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Cared For Children and Care Leavers Committee

Agenda

Date:	**Tuesday, 2nd December, 2025**
Time:	**2.00 pm**
Venue:	**Committee Suite 1, 2 and 3, Delamere House, Delamere Street, Crewe, CW1 2JZ**

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.

Please Note: This meeting will be live streamed**.** This meeting will be broadcast live and a recording may be made available afterwards. The live stream will include both audio and video**.** Members of the public attending and/or speaking at the meeting should be aware that their image and voice may be captured and made publicly available**.** If you have any concerns or require further information, please contact Democratic Services in advance of the meeting.

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

1. **Apologies for Absence**

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 3 - 8)

   To approve the minutes of the meeting held on 2 September 2025.

For requests for further information
Contact: Chris Lunn
Tel: 01270 686466
E-Mail: CheshireEastDemocraticServices@cheshireeast.gov.uk

4. **Update from the Cheshire East Shadow Cared for Children and Care Leavers Committee** (Pages 9 - 16)

   To receive a presentation from the Cheshire East Shadow Cared for Children and Care Leavers Committee on work being undertaken.

5. **Update from the Corporate Parenting Executive Board**

   To receive a verbal update from the November 2025 meeting of the Corporate Parenting Executive Board.

6. **Adoption Counts: Cheshire East Annual Report 2024-25** (Pages 17 - 58)

   To receive the Adoption Counts Cheshire East Annual Adoption Report 2024-25.

7. **Cared for Children and Care Leavers Quarter 2 Scorecard**

   To receive the Cared for Children and Care Leavers Committee Quarter 2 Scorecard for 2025-26.

   Report To Follow.

8. **Cared for Children and Care Leavers Committee Annual Report 2024-25**

   To receive the Cared for Children and Care Leavers Committee Annual report for 2024-25.

   Report To Follow.

9. **The Children's Society - Cheshire East Advocacy and Independent Visitor Service - Annual Report October 2024 - September 2025** (Pages 59 - 92)

   To receive The Children's Society - Cheshire East Advocacy and Independent Visitor Service - Annual Report October 2024 - September 2025.

10. **Cheshire & Merseyside ICB Children in Care Annual Report 2024-25** (Pages 93 - 114)

    To receive the Cheshire & Merseyside Integrated Care Board (ICB) Children in Care Annual Report 2024-25.

11. **Virtual School Head Teacher Annual Report 2024/25**

    To receive the Virtual School Head Teacher Annual Report for 2024-25.

    Report To Follow.

Membership: Councillors M Beanland, S Bennett-Wake, D Clark, L Crane (Chair), R Fletcher, E Gilman, G Hayes, S Holland, R Moreton, B Puddicombe, J Saunders (Vice-Chair) and L Wardlaw

CHESHIRE EAST COUNCIL

Minutes of a meeting of the
Cared For Children and Care Leavers Committee
held on Tuesday, 2nd September, 2025 in The Capesthorne Room,
Town Hall, Macclesfield, SK10 1EA

PRESENT

Councillor L Crane (Chair)

Councillors S Adams, S Bennett-Wake, C Bulman, R Fletcher, E Gilman, G Hayes, B Posnett, B Puddicombe and L Wardlaw

Officers in attendance
Dawn Godfrey, Executive Director Children's Services
Tracy Stephens, Director of Family Help and Children's Social Care
Laura Rogerson, Head of Service Inclusion
Alison Sollom, Interim Head of Cared for Children and Care Leavers
Samantha Derbyshire, Head of Provider Services
Shawn Hanks, Head of Safeguarding and Quality
Rachel Kenyon, Safeguarding Quality Assurance Manager
Annie Britton, Participation Lead
Katie Mills, Head of Quality and Safety Improvement, Cheshire and Merseyside ICB
Rachel Graves, Democratic Services Officer

9 **APOLOGIES FOR ABSENCE**

Apologies were received from Councillors M Beanland, D Clark, S Hollandand J Saunders. Councillors S Adams, C Bulman and L Wardlaw attended as substitutes.

10 **DECLARATIONS OF INTEREST**

No declarations of interest were made.

11 **MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting held on 24 June 2025 be approved as a correct record.

12 **UPDATE FROM THE SHADOW CARED FOR CHILDREN AND CARE LEAVERS COMMITTEE**

The Committee received an update on behalf of the Cared for Children and Care Leavers Shadow Committee.

The presentation provided an overview of the participation in the Children's Services improvement plan. Key points included:

- Redevelopment of the Independence Packs with the packs being theme around travel, finance, and health. This was to help young people develop the skills they needed rather than what was required in a bronze, silver, and gold package. Evidence could be submitted in various formats. The new Independence Packs would be launched in January 2026.
- A new initiative of Pen Picture Profiles was being developed to help professionals better understand care-experienced young people.
- National Care Leaver Month would take place in November 2025
- Star Celebration Day would take place in November.
- November was also Children's Rights Month with a focus on safe spaces for children and young people and 'article 31' of the UN Convention on the Rights of a Child.

The Committee supported the new independence pack themes and the idea of the pen picture profiles to help understanding between young people and corporate parents. It was recognised that elected members needed to better understand their roles as corporate parents.

Reference was made to protected characteristics status for care experience. It was stated that there was an ongoing consultation with young people about adopting care experience as a protected characteristic and that there were mixed views as some valued privacy with others saw the benefit in access to support. It was noted that other local authorities had adopted this status, and any potential policy would impact on housing, employment, and commissioning services.

13 **UPDATE FROM THE CORPORATE PARENTING EXECUTIVE BOARD**

The Committee received an update on the work of the Corporate Parenting Executive Board.

The report provided details on the workstreams and performance updates on the virtual school and corporate parenting scorecard.

The Committee commented on the following: -

- the SDQ data and that there was a discrepancy between reported data and actual practice. In response it was stated that work was underway to align data and practice.
- emphasis should be on embedding improvements long term rather than short term fixes.
- staff volunteering days could be used to support care leavers moving into new homes.
- Inconsistency in the local offer e.g. buses passes were only until age 21 whilst council tax exemption was until age 25.
- importance of tenancy readiness training and in response it was stated that training was not limited to short session and that

preparations for independence started early and were tailored to individual needs.
- the need for ongoing quality assurance of residential and supported accommodation providers. It was reported that there was multi-agency oversight including Ofsted reports, independent reviews, and social worker visits.

14 **CARED FOR CHILDREN AND CARE LEAVER QUARTER 1 SCORECARD**

Consideration was given to the Quarter 1 Scorecard which covered the period April to June 2025.

A correction to the Scorecard was reported that NEET (Not in Education, Employment, or Training) figures for 16–18-year-olds should read 25 and not 51 as stated in the report.

The key highlights from the Scorecard were:
- the reduction in the number of children entering care.
- the increased use of Special Guardianship Order which showed the success of placing children with extended family.
- fewer children were experiencing placement movement.
- the introduction of a revised Permanence Panel, involving multiple services to ensure better decision making.

The Committee commented on the on the following matters:
- placement stability and if fewer moves equated to greater stability for children.
- support for NEETs and if there was follow up for non-participating youths.
- placement out of the Borough and asked if a breakdown by duration and distance could be provided.
- use of the Strengths and Difficulties Questionnaire and should be used at entry and midpoint to track wellbeing.
- the Kings Trust and if any cared for children were put forward for this Trust.
- who was responsible for the planning and licensing of care homes and were informed that planning applications were handled by the planning department and that licensing as the responsibility of the provider and Ofsted.

15 **INDEPENDENT REVIEWING OFFICER ANNUAL REPORT**

Consideration was given to the annual report of the Independent Reviewing Officers which highlighted performance, challenges, and improvements over the reporting year.

Key highlights of the report were: -

- the case load of the Independent Review Officers peaked at 100 during the year, with the recommended case load being 50 to 70.
- 76% of reviews were completed on time, which had since improved to over 90%.
- the timeliness of review minutes was poor and effects were ongoing to ensure that review were properly documented and shared promptly.
- only 48% of children had attended their reviews during the reporting year but the rate was improving.
- a new electronic portal was being developed to help with consultation with partner agencies.
- concerns raised by children included the frequent changes in social workers, lack of progression in care plans and the feeling that decisions were made about them rather than with them.

The Committee asked about the use of AI, and it was explained that this was being explored for recording minutes, but care had to be taken to preserve personal and sensitive aspects of these.

The Committee noted that face to face reviews were being reintroduced now that caseloads had become manageable and were the preferred option. The attendance figures would be benchmarked against neighbouring and regional councils.

16 **CARED FOR SUFFICIENCY STRATEGY UPDATE**

The Committee received an update on the progress made against the Sufficiency Strategy, which aimed to ensure there were enough suitable placements and support services for children in care and care leavers.
Progress to date included

- the Council joining the Foster4 regional collaboration which had given the council access to a wider pool of potential foster carers.
- the opening of two in-house children's homes which had helped reduce the reliance on out-of-brough placements.
- expansion of the supported accommodation with the provision of additional beds and emergency beds
- a focus in Post 18 support to provide housing and a move adult services
- the launch of a Court Team to help streamline legal casework and improve timescales for achieving adoption and Special Guardianship Orders
- a redesign of commissioning with a new director joining in September 2025

The Committee commented on the use of kinship care, and the creation of the new court team. Concerns were raised about drift and delays in the fostering and adoption process.

17 **ENGAGEMENT WITH FRONT LINE SERVICES FROM COUNCILLORS**

Consideration was given to the report on the frontline visits undertaken by Councillors S Bennett-Wake, S Holland, and B Wye in July 2025.

The appendices to the reports set out findings of each councillor's visits, including the strengths identified in relation to quality of practice and identified areas for development.

The report set out the response from the Head of Service Cared for Children to the frontline visit findings.

The Committee welcomed the return to face-to-face visits post COVID and recognised the depth and value of these visits. From the findings, the Committee emphasised the importance of having comfortable, safe, and private working environments and praised staff for their dedication in their work.

The meeting commenced at 2.00 pm and concluded at 4.15 pm

Councillor L Crane (Chair)

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Cheshire East

TOGETHER for Children and Young People

Cheshire East Shadow Cared For Children and Care Leavers Committee

December 2025

Care Leavers

- Programme of activities and opportunities took place for National Care Leaver Month developed with young people.
- Local Offer Review took place on 12th November.
- *Feedback from a young person: "I really feel like we're making a difference now as ambassadors"*
- *"The content was brilliant and, as always, the ambassadors were wonderful and very inspiring. Please pass on our commendations to the young people. The progress Cheshire East has made in championing the voice of the young person over the last couple of years has been really encouraging and inspiring. You all deserve a lot of credit for that."*
- Care Leaver Ambassadors developed and delivered training to Care Leaver Service, Social Workers and at Voice of the Child Conference.
- Care Leaver Survey was launched with multiple ways to take part and have a say.

Care Leavers - Housing

- Care Experienced Housing Charter was launched with support from young people.
  - "I think how it's been developed with Care Leavers has been good, it's thought about their mental health and making efforts to make it work"
  - (include more feedback here)
- Link to housing/tenancy video to follow

Care Leavers – Next Steps

- We will share initial findings from the Care Leaver Survey and work to develop recommendations for the services that support Care Leavers.
- Work with the service to develop the Local Offer based on the feedback gathered on 12th November.
- Care Leaver Ambassadors to be involved in coproduction sessions developing and shaping the Cheshire and Merseyside Threshold Decision Making Document and Toolkit.

Cared For Children and Young People

- Young people shared their views and experiences with Ofsted inspectors during the monitoring visit
    - *“I shared my views about education and where I live”*
    - *“I told them about all my foster placements and all the social workers”*
    - *“I told them how we call our foster carers mum and dad”*
    - *“I have had my social worker for nearly 5 years now”*
    - *“I liked that I’d met the inspector before, their profile helped”*

- My VOICE are developing a pen profile project and campaign which will ask that all professionals have a pen profile to help develop relationships with cared for children:
    - *“You don't know anything about the person who comes to visit, it's frightening"*
    - *"All professionals like school, health care, social workers need to have a pen profile you can see before you meet"*
    - *"I think photos are important”*
    - *“They know all about me, so we need to know about them”*
    - *“It would make me feel more comfortable about meeting someone”*

Cared For Children and Young People – Next Steps

- My VOICE will launch their Pen Profile project through a range of formats including video, presentations and posters.
- Cared for Children will begin the journey of coproducing their survey with the Participation Team

Any Questions?

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CHESHIRE EAST – 12 Month Adoption Report

Performance 1 April 2024 to 31 March 2025

(NOTE: On Graphs FY2024 refers to 2023/2024 and FY2025 2024/2025)

1. Introduction and Purpose of the Report

This report fulfils the obligations in Adoption National Minimum Standards (2011) and Adoption Service Statutory Guidance (2011) Adoption and Children Act 2002 to report to the "executive side" of the local authority. This has guided the structure and information set out in the report below.

It is important to note that data and information within this report is accurate as of 31 March 2025. Plans for children are dynamic and develop every day and the picture will have changed at the point that this report is read.

2. Working with Cheshire East Council

Since going live in 2017, Adoption Counts has undertaken to discharge Cheshire East's responsibilities as an Adoption Agency. The working relationship between the local authority (LA) and the RAA (Regional Adoption Agency) has been fundamental to the success so far of the partnership working and has been embedded within established processes to maintain good working relationships and communicate as necessary.

In addition, the Director of Children's Social care and the Interim Head of Service for Cared for Children and Care Leavers sit as members of the Adoption Counts Board. The Interim Head of Service for Cared for Children and Care Leavers with a link to adoption is invited to attend the six weekly Operations Group meetings which provides an important opportunity for operational issues to be raised and shared with equivalent managers from the other partner LAs and with the senior managers in the RAA.

Adoption Counts feeds into Cheshire East's permanence tracking of their children, from the information collated at Adoption Counts tracking meetings when requested. There is opportunity for the Cheshire East management team linked to adoption to meet with the management team from Adoption Counts as and when needed to discuss performance and any issues or themes that may be arising. There have been a number of staffing changes

during this period within Cheshire East's Children Services provision. Both Adoption Counts and Cheshire East recognise the importance of maintaining positive working relationships and working together at all levels with Adoption Counts offering advice, guidance, and support in relation to any adoption related issues.

A designated manager is invited to and has attended the monthly Adoption Counts tracking meetings, actively participating and following up cases. Cheshire East's involvement in the tracking meetings is an opportunity for scrutiny and performance management following the whole cohort of Cheshire East children where there is or may be a plan of adoption.

The tracking meetings focus upon:

- Children now adopted to ensure that life story books and later life letters are received
- Children placed for adoption but not yet adopted to track the progress of placements and the timeliness of adoption order applications
- Children where a family has been identified to ensure that there is no avoidable delay in the shortlisting and matching process and through into the planning of introductions and placement
- Children subject to a Placement Order where a family has not yet been identified. This cohort is rigorously discussed to ensure that the family finding strategy is being carried out effectively and is the forum for escalation of agreements regarding family finding within the RAA, other LAs or in the voluntary sector.
- Children in care proceedings where there may be a plan of adoption as their final care plan. These children are tracked closely both in the LA and the RAA to ensure that there is timely progression of the plan form Agency Decision that they Should Be Placed for Adoption, through profiling and the identification of a family.
- Children under the Public Law Outline where there may be a plan of adoption should care proceedings be initiated.
- Children under the Public Law Outline where there may be a plan of adoption should care proceedings be initiated.

The RAA tracking meeting enables any children of concern to be discussed with the Cheshire East managers. This can range from children adopted but with no life story work or later in life letter, to children waiting for care planning decisions to be implemented and is also used to provide updates about children for whom family finding has been problematical.

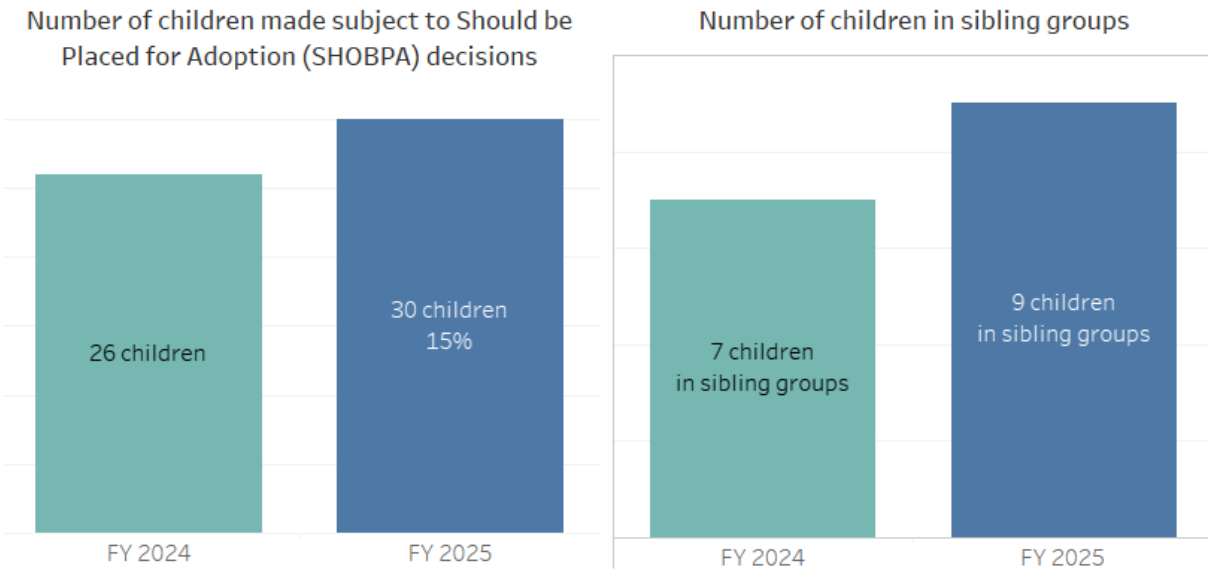
At the end of the period, we had 89 children on our tracker, during this period of time we have tracked between 81– 115 children each month. There is no doubt that the efficacy of these meetings is improved when care planning representatives from the local authority (LA) attend as this ensures a robust joint approach.

This is evidenced by the fact that at the start of this period we were tracking twenty one children where the adoption order had been granted but later in life letters and life story books were outstanding. At the end of the period we were tracking eleven children. Five of these children have now received their later in life letters and life story books.

The team manager in the RAA linked to Cheshire East attends the monthly tracking meetings and she, alongside the dedicated family finders, work in the Cheshire East office bases alongside some of the social work teams, attend legal gateway meetings and pre-filing meetings to provide advice and a view where required.

3. Adoption Performance

3.1 Children made Subject to Should be Placed for Adoption (SHOBPA) decisions.



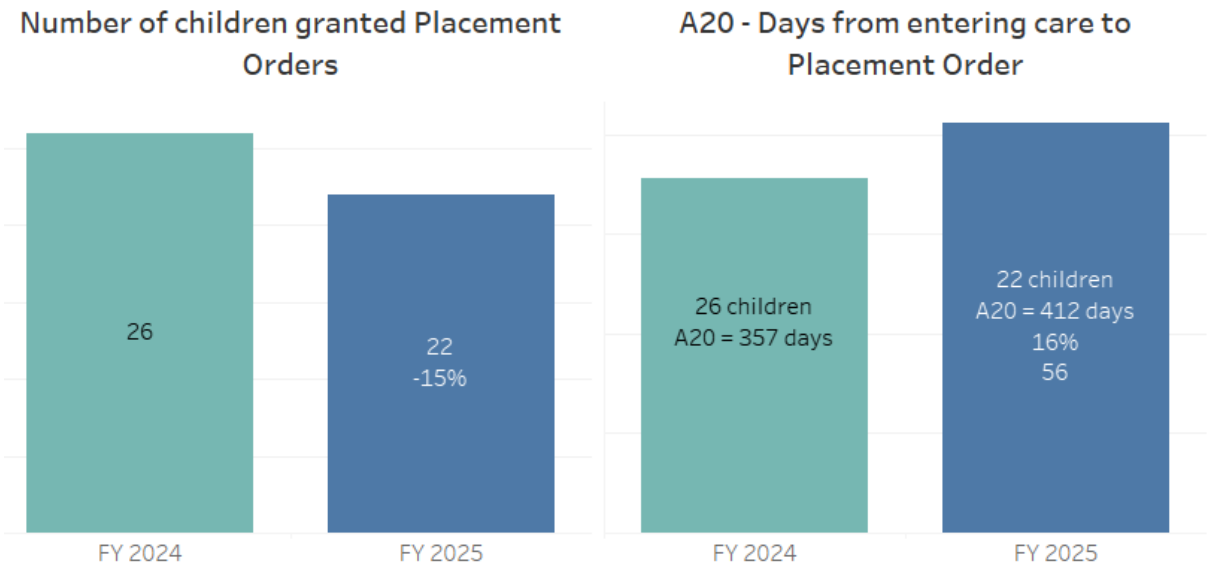
Thirty children had a care plan of adoption and SHOBPA (should be placed for adoption) was agreed by the ADM (Agency Decision Maker). The decision that adoption would be in the child's best interest was made following the Local Authority having ruled out all other permanence options for the child.

The number of SHOBPA decisions agreed in this period has increased by four (15%) compared to last year.

Nine children were part of sibling groups with a care plan to be placed together – this is an increase of two from last year. These were made up of three sibling pairs and three children to be placed with / join their older adopted siblings.

In addition to these children a sibling group of three aged 4, 5 and 6 received a SHOBPA decision, but the care plan for these children is to be placed separately in line with their assessed needs.

3.2 Children subject to Placement Orders



Cheshire East A20 Score = 412 Days
National Average A20 Score in the period = 320 days

Twenty Two Placement Orders were granted in the period, a decrease of four from the year before (-15%).

The length of time from a child entering care to receiving their placement order (A20) is now 412 days and has increased by 56 days (16%) compared to the same period last year.

There are children with higher timings that affect these figures as detailed below.

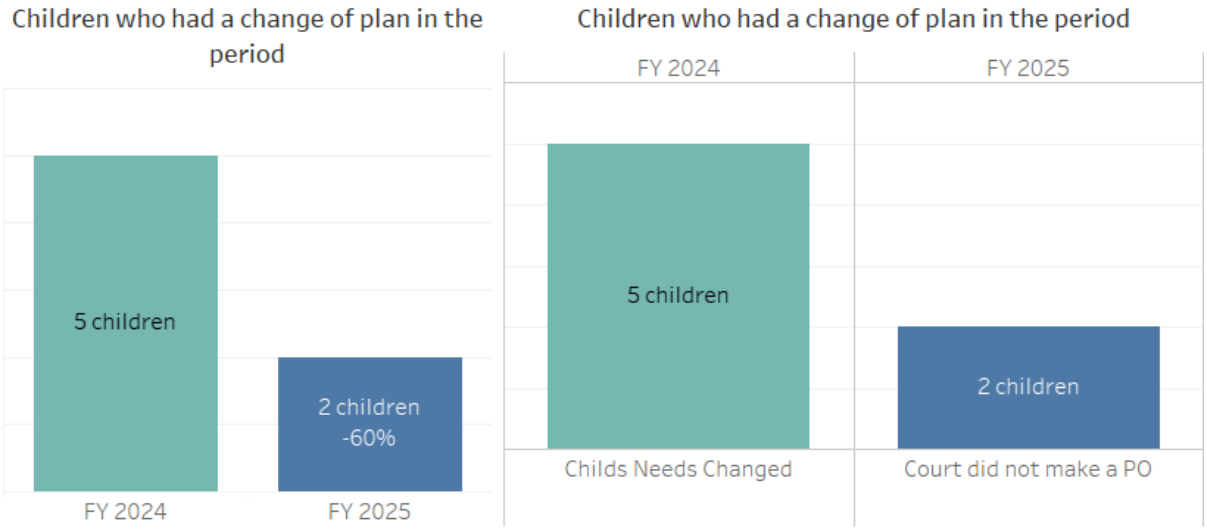
One child had an exceptionally long timing of 1323 days. This child was in a mother & baby unit, then a supported placement before this ended. Proceedings were extended whilst further assessments were completed as there were differing professional views between parties about the plan of permanence via adoption for the child. The average A20 measure without this child's timing would be 369 days.

There is one child with a timing of 600 days. The delays were due to the child's birth father residing in a different country and not participating within the care planning processes. A number of connected persons were also explored, this was a longer process than usual, due to the geographical distance.

There are also three children, a sibling group, who each had a timing of 565 days. These children are part of a wider sibling group and had experienced significant early life trauma, care planning decisions needed to reflect and address the unique needs identified for each individual child. A family member expressed interest in caring for children but later withdrew and a plan of adoption was then decided for three of the children.

One child had a timing of 573 days, there were several contested hearings and a number of connected persons assessments completed which extended the proceedings. This child was placed with early permanence carers at the age of 3 months so the overall length of the care proceedings did not impact on his permanence.

3.3 The Numbers of Children who had a Change of Plan in the Period



Two children had a change of care plan away from adoption, compared to five in the same period last year. One child was rehabilitated home to their birth family and the second child went to live with an extended family member. The SHOBPA decisions for these children were made in 2023.

3.4 The Numbers of Children who wait longer than 12 months after PO for an adoptive family.

The number of children placed in the period who have waited more than twelve months from Placement Order to be placed with their adoptive family has decreased from the same period last year. Two children have waited more than twelve months this year, compared to five last year.

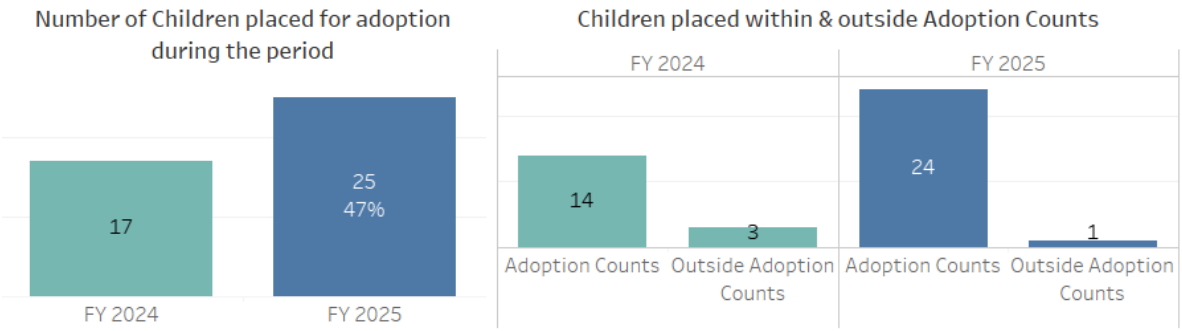
One child had experienced two previous disruptions and the other child was part of a sibling pair with the older sibling having complex care needs. It was agreed that initially family finding would be for both children together and following an agreed time period, if an adoptive family could not be identified, the children would be placed individually.

At period end, there are six children waiting to be placed who have had their placement order over 12 months. All six children are from the specific groups identified as likely to wait longer:

- Children aged five and over

- Children with additional and/or complex needs
- Siblings
- Children from a black and mixed heritage background

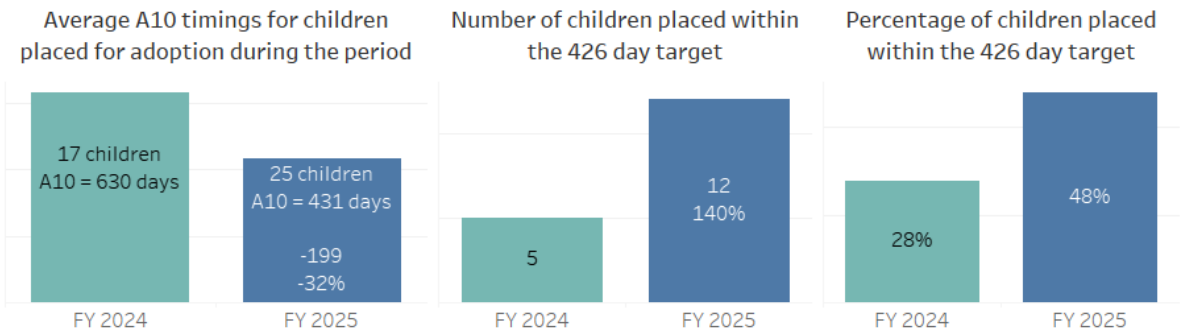
3.5 Number of Children Placed for Adoption during the period.



Twenty-Five children were placed for adoption during the period which is a 47% increase from last year.

All bar one of these children were placed with adopters approved by Adoption Counts.

A10 National Indicator = 426 days
Cheshire East A10 timing = 431 days
The national average A10 timing in the period was 491 days

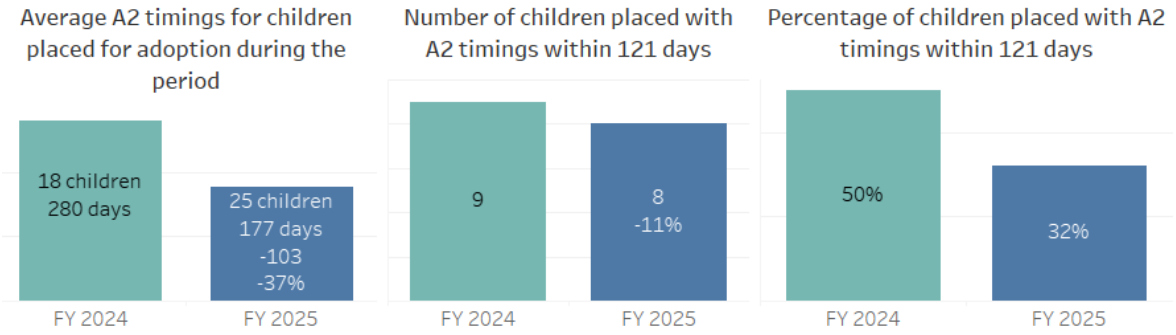


The A10 timings (days from entering care to placement – adjusted for Foster Carer adoptions) for this cohort of children have decreased by 199 days (-32%) and seven more children were placed within the target A10 measure of 426 days compared to the previous year. We are now performing just 5 days over the National Indicator and two months below the national average. The percentage of children placed within the 426 day target is now 48%.

Whilst this is already a positive outcome, one child placed in this period had an exceptionally high A10 score of 954 days after being involved in two disruptions. The average A10 measure without this child's timing would be 409 days.

It is also positive that we had three children with exceptionally low A10 measures in the period. One child was adopted by their foster carer who had cared for her from the age of 3 days old. Two other children were placed in early permanence placements, one after 24 days and the other after 86 days. As the A10 measure looks at when the child achieved permanence rather than when they were officially placed for adoption, these timings are very low.

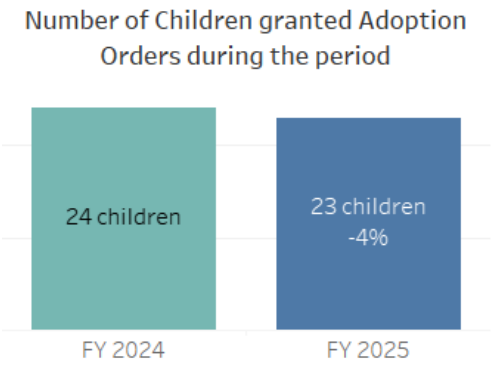
A2 National Indicator = 121 days
Cheshire East A2 timing = 177 days
The national average A2 score in the period was 218 days

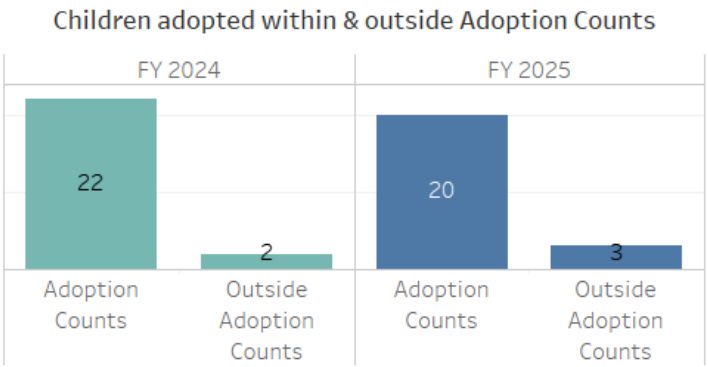


A2 timings (days from placement order to match) within this period have improved by 103 days (-37%) compared to the previous year. Eight children were placed within the target of 121 days (-11% compared to last year) and the percentage of total placements meeting the target has fallen to 32%.

Two children had exceptionally long A2 timings. One was the child mentioned above who experience two previous disruptions (654 days) and the other child (also mentioned within section 3.4) whose care plan changed to being placed as a single child (482 days). The average A2 measures without these children's timings would be 143 days – still below the national average for the period.

3.6 Number of children adopted.

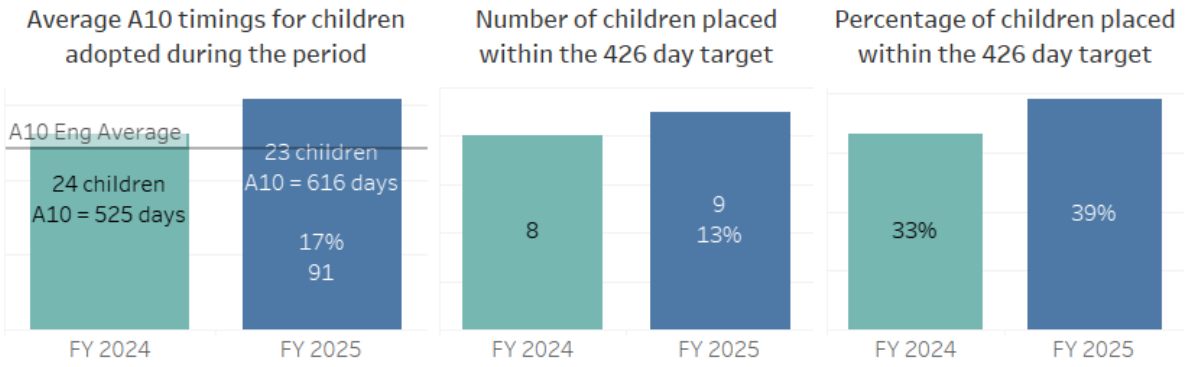




Twenty-three children were adopted in 2024/2025 which is a similar number to last year (one less).

Three children were adopted by families outside Adoption Counts. Each of these three children were identified as likely to wait longer due to either their needs, age or ethnicity, and one of the children needed to maintain direct contact with their birth family.

A10 National Indicator = 426 days
Cheshire East A10 timing = 616 days
The national average A10 timing in the period was 491 days



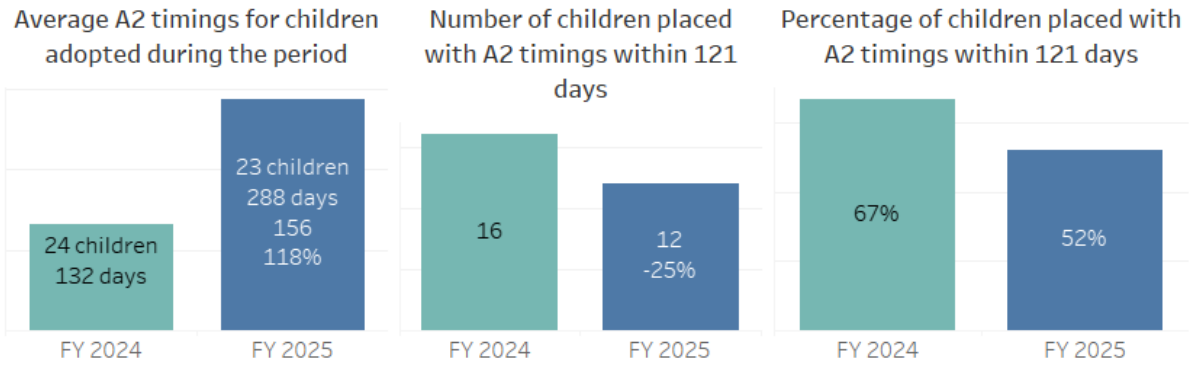
For the twenty- three children adopted, the average number of days for A10 is 616 days, which is an increase in 91 days (17%) compared to the same period last year and 125 days over the national average for the period. From this cohort of children nine were placed within the threshold of 426 days and 39% of the children granted Adoption Orders in the period had A10 timings within the 426-day target: 6% higher than last year.

There were eight children with exceptionally high or low A10 measures. Three children with low timings were placed within early permanence placements. Two of the children with high measures had experienced previous disruptions and for the remaining three children despite robust family finding, it took longer to find a family with the skills deemed necessary to meet

the children's identified needs. The average A10 measure without inclusion of the exceptionally high measures would be under the national average at 444 days.

The average A10 score without both - the exceptionally high and low measures would be 497 days – just six days over the national average.

A2 National Indicator = 121 days
Cheshire East A2 timing = 156 days
The national average A2 timing in the period was 218 days



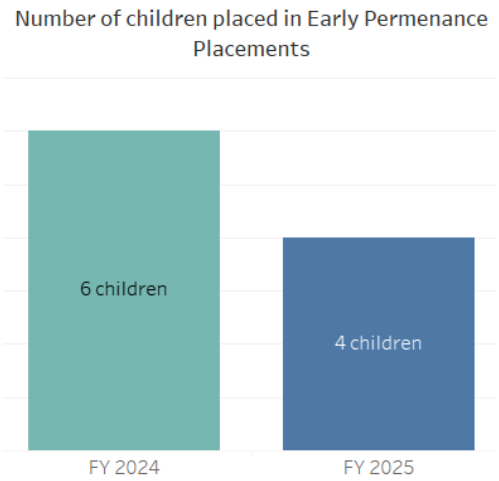
The average number of days for A2 in the period is 288 Days, 156 days above the threshold. Whilst this may seem a significant increase, there are a number of children, as detailed above, with exceptionally high measures which have contributed to the higher average. In addition another child not previously mentioned, had their family finding intentionally paused for an agreed period of time whilst further assessments of long term needs following a disruption were completed. His measure was 662 days.

The average A2 measure without the exceptionally high timings would be below the national indicator at 115 days.

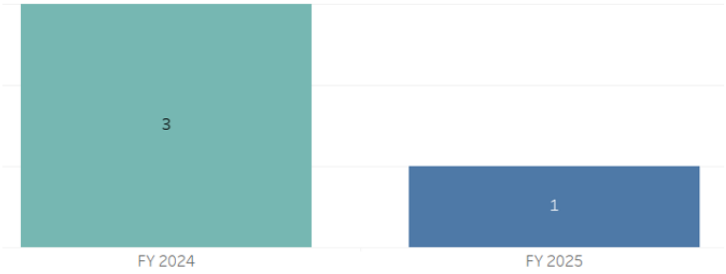
From this cohort of children twelve were adopted within the threshold of 121 days and 52% of children had A2 timings within 121 days.

3.7 Early Permanency

Four children were placed in early permanence placements during this period – two less than last year. These children were placed with carers temporarily approved by Cheshire East's Agency Decision Maker as foster carers under regulation 25A of the Care Planning Regulations. All four have since been placed under adoption regulations.



3.8 Number of Children experiencing a disruption

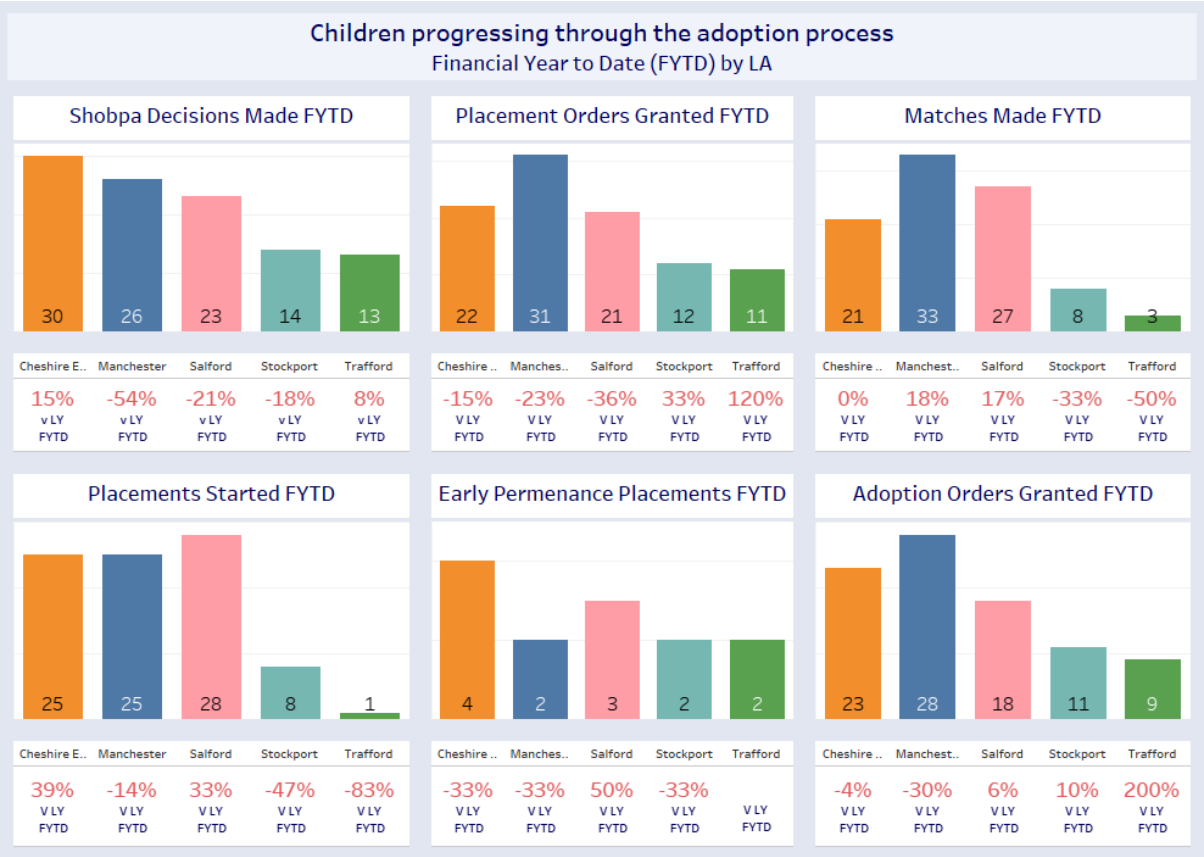


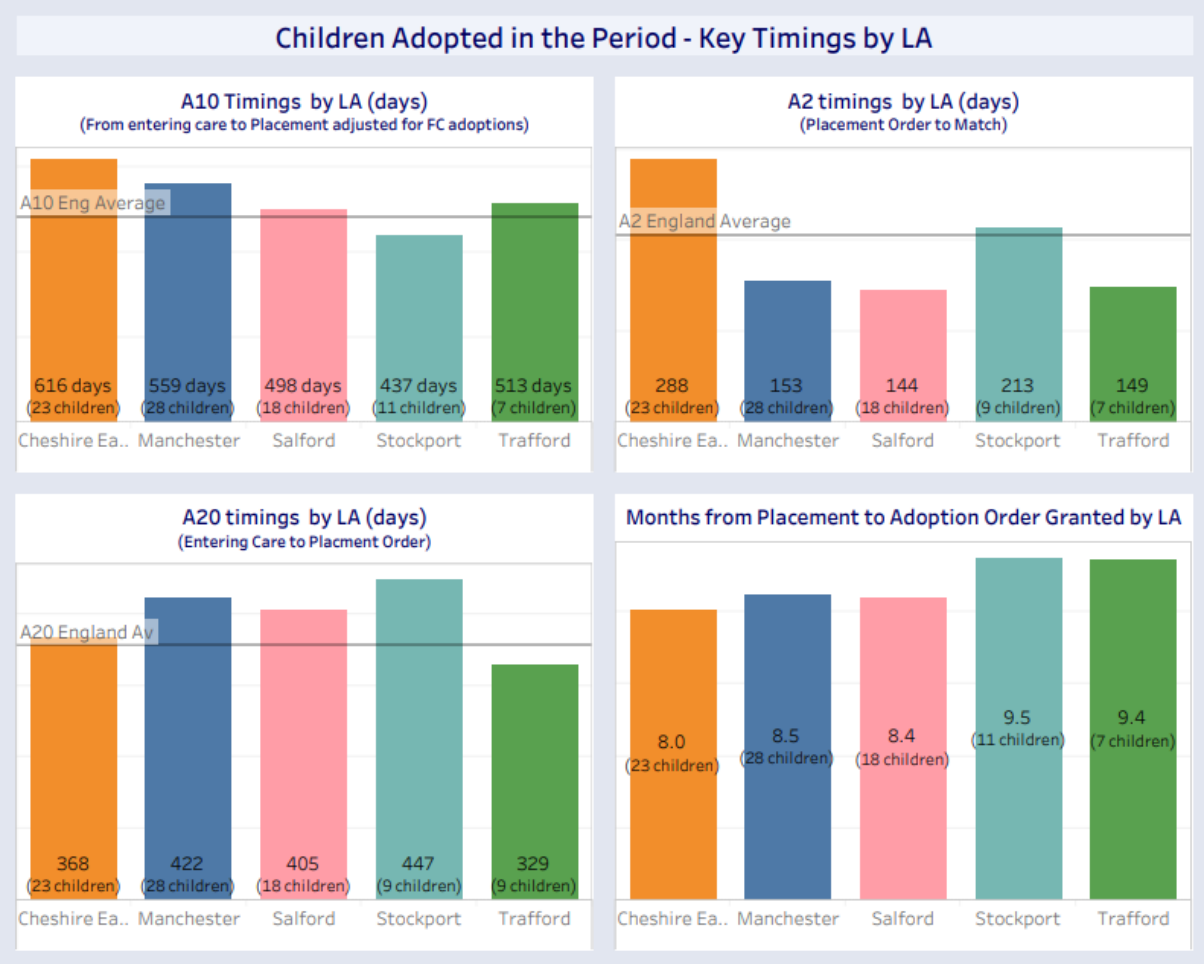
There has been one adoption disruption in the period compared to three in the same period last year. The child was placed in January 2025 with a single carer following what was considered an extremely positive transition. Sadly, the adopter advised two weeks later that she could not continue to care for the child and wished the placement to end.

Causal factors identified that placing the child triggered traumatic feelings for the adopter in relation to past life events. Although this had been explored in the assessment and support offered to the placement, the adopter made the decision she could not continue to care for child whilst being very clear this was a positive match and the disruption was not related in any way to the child or her needs.

3.9 Comparative Children's Data – other LA's in the RAA

Key Metrics for the period April 2024 to March 2025 by LA



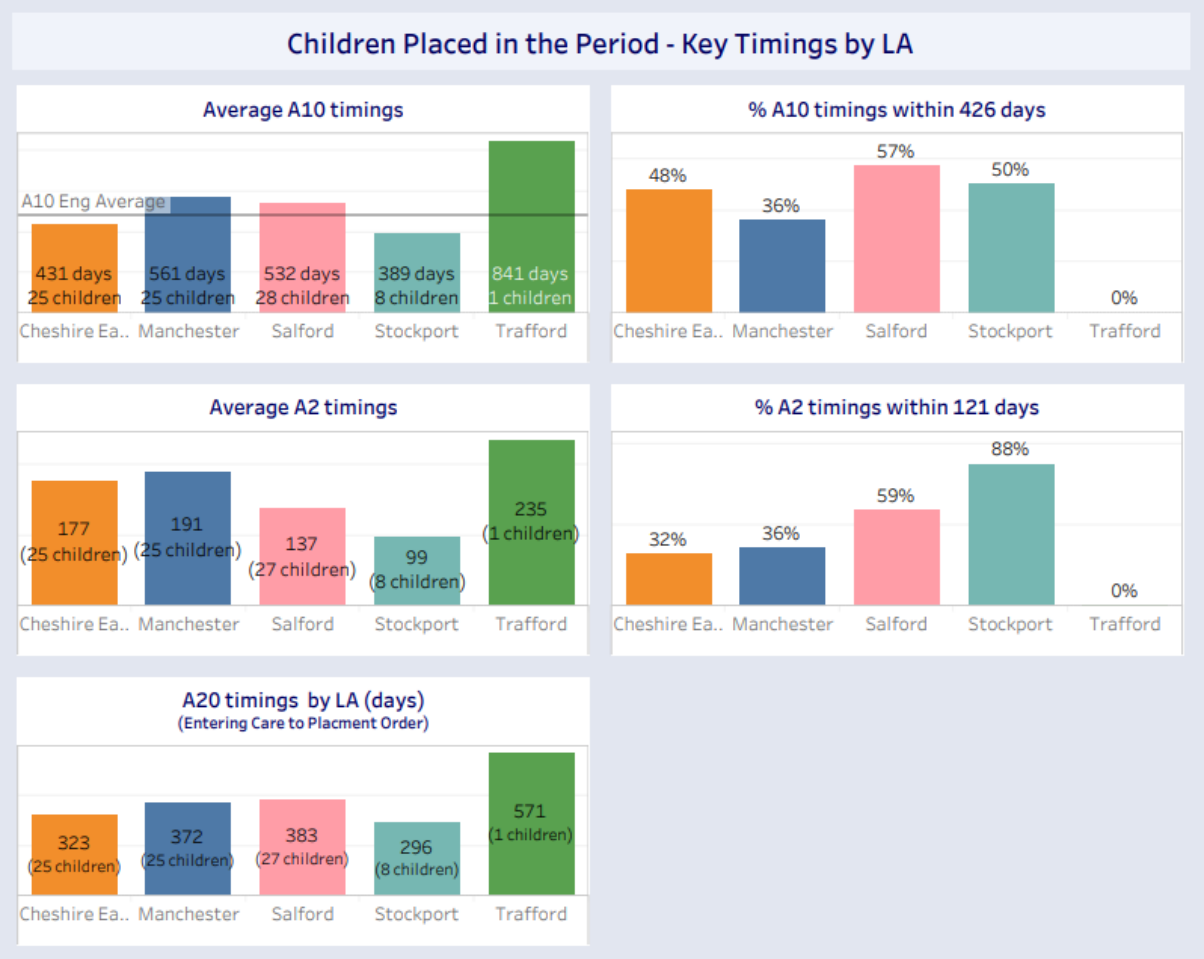


England Averages for 2024/2025

A10: 491 days

A2: 218 days

A20: 320 days



England Averages for 2024/2025

A10: 491 days

A2: 218 days

A20: 320 days

4. Quality of Reports

CPRs (child permanence reports) are audited by the Adoption Counts Team, prior to SHOBPA consideration for the child and then again by either the Team Manager, Family Finding social worker or Senior Practitioner before matching panel. This is to ensure that CPRs are graded as being 'Good' as a minimum and that the final report is submitted to panel rather than reports still requiring amendments. The CPR is then graded by the panel considering the match.

Eighteen child permanence reports (CPR's) audits have been completed during this period. Of those:

Rating	Outstanding	Good with outstanding features	Good	In need of improvement	Inadequate	No Grading	Grand Total
SHOBPA	0	0	10	8	0	0	18
Panel	1	2	9	6	0	0	18

Children's CPR reports presented to adoption panel consider gradings at the child's match, as opposed to the gradings prior to matching panel from the team Managers. The figures presented above are based on panel gradings, given their independence and impartiality.

Support and training are offered to children's social workers in completing children's CPR's. This includes specific training that can be delivered to teams, one to one support with social workers and advice with a robust quality assurance system with the ADM and Panel Adviser to SHOBPA. As can be seen by the figures above, the improvement of children's CPR's from SHOBPA to Adoption Panel is significant, with increased focus on achieving good quality CPR's for SHOBPA.

5. Recruitment of Adopters

5.1 Approvals

We have approved 63 adopters in this period, a decrease of 9 (-13%) from the same period last year. The number of children with placement orders has also decreased (by -16%), but as we still have children waiting to be placed, we are aware of the need to increase our approvals moving forward. Our adoption sufficiency has dropped from a 4% surplus at the end of 2023/2024 to a 17% deficit at the end of 2024/2025. This mirrors the national picture and although we are slightly below the national average in terms of our current sufficiency, we are performing above our regional neighbours. It is important to note that the decrease in approvals / sufficiency has not impacted upon children needing adoptive placements in this period. This is evidenced by the low number of children who have waited longer than 12 months and we are performing within the national averages for our A10 & A2 measures.

Pre-Assessment – Interest in adoption

Numbers of Prospective Adoptive Families in the period	April to Mar 23/24	April to Mar 24/25	Difference Year on Year
Enquiries	1477	1234	-16%
Attendance at Online information sessions	214	207	-3%
Initial Meetings	132	117	-11%
Registrations of Interest Received to start the adoption process	92	71	-23%
Fast Track Assessments	18	18	0%

Attendance at information sessions has dipped by 3% but the main concern is the decrease in families entering the assessment process.

Nationally ROI's decreased by 0.6% in 2024/2025 compared to the same period last year, but our decrease was much higher at -23%, which is a concern.

Assessment Period

Numbers of Prospective Adoptive Families in each stage at period end	April to Mar 23/24	April to Mar 24/25	Difference Year on Year
In Stage One of Assessment	31	26	-16%
In-between Stage One & Two at period end	9	5	-44%
In Stage Two of Assessment	36	28	-22%
Total in Application Process	76	59	-22%

The reduction in families entering the assessment process has led to a -22% reduction in the number of families in assessment compared to the same period last year. Nationally, the reduction is just -1% so again, we are seeing a greater reduction compared to national trends.

Approvals

Numbers of Prospective Adoptive Families in the period	April to Mar 23/24	April to Mar 24/25	Difference Year on Year
Approved as adopters	72	63	-13%
Matched with Children	79	78	-1%
Had children Placed for adoption (From LA's included in Adoption Counts)	78	76	-3%
Had children Placed for adoption (From outside Adoption Counts	12	7	-42%
Adoption Orders Granted	84	77	-8%

Approvals are down by -13% compared to the same period last year and slightly less families are having children matched and placed with them. Due to the shortage of adopters we are encouraging our approved adopters to consider matches within Adoption Counts instead of looking externally, so placements from outside Adoption Counts are down -42%.

The number of Adoption Orders granted are down -8% compared to last year.

Withdrawals

Numbers of Prospective Adoptive Families in the period	April to Mar 23/24	April to Mar 24/25	Difference Year on Year
During the assessment process	51	35	-31%
After Approval	13	14	8%

Withdrawals are 31% down on this time last year.

Stage One Reasons:

- Timing is not right to proceed
- Health issues to address before stage 2
- An arrest
- Foster carers choosing to go down the private adoption route

Stage 2 reasons:

- A change of heart
- One couple separated
- Foster carer chose the non-agency adoption route
- Health reasons
- Bereavement
- Ability to take adoption leave

We are constantly reviewing our Recruitment and Marketing plan to ensure we are attracting potential adopters to our agency. We will continue to raise the profile of our agency to achieve adopter sufficiency for our children across our five local authorities, with a surplus to generate income and offset the cost of inter-agency placements for our children who need them.

Monthly Adopter Sufficiency meetings continue with the Head of Service, the Operations Managers, the Recruitment and Enquiries Manager and the Marketing Officer meeting to plan and review our progress.

Performance in relation to timescales for Stage 1 and Stage 2 of the assessment process: 9% were within timescales for stage 1 (was 7% last year) and 35% were within timescales for stage 2 (38% last year).

The average length of stage one was 151 days (nine days less than the same period last year) but is still way over the national target of 60 days (please note the England average is higher than the national target set at 133 days) The average length of stage two is 160 days, which is not far from the England average of 149 days, but higher than the national target of 121 days .

To address the challenges relating to stage 1 timescales, we have developed a stage 1 team of social workers who primarily undertake initial meetings and stage 1 pre assessments and work alongside the Business Support admin team to reduce delays to statutory checks, references and processes. Early indicators show this is having a positive impact and timescales are reducing slightly. We are still reliant on external agencies to return statutory checks, references and medicals within reasonable timescales, which directly impact on our stage 1 targets.

5.2 Referrals to the Independent Review Mechanism (IRM)

No referrals were made to the IRM during this period.

5.3 Partner/step-parent adoption enquiries

Enquiries		
23-24	**24-25**	**Change YOY**
24	15	-38%

Social Worker meetings allocated		
23-24	**24-25**	**Change YOY**
15	4	-73%

Applications received		
23-24	**24-25**	**Change YOY**
7	3	-57%

Cheshire East had nine less enquiries in the period with four progressing to social worker meeting stage where the families can discuss the process further. Three applications were received following these meetings compared to seven in the same period last year.

5.4 Marketing and Recruitment Campaigns

At the start of 2024/2025, we reviewed our marketing budget and have identified key areas where investment is more cost-effective. As a result, we are focusing our efforts on specific activities. Our main priority now is online and social media advertising, which has proven to be the most effective way to reach a broad audience.

We are closely monitoring the impact of these changes so that will take the analysis into account when it's time to assess the budget for the upcoming year.

Alongside online advertising, we are utilising limited print media (magazines and newspapers) and outdoor advertising to retain brand awareness amongst the public within our region.

Google Ads

Google Ads, along with online organic searches, remain our primary source of enquiries, supported by a brand awareness campaign that runs consistently throughout the year. Previous analyses show that Google searches directing people to www.adoptioncounts.org.uk generate the highest number of enquiries. We are committed to using this tool to its full potential to align with our current needs.

Currently, we manage Google Ads in-house, with a geographical targeting strategy that helps us focus on prospective adopters within our region. Despite this, we still receive a small number of enquiries from outside our target area due to the nature of online advertising. While we can consider some of these enquiries, we direct others to agencies closer to their location if they fall outside of our usual travel range.

Website

The improved adoptioncounts.org.uk website is now more effective in delivering key information to potential adopters.

The updated website continues to respect brand guidelines, including our colours and fonts, but features a new structure and content layout. From our website creators' analysis, we now know that 70% of visitors access our site via mobile devices. This insight is reflected in the new structure, which provides a far better experience for mobile users. We also feature videography showcasing staff and adopters, helping to present a welcoming, honest image that encourages more enquiries.

We are currently working on including more organic stories featuring more adopters, which are aimed directly at prospective adopters or those interested in the adoption process or children awaiting adoption.

Additionally, we are working to improve our dedicated adoption support "hub" to help families reach our support team more efficiently. By segmenting this audience, we hope to ensure that the right individuals are directed to the right team, reducing confusion and improving overall experience.

Social Media

We are continuing to focus on expanding our social media presence. Platforms like Facebook, Instagram, and X (formerly Twitter) are key to reaching our target audience.

Social media is an invaluable tool for building brand awareness, driving traffic, and connecting with potential adopters. We've seen particularly good results from Facebook advertising, especially in promoting high-priority messages, such as the need for sibling adopters/Black adopters and children 4+.

Platform	**May-20**	**May-21**	**May-22**	**Sep-23**	**Sep-24**	**Aug-25**
Facebook	2017	2216	2486	3060	3,643	3,641
X (Twitter)	1441	1519	1585	1703	1634	1604
Instagram	N/A	N/A	320	448	636	732
LinkedIn						305

The downside of social media is that is has become saturated – both with competitors in the adoption space but also advertising more generally. This is particularly true of the Meta platforms, Facebook and Instagram. To help combat this, in 2025/26 we will remain on our core platforms but also increase posting on alternative social channels. In this coming year we will also be looking to build our engagement on BlueSky and LinkedIn. LinkedIn already has some engagement with 290 followers, and BlueSky is a new account.

The hope is that by being active on these alternatives we will be able to stand out in what is a busy and competitive market.

We will also continue to use podcasts which prove popular to engage prospective adopters for those priority children – for example Black children waiting and sibling groups.

Working with Local Authorities

Some prospective adopters still approach their Local Authority (LA) for information when considering adoption. We stay in regular contact with each LA's Communications department, by providing the Comms team with social media message to post on our behalf. Each LA adoption service webpage links to Adoption Counts, guiding enquiries our way. This demonstrates the importance of the "regional" model and reminds people that Adoption Counts is a collaboration among five Local Authorities.

Events

Given our budget focus, we still prioritise community events such as Pride celebrations to spread awareness and engage diverse communities. In the summer of 2025, we have attended the following events:

- Salford Pride
- Trafford Pride
- Stockport Pride
- Crewe Pride
- Congleton Pride
- Proud Fest at Manchester Pride

At these events, staff are available to answer questions, distribute merchandise like tote bags and pens, and hand out informational flyers.

Working with Independent Organisations

We continue to build partnerships with independent organisations that help us reach diverse communities. Like in previous years, we continue our partnership with **Proud2BeParents**, an inclusive organisation supporting LGBT+ parents and carers in Greater Manchester and the Northwest.

Working alongside Adoption Northwest and Adoption England

We continue to work alongside Adoption England on the *You Can Adopt* campaigns to raise awareness about adoption and encourage more people to consider providing a loving, permanent home for children in need. By collaborating with Adoption England, we benefit from both regional insight and national resources. Adoption England provides a strategic framework and wider outreach, while we offer localised support and expertise, ensuring that the adoption process is as smooth and accessible as possible for everyone.

In March 2025 we joined with other RAAs and VAAs as part of the Adoption North West campaign, 'Nobody Knows Me Better', to promote sibling adoption. The campaign was based around an animation featuring the voices of siblings who have been adopted in the region. The campaign received strong press coverage and high levels of engagement online. This directly transferred to 37 website users from Adoption North West to adoptioncounts.org.uk across March and April.

How We Evaluate Our Activities:

- Regular monitoring of enquiries, including demographic data
- Tracking website visits during specific campaigns
- Monitoring of initial meetings, registrations of interest, and approvals
- Analysing conversion rates from enquiry to approval
- Reviewing Google Ads click-through rates
- Assessing social media reach and engagement

6. Compliments, comments, and complaints

April 24 to March 25

Description – compliments
July 24 Feedback from adopters to express their gratitude in relation to the Tatton Park funday arranged by the Adoption Support Service. They stated it was enjoyable and beneficial for both adults and children.
Description – complaints

June 24 A Foster carer being assessed to adopt a child in their care complained about the Social Workers attitude and behaviour towards her. The complaint was not upheld.
July 2024 Potential adopters from outside our agency complained about the timeliness of responses / treatment of prospective adopters on link maker. The complaint was partially upheld.
August 24 Prospective adopters who had been matched with an interagency child were unhappy with the length of time it was taking for the adoption process to complete. Birth parent had contested orders made by the court and this resulted in ongoing delay. The adopters believed Adoption Counts was to blame for the delay through, amongst other things, what they considered poor communication. The complaint was withdrawn.
December 24 Foster carer unhappy that an application to Adoption Counts for DDP has not been accepted and processed.
February 25 Complaint from prospective adopters regarding conduct of their social worker and alleged inaccurate information in reports. Complaint was partially upheld.
February 25 Mum is unhappy that she has not received her son's Child Performance Report (CPR) and stated the delay had hindered an investigation into FASD.
February 25 REPRESENTATION: Potential adopters requested a meeting to discuss concerns around their assessment.
February 25 Birth mum is unhappy with the lack of letter box contact from her three children.

7.Practice Developments in Adoption Counts for Family Finding and Recruitment and Assessment

We have held quarterly development days with both our family finders and recruitment and assessment social workers during this period. Areas of practice focused upon include – sufficiency, maintaining connections for adopted children, evaluating health issues in relation to BMI, childhood trauma – a presentation from a former care leaver about their experiences in care, adoption support plans, disruptions, support for birth parents via PAC-UK.

These events have resulted in positive practice changes for example a PAC-UK birth parent will be attending our preparation training for prospective adopters moving forward which will enable our prospective adopters to hear her perspective first-hand and hopefully break down common pre-conceptions held about birth parents, which can form a barrier to maintaining connections.

As part of our ongoing development of Family Finding practice we have:

- Continued to work alongside children's SWs and foster carers to create children's profiles which offer a clear, honest and insightful reflection of the children's needs to share with adopters. Some of these are interactive profiles, to really bring the child alive and to draw adopters towards seeing them as little people with great personalities

- We have hosted activity days to ensure in house matches for our children alongside attending regional and national exchange and activity days to maximise their chances of finding the right family for them.

- We feature our children regularly at national exchange profiling events both in the Northwest and nationally. Whilst we do not, in the main, have links / matches progress from these events, it is positive, that following a profiling event this year, a link was identified for a sibling pair who had previously experienced a disruption, this was explored, and the children are currently in transitions. Two national online profiling events hosted by Adoption England have taken place this year with further events planned. We also continue to attend / feature our children at CoramBaaf activity days and northwest picnic events, although it is worth noting that a high number of children are referred to these events and so places are often limited.

- Family Finders have provided training to children's social workers about the adoption process, quality CPR's and life story books . Regular drop-in sessions are held to assist on an on an ongoing basis.

- We have developed prompt questions for children's SW to use particularly in relation to a child's race, culture and ethnicity, ensuring their birth family contribute so vital details are not lost or assumed.

- We have worked with our colleagues across the NW RAAs and are pleased that in collaboration we have launched a NW campaign for sibling groups, regional and voluntary Adoption Agencies are working together to raise awareness of the need for adopters of brothers and sisters staying together, across the Northwest. The Growing Families Together campaign was to raise awareness of the need for more people to consider adoption in the Northwest and to help those already thinking about adoption, to consider siblings.

- Following the review of our strategic matching process, these meetings have continued to take place monthly and are face to face. The focus of the meeting is to ensure all our priority children are profiled and have equal opportunities in terms of potential links / matches. This continues to be a successful approach to achieving best outcomes for children, particularly at a time when there are fewer approved adopters, both inhouse and nationally. Whilst we are seeing some children beginning to wait longer, this approach ensures all children are considered by our approved adopters in line with the length of time following PO / their identified needs. We continue to incorporate the collective matching tool within our strategic matching process. The pilot has now ended but we have found it helpful to use this tool to run a report for our priority children / approved adopters for each meeting so we can share the suggested links to be explored further within the meeting.

- We continue to work in partnership with other regional adoption agencies within the northwest and attend the northwest early permanence consortium meetings and family finding meetings held on a quarterly basis. One operations manager and two team managers also attend a national matching practice working group where key practice areas can be raised, considered and discussed. This group is currently focussing upon transitions practice and meet before match meetings (bump into meetings)

As part of our ongoing development of recruitment and assessment practice we have:

- Continued to deliver Preparation Training - social workers within the Recruitment and Assessment teams are lead facilitators, with colleagues from family finding teams and Adoption support delivering alongside. This delivery is received positively by prospective adopters with a focus on all areas of adoption activity. Our lead Team

Manager and working group for Preparation Training continually review the programme delivered with feedback from attendees and social workers presenting.

- Top up Training is offered to adopters in Stage 2 of the approval process and approved adopters. This training is delivered by the recruitment and assessment team, family finding team and adoption support. We offer a comprehensive programme of training catering to all adopters' needs, enhancing their knowledge and preparation of parenting their child or children through adoption.

- Feedback from approved prospective adopters both pre-and post-approval is positive. We are focussing on parenting siblings training as becoming mandatory to fit in with our sufficiency strategy increasing adopters for our siblings with a plan of adoption.

- Continued to roll out our Race (Rights, Acceptance, Culture and Ethnicity) Matters training for adopters and prospective adopters with the courses being held on a more frequent basis. This will enable prospective adopters to challenge their views in relation to race and diversity, therefore increasing their knowledge and understanding on a personal basis and more importantly in the parenting of their children. This year the team have won an award in the Ambitious Stockport awards in the Fair and Inclusive category, affirming the excellent co production of the training with an adopted adult.

- continued to complete Attachment Style Interviews (ASI) these are used for families where there is evidence of exposure to ACEs , they have a small support network or have experienced significant life stressors more recently. The feedback from panel is that the information provided through completion of the interviews greatly assists in our understanding of how as adoptive parents they will reach out for support during the parenting of a child or young person through adoption. During this period nine Adult Attachment style Interviews have been requested and completed. This is an increase to last year and moving forward we will be training an additional 2 ASI practitioners.

- Integrated family and friends network meetings into the stage 2 assessment process. They ensure that the support network know about the impact of trauma on children being adopted and how to raise concerns if they are worried about a child, They receive training on the impact of early trauma and therapeutic parenting to be able to fully support the family.

- are currently working with our health colleagues to agree a practice guidance around assessing obesity / health issues and impact on parenting ability.

- implemented the Initial meeting & stage 1 team within the recruitment and assessment teams to start to address the poor timings and allocation issues. Social Workers in this team primarily undertake initial meetings and stage 1 assessments, work alongside the Business Support admin team to reduce delays to statutory checks, references and processes. Early indications show this is having a positive impact on timescales. A formal review of this service will take place over the next 6 months.

- continue to hold monthly adopter tracking meetings to monitor progress and blockages of assessments and to assist with keeping to timescales for stage 1 and stage 2 of the assessment.

Adoption Panels

Information regarding Adoption Panel activity will be covered in full in the Chairs reports.

Nicola Booth
Aug 2025

8. ADOPTION SUPPORT

8.1 Adoption Support update

The team had 1003 open cases at year end. These cases were:

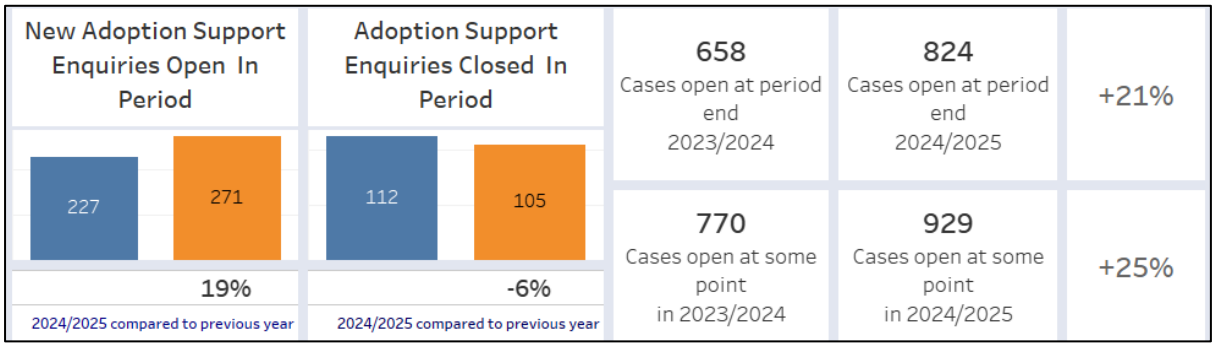
	Q4 23/24	Q1 24 /25	Q2 24 /25	Q3 24 /25	Q4 24 /25	Comments
Open cases (these are broken down into categories below)	934	948	938	966	1003	First Response, Long term and adopted adults cases
First Response / Advice Team	184	194	187	123	147	Q4 first period as Advice Team
Long term	538	552	563	682	677	
Adopted adults open cases	212	202	188	161	179	
KITT **(not in figure above)**	1349	1388	1415	1415		See breakdown below

Further information about the case numbers, including specialist workers:

	Q4 23/24	Q1 24 /25	Q2 24 /25	Q3 24 /25	Q4 24 /25
Therapeutic social worker (cases counted in long term team above)	68	77	74	76	71
Education advisor 0.5 FTE	36	37	24	26	25
Adoption "Surgeries" completed *	111		18 ASA 18 FRT 13 financial assessment	23 ASA 20 FRT FA 4	-

* In Q4 this data is no longer be reported in this format as the Advice Team began in January.

Adoption Support First Response & Long-Term Cases



In 2024/2025 we had 19% more new enquiries open in the period. We also had 6% less cases closed in the period resulting in 21% more cases open at period end and 25% more cases open at some point during 2024/2025 compared to the previous year.

RAG rating for families held on the Adoption Support Team (excluding Advice and KIT)				
	Q1	**Q2**	**Q3**	**Q4**
Red	**188**	**164**	**172**	**162**
Amber	**375**	**348**	**318**	**332**
Green	**115**	**153**	**101**	**138**

At the end of 2024/2025 26% of cases were rated as 'red', 53% 'amber' and 22% 'green'. We are unable to compare to last year as this is a new measure we are tracking.

Case numbers broken down by LA:

LA	Access To Records	First Response	Long Term	Open Cases
CEAST	4	40	159	203

Keeping in touch (formerly Letterbox):

	Q4 23/24	Q1 24 /25	Q2 24 /25	Q3 24 /25	Q4 24 /25	Comments
Cheshire East	230	237	237	246	246	

Manchester and Stockport data are now migrated on to Charms. We are working on adding Trafford data and Salford. Charms informs us this will be ready by September. This will enable us to measure and access KIT information in more detail.

Once all LA data is added, we intend to develop the use of Charms to support email exchanges between adopters and birth parents. This is in response to the Letter Swop trial where some parents reported that the opportunity to have control over their own exchange, via an anonymous portal, enabled better communication, reduced delay, and built stronger relationships with birth relatives/ adopters.

8.2 Performance management

Ongoing support is offered to 824 children and their families. Social workers offer support around parenting, education, therapeutic interventions, and contribute to CIN, TAC, Safeguarding meetings and Children with disabilities colleagues.

The First Response team went through a re-design process during 2024, and were named the Advice Team, which started in January 2025. This team is made up from 2.6 FTE social workers and a 0.6 family support worker, supported by business support, who assess all requests for adoption support. The team will direct low- and medium-risk (green and amber) families to use the online webinars, evening training for parents and therapeutic parenting approaches to empower parents to take the lead on learning and supporting their child/ren. During a period of three months there can be planned telephone support to ensure families are embedding the offered services. Once this has been completed, it will be reviewed to consider if more support is required at that stage.

The Advice Team also now supports all young people who are 18 and over, and who access therapeutic support through the ASGSF. This is to differentiate the support available to under 18's and post-18's.

Despite staffing challenges, the Advice Team currently is offering an assessment to all families within 5 working days, a significant improvement on the 22 weeks with the previous model.

Advice team information from June 2025:

Families & Children currently supported	73
Young Adults (Post-18 Service)	56
Cases Closed: (10 are over 18)	26

Passed to Adoption Support SWs	13
Transferred Out	2
Transferred In	4

Demand from adults accessing their records has remained steady and the team (0.6 FTE) continue to respond to the requests as soon as possible. There still remains a waiting period for many requests but most a dealt with within six months (this doesn't include any period of waiting to recover records from other LA's, VAA's or RAA's). Those who need a priority service receive this.

In 2025 we will take up "train the trainer" offer from the regional development opportunity, which will focus on post-commencement access to records. These are adults who, as children, were placed after 2005. This is a different set of needs and fall under other legislation to older adults. These young people who access their records are likely to have experienced more complex family backgrounds and are reading more detailed records and information about abuse and neglect – consequently this has an impact on how we share and support these young people.

The Keeping in Touch Team are holding all contact referrals; this has 1415 active exchanges, with some having exchanges several times a year involving multiple birth family members. We write to all who reach 18 and have an active letterbox arrangement and offer ongoing support, so a small number of the cases above relate to young people aged 18+. The team is working under pressure as rising numbers of families are requesting support with new in-person (direct contact) arrangements. We have developed guidance for social workers, families, and are contributing to national developments around maintaining relationships. This includes emphasising the value of relationships for adopted children from the preparation groups through to matching and placement.

We continue to promote building relationships between adoptive and birth families with a view to increased direct contact, if possible and right for the child. We are using the Adoption England guidance to improve our training and information given to prospective adopters at training stage, as well as supporting more direct contact arrangements.

8.3 Management oversight of practice and quality

To support good practice we have ongoing Adoption Psychology input for open to social workers from across the service, looking systemically at the way families receive support and responding to particularly challenging situations.

Managers continue to oversee and sign off all Adoption and Special Guardianship Support Fund applications, ensuring quality of application and consistency of requests. Our service was significantly impacted by the delay in the ASGSF renewal process from April 2025, including changes in the Fair Access Limit (reduced from £7500 specialist assessment and therapy, to £3000) and we worked hard to support families and therapists in responding to

these changes. We spoke to families and providers and quickly developed a strategy to support this change.

RAG rating enables us to oversee caseloads and ensure that the families at highest risk receive a focussed intervention. Managers ensure quality of work through signing off assessments and regular supervision.

Nearly all regular providers and now registered on the Flexible Purchase System (FPS or The Chest). All have been evaluated by managers to ensure quality of providers for therapeutic provision. We have more than 60 services registered and will offer a further opportunity to register late in 2025 before all providers are required to renew in 2026.

Practice oversight is also given by Adoption Psychology service, with consultations and supervision to workers and therapeutic social workers. Their input is beneficial when evaluating new therapies and requests from providers. The Multi-Agency Resource Panel (MARP) scrutinises applications over the fair access limit and offers quality control.

We have recently allocated Adoption Support work to our Recruitment and Assessment social workers. This is in response to several adoption support team members being away from work (maternity / adoption leave) and budget restrictions meaning we are unable to recruit temporary cover. This has required additional training and support to our colleagues who are also delivering recruitment and assessment services.

Our updated closure policy encourages social workers to review therapy after three years, to ensure the family are still receiving the most appropriate support. Consultations with Adoption Psychology can be used for these reviews to obtain an expert, independent view for families who are using external providers.

8.4 Partnership working

Adopter Voice are commissioned by Adoption UK to offer our adoptive parents a way to feed back to our service. We have 4 forums which have taken place in early 2025 as well as our AAB meetings and look forward to continuing to engage with our adopter voice community. The family rambles are well received with good attendance. 2 new adopter voice champions were recruited by Adoption UK in December 2024 and have started new events including stay and play.

A forum in January 25 on “adopter training” was held and despite only two adopters attending, it was a useful discussion which highlighted barriers to adopters accessing the training opportunities we offer. We have incorporated this into our Advice Team service which now signposts families to the relevant training via CATCH or in-person and follows up afterwards to consolidate learning.

We have renewed the Adopter Voice contract, which will be a 12-month contract from the 1st June 2025. As part of the new service level agreement from June we intend to hold adopter voice forums over a lunch time slot when it is hoped more adopters may be able to join discussions. In addition to forums the programme will also continue to include the AAB meetings as well as a programme of events hosted by our champions. We hope to see the

event offer grow, as we know adopters really value events where they can build networks and peer support.

PAC-UK offer our independent birth parent counselling for all 5 LA's. We continue to have a positive working relationship with PAC-UK who continue to offer 1:1 support and an in-person parent group. PAC-UK new referral numbers are below and the PAC quarterly report is available.

	Q1: Apr-Jun 2024	Q2: Jul-Sep 2024	Q3: Oct-Dec 2024	Q4: Jan-Mar 2025	Total 2024-25
Cheshire East	**1**	**5**	**6**	**0**	**12**

We have memberships to CATCH with online resources, webinars, training and support as well as a moderated parent forum and "ask the expert" chat. This was reduced due to budget restraints but has continued to offer 100 subscriptions and is fully used.

Adoption Counts continues to work alongside our Adoption Psychology colleagues and offer consultations, training to workers, direct work with families, therapeutic groups for parents and children, and specialist assessments.

The project continues with the Institute of Public Care (Oxford Brookes). This two-year research project has been extended, and looks into the impact of our multi-disciplinary Adoption Psychology service (APS). This has involved research with adoptive parents who have previously used the service. It will aim to evaluate outcomes including the financial benefit of a multi-disciplinary team and has so far interviewed team members, APS colleagues, and families; and completed a case records evaluation activity for 9 families who agreed to provide this. The interim report highlighted that adoptive parents valued the multi-disciplinary input; and gave advice around improving our data capture and outcome measures for therapeutic interventions outside of the core offer. This is being overseen by the DFE and Adoption England with a planned end date of Spring/Summer 2026. Our Adoption Psychology Service lead Dr Kate Bonser is involved in evaluating the other national projects.

Our virtual school colleagues continue to participate in a regular meeting, chaired by our Educational Psychologist, which is topic based and looks at the areas which matter most to adopters and professionals. This brings virtual schools P-LAC leads together to best meet the needs of adopted children. Following our successful "Transitions in education for adopted children" conference in January 25, we have completed a final version of the transition document which gives advice and guidance to professionals supporting children's transition into adoption. We will be delivering a webinar for Adoption England on sharing this and best practice Positive Planning Meeting framework.

The objective of the conference was to bring together school staff who have a direct impact on the experience of adopted children, as well as Virtual School colleagues, social workers, IRO's and more. The conference informed those staff about the reasons why children can

struggle, as well as techniques, services, and support available. It improved links between school teams and adoption support.

Delegates reported this event was “inspiring and motivational”, “informative and helpful”, “amazing”, “wonderful”, “excellent”.

We hold an adoption support sub-board which has invited representatives from each LA to attend, along with education and health colleagues and VAA representatives. As education is one of the main challenges parents tell us about, we agreed that a joint conference would enable us to share knowledge and good practice within our region.

8.5 Use of resources

We continue to access the ASGSF to support adoptive families. This year we made 15% more applications than in previous year and drew down 25% more funding.

For comparison, last year’s total figures are included.			
	Year total 2022-2023	**Year total 2023-24**	**Year total 2024-25**
Number of applications made	541 / 445	627	723
Amount in £	1,912,477 Includes £48,562.76 matched funding for the highest need families	£2,161,134 Includes £40,526 matched funding for the 21 highest need families	£2,718,394

This is set to reduce in 2025/26 due to ASSG reduction in access amounts.

The service has re-designed the Advice Team and will continue to monitor the impact of this on service users. Since January 25, we have been able to offer all adoptive families an assessment within 5 working days of their sending us completed information; a significant improvement on the 22 weeks that this was previously taking.

Challenges remain around families needing long-term support and receiving this from a named social worker. Workers continue to carry case loads of 50+ (FTE) and are supporting early placements, families at risk of breakdown, young people on the edge of school exclusion, and a range of needs across this area.

Further aspects of the re-design include implementing a new closure policy, and changing the way we deliver services to those who are over 18. We are however observing an increase in need from families who may be unable to access support from other services.

Our service for over 18’s is limited to access to the Adoption and Special Guardianship Support Fund. Should further resources become available we recommend that services for 18+

adopted young people are looked at as a priority, as Adoption England will be looking at this as an area for development (see pilot of Improving Adoption Services for Adults **Support for Adopted People | Adoption England)**.

Consultation sessions continue to be offered to professionals, by:

- Schools advisor
- Child Psychiatrist
- Therapeutic social workers
- Adoption Psychology team on transitions, and long-term cases

These offer support and advice on good practice for complex cases, such as placing multiple children into a family, supporting a complex transition plan, or supporting change where a family have become "stuck" with some challenging behaviours or situations. We continue to work on ensuring every family finder accesses these transition consultations, at as early a stage as possible.

8.6 Events

Events for adopters took place. The November music themed event had over 100 adoptive parents and children attending and 160 at Tatton park farm activity day for families. We did not deliver a third fun day due to budget restraint.

Feedback from parents stated:

"[these events] are an invaluable source of support"

"socialisation with other adopted families for my children"

"[Our child is] not alone in being adopted (her words!)"

"Allowing our child to see there are other adopted children and that you can't tell who is adopted"

"Reinforced identity and wellbeing for my children"

8.7 Workshops

Evening workshops continue for parents, which offer training on specialist areas which affect adopted children. Over the year we have delivered as a mixture of virtual and in person:

- Life story workshop
- How to make the best of your CATCH membership
- Supporting your child's development through play
- Safety in the virtual world
- Life Story workshop
- Global Majority parenting groups

- Supporting your child at school and understanding the education system
- Supporting your child in education
- Sensory and Motor Development
- Siblings; co-regulation, competition, and trauma bonds
- Staying Connected and Reconnecting: How to support your child and prepare yourself for connection with birth family.
- Navigating the needs of adopted children in school (online)Training for schools – supporting adopted children in your classroom (online)
- Therapeutic parenting for primary-age
- The teenage years and brain development

A selection of feedback from parents to the question; what did you gain from this event?:

"Meeting others and sharing experiences. Finding out how much things have changed since we adopted in terms of contact with birth family."

"Lots of tips and some strategies plus difference between normal teen behaviour and behaviour of adopted children"

"Meeting other parents and better understanding [of global majority parenting]"

"Lots of information on to how to deal with situations "

"Validation that it's complex adopting siblings!"

"A good insight into actual parenting and sibling trauma. It was good to hear from people in the same position."

Two Monthly Teen groups (Big Teen Wednesdays) continue to offer a safe space for 14–16-year-olds who have often found it harder to be part of a group, or not have the high level of support needed to participate in other areas, and a group continues for 12–14-year-olds. Parents have peer support sessions and speak strongly about the benefits of network and peer support from others who understand.

We have held four Global Majority events in the year, to support those who are Global Majority parents or parenting a child of a different ethnicity to themselves.

Adoption Counts professionals have been offered specialist training from our Adoption Psychology service which has covered:

- Supporting parents with educational transitions: positive endings and beginnings
- Child Development and Theraplay
- Emotional Barriers to School Attendance (EBSA)
- Looking after yourself
- Neurodevelopmental disorders and the link to developmental trauma

- The teenage brain: Practical support and advice to give parents

Kristen Roberts & Alice Taylor

July 2025

Adoption Counts Adoption Panel Chair's 6 monthly report:
October 2024 to March 2025

Introduction

This report is a biennial report completed in rotation by the Independent Panel Chairs for Adoption Counts. The statistics used in the report and the quotations from the Panel feedback process are supplied by the Panel Administration Team, the Data Coordinator and the Panel Advisor for Adoption Counts. Thanks are expressed for their hard work in bringing the information together, as well as their on-going committed and diligent support in the functioning of Panels

Overview of Panels

The arrangements for Panels brought about by the Covid pandemic situation have continued and, whist most Panels are still being held virtually using Microsoft Teams, there has been a concerted move towards more face-to-face panels which take place on Wednesday mornings at Etrop Court, Wythenshawe. This is in response to the fact that an increasing number of social workers are no longer available on Fridays to attend panel. Accordingly, the move to "in person" panels on Wednesday morning was considered an appropriate alternative. The majority of Panel members have responded positively to a greater number of in person Panels, recognising the benefits of meeting face to face to build upon Panel working relationships as well as providing an enhanced experience to applicants and social workers attending Panel.

Panel members gather at 9.15am for a 9.30 start and can cover from one item to a maximum of five items. They generally happen on a weekly basis. The frequency of Panels supports the timeliness of approvals and matches. There remains the option to arrange additional Panels should that be necessary.

Panel Membership

There have not been any significant changes in Panel membership since the last Chair's report. In December 2024 we had two Panel members leave, one of whom was a longstanding member. We have since been pleased to appoint another Vice chair, Debbie Whitwood, which takes the number of Vice Chairs to two. There have been no new members appointed during this time period.

The issue of Panel member remuneration has been under review and a proposal has been placed before the Board for Panel members fees have been increased.

There is still work to be done to increase the diversity of Panel members, in particular to include greater representation from the global majority and also representation from birth parents and adopted adults.

The situation regarding attendance by the Medical Advisors at Panel is unchanged from the last report. As previously noted, a lack of medical advice makes it more difficult for Panel members to make informed recommendations. It would be beneficial if this function was shared more equally between the 5 authorities to ease the burden of those paediatricians that currently support panel's work.

In terms of social worker representation on Panel, since the last Chair's report one Adoption Counts social worker representative has left as they have moved to a different post. We have one social worker representative each from Manchester, Salford and Cheshire East, and 2 from Stockport. There are still no social worker representatives from Trafford and this is an issue that needs to be addressed to ensure full local authority representation from across the RAA. We have additional interest from 3 more social worker representatives from Stockport. In addition Panel has 3 Local Authority representatives, 2 from Stockport, and 1 from Cheshire East.

Panel Member Appraisals

The number of outstanding appraisals has been an on-going issue over the past twelve month period. During the six monthly period covered within this report appraisals were not all up to date, this is due to a change in Panel Adviser in December 2024 and a period of settling in. Efforts will be made in the remainder of 2025 to bring all appraisals up to date.

Panel Member Training

Adoption Counts continues to run two Panel Development Days per calendar year; the last one took place in January 2025 and there is a further session planned on 14th July 2025.
At the training in January 2025 Gail Spray provided a service update as well as an update on placement disruptions. Colette McGarrigle (Panel Chair) and myself delivered a session entitled "The legal process – a child's journey to adoption" with the objective of providing Panel members with a broader understanding of the statutory framework and procedures which lead to a child being placed for adoption. Kim Scragg (Panel Chair) led a group discussion around the issues that Panel members should be considering in reaching a recommendation and how the welfare checklist should be used as a tool to support this process. Discussion took place between social workers and Panel members regarding questions at Panel and how these could be re-focussed and improved. The day concluded with Amanda Aylward, the Virtual Head for Stockport outlining the remit of her role and that of the Virtual School.

Panel Chair, Adoption Counts managers and ADM meetings

Panel Chairs have continued to meet quarterly with Adoption Counts senior managers. This continues to be helpful and allows all parties to discuss any issues, good practice and areas for development, in a constructive manner. It also enables Chairs to keep in touch with issues and what is happening in the wider agency. The meeting is enhanced by the attendance of ADMs joining the second half of the meeting; this supports collaborative discussion about issues relating to all 5 authorities and promotes consistency of both practice and paperwork. Comments from ADMs are useful and much valued, and it is appreciated when the ADMs can attend and influence practice within their authorities. Discussion is ongoing around the scheduling of these meetings to enable maximum attendance of ADMS from all local authorities.

Panel Business

Cases considered by panels (October 2024-March 2025)

Panel Business							
	No. of panels	**No. of items considered**	**Matches**	**Approvals**	**SHOBPA**	**De-reg**	**Adopter review**
Panels	39	60	36	23	1		

36 matches heard – 35 approved

23 approvals heard - 22 approved

38 children matched – 30 single children and 4 sibling groups of 2

Out of the 35 matches for 38 children, 5 were fostering for adoption – which is 14% of the total matches and 13% of the children.

Panel scrutiny – timescales

Matches (number of children)			**Approvals**		
A1 met	12	35%	Stage 1 met	1	7%
A1 not met	22	65%	Stage 1 not met	14	93%
A2 met	11	32%	Stage 2 met	6	29%
A2 not met	23	68%	Stage 2 not met	15	71%

*One intro broke down so no A1 score. One child relinquished so no A2 score

** Out of 22 approvals, 6 were fast tracked so did not go through Stage 1 and 1 was a non-agency approval (Scottish Family)

Agency specific data matches					
Agency	**Total children matched**	**A1 met**	**A1 not met**	**A2 met**	**A2 not met**
Cheshire East	10	4 =40%	6 =60%	2 =20%	8=80%

++ SHOBPA not included.

Comments

In comparison to the previous six month period there have been a greater number of Panels (39 Panels 10/24-03/25 and 28 4/24-09/24) but within those Panels a smaller number of items have been considered, with Panel considering 60 items within this time period, as oppose to 84 within the period of the last report. It is noticeable that routinely on Panel agendas there are fewer items, with Panels typically considering 3 agenda items, where previously 4 or 5 agenda items was the amount of normal Panel business.

It is of note that there was a decrease in the proportion of placements beginning as fostering for adoption placements in the period Oct-Mar with a reduction from 23% of matches within the previous reporting period to 14% in this period.

Panel scrutiny – Quality of reports at the final audit

RAA data of quality of reports. All agencies					
Matches, 35 CPRs 34*			**Approvals, 22 PARs**		
Outstanding	2	6%	Outstanding	1	5%
Good	28	82%	Good	16	73%
In need of improvement	4	12%	In need of improvement	5	23%
Inadequate	0	0%	Inadequate	0	0%

*1 CPR was required to be re submitted and 2 are ungraded at panel

CPR Agency specific data within the RAA – as a % out of total of 52 reports				
Agency	**Outstanding**	**Good**	**In need of improvement**	**Inadequate**
Cheshire East (8)	1 and 3%	8 and 24%	1 and 3%	

CPR Agency specific data per Local Authority – as a % within each LA				
Agency	**Outstanding**	**Good**	**In need of improvement to be good**	**Inadequate**
Cheshire East out of 10	1 and 10%	8 and 80%	1 and 10%	

As discussed already there was a reduction in the number of both matches and approvals considered by Panel within this six monthly period.
Adoption Counts policy requires all CPRs and PARs presented to Panel to be graded at least Good at second audit. The percentage of CPRs graded Outstanding, Good with outstanding features or Good has remained the same at 88% from the last six month's figure. However, as indicated within the data above there remain variable standards across the five local authorities and further training for social workers is required. There continues to be a significant need for more careful proof reading before submission to Panel, to eliminate minor errors which make the CPR hard to read and as well as reports that do not provide an account that will help the child in the longer term to understand their life story to adoption. This issue is regularly discussed with the ADMs at the quarterly meetings with the Panel Chairs.
The outstanding CPRs give a robust analysis of the options available that have been considered by the agency for the future care needs of that child, whilst consideration is given to the Welfare Checklist at all times. Outstanding CPRS also carefully consider the impact of the document on the child and their understanding of their history and identity as they read the CPR in later life.

PARs graded Outstanding, Good with outstanding features or Good have dropped to 78% from the previous quarter of 88%, this was a further fall after a decrease from 95% within the preceding reporting period. Those PARs in need of improvement have important gaps in information, which then lead to more questions at Panel, as well as needing proof reading before submission.

No information has been made available as to why timescales for approvals and matches were not met nor was there any comment made regarding Agency specific data matches. However, those specific reasons are contained both within the individual reports presented at panel and within the 6 monthly reports to each LA which sit alongside this report.

Attendee Feedback

Both the social workers and adopters attending Panel are asked a number of questions about their experience of attending Panel, which are then graded from 1 (Poor) to 5 (Excellent)

Feedback from evaluations

There were responses from 9 adoption social workers or their team manager, 2 children's social workers or their team manager, 1 family finder and 8 adopters.

This represents a reduction in responses from CSWs, Family Finders and ASWs whilst responses from adopters have increased.

From adoption social workers:

"The Panel worked hard to ensure that the match was correct for these children, they also created a warm and friendly atmosphere that enabled thorough and reflective discussions."

"I felt that the panel members (including the chair), really helped put the prospective adopters at ease, they looked friendly and they were!"

Also

"*I had 8 questions which I feel was a lot for a single SW at an approval panel and then a panel member asked a further random question after the adopters had joined then left for their recommendation. Then their was also the pressure I felt when answering some of the questions which made me feel like panel were trying to catch me out on something and was quite stressful and unpleasant. I usually enjoy attending panel but this was a very negative experience that left me feeling both anxious and frustrated."*

This particular worker met with the Panel Adviser following Panel to provide clarification on issues within the paperwork which had led to Panel members having a high number of areas that had needed to be explored within questions. The comments made highlight the need for robust quality assurance processes prior to paperwork being submitted to Panel, as well as support for social workers from their managers during the Panel itself. The training at Panel Development Day has also provided training for Panel members around focussed questioning for social workers.

From a family finder:
"Some of the panel members could not remember the adopters first names, one member called the child another name."

This feedback serves as a reminder to all Chairs and Panel members to focus on remembering the vital details of cases and the importance of getting names correct.

From adopters:

"It was clear that the panel members had read our PAR as they made reference to aspects of it and had clear knowledge of who we are and our family."

"We are very grateful to all panel members for such a warm, personal and positive experience. It felt that all panel members really knew us."

Also

"It would be helpful to be given an expected timescale for being dialled in the panel meeting. Knowing the start time of the panel is one thing but it is then painful sitting watching your emails for nearly an hour waiting to be called in - if possible it would have been helpful to be advised that whilst panel begins at 9:30am you will not be called until 10am at the earliest?"

This comment brings into sharp focus the challenge for applicants of waiting whilst Panel discussion is taking place and the need for clear communication about anticipated timescales.

From children's social workers and a team manager:

No comments were made.

A practice issue

Within the last Chair's report the complexities of Panel considering cases where prospective adopters have a very high BMI (40+) was raised. The concern of Panel is that prospective adopters need to have the energy and activity levels to be able to meet the physical needs of children placed in their care, as well as having the longevity to care for children through to adulthood and beyond.

Since the last report a working group has met to seek to develop a policy for Adoption Counts to support social workers and Panel in both assessing and making decisions around the question of the health and weight of prospective adopters. This policy is being drafted and will be circulated in due course.

Conclusion

Within this last six-month period Adoption Counts has seen a greater number of Panels taking place, with an increased number of face to face Panels which have enhanced the experience of applicants, Panel members and social workers. Despite this increase in Panels there has

been a notable reduction of 28.57% in the number of cases being considered between this reporting period and the last. This change is consistent with the national picture of a reduction in individuals seeking assessment as adopters.

There has been improvement within some of the local authorities in the quality of CPRs, however there remains more work to be done to ensure consistency of approach across all of the local authorities represented within Adoption Counts.

Feedback from both social workers and adopters attending Panel is generally good, with the only negatives in this period coming from ASWs who had a less than positive experience, despite having their cases approved.

As with previous Chair's reports, this writer wishes to express her personal thanks for the exemplary work undertaken by the Panel administrative team. Without their diligence and attention to detail Panel simply could not function! The quality of organisation and Panel minutes ensures the smooth running of Panel and enhances the quality of the agency's overall processes. We have been grateful also for the work and enthusiasm of the interim Agency Advisor for this six monthly period. She has skilfully picked up the reins and has brought new ideas and insights to the role.

Recommendations - The agency should:

- Provide support and training to adoption social workers to improve the quality of PARs given the continued fall in grading within this reporting period.
- Continue the work to seek to increase the number of Paediatricians available to support Panel, specifically the Medical Advisors who do not participate
- Ongoing work to widen the diversity of Panel membership, from the perspective of issues such as race and culture, age, gender, socio-economic background and life experience
- Liaise with Trafford to identify a social work representative to join Panel membership
- Bring all appraisals for Panel members up to date.
- Finalise the agency policy around approach to health, weight and physical activity considerations for applicants
- Revise Panel agenda time scales to provide a better estimate of the likely time that applicants will be asked to join the meeting to seek to minimise applicant's wait and levels of anxiety.
- Continue to focus on recruitment of prospective adopters, and seeking to achieve diversity within this group to meet the diverse needs of children waiting

Naomi Kelso, Independent Pa

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The Children's Society

Cheshire East Advocacy and Independent Visitor Service – The Children's Society

Annual Report

October 2024 - September 2025

Contents

The Children's Society

The Children's Society

The Children's Society Vision

The Children's Society continues to deliver the Children's Rights Advocacy and Independent Visiting Service on behalf of Cheshire East Council. This provision has been in place since November 2014, with the current contract extended in April 2025 for one year.

This annual report outlines the activity and impact of the service between 1st October 2024 and 30th September 2025.

Our Vision

We are committed to building a society where every child feels valued, supported, and hopeful. Together with young people and our partners, we strive to create an environment where children's rights are protected, and their voices shape the services they receive.

Our Goal

By 2030, we aim to reverse the decline in children's well-being and lay the foundation for lasting improvement. Our focus is on ensuring that today's children experience a safer, happier childhood and can look ahead to their futures with confidence and optimism.

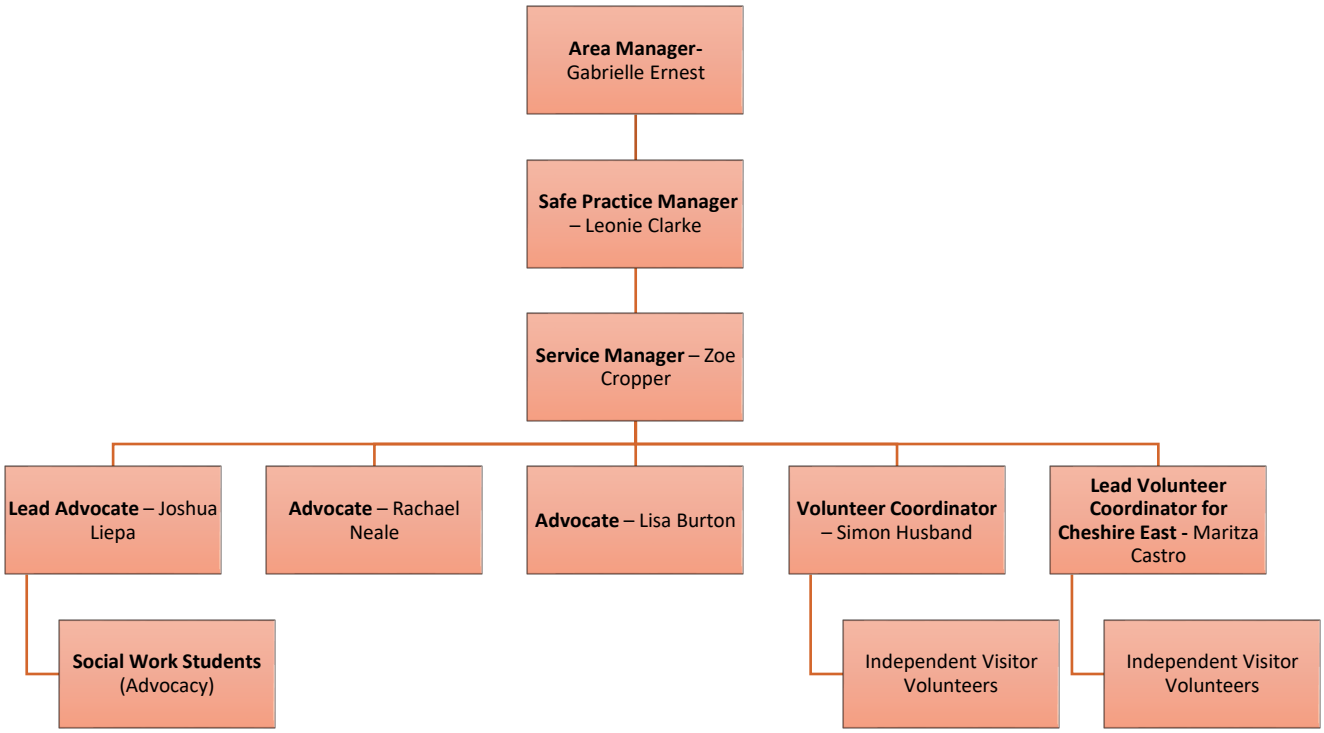
Team Structure and Developments

Since the last annual report, we've seen several key staffing changes that have strengthened our service delivery and leadership capacity:

- A former Advocate was appointed as Service Manager, bringing continuity and frontline insight into the leadership team.
- A new Advocate was recruited to join the service from their previous sessional role.
- A new Area Manager joined the team, enhancing strategic oversight across commissioned services.
- We introduced a Safe Practice Manager role, focused on promoting best practice and ensuring quality assurance across the North West.
- A new Independent Visitor (IV) Coordinator was appointed to lead on Cheshire East IV service, working alongside longstanding IV Coordinator Simon Husband.
- A team member returned from secondment and has now taken on a Lead Practitioner role, with responsibilities including supporting staff induction, and oversight of student placements.

The Children's Society

The structure of the Cheshire Children's Rights Team as of 1st October 2025



Advocacy

Our advocacy service provides independent support and information to children and young people, helping to ensure their rights are upheld and their voices are heard in decisions that affect their lives. Through advocacy, we empower young people to express their views, wishes, and concerns, and ensure these are meaningfully considered in care planning and service delivery.

We offer independent advocacy to children and young people who meet any of the following criteria:

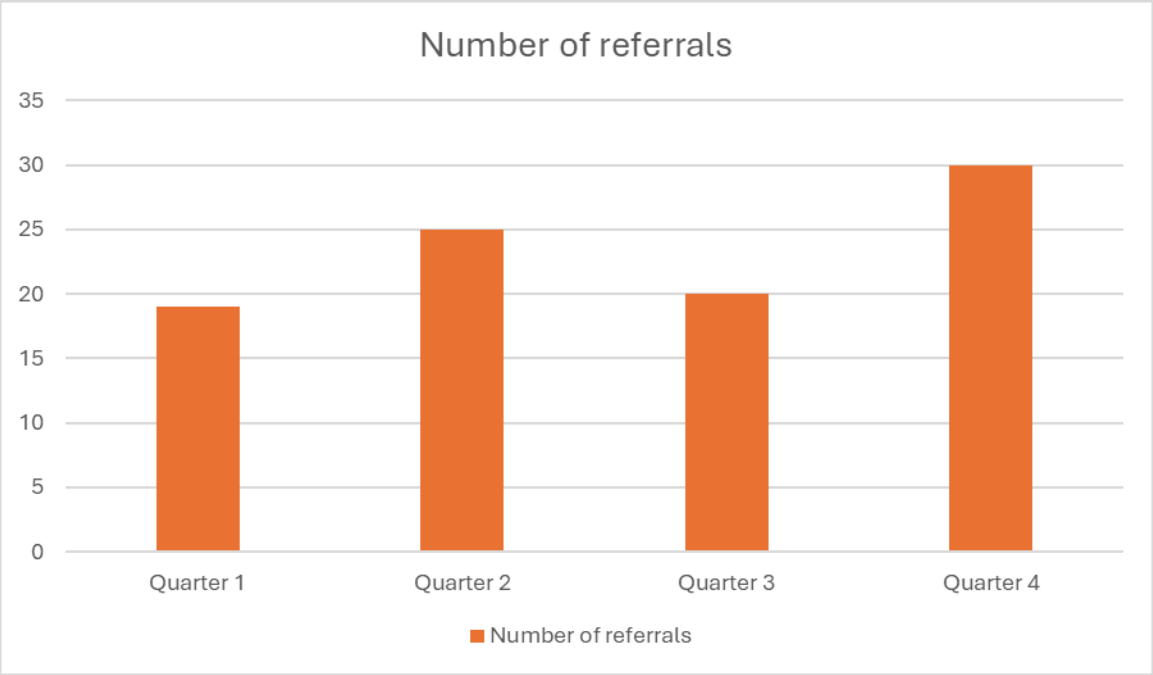
- Are cared for by the Local Authority (ages 0–17)
- Are care leavers (ages 18–25)
- Have a disability (ages 0–18, and up to 25 if transitioning to adult services)
- Are homeless and aged 16–17
- Are in private fostering arrangements
- Are unaccompanied asylum-seeking children or young people
- Are subject to a Child Protection Plan
- Are making a complaint against a social care service

Referrals

We received 98 referrals from 1st October 2024 to 30th September 2025. In the previous year, over the same period, we received 94 referrals. There were 4 referrals not accounted for in the Quarterly Workbook because they were not appropriate referrals and no work commenced.

Children and Young People's Eligibility Status

The Children's Society



Eligibility Status	Quarter 1 Oct-Dec 24	Quarter 2 Jan-Mar 25	Quarter 3 Apr-Jun 25	Quarter 4 July-Sept 25
Cared for child	3	10	8	20
Care Leaver	8	5	4	5
Child or young person with a disability	0	4	7	1
Child or young person on a Child Protection Plan	6	4	1	1
Asylum Seeking Child or Young Person	1	1	0	0
Homeless 16/17 year old	1	1	0	1
Private Fostering	0	0	0	0
ICO with parent	0	0	0	2
Total	**19**	**25**	**20**	**30**

Please note that some young people fit into multiple eligibility criteria- for example, a child may be an unaccompanied asylum seeker but also be Cared For. In these instances, we have categorised them under the criteria most relevant to their issues. In the above example, if the reason for referral was representation in Social Care meetings, we would list them

as a Cared For Child and if the issue was related to their asylum claim, then they would come under Asylum Seeking Child.

Themes and Trends

We have had 18 re-referrals this year, which is down from 33 re-referrals in 2023-24. We view this as positive, as this indicates that more young people are developing self-advocacy skills through their engagement with the service, as well as building better relationships with the professionals in their lives. These are some of the aims we seek to achieve through advocacy, as they ensure that young people feel confident managing future issues themselves with their existing support network and do not need to rely on advocacy support again. Of course, re-referrals do indicate that young people had a positive experience with the service previously.

We have had a slight increase in self-referrals this year, with 11 young people self-referring compared to 9 last year. It is positive that more young people feel confident to ask for an advocate themselves and that they know how to do this. As we are currently operating a waiting list, self-referrals are given priority in the allocation process, as these are young people who may not have access to other professional support.

We have seen an increase in the number of referrals for Cared For young people this year, going from 37 last year to 41 this year. In the most recent Quarter, we received 20 referrals for young people in this category. Cared For young people were the most common referrals into the service, which is consistent with last year.

Common themes for the Cared For young people referred into the service include:

- Placement difficulties- young people either wanting to move placement or being told they need to leave a placement where they are settled.

The Children's Society

- Young people struggling with the transition to post-18 support and possible moves to semi supported accommodation/other housing options.

- Issues with contact arrangements with family.

- Young people requesting a change of Social Worker.

- Young people who are new to being Cared For and would like independent representation and support to understand their rights and entitlements.

- Care leavers are the second most common referrals into the service, which is also consistent with the previous financial year. Frequent issues for Care Leavers referred into the service include:

- Support to access their Local Authority records or to help them challenge the length of time it is taking to receive them.

- Support with understanding their rights, entitlements and finances as a Care Leaver.

- Support with their Pathway Planning.

We have seen a significant drop in referrals for UASC this year, going from 19 in 23/24 to just 2 in 24/25. This is primarily because in 2023/24, Cheshire East provided additional funding for The Children's Society to provide specialised advocacy support for their cohort of asylum-seeking children. As a result, that advocate was working closely with the Cheshire East UASC team and was supporting with immigration issues such as age assessments and First-Tier tribunals. This funding was not renewed in 2024/25, which has resulted in a decrease in these types of referrals. However, we continue to offer support to Asylum-Seeking children on issues not related to their asylum claim, but these young people have often been categorised as Cared For/Care Leavers. For example, we have supported an asylum-seeking young person to successfully change

their Pathway Plan, but this young person was recorded as a Cared For child in our referral statistics.

We have had no referrals for young people in private fostering arrangements this year, which indicates that these young people may not be aware that they can access advocacy support. We will look to build up stronger links with the Cheshire East CIN teams to ensure they are aware that children can access the advocacy service when in private fostering arrangements.

Achievements and Added Value

We have a stable team of highly skilled and qualified advocates who are committed to supporting young people. Each member of the advocacy team has been with us for over a year, enabling them to build strong, collaborative relationships with a wide range of professionals. This continuity has also allowed them to develop a deep understanding of the services available to young people in Cheshire East, ensuring they can provide informed, consistent, and effective advocacy.

Two of our advocates completed their level 3 'Advocating for Children and Young People' qualification in December 2024. This was a great achievement and means that every advocate on the team now holds this qualification.

During this year, we have supported one Social Work student on his 1st Year placement with us, who was able to support with low level advocacy cases and independent visitor reviews. We were also able to employ previous students to complete some sessional advocacy before they had to start their final year placement in January.

We have worked hard to develop stronger relationships with other organisations offering advice and support to young people, to ensure that we can signpost young people to the best and most appropriate support available. We have connected with the Advocate who works at Ancora

House, a specialist mental health unit, and are looking at looking at how we can work together with referrals to ensure they receive support both as an inpatient and after discharge. We have also built stronger links with CEIAS to ensure young people receive maximum support when their Special Educational Needs are not being met. We have also developed a new relationship with 'Her Place' Charity and have done joint working with their 'Believe Her' Advocates who support mothers whose children are in on Child Protection Plans

We also continue to foster excellent relationships with Watermill House, the YMCA (Crewe), Mococo House and have also developed links with the David Lewis Centre and The Coach House.

The Cheshire Advocacy Team completed a sponsored walk to raise money for the young people we support. We raised £1,400 to support our young people and their families. A proportion of this money was spent on bespoke Christmas hampers for the young people we were working with. The hampers were extended to other family members, ensuring a wider reach of festive support.

The remainder of the money has been spent on 'All 4 One' gift cards which we are giving to our young people. For example, if care leavers are moving into their own tenancies, we have given them a gift card to buy something for their new home. We have also given gift cards to purchase clothes and leisure items, which have improved emotional health and wellbeing for these young people.

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Impacts on Delivery and Performance

A reduction in staff from 2023/24 has impacted on the number of cases we have been able to work with in the last two Quarters, which has led to us implementing a waiting list for advocacy.

The waiting list is actively maintained by our Admin Officer, ensuring it remains up to date. The Service Manager continues to meet with the team weekly to provide consistent oversight and support. Additionally, case closures are being reviewed during supervision sessions to identify opportunities for creating further capacity, while ensuring that all closures are managed safely and appropriately. The Children's Society's Safeguarding and Quality Practice team is also actively monitoring and reviewing the list with us to ensure we are managing the list in line with

best practice. Our Lead Advocate rejoined the Team after a secondment at the end of August 2025, which has already impacted on the Team's capacity and the waiting list reduced by more than 50% in the final month of the year.

We are seeing an increase in the complexity of advocacy issues for which children and young people are being referred. These more complex cases often require longer-term support, which can impact the team's capacity to take on new referrals. For example, we have regularly supported young people who are both pregnant and Cared For, with their children subject to Child Protection Plans. These cases can be prolonged due to the time required to complete the plans or navigate legal proceedings.

Advocacy Case Study

Summary of the case
We received a referral for C in August 2025 from his previous Social Worker. The referral asked for support in capturing C's wishes and feelings around his transition to becoming a care leaver. As the service was currently operating a waiting list, C was initially placed on this until there was capacity to allocate an advocate. However, C's referral was discussed at our allocations meeting and RAG rated as RED meaning that he would take priority as a case in need of urgent support. This rating was decided upon due to C turning 18 at the end of September meaning the issue was time sensitive, the increased risk of homelessness if a transition plan was not in place and because C had additional complexities due to being arrested for possession of child abuse images. As a result, C was allocated an advocate at the beginning of September.

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I reached out to the referrer for updates on the referral in the few weeks C had been on the waiting list but did not receive a response. Due to the time sensitivity of the referral, I arranged to see C at his placement the next day rather than waiting any longer for an update.

After introducing myself to C and explaining my role, it became clear that C was not aware of the referral but nevertheless consented to my support. I engaged C well and we were able to have a detailed discussion about his life and transition plan, including where he would like to live, despite C admitting he usually struggled with new professionals.

There were positives in C's life. C was settled at his current placement and had good relationships with staff, who were willing to support him however they could. C also had money saved up and was receiving PIP, which meant he would have finances available to help with any transition, such as needing to buy furniture or decorations, on top of his Leaving Care grant and UC.

However, there were also significant worries, mainly that C was turning 18 in just a few weeks and had no idea where he would be going post-18. C had been told to present as homeless but that there was no emergency accommodation available and he might have to stay at B&Bs moving regularly until some could be found. This was particularly difficult for C, as he is diagnosed with autism and shared that he found regular change particularly difficult. C was thinking about exploring the private rented market instead, but did not have a good understanding of budgeting or how to do this.

It was clear that C urgently needed a clear Pathway Plan in place, ideally one which did not result in him having to present as homeless. C needed to understand all his options and entitlements, as he did not know what he was entitled to as a Care Leaver or how to bid on Cheshire Homes. Finally, if a plan could not be arranged for C, I intended to inform him about his right to make a complaint about why a clearer plan was not in place.

On a scale of 0-10, I assessed the situation as initially being at a 2. Although there were positives in the support C had from placement and his willingness to engage with me, the lack of a clear plan left C at clear risk of homelessness. Added to this is the fact that C would leave placement at 18, losing a key pillar of support, and did not have an allocated PA, so it was not clear who would support him if he did need to present as homeless.

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What you did that worked well
After my initial meeting to C, I immediately contacted Geri Lafferty, who had very recently been appointed as C's new Social Worker. I raised C's concerns about a lack of a clear plan post-18 and asked if we could have an urgent planning meeting to address the issues. Geri and I arranged a joint visit to C the following day. This meeting was very positive, with Geri managing to arrange a plan where C would move into semi-independent accommodation with Homes 4 Support whilst he was bidding on Cheshire Homes. C was happy with this plan and was willing to work towards this. During the meeting, we made plans to ensure that C was set up on Cheshire Homes to bid on properties, would have access to UC on turning 18 and had a plan for the practicalities of moving the day after his 18th birthday. There was a lot of information for C to take in, so I made notes during the meeting and provided C with an 'Action Plan' Document which covered all that was discussed in a child-friendly way and made it clear what actions C, Geri, placement staff and myself would complete in what timescale. This helped C to understand the plan, particularly considering his autism diagnosis that meant having information in a structured document supported his understanding. I attended a further professionals meeting to continue planning for C and spoke to C about consenting to share his EHCP, risk assessment and health assessment with his new placement, which C agreed to do. Finally, C was due to have his final Review meeting as a Cared For Child, but due to professional availability this could only take place on his 18th birthday when C had celebratory plans. At C's request, we did try to rearrange the meeting, but the only other available dates/times did not work. As a result, we agreed that I would attend the meeting on C's behalf and take minutes to share with him. This ensured C's voice was at his Review and C did not have to miss out on birthday plans. I visited C once he had moved into his new property to share the minutes with him. We discussed all discussions and actions from the meeting and once again I made a child-friendly minutes document so that C could process and remember. C had a few questions from the meeting which were shared with his Social Worker to follow up with him about on her next visit.
What the impact was on the child/ young person / family

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On a scale of 0-10 I would now assess the situation as being at an 8. C has a clear transition plan in place; he does not need to present as homeless and has clear post-18 support including a newly allocated PA. C clearly understands the plan and what his responsibilities are to ensure he gets into his own long-term tenancy. However, it is not a 10 as C is still not in a long-term tenancy and there is a possibility there could be issues with funding if it takes a long-time to find a property through Cheshire Homes. Additionally, there was the stress placed on C by having to arrange all of this at the last minute rather than preparing the plan several months before he turned 18.
What impact did the child / young person / family feel it had?
C shared "I am very happy" and "the flat is nice" when talking about his transition plan, which evidenced that he was pleased that such a solid transition plan was put in place for him. C also engaged really well with me as an advocate, including reaching out to me himself rather than through professionals, which is significant as C shared that he "doesn't generally like people". It was clear from this that C had trust in me as his advocate and was willing to come to me when he needed help sharing his voice. He also trusted me to attend his meeting on his behalf. I did not have contact with C's family as he is Cared For, but his Social Worker also shared "Thanks for all your hard work this wasn't easy, but we managed to get a good outcome".
What can we learn from this piece of work or how can we build on this to inform future practice?
From Social Care's point of view, there was an acknowledgment from the IRO in the Review that there had been delays in Pathway Planning for C and in arranging planning meetings which resulted in a lack of coherent plan in place for C within a month of him turning 18. From this, we can learn the importance of avoiding such delays and ensuring that planning meetings take place within timescales. If C had an appointed PA, they would have been able to help him with this planning. Nevertheless, Geri and Social Care also demonstrated good practice in how to respond if these delays do take place, by supporting C to get a clear plan in place

very quickly which was in line with his wishes and feelings. There was a lot of hard work from all professionals involved in C's Care Plan to put this together and it demonstrated what can be achieved with multi-agency working and prioritisation of need.
From an advocacy perspective, there was good practice in providing child-friendly action plans to C to ensure that he had a clear understanding of what was going to happen which was also accessible for his additional needs. This can be continued in future work as it was effective in helping C to understand rapidly made plans. This was also a good example of multi-agency working and how advocates, young people and Social Care can work together to achieve the best outcomes for a young person without needing to be confrontational.

Independent Visitor Service

The Independent Visitor (IV) role was established as a statutory provision for looked after children under the Children Act 1989. Independent Visitors are volunteers who are carefully matched with children and young people in care, typically aged between 8 and 18 years.

These volunteers provide consistent, supportive relationships, offering young people the opportunity to connect with a trusted adult outside of their care arrangements. Each volunteer is asked to commit to a two-year relationship to help foster stability and trust.

The service operates with a key performance indicator (KPI) of maintaining 20 active matches at any given time.

We advertise for the role of an Independent Visitor across the following:

- The Children's Society Webpage

- The University of Chester
- Indeed
- Co-Op
- Cheshire West Voluntary Action
- Cheshire Easy Voluntary action
- Wales Voluntary Action

All Independent Visitors receive comprehensive training, including safeguarding and child protection, and are recruited through a rigorous safer recruitment process. This process includes enhanced DBS checks and reference verification, overseen by trained volunteer managers.

To maintain high standards of support and quality assurance, volunteers engage in quarterly supervision and group support sessions.

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Referrals

- **Q1**: October – December 2024- 3
- **Q2**: January – March 2025- 4
- **Q3**: April – June 2025- 3
- **Q4**: July – September 2025- 6

Total – 16

This an increase of 7 referrals from 23/24, where we received 9 referrals. We have matched 5 children with Independent Visitors this year, whilst 6 matches have come to an end. We have 16 active matches at the end of September 2025, compared to 17 at the end of 2024.

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Achievements

As part of the Independent Volunteer (IV) role, we ask all volunteers, at point of application, to commit to a minimum of 2 years for this role to ensure longevity and consistency for the children and young people who are referred for an IV. Our longest Independent Visitor matches are over 3 years, and this is extremely positive for these children as they have a consistent adult in their life to do fun activities with.

Our compliance with volunteer recruitment and supervision is extremely high and consistent. All volunteers have DBS checks, and all are within three years. Any volunteers whose DBS checks are coming towards three years old, they are updated. Any volunteer who has a DBS check older than three years is not allowed to continue volunteering until this is renewed. All volunteers have two positive references and have participated in a package of training prior to volunteering. All volunteers take part in supervision every 3 months.

Our longstanding Volunteer Coordinator took partial retirement in April 2025 and has decreased their hours to part time (17.5). We have recruited a new IV Co-Ordinator to join the Service and is now the Lead IV Co-Ordinator for Cheshire East. This ensures that our IV service is now back up to full capacity and they have been working closely together.

Our IV Co-ordinators have set up a Community of Practice group within TCS to share knowledge and to ensure standards are being met across all IV Services. Our IV Co-ordinator also attends quarterly Northwest IV service Networking meetings which allows the service to keep abreast of developments and share good practice.

We attended an event for services supporting young people at Macclesfield Town Hall to promote the service and ensure other professionals are aware of how to refer Young People into both the Advocacy and IV service. The number of IV referrals has increased by 78% from last year, highlighting we are successfully increasing

awareness of the IV Service.

Added Value

Our children, young people and volunteers can apply for additional money from internal funds to improve children's wellbeing. These funds are our Give Hope fund and Golden Ticket. Give Hope is a fund that teams and services within Youth Practice domain at The Children's Society can access to support their emotional wellbeing. We have been able to use this to supplement the budgets for young people to do costlier activities that young people would like to do. These include Alton Towers, Go Ape and Go Karting. Golden Ticket is an additional pot of internal funding which is controlled The Children's Society's internal participation group. Any practitioner or volunteer can apply for up to £150 for their young people to receive an item or participate in an activity to increase their happiness.

Impacts on Delivery and Performance

There currently continues to be a waiting list for the IV service. We have increased the spaces in which we advertise, but it remains a challenge to recruit, train and retain volunteers. We ask for a 2-year minimum commitment to ensure stability for our young people, but this can be prohibitive for interested volunteers who are expecting life changes during that period. We also continue to have a number of young people who are placed out of area and referred for an IV. It can be more challenging to recruit volunteers in these areas, as we do not always have existing advertising networks.

After our IV Co-Ordinator took partial retirement in March 2025, the recruitment of a new IV Co-Ordinator to work alongside them took longer than expected. This left a period where the service was being managed on reduced hours and impacted the number of new matches made during that period. We are confident that the number of matches will increase in the forthcoming year as our new IV team takes shape.

Independent Visitor Case Study

Summary of the case
MS was referred for an IV in the March 2023 by her Social Worker. The referral indicated that MS would like to go on activities with a trusted adult who was not her foster carer or Social Worker. MS only had supervised contact with her dad and no contact with mum, so did not have many non-professional adults in her life Following the referral, we went to meet MS to introduce her to The Children's Society and learn a bit about her to try and match her with the right IV. We completed an 'All About Me Form' which showed she liked the cinema, crafting and animals. She also shared that she would prefer a female IV. Her foster carer Suzie shared that she was surprised how well MS engaged with this. At this stage it was clear that there were lots of positives in MS' life. She was very settled with her foster carer, had good relationships with her brother and had lots of things in her life that she liked to do. However, there were also worries that MS did not have much contact with adults other than professionals and could sometimes struggle communicating her emotions. It was hoped that an IV would be able to improve both of these issues. On a scale of 0-10 I would assess the situation as being at a 7, as there was lots that was working well for MS. However, the introduction of an independent adult for MS to build a relationship with and hopefully trust to share their feelings with should improve this further.
What you did that worked well

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We were able to match MS with a volunteer (A) after around 3 months. A was female which was in line with MS' preferences, and they also shared some of the same interests. TCS arranged a match meeting, and it was clear they had shared interests in crafting and reading, so planned some activities around these interests. The relationship has been a very stable one as A and MS have been matched for over 2 years with visits taking place regularly. A has been supported with regular supervisions to make sure she is happy and confident supporting MS, and we have done review meetings with MS to also make sure she is happy with how the match is going. The positive feedback from MS and the length and stability of the match are indicators that the match has been a successful one. Listening to MS' voice in terms of her preference for a female IV and matching her with a volunteer with similar interests has helped to ensure that the match was a success, as was the follow up support.
What the impact was on the child/ young person / family
MS has been supported to build a relationship with a trusted adult over the last few years, providing her with a stable and caring adult mentor who is not a professional. This has allowed MS to be become more confident and ensures she has someone to talk to if there is ever conflict with her foster carer. MS has also been able to enjoy positive activities with her IV such as bowling, trips to the cinema and mini golf which she may not have enjoyed as often without her IV match. On a scale of 0-10 I would now assess MS as being a 9 as she is in a settled position with good, trusted relationships all around her.
What impact did the child / young person / family feel it had?
In her most recent Review in August 2025, MS was overall very happy with her independent visitor., MS expressed that her visitor is nice and kind and they do a lot of things when they meet, MS shared that her IV is nice to speak to, and she enjoys her company.

MS said that her IV keep her times when visits are arranged. and if a visit were to be cancelled, her IV will let her know. MS said she feels confident in speaking up with a trusted adult, mainly her foster carer if something were to go wrong. Feedback from the foster carer was also gathered, the FC said that things are going well and that the IV is pleasant, communicates well, make suggestions and books times for outings with MS.
What can we learn from this piece of work or how can we build on this to inform future practice?
This piece of work provides valuable insight into how to create a stable and supportive match between a young person and their IV. Capturing MS' voice at the beginning of the process ensured that we had a good understanding of the kind of volunteer that she wanted and reasons for this. This helped us to identify a volunteer that was in line with her preferences and shared her interests, which helped ensure the initial match was a success. Additionally, regular check ins with MS and her IV have ensured both felt supported in the match and allowed us to identify and address any concerns.

Volunteer Case Studies

K

K has been volunteering as an IV for 4 years. K has been matched with three different young people during this time, with 2 of them now closed. K was first matched with a young person in August 2021 and she continued to be matched with them for a further 3 years.

K spent a lot of time building up the relationship with KL and did not look to rush this. K sought to find out what KL was interested in doing and gave her the choice of what activity they did together. KL enjoys going to the theatre and would like to be part of a production in the future, so K arranged a trip to the theatre to support this interest.

When reviewing the IV service with KL, she described K as “someone who is nice and kind and someone I like” because she takes her out on activities. Within the feedback reports after each visit, K spoke about how KL had instigated conversation rather than this being the other way round, which demonstrates her increased confidence. There was also feedback from KL’s foster carers who said “We have seen K confidence grow through the fun activities she has done with K. The recent theatre trip stimulated K as this is what she would like to do”.

Due to a change in circumstances for KL, this match was closed In August 2024.

Whilst supporting KL, K chose to be matched with a second YP and in the April of 2022 she was introduced to A, who was a young person in foster care. K is still making visits to this young person 3 years later. A described K as “being very kind” and he believes that she cares about his wellbeing. They said “K took me to a really fun trip; I find her to be a fun person to do activities with.”

K was matched with another young person AW for a short time once her match with KL ended in August 2024. K made 3 visits with AW. However, then AW had a placement move into a new semi-independent provision. The relationship had not had time to develop, so AW decided that she did not wish K to continue seeing her after the move. Nevertheless, the agreement to match with a third young person demonstrates K’s commitment to being an IV and supporting young people.

K is very dependable, will always make time to see her young people and attends supervisions. K will always contact the IV Co-Ordinator for support if she ever has any concerns.

D

D has been volunteering as an IV with TCS for over 5 years. D is currently matched to two young people who she sees on a monthly basis. One of her matches has continued for 5 years, whilst the second young person she has been visiting since April 2024.
KW, the YP who has been matched to D for 5 years, describes her as being “very nice and kind”. He also said how Ds visits make him “happy” and thinks that she is “lovely”. Their foster carer also shared that that “KH’s relationship with D is strong and he enjoys his time out with D”. The FC believes that the continuity of D’s visits have helped, as she goes above and beyond her role of an IV and this is seen as KH really trusts her.

D made herself available to visit another YP (IW) in April 2024. The introduction took place when IW was in foster care, before moving to a residential placement. Despite the move, IW was keen for D to continue visiting her. IW describes D as being “fun to be with on activities”. She went on to say that “she is nice and makes me happy. I like D”.

D has been consistently good at attending supervision and submitting her contact sheets after each visit. This ensures that we have good oversight of both of her matches and get real insight into how positively they are going.

Our Aims for 2024-2025 and progress made

These were the aims that we set ourselves for this last year and how well we achieved them.

The Children's Society

- **To promote the service to children and young people and their families who have Special Educational Needs / Disabilities**
  We would like to ensure that children and young people and their families who are not already involved with children's social care are aware of the advocacy service and know how to access the support. We will promote the service to schools and other agencies that support children with SEN and disabilities.
  We want to increase the number of advocacy referrals where disability/SEN is the primary referral criteria.

We have developed better links with placements and education provisions which provide specialist support with children with disabilities and have seen increased referrals via these routes. These include Springfield School and The Coach House. We have made sure that staff in these settings have access to our leaflets and information on how to refer into the service. We have had 2 referrals for Non-instructed Advocacy through these routes in the most recent quarter. Whilst referrals for children with disabilities remained relatively consistent (12 referrals this year compared to 13 last year), we believed we have created the correct pathways for these referrals to increase in the upcoming year. To support with this, staff with be receiving additional training in working with children with SEN needs and using communication tools like PECS in the upcoming year.

- **To create a youth voice participation group, who will help us develop as a service and input their ideas.**
  We plan to work closely with our internal youth voice team who will lead on this work and by supported by advocates within the team.

Unfortunately, due to the capacity issues described earlier in this report, we were unable to implement this goal, as we wanted to prioritise seeing young people and minimising our waiting lists. We do continue to regularly capture youth voice regularly through satisfaction surveys, IV reviews and direct 1:1 feedback. We have also attended the Children in Care Council and CICC committee meeting to hear views of young people. We have recently updated our case recording to ensure we are better capturing young people's voices and incorporating them into the service.

- **To increase child protection advocacy referrals for children and young people who require an independent person to support them to share their wishes and feelings**
  We will work with the child protection social work team and the child protection Independent Reviewing Officers to ensure that we receive appropriate advocacy referrals for children and young people going through the child protection process

We have successfully increased referrals for children on CP plans this year (2 in 23/24 to 12 in 124/25) to achieve this objective. We believe we are building stronger relationship with CP Social Workers and teams who predominantly make these referrals. The Team Manager for the Child Protection Teams recently joined our commissioners meeting to develop closer links to their work. We have been invited to join their team meetings to further raise awareness of our service, once the Child Protection teams are more settled.

Developments for 2025 - 2026

To introduce the use of Goal Based Outcomes to measure impact

- Goal-Based Outcomes (GBOs) provide a structured and collaborative approach to advocacy, enabling children and young people to identify areas in their lives where they would like to see change. This method empowers them to set achievable, meaningful goals and track progress, even within brief or one-off sessions.
  In the context of an open-access or brief intervention advocacy service, GBOs offer several key benefits:

- Structured Support: GBOs provide a clear framework for engagement, regardless of the duration of the session, ensuring that even short interventions are purposeful and focused.
- Measuring Progress: They allow both the advocate and the young person to reflect on the progress made during the session, helping to quantify the "distance travelled" toward the young person's goal.
- Safe and Ethical Practice: The use of GBOs helps maintain appropriate boundaries and ensures that support remains within the remit of the advocacy service.
- Positive Endings: Each session can conclude with a clear understanding of next steps, giving the young person a sense of closure and direction.
- Person-Centred Approach: GBOs reinforce a strengths-based, collaborative model of support, placing the young person's voice and choices at the centre of the process.
- Continuity and Communication: They support multi-agency working by providing a tangible way for young people to communicate the support they've received, which can be shared with professionals.

  GBOs are a widely recognised evidence based tool and offer a robust, accessible tool for enhancing the quality and impact of advocacy work.

Embedding Solution-Focused Approaches at The Children's Society

- The Children's Society is embedding a Solution-Focused Approach (SFA) across its services to strengthen evidence-informed, child-centred practice. Rooted in Solution-Focused Therapy, SFA is a flexible, strengths-based model proven to improve mental health and engagement, particularly in underserved and complex settings.
- SFA aligns with our **Quality Assurance Framework (QAF)** by promoting consistent, reflective, and accountable practice, and with the **Impact Measurement Framework (IMF)** through its synergy with Goal-Based Outcomes (GBOs). Together, SFA and GBOs

support meaningful, measurable change led by the young person's voice.

- This integrated approach enhances service quality, evidences impact, and ensures children and families receive empowering, effective support.

Removing the Waiting List for Advocacy

- We are streamlining our advocacy processes to eliminate waiting lists and ensure timely support for children and young people. By improving internal workflows, prioritising cases more effectively, and reducing administrative delays, we aim to increase efficiency without compromising quality of service.

Re-evaluating and Updating the Order of Service

- To improve consistency and operational efficiency, we are reviewing and updating our Order of Service. This will ensure that all staff follow a clear, structured process from referral to closure, reducing variation in delivery and improving the overall experience for children and professionals.

Increasing Matches in the Independent Visitor (IV) Service

- With the expansion of our team, we are aiming to significantly increase the number of successful matches in the IV service over the next year. This will involve targeted recruitment of volunteers, improved matching processes, and enhanced support for both young people and volunteers to sustain long-term relationships. Our primary aim for the next financial year is to meet our target of 20 young people matched with Independent Visitors within Cheshire East . We have seen a steady increase in good quality applications for Volunteers so this goal can hopefully be reached by the end of the next financial year.

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Feedback Received

Children and young people's feedback captured by our satisfaction surveys

"it was nice to have someone other than people around me to speak to."

"[name of worker] Really helped me feel listened to and helped me get an end result with some closure. I was never left out of the loop and had the appropriate conversations when

"My advocates have been excellent, [names two advocates] have been amazing to work with and worked with efficiency".

"The experience i had with my advocate was unbelievable, I got the support i needed when needed and was also informed about how i can request for an advocate intil the age of 25".

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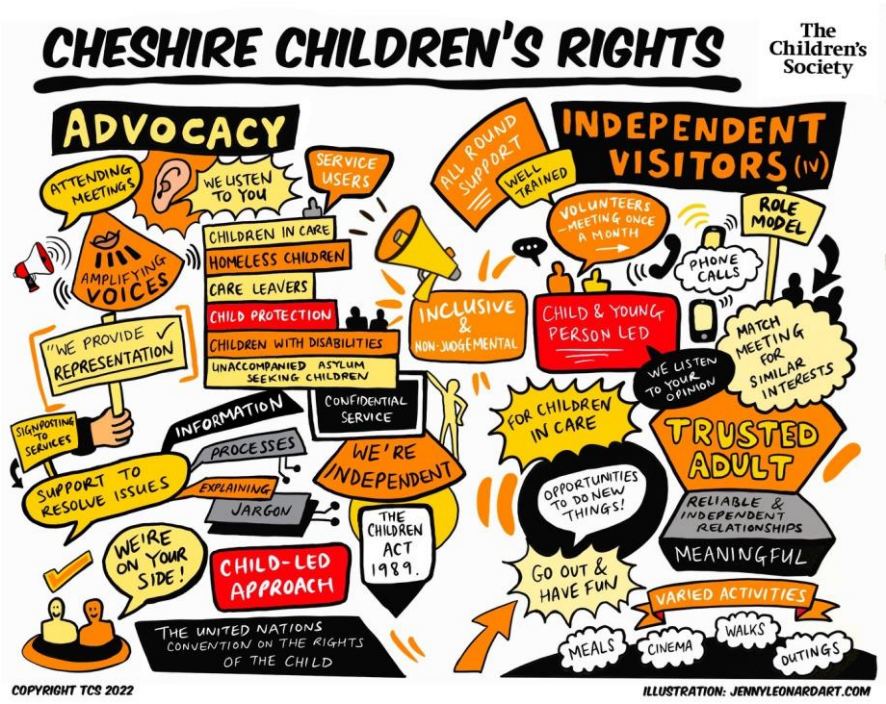
Parent feedba

How was your experience with the Advocate?
"Amazing, lovely people and very caring".

" The advoca
daughter was i
express her needs and wish *Although we advocate for her having an independent voice for her assessing what she would express if able really made us feel that our daughter was given the best possible chance to contribute to*

advocate was very professional, listened to my concerns and wishes and visited my daughter in different setting to gain a complete picture of her"



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NHS
Cheshire and Merseyside

Cheshire & Merseyside ICB Children in Care Annual Report 2024-2025

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Contributions:
Designated Nurse Children in Care Network

Approved by NHS Cheshire and Merseyside Quality and Performance Committee 11 August 2025

Executive Summary

NHS
Cheshire and Merseyside

- This is the Children in Care (CiC) annual report for NHS Cheshire and Merseyside Integrated Care Board (ICB). The report covers the period from 1 April 2024 to 31 March 2025.

- This report sets out the range of activities, developments, achievements and challenges that our CiC team have been involved in across Cheshire and Merseyside and identifies key service priorities for 2025-26.

- The purpose of the report is to :
  - ✓ provide assurance in relation to the ICB's statutory duties for CiC.
  - ✓ give an overview of the progress and challenges in supporting and improving health outcomes
  - ✓ provide assurance to the ICB Board that we are meeting the statutory requirements in commissioning services to identify and meet the health needs of CiC.
  - ✓ offer assurance to our partners that NHS Cheshire and Merseyside ICB is meeting the statutory duty for CiC.

Key statutory guidance areas within the report include:

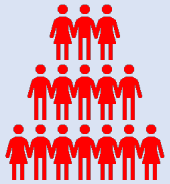
- Promoting the health and wellbeing of Looked After Children (DfE 2015, updated 2022)
- Children Act 1989 and 2004
- Children and Social Work Act 2017
- Working Together to Safeguard Children 2023

National Profile of Children in Care

Latest data published by DfE November 2024

NHS Cheshire and Merseyside

83,630



Children in Care

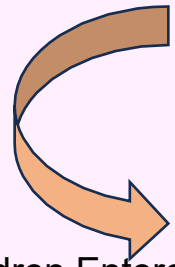
70 per 10,000

Children are in Care

7,380

Unaccompanied Asylum-Seeking Children

33,050

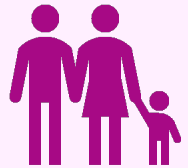


Children Entered Care

33,620

Children Left Care

2,980



Children were Adopted

NHS C&M Children in Care

Per Place Area as of 31 March 2025

NHS Cheshire and Merseyside

Cheshire East

Cheshire East CiC – 550 (including 28 UASC)
CiCOLAs – 220

Cheshire West and Chester

Chester West/Chester LA CiC – 683 (including 38 UASC)
CiCOLAs 238

Halton

Halton LA CiC – 341 (including 17 UASC)
CiCOLAs – 140

Knowsley

Knowsley LA CiC – 315 (including 6 UASC)
CiCOLAs - 143

Liverpool

Liverpool LA CiC – 1422 (including 130 UASC)
CiCOLAs - 383

St Helens

St Helens LA CiC - 447 (including 16 UASC)
CiCOLAs - 135

Sefton

Sefton LA CiC - 510 (including 16 UASC)
CiCOLAs - 237

Warrington

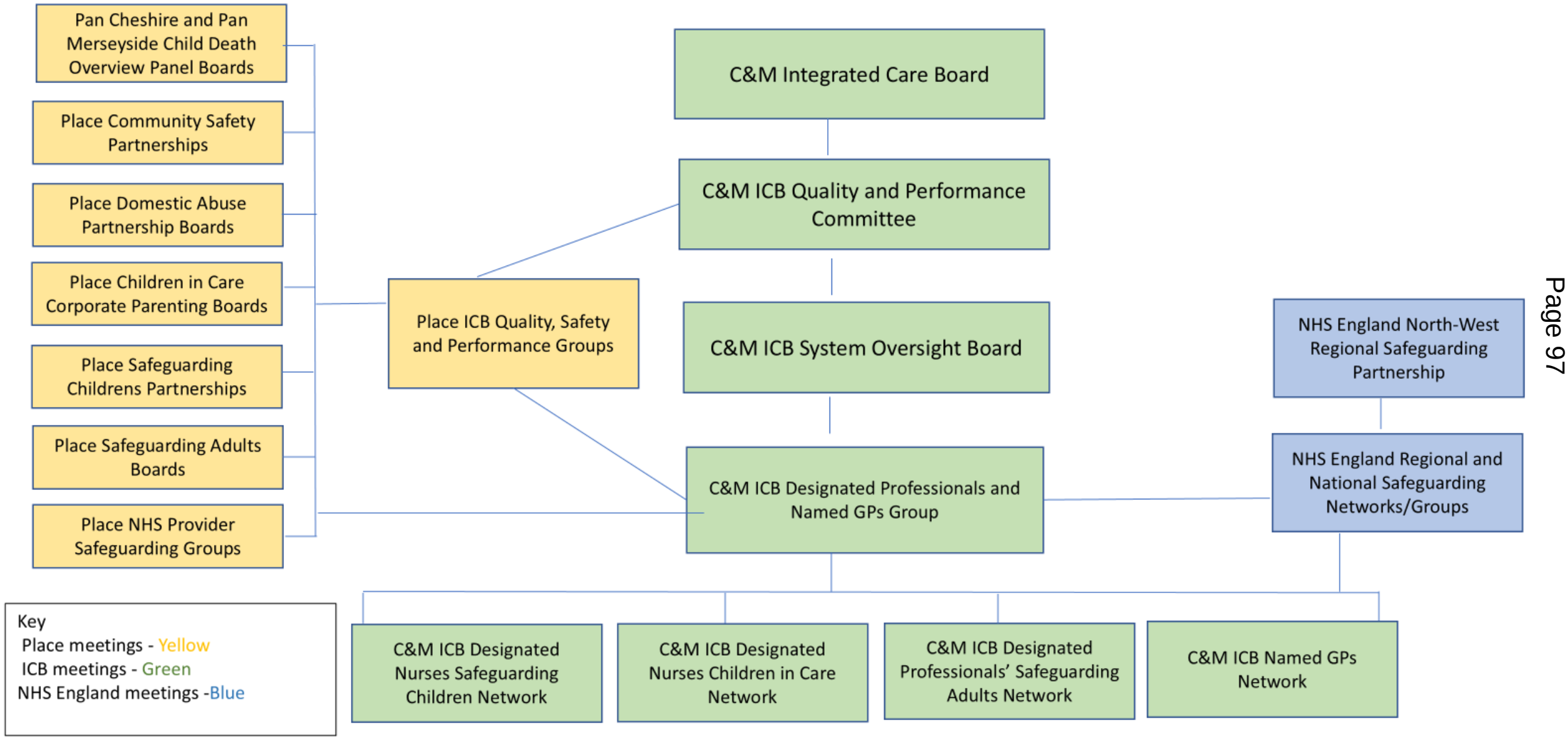
Warrington LA CiC – 309 (including 24 UASC)
CiCOLAs - 184

Wirral

Wirral LA CiC 660 (including 11 UASC)
CiCOLAs - 333

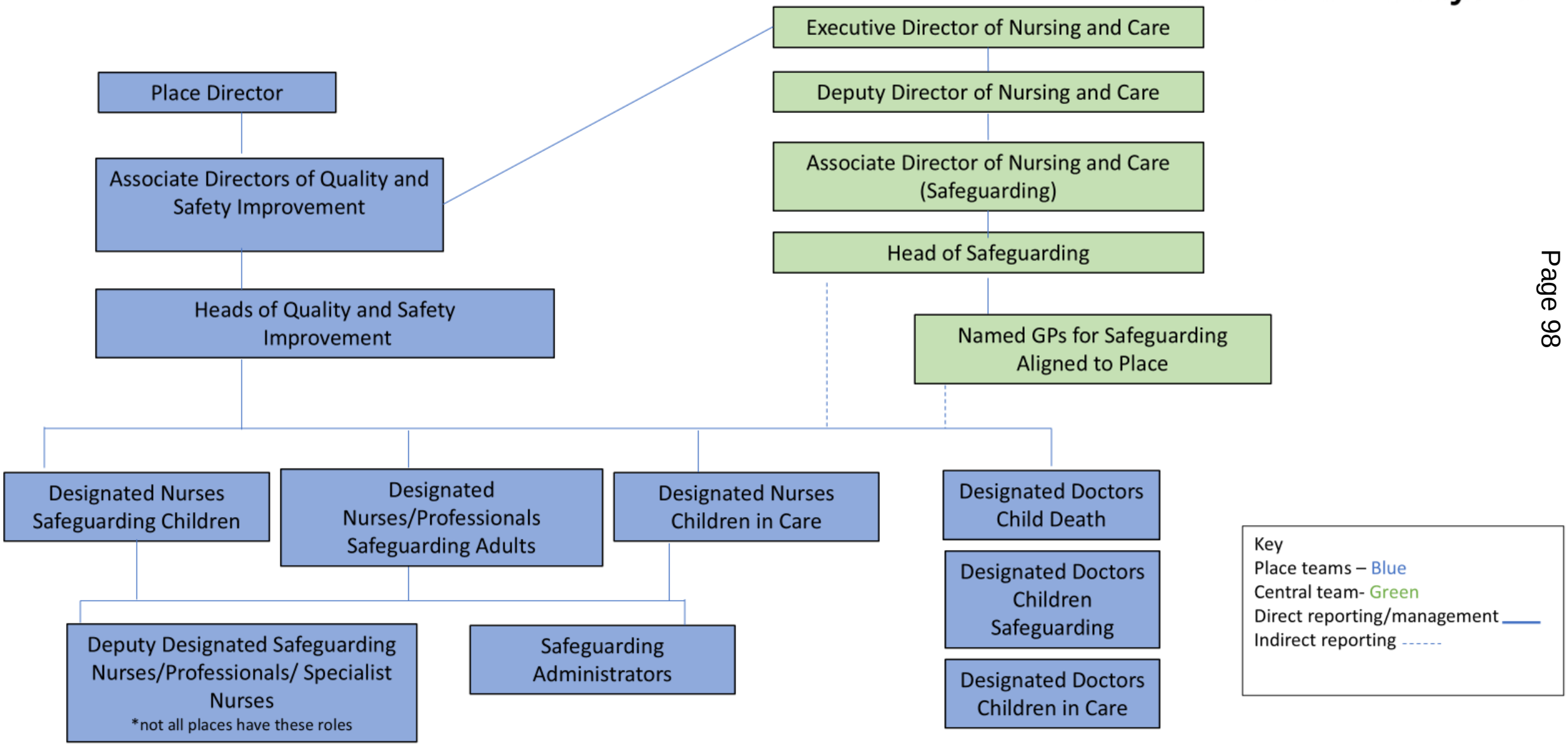
Cheshire and Merseyside ICB Safeguarding Reporting Governance Structure

NHS
Cheshire and Merseyside



Cheshire and Merseyside ICB Safeguarding Accountability Structure

NHS
Cheshire and Merseyside



Governance and Accountability Arrangements Overview

NHS C&M has a statutory responsibility for ensuring safe systems of care are delivered and to ensure that all health providers with whom they commission, discharge their functions regarding safeguarding and the promotion of welfare of children, young people and adults at risk. The statutory safeguarding assurance processes set out in the SAAF (2024) guides practice.

NHS C&M ICB Safeguarding Children, Children in Care and Adults at Risk Commissioning Standards provide the safeguarding audit framework used to monitor all NHS commissioned providers of health care and ensure annual safeguarding arrangements are in place to provide oversight of provider safeguarding assurance.

As clinical experts and strategic leaders, the Associate Directors for Quality and Safety Improvement, Heads of Quality and Safety Improvement, Associate Director of Safeguarding, Head of Safeguarding and the Designated Nurses and Doctors for Children in Care provide a vital source of advice for our organisation, NHS England, Local Authorities, Cheshire and Merseyside Constabularies and our Local Safeguarding Children Partnerships in each of the 9 Places. They also provide advice and support for health professionals in provider organisations and are available to independent providers within the area.

The ICB team provide advice to the organisations in the health economy in relation to planning, strategy and commissioning, including advising on performance indicators and quality measures specific to children in care and are part of the Designated Professionals and Named GP Network to provide leadership, accountability, and assurance.

Safeguarding Children Partnerships and Corporate Parenting Boards

NHS Cheshire and Merseyside

NHS C&M has maintained our statutory duties across the all 9 and Safeguarding Children Partnerships as one of the equal and joint statutory partners along with the Local Authority and the Police (Cheshire Constabulary and Merseyside Police). We continue to work together with our statutory partners and other agencies to safeguard and promote the welfare of children, young people and adults at risk across Cheshire and Merseyside

There are 9 Safeguarding Childrens Partnerships and Corporate Parenting Boards across C&M. The Director of Nursing and Care has ensured the NHS C&M statutory function for the boards during 2023/2025 has been delivered via the following arrangements:

- Our Associate Directors Quality and Safety Improvement (ADQs) in each Place has attended the Place Safeguarding Board/Partnership meetings with delegated executive responsibility from the Director of Nursing and Care.
- Our Designated Safeguarding teams in each Place attend the Corporate Parenting Boards as expert advisors. They also provide representation to facilitate and influence the subgroups of the partnerships/boards and associated workstreams to fulfill our statutory responsibilities and contribute to our integrated system safeguarding and CiC partnership work.
- As a statutory partner we contribute to each of our safeguarding partnership/boards annual reports which outline our key achievements and priorities for each of the 9 places across C&M.
- Our ICB safeguarding and quality governance routes within each Place and within our wider ICB governance ensure our continued oversight and contribution to the work of Corporate Parenting Boards is maintained.

Contribution from Designated Doctors CiC

NHS Cheshire and Merseyside

The Designated Doctors for CiC contribute to local and regional safeguarding and CiC meetings including the Cheshire and Merseyside designated professionals CiC network.

The Designated Doctors are members of the Northwest Looked After Children medical advisors and designated doctors' group which meets to provide essential teaching, sharing of information, standardisation of processes and case discussion. The ICB is represented at the national CoramBAAF health specialist interest group by a C&M Designated Doctor, who also attends from a regional standpoint. This enables inclusion and contribution to the understanding of current health matters, the development of training, national guidelines, and government policies.

The ICB Designated Doctor team provide advice and training within the regional adoption agencies. There is also offer training for paediatric colleagues as well as social care, GPs, and other health professionals on topics pertinent to children in care. The team contribute to quality assurance for IHAs and provide a link within the individual departments to ensure that the needs of children in care are met and where appropriate prioritised.

IHA Performance – Cheshire

Place		Q1	Q2	Q3	Q4	Full Year
Cheshire East	CiC living in area	**84%** Num = 31 Den = 37	**49%** Num = 24 Den = 49	**32%** Num = 13 Den = 41	**72%** Num = 18 Den = 25	**57%** Num = 86 Den = 152
	CiC living out of area	**72%** Num = 8 Den = 11	**0%** Num = 0 Den = 9	**22%** Num = 4 Den = 18	**30%** Num = 6 Den = 20	**38%** Num = 18 Den = 48
	CiCOLAs	**30%** Num = 3 Den = 10	**43%** Num = 3 Den =7	**20%** Num = 2 Den = 10	**33%** Num = 1 Den = 3	**30%** Num = 9 Den = 30
Cheshire West	CiC living in area	**54%** Num = 12 Den = 22	**70%** Num = 22 Den = 33	**76%** Num = 16 Den = 21	**92%** Num = 15 Den =17	**70%** Num = 65 Den = 93
	CiC living out of area	**16%** Num = 4 Den = 25	**56%** Num = 5 Den =9	**20%** Num = 3 Den =15	**50%** Num = 2 Den = 4	**26%** Num = 14 Den = 53
	CiCOLAs	**NA** Num = 0 Den = 0	**100%** Num = 1 Den =1	**0%** Num = 0 Den = 1	**100%** Num = 2 Den = 2	**75%** Num = 3 Den =4
Halton	CiC living in area	**92.9%** Num = 13 Den = 14	**66.7%** Num = 20 Den = 30	**58.3%** Num = 7 Den = 12	**75%** Num = 6 Den = 8	**72%** Num = 46 Den = 64
	CiC living out of area	**66.7%** Num = 20 Den = 30	**37.5%** Num = 3 Den = 8	**29.4%** Num = 5 Den = 17	**40%** Num = 2 Den = 5	**50%** Num = 30 Den = 60
	CiCOLAs	**100%** Num = 2 Den = 2	**60%** Num = 3 Den = 5	**40%** Num = 2 Den = 5	**NA** Num = 0 Den = 0	**58.3%** Num = 7 Den = 12
Warrington	CiC living in area	**90.0%** Num = 9 Den = 10	**82.1%** Num = 23 Den = 28	**58.3%** Num = 7 Den = 12	**92.9%** Num = 13 Den = 14	**81.2%** Num = 52 Den = 64
	CiC living out of area	**33.3%** Num = 2 Den = 6	**50%** Num = 3 Den = 6	**22%** Num = 2 Den = 9	**0%** Num = 0 Den = 4	**28%** Num = 7 Den = 25
	CiCOLAs	**0%** Num = 0 Den = 1	**50%** Num = 1 Den = 2	**0%** Num = 0 Den = 2	**0%** Num = 0 Den = 2	**14%** Num = 1 Den = 7

IHA Performance – Merseyside

Place		Q1	Q2	Q3	Q4	Full Year
Liverpool	CiC living in area	**81.9%** Num = 59 Den = 72	**83.5%** Num = 76 Den = 91	**83.9%** Num = 47 Den = 56	**77.3%** Num =51 Den = 66	**81.8%** Num = 233 Den = 285
	CiC living out of area	**13.2%** Num = 5 Den = 38	**15.2%** Num = 5 Den = 33	**41.2%** Num = 7 Den = 17	**41.2%** Num = 7 Den = 17	**22.9%** Num = 24 Den = 105
	CiCOLAs	**26.1%** Num = 6 Den = 23	**38.9%** Num = 7 Den =18	**30%** Num = 3 Den = 10	**33.3%** Num = 3 Den = 9	**31.7%** Num = 19 Den = 60
Sefton	CiC living in area	**73.9%** Num = 34 Den = 46	**87.9%** Num = 29 Den = 33	**82.4%** Num = 14 Den = 17	**87.5%** Num = 28 Den = 32	**82%** Num = 105 Den = 128
	CiC living out of area	**50%** Num = 2 Den = 4	**57.1%** Num = 4 Den = 7	**28.6%** Num = 2 Den = 7	**0%** Num = 0 Den = 1	**42.1%** Num = 8 Den =19
	CiCOLAs	**0%** Num = 0 Den = 9	**33.3 %** Num = 3 Den = 9	**80%** Num = 4 Den = 5	**23.1%** Num = 3 Den = 13	**27.8%** Num = 10 Den = 36
St Helens	CiC living in area	**20.5%** Num = 44 Den = 9	**63.3%** Num = 30 Den = 19	**82.1%** Num = 28 Den = 23	**89.3%** Num = 28 Den = 25	**58.4%** Num = 130 Den = 76
	CiC living out of area	**NA** Num = 0 Den = 0	**NA** Num = 0 Den = 0	**NA** Num = 0 Den = 0	**NA** Num = 0 Den = 0	**NA** Num = 0 Den = 0
	CiCOLAs	**0%** Num = 14 Den = 0	**0%** Num = 4 Den = 0	**40%** Num = 5 Den = 2	**100%** Num = 5 Den = 5	**25%** Num = 28 Den = 7
Knowsley	CiC living in area	**36.4%** Num = 8 Den = 22	**89%** Num = 8 Den = 9	**61.5%** Num = 11 Den = 18	**46.4%** Num =13 Den = 28	**52%** Num = 40 Den = 77
	CiC living out of area	**0%** Num = 0 Den = 1	**0.0%** Num = 0 Den = 1	**50%** Num = 1 Den = 2	**0%** Num = 0 Den = 3	**14.2 %** Num = 1 Den = 7
	CiCOLAs	**50%** Num = 1 Den = 2	**NA** Num = 0 Den = 0	**0%** Num = 0 Den = 2	**50%** Num = 1 Den = 2	**33.3 %** Num = 2 Den = 6
Wirral	CiC living in area	**8.9%** Num = 56 Den = 5	**8.8%** Num = 34 Den = 3	**19.0%** Num = 21 Den = 4	**52.2%** Num = 23 Den = 12	**17.9%** Num = 134 Den = 24
	CiC living out of area	**75%** Num = 4 Den = 3	**0%** Num = 4 Den = 0	**40.0%** Num = 5 Den = 2	**0%** Num = 6 Den = 0	**26.3%** Num = 19 Den = 5
	CiCOLAs	**0.1%** Num = 4 Den = 0	**0%** Num = 11 Den = 0	**0%** Num = 7 Den = 0	**0%** Num = 1 Den = 0	**0%** Num = 23 Den = 0

RHA Performance – Cheshire

Place		Q1	Q2	Q3	Q4	Full Year
Cheshire East	CiC living in area	**87.9%** Num = 80 Den = 91	**94.7%** Num = 72 Den = 76	**89.4%** Num = 59 Den = 66	**100%** Num = 63 Den = 63	**93%** Num = 274 Den = 296
	CiC living out of area	**64.8%** Num = 35 Den = 54	**57.4%** Num = 27 Den = 47	**85%** Num = 34 Den = 40	**66%** Num = 21 Den = 32	**71%** Num = 123 Den = 173
	CiCOLAs	**85.7%** Num = 42 Den = 49	**70.2%** Num = 33 Den = 47	**75.5%** Num = 40 Den = 53	**98%** Num = 41 Den = 42	**82%** Num = 156 Den = 191
Cheshire West	CiC living in area	**89%** Num = 67 Den = 76	**99%** Num = 79 Den = 80	**99%** Num = 75 Den = 76	**98%** Num = 118 Den = 121	**96%** Num = 339 Den = 353
	CiC living out of area	**71%** Num = 43 Den = 60	**85%** Num = 32 Den = 38	**74%** Num = 37 Den = 50	**81%** Num = 36 Den = 44	**77%** Num = 148 Den = 192
	CiCOLAs	**94%** Num = 46 Den = 49	**95%** Num = 36 Den = 38	**100%** Num = 25 Den = 25	**92%** Num = 34 Den = 37	**95%** Num = 141 Den = 149
Halton	CiC living in area	**88.9%** Num = 48 Den = 54	**97.4%** Num = 37 Den = 38	**93.8%** Num = 45 Den = 48	**98.7%** Num = 76 Den = 77	**95%** Num = 206 Den = 217
	CiC living out of area	**73.7%** Num = 28 Den = 38	**85.4%** Num = 35 Den = 41	**84.1%** Num = 37 Den = 44	**99.2%** Num = 37 Den = 41	**83.5%** Num = 137 Den = 164
	CiCOLAs	**85.3%** Num = 29 Den = 34	**100%** Num = 17 Den = 17	**100%** Num = 27 Den = 27	**100%** Num = 28 Den = 28	**95%** Num = 101Den = 106
Warrington	CiC living in area	**68.9%** Num = 31 Den = 45	**87.2%** Num = 34 Den = 39	**90.5%** Num = 38 Den = 42	**93.5%** Num = 43 Den = 46	**84%** Num = 146 Den = 172
	CiC living out of area	**55.6%** Num = 20 Den = 36	**78.8%** Num = 26 Den = 33	**84.6%** Num = 22 Den = 26	**85.7%** Num = 24 Den = 28	**74%** Num = 92 Den = 123
	CiCOLAs	**85%** Num = 17 Den = 20	**94.4%** Num = 17 Den = 18	**97.6%** Num = 40 Den = 41	**82.4%** Num = 28 Den = 34	**90%** Num = 102 Den = 113

RHA Performance – Merseyside

Place		Q1	Q2	Q3	Q4	Full Year
Liverpool	CiC living in area	**95.3%** Num = 202 Den = 212	**90.7%** Num = 166 Den = 183	**94.3%** Num = 215 Den = 224	**96.0%** Num = 215 Den = 224	**94.2%** Num = 765 Den = 811
	CiC living out of area	**68.9%** Num = 102 Den = 148	**83.1%** Num = 75 Den = 96	**78.1%** Num = 75 Den = 96	**84.2%** Num = 139 Den = 165	**78.7%** Num = 429 Den = 545
	CiCOLAs	**84.1%** Num = 53 Den = 63	**82.5%** Num = 47 Den = 57	**75.9%** Num = 60 Den = 79	**94.7%** Num = 36 Den = 38	**82.7%** Num = 196 Den = 237
Sefton	CiC living in area	**98.9%** Num = 93 Den = 94	**99%** Num = 95 Den = 96	**95.2%** Num = 80 Den = 84	**99%** Num = 104 Den = 105	**98.2%** Num = 372 Den = 379
	CiC living out of area	**86.7%** Num = 39 Den = 45	**71.1%** Num = 27 Den = 38	**80.6%** Num = 29 Den = 36	**92.7%** Num = 38 Den = 41	**83.1%** Num = 133 Den = 160
	CiCOLAs	**91.1%** Num = 51 Den = 56	**92.5%** Num = 49 Den = 53	**90.6%** Num = 58 Den = 64	**89.6%** Num = 69 Den = 77	**90.8%** Num = 227 Den = 25
St Helens	CiC living in area	**100%** Num = 79 Den = 79	**96.2%** Num = 101 Den = 105	**97.7%** Num = 84 Den = 86	**96.9%** Num = 93 Den = 96	**97.5%** Num = 357 Den = 36
	CiC living out of area	**73.3%** Num = 22 Den = 30	**71.4%** Num = 10 Den = 14	**87.1%** Num = 27 Den = 31	**90.5%** Num = 19 Den = 21	**81.2%** Num = 78 Den = 96
	CiCOLAs	**98.2%** Num = 55 Den = 56	**100%** Num = 39 Den = 39	**88.6%** Num = 31 Den = 35	**81.6%** Num = 31 Den = 38	**92.8%** Num = 156 Den = 168
Knowsley	CiC living in area	**76.4%** Num = 42 Den = 55	**80 %** Num = 40 Den = 50	**85.7%** Num = 42 Den = 49	**94.1%** Num = 48 Den = 51	**85.4 %** Num = 172 Den = 205
	CiC living out of area	**71.9%** Num = 23 Den = 32	**56.5%** Num = 13 Den = 23	**64.9%** Num = 24 Den = 37	**89.3%** Num = 25 Den = 28	**70.8 %** Num = 85 Den = 120
	CiCOLAs	**61.3%** Num = 19 Den = 31	**85.7%** Num = 24 Den = 28	**97.4%** Num = 38 Den = 39	**92.5%** Num = 37 Den = 40	**66.3 %** Num = 208 Den = 138
Wirral	CiC living in area	**91.9%** Num = 135 Den = 124	**97.5%** Num = 119 Den = 116	**98.8%** Num = 86 Den = 85	**97.4%** Num = 115 Den = 112	**96%** Num = 455 Den = 437
	CiC living out of area	**83.3%** Num = 42 Den = 35	**74.1%** Num = 55 Den = 40	**84.3%** Num = 32 Den = 27	**79.3%** Num = 29 Den = 23	**79.1%** Num = 158 Den = 125
	CiCOLAs	**98.1%** Num = 58 Den = 53	**87.5%** Num = 48 Den = 42	**88.6%** Num = 35 Den = 31	**90.1%** Num = 44 Den = 40	**89.7%** Num = 185 Den = 166

Quality of CiC Services in 2024-25

NHS Cheshire and Merseyside

In addition to the commissioned CiC services submitting quarterly Key Performance Indicator (KPI) data for IHAs, RHAs and other key metrics and audits (dependent on commission), the services have also submitted quarterly quality reports. These focused on:

- Achievements and challenges experienced in the quarter.
- Improving health outcomes for CiC and Care Experienced Young People (CEYP) including provision of a case study.
- How the service has consulted and engaged with CiC and CEYP.
- Priorities identified for the following quarter.
- Updates against service improvement plans if applicable.

Each quarterly KPI and quality report submission has been reviewed by the Designated Nurses at Place and detailed feedback shared with the providers to support ongoing continuous improvement of services.

Cheshire

Place - Key Achievements 2024-25

Cheshire East	In consultation with Care Experienced Young People, we have reviewed and co-designed a new care leaver health summary 'My Health Summary'. It is more visually appealing and is available in paper or electronic formats. More resources have been added for support and QR codes have been included for accessibility. Easy read and non-English speaker versions are available. Personal Advisors and semi-independent accommodation keyworkers have completed sexual health training and are now able to support young people with basic sexual health advice and access to contraception and screening. This includes several male workers, following feedback by some young people who were more comfortable having these discussions with someone of the same gender. Regular drop-ins have been set up with the specialist sexual health service at the Cheshire East Care Leaver Hubs.
Cheshire West	Cheshire West have been working with unaccompanied asylum seeking children and are delivering immunisations in accommodation supported by the immunisation nurse. The children in care nurse visits all unaccompanied asylum seeking children to offer sleep support and a bespoke review health assessment and care leaver passport has been developed for this cohort of young people. There has been a focus on substance misuse this year ensuring that all cared for children who are using substances are identified and offered support. Professionals from the substance misuse service have been attending the health workstream, a section on substance misuse has been added to the review health assessment and local authority and police colleagues are committed to ensuring that every contact matters. A standard operating procedure has been introduced between the community cared for children team and the acute safeguarding team to ensure that children who have placement moves are not disadvantaged by this in respect of hospital waiting lists. This means that cared for children are identified and actions taken to ensure that health appointments are in a timely manner. The Designated Doctor for Cared for children has continued to deliver learning sessions to professionals and foster carers on topics relating to trauma and neurodiversity which have been well received and identified.
Halton	From Q1 2024-25 the commissioned team introduced a RAG rating system for their CiC caseload. This has provided additional visits to the children and young people who have been assessed as at greater risk. This has significantly improved the offer to our children and young people. Multi agency training has been provided to the Social Work teams and the Independent Reviewing Managers to increase the knowledge and skills related to the health role with CiC.
Warrington	The CiC Nursing team hold monthly 'drop-in' sessions for care experienced young people with an increase in contacts noted with care leavers accessing health advice and support. Warrington CiC "Talk to Us" form now has the team QR code embedded to strengthen means of receiving feedback and the voice of the child/young person. The CiC team are working with Warrington's LA Care Leaver's ambassador who is facilitating contact with UASC, lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and asexual (or allies, aromantic, or agender). (LBGTQIA). Initial health Assessments - Progress has been consistent throughout 2024/25 with no IHAs being completed out of timeframe due to lack of clinic capacity during Q3 & Q4. A high compliance rate has been achieved utilising pre-IHA visits and regular meetings to ensure compliance is met. A SOP has been developed between the CiC health team and the LA CiC team. All SDQ scores of 17 are now reviewed jointly to ensure appropriate interventions and support are in place for children whose score may identify needs. The Designated Nurse leads the multi-agency health and wellbeing workstream for the Corporate Parenting Board.

Place Key achievements 2024-2025

Merseyside	**Liverpool**	Development of an Unaccompanied Asylum-Seeking Children (UASC) specific Initial Health Assessment (IHA) documentation which includes a CYPMHS (Children and Young People Mental Health Service) screening tool. The pilot will run from 1st April to 30th June 2025. All places are aware of the pilot and if successful will be extended across NHS Cheshire and Merseyside. All young people leaving care (In/OOA/CICOLA) now receive a Care Leaver Health Summary before their 18th birthday. The summaries are now shared with the local authority and GP with the young person's consent. The communication pathway between the Community Provider and the Acute Trusts has been strengthened for those young people from other LAs who present at A&E or CYPMHS prior to the provider CIC team being notified of their placement in Liverpool. This improved communication has contributed to ensuring that the most appropriate team is identified to clinically support the most vulnerable of this cohort. A fully embedded communication and escalation pathway with Out of Area Teams by the Provider CiC Team has led to a sustained improvement of RHA's completed within timeframe by the children and young people placed out of area.
	Sefton	Feedback from our children via the annual surveys indicate the majority of children and young people (90+%) say they get help to stay healthy, go to the dentist regularly, know who to speak to if they have a question or worry about their health and get enough support with their emotional health and wellbeing. There has been focused work to improve access to IHAs by extending the CAMHS transport pilot to IHAs. A dedicated mental health pathway pilot for CEYP was introduced in November 2024. Sefton place leadership participated in meeting with Mark Riddell (DfE advisor for CEYP) and outcome letter highlights positive improvements made by partnership since the previous visit. To note for health is feedback relating to ICB are an active member of the Corporate Parenting Board as well as positive improvements relating to establishment of a mental health pathway, free prescriptions and offer of dentistry.
	St Helens	St Helens Corporate Parenting Board have positively acknowledged the sustained improvement in the completion of the IHA within statutory timescales. The St Helens CIC team had a MCFT QRV (quality assessment visit) to assess whether the CCQ outcomes were evidenced and applied in the team. The team awarded was awarded GOOD PLUS in all domains.
	Knowsley	The CiC service had their quality review (QRV) inspection during Q1. The team demonstrated their hard work and dedication to CiC and the team received an overall rating of 'Good.' The team have strengthened partnership working, provided support, delivered training to carers and staff in the LA and created a contact and health fact sheet which is routinely shared with foster carers, external health providers, promoting and improving access to relevant local services The Designated Nurse leads the multi-agency health and wellbeing workstream for the Corporate Parenting Board. The CiC team have continued to fund raise participating in various charity events and securing successful bids for monies and gifts for CiC.
	Wirral	Wirral CiC functions are now being provided with oversight from the Designated Nurse St Helens place with senior leadership and oversight provided by the ADQ's from both St Helens and Knowsley. IHA compliance with statutory timescales remain low although it has fluctuated throughout the year. Overall, for 2024/2025 IHA compliance is 22.22%

Update – ICB CiC Priorities 2024-25

NHS Cheshire and Merseyside

NHS C&M CiC Priorities 2024-25
Improve performance in relation to initial and review health assessments. Include a focused programme to drive forward improvements to initial and review health assessment performance. ✓ Improvements in initial health assessment performance have been made and sustained particularly in the North Mersey region during the year. Work is progressing to ensure continued improvements for children.
Evaluate the CiC Key Performance Indicators introduced in 2023-24 and revise if required for 2025-26. ✓ The CiC Key Performance Indicators have been evaluated, had minor revisions and have been included in provider contracts for 2025-26.
Finalise and publish NHS Cheshire and Merseyside Children in Care and Care Experience Young People Strategy. ✓ The draft strategy has been completed and shared with the Corporate Safeguarding Team for further progression across the partnerships.
Focus on care experienced young people across Cheshire and Merseyside including sharing learning from inspections and raising the profile of the care experienced population. ✓ Learning from inspections and reviews for care experienced young people has been introduced a standard agenda item on the CiC professionals networking meeting.
Work with dental commissioners to extend the NHS Cheshire and Merseyside Children in Care dental referral pathway to care experienced young people. ✓ The dental referral pathway was extended to care experienced young people on 1 January 2025 and will remain in place until at least the end of March 2026.

ICB - CiC Priorities 2025-2026

NHS Cheshire and Merseyside

NHS C&M Children in Care Priorities
CiC Key Performance Indicators introduced 2023-24 and reviewed for 2025-26, to be reviewed again for 2026-27.
Changes to guidance about management of health records for children who are adopted to be embedded by provider health services and assurance processes included in the next iteration of the Commissioning Standards.
Anticipated changes to the statutory guidance for promoting the health and wellbeing of CiC – changes to be reviewed and considered in relation to statutory functions, performance and requirements for the ICB and provider Trusts.

NHS
Cheshire and Merseyside

NHS Cheshire and Merseyside

Children in Care Annual Report 2024-25

Supplementary Report – Health Outcomes for Cheshire East Cared for Children & Care Experienced Young People

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Cheshire and Merseyside ICB

Children in Care Annual Report (2024-25)

Supplementary Report – Health of Cheshire East Cared for Children and Care Experienced Young People

1. Introduction / Background

1.1 This is a supplementary report to the NHS Cheshire and Merseyside Integrated Care Board (ICB) Children in Care (CiC) annual report 2024-25 and seeks to provide further information regarding Cheshire East Cared for Children and Care Experienced Young People.

1.2 The purpose of the report is to provide assurance in relation to the statutory duties of NHS Cheshire and Merseyside ICB and Cheshire East Council for Cared for Children and an overview of the progress and challenges in supporting and improving their health outcomes.

1.3 The report covers the period from 1 April 2024 to 31 March 2025 and sets out the Cheshire East performance against the mandatory health outcomes for Cared for Children comparative to the national performance and that of the closest statistical neighbours as per the Department of Education annual statistical release 'Children looked after in England' (Nov 25).

1.4 The report is produced in line with duties and responsibilities outlined in the 'Statutory Guidance on Promoting the Health and well-being of Looked After Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England' (2015).

2. Health Outcomes for Cared for Children

2.1 All data is summarised in Table 1.

2.2 **Annual Health Assessments.**
92% of children underwent an annual health assessment in the previous 12 months. This is an improvement on the previous year's performance of 1% and in line with the national performance that of the closest statistical neighbour, both at 84%.

2.3 **Immunisations**
93% of children were up-to-date with their immunisations as per the national childhood immunisation schedule. This is a reduction of 5% on the 23/24 performance, however better than the national performance of 90% and the performance of the closest statistical neighbour at 89%.

2.4 **Dental Checks**
91% of children had their teeth checked by a dentist in the previous 12 months. This is an improvement of 4% on the previous 12 months. The national performance was 83% and the performance of the closest statistical neighbour was 79%.

2.5 **Developmental Assessments (0-4)**

100% of children aged 0-4 were up to date with their developmental assessments as per the Healthy Child Programme. This is a sustained position on the previous year's performance and better than the national performance of 88%.

2.6 Strengths and Difficulties Questionnaire (5-16)

89% of children aged 5-16 had an SDQ completed in the previous 12 months. This is an improvement in performance of 16% on the previous 12 months and is above both the national performance and that of our closest statistical neighbour at 83% and 73% respectively.

2.7 Care Leaver Health Summaries

100% of care leavers turning 18 in this year, opted to receive a copy of their health summary around the time of their birthday. This is an improvement on the previous year's uptake of 97%.

Table 1: Health Outcomes for Cheshire East Cared for Children 2024-25

	Cheshire East 2024/25	England 2024/25	Statistical Neighbour 2024/25	Cheshire East 2023/24
Children who had their annual health assessment %	92% ↑	94%	94%	91%
Children who are up-to-date with their immunisations %	93% ↓	90%	89%	98%
Children who had their teeth checked by a dentist in the past 12 months %	91% ↑	83%	79%	87%
Children (0-5) who are up-to-date with the development checks	100%←→	88%	100%	100%
% of 4-16 in care for 3 months or more with a completed SDQ score in the past 12 months.	89% ↑	83%	83%	73%
Care leavers who received a summary of their health by their 18th birthday %	100% ↑	Not Available	Not Available	97%

3. 2023 - 24 Priorities

3.1 The Care Leaver Health Summary has been redesigned in consultation with Care Leavers. It has been renamed as 'My Health Summary' and the new version is now available in electronic and paper forms and is shared with their GP. Much more information is included in relation to where to seek help, incorporating QR codes to ensure the most-up-to-date information. Personal Advisors have received training on health summaries and are confident to have discussions with young people.

3.2 Personal Advisors and 16+ accommodation workers have undertaken sexual health training and can now provide advice and access to contraception/screening directly to young people. A number of male workers have completed the training following feedback from young people from different cultural backgrounds who felt uncomfortable having discussions about sexual heath with a worker of the opposite sex/gender.

3.3 Work has been undertaken with Independent Reviewing Officers and Social Workers to ensure that data regarding dental reviews is recorded on the child's record as part of the cared for review process. This has led to more accurate data recording in this area.

4. Summary

4.1 The Cheshire and Merseyside dental access scheme will be expanded to Care Leaver for a 12-month pilot period.

4.2 The Health and Wellbeing Workstream will be established as a multiagency group to consider the health of cared for children. This group will report to the Corporate Parenting Executive Board. Focus areas for year one will be

- Communication
- Meeting Health Needs
- Emotional Health and Wellbeing
- Separated Migrant Children
- Substance and Alcohol Misuse

5. Summary

5.1 In 2024-25 there was an improved performance against statutory health outcomes for cared for children and care experienced young people in Cheshire East. With the exception of the childhood immunisations there was an improvement in performance against all indicators compared to the previous reporting year.

5.2 Similarly, Cheshire East performed better against most these indicators than both the England performance and that of our statistical neighbours. Most significantly was an improvement in the completion of SDQs (Strengths and Difficulties Questionnaire), in which performance is now better than pre-pandemic figures.

5.3 Improvement work has taken place around care leaver health summaries and sexual health. Dental data recording has also improved.

5.4 The dental access scheme will be improved to care leavers in 25/26, and a new multiagency group will be established to drive improvements in the health of Cared for Children and Care Leavers.