48 | 50 | Monitor | N/A | ▲ |
|--|--|------------------------|--------|--------|--------|--------------|--------|--------|--------|--------|--------|--------|--------|----------|-------|---------------------|
| 35f | Total number of Fostering Households | | | | | | | 138 | 131 | 128 | 124 | 121 | 125 | Monitor | N/A | ▲ |
| 36 | Short Term Placement Stability (month end snapshot) | 13.0% | 12.0% | 12.0% | 13.1% | 13.0% | 13.3% | 12.4% | 11.5% | 11.1% | 11.7% | 11.1% | 11.5% | 11.0% | N/A | ▲ |
| 37 | Long Term Placement Stability (month end snapshot) | 64.6% | 63.9% | 61.5% | 60.9% | 61.5% | 62.9% | 65.3% | 66.1% | 67.4% | 67.6% | 67.6% | 68.9% | 70.0% | N/A | ▲ |
| 38a | Percentage of Initial Health Assessment Reports completed within month where paperwork was received from CE within 5 working days of admission to care | 91.0% | 56.0% | 54.0% | 26.0% | 62.5% | 35.0% | 30.0% | 60.0% | 77.8% | 66.7% | 27.3% | NYC | 85.0% | N/A | ▼ |
| 38b | Percentage of Initial Health Assessment Reports completed within month that were completed within 20 working days of admission to care | 77.0% | 66.7% | 52.0% | 50.0% | 50.0% | 36.0% | 36.4% | 60.0% | 81.8% | 61.9% | 23.0% | NYC | 85.0% | N/A | ▼ |
| 39 | Percentage of children in care with health checks up to date | 82.0% | 81.0% | 83.0% | 84.0% | 84.0% | 84.0% | 83.0% | 83.0% | 86.0% | 90.0% | 92.0% | 89.0% | 90.0% | 85% | ▼ |
| 40 | Percentage of children in care with dental checks up to date | 71.0% | 74.0% | 82.0% | 78.0% | 75.0% | 62.0% | 62.0% | 59.0% | 57.0% | 68.0% | 62.0% | 66.0% | 80.0% | 75% | ▲ |
| 41 | Percentage of children in care with optical checks up to date | | | | | | | | | | | | | | N/A | |
| 42 | Percentage of children in care with immunisations up to date | | | | | | 57.0% | 55.0% | 54.0% | 53.0% | 53.0% | 54.0% | 54.0% | 70% | N/A | ◀ ▶ |
| 43 | School attendance rate for children known to Social Care - statutory school age in Cheshire East schools only (month end snapshot for academic year) | previous academic year | | | | Not reported | 87% | 87% | 87% | 86% | 86% | 86% | 86% | 89.0% | N/A | ◀ ▶ |
| 44 | Number of Children in Care without a School Placement - statutory school age | | | | | Not reported | 5 | 3 | 3 | 3 | 5 | 7 | 8 | 0 | N/A | ▲ |
| 45 | Number of Children in Care with a Current Suspension - statutory school age | | | | | Not reported | 11 | 15 | 27 | 32 | 36 | 38 | 40 | below 20 | N/A | ▲ |
| 46 | Number of Children in Care with a Current Permanent Exclusion - statutory school age | | | | | Not reported | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | N/A | ▲ |
| 47a | Percentage of Care Leavers aged 17 to 18 in Education, Employment or Training (month end snapshot) | 75.0% | 77.0% | 76.0% | 77.0% | 81.0% | 75.0% | 70.0% | 74.0% | 76.0% | 74.0% | 69.0% | 65.0% | 77.0% | 66% | ▼ |
| 47b | Percentage of Care Leavers aged 17 to 18 in Suitable Accommodation (month end snapshot) | 94.0% | 94.0% | 95.0% | 93.0% | 92.0% | 93.0% | 93.0% | 99.0% | 97.0% | 97.0% | 98.0% | 96.0% | 95.0% | 87% | ▼ |
| 48a | Percentage of Care Leavers aged 19 to 21 in Education, Employment or Training (month end snapshot) | 58.0% | 64.0% | 62.0% | 57.0% | 56.0% | 55.0% | 59.0% | 61.0% | 66.0% | 68.0% | 66.0% | 63.0% | 60.0% | 56% | ▼ |
| 48b | Percentage of Care Leavers aged 19 to 21 in Suitable Accommodation (month end snapshot) | 95.0% | 95.0% | 92.0% | 88.0% | 88.0% | 86.0% | 92.0% | 95.0% | 97.0% | 97.0% | 95.0% | 96.0% | 95.0% | 87% | ▲ |
| Narrative: ID 29 & 30: As at the end of March the 5 unregistered placements represent 4 specialist provision inspected by CQC and notified to Ofsted, together with a hospital placement. ID 37: The long term stability have shown a slight improvement. This is important to ensure that young people are in a stable home enviroment which improves opportunities for improved education and life outcomes. ID40: There has been a slight improvement in the % of our cared for young people having receiving an upto date dental check. Again good health support is cruical for improved life chances. ID 47a: We need to be confident that we are accurately recording and supporting our 17-18 year olds about to/ just leaving care in terms of their education/ employment and providing the best opportunities possible. | | | | | | | | | | | | | | | | |
| ID | Quality Assurance and Audit (safeguarding) - All of CYPFS | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Target | SN av | Direction of travel |
| 49 | Timeliness of Reviews of Child Protection Plans (month end snapshot) | 93.3% | 98.6% | 79.1% | 94.9% | 86.3% | 75.0% | 93.4% | 92.9% | 97.0% | 91.9% | 90.0% | 100.0% | 90-95% | | ▲ |
| 50 | Timeliness of Reviews of Children in Care (month end snapshot) | 69.7% | 79.3% | 80.0% | 81.5% | 65.8% | 63.4% | 68.4% | 78.0% | 74.0% | 77.1% | 71.1% | 91.3% | 90-95% | | ▲ |
| 51 | Number of Informal quality assurance practice alerts | 26 | 11 | 8 | 5 | 1 | 3 | 0 | 1 | 3 | 7 | 11 | 2 | Monitor | | ▼ |
| 52 | Number of formal quality assurance practice alerts | 4 | 7 | 5 | 1 | 0 | 0 | 1 | 0 | 1 | 2 | 1 | 1 | Monitor | | ◀ ▶ |

| 53 | Number of good pratice alerts | 13 | 10 | 0 | 4 | 10 | 3 | 8 | 9 | 5 | 4 | 7 | 5 | Monitor | | ▼ |
|--|--|--|----------|----------|----------|---------|---------|----------|---------|---------|---------|---------|----------|-------------|-------|---------------------|
| Narrative: ID 49: All Child protection plan reviews were held in time which is the best possible outcome for our young people. ID 50: Likewise there was a marked improvement in the timeliness of cared for reviews. | | | | | | | | | | | | | | | | |
| ID | Quality Assurance and Audit (auditing) - All of CYPFS | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Target | SN av | Direction of travel |
| 54 | Overall number of collaborative audits completed | Not reported due to new moderation process | 6 | 6 | 12 | 6 | 6 | 6 | 6 | 6 | 6 | 4 | 14 | 6 per month | N/A | ▲ |
| 55 | Overall percentage of audits completed within timescale | | 100% | 100% | 100% | 100% | 100% | 100% | 83% | 100% | 83% | 67% (4) | 74% (14) | 100% | N/A | ▲ |
| 56 | Overall percentage of audits graded as good or better following moderation | | 0% | 0% | 8% (1) | 17% (1) | 17% (1) | 0% | 50% (3) | 17% (1) | 33% (2) | 25% (1) | 38% (3) | 80%+ | N/A | ▲ |
| 57 | Overall percentage of audits graded as 'does not yet meet good' following moderation | | 100% (5) | 100% (5) | 92% (11) | 83% (5) | 83% (5) | 100% (6) | 50% (3) | 83% (5) | 67% (4) | 75% (3) | 62%(5) | 40.0% | N/A | ▼ |
| 58 | The % of audits that were down graded at moderation | | 20% (2) | 60% (3) | 67% (8) | 50% (3) | 83% (5) | 17% (1) | 0% | 0% | 33% (2) | 25% (1) | 13% (1) | 10% | N/A | ▼ |
| 59 | Overall number of family help audits completed on a quarterly basis | Process commenced in quarter 2 | | | | | 6 | | | 7 | | | 9 | 11 | N/A | ▲ |
| 60 | Overall percentage of family help audits graded as good or better following moderation | Process commenced in quarter 2 | | | | | 83% | | | 43% | | | 43% | 55% | N/A | ◀ ▶ |
| 61 | Overall percentage of family help audits graded as 'does not yet meet good' following moderation | Process commenced in quarter 2 | | | | | 17% | | | 57% | | | 57% | 30% | N/A | ◀ ▶ |
| 62 | The % of family help audits that were down graded at moderation | Process commenced in quarter 2 | | | | | 0% | | | 0% | | | 22% | 15% | N/A | ▼ |
| 63 | Overall number of thematic audits completed in a month | Process commenced in quarter 2 | | | | | 12 | | | NA | | NA | NA | 12 | N/A | |
| 64 | Overall percentage of thematic audits graded as good or better following moderation | Process commenced in quarter 2 | | | | | 17% | | | NA | | NA | NA | 55% | N/A | |
| 65 | Overall % of thematic audits graded as does not meet good or better | Process commenced in quarter 2 | | | | | 83% | | | NA | | NA | NA | 30% | N/A | |
| 66 | The % of thematic audits that were down graded at moderation | Process commenced in quarter 2 | | | | | 8% | | | NA | | NA | NA | 15% | N/A | |
| 67 | Overall number of Multiagency audits completed | Process commenced in quarter 2 | | | | | 5 | | | 27 | | | | 25 | N/A | |
| Narrative: A total of 19 collaborative audits were allocated with 14 completed. 8 of the completed audits were moderated. | | | | | | | | | | | | | | | | |
| ID | A Stable and able workforce - All of CYPFS | Apr-24 | May-24 | Jun-24 | Jul-24 | Aug-24 | Sep-24 | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | Target | | Direction of travel |
| 68 | Early Help / Targeted Support - Average Caseload | | | | | | | | | | | | | 20 | | |
| 69 | Children's Social Work - CIN/CP Average Caseload | 22 | 22 | 22 | 24 | 23 | 24 | 19 | 19 | 20 | 21 | 22 | 21 | 17 | | ▼ |
| 70 | Children's Disability Team - Average Caseload | 23 | 17 | 15 | 18 | 19 | 23 | 21 | 25 | 22 | 21 | 22 | 20 | 20 | | ▼ |
| 71 | Cared for Children Service - Average Caseload (not inc Fostering Service)) | 18 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 17 | 16 | 17 | | ▼ |

| | | | | | | | | | | | | | | | | |
|----|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-----|--|---|
| 72 | Care Leavers - Average Caseload | 14 | 16 | 14 | 14 | 14 | 14 | 14 | 15 | 14 | 16 | 16 | 13 | 18 | | ▼ |
| 73 | Unallocated cases at month open where referral is over 3 working days | | | | | | 9 | 10 | 1 | 11 | 1 | 4 | 6 | 4 | | ▲ |
| 74 | Percentage of Social Workers with more than 20 children allocated (month end snapshot) | 45.3% | 43.8% | 45.8% | 50.6% | 53.8% | 55.6% | 36.7% | 37.4% | 42.4% | 39.6% | 48.4% | 43.0% | 35% | | ▼ |
| 75 | Percentage of Case Supervisions in time – CIN/CP Teams (month end snapshot (all workers)) | | | | 52.5% | 40.1% | 79.0% | 73.0% | 66.0% | 59.0% | 62.0% | 65.0% | 68.0% | 95% | | ▲ |
| 76 | Percentage of Case Supervision's in time – Cared for Team (month end snapshot (all workers)) | | | | 59.0% | 64.0% | 64.0% | 56.0% | 60.0% | 52.0% | 58.0% | 55.0% | 51.0% | 95% | | ▼ |
| 77 | Percentage of Case Supervision's in time – Care Leavers Service (month end snapshot (social workers)) | | | | 63.0% | 57.0% | 98.0% | 67.0% | 66.0% | 43.0% | 61.1% | 40.0% | 12.0% | 95% | | ▼ |
| 78 | Percentage of Case Supervision's in time – Care Leavers Service (month end snapshot (PA's)) | | | | | 67.0% | 94.0% | 74.0% | 75.0% | 69.0% | 68.0% | 78.0% | 68.0% | 95% | | ▼ |
| 79 | Percentage of Case Supervision's in time – Children's Disability Team (month end snapshot (all workers)) | | | | 86.0% | 77.0% | 68.0% | 79.0% | 70.0% | 73.0% | 76.0% | 63.0% | 61.0% | 95% | | ▼ |
| 80 | Percentage of Case Supervision's in time – Court team (month end snapshot (all workers)) | | | | | | | | | | | 34.0% | 20.0% | 95% | | ▼ |
| 81 | Percentage of Foster Carer Supervision – Fostering Service (month end snapshot) | | | | | | 89.0% | 79.6% | 90.0% | 82.4% | 76.0% | 87.2% | 90.9% | 95% | | ▲ |
| 82 | Turnover rate for Social Workers (month end snapshot) | 15.0% | 14.4% | 14.6% | 21.8% | 19.6% | 24.7% | 16.7% | 18.5% | 18.5% | 21.1% | 24.2% | 25.3% | 15% | | ▲ |
| 83 | Vacancy rate for Social Workers (month end snapshot) | 22.4% | 28.8% | 29.9% | 32.2% | 27.6% | 28.8% | 26.5% | 26.5% | 25.6% | 23.6% | 28.7% | 32.0% | 25% | | ▲ |
| 84 | Sickness Average Days Lost Per FTE (Rolling Year) - CYPFS department as a whole | 6.00 | 6.76 | 6.04 | 6.53 | 6.87 | 6.76 | 11.26 | 10.57 | 10.85 | 10.05 | 12.42 | 13.42 | 10 | | ▲ |

Narrative:
ID 69-72: Average case loads have dropped possibly due to an increase in agency workers in teams. The slight reduction has also had a positive impact on ID 74 with less workers having a case load of more than 20 young people.
ID 75-81: Supervision timeliness continues to remain variable and remains a key focus of the CSLT Performance board
ID 82-83: There has been a further increase in both turnover and vacancy rate for Social Workers in Mar.
ID 84: The sickness days lost reports were rebuilt in October as it was identified the reports only included episodes opened and closed in a period and excluded any ongoing absense episodes. As a result from October we are reporting a truer picture; however it is worrying that this has shown an upward trend for the last two months. It is important to note that a small number of long term sick can disproportionately impact on this.

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OPEN

Children and Families Committee

09 June 2025

Proposal to formally increase the number of places at Park Lane School, Macclesfield

Report of: Dawn Godfrey, Executive Director of Children Services

Report Reference No: CF/10/25-26

Ward(s) Affected: All

Decision

Purpose of Report

- 1 To report on the outcomes of the public consultation as to whether Park Lane School, Macclesfield should formally increase the number of places being offered. The proposed increase would provide additional places for 34 pupils between the ages of 4 – 19 from September 2025. Please note that this consultation includes the capacity and accommodation within the 2 Classroom mobile, which is already in use and the current number on roll is 138.
- 2 The report seeks approval for proposed scheme to increase capacity and help meet the Council's priority to increase opportunities for children, young adults, and adults with additional needs through the expansion of local Special Educational Needs and or Disabilities (SEND) provision allowing more children to attend a school within Cheshire East and their local community.
- 3 This report seeks approval for Children and Families Committee to delegate authority to the Executive Director of Children's Services to award a construction contract to facilitate the provision of additional places at Park Lane School together with any other agreements associated with or ancillary to the contract. Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place.

Executive Summary

- 4 As a Strategic Commissioner of school places, Cheshire East Council has a statutory duty to ensure sufficiency of school places to meet the demand of the residents. Having the right educational placement for all children and young people is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood.
- 5 This paper outlines a proposal which includes remodelling of existing space to create an additional classroom and provision of additional facilities including toilets to create the required accommodation to enable the school to formally increase the capacity from 122 places to 156 places. This scheme will provide a specialist setting for pupils aged 4 – 19, with profound and multiple learning difficulties, complex medical needs and severe learning difficulties. There is an increasing number of pupils joining the school with autism spectrum disorder.
- 6 The proposals will contribute to the Council's priority to ensure that all children have a high quality, enjoyable education that enables them to achieve their full potential.
- 7 The expansion detailed in this report are key mitigations within the Dedicated Schools Grant (DSG) management plan 2024/25 to 2030/31 and are integral to the plans of achieving financial sustainability in the future by increasing local specialist provision and becoming less reliant on the independent sector.
- 8 This scheme was included as a named scheme in the Children and Families Capital Programme which was approved by Children and Families Committee on the 7 April 2025.

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Approve the proposed formal expansion of Park Lane School, Macclesfield to provide additional 34 places for pupils aged 4-19 from September 2025 and to progress with works.
2. Delegate authority to the Executive Director of Children's Services to award a construction contract to facilitate the provision of additional places at Park Lane School, and to enter into any other agreements associated with or ancillary to the contract. Where the decision process includes financials or contracts, this will be done in consultation with the Chief Finance Officer, Monitoring Officer and the Executive Director of Place.

Background

- 9 In 2023 the Council published online its updated Sufficiency Statement for Children and Young People with Special Educational Needs. This document highlights the specialist provision necessary within the Borough and provides the evidence base for the associated SEN plan 2023 – 2026.
- 10 The Council's Sufficiency Statement has informed the need for additional specialist places in the borough. An opportunity to provide for these additional placements at this school has been identified.
- 11 Cheshire East currently has six special schools: Springfield School (including Springfield Wilmslow satellite campus); Park Lane School; Adelaide School; Adelaide Heath; Church Lawton School and Axis School, supporting 660 pupils (January 2025 school census data) with an education health and care plan (EHCP).
- 12 Cheshire East has 155 mainstream schools and 300+ settings, the ratio for special school provision and overall schools is insufficient to meet growing SEND needs and this has been the case since Cheshire East Council came into existence in 2009.
- 13 The borough's special schools are currently at full capacity or operating above capacity; this has resulted in an over reliance on the independent sector. The cost of placements within the independent sector are considerably higher than special school placements.
- 14 The overall strategy being adopted by the Council is to increase local SEND provisions and enhance SEND support services to ensure needs are met in the most effective way across mainstream schools, mainstream schools with resource provisions, creating additional places in existing special schools and the provision of new special schools.
- 15 In January 2024, Cheshire East Children and Families Service, submitted its application for Safety Valve Capital Funding, this included 2 x 60 place SEND primary schools, 20 place expansion of Springfield (Wilmslow), 1 x 14 place SEN unit and additional funding to support further resource provisions and SEN units within mainstream settings across the borough. On 1 May 2024, the DfE confirmed that the majority of the application had been approved, and the Council has been allocated an additional £16,574,250 of grant funding to support these proposals.
- 16 The extra places at this school compliments the special schools we already have across the borough and will support the reduction in transport time for learners and associated costs. The challenges of long

journey times for our most vulnerable learners are a real concern and we know that too many learners are travelling more than two hours to and from school each day which impacts significantly to their emotional wellbeing and to our overall budget pressures. Having an improved distribution of provisions across the borough will allow for learners wherever possible to attend a local school to meet their needs, with increased local community support allowing parents/carers to invest into their local SEN provision.

- 17 This proposal will provide additional specialist school placements which would mean children having a school place within their local area whilst helping the Council manage the overspend on its Dedicated Schools Grant (DSG).
- 18 To date the Council has undertaken several schemes to meet the findings of its Sufficiency Statement including: -
 - A new 68 place school “The Axis Academy” in Crewe
 - The previous expansion of Park Lane School, Macclesfield by 40 places.
 - The initial opening of the Springfield Wilmslow campus which created 80 places. We are currently progressing with a further scheme at this site to provide an additional 20 places.
 - Two expansions at Springfield School, Crewe totalling an additional 104 places.
 - Establishment of several resource provisions and units, including Wistaston Academy (24 place resource unit), Shavington Academy (14 place resource provision), Leighton Academy (20 place resource unit).
 - We are currently progressing with a further satellite school in Middlewich for Springfield School, this is utilising the site at Cledford House. This scheme will provide an additional 60 places.
- 19 The sufficiency statement updated in 2023 acknowledged the need for additional places and evidenced the increase in the number of pupils with an Education Health Care Plan (EHCP).
- 20 This proposal provides the opportunity to make better use of the mobile and internal space at Park Lane School, Macclesfield, for the purpose of SEND school accommodation and providing additional places.

Consultation and Engagement

- 21 In accordance with the guidance issued by the Department for Education, “Making significant Changes (‘prescribed alterations’) to maintained

schools. Statutory guidance for proposers and decision makers” dated March 2025: -

- The statutory publication notice in respect of formally increasing the number of places at Park Lane School, Macclesfield was published in the Macclesfield Express on the 12 March 2025.
- 22 The consultation ran for the statutory 4-week period between 14 March 2025 - 10 April 2025. Committee Members are advised that this statutory process provides the opportunity for any person with an interest to submit representations, these can be objections as well as expressions of support for the proposal. Committee Members must take any views received into account when deciding whether to approve the proposal.
- 23 The consultation was notified to key stakeholders in the Macclesfield Planning area including Ward Members, MP's, the Diocese and Parish Councils. Information was available on the Local Authority's web page and local primary and secondary schools were emailed and provided with a letter for them to distribute to their parents and carers with information about the consultation and how they may feedback their views. Notification of the consultation and how to feed back their views was also published in the School Bulletin week beginning 17 March 2025.
- 24 The consultation documents provided information including the need for places, proposed alterations to the building and mobile and objectives of the proposal.
- 25 A copy of the consultation document is attached as Appendix 1.
- 26 The statutory consultation closed on 10 April 2025.
- 27 During the consultation the authority received 12 responses regarding the Park Lane School, Macclesfield proposal. Appendix 2 gives a summary of the consultation feedback. The feedback overall census is that more SEN places are a requirement and therefore the places at Park Lane are necessary.
- 28 No key concerns were raised by consultees.

Reasons for Recommendations

- 29 The recommendations are made based on the publication of a public notice and the outcomes of the subsequent statutory consultation period.
- 30 By delivering the scheme the Council will formally provide an additional 34 places at the site from 122 places to 156 places. Please note that this consultation includes the capacity and accommodation within the 2 Classroom mobile, which is already in use and the current number on roll is 138.

- 31 The proposal meets the Council's priority to increase opportunities for children and young people with additional needs through the expansion of local SEND provision allowing more children and young people to attend a school within Cheshire East and their local community.
- 32 The proposal will also help the Council with its priority to ensure that all children have a high quality, enjoyable education that enables them to achieve their full potential through supporting the Council's sufficiency shortfall and the differing needs of its children as a result of a growing population.
- 33 The proposals have been included within the DSG management plan 2024/25 to 2030/31.
- 34 Children's Services has identified that it can fully fund the project and is included as a named scheme within the Children and Families Capital Programme.

Other Options Considered

- 35 The option to do nothing and not increase mainstream and special school provisions across the borough would result in a failure to meet our statutory duties as a commissioner of school places and incur increasing costs for out to borough SEN places.
- 36 The option to continue to place SEND learners in placements out of borough or in independent specialist provisions is not considered appropriate as this will result in a continuation of unaffordable financial pressures on the High Needs DSG budget.

| Option | Impact | Risk |
|---|---|------|
| Do nothing and not increase mainstream and special school provisions across the borough | This would result in a failure to meet our statutory duties as a commissioner of school places and incur increasing costs for out of borough SEN places | High |

Implications and Comments

Monitoring Officer/Legal

- 37 The local authority has a duty under section 19 Children and Families Act 2014 to support a child or young person, and their parents, in order to facilitate the development of the child or young person and to help him or

her achieve the best possible educational and other outcomes. This comes within the remit of the committee.

38 Section 14 Education Act 1996 provides that a local authority shall secure sufficient schools for providing primary and secondary education. The schools available for an area shall not be regarded as sufficient unless they are sufficient in number, character and equipment to provide for all pupils the opportunity of appropriate education. In exercising their functions under this section, a local authority shall have regard to the need for securing that special educational provision is made for pupils who have special educational needs.

39 Under the Department for Education statutory guidance “Making significant changes (“prescribed alterations”) to maintained schools. Statutory Guidance for proposers and decision – makers” - March 2025, Local Authorities can propose an increase of places at the premises of community, foundation, voluntary schools, and special schools. When proposing an alteration to a special school they must follow the statutory process as set out in the Prescribed Alterations Regulations if:

The proposed enlargement of the premises of the school is permanent (longer than three years) and would increase the capacity of the school by:

- 10% or
- 20 pupils (5 for all boarding special schools)

(whichever is the smaller number).

40 As this proposal is for an additional 34 places, the prescribed alterations statutory process must be followed.

41 When exercising functions under the School Organisation (Prescribed Alterations to Maintained Schools (England) Regulations 2013 local authorities, governing bodies and the Schools Adjudicator must follow the DfE statutory guidance “unless there is good reason not to. The prescribed alterations statutory process consists of 5 stages -:

| Stage | Action | Comments | Dates |
|---------|--------------------------------------|--|-------------------------------|
| Stage 1 | Publication | Statutory proposal notice published | 12 March 2025 |
| Stage 2 | Representation (formal consultation) | Must be at least 4 weeks as in the regulations | 14 March 2025 – 10 April 2025 |

| | | | |
|---------|--------------------------|--|---|
| Stage 3 | Decision | The decision maker (LA) must make a decision on the proposal within 2 months of the end of the representation period | Children and Families Committee 9 June 2025 |
| Stage 4 | Referral (if applicable) | If a decision has been made, any referral to the adjudicator must be made within 4 weeks of the decision. If the local authority has not decided a proposal within 2 months, it must refer the proposal to the Schools Adjudicator | Decision is to be made within the 2 months |
| Stage 5 | Implementation | Dependent on the Committee decision | Proposed November 2025 |

- 42 If a local authority fails to make a decision about a proposal within 2 months of the end of the Representation Period the local authority must forward the proposal, and any representations received, excluding those withdrawn in writing, to the Schools Adjudicator for a decision.
- 43 Committee members must have regard to the statutory guidance when making their decision. The statutory guidance provides that:
- *Decision makers will need to be satisfied that the appropriate fair and open representation period has been carried out*
 - *Decision makers should not simply take account of the numbers of people expressing a particular view. Instead, they should give the greatest weight to responses from those stakeholders likely to be most affected by a proposal – especially parents of children at the affected school(s)*
- 44 The local authority has a legal duty to ensure that any decision it makes is transparent and has been made applying the Wednesbury principles of reasonableness and it has a rationale for the decision made.
- 45 With regard to consultation there are guiding principles that must be followed if the consultation is to be fair. These are known as ‘the Gunning principles’:
- Proposals are still at a formative stage – A final decision has not yet been made, or predetermined, by the decision makers.
 - There is sufficient information provided to allow those consulted to give intelligent consideration and response – The information

provided must relate to the consultation and must be available, accessible, and easily interpretable for consultees to provide an informed response.

- There is adequate time for intelligent consideration and response – There must be sufficient opportunity for consultees to participate in the consultation.
- ‘Conscientious consideration’ must be given to the consultation responses before a decision is made. Decision-makers should be able to provide evidence that they took consultation responses into account.

46 When issuing a decision, the decision maker can:

- Reject the proposal
- Approve the proposal with modification
- Approve the proposal with modifications, having consulted whichever of the local authority and/or governing body that has not proposed the modification; or
- Approve the proposal, with or without modification (having consulted on any modifications as mentioned above) subject to certain conditions (such as the granting of planning permission being met).

47 As regards the procurement and award of a construction contract as noted above Legal will support and work alongside the Procurement Team to render any necessary advice as regards ensuring this process complies with all statutory regulation.

Section 151 Officer/Finance

48 Children and Families Committee agreed to a budget allocation from the School Condition capital allocation, of up to £200,000 for the scheme named Park Lane School at its meeting on 7 April 2025. Following this approval the named scheme has been included within the Children and Families capital programme

49 The scheme is fully funded within the Children and Families capital programme.

50 Cheshire East revenue base budgets will not be impacted by the increase. Any costs relating to the running of a Special school is managed within the school's budget, mainly funded by their allocation of the High Needs Block of the Dedicated Schools Grant.

Policy

- 51 As referred to in paragraph 31, the proposal will meet the Council's priority to increase opportunities for children and young people with additional needs through the expansion of local SEND provision allowing more children to attend a school within Cheshire East and their local community.
- 52 As referred to in paragraph 6 the proposal will also help the Council with its priority to ensure that all children have a high quality, enjoyable education that enables them to achieve their full potential.
- 53 The proposals will allow more parents in Cheshire East to find a placement at an Ofsted rated "Good" school.
- 54 By providing an additional 34 places at Park Lane School, Macclesfield, this will support the Council with its programme to provide more in borough specialist school placements keeping more children in their local area, reducing their travel time, and allowing them to build friendships with people who live close to them.
- 55 By providing more local school places within Cheshire East the scheme will allow for considerable savings as highlighted above thus allowing the Council to make the best use of its resources.

Equality, Diversity and Inclusion

- 56 Equality Impact Assessments (EIA) have been completed in respect of this proposal.
- Appendix 3 is the EIA in respect of the proposed Park Lane School, Macclesfield, which concluded that the proposal would have an overall positive impact on several of the areas – specifically parents and carers and young people and a neutral impact on remaining factors.

Human Resources

- 57 There are no additional human resource implications for the Council but the school is aware that the increase in numbers on roll could require additional staffing costs which would be funded through their budget.

Risk Management

- 58 There are inherent risks associated with any construction project and attempts to mitigate any risks will be managed through regular project meetings and a risk register as the scheme develops. At this stage the following risks have been identified in relation to the proposed increase in place at Park Lane School, Macclesfield:

- Programme – It is anticipated that the increase in places will be available for November 2025.
- Planning Permission – Planning permission has been approved for permanent use of the mobile - 23/0816M
- Force Majeure – The global Covid pandemic has identified that there can be some risks that on impact cannot be mitigated against and will inevitably cause some delay, disruption, and any additional costs.

Rural Communities

- 59 The proposal will create more specialist school placements within the administrative area of Macclesfield, which in turn will allow more parents from rural areas within the borough to have access to provision.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 60 In accordance with the programme to provide more specialist school places within Cheshire East, these proposals will provide more spaces for children to learn and develop friendships with other local children.
- 61 The savings made from providing better value school places will allow for more efficient budgeting by the Service, which in turn will reduce pressure on the ring-fenced High Needs budget.

Public Health

- 62 There are no direct implications for public health however by providing more places within Cheshire East the Council will be in accordance with the above as there will be benefit to the children's mental wellbeing in developing relationships with other local children and by reducing the travel to schools will allow families to spend more time together.

Climate Change

- 63 The internal works required to update Park Lane School, Macclesfield to make the both the building and mobile fit for purpose will include a comprehensive review of the impact on climate factors.
- 64 Significant changes will take place at Park Lane School, Macclesfield, which will require full compliance with the latest building regulations and the Cheshire East Low Carbon Build Standard relating to such factors as insulation/heat loss, energy efficiencies and sustainable heat and power. Such factors will be key considerations as the schemes are developed through to full handover.

- 65 The Cheshire east Low Carbon Build Standard was adopted in 2022 and requires all new or refurbished buildings below £10million to target low carbon and energy in a hierarchy of reduce, re-use, renewables. This standard will form a base point for the design and build of the refurbished school.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|--|---|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 22/05/25 | 23/05/25 |
| Janet Witkowski | Acting Governance, Compliance and Monitoring Officer | 22/05/25 | 27/05/25 |
| <i>Legal and Finance</i> | | | |
| Helen Donald | Capital Accountant | 17/04/25 | 28/04/25 |
| Roisin Beressi/Rebecca Dearden | Principle Lawyer (People)/Lawyer (People) | 17/04/25 | 30/04/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Claire Williamson | Director for Education, Strong Start and Integration | 27/05/25 | 27/05/25 |

| Access to Information | |
|------------------------------|---|
| Contact Officer: | <p>Claire Williamson, Director of Education Strong Start and Integration</p> <p>Claire.williamson@cheshireeast.gov.uk</p> <p>Joanne Prophet, School Organisation and Capital Manager</p> <p>Joanne.prophet@cheshireeast.gov.uk</p> |
| Appendices: | <p>Appendix 1- Consultation Document for Park Lane School, Macclesfield</p> <p>Appendix 2 – Consultation Feedback for Park Lane School, Macclesfield</p> <p>Appendix 3 - Equality Impact Assessment for Park Lane School, Macclesfield</p> |
| Background Papers: | <p>Children and Families Capital Programme – Capital Schemes, approved at Children and Families committee 7 April 2025.</p> <p>SEND Sufficiency statement 2023-2026</p> <p>Revised Dedicated Schools grant Management Plan 2024/25 to 2030/31 C&F Committee 11 November 2024 Safety Valve DSG Management Plan.pdf (cheshireeast.gov.uk)</p> <p>Making significant changes (“prescribed alterations”) to maintained schools Statutory Guidance for proposers and decision – March 2025</p> |

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Appendix 1

STATUTORY PROPOSALS FOR PRESCRIBED ALTERATION TO MAINTAINED SCHOOL

Local Authority Proposal

1. School and local authority details

Park Lane School
Park Lane
Macclesfield
SK11 8JR

Park Lane School is maintained by
Cheshire East Borough Council
Delamere House

2. Implementation

September 2025

3. Proposed Alteration

We are consulting on a proposal to formally increase the number of school places at Park Lane School by an additional 34.

The proposal, if agreed, would involve remodelling of existing space to create an additional classroom and provision of additional facilities including toilets to create the required accommodation to enable the school to formally increase the capacity from 122 places to 156 places. Please note that this consultation includes the capacity and accommodation within the 2 Classroom mobile, which is already in use and the current number on roll is 138.

In 2023 The Council published online its updated Sufficiency Statement for Children and Young People with Special Educational Needs. This document highlights the

specialist provision necessary within the Borough and provides the evidence base for the associated SEN plan 2023 – 2026.

<https://www.cheshireeast.gov.uk/livewell/local-offer-for-children-with-sen-and-disabilities/send-developments/assessing-our-local-send-sufficiency.aspx>

4. Need or demand for additional places

Park Lane School current capacity is 122 places and currently has 138 children on its roll. Please note that this consultation includes the capacity and accommodation within the 2 Classroom mobile, which is already in use and the current number on roll is 138, and this process will ensure that this accommodation is formally included in the school's capacity.

Park Lane School is a popular and successful school and is rated GOOD by Ofsted. There is significant demand for places and this proposal will help to enable Cheshire East Council meet its statutory duty ensure a sufficiency of school places for children resident in its area.

5. Objectives of the Proposal and Educational Standards

The 2023-2026 Council Sufficiency Statement for Children and Young People with Special Educational Needs states: -

As a partnership, Cheshire East is committed to supporting our children and young people to access the best education to meet their needs and to ensure they achieve the best possible outcomes. Having the right educational placement is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood. We have completed this Sufficiency Statement of our educational provision for children and young people with special educational needs and disabilities (SEND) to:

- Assess the needs of our children and young people in Cheshire East
- Evaluate how well our current provision meets young people's needs and identify any gaps.
- Support us to plan how we will continue to develop our provision over a three-year period starting in 2023-2026 so that we can achieve the best outcomes for our children and young people.

Through developing our provision, we want to:

- Enable children to achieve the best possible outcomes for children and young people.
- Ensure there are the right number and type of places to meet children and young people's needs.
- Ensure that children and young people can have their needs met within their local community wherever possible.
- Make the best use of our resources.

Having the right educational placement and support is key to ensuring that children and young people experience the best outcomes. As such, the statement contributes to the authorities work across all of these priorities, but it is particularly related to priority 6; ensuring that children and young people with additional needs have better chances in life.

To achieve the best outcomes for children, we need to plan and deliver our

services with children and young people at the centre, involve them in decisions, and base our services on what children and young people need and how they tell us they want to be supported. Children, young people, parents and carers have been involved in developing this statement and will continue to be involved in developing our provision going forward.

We want to ensure that all our children and young people achieve the best possible outcomes.

It's also really important to us that we make the very best use of our resources so that we can provide the best quality service possible to all children and young people that need support. This means ensuring that we use our resources innovatively, match our services to the needs within our population, and also that we don't duplicate services. This also means reducing costs on any additional expenditure that doesn't contribute to children and young people's attainment or wellbeing, such as travel costs for long distance travel.

6. Effect on other Educational Establishments in the Area

The next nearest Cheshire East School delivering similar provision to Park Lane School is Springfield School in Crewe.

7. Project costs and Value for Money

The authority believes that to provide long term value for money it is right to expand schools with permanent accommodation where possible. Permanent expansion provides new facilities providing reassurance to parents and providing children with the most favourable good quality learning environment.

The detailed design work for the proposal is still ongoing and costs for the scheme are still to be confirmed. The works will be procured in line with the Councils frameworks and will be funded from the Children and Families Capital Programme.

8. Objections and comments

Within 4 weeks from the date of publication of this proposal i.e., by 10 April 2025 any person may support, object to, or make comments on the proposal by: -

- Completing the online survey at www.cheshireeast.gov.uk
- Via email to SOCS@cheshireeast.gov.uk
- Completing the Feedback Form and handing it in at the school or post it to the school at -
Park Lane School
Park Lane
Macclesfield
SK11 8JR

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Appendix 2 - Summary of
Feedback

| |
|---|
| Q1. Do you agree with the proposal to expand Park Lane School?Please select one box only |
| |
| |
| Yes |
| Yes |
| |
| Yes |
| |
| Yes |
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| Yes |
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| Yes |
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| Yes |
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| Yes |
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| Yes |
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| Yes |
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| Yes |

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| |
| Q2. Your comments (if any): Please write in below |
| |
| |
| - |
| My child is waiting for a place at Park Lane school so this is most certainly needed. |
| As a SENCO who works in a Macclesfield Primary School we are desperate for more specialist provision. This increase in the number of places would most certainly support this growing need in Macclesfield. |
| The need for additional places is incredibly important given the difficulties being faced in mainstream education |
| It is essential that the council increase spaces in local SEN schools in order to reduce the ridiculous spending on transport and private schools. Park Lane is excellent. |
| I have a special needs son that is waiting on a place there who is currently not in school as he couldn't handle the travelling to school which is far . This would be great to expand |
| Such a high need of sen provision. It's very much needed |
| - |
| I do as I know how many children has autism and special needs put must keep the class not too many children as too much for the children 10 per class room is enough need for class rooms. |
| This would be a fantastic idea, As there are very few spaces for children with sen needs not able to get a place where they will learn at there own pace and thrive. |
| Will help with the next generation of children to learn in a safe environment and for the parents to know their children will be in a safe setting with the correct teachers who have had proper training and skills in the school. It's a win win for everyone involved. |
| I agree with the proposal to expand Park Lane School because there are not enough places for children with special educational needs in schools in this area. |

| Q3. About you Which of the following best describes how you are responding to this consultation: Please tick one box only | Q4. What is the name of your school? Please write in below |
|---|--|
| | |
| | |
| School governor, teacher or employee | - |
| Parent of a school aged pupil | Malborough Primary School |
| Other e.g. representative of a nearby school, ward member, local resident, town/parish councillor, relative, member of the local community (please write in): | Prestbury CE Primary |
| Parent of a school aged pupil | Tytherington |
| | |
| Parent of a school aged pupil | Marlborough |
| | |
| Parent of a school aged pupil | Ash Grove Academy |
| Parent of a school aged pupil | Ash Grove |
| Parent of a school aged pupil | ash grove |
| | |
| Parent of a school aged pupil | Ash grove park lane school |
| | |
| Parent of a school aged pupil | Ashgrove academy |
| I have a few friends whose children go to that school. And I am going through process of seeing my child had SEND needs. | St Albans primary |
| | |
| School governor, teacher or employee | Ash Grove Acadamy |

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Equality Impact Assessment (EIA) and our equality duty

The Equality Duty helps public bodies to deliver their overall objectives for public services, and as such should be approached as a positive opportunity to support good decisionmaking.

It encourages public bodies to understand how different people will be affected by their activities so that policies and services are appropriate and accessible to all and meet different people's needs. By understanding the effect of their activities on different people, and how inclusive public services can support and open up people's opportunities, public bodies are better placed to deliver policies and services that are efficient and effective.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed by discrimination law. For example, it may involve providing a service in a way which is appropriate for people who share a protected characteristic, such as providing computer training to all people to help them access information and services.

Whilst [the Gunning Principles](#) set out the rules for consulting with 'everyone', additional requirements are in place to avoid discrimination and inequality.

Cheshire East Council is required to comply with the Equality Act 2010 and the Public Sector Equality Duty. The Equality Act 2010 simplified previous anti-discrimination laws with a single piece of legislation. Within the Act, the Public Sector Equality Duty (Section 149) has three aims. It requires public bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, by consciously thinking about equality when making decisions (such as in developing policy, delivering services and commissioning from others)
- advance equality of opportunity between people who share a protected characteristic and people who do not share it, by removing disadvantages, meeting their specific needs, and encouraging their participation in public life
- foster good relations between people who share a protected characteristic and people who do not

The Equality Act identifies nine 'protected characteristics' and makes it a legal requirement to make sure that people with these characteristics are protected from discrimination:

- | | |
|-----------------------------------|----------------------|
| • Age | • Race |
| • Disability | • Religion or belief |
| • Gender reassignment | • Sex |
| • Marriage and civil partnerships | • Sexual orientation |
| • Pregnancy and maternity | |

Applying the equality duty to engagement

If you are developing a new policy, strategy or programme you may need to carry out an Equality Impact Assessment. You may be able to ascertain the impact of your proposal on different characteristics through desk-based research and learning from similar programmes, but you also need to carry out some primary research and engagement.

People with protected characteristics are often described as ‘hard to reach’ but you will find everyone can be reached – you just need to tailor your approach, so it is accessible for them.

Please feel free to contact the [Equality and Diversity mailbox](#) who will try to help you to assess the impacts of your proposals and will ensure that you help the Council to comply with the Equality Act 2010 and the Public Sector Equality Duty.

Section 1 – Details of the service, service change, decommissioning of a service, strategy, function or procedure

(Please delete the guidance in italics once you complete a section)

| | |
|---|--|
| Proposal Title | Decision on the proposed expansion of Park Lane School, Macclesfield |
| Date of Assessment | 6 th March 2025 |
| Assessment Lead Officer Name and other officers involved | Joanne Prophet |
| Directorate/ Service | Children and Families |

| | |
|---|---|
| Details of the service, service change, decommissioning of the service, strategy, function or procedure. | <p>The proposal is to carry out remodelling work and provide additional facilities to enable 34 additional children to attend Park Lane school. The Park Lane School site would cater for up to 156 pupils aged 4-19 for pupils, with a range of needs including Severe Learning difficulties (SLD) and Profound Multiple Learning Difficulties (PMLD).</p> <p>This proposal is for implementation from September 2025.</p> <p>The statutory process for significant changes to a maintained special school requires the local authority to issue a public notice and commence a minimum of 4 weeks consultation period. The Local authority must then consider the feedback received and make a decision within 2 months of the end of the consultation period, if approved, implement the proposal within the timescale.</p> <p>The outcomes of consultation, which was held from 14 March 2025 to 10 April 2025 will be summarised in a report</p> |
| | <p>to Children and Families Committee for a decision on 9 June 2025.</p> <p>It is a requirement both under DfE guidance and case law that the decision maker should consider the views expressed during consultation and take into account the Equality Impact Assessment. It is therefore imperative that full details of all views submitted are made available at the decision meeting.</p> <p>School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013</p> <p>School Admissions Code (2014)</p> <ul style="list-style-type: none"> • DfE Guidance |
| Who is impacted? | <ul style="list-style-type: none"> • Children and young people • Parents and carers • Headteachers of other SEN schools |

| | |
|---|---|
| Links and impact on other services, strategies, functions or procedures. | <p>The 2023-2026 Council Sufficiency Statement for Children and Young People with Special Educational Needs states: -</p> <p>As a partnership, Cheshire East is committed to supporting our children and young people to access the best education to meet their needs and to ensure they achieve the best possible outcomes. Having the right educational placement is key to supporting children and young people to achieve their potential and to develop the range of skills and experiences they need to equip them for adulthood. We have completed this Sufficiency Statement of our educational provision for children and young people with special educational needs and disabilities (SEND) to:</p> <ul style="list-style-type: none"> • Assess the needs of our children and young people in Cheshire East • Evaluate how well our current provision meets young people's needs and identify any gaps. • Support us to plan how we will continue to develop our provision over a three-year period starting in 2023-2026 so that we can achieve the best outcomes for our children and young people. <p>Through developing our provision, we want to:</p> <ul style="list-style-type: none"> • Enable children to achieve the best possible outcomes for children and young people. • Ensure there are the right number and type of places to meet children and young people's needs. |
|---|---|

| | |
|--|--|
| | <ul style="list-style-type: none"> • Ensure that children and young people can have their needs met within their local community wherever possible. • Make the best use of our resources. <p>Having the right educational placement and support is key to ensuring that children and young people experience the best outcomes. As such, the statement contributes to the authorities work across all of these priorities, but it is particularly related to priority 6; ensuring that children and young people with additional needs have better chances in life.</p> <p>To achieve the best outcomes for children, we need to plan and deliver our services with children and young people at the centre, involve them in decisions, and base our services on what children and young people need and how they tell us they want to be supported. Children, young people, parents and carers have been involved in developing this statement and will continue to be involved in developing our provision going forward.</p> <p>We want to ensure that all our children and young people achieve the best possible outcomes.</p> <p>It's also really important to us that we make the very best use of our resources so that we can provide the best quality service possible to all children and young people that need support. This means ensuring that we use our resources innovatively, match our services to the needs within our population, and also that we don't duplicate services. This also means reducing costs on any additional expenditure that doesn't contribute to children and young people's attainment or wellbeing, such as travel costs for long distance travel.</p> |
| <p>How does the service, service change, strategy, function or procedure help the Council meet the requirements of the Public Sector Equality Duty?</p> | <p>As stated above the Local Authority has identified a significant demand for more Special Educational Need school places in the borough and this proposal will help to enable Cheshire East to meet its statutory duty to ensure a sufficiency of school places for children resident in its area.</p> <p>The proposed permanent expansion provides new facilities providing reassurance to parents and providing children with the most favourable good quality learning environment.</p> |

Section 2 - Information – What do you know?

| | |
|---|---|
| What do you know? | <p>Due to the nature of the Special School our intake serves a large population across Cheshire East. There is very limited specialist provision within the Local Authority, so pupils are not always necessarily based within their local community. A number of pupils with Specific Learning Difficulties (SLD) and Profound and Multiple Learning Difficulties (PMLD) currently travel outside of Cheshire East to attend school and it is hoped that some of these pupils would be closer to their communities as a result of this expansion proposal.</p> |
| Information you used to arrive at the decision | <p>The 2023-2026 Council Sufficiency Statement for Children and Young People with Special Educational Needs states Cheshire East were supporting 4,029 children and young people with an EHCP, 1,455 (36%) requiring support in a specialist provision. The need for specialist provision in the secondary phase of education is 48% (694), which is much higher when compared with the primary phase of education 31% (455) and post 16 21% (306).</p> <p>17% of our children and young people with an EHCP are receiving education outside of Cheshire East. 48% of these are placed within a non-maintained special school, independent special school or specialist post 16 institute. 29% are placed within other local authority special schools (mainly neighbouring local authorities - Cheshire West, Stoke on Trent and Staffordshire).</p> <p>Based on this Cheshire East are in support of increasing the number of school places in SEN provision to alleviate the need to transport children with an EHCP out of the borough.</p> |
| Gaps in your Information | <p>The need for additional places in the borough has been identified within the 2023-2026 Council Sufficiency Statement for Children and Young People with Special Educational Needs.</p> <p>This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area and it is believed that there are currently no gaps in the information used to arrive at this belief.</p> |

Section 3 - Information - What did people tell you?

| | |
|---|--|
| What did people tell you about your proposals? | No feedback has been received until the consultation has closed. Once the consultation has concluded, an assessment of the feedback regarding the proposal will be undertaken. |
| | Feedback from all sources, including feedback from groups which represent any of the nine protected characteristics, will be assessed to ensure that this assessment of impact can be used to inform any final decision. |
| Details and dates of the consultation/s and/or engagement activities | <p>A public notice was published in the Macclesfield Express on Wednesday 12 March 2025. The consultation period will run from 14 March 2025 until 10 April 2025.</p> <p>The council's web page goes live on 14 March 2025. The webpage includes an electronic survey and a feedback form that anyone can complete and give feedback on their views.</p> <p>Emails will be sent to all the key stakeholders including the ward members, MP's, Dioceses, Macclesfield Town Council and local parish councils. Emails will also be sent to all local surrounding schools together with a letter for them to distribute to their parents/ carers or use the information to include in a newsletter etc.</p> <p>Once the consultation closes on 10th April 2025, the feedback will be collated, and a report on the outcomes will be presented to the Children and Families Committee meeting on 2nd June 2025 for a decision.</p> |
| Are there any gaps in consultation and engagement feedback? | <p>The consultation undertaken for making changes to maintained schools, is governed by the DfE guidance "Making significant changes (prescribed alterations) to maintained schools", which the latest version was issued in March 2025.</p> <p>The statutory consultation has been carried out in accordance with this guidance.</p> |

Section 4 - Review of information, consultation feedback and equality analysis

| Protected characteristics groups from the Equality Act 2010 | What do you know? <i>Summary of information used to inform the proposal</i> <u>Refer to Section 2</u> | What did people tell you? <i>Summary of customer and/or staff feedback</i> <u>Refer to section 3</u> | What does this mean? <i>Impacts identified from the information and feedback (actual and potential).</i> |
|---|---|--|--|
|---|---|--|--|

| | | | |
|------------|--|--|--|
| | | | <i>These can be either positive, negative or have no impact.</i> |
| Age | The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient SEN school places for children resident in its area | At this time the impact of change upon this group is believed to be limited. Further assessment will take place once the feedback of the consultation has been received and analysed. | The increase in school places at Park Lane school will have a number of benefits to the existing school community. In order to provide the additional places, works will include the remodelling of a classroom and providing additional facilities including toilets. This will also benefit existing pupils to ensure they have sufficient facilities in the right location when having lessons in mobiles classrooms etc. |

| | | | |
|-------------------|---|--|--|
| Disability | <p>The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for</p> | <p>At this time the impact of change upon this group is believed to be limited. Further assessment will take place once the feedback of the consultation has been received and analysed.</p> | <p>The proposal will have a significant positive impact on those children with SLD and PMLD in the borough because of the additional places being offered. The additional places may provide local children with these needs a place closer to their home and local community.</p> |
|-------------------|---|--|--|

| | | | |
|----------------------------|--|--|---|
| | children resident in its area | | |
| Gender reassignment | <p>The need for additional places in the borough has been identified by the local authority as part of the 20232026 Council Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area</p> | <p>At this time the impact of change upon this group is believed to be limited. Further assessment will take place once the feedback of the consultation has been received and analysed.</p> | <p>Local authorities are bound by the SEND Code of Practice, and this does not allow for any discrimination in respect of gender.</p> |

| | | | |
|--------------------------------|---|---|--|
| Pregnancy and maternity | <p>The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area</p> | <p>At this time the impact of change upon this group is believed to be limited.</p> <p>Further assessment will take place once the feedback of the consultation has been received and analysed.</p> | <p>Local authorities are bound by the SEND code of Practice, and this does not allow for any discrimination in this respect.</p> <p>All applications are considered on an equal basis without reference pregnancy and maternity.</p> |
|--------------------------------|---|---|--|

| | | | |
|-----------------------|---|---|---|
| Race/ethnicity | <p>The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Council Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area</p> | <p>At this time the impact of change upon this group is believed to be limited.</p> <p>Further assessment will take place once the feedback of the consultation has been received and analysed.</p> | <p>Local authorities are bound by the SEND code of Practice, and this does not allow for any discrimination in respect of race/ethnicity.</p> <p>The local authority has no reason to believe that any increase in school places at Park Lane school would result in an overall change to the current demographics.</p> |
|-----------------------|---|---|---|

| | | | |
|---------------------------|--|---|--|
| Religion or belief | The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area | At this time the impact of change upon this group is believed to be limited. Further assessment will take place once the feedback of the consultation has been received and analysed. | Religion and belief do not form part of the arrangements for admission to a special school and all applications will be considered on an equal basis irrespective of religion or belief. |
| Sex | The need for additional places in the borough has been identified by | At this time the impact of change upon this group is | The local authority has no reason to believe that any proposed increase in school places would result in an |

| | | | |
|--|---|--|--|
| | the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area | believed to be limited. Further assessment will take place once the feedback of the consultation has been received and analysed. | overall change to the current demographics |
|--|---|--|--|

| | | | |
|---------------------------------------|--|---|--|
| Sexual orientation | The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area | At this time the impact of change upon this group is believed to be limited. Further assessment will take place once the feedback of the consultation has been received and analysed. | Local authorities are bound by the SEND code of Practice, and this does not allow for any discrimination in respect of sexual orientation. |
| Marriage and civil partnership | The need for additional places in the borough has been identified by the local authority as part of the 2023-2026 Sufficiency Statement for Children and Young | At this time the impact of change upon this group is believed to be limited. Further assessment will take place once the feedback of the consultation has | Local authorities are bound by the SEND code of Practice, and this does not allow for any discrimination in this respect. All applications are considered against the subscription criteria on an |
| | People with Special Educational Needs. This proposal supports the local authority in its statutory duty to provide sufficient school places for children resident in its area | been received and analysed. | equal basis without reference to the marital status of the parent/carer. |

Section 5 - Review of information, consultation feedback and equality analysis

| Mitigation | What can you do to mitigate any negative impacts or further enhance positive impacts? |
|--|--|
| <i>Please summarise the impacts listed in section 4 and what will be done to mitigate these impacts</i> | <p>The school would expect to accommodate an additional 34 pupils (aged 4-19).</p> <p>It is believed that this will provide benefits to the current pupils due to the additional facilities being provided.</p> <p>Increasing the number of places at Park Lane school could provide school places to pupils who live locally and who either currently have to travel significantly or out of the borough to attend their education provision.</p> <p>A public notice was published in the Macclesfield Express on the 12 March 2025. The consultation period will run from 14 March 2025 to 10 April 2025.</p> <p>Any further mitigation measures required will be assessed after 10th April 2025 once the feedback has been received and collated and any issues raised have been considered.</p> |

Section 6 – Monitoring and review


| | |
|----------------------------------|--|
| Details of monitoring activities | The council will liaise with the school regarding numbers on roll. |
|----------------------------------|--|

| | |
|---|---|
| Date and responsible officer for the review of the EIA | The EIA will be reviewed by Emma Mason, School Organisation Monitoring and Pupil Place Planning Officer, at the start of the Spring Term 2026. The additional places and accommodation are expected to have been in place for one term at this point. |
|---|---|

Section 7 – Sign off

When you have completed your draft EIA, it should be sent to the [Equality, Diversity and Inclusion Mailbox](#) for review.

If your EIA is approved, it must then be signed off by a senior manager within your Department (Head of Service or above).

| | |
|------------------|---|
| Name | Claire Williamson Director of Education, Strong Start and Intergration |
| Date | 02.04.2025 |
| Signature |  |

Once the EIA has been signed off, please forward a copy to the [Equality, Diversity and Inclusion mailbox](#) for it to be published on the website.

For Transparency, we are committed to publishing all Equality Impact Assessments relating to public engagement.

Help and support - For support and advice please contact the [Equality, Diversity and Inclusion mailbox](#)

OPEN

Children and Families Committee

09 June 2025

**Appointments to Sub-Committees, Task
& Finish Group, Working Groups,
Panels, Boards and Joint Committees**

**Report of: Janet Witkowski, Acting Governance, Compliance and
Monitoring Officer**

Report Reference No: CF/09/25-26

Ward(s) Affected: N/A

Decision

Purpose of Report

- 1 This report seeks approval from the Children and Families Committee to appoint the bodies referred to in the report and to nominate members to them.
- 2 This report contributes to the Council's objective of being an effective and enabling organisation – effective and responsive governance, compliance and evidence-based decision-making.

Executive Summary

- 3 The Council, at its annual meeting on 14 May 2025 [Agenda for Council on Wednesday, 14th May, 2025, 11.00 am | Cheshire East Council](#) approved the political representation on its main committees and appointed those committees. The appointment of certain sub-committees, working groups, panels and boards is a matter for the relevant service committee.
- 4 This report concerns those bodies which fall to be appointed by the Children and Families Committee or by the Committee in conjunction with other service committees. Where political proportionality is applicable, the agreed conventions and methods of calculation have been applied.
- 5 Appointments to Outside Organisations are made by the Corporate Policy Committee and will next be reviewed in May 2027.

RECOMMENDATIONS

That the Children and Families Committee

1. Appoints the sub-committees, working groups, task and finish groups, panels, boards and joint committees for 2025-26, and the member appointments to them, as set out within this report.
2. Where appropriate, agrees to submit member nominations to the bodies below to the Head of Democratic Services.
3. To approve the draft Terms of Reference for the Home to School Transport Joint Committee Task and Finish Group.
4. To approve the draft Terms of Reference for the Families First Task and Finish Group (Children's Wellbeing and Schools Bill).

Background

6 Bodies which the Children and Families Committee is required to appoint to:

| Body | Purpose | Membership 2024-25 | Proposed Membership 2025-26 |
|--|--|--|---|
| Cheshire East Health and Wellbeing Board | <p>Cheshire East Health and Wellbeing Board is a joint board to which this Council appoints three councillors as voting members. The terms of reference are set out within the Constitution. The Corporate Policy Committee, Adults and Health Committee and Children and Families Committee are required to appoint x1 nominee each.</p> <p><i>*Children and Families Committee to appoint x1 elected member. There are no</i></p> | <p>Councillor C Bulman</p> <p><i>(1 elected member)</i></p> | <p>Councillor L Crane</p> <p><i>(1 elected member)</i></p> |

| | | | |
|--|--|---|--|
| | <i>specific criteria which apply to the appointments.</i> | | |
| Cared for Children and Care Leavers Committee | The Cared for Children and Care Leavers Committee is an advisory committee to the Children and Families Committee – ensuring that the council effectively discharges its role as Corporate Parent for all children and young people in care and care leavers from 0-25 years of age. Its terms of reference are set out within the Constitution. | <p>Councillors M Beanland, S Bennett-Wake, C Bulman, D Clark, N Cook, E Gilman, G Hayes, S Holland, B Posnett, J Saunders, B Puddicombe</p> <p>(12 members: 5 Cons, 4 Lab, 2 Ind, 1 non-grouped)</p> | <p>Councillors M Beanland, S Bennett-Wake, D Clark, L Crane, R Fletcher, G Hayes, S Holland E Gilman, R Moreton, B Posnett, B Puddicombe, J Saunders</p> <p>(12 members: 5 Cons, 4 Lab, 2 Ind, 1 non-grouped)</p> |
| Home to School Transport Joint Committee Task and Finish Group | The draft Terms of Reference are appended to this report. | N/A | <p>(Suggested 5 Members:</p> <p>3 x Children and Families Committee members and 2 x Highways and Transport Committee members).</p> |
| Families First Task and Finish | The draft Terms of Reference are appended to this report. | N/A | <i>Suggested 5 x Children and Families</i> |

| | | | |
|--|--|--|--------------------------|
| Group (Children's Wellbeing and Schools Bill). | | | <i>Committee members</i> |
|--|--|--|--------------------------|

Consultation and Engagement

- 7 There has been consultation with Group Leaders and Administrators in relation to the political representation of the bodies set out within this report.

Reasons for Recommendations

- 8 In accordance with the Constitution, the Children and Families Committee is responsible for the appointment of the bodies referred to in this report.

Other Options Considered

| 9 | Option | Impact | Risk |
|---|------------|--|--|
| | Do nothing | The Council's Constitution requires these bodies to be appointed in line with the legislation referenced in this report. Not appointing to these bodies would negatively affect the Council's ability to make decisions in an open and transparent manner. | Failure to comply with the Council's Constitution and the legislation referenced in this report could leave the Council open to legal challenge. |

Implications and Comments

Monitoring Officer/Legal/Governance

- 10 The Children and Families Committee has power to appoint informal working groups, panels or task groups with defined terms of reference and timeframes.
- 11 The Committee also has power and/or has historically been asked to nominate members to each of the sub-committees particularly where they fall within the remit of the Committee.
- 12 The Local Government (Committees and Political Groups) Regulations 1990, made pursuant to the Local Government and Housing Act 1989, make provisions in respect of the political group representation on a local authority's committees in relation to the overall political composition of the Council. The legislation applies to the decision-making committees and sub-committees of the Council and requires that, where proportionality applies, and seats are allocated to different political groups, the authority must abide by the following principles, so far as is reasonably practicable:
 - Not all of the seats can be allocated to the same political Group (i.e., there are no single group committees).
 - The majority of the seats on the body are to be allocated to a political Group with a majority membership of the authority.
 - The total number of seats on all ordinary committees and sub committees allocated to each Political Group bears the same proportion to the proportion on the full Council.
 - The number of seats on each ordinary committee allocated to each Political Group bears the same proportion to the proportion on full Council.
 - The proposals contained in this report meet the requirements of the legislation.
 - The 1990 Regulations require Political Group Leaders to notify the Proper Officer of the Groups' nominations to the bodies in question.

Section 151 Officer/Finance

- 13 There are no financial implications that require an amendment to the Medium-Term Financial Strategy as a result of the recommendations in this report.

Human Resources

14 There are no HR implications.

Risk Management

15 Failure to comply with the Act and Regulations when appointing its committee memberships would leave the Council open to legal challenge.

Impact on other Committees

16 There are no implications on other committees.

Policy

17 There are no direct policy implications.

Commitment 3: An effective and enabling organisation

Effective and responsive governance, compliance and evidence-based decision-making.

Equality, Diversity and Inclusion

18 There are no direct equality, diversity and inclusion implications.

Other Implications

19 There are no other implications.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|--|--|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | Interim Director of Finance, Deputy Section 151 Officer | 27/05/25 | 27/05/25 |
| Janet Witkowski | Acting Governance, Compliance and | 27/05/25 | 27/05/25 |

| | | | |
|--------------------------|-------------------------------|----------|----------|
| | Monitoring Officer | | |
| <i>Legal and Finance</i> | | | |
| Julie Gregory | Acting Head of Legal Services | 13/05/25 | 14/05/25 |
| Diane Green | Finance Manager | 06/05/25 | 14/05/25 |

| Access to Information | |
|------------------------------|---|
| Contact Officer: | Brian Reed, Head of Democratic Services Brian.reed@cheshireeast.gov.uk |
| Appendices: | Appendix 1 – Draft Terms of Reference - Home to School Transport Joint Committee Task and Finish Group Appendix 2 – Draft Terms of Reference - Families First Task and Finish Group (Children’s Wellbeing and Schools Bill). |
| Background Papers: | NA |

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| Overview & Scrutiny Review Scoping Document | |
|---|---|
| Project Title: | Home to School Transport – Joint Committee Scrutiny |
| Link with the Corporate Objectives This review will support the following Corporate Plan objectives: <ul style="list-style-type: none"> a) Education, skills and life-long learning leads to employment and roles in the community. b) Communities connected through an improved, accessible rural and urban transport network including active travel. c) Children and young people thrive and reach their potential with targeted support when and where they need it. d) Financially sustainable council, enabled by council-wide service transformation and improvement. | |
| Project Background: This project will enable members of both Highways & Transport Committee and Children & Families Committee to jointly scrutinise the Councils' arrangements for provision of Home-to-School Transport, including SEND. The Council provides transport for approximately 4000 students to educational establishments in the borough and beyond. The MTFS provides an increase in budget (FY2025-26) of £1.5 million with further growth expected in future years. Transport services make up 17% of the overall children's revenue budget. There have been recent planned changes to the council's policies, procedures and procurement arrangements for home-to-school transport and members are interested to understand the effectiveness of these and what else can be done to ensure services provide value-for-money. | |
| Project Objectives: | The objectives of this project are: <ul style="list-style-type: none"> • To enable members to scrutinise recent developments in the Councils Home-to-School travel policy and consider what opportunities there are for further improvement. • To enable members to scrutinise arrangements for procurement of home-to-school transport contracts to consider whether they are satisfied the Council achieves value-for-money. • To scrutinise arrangements for delivery of all aspects of the home-to-school travel policy, especially the initiatives that rely of cross directorate working and integration of capital and revenue budgets – examples could include delivery of Available Walking Routes and/or integration with public local bus services. • To scrutinise the arrangements for delivering savings and efficiencies relating to Home-to-School transport that are incorporated in the adopted MTFS. • To identify any areas of national legislation that can be brought into the project for discussion. |

| | |
|-----------------------|---|
| | <ul style="list-style-type: none"> To learn from what is happening national and locally, including bringing ideas in from the sub regional project the Council is engaged in on home to school transport. |
| Timescales: | <p>This scrutiny project is intended to be completed within the 2025/26 civic year.</p> <p>Task & finish group will meet informally in July with a view to holding monthly meetings to be attended by members, lead officers (as and when required) and Democratic Services.</p> <p>Task & Finish group to decide on whether update reports will be taken to C & F and H & T committees through the process.</p> <p>Final report will be taken to C & F committee with a view to looking nearer the time at how it is fed into H & T Committee.</p> |
| Lead Officers: | <p>Gill Betton and Clair Kiffin – Children’s and Families Directorate</p> <p>Richard Hibbert, Jenny Marston, and Mike Mitchell – Infrastructure and Highways Directorate</p> <p>Officer from Finance, Public Rights of Way and Cheshire East Highways will be available to support, as necessary.</p> |

| Overview & Scrutiny Review Scoping Document | |
|--|--|
| Project Title: | Families First Task and Finish Group (Children's Wellbeing and Schools Bill). |
| Link with the Corporate Objectives This review will support the following Corporate Plan objectives: Improving Health and Wellbeing: <ul style="list-style-type: none"> • Health outcomes are improved across our diverse borough through a targeted approach that reduces health inequalities • Improved independence, quality of life, health and wellbeing through early intervention and prevention • Everyone feels safe and secure, difference is celebrated and abuse and exploitation not tolerated • Children and young people thrive and reach their potential with targeted support when and where they need it • Communities build their capacity, with support to access information, guidance and funding • Lasting solutions are delivered through strong and committed partnerships | |
| Project Background: The Families First Partnership Programme is a new national programme set up in the Department for Education (DfE) and supported by the Department of Health and Social Care and the Home Office. Through the programme, government is working in partnership with local areas (local authorities, police, health, education, childcare settings and other relevant agencies) to improve their local services and systems that help and protect children and families. The reforms include the introduction of Family Help, strengthening multi-agency child protection, and improving engagement with family networks. The programme will draw on the experiences of the 10 Families First for Children (FFC) Pathfinder Programme local areas (pathfinders), who have been testing the implementation of these system reforms since July 2023. Implementing multi-disciplinary and multi-agency teams that work in a place based way will be a key enabler to both the implementation of the reforms and to Cheshire East's services for children improvement journey. | |
| Project Objectives: | The objectives of this project are: <ul style="list-style-type: none"> • To understand the rationale and evidence base for place based locality working and locality proposals for multi-disciplinary and multi-agency working for children and families in Cheshire East. • To understand how this links to the Families First Partnership approach and the requirement to implement the reforms and be up and running by 31st March 2026. • To contribute towards the development of the Families First Partnership plans. |

| | |
|-----------------------|--|
| Timescales: | The national timescale to be up and running with the Families First new ways of working is by the 31 st March 2026, therefore it is proposed that the Task and Finish commences asap in May/early June and meets approximately fortnightly thereafter, to inform the report back to Children and Families Committee on 15 th September 2025. |
| Lead Officers: | Kerry Madden, Families First Programme Director Lisa Davies, Director for Children's Improvement |

DRAFT

Scrutiny Project Plan

Objectives: -

| Objective | Information Required | Source | How i.e. meetings, site visits, etc. | Owner | Deadline | Status RAG |
|-----------|----------------------|--------|--------------------------------------|-------|----------|------------|
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Children and Families Committee Work Programme 2025 - 26

| Report Reference | Title | Purpose of Report | Lead Officer | Consultation | Equality Impact Assessment | Part of Budget and Policy Framework | Exempt Item | Is the report for decision or scrutiny? |
|--|--|---|--|--------------|----------------------------|-------------------------------------|-------------|---|
| 15 September 2025 – Twilight meeting – 5.30pm | | | | | | | | |
| CF/02/25-26 | First Financial Review of 2025/26 | To scrutinise and comment on the First Financial Review and Performance Position of 2025/26, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements | Executive Director of Resources, Section 151 Officer | No | No | Yes | No | Decision/Scrutiny |
| CF/22/25-26 | Improvement plan progress | To update committee on progress against the improvement plan to address the findings from the Ofsted inspection of local authority children's services (ILACS) in February and March 2024, and to ensure committee can scrutinise impact on outcomes for children and young people. To update committee on the findings of the second Ofsted monitoring visit. | Interim Children's Services Improvement Director | No | No | No | No | Scrutiny |
| CF/18/25-26 | Annual Youth Justice Plan | To endorse the annual youth justice plan | Director of Family Help and Children's Social Care | No | TBC | TBC | TBC | TBC |
| CF/27/25-26 | Outcome of consultation on Domestic Abuse Strategy and plan to secure required provision | To update Committee on the outcome of the consultation on the draft Domestic Abuse Strategy (see also papers for June 2025 Committee) and how key recommendations will be implemented from Autumn 2025 onwards. | Director of Family Help and Children's Social Care | Yes | Yes | TBC | TBC | Scrutiny |
| CF/28/25-26 | Update from the Families First Task and Finish Group | To provide an update from the Families First Task and Finish Group: Regarding the rationale and evidence base for place-based locality working and locality proposals for multi-disciplinary and multi-agency working for children and families in Cheshire East. How this links to the Families First Partnership approach and the requirement | Executive Director Children's Services | No | No | No | TBC | Scrutiny |

Children and Families Committee Work Programme 2025 - 26

| | | | | | | | | |
|-------------------------|---|---|--|-----|-----|-----|--------------|-------------------|
| | | to implement the reforms and be up and running by 31st March 2026. How the Task and Finish Group has contributed towards the development of the Families First Partnership plans. | | | | | | |
| CF/29/25-26 | Basford East, Shavington – New primary school. | To progress with the new school at Basford East | Director for Education, Strong Start and Integration | TBC | TBC | TBC | Yes, in part | Decision |
| 10 November 2025 | | | | | | | | |
| CF/03/25-26 | Second Financial Review of 2025/26 | To scrutinise and comment on the Second Financial Review and Performance position of 2025/26, including progress on policy proposals and material variances from the MTFS and (if necessary) approve Supplementary Estimates and Virements. | Executive Director of Resources, Section 151 Officer | No | No | Yes | No | Decision/Scrutiny |
| CF/04/25-26 | Medium Term Financial Strategy Consultation 2026/27-2029/30 | To provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in March 2025 | Executive Director of Resources, Section 151 Officer | No | No | Yes | No | Decision/Scrutiny |
| CF/20/25-26 | Cheshire East Safeguarding Children's Partnership Annual Report | To update the committee on the Cheshire East Safeguarding Children Partnership's activity over the past year. | Interim Children's Services Improvement Director | TBC | TBC | No | TBC | Scrutiny |
| CF/23/25-26 | Improvement Plan Progress | To update committee on progress against the improvement plan to address the findings from the Ofsted inspection of local authority children's services (ILACS) in February and March 2024, and to ensure committee can scrutinise impact on outcomes for children and young people. | Interim Children's Services Improvement Director | No | No | No | No | Scrutiny |
| 19 January 2026 | | | | | | | | |
| CF/05/25-26 | Third Financial Review 2025/26 | To scrutinise and comment on the Third Financial Review and Performance position of 2024/25, and (if necessary) approve Supplementary Estimates and Virements. | Executive Director of Resources, Section 151 Officer | No | No | Yes | No | Scrutiny |

Children and Families Committee Work Programme 2025 - 26

| | | | | | | | | |
|-------------------------|---|--|--|----|----|-----|----|-----------------------|
| CF/06/25-26 | Medium Term Financial Strategy Consultation 2026/27 to 2029/30 Provisional Settlement | To provide feedback in relation to their financial responsibilities as identified within the Constitution and linked to the budget alignment approved by the Finance Sub-Committee in March 2025. | Executive Director of Resources, Section 151 Officer | No | No | Yes | No | Scrutiny and Decision |
| CF/24/25-26 | Improvement Plan Progress | To update committee on progress against the improvement plan to address the findings from the Ofsted inspection of local authority children's services (ILACS) in February and March 2024, and to ensure committee can scrutinise impact on outcomes for children and young people To update committee on the findings of the third Ofsted monitoring visit | Interim Children's Services Improvement Director | No | No | No | No | Scrutiny |
| 16 February 2026 | | | | | | | | |
| 13 April 2026 | | | | | | | | |
| CF/07/25-26 | Service Budgets 2026/27 | To set out the allocation of approved budgets for 2025/26 for services under the Committee's remit, as determined by Finance Sub Committee | Executive Director of Resources, Section 151 Officer | No | No | Yes | No | Scrutiny |

Task and Finish Groups

| Group | Membership | Established | Purpose |
|--|------------|-------------|--|
| Review of Home to School Transport - This is a cross-directorate Task & Finish Group with Highways & Transport Committee | TBC | April 2025 | This project will enable members of both Highways & Transport Committee and Children & Families Committee to jointly scrutinise the Councils' arrangements for provision of Home-to-School Transport, including SEND. The Council provides transport for approximately 4000 students to educational establishments in the borough and beyond. The MTFS provides an increase in budget (FY2025-26) of £1.5 million with further growth expected in future years. Transport services |

Children and Families Committee Work Programme 2025 - 26

| | | | |
|---|-----|----------|--|
| | | | make up 17% of the overall children's revenue budget. There have been recent planned changes to the council's policies, procedures and procurement arrangements for home-to-school transport and members are interested to understand the effectiveness of these and what else can be done to ensure services provide value-for-money. |
| Children's Wellbeing Bill – Implications | TBC | May 2025 | The objectives of this project are: <ul style="list-style-type: none"> To understand the rationale and evidence base for place-based locality working and locality proposals for multi-disciplinary and multi-agency working for children and families in Cheshire East. To understand how this links to the Families First Partnership approach and the requirement to implement the reforms and be up and running by 31st March 2026. To contribute towards the development of the Families First Partnership plans. |
| Review of Special Guardianship Orders (SGO's) | TBC | TBC | TBC |

Briefing Reports/Reports for noting

| Title | Purpose of Report | Lead Officer | Expected Circulation Date via the Members Hub |
|-------|-------------------|--------------|---|
| | | | |

Note: These reports will be circulated outside of committee meetings - [Library folder - Reports for Noting - Reports for Noting | Cheshire East Council](#)

OPEN – Report**NOT FOR PUBLICATION - Appendix 1**

By virtue of paragraphs 2 and 3 of Part 1 Schedule 1 of the Local Government Act 1972.

Children and Families Committee**09 June 2025****SEND Sufficiency Statement for
children and young people with an
education, health, care plan (EHCP)**

Report of: Dawn Godfrey, Executive Director of Children's Services**Report Reference No: CF/11/25-26****Ward(s) Affected: All****Decision and Scrutiny****Purpose of Report**

- 1 To provide Children and Families Committee members with an outline of the SEND landscape in Cheshire East to:
 - (a) provide a greater understanding of the demographic of the SEND cohort
 - (b) to describe the position of the Council's existing SEND provision
 - (c) to provide evidence that can support the Council's decision making as it seeks to fulfil its sufficiency duty investing in and maintaining its educational estate
- 2 Appendix 1 of this report provides our SEND Sufficiency Statement which details educational provision for children and young people with special educational needs.
- 3 The report contributes to the commitments of the Corporate Plan 2025-2029:
 - (a) Unlocking prosperity for all; Education, skills and life-long learning leads to employment and roles in the community.

- (b) Improving health and wellbeing; Children and young people thrive and reach their potential with targeted support when and where they need it
- (c) An effective and enabling council.

Executive Summary

- 4 The overall aim of this SEND Sufficiency Statement is to inform and support the local authority in its development of strategic place planning for SEND educational provision in the medium and long term. There are 4 key aims for the Cheshire East SEND Sufficiency Statement
 - 1. Inform medium to longer term commissioning/decommissioning of places for children and young people with an EHCP
 - 2. Inform capital investment planning and future bids to DfE initiatives
 - 3. Inform discussions with providers around required change to current provision to meet future needs
 - 4. Support the delivery of the DSG management plan to become financially stable.
- 5 The SEND Sufficiency Statement at Appendix 1 provides
 - (a) A detailed overview of the existing SEND cohort – year group and age range, type of provision, area of need and location
 - (b) The analysis has been broken down into 4 localities:
 - (i) South S1: Nantwich and Crewe South
 - (ii) South S2: Sandbach, Alsager, Middlewich and Crewe North
 - (iii) North N1: Wilmslow, Knutsford, Congleton and Holmes Chapel
 - (iv) North N2: Macclesfield and Poynton
 - (c) List of existing specialist provision
 - (d) List of approved schemes
 - (e) EHCP forecasts
 - (f) Proposals for future provision
 - (g) Proposal for the decommission of provision

- 6 **Appendix 1 is not for publication.** Appendix 1 contains exempt information pursuant to schedule 12A of The Local Government Act 1972 and is therefore withheld from public inspection. The exempt information falls within paragraphs 2 and 3 of the exempt information categories contained within paragraph 24 of the Access to Information Procedure Rules in the Council's Constitution and contains information relating to an individual, information which is likely to reveal the identity of an individual, information relating to the financial or business affairs of any particular person (including the authority holding that information).

The public interest has been applied and it is concluded that the public interest in maintaining the exemption outweighs the public interest in disclosure at this time. It therefore recommended that the Decision Record is withheld from publication from the Council website.

The paragraphs below set out the relevant public interest issues in this case.

Factors for withholding;

- The report provides information which is likely to reveal the identity of schools who operate provisions which may be affected by the proposals
- The report provides information relating to the financial or business affairs of any particular person (including the authority holding that information).
- Where applicable, officers will follow, the School Organisation Process which includes public consultation for both commissioned and decommissioned specialist provision

Factors for disclosure;

There is a public interest.

- in transparency and accountability,
- in securing the best use of public resources

Reasons why the public interest favours withholding the information:

- It is considered that the disclosure of this information would prejudice the interests of the council and school as it relates to the finances of the council (DSG deficit position) and the school.
- Where applicable, officers will follow, the School Organisation Process which includes public consultation in relation to the proposals.

- 7 Although exempt at this stage, Appendix 1 will be available online on our website following the consultation process, where applicable, on the

proposals and relevant actions in line with the school organisation process, and future Children and Families Committee approval.

- 8 The SEND Sufficiency Statement and proposals within the document align with the DSG management plan (formally approved at Childrens and Families Committee on 29 April 2024). Growing our own specialist provision and enhancing inclusion within our mainstream schools and setting are key mitigations within the DSG management plan and therefore integral to our journey of achieving financial sustainability and the strategic direction of Right Time, Right Support, Right Place.
- 9 The SEND Code of Practice sets out that for most children with SEND, there is a presumption that their education will be within a mainstream setting and CEC's ambition is that most children and young people with an EHCP will also be able to access appropriate provision within or within a reasonable distance of their local community.
- 10 The Council has a statutory duty under section 14 of the Education Act 1996, to ensure there is a sufficiency of school places available to meet the needs of all children and young people living within our authority. This includes the need to secure provision for children with special educational needs and disabilities.
- 11 This report and appendix should be read alongside the SEND and AP Strategy and Improvement Plan 2025-2028.

RECOMMENDATIONS

The Children and Families Committee is recommended to:

1. Review the information as presented within the SEND Sufficiency Statement academic year 2024/25 to 2030/31 (Appendix 1)
2. To note the proposals detailed in the SEND Sufficiency Statement at Appendix 1 of the report (not for publication)
3. Delegate authority to the Executive Director of Childrens Services to proceed with consultation on the proposals in Appendix 1 and undertake relevant actions in line with the school organisation process, with a report back to committee on the outcome in due course for consideration and decision.

Background

The Cheshire East Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Strategy and Development Plan 2025 – 2028

- 12 The Cheshire East Special Educational Needs and Disability (SEND) and Alternative Provision (AP) Strategy and Development Plan 2025 – 2028 outlines in a single document all the work to be carried out by the Cheshire East SEND Partnership to develop and improve local support for children and young people that have SEND and / or attend alternative provision. It is referred to as our Cheshire East SEND and AP ‘One Plan’.
- 13 The SEND and AP Strategy and Development Plan incorporates all mitigations identified in the Dedicated Schools Grant (DSG) Management Plan as required during 2025-2028 (noting that the DSG Management Plan is a 7 year plan 2024/25-2030/31) and clearly pulls together and outlines in a single document all of the improvement work to be carried out by the SEND Partnership up to and including the calendar year 2028.
- 14 The plans to improve services and outcomes for children and young people with SEND across our area including a review of all our existing SEND provision and identifying gaps in provision to support our children and young people with SEND is ambitious.
- 15 Our vision for children and young people with special educational needs and disabilities (SEND) is the same as for all children and young people - that they achieve well in all aspects of their lives and are happy, fulfilled and play an active role in their communities. **“Together we will make Cheshire East a great place to be young”.**
- 16 We believe that children and young people are best supported within their families and their communities, all children and young people should enjoy the best education which prepares them to thrive in adulthood and Cheshire East families and communities are strong and resilient, with the right help, by the right people, at the right time.
- 17 As a SEND Partnership, all relevant organisations in Cheshire East are committed to providing the best quality education and support for all children and young people to ensure they achieve the best possible outcomes.
- 18 We want all our children and young people with special educational needs and/or disabilities to be **HAPI: Happy and healthy, Achieving their potential, Part of their communities and Independent** as possible, making choices about their future.
- 19 In order to achieve our shared partnership vision and commitment, our priorities for all our children and young people with special educational

needs and/or disabilities to have the Right Support in the Right Place at the Right Time.

The Dedicated Schools Grant Management Plan

- 20 As a requirement of the DSG grant conditions, local authorities must have a DSG management plan in place. As at April 2024, our 7-year DSG management plan details a forecast unmitigated deficit position for 2030-31 of £1.2 billion, reducing to £285 million mitigated deficit position by the end of 2030/31 (where we should also be spending within the forecast available grant in-year) if the plan is implemented successfully, with mitigations focusing on providing the right support in the right place at the right time.
- 21 The DSG management plan was reprofiled following the outturn position at 31 March 2024 which was lower than planned, resulting in a reduced forecast deficit reserve position of £1.07 billion unmitigated and £236.7 million mitigated by the end of March 2031.
- 22 The DSG management plan will be updated and reprofiled during the summer months to reflect the actual outturn position as at 31 March 2025.
- 23 The DSG management plan includes mitigations of increasing SEND provision across Cheshire East. In March 2024, Cheshire East were successful in a capital bid (linked to the Safety Valve Programme) and awarded £16.6m to support SEND provision expansions which are integral to the delivery of the DSG management plan. These expansions have been included within the SEND Sufficiency Statement (Appendix 1).
- 24 In addition to the capital bid Cheshire East have been awarded via the free school presumption process a new free special school, which is to be delivered by the DfE. This new provision has also been included within the SEND Sufficiency Statement (Appendix 1). Please note at the time of writing this report, it is unknown whether the new government will continue to deliver any awarded free schools. A separate report will be prepared for Children and Families Committee to provide an update.

Development of the SEND Sufficiency Statement

- 25 To create the SEND Sufficiency Statement areas such as capacity and designated numbers in Cheshire East provisions, pupil travel patterns, destination, alongside forecast pupil data to identify gaps in both the capacity, type and geographical location of specialist provision have been used.
- 26 Multiple data sources were available to inform the gap analysis. This included Special School and Resource Provision (RP) capacity, school census information, live SEND data through Power BI, SEN2 return, the

DSG management plan 2024/25 to 2030/31, which includes EHCP forecasts, stakeholder views (conducted via the SEND & AP strategy plan) and information from interdependent projects.

- 27 The data modelling, gap analysis and initial conclusions have informed the sufficiency planning proposals. Consultation with all stakeholders, including parents, carers and young people will take place to discuss and evaluate the proposals. Feedback from the consultations will inform any revision to the commissioning proposals in this and future iterations of the SEND Sufficiency Statement.
- 28 The SEND sufficiency Statement has been produced to reflect 4 potential locality areas; South 1: Nantwich and Crewe South, South 2: Alsager, Sandbach, Middlewich and Crewe North, North 1: Wilmslow, Knutsford, Congleton and Holmes Chapel, North 2: Macclesfield and Poynton.
- 29 The proposed localities reflect the Family Hubs collaborative partnership work. There are 4 collaboratives in the north and 4 collaboratives in the south of Cheshire East. The 8 collaborative areas were formed to establish local targeted action plans informed by data and intelligence to improve the way that we work together, prevent duplication and identify key areas of focus to have a positive impact on the outcomes of children and families.

Department of Education (DfE) Announcement [New specialist places to be created in mainstream schools - GOV.UK](#)

- 30 In December 2024, the DfE announced £740m of funding to increase the number of places available for SEND pupils to achieve and thrive in mainstream schools.
- 31 This new funding can be used to adapt classrooms to be more accessible for children with SEND, and to create specialist facilities within mainstream schools that can deliver more intensive support adapted to suit the pupils' needs.
- 32 Secretary of State for Education, Bridget Phillipson "We are determined to break down barriers to opportunity for all children and will work closely with local authorities, schools and families to ensure inclusion is at the heart of learning and that all pupils are getting the support they need to achieve and thrive".

Consultation and Engagement

- 33 No consultation or engagement has taken place directly relating to the SEND Sufficiency Statement but stakeholder views conducted via the co-production sessions held during the development of the SEND and AP

strategy plan have taken place of which SEND Provision was a key priority.

- 34 Any applicable consultation in line with statutory regulations concerning SEND places will be conducted accordingly.

Reasons for Recommendations

- 35 To assess the needs of our children and young people in Cheshire East and to evaluate how well our current provision meets young people's needs and identify any gaps, which will support us to plan how we will continue to develop our provision so that we can achieve the best outcomes for our children and young people.
- 36 To achieve the best possible outcomes for children and young people by ensuring there are the right number and type of places to meet children and young people's needs and having their needs met within their local community wherever possible.
- 37 To ensure the right decisions are made to make the best use of our resources.
- 38 To progress and inform our DSG management plan and to reduce the over reliance on independent special schools to meet the needs of our children and young people.

Other Options Considered

39

| Option | Impact | Risk |
|------------|---|---|
| Do nothing | <p>Lack of understanding of data and of SEND provision requirements.</p> <p>Lack of information to inform the SEND provision plan to address the gaps in specialist provision in Cheshire East.</p> <p>CYP are educated outside of Cheshire East.</p> | Continued over reliance on Independent/Non-maintained specialist providers, resulting in increased expenditure of placements, impacting on the overall Dedicated Schools Grant deficit reserve position |

Implications and Comments

Monitoring Officer/Legal

- 40 The proposals outlined in this report fall within the remit of the committee and will assist the Local Authority in meeting its statutory duty to secure sufficient mainstream and SEND education places pursuant to section 14 of the Education Act 1996('EA1996'). In addition Section 315 of the EA1996 requires that arrangements for children with SEND be kept under review including its sufficiency.
- 41 The exemption of material in Appendix 1 is appropriate at this time.
- 42 To minimise the risk of legal challenge, the Local Authority should ensure that it is fully compliant with all relevant legislation in this area and that it continues to satisfy its statutory duties through its decision making. Proposals outlined in this report, where applicable, would be subject to consultation and would follow the relevant statutory processes and approval route. Any further legal implications will be considered at the time.

Section 151 Officer/Finance

- 43 There are no financial implications that require an amendment to the Medium-Term Financial Strategy as a result of the proposals in this report to increase places by 230 and decommission places by 24, resulting in a total 1,497 places.
- 44 SEND service continues to see a significant increase in the number of pupils with Educational and Health Care Plans, and the associated school placement costs.
- 45 The forecast pressure on the Dedicated Schools Grant in the Management Plan reported April 2024 following the update of the Safety Valve Capital bid, referenced in paragraph 19, of £1.2billion 2030-31 reducing to £285million continues to be a pressure.
- 46 The 2024-25 draft total DSG outturn deficit in year of £33.5m, High Needs is £35.1m overspend and £1.6m underspend on Early Years, creating an overall deficit to date of £112.1m, is an improvement against the management plan (original £140.9m). The DSG deficit continues to be managed by an accounting override until 31st March 2026.
- 47 Capital Grant Funding bid in paragraph 20, £16.6m, in this report are confirmed and resulted from the Safety Valve Capital Funding application. The bid included 2x60 SEND primary schools,20 place expansion of Springfield (Wilmslow) 14 place SEN unit and additional

funding for new SEND satellite schools SEND school places, SEN units and Resource provisions within mainstream settings across the borough.

- 48 On 26 March 2024, the DfE confirmed the 2023 to 2025 High Needs Provision Capital Fund Allocation was confirmed as £5.8m. The DfE have now published LA allocations for over £1 billion of new capital investment to support local authorities to create mainstream school places needed by September 2028, and for £740 million of capital funding for the 2025-26 financial year to support the creation of school places for children and young people with Special Educational Needs and Disabilities (SEND) or who require Alternative Provision (AP).
- 49 As part of this announcement on the 27 March 2025, the DfE confirmed High Needs Capital Fund allocation of £5.955m, which is additional capital grant coming in to support the provision of High Needs places.

Policy

- 50 The SEND Code of Practice sets out that for most children with SEND, there is a presumption that their education will be within a mainstream setting and CEC's ambition is that most children and young people with an EHCP will also be able to access appropriate provision within or within a reasonable distance of their local community.
- 51 The Council has a statutory duty under section 14 of the Education Act 1996, to ensure there is a sufficiency of school places available to meet the needs of all children and young people living within our authority. This includes the need to secure provision for children with special educational needs and disabilities (SEND).
- 52 In addition, section 315 of the Education Act 1996 requires that arrangements for children with SEND be kept under review. 'Special educational needs' is a legal definition and refers to children with learning problems or disabilities that make it harder for them to learn than most children of the same age.
- 53 Those with more complex needs will have an integrated assessment and, where appropriate, a single Education, Health and Care plan for their support.
- 54 In March 2022, the government published its SEND review: right support, right place, right time. "The SEND Review sets out government's proposals for a system that offers children and young people the opportunity to thrive, with access to the right support, in the right place, and at the right time, so they can fulfil their potential and lead happy, healthy and productive adult lives.

| Commitment 1: Unlocking prosperity for all | Commitment 2: Improving health and wellbeing | Commitment 3: An effective and enabling council |
|--|--|--|
| Education, skills and life-long learning leads to employment and roles in the community. | Children and young people thrive and reach their potential with targeted support when and where they need it | Financially sustainable council, enabled by council-wide service transformation and improvement. |

Equality, Diversity and Inclusion

- 55 An EIA will be completed for each individual proposal, where applicable, listed within the report and appendix.

Human Resources

- 56 There are no direct human resource implications for the council, but if any additional school provision forms part of a current maintained school, the local authority will work with the school in the appointment of additional specialist staffing to ensure high quality staffing is achieved, both teaching and non-teaching.

Risk Management

- 57 There is an overall risk that the council does not meet its statutory requirements to best support SEND learners due to a lack of specialist SEND placements.
- 58 Due to capacity constraints within our RPs, SEND units and special schools, the reliance on placements within non-maintained special schools, independent special schools and specialist post 16 institutes is growing considerably, which causes significant financial impact as this type of provision is a higher cost.
- 59 Once specific schemes are identified, approved to feasibility stage and then beyond, all risks will be monitored as part of the staged process utilising the agreed Project Management Office (PMO) methodology.

Rural Communities

- 60 The creation of additional places across the borough will potentially bring benefits to rural communities by providing settings within more reasonable travel distances if a local school place cannot be met.

Children and Young People including Cared for Children, care leavers and Children with special educational needs and disabilities (SEND)

- 61 The council has approved its Children's Vision which contains a priority around children with additional needs.
- 62 The SEND & AP Strategy and Development Plan sets out the Partnership vision for meeting the needs of children and young people with SEND.

Public Health

- 63 Any increase in SEND provision will require strategic joint commissioning of specialist health services to ensure resources for such services as physiotherapy and speech language and communication therapy are sufficient to meet increased demand as more localised school places are generated. This will be done through the 0-25 SEND Partnership Board.
- 64 By providing local school places and reducing the distances which some children may have to travel to attend school will help to reduce congestion on the roads and therefore reduce emissions, improving the air quality and making a better environment to live in.

Climate Change

- 65 Providing additional school places will enable Cheshire East Children and Young People the ability to secure at place at their local school thus reducing the need to travel outside of the area which will reduce energy consumption.
- 66 Cheshire East Council are very aware of their environmental education and stewardship role and are very interested in promoting sustainability in general.

Consultation

| Name of Consultee | Post held | Date sent | Date returned |
|--|---------------------------|------------------|----------------------|
| <i>Statutory Officer (or deputy) :</i> | | | |
| Sal Khan | Deputy S151 Officer | 19/05/25 | 19/05/25 |
| Janet Witkowski | Acting Monitoring Officer | 19/05/25 | 27/05/25 |

| <i>Legal and Finance</i> | | | |
|--------------------------------------|--|----------|----------|
| Roisin Beressi | Principle Lawyer | 29/04/25 | 20/05/25 |
| <i>Other Consultees:</i> | | | |
| <i>Executive Directors/Directors</i> | | | |
| Claire Williamson | Director of Strong Start, Family Help and Integration and SEND | 23/04/25 | 26/04/25 |

| Access to Information | |
|------------------------------|---|
| Contact Officer: | Claire Williamson, Director of Strong Start, Family Help and Integration and SEND Claire.williamson@cheshireeast.gov.uk |
| Appendices: | Appendix 1 – NOT FOR PUBLICATION |
| Background Papers: | SEND and AP Strategy and Development Plan “One Plan” 2025 to 2028 – June 25 C&F Committee DSG management plan 2024/25 to 2030/31 Report and Appendix – November 24 C&F Committee https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s120768/DSG%20Update%20Report.pdf https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s120769/Appendix%201%20-%20DSG%20Management%20Plan%20Update.pdf DSG management plan 2024/25 to 2030/31 Report and Appendix – April 24 C&F Committee https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s116728/DSG%20Report.pdf |

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| | https://moderngov.cheshireeast.gov.uk/ecminutes/documents/s116729/Appendix%201%20-%20Safety%20Valve%20DSG%20Management%20Plan.pdf |
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By virtue of paragraph(s) 2, 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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