

# **Adult Social Care Scrutiny Committee Agenda**

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**Date:** Thursday, 22nd September, 2011  
**Time:** 10.00 am  
**Venue:** Committee Suite 2/3 - Westfields, Middlewich Road, Sandbach, CW11 1HZ

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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.

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

1. **Apologies for Absence**

2. **Minutes of Previous meeting** (Pages 1 - 6)

To approve the minutes of the meeting held on 20 July 2011.

3. **Declaration of Interests/Party Whip**

To provide an opportunity for Members and Officers to declare any personal and/or prejudicial interests or members to declare the existence of a party whip in relation to any item on the agenda.

4. **Public Speaking Time/Open Session**

A total period of 15 minutes is allocated for members of the public to make a statement(s) on any matter that falls within the remit of the Committee.

Individual members of the public may speak for up to 5 minutes, but the Chairman will decide how the period of time allocated for public speaking will be apportioned, where there are a number of speakers

Note: In order for officers to undertake any background research, it would be helpful if members of the public notified the Scrutiny officer listed at the foot of the agenda, at least one working day before the meeting with brief details of the matter to be covered.

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Please contact Mark Grimshaw on 01270 685680  
E-Mail: [mark.grimshaw@cheshireeast.gov.uk](mailto:mark.grimshaw@cheshireeast.gov.uk) any apologies or requests for further information or to give notice of a question to be asked by a member of the public

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5. **Management Structure Update**

To receive a verbal update from the Strategic Director (Children, Families and Adults).

6. **OFSTED Inspection of Safeguarding and Looked After Children Services - overlapping issues with Adult Services** (Pages 7 - 98)

To consider a report of the Strategic Director (Children, Families and Adults).

7. **Strategy for Carers in East Cheshire 2011 - 2015** (Pages 99 - 124)

To consider a report of the Commissioning Manager, Prevention and Re-ablement and Carer Team.

8. **Care Quality Commission** (Pages 125 - 142)

To receive a presentation from the Compliance Manager, Cheshire and Warrington Areas, Care Quality Commission.

9. **Quarter 1 Performance/Finance Reporting 2011-12**

To receive a report from the Strategic Director (Children, Families and Adults) – To Follow.

10. **Work Programme Update** (Pages 143 - 152)

To give consideration to the work programme.

11. **Training Requirements**

To consider the Committee's training requirements for the 2011/12 Civic year.

12. **Forward Plan - extracts** (Pages 153 - 154)

To note the current Forward Plan, identify any new items and to determine whether any further examination of new issues is appropriate.

**CHESHIRE EAST COUNCIL**

Minutes of a meeting of the **Adult Social Care Scrutiny Committee**  
held on Wednesday, 20th July, 2011 at Committee Suite 2/3 - Westfields,  
Middlewich Road, Sandbach, CW11 1HZ

**PRESENT**

Councillor M J Simon (Chairman)  
Councillor B Silvester (Vice-Chairman)

Councillors P Groves, J Jackson, F Keegan, P Raynes, J Saunders and  
L Jeuda and I Faseyi.

**Apologies**

Councillors C Andrew, S Jones and B Murphy and Councillor R Domleo.

**In Attendance**

Councillor O Hunter

**Officers**

Phil Lloyd	Director of Adults, Community, Health and Wellbeing
Lucia Scally	Head of Strategic Commissioning and Safeguarding
Karen Carsberg	Strategic Housing Manager
Mike O'Regan	Associate Director of Joint Commissioning – Central and Eastern Cheshire Primary Care Trust
Mark Grimshaw	Scrutiny Officer

**9 DECLARATION OF INTERESTS/PARTY WHIP**

Councillor Irene Faseyi declared a personal interest on the grounds that she was  
an employee of Southern Cross Healthcare Group PLC.

**10 PUBLIC SPEAKING TIME/OPEN SESSION**

There were no members of the public who wished to address the Committee.

**11 MINUTES OF PREVIOUS MEETING**

RESOLVED – That the minutes of the meeting held on 16 June 2011 be  
approved as a correct record and signed by the Chairman.

**12 DISABLED FACILITIES GRANT AND HOME IMPROVEMENT GRANT**

Karen Carsberg, Strategic Housing Manager, attended to present the Disabled  
Facilities Grant and Home Improvement Agency (HIA) report. Prior to reporting  
on the content, attention was drawn to a discrepancy in the figures in paragraphs

1.3 and 11.2. It was confirmed that the correct figure was £1,316,000 rather than £1,289,000.

It was explained that Disabled Facilities Grants (DFGs) were mandatory grants worth up to £30,000 which were provided under the Housing Grants, Construction and Regeneration Act 1996. It was reported that for 2011/12 there was a budget of £1,320,000 of which £700,000 was centrally funded by the Department for Communities and Local Government (DCLG) with the remainder funded by Cheshire East Council.

It was reported that the DFGs helped disabled residents to meet the cost of adapting their homes, facilitating independent living and helping individuals to maintain their personal dignity. Attention was drawn to a number of case studies which demonstrated both the cost savings and better outcomes for customers that the DFGs created as opposed to residential care for example. It was also noted that the DFGs helped to reduce the chance of falls in homes, thereby having the effect of saving money for the Central and Eastern Cheshire PCT.

Karen Carsberg continued to explain that the demand for DFGs had increased significantly due to a number of factors – most notably an aging population and an increase in complex adaptations. It was reported that the service had made a number of improvements in order to cope with this increased demand and that these had made a number of impacts. For example, it was described how the timescales for completion of works following grant approval had seen a 38% reduction.

Having said this, Karen Carsberg confirmed that Cheshire East, aware that the demand would continue to grow, would be looking to make further improvements. Of particular importance was the need to form a single HIA Service for Cheshire East. It was reported that this would create more efficiency in work flow and management practice and would help Cheshire East to provide a consistent service across the Borough.

In opening the questioning, the Chairman queried that as DFGs were accessible to all tenures how were they, if at all, linked to benefits. Karen Carsberg explained that anyone could apply for a DFG but that they would have to qualify through a means test unless the grant related to a child. It was also confirmed that if the grant recipient was on benefits and they qualified, they would receive an automatic 100% grant. For someone not on benefits they would not necessarily receive a 100% grant, as their needs would be further means tested.

Continuing the point of means testing, it was queried what classed as 'disabled'. Karen Carsberg explained that whilst there was no definitive classification of disability, it was the Occupational Therapists' responsibility to make the correct assessment on people's needs so that they could continue to maintain their independence.

Attention was drawn to the performance management targets outlined in paragraph 13.3 of the report. It was queried whether the service had the capacity to achieve the targets and whether this would be done quickly. Karen Carsberg reported that the proposed creation of a single HIA would hopefully mean that these targets would be met quickly.

A number of comments were made regarding the 'invest to save' potential of the DFGs. It was suggested that there was a need for more robust figures in terms of

the actual and potential cost savings as a direct consequence of DFGs. For instance, it was contended that if Cheshire East could demonstrate the amount of money that DFGs saved the NHS in terms of reducing hip fractures and other injuries, conversations could be sought with health partners for funding thereby increasing the amount of DFGs available. It was also suggested that these figures be brought back to the Committee at a future meeting so that a case could be made to Cabinet during the business planning process to increase the budget allocation for DFGs.

RESOLVED –

- a) That the report be received.
- b) That the Committee receive robust figures in terms of the potential cost savings as a result of DFGs at a future meeting in order for a possible case to be constructed for increasing Cheshire East's budget contribution and to have conversations with health partners regarding match funding.

### **13 THINK LOCAL ACT PERSONAL - A NATIONAL STRATEGY FOR LOCAL IMPLEMENTATION**

Phil Lloyd, Director of Adults, Community, Health and Wellbeing attended to present a report on the Think Local Act Personal (TLAP) strategy. It was explained that TLAP was a national strategy which built on the principles of the 'Putting People First' agenda, first initiated by Government in 2007. This agenda articulated the ambition of making sure that the individual was at the centre of service delivery, helping them to retain independence, well-being and dignity. Attention was drawn to the fact that Cheshire East had been committed to this approach since Local Government Reorganisation and that this could be demonstrated by a recently won 'Personalisation and Choice Achievement of the Year' title in the 2011 MJ Awards.

It was reported that as well as increased personalisation of services, the paper emphasised the fact that prevention was a key theme in the development of an affordable social care system. It was explained that it was desirable to keep people out of social care for as long as possible as this often created better outcomes for Cheshire East residents and also relieved pressure on an increasingly stretched budget. Phil Lloyd reported that as most people accessing care in the geographical area of Cheshire East were not funded by the Council, it was necessary to develop a 'whole system response' and strategy to provide support to the wider public, including self funders and their carers, to maximise their independence and reduce reliance on Council funded care. It was noted that this was not only the responsibility of the Adult Social Care Directorate as other Cheshire East services and Council partners also had an important role. Phil Lloyd explained that the challenge was making sure that this co-operation was achieved.

In providing a summary, Phil Lloyd outlined that the key issues of the paper were 'personalisation' and 'prevention' and that the paper was asking the Council to support this policy.

Prior to opening the floor to questions, the Chairman congratulated the Adult Social Care Directorate on winning the 'Personalisation and Choice Achievement of the Year' title in the 2011 MJ Awards.

A number of comments were made regarding the development of an on-line citizen portal. Whilst it was recognised that it was important that Cheshire East provided such a facility to disseminate information about services to the public, it was asserted that other alternative mediums needed to be sought alongside it as a large number of Cheshire East's older population were not comfortable using the internet. It was agreed that this suggestion be recommended to the Director of Adults, Community, Health and Wellbeing.

It was suggested that the Committee continue to monitor the personalisation agenda so that the effectiveness of the policy for vulnerable people could be assessed.

Attention was drawn to the graph on page 6 of the report which gave a financial analysis of Adult Social Care Costs in Cheshire East. It was asserted, that from the evidence in the graph, there appeared to be an approximate £6m gap between demand and budget which the service had to control and mitigate. It was contended that it was this figure which the Committee needed to be interested in. In sum, it was suggested that the Committee receive regular updates on how much service was budgeted for, how much it was spending and how this was affecting service users.

A final query was made with regard to the loss of the Independent Living Fund and how this would potentially affect service users. Phil Lloyd explained that the loss of the fund would cost Cheshire East £1.6m but that this would not absolve the authority of the statutory responsibility to provide certain services. It was reported that Cheshire East would have to find other ways to fund these services through different and more improved ways of working mainly based around the principles of personalisation and prevention.

### RESOLVED –

- a) That the report be noted.
- b) That it be recommended to the Director of Adults, Community, Health and Wellbeing that alternative means be sought in terms of communicating information about Adult Social Care services to the public alongside the on-line citizen portal.
- c) That the Committee continue to monitor the personalisation agenda to assess its effectiveness for vulnerable people.
- d) That the Committee receive regular updates on the Adult Social Care service, including allocated budget, spend and impact on service users.

## 14 ADULT SOCIAL CARE BUDGET

Phil Lloyd attended to provide a verbal brief on the Adult Social Care Budget. It was explained that since Local Government Reorganisation, the service had been learning about the profile of the budget. It was reported that the service was

currently at a point where they had an understanding of the drivers behind demand, the cost of this and what was needed in order to manage it.

This could be demonstrated by the fact that although the 2010/11 budget had resulted in a £8.7m overspend, the budget for 2011/12 was expected to balance. Having said this, Phil Lloyd continued to explain that Cheshire East could not afford to be complacent as it was fully expected that growth in demand would continue. It was reported that this was why the personalisation and prevention agenda was key as this would help Cheshire East to absorb growth rather than to just keep funding it.

Attention was also drawn to a range of 'invest to save' strategies which Cheshire East funded in order to attempt to absorb growth in demand. An example was given of the policy of providing six weeks free support in order to facilitate reablement. It was suggested that the Committee might wish to assess the efficacy of this policy in order to ensure that it was still fulfilling the 'invest to save' criteria.

It was also suggested that the Committee have a regular item on the work programme to consider 'invest to save' policies. It was also proposed that the outcomes of the discussions could be fed to the Budget Task and Finish Group for consideration.

It was queried how much of the budget was taken up with discretionary and statutory services. Phil Lloyd reported that the large majority of the budget was for statutory services, leaving little room for manoeuvre. The point was reaffirmed therefore regarding the need for managing demand.

As a final point, in light of Phil Lloyd leaving Cheshire East, the Committee wished to thank and commend him for the excellent and innovative work performed in his role as Director of Adults, Community, Health and Wellbeing.

**RESOLVED -**

- a) That the Committee review the efficacy of the six week free support policy at a future meeting.
- b) That the Committee consider an item on 'invest to save' policies at every formal meeting, the results of which to be potentially fed into the Budget Task and Finish Group.

### **15 WORK PROGRAMME UPDATE**

Members considered the work programme.

**RESOLVED –** That the work programme be noted and amended as follows:

- a) The item on the Care Quality Commission scheduled for the 27 October 2011 be brought forward to 22 September 2011.

### **16 FORWARD PLAN - EXTRACTS**

The Committee gave consideration to the extracts of the forward plan which fell within the remit of the Committee.

RESOLVED – That the forward plan be noted.

**17 CONSULTATIONS FROM CABINET**

There were no consultations from Cabinet.

The meeting commenced at 10.30 am and concluded at 12.05 pm

Councillor M J Simon (Chairman)



## **CHESHIRE EAST COUNCIL**

### **REPORT TO: Adults Social Care Scrutiny Committee**

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**Date of Meeting: 22 September 2011**

**Report of: Lorraine Butcher, Strategic Director of Children, Families and Adults Services**

**Subject/Title: OFSTED Inspection of Safeguarding and Looked After Children Services**

**Portfolio Holder: Councillor Hilda Gaddum**

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#### **1.0 Report Summary**

- 1.1 From 27 June to 8 July 2011, OFSTED conducted its announced inspection of Safeguarding and Looked After Children Services in Cheshire East. The purpose of the inspection was to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of 5 of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
- 1.2 The inspection followed the unannounced inspections of Contact, Referral and Assessment arrangements in the borough in April 2011 and previously in June 2010.
- 1.3 The report of the Announced Inspection was published on 19 August 2011 and is attached as an Appendix to this report.

#### **2.0 Decision Requested**

Members are asked to:

- 2.1 Note the content of this report;
- 2.2 Consider the areas for improvement identified in the report and the actions required to meet the specified timescales;
- 2.3 Consider and agree any further areas for improvement that arise from the report;
- 2.4 Consider further steps to be taken to demonstrate our ambition to become at least good if not outstanding in forthcoming years;
- 2.5 Note the current consultation on the inspection framework currently being undertaken by OFSTED.

### **3.0 Reasons for Recommendations**

- 3.1 To provide an overview of the outcomes of the recent inspection and to consider next steps to drive the continued strengthening of safeguarding arrangements in Cheshire East.

### **4.0 Wards Affected**

- 4.1 All

### **5.0 Local Ward Members**

- 5.1 All

### **6.0 Policy Implications including - Carbon reduction - Health**

- 6.1 Local Authorities are required to provide leadership through the establishment of the Local Safeguarding Children's Board and currently, the Children's Trust to improve outcomes for children. These duties arise from the Children Act 2004, and the statutory guidance on safeguarding "Working Together to Safeguard Children".
- 6.2 This area of work is subject to significant regulation by OFSTED.

### **7.0 Financial Implications**

- 7.1 Currently being reviewed in the context of the Council's Business Planning process.

### **8.0 Legal Implications**

- 8.1 None arising from the inspection.

### **9.0 Risk Management**

- 9.1 Safeguarding children and providing high quality support for the children cared for by the Council is a key area of statutory responsibility for the Council. Failings in this area not only present long term consequences for children and young people, but are an area of significant reputational risk for the Council.

### **10.0 Background and Options**

- 10.1 The Announced Inspection of Safeguarding and Looked After Children Services by OFSTED represents a thorough and intense analysis of the effectiveness of local arrangements by the Council and partner agencies to safeguard children and young people and to improve outcomes for those in the care of the Council and those who are care leavers. In conducting the Inspection Inspectors evaluated an extensive range of evidence including:

- Discussions with children and young people receiving services, with carers, front line practitioners and managers, Headteachers, senior officers including the Director of Children's Services and the Chair of the Local Safeguarding Children Board, elected members and a range of community representatives;
- Reports from a variety of sources including a review of the Children's Plan, performance data, inspection evidence from settings such as schools and day care provision;
- A review of case files;
- The outcomes of recent annual unannounced inspection of contact, referral and assessment services;
- Outcomes from visits to a range of services; and
- Interviews and focus groups with a range of front line professionals, managers and senior staff from the NHS

The report details the findings of the inspection, and gradings, while also identifying areas for improvement with specified timeframes according to priority and importance. Gradings range from adequate to good across 22 areas of judgements. Critically there were no areas of inadequacy identified.

## **10.2 Safeguarding Services**

With regard to safeguarding services the key findings are that "the overall effectiveness of the Council and its partners is adequate". Noticeably the report acknowledges the "significant challenges" that had been faced in reorganising safeguarding services since the Council was formed in 2009, and that as a consequence it was too early to see sustained improvements over a period of time (approximately 2 years). The report continues to note:

"the strong leadership and strategic planning"

That "children most at risk of harm are appropriately protected and prioritised"

"partnerships across all agencies are strong and provide a solid foundation for collaboration"

"workforce development across the partnership has been successful in securing and retaining competent, experienced and committed staff at all levels"

"work to improve partner agencies understanding of levels of need has resulted in improvement in the quality of referrals to social care"

## **10.3 Areas for Improvement**

Areas for improvement linked to the findings are identified as follows:

**Immediately:**

- Ensure that the outcomes of referrals to social care are promptly, routinely and consistently notified to referring agencies
- Ensure that visits to children are clearly recorded and state whether the child has been seen and seen alone
- Ensure that assessments and case planning consistently consider and record the views, wishes and feelings of children and their families
- Ensure that assessment reports are routinely shared with families and that they promptly receive copies of their child protection or child in need plan
- Ensure that equality and diversity issues are routinely assessed, recorded and considered in case planning and service delivery, and are routinely considered within supervision and staff development
- Ensure that staff in adult mental health and the Independent Living service are fully equipped and knowledgeable to identify children's safeguarding issues in their day-to-day contact with people who use services and that these issues are routinely addressed in supervision and performance management arrangements

**Within three months:**

- Ensure that the electronic case system is able to capture chronologies that represent critical events in a child's life and support case planning and decision making
- Ensure that improvements in safeguarding performance are sustained and that there is improvement in those areas which are below national or statistical neighbour levels
- Ensure that transition arrangements for young people moving from CAMHS and children's disability services into adult mental health and the Independent Living service are robust, involve young people and their family carers and are performance managed effectively
- Ensure that service users are actively and consistently engaged and are able to contribute to service development
- The Primary Care Trust and health providers should ensure that all staff receive regular safeguarding supervision and safeguarding discussion forum opportunities across health services and at all levels

**Within six months:**

- Ensure that there is sufficient management capacity to systematically undertake case audits within individual agencies and across the partnership. Ensure that the outcome of audits is reported to the CESCIB and that themes identified from these are used to improve practice and service delivery
- Ensure that there are sufficient resources to support children and their families who are involved in domestic abuse or in substance misuse

**10.4 Services for Looked After Children**

With regard to services for Looked After Children again overall effectiveness was judged to be adequate with the acknowledgement that “the needs of looked after children are appropriately prioritised by the Council and it’s partners” and that “elected members and staff actively promote and engage in activities to carry out their responsibilities as corporate parents”. Additionally it notes that “the Council and it’s partners have articulated clear shared objectives based on a firm understanding of need. The lead manager for Cared for Children has led on the development of a clear vision and a coherent set of principles for partners to subscribe to”.

**10.5 Areas for Improvement**

Areas for improvement linked to the findings are identified as follows:

**Immediately:**

- Ensure that pathways plans are of a good quality and are routinely audited

**Within three months:**

- Increase awareness of the CiCC amongst cared for children and care leavers
- Increase the awareness of the complaints procedure amongst cared for children, their carers’ and service users
- Ensure that cared for children have access to independent visitors where they wish
- Ensure that cared for children are aware of, and able to access, advocacy services
- Ensure that foster carers are able to access support groups and to contribute to the development of cared for children services

- Ensure that case planning for cared for children placed at home with their parents is robust and that those children are appropriately monitored and reviewed

**Within six months:**

- Ensure that care leavers are provided with appropriate support to meet their health needs
- Ensure that there is minimal need for cared for children to move placements thereby reducing the number of placement moves

## **10.6 Next Steps**

To finalise the attached draft improvement plan (Appendix 2) with the Local Safeguarding Children's Board, Children's Trust and Local Safeguarding Adults Board. Progress updates will be provided to both Boards and within the Council the Children and Families Scrutiny Committee will have oversight of the composite Action Plan.

Partner agencies are required to confirm their reporting of the outcomes of the inspection to their respective Boards and secure commitment to contribute towards the areas for improvement that have been identified. This requirement was confirmed by the LSCB and its most recent Board meeting held on 9 September 2011.

Additionally attached at Appendix 3 both the LSCB and Children's Trust have been asked to consider further areas for improvement as identified by the Extended Leadership Team of Children and Families Directorate, Cheshire East Council following an internal 'debrief' on the inspection. The Appendix identifies where internally we consider there still to be weaknesses in our activity which OFSTED did not identify as Areas for Improvement, but the Board/Trust may consider it appropriate to include in the Action Plan

Finally, OFSTED is currently consulting upon "Arrangements for the Inspection of Local Authority Children's Services" (note the title!). The consultation document is attached as Appendix 4. A response to the consultation is currently being drafted to meet the required closing date of 30 September 2011.

## **11.0 Access to Information**

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

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# Inspection of safeguarding and looked after children services

## Cheshire East

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**Inspection dates:** 27 June to 8 July 2011

**Reporting inspector** Pietro Battista

**Age group:** All

**Published:** 19 August 2011

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## About this inspection

1. The purpose of the inspection is to evaluate the contribution made by relevant services in the local area towards ensuring that children and young people are properly safeguarded and to determine the quality of service provision for looked after children and care leavers. The inspection team consisted of five of Her Majesty's Inspectors (HMI) and one inspector from the Care Quality Commission. The inspection was carried out under the Children Act 2004.
2. The evidence evaluated by inspectors included:
  - discussions with 21 children and young people receiving services, 22 carers, front line practitioners and managers, senior officers including the Director of Children's Services and the Chair of the Cheshire East Safeguarding Children Board, elected members and a range of community representatives
  - analysed and evaluated reports from a variety of sources including a review of the Children and Young People's Plan, performance data, information from the inspection of local settings, such as schools and day care provision and the evaluations of a serious case review undertaken by Ofsted in accordance with '*Working Together To Safeguard Children*', 2010'
  - a review of 107 case files for children and young people with a range of need. This provided a view of services provided over time and the quality of reporting, recording and decision making undertaken
  - the outcomes of the most recent annual unannounced inspection of local authority contact, referral and assessment services undertaken in April 2011
  - outcomes arising from visits to a range of services including: contact and assessments, child protection and children in need, the safeguarding unit, fostering, cared for support, care planning, adoption, children with disabilities, children's centres and schools
  - interviews and focus groups with front line professionals, managers and senior staff from the Central and Eastern Cheshire Primary Care Trust (PCT), the Mid Cheshire Hospitals Foundation Trust and Cheshire East Hospital, the Cheshire and Wirral Partnership NHS Foundation Trust, and East Cheshire Hospital.

## The inspection judgements and what they mean

3. All inspection judgements are made using the following four point scale.

Outstanding (Grade 1)	A service that significantly exceeds minimum requirements
Good (Grade 2)	A service that exceeds minimum requirements
Adequate (Grade 3)	A service that only meets minimum requirements
Inadequate (Grade 4)	A service that does not meet minimum requirements

## Service information

4. Cheshire East Borough Council has a resident population of approximately 80,000 children and young people aged 0 to 19, representing 22% of the total population of the area. In 2011, 7.5% of the school population was classified as belonging to an ethnic group other than White British, compared to 22.5% in England overall; 5.7% of pupils speak English as an additional language. Polish and Urdu are the most recorded, commonly spoken, ethnic community languages within the school and academy population; 0.2% of pupils are of Black African background.
5. Cheshire East has 150 schools comprising: one nursery school, 123 primary schools, 17 secondary schools, five academies and four special schools. A pupil referral unit is scheduled to open in September 2011. Early years services are delivered predominantly through the private and voluntary sector in over 170 settings; there are 22 local authority maintained nurseries.
6. The Cheshire East Children and Young People Trust was set up in July 2009. The Trust includes representatives from across children's services, including the local authority, Police, health services, schools, colleges and the voluntary, community and faith sector. It is supported by the Integrated Children's Board, who are responsible for the delivery of the Children's Plan objectives.
7. The Cheshire East Safeguarding Children Board (CESCB) has been independently chaired since April 2009, and brings together the main organisations working with children, young people and families in the area that provide safeguarding services.
8. At the time of the inspection there are 446 looked after children. They comprise 118 children less than five years of age, 260 aged five to 16, 68

young people aged 16 or over and 71 with care leaver status, of which nine are relevant and 62 are eligible. Cheshire East council uses a 'virtual school' approach to support the learning of looked after children, which commenced in September 2010.

9. Social care services provide in house foster placements for 209 children and young people with a further 115 commissioned agency placements. Community-based children's services are provided by one children's assessment team, supported by borough-wide teams for children in need, child protection, children with a disability, adoption, fostering and teams for looked after children and young people leaving care. A dedicated Cheshire East out of hours service provides cover for all the area. Other family support services are delivered through 19/13 children centres and extended services in schools.
10. Integrated youth support services are delivered by children's services through a range of services including youth offending, housing, health providers, commissioned services, such as Connexions, as well as universal providers within schools and settings.
11. Targeted services are provided through a range of specialist teams comprising a workforce with a range of professional responsibilities including practice consultants, social workers, family support workers and unit coordinators.
12. At the time of the inspection there are 221 children who are the subject of a child protection plan. This is an increase over the previous two years. These comprise 106 females and 108 males and a further seven unborn children; 47.5% of these children are aged under five, 35.7% are aged five to 11 years and 16.7% are 12 years or older. The highest category of registration is emotional abuse at 48.4% followed by neglect at 42.1%, sexual abuse at 6.8% and physical abuse at 2.7%.
13. Commissioning and planning of national health services and primary care are carried out by the Central and Eastern Cheshire Primary Care Trust. The main provider of acute hospital services is the Mid Cheshire Hospitals Foundation Trust and Cheshire East Hospital. Community-based Child and Adolescent Mental Health Services (CAMHS) are provided by the Cheshire and Wirral Partnership NHS Foundation Trust. In-patient CAMHS is provided by the Cheshire & Wirral Partnership NHS Foundation Trust. Community Health services are provided by East Cheshire Hospital.

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

14. The overall effectiveness of the council and its partners is adequate. Significant challenges have been faced by the council and its partners to reorganise safeguarding services both strategically and operationally since the council was formed in 2009. Actions taken have resulted in improved performance and practice in most safeguarding areas, which are now adequate or better. However many initiatives are recent, or being further developed, and most have yet to be sustained.
15. Strong leadership and strategic planning, across the partnership, has secured commitment and resources to enable safeguarding services to be reshaped and improved, whilst maintaining commitment and enthusiasm from staff.
16. Children most at risk of harm are appropriately protected and prioritised, and there are robust arrangements between partners to manage and monitor those cases. Early intervention is appropriately prioritised across the partnership and an early intervention strategy is being developed.
17. Partnerships across all agencies are strong and provide a solid foundation for collaboration. An effective CESCIB enables partners to work well together to deliver and develop safeguarding services. However, more work is required to ensure that adult mental health services are engaged within safeguarding initiatives.
18. Performance management is undertaken across all partner agencies, and case audits are increasingly being used to shape practice and service delivery. Audits within social care have identified cases with poor practice where children experience delays in case planning and it has not been possible to ascertain whether similar issues are present in other cases which have not been audited. Safeguarding audits from partner agencies are not all routinely reported to the CESCIB.
19. Workforce development across the partnership has been successful in securing and retaining competent, experienced and committed staff at all levels. Staff have access to high quality training and development. As a consequence some improvement has been achieved on performance, in the timeliness of core assessments and the quality of work with children and their families. However, work to further improve and consolidate a better quality of work is required. This includes the timeliness and quality of assessments, to ensure that children are seen and that the diversity of needs and views of service users are considered and recorded.
20. Work to improve partner agencies' understanding of levels of need has resulted in improvement in the quality of referrals to social care. However

outcomes of assessments and care planning are not consistently shared with referrers or service users by social care services.

21. Users are actively engaged in individual case planning and have helped to shape some parts of the service. However, user involvement and engagement is not systematically employed across safeguarding services in order to assist service development.

## **Capacity for improvement**

## **Grade 3 (adequate)**

22. The local authority and their partners have adequate capacity to improve. Following the establishment of East Cheshire Council in 2009 significant challenges have been faced setting up and reshaping safeguarding services across all partner agencies, in particular within children's social care services. The re-organisation of social care services was undertaken in the context of continued and growing demand on services, increased financial constraints and workforce capacity challenges. Initially the quality of provision of safeguarding services was not high and performance in many areas was not sufficient. The quality of provision was reflected in, for example, poor timeliness of assessments and convening of conferences, high social work caseloads, low numbers of social work and managerial staff and low staff morale.
23. This was recognised by the council and its partners and action has been taken to ensure that strong leadership has been put into place to review and drive forward necessary changes to improve the service. Alongside this, appropriate resources have been committed, underpinned by strong support from elected members, senior officers and partner agencies.
24. The appointment of the new Director of Children's Services combined with the appointment of a new lead member for children's services in 2010 provided the impetus for a full review of how children's social care services could be structured and delivered. Extensive consultation and engagement with staff and with partner agencies resulted in the development in 2010 of the present structure, which continues to evolve. This included staff choosing to be assigned to specific roles, many staff undertaking new roles and significant workforce development initiatives to recruit new staff and train and develop existing staff. Staff report that the changes have been positive, well managed and that they have received appropriate communication, consultation and engagement throughout. Significant respect, credibility and confidence is expressed by staff and partner agencies in the leadership provided by the council and its officers.
25. As a consequence of effective change management and increased capacity, significant improvements have been gradually achieved over the past year. These include improvement in the quality of social work, management oversight, operational, strategic and performance management. In addition the quality of inter-agency work has improved, such as in the timeliness and effectiveness of child protection conferences,



core groups and case planning. In most cases safeguarding standards are now adequate or better.

26. The pace of improvement has been appropriately steady and incremental, to enable changes to bed in. Further significant changes are being considered, such as the development of early intervention and prevention services. In this context of significant challenges from a low start point, incremental improvements have been achieved to enable most safeguarding services to now be adequate or better. However these have yet to be sustained or consolidated.
27. Workforce planning and development have been effective and have resulted in increased staffing within social care services. However, many appointments are recent. Workload demands continue to challenge capacity, in particular within the contact and assessment service.
28. User engagement is undertaken in some parts of children's social care service. However, this has yet to be consistently and systematically used across the whole service to help shape its delivery.

## **Areas for improvement**

29. In order to improve the quality of provision and services for safeguarding children and young people in Cheshire East, the local authority and its partners should take the following action.

### **Immediately:**

- ensure that the outcomes of referrals to social care are promptly, routinely and consistently notified to referring agencies
- ensure that visits to children are clearly recorded and state whether the child has been seen and seen alone
- ensure that assessments and case planning consistently consider and record the views, wishes and feelings of children and their families
- ensure that assessment reports are routinely shared with families and that they promptly receive copies of their child protection or child in need plan
- ensure that equality and diversity issues are routinely assessed, recorded and considered in case planning and service delivery, and are routinely considered within supervision and staff development
- ensure that staff in adult mental health and the Independent Living service are fully equipped and knowledgeable to identify children's safeguarding issues in their day-to-day contact with people who use

services and that these issues are routinely addressed in supervision and performance management arrangements.

**Within three months:**

- ensure that the electronic case system is able to capture chronologies that represent critical events in a child's life and support case planning and decision making
- ensure that improvements in safeguarding performance are sustained and that there is improvement in those areas which are below national or statistical neighbour levels
- ensure that transition arrangements for young people moving from CAMHS and children's disability services into adult mental health and the Independent Living service are robust, involve young people and their family carers and are performance managed effectively
- ensure that service users are actively and consistently engaged and are able to contribute to service development
- the Primary Care Trust and health providers should ensure that all staff receive regular safeguarding supervision and safeguarding discussion forum opportunities across health services and at all levels.

**Within six months:**

- ensure that there is sufficient management capacity to systematically undertake case audits within individual agencies and across the partnership. Ensure that the outcome of audits is reported to the CESC and that themes identified from these are used to improve practice and service delivery
- ensure that there are sufficient resources to support children and their families who are involved in domestic abuse or in substance misuse.

## **Safeguarding outcomes for children and young people**

### **Children and young people are safe and feel safe**

#### **Grade 3 (adequate)**

30. Services to ensure that children and young people are safe and feel safe are adequate. The most vulnerable children who need protection are safeguarded by timely intervention and effective decision making.

31. Randomly selected children's social care files examined during this inspection indicate that appropriate action is taken by suitably qualified and experienced social workers to safeguard children and young people.
32. Robust arrangements have been implemented to enable staff to be familiar with the role of the Local Authority Designated Officer (LADO) and these result in prompt referral and consideration of concerns. The CESCIB effectively monitors allegations considered by the LADO.
33. Arrangements are in place within the council and across the work of its partners to ensure that the safe recruitment of staff meets required standards, that there is routine re-checking of Criminal Record Bureau clearance and that decisions are signed off by senior managers.
34. The Equality Standard rating of the council is self assessed as improving, from a low to satisfactory standard. Training for council staff on equality and diversity issues has been updated, with 25% of children's social care staff recently undertaking this training and a programme established to roll it out across the workforce. However random case audits within this inspection identified that cultural and diversity issues were not routinely considered in case planning.
35. There have been 75 complaints which have been considered across the council within the council's complaints process, from April 2010 to January 2011. However, few complaints have been received from young people. Most children seen during this inspection were not aware of the complaints system. The council recognises this and has tasked the children's complaints manager to make the complaints system more child friendly. Systems for responding to complaints are clear and robust. The council has taken steps to increase staff and service user awareness of the complaints procedure, and this has resulted in a recent, but small, increase in the number of complaints. Outcomes of complaints are reported regularly to senior managers and findings are collated to inform service improvement. These are incorporated into staff supervision and training to improve professional development.
36. Effective processes are in place to oversee private fostering arrangements which have been notified to the council. However, despite publicity and awareness raising initiatives by the council, the number of known private fostering arrangements remains low.
37. A robust anti-bullying strategy has been developed by the council and its partners. For example schools work closely with the Police to deliver anti-bullying initiatives, restorative justice initiatives and awareness raising of cyber bullying. As a result, incidents of bullying in schools have reduced. Race and hate related bullying incidents are collated and monitored by the council, although work to routinely analyse or use this information to improve services is at an early stage of development.

38. Vulnerable children and young people have access to a range of effective supplementary programmes in schools designed to support learning, improve educational outcomes and promote their well-being. They have priority access to Extended School Services, additional support during key transition periods, bespoke education plans and a range of nurturing programmes.
39. An effective multi-agency strategy for managing the exclusion of pupils from school is in place. As a result the number of fixed term exclusions has reduced. However, in 2010 there was an increase in the number of permanent exclusions as a result of action taken to secure the safeguarding of other children within a particular school.
40. Multi-agency arrangements for identifying and finding young people missing from home, care and school are robust. The Police and other agencies, including schools, have a good understanding of the needs of children and young people who go missing and take appropriate action where child protection issues are identified. Information sharing through 'Complex Needs' inter-agency meetings enables young people and their families to be signposted to appropriate services. Return interviews are routinely undertaken by the Police with children and young people. Robust systems are in place to ensure that children missing from education are monitored. The education welfare service is proactive in taking steps to trace children and young people missing from education, with children remaining on the school roll until their destination has been identified.
41. The most recent Ofsted inspection of the local authority adoption service assessed safeguarding provision to be good and the fostering service to be satisfactory.

**Quality of provision****Grade 3 (adequate)**

42. The quality of provision, which includes service responsiveness and direct work with children and families, is adequate. The council and its partners provide a wide range of early intervention and prevention services, and have prioritised this area. A draft early intervention and prevention strategy has been developed and is shortly to be circulated to staff for consultation.
43. Use of the common assessment framework (CAF) is increasing, with a programme to promote the uptake of the CAF by partner agencies. However, the CAF is yet to be fully embedded across all agencies, and as a result it has not had sufficient impact in reducing the number of contacts or referrals made to children's social care. Within children's centres the CAF is used effectively to support vulnerable children, enabling their progress to be monitored and outcomes measured. Levels of children's need are clearly understood by partner agencies who provide services to children and families attending children's centres and this ensures that

children 'at risk' are identified early and are well supported through good collaboration across agencies.

44. The Safeguarding in School Team robustly manages and monitors the quality of safeguarding in schools and provides good advice, support and challenge to schools to ensure that children are safe. Nearly all schools inspected by Ofsted have been judged as good or better for safeguarding. Family support workers attached to schools improve communication and access to services for hard to reach groups of children and families including those from Roma, Gypsy and Traveller communities.
45. Thresholds for child protection are well understood by partner agencies. Extensive work has been undertaken to promote knowledge and understanding around levels of need and thresholds for children in need. This has resulted in an increasing number of appropriate referrals to children's social care of which a higher percentage progress to assessment. However, more work is required to enable partners to more consistently assess levels of need and apply thresholds, as high numbers of contacts and consultations are made to the council's contact and assessment service.
46. The council's safeguarding services have undergone major restructuring over the past year with the development of a central contact and assessment service and specialist child protection and children in need teams. The restructuring has been positively received by partner agencies, who report improved communication and responsiveness from the teams. Capacity within the social care assessment and long-term teams has been increased. At the time of inspection there are no unallocated child protection cases. However, some low level children in need cases awaiting assessment are awaiting allocation, although these cases are safely monitored by Practice Consultants. Social work capacity in the assessment teams has difficulty in meeting the fluctuating demand for service, and this results in the delay in the commencement or completion of some initial assessments when there is a high volume of referrals.
47. Where children are identified as being at risk of harm, suitable arrangements are in place for the management of child protection processes, in line with statutory requirements. Children and young people in need of protection are suitably prioritised and their needs assessed. Partner agencies prioritise well their response to child protection work. Strategy discussions are timely, appropriate agencies are routinely represented and minutes are thoroughly recorded. Children subject to child protection plans are generally visited in accordance with statutory timescales.
48. Assessments are undertaken by suitably experienced and qualified social workers. The quality of assessments is variable; most are adequate with some of good quality. More recent assessments are of a better standard,

appropriately focus on analysis of risk factors and result in clear plans to reduce the risk to children. Many assessment records do not sufficiently cover the cultural, ethnic and religious needs of children and their families. However, social workers spoken to demonstrate that they have considered and addressed these issues in some cases. Records do not consistently demonstrate that parents receive the outcome of their assessment or copies of their plans.

49. The timeliness of initial assessments was poor in 2010-11. However, in the most recent quarter this has improved to be satisfactory. The timeliness of core assessments has improved over the past year and is now in line with that of statistical neighbours.
50. Performance on the timely completion of initial child protection conferences has been below the national average over the past two years. Increased capacity in child protection chairs over the past eight months has improved performance on the timeliness of initial child protection conferences and is now at 82%, which is above the national average. This increased capacity has also contributed to improved case planning and challenge, which was not previously sufficiently robust due to low capacity in the conference chair service. Robust systems are now established to quality assure the independent reviewing service. Sample conferences are observed by a senior manager and audits of the work of the team are undertaken by the head of safeguarding. This ensures that recent child protection plans are more clear and robust. However the child protection chairs currently also take minutes of conferences, which is not an effective use of their time.
51. Children and young people are well supported to participate in child protection conferences and their views are appropriately considered. Parents are actively involved in conferences, routinely informed of their right to access records and informed of the complaints procedure. Parents' and children's views about conferences are collated after every conference and are reviewed and analysed to inform service development. Core groups are routinely attended by a range of agencies to provide effective multi-agency working in support of child protection and child in need plans.
52. Management oversight of cases within social care services has improved over the past year and is now effective. Staff report that managers are readily available to provide support and advice. Case files seen contained regular records of supervision and, in most cases, records of managers signing off documents and key decisions. Most supervision records focus on assessing risk and identifying appropriate actions. However, the frequency of supervision does not always comply with the council's supervision policy. The quality of supervision records is variable overall with limited evidence of challenge and reflection. Not all supervision files contain evidence of annual appraisals of staff.

53. In most files seen case recording is up to date. However, it is not always clear from the records if children are seen, and seen alone. More recent assessments show that children's views are increasingly used to inform case planning. This has resulted from increased managerial oversight and the training provided to improve the quality of assessments.
54. Referrers do not consistently receive feedback on the outcome of referrals. This has improved since social care contact and referral services were restructured and a checklist has been subsequently introduced for staff to ensure that referrers do receive feedback appropriately. Schools generally report that feedback is good.
55. The social care electronic management system provides a range of management reports, however this is not comprehensive and remains a key area for development by the council. Whilst the system is able to generate chronologies, these are not user friendly and do not always represent the significant events in a child's life. These case chronologies do not effectively support the monitoring of progress in a case to inform decisions. However, robust systems are in place to ensure children's cases are appropriately transferred between services.
56. Effective action has been taken to improve the management of domestic violence referrals made by the Police, who now effectively screen referrals. Regular multi-agency 'complex needs' meetings plan responses for cases that do not meet child protection thresholds. As a result 75% of referrals from the Police to social care staff now progress to initial assessment. Health staff report that the Police are very sensitive in the way that they deal with people involved in domestic abuse.
57. The emergency out of hours service provides robust continuity of service and good communication with the daytime service. There is ready access to senior managers who ensure clear lines of communication. Police and the emergency out of hours service work closely to safeguard children and young people. There are good relationships between legal services and children's social care services and the routine liaison meetings help to ensure swift action is taken so that children are protected. Some effective family group work conferences take place, before legal action is taken; however, this approach is underdeveloped.
58. Robust Multi-Agency Risk Assessment Conferences (MARAC) and Multi-Agency Public Protection Arrangements (MAPPA) are in place with good attendance, participation, mutual understanding and cooperation between partners. Services to support children and families through MARAC have a strong emphasis on early intervention and prevention. Although there are arrangements to support statutory work with perpetrators there is no provision to address the needs of perpetrators who do not receive a conviction for domestic abuse. This results in a level of unmet need and a lack of progress for some children on child protection plans.

## **The contribution of health agencies to keeping children and young people safe**

### **Grade 3 (adequate)**

59. The contribution of health agencies to keeping children and young people safe is adequate. Multi-disciplinary health services are working together effectively to safeguard children and young people, in partnership with other agencies. Health staff, including non-medical staff, demonstrate appropriate levels of awareness of safeguarding responsibilities, policies and referral processes. They are alert to indicators with children and families that help to ensure that risks are identified and that referrals to children's social care are prompt. Staff in acute and community settings know where to obtain safeguarding advice and guidance, with a reliable lead from the safeguarding designated nurse and named nurses. The designated nurse works closely with her opposite number in West Cheshire and Warrington to ensure consistency across Cheshire East and West.
60. Staff routinely discuss concerns with the health safeguarding leads or the social care duty team and all referrals are copied to the appropriate named nurse for quality monitoring and tracking purposes. An effective escalation process is in place. Staff receive acknowledgements to referrals from social care and in many cases are notified of outcomes. Named nurses provide a high level of support to staff attending child protection meetings. Staff report that they feel comfortable in seeking support and are more confident in their practice and participation as a result.
61. Reflective debriefing sessions, led by the designated and named nurses, are routine practice in teams engaged in safeguarding children. Safeguarding supervision in maternity, school nursing and health visitor teams is particularly well established for both individuals and teams. Regular opportunities for other health staff including non-medical staff, to discuss safeguarding in relation to their daily practice is not evident. There is no link group or discussion forum structure across acute services. Peer review forums for consultants do take place regularly. These are effective in reviewing practice in relation to complex or challenging cases and in providing a practice reflection and development opportunity and these are valued by consultants. Support and mentoring for safeguarding lead professionals is good although this is less well developed for designated doctors than it is for designated, named and supervising nurses.
62. Staff at all levels are aware of the role and activity of the CESCOB and governance arrangements within their own organisations and are clear on lines of accountability. Health providers are subject to a rigorous system of Section 11 audits driven by the CESCOB and the resultant action plans are steering improvements. Staff are kept well informed of CESCOB decisions through briefings and regular meetings with safeguarding lead nurses and are able to identify practice improvements resulting from the Child Death Overview Panel (CDOP) and Serious Case Review (SCR) processes.



However, the CDOP is not prominent as a strategic driver and discussions have begun with two neighbouring authorities on the potential to develop a combined CDOP. In the interim, the newly established post of CDOP named nurse is strengthening local arrangements and facilitating a review of CDOP arrangements in Cheshire East.

63. A health visitor paediatric liaison service is well established at both of the acute hospitals, and this monitors cause for concern issues relating to children who access acute services. The service directs cases to appropriate community health services and effectively checks to ensure that no risks and potential safeguarding issues are overlooked.
64. Sexual health services are fragmented and underdeveloped. These are being reviewed to develop a new strategy and service configuration in the current year. Young people report that the service is not delivering effective services in a manner or locations to meet their needs and preferences. Overall, the service is significantly below national targets in most areas. Pharmacists are not fully engaged in the Chlamydia testing service although General Practitioners (GPs) are now contractually engaged. No work is currently underway specifically with cared for children due to a reported lack of capacity. School nurses actively promote good sexual health and other health programmes which are delivered in schools, including programmes for Year 5 and 6 pupils in primary schools. Young people report positive experiences of the programmes. Schools and children's centres engage well with the sexual health and teenage pregnancy strategy.
65. GPs are increasingly beginning to seek safeguarding training, advice and guidance. However, GP training is an area that health services acknowledge remains underdeveloped. A specialist nurse has been commissioned to give additional support to the named nurses and to coordinate the delivery of targeted training on safeguarding to GPs and others. Training and practice reflective sessions are directed to individual GP practices as required, led by the named GPs and the designated nurse's team. GPs have all been trained on MARAC and are able to provide information on individual cases. Training on domestic abuse has been delivered to Accident and Emergency staff and as a result referrals to social care have increased. A specialist worker has been appointed to work with the Eastern European population; as a result referrals from this group have increased. The designated nurse also sits on MARAC. The local policy on bruising for babies aged under five months provides clear direction to practitioners on how to address concerns about injuries to babies.
66. Sexual assault services for young people are well established. The PCT has recently formalised arrangements through a contract with the Manchester Sexual Abuse Resource Centre, in partnership with neighbouring authorities and PCTs. All sexual assault and forensic cases relating to

young people will be transferred to the centre which provides follow-up and after care services.

67. The CAF is well established in maternity services and increasing in community services based in children's centres where named nurses take the lead professional role in some case. CAF champions are also being established in each health team. Where appropriate, anti-natal planning is increasingly turned into CAFs, with midwives taking on the lead role. All safeguarding training to health includes reference to the CAF.
68. Adult mental health service staff awareness of child protection and safeguarding issues is improving; however, this is not sufficiently evident in the independent living service. Workers do have safeguarding children training included in induction but more work is required across adult services as a whole to ensure that safeguarding children and child protection issues are routinely and consistently identified and addressed and that managers performance manage this aspect of service effectively. Safeguarding children is not a standing agenda item for supervision and practice monitoring across all relevant adult services.
69. The quality of recording observations by health visitors and increasingly from school nurses is good. The use of reason for visit, observation, plans and evaluation (ROPE) is developing positively. However, the evaluation element is less well developed with workers not yet routinely evaluating what conclusions they can draw about the safety of the child from the close observations they are making.
70. Access to CAMHS is good. The criteria is clear and health visitor and school nurses make referrals that ensure mental health issues needs are assessed promptly and addressed. Where children access acute services, CAMHS assessments are mostly undertaken within 24 hours. Adequate provision is in place for urgent cases which present in acute services out of hours and good capacity for inpatient provision.
71. Health services are taking action to increase health visitor numbers by 22.8 whole time equivalent posts by 2015 to meet national guidance. The service has plans train an additional six health visitors per year and taking a 'grow your own' approach through multi-skilling. There are vacancies in the service and while the priority is given to safeguarding, this can impact on other aspects of service capacity. In order to address the capacity issues, currently an additional five health visitors are being recruited.
72. Substance misuse services work together well. Close work takes place with the youth offending team, where there is a specialist substance misuse worker. Lower level, tier two, services have been lost through the reconfiguration of the service run by Connexions. This has resulted in increased numbers of young people referred for higher level tier three services, putting pressures on capacity and increasing the potential of dependency with the loss of preventative services. This issue is being

looked at by the commissioners. Progress and outcomes from interventions are reviewed by the young people themselves and through the effective use of Treatment Outcome Profiles.

73. Interpreting and translation services are easily accessible and the staff are sensitive to gender issues. When a child or family needs medium or long-term communication support, services aim to ensure continuity of interpreter. This is particularly supportive for expectant young mothers from minority communities, where the same interpreter provides support from anti to post natal care. Information on health services is available in a range of languages and formats. The Intralink service is particularly supportive of the Polish community, providing counselling and support as well as interpreting services. The large Traveller population does not have specialist health workers, but school nurses provide support alongside the home education team and they also visit families to offer universal assessment for children and immunisations.

## **Ambition and prioritisation**

## **Grade 2 (good)**

74. Ambition and prioritisation for safeguarding is good. The strategic leadership of the council and its partners gives safeguarding the highest priority. Cross party commitment to safeguarding amongst the council elected members is strong with a clear political consensus that services for children and young people are a priority and must be appropriately resourced. At both strategic and operational levels there is recognition of the importance of safeguarding children and young people and a clear commitment from operational staff to undertake their work in a child centred manner.
75. Early intervention and prevention are stated priority areas for the council and its partners and are effectively overseen at the highest level through the Children's Trust. The council demonstrates commitment to further developing early intervention services through the recent appointment of a Head of Service and by maintaining community based services. However, whilst a wide range of early intervention and prevention services exist, the strategy for early intervention and prevention services is still at a draft stage and as a result these services are not sufficiently coordinated. Plans to develop early intervention services have not significantly reduced levels of referrals and contacts into social care services.
76. The Equality Standard rating of the council is self assessed as improving. The council is committed to improve this area of work and recognises the need to embed the use of equality impact assessments. Case files audits for this inspection indicate that further work is necessary to ensure that assessments and plans sharply focus on all aspects of equality and diversity.

77. Performance in safeguarding shows marked improvement, particularly over the past year from a low position. Action taken to address priorities is beginning to show impact, such as on the improved timeliness and quality of child protection work and in the increased workforce capacity which includes social workers and independent reviewing officers. Such progress has been methodical and steady. However, in most cases this is relatively recent and not consolidated. Further work is needed to ensure that improvements in performance are sustained and that in those areas where performance is not yet matching national or statistical neighbour levels further improvements are made. Arrangements are being developed by the Safeguarding Unit for the collation of performance data, to identify areas of practice and performance that need to be developed and to ensure the effective use of resources. However, these are yet to be embedded.
78. Safeguarding priorities are clearly identified in the Children and Young People's Plan and through the CESC B action plans. Areas of strength and weakness are clearly identified and targets for service improvement are supported by increased funding and efficiency savings. The council has invested an additional £5.4 million in services for children and young people in Cheshire to promote the Think Family Strategy and safeguarding vulnerable children.
79. The CESC B now provides effective leadership across the partnership. There has been a step change of improvement over the past year. The independent chair employs a rigorous approach to ensure that safeguarding ambitions are prioritised, to provide challenge and to call partner agencies to account for their safeguarding work. The independent chair provides effective leadership and has coordinated the work of the CESC B to ensure statutory duties are complied with.
80. The Director of Children's services, appointed in 2010, provides strong leadership, setting a clear, risk based approach to prioritising improvements required to children's social care services and to safeguarding services. This has galvanised the council and partner agencies to improve safeguarding services and to increase ambitions and aspirations. As a result, significant improvements have been achieved, such as the effective restructuring of children's social care services, with improvements in many areas of performance from what was a very low baseline. Staff from all partner agencies and within children's social care services report high levels of commitment and praise for the clear leadership and communication of direction.
81. Competent senior officers across the partnership increasingly provide clear strategic direction and safeguarding services are increasingly effective, although from a low base. The new configuration of health and social care services, particularly in the past year, combined with development of the joint commissioning pilot and a refreshed senior health management

team, is bringing new opportunities and drive to increase integration and co-location of services.

## **Leadership and management**

## **Grade 2 (good)**

82. Leadership and management of safeguarding services are good. Strong leadership is provided by the council and its partners, to ensure that safeguarding services are increasingly effective. The CESCIB is efficiently managed, and it has a robust business plan, which is appropriately overseen and progressed through a range of CESCIB operational sub groups. There is a developing culture of managers at all levels being approachable and supportive to front line staff.
83. Within social care services, significant changes in the senior management have been effected over the past year, and this has spearheaded the review of services and provided a more focused strategic steer. This has resulted in significant and effective improvements in the culture and organisation of the service. In implementing significant changes to organisational structures and to staffing, the leadership has successfully engaged staff to maintain their commitment and enthusiasm to implement changes and to improve services. Social work staff report that managers are accessible and their leadership is valued and respected.
84. The council's effective strategy for recruitment and retention of staff has resulted in a stable and appropriately qualified workforce within children's social care services. Staff report high levels of confidence in their managers at all levels, with regular open communication and engagement. The workforce plan is appropriately focused to ensure that the workforce population reflects the makeup of the communities in Cheshire East. Women are well represented across the council's workforce. However, staff with a disability and staff from ethnic minority groups are under represented in the workforce. This is a key target for the local authority to tackle to ensure the sustainability of the workforce.
85. Service weaknesses are well known to managers and recent improvements in data and needs analysis are helping to shape service improvements. For example, staff have identified the need to secure increased financial resources for child protection services, and to improve the quality of social work practice. As a result, good training has been provided to support social workers, practice consultants and group managers. All qualified social workers have recently undertaken the 'back to basics' training, which has contributed to improving practice. Supervision training has been provided for group managers, practice consultants and senior family support workers. Newly qualified social workers are supported well through good induction arrangements, by protected caseloads and access to effective training. Their professional development is promoted through opportunities to co-work child protection cases with Practice Consultants.

86. Lessons learned from national and regional serious case reviews have been disseminated across the partner agencies and these have helped to shape improvements in services, such as in improving safeguarding training of early years staff. Staff from partner agencies, including the voluntary, community and faith sectors, report that access and quality of multi-agency training is good.
87. Some opportunities exist for parents and children to provide their views on services across the partnership, such as in identifying the priorities within the children and young person's plan. Members of the youth council participate in the scrutiny committee. Children, young people and their parents were consulted in the commissioning of respite care services and children's centres routinely consult children and families on the provision and design of services. Independent reviewing officers routinely collate service user views and these have been used to inform the structure of conferences. However, user engagement is underdeveloped across children's social care and is not routinely undertaken across the service. For example, the contact and assessment and the child protection, children in need teams do not routinely collate service users' views to inform service delivery and development.
88. Statutory guidelines in relation to complaints are not consistently applied, despite attempts by the council to increase awareness of the complaints system. Parents who spoke with inspectors report that the complaints system is not explained to them across all services. As a result the number of complaints received remains low.
89. The promotion of equality and diversity is adequate. Strong commitment is demonstrated across children's services to equality and diversity as evidenced in the Single Equality Scheme. Equality Impact Assessments are beginning to be routinely used, but the quality of these is variable. The council recognise that more needs to be done to improve the quality and impact and improve access to training for more staff on diversity issues. The council has taken action to promote community cohesion through initiatives with schools and other partners to tackle racist and bullying incidents with good systems to monitor and report racist incidents. However, this information is not currently used to inform service planning or drive improvement.
90. Good work is undertaken with unaccompanied asylum seeking children and young people whose needs are appropriately assessed and relevant services matched to identified needs. Consultation with children, young people and parents has been used effectively to shape the development of respite services for children with disabilities, to ensure services provided meets the needs of children and young people. Positive early intervention programmes such as 'Every Child a Talker' and a strong focus on social education and learning programmes in schools is having an impact on closing the gap between some vulnerable groups and other children in

Cheshire East. Good attention is paid to enabling hard to reach families to access services, and this includes support for women and their children in two prisons, work with Roma, Gypsy and Travellers about domestic abuse and support for young women who may be at risk from unwanted arranged marriages.

## **Performance management and quality assurance**

### **Grade 3 (adequate)**

91. Performance management and quality assurance is adequate. The council and its partners undertake a range of performance management and quality assurance functions both across agencies and within individual services.
92. At the strategic level safeguarding performance is regularly monitored through the CESCOB, the Children's Trust and through governance bodies such as the council's overview and scrutiny committees. Several persons attend both the CESCOB and the Children's Trust, including the CESCOB chair and the director of children's services, which assists communication, consistency and challenge. Agencies are increasingly being held to account for their safeguarding responses and this is helping to drive improvement. The CESCOB, through a variety of sub committees, routinely monitors the effectiveness of inter-agency safeguarding practice.
93. Appropriate action has been taken to strengthen multi-agency arrangements for auditing safeguarding practice, through the establishment of an auditing steering group that includes key partners such as the Police and health. However it is too early to see the impact of the work of this group. Audits conducted by partner agencies, specifically for this inspection, are robust and demonstrate the quality of audit that it is possible for the partnership to undertake, however this level of audit is not routinely undertaken. Whilst firm arrangements are in place for Section 11 audits, children's social care services are not scheduled to complete their assessment until September 2011.
94. Following the first inspection of contact, referral and assessment services in 2010, insufficient progress was made on the areas for development identified. However, following the most recent unannounced inspection in May 2011, the areas for development are being more promptly and effectively tackled. This is seen, for example, in the improvement in the quality of recording of strategy discussions and child protection enquiries.
95. A strong drive to improve quality and performance in children's social care has recently been introduced, for example, through audits undertaken by the safeguarding children and quality assurance unit. These audits have identified that in some cases there has been poor practice with some children experiencing delays in case planning. Where this has been identified, decisive and appropriate action has been taken to ensure that

appropriate plans are put into place. However, the audit has only reviewed a limited number of children and it is not possible to ascertain whether similar issues are present in other cases which have not been audited. Further, the arrangements for reporting the findings of audits completed by the safeguarding unit are not directly reported to the CESCIB, which restricts transparency and the board's ability to provide objective challenge.

96. A system requiring front line managers in children's social care to audit cases has been recently implemented. However, these audits are not yet embedded and managers within the assessment team and child protection/children in need teams are not routinely undertaking these systematic audits within their own teams.
97. Extensive work has been undertaken across the partnership to improve the quality of performance data. Systems are in place to disseminate up to date performance information across the workforce. This is being used by strategic and operational managers and front line staff to shape and improve how services are delivered. A range of national and local indicators, are used to prioritise action for improvement in services. The council and its partners know where performance needs to improve, and this action is beginning to have an impact on key areas of performance, such as the timeliness and quality of core assessments.
98. Supervision arrangements across the partnership are established and being monitored. For example, arrangements to monitor the provision of supervision in children's social care have resulted in the improved quality and regularity of supervision. Social workers report that supervision provided by practice consultants is of good quality and includes time for reflection. This is evident in most supervision files, although the recording of personal development plans is not consistently evident. Staff report that they are well supported and have good access to quality training and post qualification development. There is little evidence of a focus on issues of equality and diversity in supervision although the new supervision template prompts this to be addressed. Management systems are developing to ensure a good level of challenge and support for front line staff and managers are increasingly held to account for their performance.
99. The PCT is making positive progress in developing a performance management framework in relation to both safeguarding and looked after children. Performance indicator dashboards are being developed for each team in partnership with health providers. Quality indicators are also being agreed with providers, although these have yet to show impact.

## **Partnership working**

## **Grade 2 (good)**

100. Partnership working is good. Collaborative partnership working is in place to ensure that the most vulnerable children are protected. At the strategic



level, appropriate attendance and representation from the most senior officers and representatives from a wide range of agencies, including the community, voluntary and faith sectors within groups such as the CESC and the Children's Trust ensures that safeguarding children is prioritised across the partnership. This helps to promote good relationships, communication and networking between agencies.

101. At an operational level, front line staff work collaboratively with partners across all agencies to ensure children and young people receive a coordinated and appropriate response to meet their needs, for example in working well together to support child protection and children in need plans. Close communication and liaison between agencies is well established. For example MAPPA arrangements are used effectively to share information between safeguarding services, to enable effective plans to be put in place in a timely manner.
102. Partnership work between the Police and other agencies is good, with effective screening of child abuse and vulnerable adult referrals. Referral information is of a good quality and the recent introduction of 'complex needs' meetings engage partners to consider and coordinate responses for children and families and to enable good information sharing and a prompt provision of services.
103. The joint commissioning of some services, with some aligned budgets, is increasingly strengthening partnership working. Commissioning arrangements with the community, voluntary and faith sectors are transparent enabling the sector to engage in partnership working.
104. Partner agencies provide a range of initiatives and projects to support vulnerable children and young people. For example family support services are delivered from a range of organisations including children's centres, schools and the within the community, voluntary and faith sectors, many of which bring together a mix of services from different agencies. A range of specialised partnerships services have been established for children and young people who have experienced domestic abuse.

## Services for looked after children

### Overall effectiveness

**Grade 3 (adequate)**

105. The overall effectiveness of services for looked after children is adequate. The needs of looked after children are appropriately prioritised by the council and its partners. Elected members and staff actively promote and engage in activities to carry out their responsibilities as corporate parents. Looked after children have requested that the council and its partners refer to them as cared for children. This is reflected in this report.

106. The restructuring of children's social care services has enabled cared for children's services to be developed and to be more efficient in meeting the needs of cared for children, care leavers and carers. This has further improved links with partner agencies.
107. The quality of work with, and support for, cared for children, is now satisfactory or better, with greater continuity of workers and sharper case planning and review. Further work is required to improve aspects of work, such as in pathway planning.
108. Cared for children are strongly supported to achieve and to engage in constructive activities. They are encouraged to make good use of educational, employment and training opportunities. Their health needs are appropriately being met in most areas and measures are in place to ensure that they are safeguarded. However more work is required to ensure that young people and their carers are aware of the council's complaints process and are able to access advocates or independent visitors where they wish to do so.
109. Opportunities for cared for children to contribute to their individual case planning are well established and some young people are able to contribute to service development, such as through the CiCC. However, many young people are not aware of such opportunities or sufficiently engaged in contributing to development of cared for children services.
110. Most cared for children live in stable secure placements. Residential and foster placements are overall of a good standard and carers are well trained, committed and supported to carry out their responsibilities. However foster carers do not have sufficient opportunity to support each other or to contribute to the development of services.

## **Capacity for improvement**

## **Grade 3 (adequate)**

111. Capacity for improvement is adequate. Outcomes for cared for children are generally improving. Educational outcomes are good, although areas remain that require improvement, such as stability of placements for children.
112. The council and its partners have articulated clear shared objectives based on a firm understanding of need. The lead manager for Cared for Children has led on the development of a clear vision and a coherent set of principles for partners to subscribe to. Work remains to transfer the agreed vision and objectives into explicit action plans with clear accountabilities and timescales. The draft commissioning strategy and recent service reviews provide a good foundation to do this work effectively.
113. A recent major service restructure has resulted in the establishment of a discrete Cared for Children's service. Further service developments include

the establishment of specialist placements, 16+ services, and smaller children's homes. These developments have enabled the council to prioritise the needs of its cared for children and care leavers more effectively and to give a secure base to sustain improvement. However, most of these services have yet to establish a sustained track record of improvement.

## **Areas for improvement**

114. In order to improve the quality of provision and services for looked after children and young people in Cheshire East, the local authority and its partners should take the following action.

### **Immediately:**

- ensure that pathways plans are of a good quality and are routinely audited.

### **Within three months:**

- increase awareness of the CiCC amongst cared for children and care leavers
- increase the awareness of the complaints procedure amongst cared for children, their carers and service users
- ensure that cared for children have access to independent visitors where they wish
- ensure that cared for children are aware of, and able to access, advocacy services
- ensure that foster carers are able to access support groups and to contribute the development of cared for children services
- ensure that case planning for cared for children placed at home with their parents is robust and that those children are appropriately monitored and reviewed.

### **Within six months:**

- ensure that care leavers are provided with appropriate support to meet their health needs
- ensure that there is minimal need for cared for children to move placements thereby reducing the number of placement moves
- increase the availability of placements for cared for children within the area.

## How good are outcomes for looked after children and care leavers?

### Being healthy

### Grade 3 (adequate)

115. The provision of support to ensure the health and wellbeing of young people in care is adequate. The designated nurse and looked after children nurse provide effective leadership and are driving improvements in partnership with social care. The designated nurse and the joint commissioning manager have recently become members of the Corporate Parenting Board, enabling more cohesive strategic development of services.
116. Health services responsibilities for cared for children are clearly acknowledged by all health agencies and sustained for children placed out of area. Health services are commissioned if their needs cannot be met by the local services where they are placed. The PCT is actively engaged in regional work to develop agreement on cross-boundary placements and charging arrangements.
117. Health visitors and school nurses demonstrate good commitment to attending cared for children reviews. School nurses undertake most health assessments, which are timed to take place before cared for children reviews, to enable up-to-date information to be shared. Independent reviewing officers give appropriate attention to health issues in cared for children reviews.
118. Work has begun to develop health report proformas for reviews to ensure that information is consistent and comprehensive. Locally the figure for children with up to date immunisations is 88% compared to 87% nationally; 86% of cared for children are registered with a dentist, compared to 87% nationally. Accurate numbers of children with an up to date health assessment are currently being agreed with social care staff and were not available at the time of this inspection. The completion of initial health assessments within timescales remains a challenge and dedicated clinics are being established to tackle this.
119. Health support to care leavers is not sufficiently developed. Care leavers are given copies of their most recent health review which also takes the form of an exit interview. They are given advice on how to register with a GP and dentist, and receive support from the care leaving team rather than the cared for children nurses. An information booklet for care leavers is at the early stage of development.
120. Young people are able to exercise choice around the provision of their health assessment and where it takes place. However, they are not being engaged in the development of health services. Cared for children have not been involved in training of staff or foster carers, or in the recruitment

of relevant health professionals and are not involved in the development of the care leaver's information booklet.

121. Dedicated support is established for cared for children misusing substances. Cared for children workers have recently been relocated into the CAMHS team, enabling pathways into substance misuse support to be clearer and to be provided at an early stage alongside that of CAMHS. No training is provided for foster carers on substance misuse issues. Performance data on the prevalence of substance misuse in the cared for children population is not collated.
122. At the time of inspection, six cared for young people or care leavers are teenage mothers and three are pregnant and all are receiving appropriate support. No information is collected about young fathers among the cared for children population and there are no sex relationship and education programmes targeted at them. Support for young mothers with a learning disability is limited, although there are some examples of good work.

## **Staying safe**

## **Grade 3 (adequate)**

123. Arrangements for ensuring that cared for children stay safe are adequate. Nearly all cared for children who responded to the Care4Me survey or spoken to by inspectors, feel their placement is good or very good. Nearly all respondents to the survey feel safe in their placement.
124. Stability of placement remains an identified priority for the authority, with a high proportion, 14.2% of cared for children, experiencing multiple placement moves. However, stability for children in long-term care, at 71%, is more in line with similar authorities.
125. The number of cared for children has recently decreased, after a significant rise in previous years. Demand for local placements remains high and cannot be met. This results in a continuing reliance on external provision, often outside of the local area. A new specialist placement service has been established within the Cared for Children's service, tasked to increase local resources and improve placement choice for cared for children within Cheshire East. Recruitment processes have improved and the service now has effective quality assurance mechanisms for matching children to suitable placements. The multi-agency placements panel provides a creative forum for the consideration of children's individual placement needs, with a strong emphasis on how those needs can be met within the authority. The number of children placed a significant distance away from their family has reduced over the past year from 19% to 14% of the cared for children population.
126. Processes for identifying and monitoring care placements, including those outside the area, are robust. Children who need to live in independent placements are only placed in provision that is assessed as being at least adequate in its most recent inspection, with priority given to good or

outstanding provision. The percentage of cared for children placed with parents remains significantly higher than similar authorities and the national average. Work has been undertaken within children's social care staff to improve case planning; as a result there has been a reduction in court orders which enable children to remain at home whilst in the care of the authority.

127. An increase in the capacity of independent reviewing officers has resulted in increased timeliness of reviews to meet statutory timescales, from 77% in 2009 to 90.8% last year. The Legal Gateway process enables effective monitoring of care planning decisions. The level of challenge by independent reviewing officers has been enhanced by an increase in their establishment and by having more time to undertake the work. Further increase in capacity is planned. Progress on recommended actions are tracked effectively, although some recommendations seen during the inspection lack sufficient clarity about accountability and timescales. The capacity of independent reviewing officers to review Pathway Plans effectively is significantly reduced by the high workload.
128. The council has no arrangements for allocating independent visitors to children who may benefit from such a service. The council acknowledges this as a significant gap, and plans are at an early stage to commission a service.
129. A joint protocol between children's services and the Police which addresses the needs of children and young people missing from care is in place and is effectively implemented. This has recently been redrafted as a Cheshire-wide protocol. Effective tracking and reporting mechanisms are in place.
130. Sufficient progress has been made on most recommendations from the last inspection of the area's fostering services in 2009. Foster carers' level of attendance at training events is good.
131. Cared for young people report that programmes offered in schools on sexual health, drugs and alcohol misuse and on-line safety, run by school nurses and Police, are engaging and informative. These sessions are experiential and interactive, help young people to be aware of the consequences of lifestyle choices and to make informed decisions.
132. Anti-bullying strategies are robust. Residential children's homes have appropriate anti-bullying policies which enable children and young people to report incidents of bullying.

## **Enjoying and achieving**

## **Grade 2 (good)**

133. Educational support and outcomes for all cared for children including those placed externally are good. Raising the aspirations, ambitions and achievement of cared for children are important priorities for the council

and its partners. The head of the virtual school provides clear strategic direction to the multi-disciplinary virtual school team. This team has strong relationships with cared for children, and provides strong advocacy for them, when necessary. The work of the virtual school team is well embedded and provides a coordinated, holistic approach to the education of cared for children and young people, including those who are recognised as being gifted and talented. This ensures that they receive good support for their education and as a result barriers to learning are reducing.

134. Good attention is paid to selecting the most suitable school for individual children, who are given the highest priority within the school admission process. Care is taken to secure stability of school placements. Children educated outside the borough have access to good schools. A virtual school team member sits on the Children's Social Care Placement Panel to provide professional advice on children's educational needs when decisions about care placements are made. Cared for children receive good support in school from designated teachers, family support workers and learning mentors. They all routinely receive one to one tuition and have priority access to supplementary programmes in school including, nurturing programmes and activities provided through the extended school service. The virtual school team routinely provide training, advice and challenge to a wide range of professionals responsible for the education of cared for children including Police, school staff, foster carers, students and social care staff. The development of an on-line cared for children in education website provides easily accessible guidance about education matters for cared for children and those responsible for their education.
135. Personal education allowances and extended school activities are used effectively and creatively to provide cared for children and young people with individual tuition and good opportunities to participate in a range of sport, cultural and leisure activities. Cared for children who live some distance from their school are able to participate in extended school activities. Effective multi-agency monitoring of attendance has resulted in an improvement on school attendances of cared for children; this is now in line with all Cheshire East children. No permanent exclusions of cared for children have occurred in the past two years. Good behaviour management strategies, including a managed school transfer system are successfully reducing fixed term exclusions for this group of children and young people. Good support is provided to children and young people who are excluded from school, including individual packages of support that enable them to remain engaged with education.
136. The council has an up to date virtual school roll of cared for children. Good tracking and monitoring systems ensure that individual children's progress against their starting points are closely monitored and that timely intervention is offered for those who are not making expected progress,

including additional tuition and one to one support from the virtual school. Monitoring of individual children's progress demonstrates that most children are making progress against their starting point.

137. Good systems are in place for monitoring the education attendance and progress of children and young people cared for outside the authority, including twice yearly visits from a member of the virtual school team. These children receive the same level of support from the virtual school team as those children living in Cheshire East, including rigorous monitoring and tracking of their progress.
138. The attainment of cared for children at Key Stage 2 is good, and is better than statistical neighbours in both English and mathematics. The results at Key Stage 4 are more varied, however, and the achievement of those gaining at least 5 GCSE A\*–G is good at 42%, which is significantly above statistical neighbours and the national average. Ninety seven percent of children have an up-to-date personal education plan (PEP), although the quality of those randomly sampled by inspectors was variable. The quality of PEPs is to be tackled through a newly developed PEP format and a multi-agency quality assurance monitoring group. Cared for children in the early years benefit from priority access to childcare and the early years PEP. However, the educational development of these children remains below the national average.
139. The achievement of cared for children is annually celebrated by the council and its partners at an achievement award ceremony. Cared for children have good opportunities to participate in leisure and cultural activities. They have access to free leisure passes for Cheshire East leisure services as have foster families, carers and support workers when accompanying a cared for child or young person.

### **Making a positive contribution, including user engagement Grade 3 (adequate)**

140. Arrangements to enable cared for children and young people to make a positive contribution are adequate. Children and young people are encouraged to contribute to their reviews and their wishes and feelings are evident in minutes of reviews, although there is less clear evidence of engaging younger children in the process. Independent reviewing officers make stringent efforts to meet with children and young people prior to reviews to help prepare them for the meetings and to ensure that their wishes and feelings are represented. A range of methods is employed to gather children's views and some children and young people have been supported to chair their own meetings. Care leavers routinely attend their pathway plan reviews; however their views and involvement in the planning process are not always fully evident.



141. Barnardo's has been commissioned to provide advocacy services for all cared for children, since December 2010. The number of children supported is growing. However, the service does not proactively promote its provision sufficiently to younger children. A website is established, but remains under development. All children placed out of borough are contacted directly by Barnardo's, although visits to these placements are not routinely made by the advocacy service. Regular visits are made to all the authority's children's homes. Barnardo's is represented on the Corporate Parenting Board.
142. The CiCC, facilitated by Barnardo's, is now established, building on the work carried out by previous advocacy groups. There are good links with senior managers and plans are in place for regular, active representation on the Corporate Parenting Board. The CiCC's involvement has led to some changes in practice, including the naming of the Cared for Children Service and the level of festival and birthday allowances. However, its impact to date has been limited by a lack of awareness of the group's existence amongst the wider cared for children population and this restricts its ability to fully represent a wider range of views. The CiCC has drafted a work plan that includes themes for future exploration. A council pledge to cared for children has been agreed, but has not yet been fully launched and only a small proportion of children and young people responding to the Care4Me survey were aware of the Pledge's existence, or its contents.
143. The views of cared for children are not sufficiently gathered and understood in order to influence the shaping of services. Methods of consultation are not broad enough in particular, in capturing the views of disabled and younger cared for children. This is acknowledged by the council. The Cared for Children Service plan to establish a regular survey of cared for children, but this has yet to be implemented. However, some young people have been involved in the recruitment of staff, including those appointed at a senior level and to children's homes.
144. The council does not do enough to seek the views of foster carers, and fosters carers do not routinely meet as a group. The council has held briefing workshops for carers, but no forum exists, such as a regular support group or an active local foster care association, where foster carers can receive mutual support, present their views to the council, or influence the shaping of services. This was a gap identified at the previous inspection of the area's fostering services in 2009.
145. Levels of offending by cared for children are low, have reduced from previous years' relatively low numbers, and remain significantly below the national average. A joint protocol between children's services and the Youth Offending Service (YOS), is in draft form, and is targeted to strengthen arrangements. The YOS has funded a new post, to be based

within the virtual school, and to address pre-offending behaviour among vulnerable 14-19 year olds.

146. The annual achievement awards ceremony involves professionals, is valued by children and young people and is promoted effectively by the council.

## **Economic well-being**

## **Grade 3 (adequate)**

147. The impact of services that enable cared for children and young people to achieve economic well-being is adequate. A new 16+ service has been established to work with cared for children preparing to leave care and with care leavers. This demonstrates the council's commitment to improving outcomes for this group of young people. Capacity has been increased and the service now includes five social work posts, established to complement the service provided by independence advisors and family support workers.
148. Some effective working relationships with partner agencies are established, although some of the formal arrangements are too recent for their impact to be fully assessed. Connexions has plans for two link workers to provide support to care leavers, for a total of one day a week. Connexions has also facilitated a well attended and welcomed opportunity for cared for children and their carers to visit a local university. Links to a benefits advisor for 16+ staff are well established, and the virtual school for cared for children works closely with the 16+ service, with particular emphasis on ensuring that young people are supported to access suitable post-16 learning opportunities. Appropriate support is provided to all cared for children and care leavers in statutory education. Suitable training for foster carers, 'Making a Difference', which focuses on preparing young people for independence, is provided on a regular basis.
149. Pathway plans, selected at random by inspectors, are of overall poor quality. Assessments of needs lack sufficient detail, analysis, evidence of the involvement of young people and attention to their diverse needs. Planned actions are insufficiently specific, and there is little evident involvement of relevant key agencies. The council provided examples of other plans which are of higher quality, include greater attention to detail, wider involvement of partner agencies and greater evidence of participation of young people in the planning process.
150. Care leavers receive appropriate support to access provision that enables them to continue in education, training or employment. Good multi-agency collaboration enables a range of opportunities for care leavers to access training and employment. This includes a strong commitment from the council to offer care leavers apprenticeships and five young people currently benefit from this scheme. Six care leavers are currently in higher education, and receive good financial and pastoral support. The number of

care leavers engaged in education, training or employment remains low, but the proportion of engaged 16-18 year olds is improving.

151. All care leavers live in suitable accommodation. The CAPE lodgings scheme provides semi-independent supported lodging placements, and the council plans to expand the provision of these placements. The Vulnerable Young People's panel provides an effective multi-agency forum to match young people appropriately to suitable accommodation, with scope to expand this forum to a wider range of housing providers. Suitable support is available from YMCA for young people in post-hostel accommodation, and the council is reviewing the specification for this service to provide support for young people leaving care a wider range of placement provision.

## **Quality of provision**

## **Grade 3 (adequate)**

152. The quality of provision for cared for children is adequate. In all cases seen by inspectors, the needs of cared for children and young people were met at least adequately, with up to date plans and in appropriate placements. There was strong evidence of management oversight, with some examples of clear directions arising from supervision and case discussions.
153. All cared for children have an allocated qualified social worker. Children and young people spoken to report a satisfaction with access to their social worker or key worker and a greater continuity of relationship with that worker. This improvement has been underpinned by the recent restructure which has resulted in increased staff stability and more manageable caseloads for social workers.
154. Statutory visits are timely in most cases and children are seen on their own, although the outcome of visits is not always clearly recorded. Children's wishes and feelings are not always fully taken into account. When their views have been canvassed, they are not always clearly evidenced in files. There is a lack of attention to the diverse needs of children and families in most cases seen, although social workers spoken to did indicate awareness of the diverse needs of the children they work with.
155. Reviews of children and young people's care plans are held regularly, and the increase in the capacity of independent reviewing officers has resulted in significant improvement in the timeliness of statutory reviews. Good multi-agency attendance and involvement at statutory reviews and case planning meetings result, in most cases, in plans that are reviewed with sufficient rigour. However, plans for children placed at home with their parents on a care order are not always monitored and progressed in a sufficiently robust or timely manner.

156. Clear commitment is demonstrated to supporting placement stability, with a strong emphasis on enabling continuity of placement and relationships with professionals. The input of the cared for children support team is effective, and the team is well-integrated with colleagues and partner services.
157. The local authority's children's homes and its adoption service were assessed as good at their most recent Ofsted inspection. Fostering services were assessed as adequate. The council implements a policy of only placing children in external agency placements that have been assessed by Ofsted as being at least adequate, with priority given to identifying provision that is good or outstanding.

**Ambition and prioritisation****Grade 3 (adequate)**

158. Ambition and prioritisation for cared for children is adequate. The council has prioritised a major reorganisation of services for cared for children and care leavers, the impact of which has yet to have a measurable impact across the key outcome areas. Progress to establish the formal framework to advance the corporate parenting agenda across all stakeholders, is at the early stages of implementation.
159. The council and its partners provide effective leadership and demonstrate a firm commitment to prioritise and develop resources for cared for children and care leavers. Elected members champion the needs of cared for children effectively, evidenced by recent robust reviews of fostering services, residential and family support services undertaken by the Overview and Scrutiny Committee. These resulted in clear and measurable recommendations for service improvement, including the review of recruitment procedures for foster carers. The committee plans to review services for care leavers. Elected members participate fully in a rota of Regulation 33 visits to children's homes. Outcomes are reported routinely to the Overview and Scrutiny Committee, with consistent evidence of improvements made to practice as a result of the visits, such as improved access to computers for cared for young people. Training is regularly provided by officers to Regulation 33 visitors, with a strong emphasis on corporate parenting responsibilities. Councillors sit on the adoption and family placement panels.
160. The Corporate Parenting agenda is becoming increasingly embedded. The Corporate Parenting Board, was relaunched and a cross-agency Corporate Parenting Strategy agreed in March 2011. This provides a coherent framework for promoting the needs of cared for children, for monitoring their progress and for planning and reviewing strategy, although it is too early to measure its impact. Membership is appropriately wide, encompassing elected members, officers from departments across the council, and relevant partner agencies. There is representation from the Children in Care Council (CiCC).

**Leadership and management****Grade 2 (good)**

161. Leadership and management of services for cared for children is good. The strategic leadership shown by the council and its partners has managed services through significant organisational change in a measured and effective manner. Services for cared for children and care leavers, which were previously fragmented across the wider children's service, have been reconfigured into specialist services that appropriately prioritise those children and young people's needs, and link more closely to partner agency services.
162. Staff morale within cared for children's services and across the partnership has improved markedly since the major service redesign. Staff report satisfaction with developments of services for cared for children and young people. They report good access to managers at all levels, with good opportunities for training and personal development.
163. Commissioning arrangements for services provided to cared for children are effective. A Joint Commissioning unit encompassing children's and adult's services and the PCT is now established, with clear governance arrangements. A draft commissioning strategy analyses and addresses the needs of looked after children, although it is too early to assess its impact. Priorities are appropriately shared among stakeholders. Services identified as underperforming have been decommissioned. For example, large council children's homes have been closed and smaller homes commissioned that are more suitable to the needs of young people. Outcomes for children have improved as a result.
164. Financial resources are managed well, underpinned by the improved links between commissioners and provider services and by a coherent budget management process that involves managers at all levels. Partnerships with relevant agencies are strong and there is effective use of the private and community, voluntary and faith sectors to provide services for cared children.

**Performance management and quality assurance****Grade 2 (good)**

165. Performance management and quality assurance of services for cared for children are good. Performance in most key outcome areas is in line with similar areas or national figures, although overall stability of placement remains relatively weak. The number of care leavers engaged in education, training or employment has dipped this year but nearly all are in suitable accommodation. Educational outcomes for cared for children and care leavers are good.

166. Performance reporting mechanisms across the cared for children services are robust. Senior managers, the CESCIB and the Overview and Scrutiny Committee receive regular reports on the progress made by cared for children. Group managers report on key performance areas to the Principal Manager on a monthly basis. Weekly updates on all children in children's homes are made available to relevant social workers and managers. Staff away days and team meetings are regularly used to provide staff with information about overall performance issues and to inform service planning. The Corporate Parenting Board, with a wide representation of stakeholders, maintains a strong overview of the progress made by cared for children. Commissioning processes, which include close monitoring of externally commissioned service provision, ensure effective assessment of quality and performance.
167. Supervision of staff is timely and records demonstrate sound case management and that appropriate account is taken of personal matters, including individual staff capacity and training needs. Appropriate management oversight is evident in case records. Newly qualified staff receive good support, with protected caseloads, access to a range of training opportunities and external support. Staff report good access to managerial support and training opportunities. Monthly practice workshops are well attended and valued by staff and provide good opportunities for staff to reflect on, and develop their practice. Improved supervision arrangements have enabled staff to improve the quality of casework and case recording.

## Record of main findings:

<b>Safeguarding services</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
<b>Safeguarding outcomes for children and young people</b>	
Children and young people are safe and feel safe	Adequate
Quality of provision	Adequate
The contribution of health agencies to keeping children and young people safe	Adequate
Ambition and prioritisation	Good
Leadership and management	Good
Performance management and quality assurance	Adequate
Partnership working	Good
Equality and diversity	Adequate
<b>Services for looked after children</b>	
Overall effectiveness	Adequate
Capacity for improvement	Adequate
<b>How good are outcomes for looked after children and care leavers?</b>	
Being healthy	Adequate
Staying safe	Adequate
Enjoying and achieving	Good
Making a positive contribution, including user engagement	Adequate
Economic well-being	Adequate
Quality of provision	Adequate
Ambition and prioritisation	Adequate
Leadership and management	Good
Performance management and quality assurance	Good
Equality and diversity	Adequate

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# **Announced Inspection Action Plan (v1) Draft**

Area for Improvement / Recommendation	TIMESCALE	Key Actions : short term interventions	Resp. Officer	Evidence/Progress ( End of September)	RAG	Evidence/Progress ( end of November )	RAG	Evidence/Progress ( end of January )	Reporting Schedule
<b>Safeguarding Children &amp; Young people</b>									
<b>Ensure that the outcomes of referrals to social care are promptly, routinely and consistently notified to referring agencies</b>	<b>IMMEDIATE</b>	A 'Response to Referral' form has already been put in place which has previously not been standar practice. Laming expectation is that Response to Referrer form is sent out within 48 hours - currently these are sent out daily from C&R. CAF teams receive these weekly and PPU on a monthly basis.	Nancy Meehan / Shirley Jordan	Initial feedback is that Health widwives already reporting that these forms are being received.					<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that visits to children are clearly recorded and state whether the child has been seen and seen alone.</b>	<b>IMMEDIATE</b>	Current PARIS form for IA or Core identified that a child has been seen and seen alone. The form cannot be authorised by a manager if incomplete or that the child has not been seen. Some work is necessary to ensure that form is very clear that the child needs to be seen alone.	Nancy Meehan / Shirley Jordan	Changes to the PARIS form are complete and full clarity of use. Practice Consultants to ensure that monthly returns to Group Managers report any child not seen/not seen alone and reasons. Auditing by Group Managers undertaken to address any gaps		Auditing shows that remedial actionn have been taken where child have not been seen. Monthly reports show a reduction in the number of cases where child not seen/seen alone.		Auditing by GM shows that there have been no children unseen over the last 2 month period.	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that assessments and case planning consistently consider and record the views, wishes and feelings of children and their families.</b>	<b>IMMEDIATE</b>	Close scrutiny of case files will ensure that greater recognition is given to the views & wishes of children and their families. Quality of assessment records will be reported to GM by PC and trends/evidence provided as part of ongoing supervision. Service wide auditing will also address quality of recording	Nancy Meehan / Shirley Jordan	Group Managers share evidence from ongoing supervision with senior staff to identify common issues/trends. Remedial actions feed back to SW with appropraite CPD undertaken as required.		Themed auditing by senior staff is undertaken with a focus upon the quality and consistency of recording children's views and feelings.			<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that assesment reports are routinely shared with families and that they promptly receive copies of their child protection or CIN plan.</b>	<b>IMMEDIATE</b>	This again will be reinforced and monitored robustly through ongoing supervision auditing and feedback to GM. PC authoriise all assessments and Unit Coordinators routinely send these to families. Evidence of sending is recorded on PARIS in terms of date.	Nancy Meehan / Shirley Jordan	Auditing shows that there are no assessment reports which are not rotinely sent to families and that all dates are routinely recorded through PARIS exemplar. Any areas of poor practice is acted upon by GM through supervision		Direct auditing with children and their fmailies shows that assessments are routinely been received and have copies of CIN plans.			<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that equality and diversity issues are routinely assessed, recorded and considered in case planning and service delivery and are routinely considered within supervision.</b>	<b>IMMEDIATE</b>	Clear need to integrate Equality and Diversity policies into everyday practices of all staff at all levels. Review of all documentation to ensure that E&D issues are clear and allows for appropriate recording of issues. Through team meetings, CPD activities and ongoing supervision, there is strong and cnsistent emphasis given to E&D issues.	Nancy Meehan / Shirley Jordan	All relevant documentation allows for approparite recording of E&D issues. Auditing of supervision by GM shows improved consideration of E&D issues and approparie actions taken.					<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>

<b>Ensure that staff in adult mental health and the Independent Living services are fully equipped and knowledgeable to identify children's safeguarding issues in day to day contact with people who use these services</b>	<b>IMMEDIATE</b>	<p>Clear need to identify appropriate managers to strategically work with identified colleagues in adult services to address safeguarding issues.</p> <p>Need to identify training plan with identified staff to improve level of knowledge and quality of provision. Establishment of meeting structure across services to monitor rate of improvements</p>	Initially - Lucia Scally / Kate Rose	CPD sessions identified to address potential gaps in knowledge. Meeting structure in place and there is positive feedback on impact of cross phase working and impact of training plan.				<b>Quarterly report to:LSCB/LSAB and C &amp; F &amp; Adults Scrutiny Committees</b>
<b>Ensure that the electronic case system is able to capture chronologies that represent critical events in a child's life and support case planning and decision making</b>	<b>WITHIN 3 MONTHS</b>	Guidance already exists but needs embedding via training and development days. Paris is able to complete a chronology if the right process is followed although this is limited. There is presently in place an expectation that all cases that are closed or transferred from the CAT team have a full chronology on file. This at present is an attached document alongside the PARIS chronology. The continued development of chronologies will be an expectation on all SW teams that the chronology will be continually updated by the SW as part of the case management recording on all cases.	Nancy Meehan / Shirley Jordan	Detailed reviews by PC in supervision as part of an audit process and also prior to closure or transfer to any SW team. It will also be part of a themed audit within CE. SW may require updated training on the use of PARIS as to how to populate the PARIS chronology.	Evidence from audit process - supervision, themed audit, shows that chronology now able to be seen and critical events seen. Ongoing recommendations for ICS include this key issue as a fundamental development issue.			<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that improvements in safeguarding performance are sustained and that there is improvement in those areas which are below national or statistical neighbour levels</b>	<b>WITHIN 3 MONTHS</b>	Weekly monitoring of IA by PC and GM (and reports sent to line managers' senior managers - process and proforma has already now been set up in CAT). Monthly monitoring of core assessments to be overseen by PC in supervision and feedback to be sent to GM on monthly basis and reports sent to line managers/senior managers - (process set up just needs embedding - this has not occurred due to leave etc) oversight of Cp figures and those children subject to plans, embedding meetings to audit the statistical changes and look at patterns between the social care team and safeguarding GM - (meetings set up but need embedding). CIN plans to be completed - these to be regularly reviewed. This to be part of themed audit and overseen in supervision. Reports to be obtained via business support on a weekly/monthly basis to all GM for discussion at GM meetings and dissemination via team meetings - a standard agenda item.	Nancy Meehan / Shirley Jordan	Evidence obtained by supervision, robust oversight by senior managers, business objectives reports. Monthly reporting of children who are cared for and a robust monitoring in place via IRO to ensure no drift in these cases. System of providing regular and accurate data on SN and national comparative established.				<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>

<b>Ensure that transition arrangements for young people moving from CAMHS and children's disability services into adult mental health and the Independent Living Service are robust, involve young people and their family carers and are performed effectively</b>	<b>WITHIN 3 MONTHS</b>	An initial meeting has been set up by Rachel Elliot to consider transitional arrangements and agree specific actions to address this area.	Sheila Sadler/J Oxley/S Tatham (tbc)					<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>Ensure that service users are actively and consistently engaged and are able to contribute to service development</b>	<b>WITHIN 3 MONTHS</b>	Feedback forms to be implemented following social care involvement. Use of the complaint system and learning from complaints - using team meetings to ensure staff understand the themes occurring through the complaints system, regular reporting reports outline the patterns of complaint. Oversight of complaints by PM, (system already in place just needs embedding). Ensure regular participation of young people and families in all meetings and better use of the advocacy service for young people re. complaints process.	Nancy Meehan / Shirley Jordan	By themed audits, supervision, use of complaints system, agenda item for team meetings to ensure consistent feedback to teams re. any occurring themes.				<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>
<b>The Primary Care Trust and health providers should ensure that all staff receive regular safeguarding supervision and safeguarding discussion forum opportunities across health services and at all levels</b>	<b>WITHIN 3 MONTHS</b>	Urgent consultation with the PCT is required to address this issue. Clear need to develop appropriate actions at an operation level to ensure that actual changes in procedures take place which can then be monitored as part of this plan.	TBD					<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee - Query, Shadow Health and Well Being Board ?</b>
<b>Ensure that there is sufficient management capacity to systematically undertake case audits within individual agencies and across the partnership. Ensure that the outcome of audits is reported to the CESC and that themes identified from these are used to improve practice</b>	<b>WITHIN 6 MONTHS</b>	The process in place is that PC should undertake 2 audits per month and GM should also audit the supervision files to ensure this has occurred. The safeguarding audit process which looks at themed audits and report back to LSCB. The outcome of the audits to be shared with the teams via team development days and as a standard item on team meetings. As management structure is fully staffed this should be able to be completed as part of the daily activities of managers.						<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee</b>

Ensure that there are sufficient resources to support children and their families who are involved in domestic abuse or in substance misuse.	WITHIN 6 MONTHS	The use of Arch and more consistent approach to the use of IDVA service. The early intervention and prevention service to form part of their training to access resources within children centres and family centres at an earlier stage to support families who suffer domestic violence or substance mis-use. Active commissioning of specific services for families to access resources. Development of strategic links to voluntary services that provide resources.						Quarterly report to:LSCB and C & F Scrutiny Committee
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## Services for Cared for Children

Ensure that pathways plans are of a good quality and are routinely audited	IMMEDIATE	Establishment of expected 'standards' for plans which are agreed by all staff. Undertake training and provide support to embed new practices. Ensure voice of the young person is built into the process. Clear measurement of impact on outcomes of YP. Clear programme of auditing established	Julie Lewis	Standards agreed and disseminated to all staff. Training place in place and commenced. Auditing of initial plans shows YP at centre of process with SMART planning principles being seen				Quarterly report to:LSCB and C & F Scrutiny Committee -
Increase awareness of the CiCC amongst cared for children and care leavers	WITHIN 3 MONTHS	CiCC to be promoted to all c who enter care. Twice yearly newsletter to be issued to all C4C.Promote at awards event in October.Practice workshop for staff august - ask them to promote knowledge and access to website for yp. Event for FCs to ensure their awareness	Julie Lewis	newsletter distributed. Practice workshop held.	discussed at FC briefings. Promoted at Awards event.	membership increased. Hits on website increased.		Quarterly report to:LSCB and C & F Scrutiny Committee -
Increase the awareness of the complaints procedure amongst cared for children, their carers and service users	WITHIN 3 MONTHS	Ensure all C4C are aware of the system at point of entry to care. Promote at awards event. Ensure FCs etc are also aware. Include on agenda at FC recruitment events	Relevant managers		discussed at FC briefings. Promoted at Awards event. Included on recruitment events agenda	Increase in the use of the complaints service at stage one		Quarterly report to:LSCB and C & F Scrutiny Committee - Query, Shadow Health and Well Being Board ?
Ensure that cared for children have access to independent visitors where they wish	WITHIN 3 MONTHS	Scope the need for IV and benchmark against other LA's. Ensure the service is commissioned in line with identified need and appropriate commissioning regulations.	Julie Lewis/Alison Ellison	demand identified and previous cost established.	benchmarking against other LAs analysed.	proposals in respect of future provision identifeid and progressed		Quarterly report to:LSCB and C & F Scrutiny Committee -
Ensure that cared for children are aware of, and able to access, advocacy services	WITHIN 3 MONTHS	Advocacy to be promoted to all c who enter care. Twice yearly newsletter to be issued to all C4C.Promote at awards event in October.Practice workshop for staff august - ask them to promote knowledge and access to website for yp. Event for FCs to ensure their awareness	Glynis Williams /Alison Ellison	newsletter distributed.Practice workshop held.	discussed at FC briefings. Promoted at awards event	increase in yp accessing advocates, reduction in complaints from c4c		Quarterly report to:LSCB and C & F Scrutiny Committee -

<b>Ensure that foster carers are able to access support groups and to contribute to the development of cared for children services</b>	<b>WITHIN 3 MONTHS</b>	Issue questionnaire to FCs re their wishes in respect of support. Analyse responses. Undertake briefing sessions for FCs. Identify expressions of interest re support groups and locations. Consider out of hours support. Consider use of FC association (possible joint work with CwaC)	Julie Lewis	analysis of questionnaire	fc briefings undertaken and further info gathered	establish support groups in relation to feedback from questionnaire and other info from FCs	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Ensure that case planning for cared for children placed at home with their parents is robust and that those children are appropriately monitored and reviewed.</b>	<b>WITHIN 3 MONTHS</b>	Undertake audit of CPWP to include plans etc and potential for revocation of order.ensure case file audits regularly include these cases. Progress plans for revocation where appropriate	Julie Lewis	analysis of cases undertaken. potential revocations identified.	auditing underway and evidencing robust oversight of placed with parents		<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Ensure that care leavers are provided with appropriate support to meet their health needs</b>	<b>WITHIN 6 MONTHS</b>	establish 16 plus working group to identify gaps in current provision. Identify strategies to ensure gaps are addressed. Proposals to SMT re future of the 16 plus service and implications.	Julie Lewis	establishment of working group and terms of reference etc	work plan agreed	service spec proposed and to be costed	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Ensure that there is minimal need for cared for children to move placements thereby reducing the number of placement moves</b>	<b>WITHIN 6 MONTHS</b>	Placement service to go live for the matching of all placements for C4C. placement service to track those C4C who have been subject to 2 placement moves. Early alert system to social workers in order that c4c at risk of disruption for a 3rd time are identified and supported at an early stage.	Julie Lewis	placement service live. analysis of cohort undertaken	early alert system agreed by placement service and issued to others.	info regularly distributed to Gms and Pcs for their input into placement support.	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>
<b>Increase the availability of placements for cared for children within the area.</b>	<b>WITHIN 6 MONTHS</b>	improve the depts response to adults wishing to become fcs for CE council. Improve assessment times. Requirement to commission 3 new borough residential homes - 2 long stay,one assessment - initial property has been identified and procurement underway.	Julie Lewis / Alison Ellison	establishment of alternative way of undertaking fostering assessments. Increased clarity around procurement of additional resources.		improvement in response times to initial enquiries.initial home visits undertaken in a timely manner.	<b>Quarterly report to:LSCB and C &amp; F Scrutiny Committee -</b>

## Acroynms

C&R	Contract and Referrals into Social Care	PC	Practice Consultants	LSCB	Local Safeguarding Childrens Board
CAF	Common Assessment framework	PARIS	Electronic system for recording all social care information	IDVA	Independent Domestic Violence Advisors
PPU	Pupil Protection Unit	E&D	Equality & Diversity	FC	Foster Carers
IA	Initial assessment - referrals into Social care	CAT	Childrens Assessment team	CiCC	Children in care Council
GM	Group Manager	IV	Independent visitor	CPWP	Children placed with parents

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## **COMBINED GROUP PRIORITIES**

### Strategic Issues resulting from ELT – Announced Inspection Outcomes

1. Sexual Health Services

- Not fit for purpose – too fragmented

Timescale for 'new strategy' and methods of communication.  
Who to QA are to monitor its effectiveness?  
Where will outcomes be reported to?

Include within this TP and Conception rates.

2. CAMHS

Variable judgements available leading to lack of clarity of provision. Need to consider how CAMHS services access Earlier Intervention rather than urgent/acute provision.

3. Missing from Care/Home/Education

Not a secure strategy currently – how do we track/monitor and what are the outcomes we want from a strategy.

Need to include in this sexual exploitation.

4. Private Fostering

Ability to collate and analyse accurate data and requires a clear strategy as well as ownership within the service.

5. Performance Management – Systems/Reporting/Access to Data

Full review of current systems required. Need to strategically plan for ICS in line with wider ICT systems and promote Outcomes Based Accountability at all levels.

6. C&YP Voice - Stakeholder Engagement

What have we learnt from Pre-Inspection questionnaires?

What are our Minimum standards?

What systems best provide quality feedback from our most vulnerable young people?

7. Early Intervention

How does the new arm of the service best address the issues from the Inspection?

In terms of Pre-CP cases – what are the triggers which keep us awake at night?

- Emotional abuse/neglect etc.
- Do we know who this group is and how we are supporting them?

8. Greater Understanding from ALL Partners in terms of their role and impact on Announced Inspection outcomes:

- Adult Services and Children Services having greater understanding.
- Safeguarding priorities with Health Services and GPs.
- Methods of Communications between Partner Agencies.



# Arrangements for the inspection of local authority children's services

Consultation document

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This is a consultation document on proposals for the arrangements for local authority children's services inspections. These inspections will focus on the effectiveness of local authority and partners' services for children who may be at risk of harm, including the effectiveness of early identification and early help, and on services for children in care.

The new inspection arrangements will come into effect from May 2012. Ofsted seeks the widest possible range of views from those who have an interest in, or expertise relating to, services for vulnerable children and young people in order to ensure that the inspection arrangements take proper account of the needs and circumstances of all interested parties. Above all, the arrangements must assure the quality of services and the achievement of the best possible outcomes for children in need of protection or care.

The closing date for the consultation is 30 September 2011.

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## Introduction

1. Ofsted is committed in its *Strategic Plan 2011–15*<sup>1</sup> to the introduction of new arrangements for the inspection of local authority children's services by May 2012, and to publishing these arrangements by the end of 2011. This consultation seeks your views on proposals for these new arrangements.
2. The final report of Professor Eileen Munro's independent review of child protection in England, *The Munro Review of Child Protection: Final Report; A child-centred system*,<sup>2</sup> was published in May 2011. The review emphasised the continuing importance of independent inspection in scrutinising the child protection system and in supporting improvement in the protection of children. It made the following two specific recommendations for the new inspection arrangements to be introduced in 2012.
  - The inspection framework should examine the effectiveness of the contributions of all local services, including health, education, police, probation and the justice system to the protection of children (Recommendation 2).
  - The new inspection framework should examine the child's journey from needing to receiving help, explore how the rights, wishes, feelings and experiences of children and young people inform and shape the provision of services, and look at the effectiveness of the help provided to children, young people and their families (Recommendation 3).
3. This consultation document sets out proposals for a universal programme of unannounced inspections of child protection services. This is not a narrow focus. It will give full consideration to the effectiveness of the contributions of all local services – including health, education, police, probation and the justice system – to the protection of children. Furthermore, child protection does not begin at the point at which a referral is made to children's social care. What Professor Munro describes as 'early identification' and 'early help' are firmly within the scope of the inspection of child protection services. These are services concerned with what she describes as 'secondary prevention'. That is 'aiming to respond quickly when low level problems arise in order to prevent them getting worse.'<sup>3</sup> This was also a theme of Her Majesty's Chief Inspector's Annual Report in 2010, which emphasised from inspection evidence the interdependence between effective child protection and the quality and range of local preventative services.<sup>4</sup> The effectiveness of these services, the degree

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<sup>1</sup> *Raising standards, improving lives: The Office for Standards in Education, Children's Services and Skills Strategic Plan 2011–15* (110001), Ofsted, 2011; [www.ofsted.gov.uk/publications/110001](http://www.ofsted.gov.uk/publications/110001).

<sup>2</sup> *The Munro Review of Child Protection: Final Report: A child-centred system*, Department for Education, 2011; [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/).

<sup>3</sup> *Ibid.*, page 79, paragraph 5.30.

<sup>4</sup> *Her Majesty's Chief Inspector's Annual Report 2009/10*, Ofsted, 2010; [www.ofsted.gov.uk/Ofsted-home/Annual-Report-2009-10/\(language\)/eng-GB](http://www.ofsted.gov.uk/Ofsted-home/Annual-Report-2009-10/(language)/eng-GB), page 169.

to which agencies work together to identify problems and offer effective help early, and the extent to which they successfully safeguard and promote children's welfare without the need for a formal referral to social care, will be key focuses of the inspection arrangements that we propose.

4. Ofsted believes that it is also critically important that inspection does not lose its broader focus on children in care or children who are leaving care. In spite of significant improvements, outcomes for these children continue to lag behind outcomes for their peers in the wider community, and children in care and care leavers remain very vulnerable groups. We propose that the inspection arrangements should also continue to have a significant focus on children in care: their journey; their experience of the help provided and the quality of the services they receive; and the outcomes they achieve.
5. As Professor Munro states:
 

‘It is important to be clear that inspection does not, and should not, stand by itself. The inspection system is a key component of an overall system of performance improvement – which also includes local authority self-evaluation as its foundation, supported by sector-based peer review and challenge and improvement support – which should operate on an ongoing cycle, elements of which should be conducted annually.’<sup>5</sup>
6. This consultation document sets out our proposals for how inspection should operate from 2012 onwards as a discrete part of that overall system of performance improvement. We are keen to engage with as wide a range of views as possible on how inspection can most effectively add value to and draw value from those other elements of the performance improvement system that Professor Munro describes.
7. The first set of proposals relate to a universal inspection of early intervention and child protection services and outcomes. The second set of proposals relate to a proposed inspection programme of services for children in care in an annual sample of local authorities. This document outlines some underlying principles for how we will conduct inspections under both programmes, with a particular focus on the direct observation of practice and the involvement of children, young people and families in inspection. The third set of proposals concern arrangements for the monitoring and re-inspection of inadequate local authorities and for a programme of thematic or ‘deep dive’ inspections.

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<sup>5</sup> *The Munro Review of Child Protection: Final Report: A child-centred system*, Department for Education, 2011; [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/), page 47, paragraph 3.26.

## What will be different?

8. These proposals build on the existing and embedded strengths of our current inspection programme: full inspections of safeguarding and looked after children's services conducted as a three year programme with the Care Quality Commission; and the programme of unannounced inspections of contact, referral and assessment arrangements. However, they also entail a significant shift in the focus of inspection, and in how inspectors will spend their time.
  - All inspections of child protection services will be unannounced.
  - The major source of inspection evidence and the main basis of inspection judgements will be the experiences of individual children and the outcomes they achieve, and an evaluation of the effectiveness and impact of the help provided for them. Case tracking – the detailed examination of the journeys and experiences of individual children – is already a core element of inspection methodology; the majority of inspectors' time in future will be devoted to these activities.
  - As part of case tracking, inspectors will spend time meeting with the children themselves and their families, as well as the front-line professionals and managers concerned, seeking their accounts of their experience and their evaluation of the effectiveness of the help provided.
  - The direct observation of practice will be a central element of the inspection. For example the observation of social work visits and direct work with children and of multi-agency working such as child protection case conferences or a child in care review.
  - Inspectors will spend less time meeting with focus groups of staff with different roles and from different disciplines and more time alongside individual practitioners.
  - Evaluation of the effectiveness of the Local Safeguarding Children Board will be a key focus of the child protection inspection.
  - The current range of judgements will be replaced by the following five judgements:
    - overall effectiveness
    - capacity to improve
    - the effectiveness of the help provided to children, their families and carers
    - quality of practice
    - leadership and management.

## **The child's journey**

9. We agree with Professor Munro that inspection should focus on the child's journey from needing to receiving help. We think that this creates an appropriate structure for the inspection of services for children in care as well as for the inspection of child protection. Paragraphs 19–21 and 43 below set out in detail the way in which we propose to consider the child's journey.

## **Consultation**

10. This consultation paper invites your views on our proposals to help us shape the new arrangements which will commence in May 2012. We will complete our current programmes of safeguarding and looked after children inspections by July 2012. There will therefore be some overlap in timelines between the completion of these programmes and the start of the new arrangements.
11. The consultation runs from 27 July to 30 September 2011.

## **The first set of proposals: universal inspection of child protection**

12. In her final report, Professor Munro recommends: that there should be a universal programme of inspection of child protection services; that unannounced inspection should be the norm for such inspections; and that they should have a broader focus than the current unannounced inspections of contact, referral and assessment arrangements.
13. Professor Munro recommends that inspection should focus on the child's experience and outcomes for the child across the whole of the child's journey, not just from the point of referral to children's social care. Her view is that inspection should assess the effectiveness and impact of the help provided, or not provided, as well as the quality of initial identification and assessment.
14. She also recommended in her interim report that:
 

'Future inspection should have a clear focus on the provision of early help and the effectiveness of multi-agency arrangements in identifying maltreatment, the quality of front-line practice and the competencies of those workers in exercising professional judgement and providing help. Inspection should examine whether the environment in which workers operate fosters the exercise of professional judgement, compliance with guidance and processes given less emphasis. Such an inspection framework should focus more explicitly on indicating how improvements in

services might best be achieved, including highlighting where good practice exists.’<sup>6</sup>

15. We consider that the critical areas to inspect are: the effectiveness of multi-agency arrangements for the identification of children at risk of harm and for the provision of early help to resolve those concerns; and the effectiveness of the local authority and partnership system that protects these children if the risk remains or intensifies. This includes:
- those children identified by universal services – such as schools, children’s centres and health services – as children at risk of harm
  - those children being helped by targeted early intervention services
  - those children referred to and assessed by the local authority, including where urgent action has to be taken to protect them
  - those subject to child protection enquiries<sup>7</sup>
  - those who become subject to a child protection plan that sets out the help that will be provided to children and their families to keep them safe and promote their welfare
  - those children who are assessed to no longer need the protection of a child protection plan, but who may have continuing needs for support.

Our proposal is that there should be a universal programme of inspections of child protection services (including in its scope the provision and effectiveness of services at all stages in the child’s journey) in individual local authority areas.

To what extent do you agree or disagree with our proposed approach that there should be a universal programme of inspections of child protection services (including in its scope the provision and effectiveness of services at all stages in the child’s journey) in individual local authority areas (as outlined in paragraphs 12–15)?

Do you have any comments or suggestions to make on this proposal?

## **Making unannounced inspection work**

16. We agree with Professor Munro that the inspection of child protection services should be unannounced. Ofsted has considerable experience of effective unannounced inspection through our current programme of inspections of contact, referral and assessment arrangements, and through other inspections of social care provision such as children’s homes. We are aware of the benefits that this brings in reducing the demands on those inspected in terms of

<sup>6</sup> *The Munro Review of Child Protection: Interim Report: The child’s journey*, Department for Education, 2011; [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/), page 84, paragraph 5.26.

<sup>7</sup> The Children Act 1989, section 47; [www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents).



preparation and also in the opportunity to see services as they function on a day-to-day basis. However, we also recognise the challenges that this can present in terms of impact on staff teams and in involving children and young people in the inspection.

17. We are proposing that the inspection is unannounced, with a small team of inspectors arriving on-site to focus initially on one particular part of the child's journey: the point at which the child is referred to children's social care because they are believed to be at risk of harm. In the first two days, inspectors will evaluate: the timeliness of referrals; the effectiveness of assessment; risk management; the provision of immediate help where required; and the effectiveness of multi-agency work at the point of and immediately following referral. The lead inspector will also spend time with the local authority planning the remainder of the inspection to look at all aspects of the child's journey. This will give local authorities the opportunity to plan for the remainder of the inspection with the inspection team while retaining the benefits of an unannounced inspection.
18. The remainder of the inspection will focus on all other aspects of the child's journey and, at this point, the size of the inspection team will increase to reflect this. The full inspection will be contained within a two-week period.

Our proposal is that the universal programme of child protection inspections will be unannounced and will include, at an early stage, on-site planning time with the local authority to facilitate the full inspection.

To what extent do you agree or disagree with our proposed approach to an unannounced inspection (as outlined in paragraphs 17 and 18)?

Do you have any comments or suggestions to make on this proposal?

## **The child's journey**

19. Inspection will focus on the child's journey from needing to receiving help. However, each individual child's journey is different and will have different end points. For some children, it will end with the provision of effective early help, which means that there is no need for the journey to continue into the formal child protection system. Some will be referred to child protection services; some will become the subject of child protection plans; some will require long-term help to ensure that their welfare is safeguarded and promoted, including the possibility of removal from home and placement with a new family. Some children's journey's take them in and out of the child protection system at different points. For all children, of course, the child protection journey is only part of the ongoing journey towards adulthood.

20. Inspection will focus on the child's journey through intensive and extensive case sampling and case tracking. We will ensure that the sample of cases selected for tracking includes children at all key stages of the journey. An indicative but not comprehensive list includes: children engaged with early intervention and preventative services; children referred to children's social care by universal or preventative services as being at risk of harm; children subject to a child protection plan; and children who have been deemed no longer to be in need of protection.
21. For those children who have entered the formal child protection system, inspectors will evaluate the quality of early help provided or not provided, and whether a different response at an earlier stage would have safeguarded and promoted the child's welfare more effectively and avoided the need for the child to enter the formal child protection system.

We propose to consider the child's journey from early identification and intervention, through referral to children's social care if required and the development and implementation of a child protection plan, to their exit from the child protection system.

To what extent do you agree or disagree with our proposed approach to considering the child's journey (as outlined in paragraphs 19–21)?

Do you have any comments or suggestions to make on this proposal?

## The focus of the inspection

22. At every stage of the child's journey, inspectors will evaluate:
  - the quality and timeliness of assessment and risk management
  - the effectiveness and impact of the help given to children and their families
  - the quality and effectiveness of inter-agency working
  - the effectiveness of quality assurance and management oversight of practice and decision-making
  - the experience of particularly vulnerable children, such as privately fostered children and children who live in households where there is domestic abuse, drug misuse and/or adult mental health issues
  - how well the local authority ensures that children's and young people's wishes and feelings inform every aspect of their care.
23. Inspectors will identify and highlight good practice.

24. Attention will also be paid to ensuring that services are accessible to everyone and that there is equality of opportunity and outcomes irrespective of age, disability, ethnicity, gender, marital status and sexual orientation.

We propose to evaluate the effectiveness and impact of services throughout the child's journey by looking at cross-cutting themes.

To what extent do you agree or disagree with our proposed approach to evaluating the effectiveness and impact of services at each stage of the child's journey using the cross-cutting themes (as outlined in paragraphs 22–24)?

Do you have any comments or suggestions to make on this proposal?

## **The contribution of all services to protecting children**

25. Professor Munro recommends that inspection should have a strong multi-agency focus with more joint inspection activity between different inspectorates. She recommends that:

'The inspection framework should examine the effectiveness of the contributions of all local services, including health, education, police, probation and the justice system to the protection of children.'<sup>8</sup>

26. Professor Munro also says that:

'Should it prove the case that a truly multi-inspectorate model is not possible in any future reforms, it may be that the next best solution would be for Ofsted to conduct a local authority-based inspection of children's services which looks at the input of other agencies into the child protection system from the perspective of the child.'<sup>9</sup>

27. Child-centred inspection must absolutely focus on the whole system impacting on the child, and the way in which all agencies (including universal services) work and work together to help the child. Inspectors will evaluate the effectiveness of multi-agency working through examining the experiences of children, case tracking, and observation of multi-agency meetings, and through evaluating the effectiveness of the Local Safeguarding Children Board. Ofsted will continue to explore with our partner inspectorates their potential contribution and how we can best share expertise and knowledge from all sources to support and inform direct inspection activity.

<sup>8</sup> *The Munro Review of Child Protection: Final Report: A child-centred system*, Department for Education, 2011; [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/), page 11.

<sup>9</sup> *Ibid.*, page 46, paragraph 3.23.

We propose that inspectors will evaluate the effectiveness of multi-agency working through examining the experiences of children, case tracking, and observation of multi-agency meetings, and through evaluating the effectiveness of the Local Safeguarding Children Board.

To what extent do you agree or disagree with our proposed approach to evaluating the contribution of all agencies to the protection of children (as outlined in paragraphs 25–27)?

Do you have any comments or suggestions to make on this proposal?

## Inspection judgements

28. We will make clear inspection judgements about the quality, effectiveness and impact of the local authority child protection services. We will continue to use the current four-point judgement scale: outstanding, good, satisfactory and inadequate.
29. We will make a judgement on the local authority's capacity to improve their child protection services. We think that this provides an important evaluation for the local authority, the general public and the Department for Education (DfE) of how likely the local authority is to be able to make the changes needed to improve their services. In making this judgement, we will consider the robustness of the local authority's own self-evaluation, its track record of improvement, and its ability to critically evaluate its practice, identify weaknesses and take appropriate action to improve.
30. We will evaluate the effectiveness of the help provided to children and their families as outlined in the section 'The focus of inspection' (paragraphs 22–24). In making this judgement, we will consider evidence of the effectiveness of help provided at all stages of the child's journey.
31. We will make a judgement about the quality of practice. In making this judgement we will consider the quality of direct work, of assessment and care planning, and of practitioners' decision-making at all stages of the child's journey.
32. We will make a judgement on the effectiveness of leadership and management within the local authority and wider partnership. In making this judgement we will consider:
  - how local authorities ensure that children's and young people's views impact on the development of the service as a whole
  - the impact and effectiveness of the Local Safeguarding Children Board
  - the effectiveness of partnership arrangements

- the effectiveness of performance management
  - how effectively the local authority learns and implements learning.
33. In summary, therefore, we are proposing that we will make judgements on:
- overall effectiveness of the service
  - capacity to improve
  - the effectiveness of the help provided to children, their families and carers
  - the quality of practice
  - leadership and management.

To what extent do you agree or disagree that these are appropriate judgements to make when inspecting local authority and partnership child protection services (as outlined in paragraphs 28–33)?

Do you have any comments or suggestions to make on this proposal?

## Proportionality

34. In discussing aspects of proportionality in her interim report, Professor Munro concluded:
- ‘Even greater proportionality might be achieved by adopting a risk-based approach to the programming of inspection, but this could be operationally difficult due to the limitations of child protection data as an effective indicator of performance. It will be important therefore, that inspection of child protection services continues to be universal, even for those local areas considered to be higher performing...a service that has previously performed well might not continue to do so over an extended period of time.’<sup>10</sup>
35. We consider that it is important, in consulting on new arrangements for inspection, to seek wider views on this. We would welcome views on whether it would be appropriate to vary the length of time between inspections depending on performance. For example, once a baseline is established, it might be that:
- local authorities judged to be providing inadequate child protection services will be re-inspected within 18 months to two years
  - local authorities judged to be providing satisfactory child protection services will be re-inspected within three years

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<sup>10</sup> *The Munro Review of Child Protection: Interim Report: The child's journey*, Department for Education, 2011; [www.education.gov.uk/munroreview/](http://www.education.gov.uk/munroreview/), page 84, paragraph 5.24.

- local authorities judged to be providing good or outstanding child protection services will be re-inspected within five years
- inspections will be brought forward if there are sufficient reasons for concern (for example, issues arising from serious incidents or serious case reviews; identification of concerns through peer review or sector-led evaluation; data suggesting deterioration in performance).

36. Within any such programme, Her Majesty's Chief Inspector (HMCI) would reserve the right to inspect at any time, should she/he consider it necessary.

We are considering introducing greater proportionality to universal inspection by varying the period between inspections, taking into account the outcomes of previous inspection activity and other available data and information.

To what extent do you agree or disagree with a proportionate approach to inspections of child protection (as outlined in paragraphs 34 and 35)?

Do you have any comments or suggestions to make on this proposal?

## **The second set of proposals: children in care**

37. We believe that it is essential that inspection retains a significant focus on services and outcomes for children in care. However, we are unlikely to be able to resource a further universal cycle of inspections of services for children in care.
38. We propose to inspect a sample of local authorities each year. We anticipate that we will inspect between 20 and 25 local authorities annually. The sample will include different types of local authority, for example county councils, unitary authorities and metropolitan boroughs, across a spread of rural and urban areas. We propose that these inspections should take place with a short notice period, and that a team of inspectors will be on site for one week. The short notice period is proposed to ensure that inspectors are able to meet with children and young people.
39. In deciding which local authorities will be inspected in a given year, we will take account of:
- the outcome of inspections of looked after children's services between 2009 and 2012
  - the outcome of a child protection inspection
  - information arising from the inspection of children's homes and of independent and local authority fostering or adoption services

- information received through whistle-blowing
  - any concerns identified through performance data.
40. In our current public consultations about how we inspect adoption and fostering services, we are seeking views on whether we should inspect local authority fostering and local authority adoption services at the same time. Current regulations require each of these services to be inspected once in a given three-year period. They cannot therefore be fully integrated into a programme of children in care inspections, unless that is a universal programme on a three-year cycle. However, where possible, we will consider whether the inspection of local authority adoption and fostering services could be simultaneous with a wider inspection of services for children in care when the local authority is selected as part of the annual sample, taking care to avoid duplication and overlap of activity. We want to ensure that we make the best use of our available inspection resources in a coordinated and streamlined way, reducing where possible the demands on local authorities.

We propose to inspect services and outcomes for children in care in a sample of 20 to 25 local authorities each year.

To what extent do you agree or disagree that we should inspect a sample of 20 to 25 local authority services for children in care each year (as outlined in paragraphs 38–40)?

Do you have any comments or suggestions to make on this proposal?

## **The child's journey**

41. We think that the concept of 'the child's journey' applies as strongly to children who enter or who may enter the care system as it does to children who enter or who may enter the child protection system. As with the inspection of child protection, the inspection of services for children in care will focus on the child's journey through case sampling and case tracking. The sample of cases selected for tracking will include children at all key stages of the journey. An indicative but not comprehensive list includes: children on the edge of care; children engaged with the court system; children at the point of admission to care, whether through voluntary arrangements or through court action, and whether through planned admission or in an emergency; children journeying through care (evaluating the care planning and reviewing arrangements that support that journey and the attention given to early permanency planning); young people preparing to leave care; and young people who have left care.



## The focus of the inspection

42. Our inspections will focus on the outcomes achieved by and delivered for children and young people, and the effectiveness of the local authority and its partners in narrowing the gap in outcomes between children in care and their peers.
43. At every stage of the child's journey, inspectors will evaluate:
- the quality and timeliness of care planning
  - the effectiveness and impact of the help given to children and their families
  - the quality and effectiveness of inter-agency working
  - the effectiveness of quality assurance and management oversight of practice and decision-making
  - arrangements and support for children placed out of the local authority's area
  - the quality and effectiveness of direct work with children and young people
  - the impact and effectiveness of corporate parenting
  - how well the local authority ensures that children's and young people's wishes and feelings inform every aspect of their care.
44. Inspectors will identify and highlight good practice.

We propose to evaluate the effectiveness and impact of services for children in care throughout the child's journey by looking at these cross-cutting themes.

To what extent do you agree or disagree with our proposed approach to evaluating the effectiveness and impact of services at each stage of the child's journey using the cross-cutting themes (as outlined in paragraphs 42–44)?

Do you have comments or suggestions to make on this proposal?

## Inspection judgements

45. We will make clear inspection judgements about the quality, effectiveness and impact of the local authority children in care services. We will continue to use the current four-point judgement scale: outstanding, good, satisfactory and inadequate.
46. We will make a judgement on the local authority's capacity to improve outcomes and services for children in care.



47. We will make a judgement about the outcomes achieved by children and young people in care. In making this judgement, we will consider in particular the educational achievement of young people, their health and emotional wellbeing, and outcomes for young people leaving care, for example, in relation to education, employment, training, and stability of accommodation. We will evaluate the effectiveness of the local authority and its partners in narrowing the gap in outcomes between children in care and their peers.
48. We will make a judgement about the quality of practice. In making this judgement we will consider the quality of direct work, of assessment and care planning, and of practitioners' decision-making at all stages of the child's journey. Inspection will have a particular focus on the effectiveness of care planning and the early identification of children who need alternative permanent care, ensuring the stability and appropriateness of placement and the extent to which these achieve improved outcomes for children in care.
49. We will make a judgement on the effectiveness of leadership and management within the local authority and wider partnership. In making this judgement, we will consider:
  - how local authorities ensure that children's and young people's views impact on the development of the service as a whole
  - the impact and effectiveness of corporate parenting
  - the effectiveness of partnership arrangements
  - the effectiveness of performance management
  - how effectively the local authority learns and implements learning.
50. We are proposing therefore to make judgements on:
  - overall effectiveness of the service
  - capacity to improve
  - the outcomes for children and young people in care
  - the quality of practice
  - leadership and management.

To what extent do you agree or disagree that these are appropriate judgements to make when inspecting local authority and partnership services for children in care (as outlined in paragraph 45–50)?

Do you have any comments or suggestions to make on this proposal?

## How we will inspect child protection and children in care services

51. All inspection teams will include an HMI who is qualified and experienced in social care and the inspection of social care, and an HMI who is qualified and experienced in education. We will continue to explore the scope for other inspectorates to contribute to inspection teams, and to build on our existing programme of secondment of current practitioners to those teams.
52. We propose that both the inspections of child protection services, and of services for children in care, should focus on: the direct observation of practice; the detailed scrutiny and discussion of a significant sample of cases reflecting all stages of the child's journey; and the contribution of all agencies at all stages of the child's journey.
53. Inspectors will, with appropriate sensitivity and consent, spend time observing the help that social workers provide for children and families, looking at case files alongside social workers and managers, accompanying social workers on visits, shadowing other key staff, for example a child protection conference chair or independent reviewing officer, and observing multi-agency meetings such as strategy meetings, initial child protection conferences, children's reviews and any resource panel meetings.
54. We will seek the views of children, young people and their families where appropriate and possibly through direct contact during the inspection. We will always meet with Children in Care Councils during an inspection of services for children in care. We are also exploring how we can maximise opportunities for children, young people and their families to express their views through online or postal surveys.

We propose that to evaluate the effectiveness of services, Ofsted will spend the majority of the time on inspection tracking individual cases, directly observing practice, shadowing staff and observing key multi-agency meetings, and seeking the views of children and families.

To what extent do you agree or disagree with our proposed approach to inspection (as outlined in paragraphs 51–54)?

Do you have any comments or suggestions to make on this proposal?

## The third set of proposals: other inspection arrangements

### Monitoring inspections

55. Where we find that services for either child protection or children in care are inadequate, we will normally undertake a further full inspection within 18 months.
56. Within a year of the first inspection, we will consider undertaking a focused monitoring inspection that will evaluate the progress that has been made in addressing the areas for development that were identified at that inspection. These inspections will make judgements about the progress that has been made. They will not change the overall judgements made at the full inspection. We propose that reports of monitoring inspections will be published. These inspections are likely to be announced in most instances. They will normally be undertaken either with the agreement of the local authority or at the request of the DfE.

We propose that the arrangements for the inspection of local authority children's services will include inspections to monitor progress in local authorities that have been judged to be inadequate for either child protection or children in care services.

To what extent do you agree or disagree that Ofsted should develop a programme of inspections to monitor progress in local authorities that have been judged to be inadequate for either child protection or children in care services (as outlined in paragraphs 55 and 56)?

Do you have any comments or suggestions to make on this proposal?

57. Professor Munro suggests in her interim report that there might be a system, alongside a new broader set of unannounced inspections, of targeted 'deep dive' inspections.<sup>11</sup> We welcome this proposal but it would be difficult to continually develop the bespoke frameworks that would be required. We currently undertake a programme of thematic survey inspections, mainly through on-site visits, across all aspects of our work, including social care. These provide best practice guidance to the sector or an analysis of issues of current importance. We are proposing that our approach to 'deep dive' inspections should be to strengthen this thematic survey programme based on issues identified through inspection, current areas of public interest and issues identified by government. These thematic survey inspections will be subject to a short notice period.

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<sup>11</sup> Ibid., page 84, paragraph 5.27.

We propose to carry out inspections of selected areas in greater depth by strengthening our current survey programme through short-notice thematic inspections.

To what extent do you agree or disagree with our proposal that Ofsted should strengthen its current survey programme through short-notice thematic inspections (as outlined in paragraph 57)?

Do you have any comments or suggestions to make on this proposal?

## Summary of the main proposals

58. From 2012, we propose that:

- there should be a universal programme of inspections of child protection services (including in its scope the provision and effectiveness of services at all stages in the child's journey) in individual local authority areas
- child protection inspections will be unannounced and will include, at an early stage, on-site planning time with the local authority to facilitate the full inspection
- we will look at the effectiveness of multi-agency working through examining the experiences of children, case tracking, and observation of multi-agency meetings and an evaluation of the effectiveness of the Local Safeguarding Children Board
- greater proportionality could be introduced to universal inspection by varying the period between inspections
- we will inspect a sample of 20 to 25 local authority services for children in care each year
- we will make the following judgements in the child protection inspections: overall effectiveness of the service; capacity to improve; the effectiveness of the help provided to children, their families and carers; the quality of practice; and leadership and management
- when inspecting services for children in care we will make the following judgements: overall effectiveness of the service; capacity to improve; outcomes for children and young people in care; the quality of practice; and leadership and management
- the majority of the time on inspection will be spent tracking individual cases, directly observing practice, shadowing staff and observing key multi-agency meetings, and seeking the views of children and families

- we will monitor progress in local authorities that have been judged to be inadequate for either child protection or children in care services
- we will carry out inspections of selected areas in greater depth by strengthening our current survey programme through short-notice thematic inspections.

## **The consultation process**

59. We welcome your responses to the consultation questionnaire below and your views on any aspect of the arrangements for the inspection of local authorities. Please use the comments sections provided to raise additional points not covered by our questions. The consultation remains open until 30 September 2011.
60. During the consultation, we want to engage as widely as possible with all interested parties to hear their views. We will make sure this includes meeting with young people who currently receive or have received services from children's social care.

## **What happens next?**

61. We will publish the arrangements for the inspection of local authority children's services, taking full account of the responses to this consultation. We plan to publish a report on the responses to this consultation with the final inspection arrangements in December 2012.

## **Sending back your questionnaire**

62. There are three ways of completing and submitting the questionnaire in the next section and/or sending us your comments.

### **Online electronic questionnaire**

Visit our website to complete and submit an electronic version of the questionnaire:

[www.ofsted.gov.uk/publications/110059](http://www.ofsted.gov.uk/publications/110059).

### **Print and post**

This document can be printed and completed by hand. When you have completed the questionnaire, please post it to:

Ofsted  
Children's Services Assessment Development Team  
Floor 7  
Aviation House  
125 Kingsway  
London  
WC2B 6SE.

### **Download and email**

This document can be downloaded and completed on your own computer. When you have completed the questionnaire, email it to: [newLAinspection@ofsted.gov.uk](mailto:newLAinspection@ofsted.gov.uk). Please put 'Inspection of local authority children's services' in the subject line.

## Questionnaire for the arrangements for the inspection of local authority children's services consultation

### Confidentiality

The information you provide will be held by us. It will only be used for the purposes of consultation and research to help us to become more effective, shape policies and inform inspection and regulatory practice.

We will treat your identity in confidence, if you disclose it to us. However, we may publish an organisation's views.

Are you responding on behalf of an organisation?

Yes ☐ please complete Section 1

No ☐ please complete Section 2

### Section 1

If you are completing the consultation on behalf of an organisation and would like us to consider publishing the views of your organisation, please indicate this below.

Organisation:

### Section 2

Which of the below best describes you? Please tick one option.

I am a:

Young person	<input type="checkbox"/>	Parent/carers	<input type="checkbox"/>
Charity	<input type="checkbox"/>	Elected representative	<input type="checkbox"/>
Foster parent/carers	<input type="checkbox"/>	Independent provider	<input type="checkbox"/>
Local authority Chief Executive	<input type="checkbox"/>	Local authority Director of Children's Services	<input type="checkbox"/>
Local Safeguarding Children Board Chair	<input type="checkbox"/>	Ofsted employee	<input type="checkbox"/>
Practitioner in health	<input type="checkbox"/>	Practitioner in education	<input type="checkbox"/>
Practitioner in social care	<input type="checkbox"/>	Senior manager in health	<input type="checkbox"/>
Senior manager in education	<input type="checkbox"/>	Senior manager in social care	<input type="checkbox"/>
Umbrella group	<input type="checkbox"/>	Voluntary sector organisation	<input type="checkbox"/>
Other (please tell us)			

Q1. To what extent do you agree or disagree with our proposed approach that there should be a universal programme of inspections of child protection services (including in its scope the provision and effectiveness of services at all stages in the child's journey) in individual local authority areas (as outlined in paragraphs 12–15)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q2. To what extent do you agree or disagree with our proposed approach to an unannounced inspection that includes, at an early stage, on-site planning time with the local authority to facilitate the full inspection (as outlined in paragraphs 17 and 18)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?



Q3. To what extent do you agree or disagree with our proposed approach to considering the child's journey from early identification and intervention, through referral to children's social care if required and the development and implementation of a child protection plan, to their exit from the child protection system (as outlined in paragraphs 19–21)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q4. To what extent do you agree or disagree with our proposed approach to evaluating the effectiveness and impact of services at each stage of the child's journey using the cross-cutting themes (as outlined in paragraphs 22–24)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q5. To what extent do you agree or disagree with our proposed approach to evaluating the contribution of all agencies to the protection of children (as outlined in paragraphs 25–27)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q6. To what extent do you agree or disagree that the judgements outlined in paragraphs 28–33 are appropriate judgements to make when inspecting local authority and partnership child protection services?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
Overall effectiveness of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of the help provided to children, their families and carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q7. To what extent do you agree or disagree with a proportionate approach to inspections of child protection (as outlined in paragraphs 34 and 35)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

### The second set of proposals: children in care

Q8. To what extent do you agree or disagree that we should inspect a sample of 20 to 25 local authority services for children in care each year (as outlined in paragraphs 37–39)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q9. To what extent do you agree or disagree with our proposed approach to evaluating the effectiveness and impact of services at each stage of the child's journey using the cross-cutting themes (as outlined in paragraphs 42–44)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q10. To what extent do you agree or disagree that these are appropriate judgements to make when inspecting local authority and partnership services for children in care, (as outlined in paragraph 45–50)?

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
Overall effectiveness of the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to improve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcomes for children and young people in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q11. To what extent do you agree or disagree with our proposed approach to inspection (as outlined in paragraphs 51–54)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

### **The third set of proposals: other inspection arrangements**

Q12. To what extent do you agree or disagree that Ofsted should develop a programme of inspections to monitor progress in local authorities that have been judged to be inadequate for either child protection or children in care services (as outlined in paragraphs 55 and 56)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have comments or suggestions to make on this proposal?

Q13. To what extent do you agree or disagree with our proposal that Ofsted should strengthen its current survey programme through short-notice thematic inspections (as outlined in paragraph 57)?

<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>No answer</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any comments or suggestions to make on this proposal?

Q14. What did you think of this consultation?

One of the commitments in our strategic plan is to monitor whether our consultations are accessible to those wishing to take part.

Please tell us what you thought of this consultation by answering the questions below.

	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Don't know</b>
I found the consultation information clear and easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I found the consultation easy to find on the Ofsted website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had enough information about the consultation topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would take part in a future Ofsted consultation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about this consultation?

- ☐ Ofsted website
- ☐ *Ofsted News*
- ☐ Ofsted conference
- ☐ Another organisation (please specify, if known)
- ☐ Other (please specify)

Is there anything you would like us to improve on or do differently for future consultations? If so, please tell us below.

Thank you for taking part in our consultation.



## Additional questions about you

Your answers to the following questions will help us to evaluate how successfully we are gathering views from all sections of society. We would like to assure you that all responses are anonymous and you do not have to answer every question.

Please tick the appropriate box.

### 1. Gender

Female	<input type="checkbox"/>	Male	<input type="checkbox"/>
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Are you living as the same gender as you were born in?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

### 2. Age

Under 14 <input type="checkbox"/>	14–18 <input type="checkbox"/>	19–24 <input type="checkbox"/>	25–34 <input type="checkbox"/>	35–44 <input type="checkbox"/>	45–54 <input type="checkbox"/>	55–64 <input type="checkbox"/>	65+ <input type="checkbox"/>
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### 3. Ethnic origin

(a) How would you describe your national group?

British or mixed British	<input type="checkbox"/>	English	<input type="checkbox"/>
Northern Irish	<input type="checkbox"/>	Irish	<input type="checkbox"/>
Scottish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Other (specify if you wish)	<input type="checkbox"/>		

(b) How would you describe your ethnic group?

<b>Asian</b>		<b>Mixed ethnic origin</b>	
Bangladeshi	<input type="checkbox"/>	Asian and White	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Black African and White	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Black Caribbean and White	<input type="checkbox"/>
Any other Asian background (specify if you wish)	<input type="checkbox"/>	Any other mixed ethnic background (specify if you wish)	<input type="checkbox"/>
<b>Black</b>		<b>White</b>	
African	<input type="checkbox"/>	Any White background (specify if you wish)	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	<b>Any other ethnic background</b>	
Any other Black background (specify if you wish)	<input type="checkbox"/>	Any other background (specify if you wish)	<input type="checkbox"/>
<b>Chinese</b>			
Any Chinese background (specify if you wish)	<input type="checkbox"/>		

#### 4. Sexual orientation

Heterosexual <input type="checkbox"/>	Lesbian <input type="checkbox"/>	Gay <input type="checkbox"/>	Bisexual <input type="checkbox"/>
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## 5. Religion/belief

None	<input type="checkbox"/>	Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Hindu	<input type="checkbox"/>
Jewish	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Sikh	<input type="checkbox"/>	Any other, please state:	<input type="checkbox"/>

## 6. Disability

Do you consider yourself to be disabled?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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## STRATEGY FOR CARERS IN EAST CHESHIRE 2011 - 2015

“To support all carers to live their lives on their own terms”



A partnership between Cheshire East Council and Central and Eastern Cheshire Primary Care Trust, Carers and Voluntary, Community and Faith sectors.





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## 1. FOREWORD

We welcome the creation of 'A Carers Strategy' that sets out the commitment to Carers as well as clear outcomes that we plan to achieve collaboratively.

We are delighted that this has been developed with a wide range of partners, Carers, third and independent sectors.

There is still much to do as this commitment to Carers' needs will lead to a work plan that will ensure that Carers are recognised and supported by businesses, employees and whole organisations, as well as at local community level with access to services/support. This broader recognition of Carers' needs is an ambition that we need to work together to achieve.

To support this wider recognition, this Carers Strategy will be shared corporately within the council and in other areas by health and social care staff.

Continuing to work collaboratively to develop a work plan ensures that Carers –

- are recognised and valued as partners.
- have access to services that are empowering, supportive, and give choice and control.
- are assured that the allocated funding provides flexible and personalised services.

The scale of the work to be done will be challenging in the current economic climate. However, by working together, using the framework outlined in this strategy, we will be able to progress towards priorities identified by Carers themselves.



Lorraine Butcher  
**Strategic Director – Children's,  
Families and Adults**



Mike Pyrah  
**Managing Director,  
Central and Eastern  
Cheshire PCT**



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## 2. INTRODUCTION

This strategy has been developed in partnership with Carers, Central and Eastern Cheshire Primary Care Trust, Cheshire East Council and Voluntary, Community and Faith sector organisations. It sets out our commitment to Carers across Cheshire East.

Our vision is **‘to support all Carers to live their lives on their own terms’**.

To achieve this vision, this document presents our objectives and outcomes for the next four years. It will be reviewed annually to reflect the changing needs and views of Carers, and will be delivered through an implementation plan.

The Carers Strategy for Cheshire East also reflects national developments in law and policy over the last 20 years, defining and describing Carers’ rights and the responsibilities of local authorities and health services in meeting the needs of Carers.

Most recently the national strategy document “Carers at the Heart of the 21<sup>st</sup> Century Families and Communities”, detailed the Government’s vision for Carers and the actions required over the next 10 years to make it a reality. This was reinforced by the publication of ‘Recognised, valued and supported: Next steps for the Carers Strategy’ in 2010. To make a real difference for Carers requires attention to issues including breaks, income, information and advice, the workplace, access to employment and training, emotional support, the health of Carers and the specific needs of Young Carers. The personalisation of services and support arrangements recognises the expertise of Carers in enabling them to design and direct their own support and be engaged in the support plan of the person they care for. Additional policy details can be found in Appendix 2 on page 16 of the strategy.

The 2001 Census identified 36,704 Carers in Cheshire East. It is likely that the 2011 Census will show a significant increase in this number. In Cheshire East alone Carers save society an estimated £500 million each year.

The strategy will provide a framework for Carers, local statutory and Voluntary, Community and Faith sector organisations to identify develop and deliver the best possible services to meet the needs of Carers in Cheshire East.

### 3. VIEWS OF CARERS AND THIRD SECTOR ORGANISATIONS

In order to achieve the vision set out in this strategy it was important to engage with Carers and Voluntary, Community and Faith sector organisations to identify needs and priorities that would help shape the objectives and outcomes for local Carers. The full range of views expressed by carers can be found in Appendix 1.

Some of the key messages from Carers in Cheshire East are:



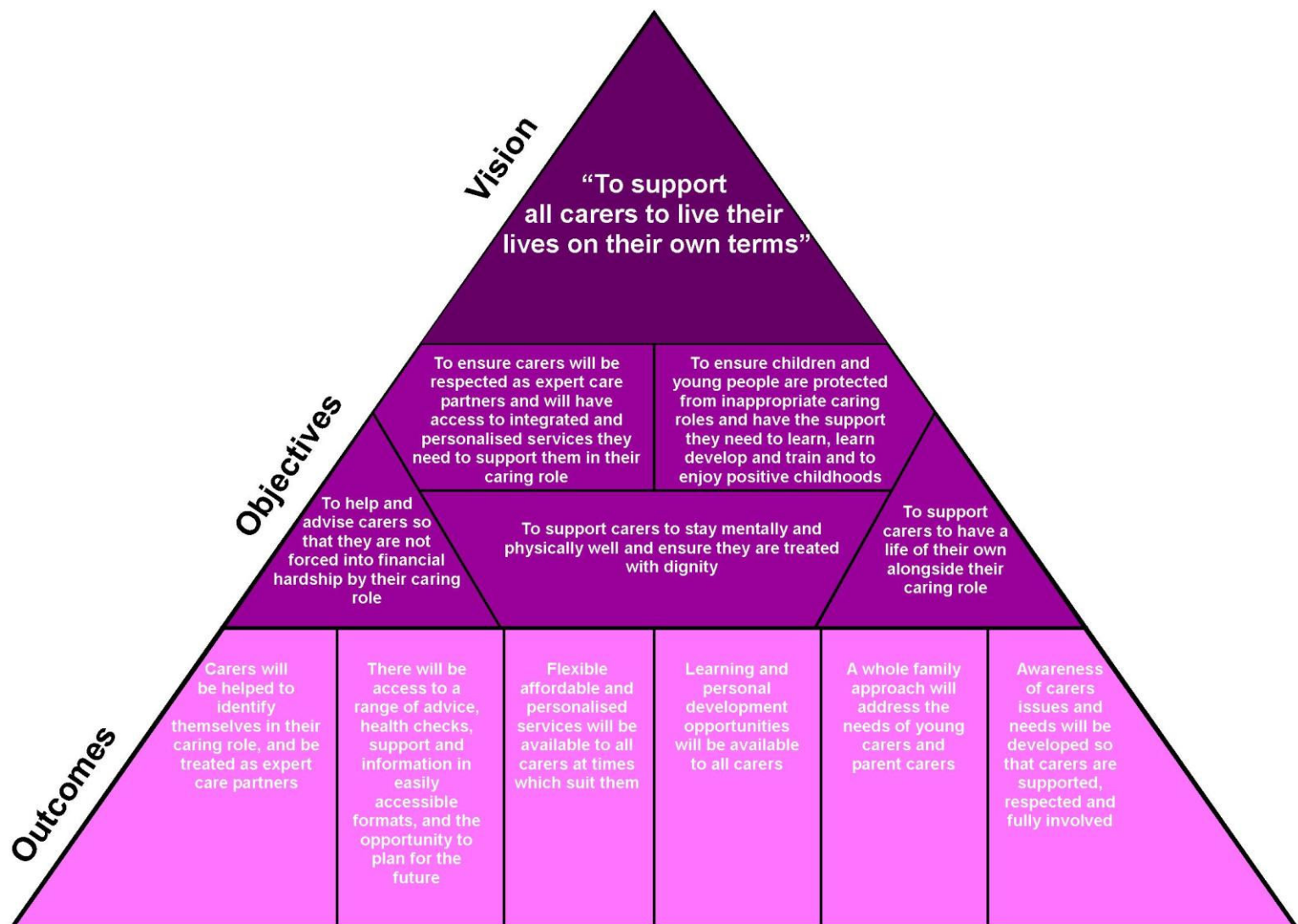
The Voluntary, Community and Faith sector plays an important strategic and operational role in supporting Carers in Cheshire East. The main Voluntary, Community and Faith sector Carers' organisations are represented on the Carers Interagency Group and collectively support around 5000 Carers. There are many Voluntary, Community and Faith sector organisations providing support for Carers in Cheshire East ranging from very small community based groups to local branches of large national charities. These groups make a substantial difference to the lives of Carers they support.

The key messages from these organisations in Cheshire East were:

- Partnership is an essential part of working to support Carers. No single agency can provide the wide range of services and support required by Carers with diverse individual needs.
- Personalisation presents both opportunities and challenges for Voluntary, Community and Faith sector organisations and at a time of considerable change they are being encouraged to extend their role and widen their services which support Carers.
- Representatives of the sector are keen to see the continued development of a range of quality, flexible and appropriate support services for Carers across the borough, reflecting each organisation's expertise.
- Avoiding duplication is essential as resources are limited but there should be choice of service providers who complement each other.
- The vast majority of Carers are unknown to any organisation and therefore helping Carers to identify themselves as Carers and to access support is a key priority.
- Voluntary, Community and Faith sector organisations recognise the importance of Carers' assessments in providing a comprehensive view of Carers' needs and ensuring they get the help and support needed.
- Voluntary, Community and Faith sector organisations will be instrumental in continuing to develop and improve support for Carers in Cheshire East.

## 4. VISION, OBJECTIVES AND OUTCOMES

The vision, objectives and outcomes set out in this strategy are demonstrated in the pyramid below.



The objectives shown in the pyramid are taken from the National Carers Strategy: 'Carers at the Heart of the 21<sup>st</sup> Century Families and Communities'.

The outcomes identified relate directly to the views of Carers and the priorities of Voluntary, Community and Faith sector organisations as well as addressing the national objectives.

Underpinning these outcomes are a set of work areas that will be met by Cheshire East Council, Central and Eastern Cheshire Primary Care Trust and a variety of Voluntary, Community and Faith sector organisations. Full details can be found at [www.cheshireeast.gov.uk](http://www.cheshireeast.gov.uk)





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## 5. HOW WILL WE DELIVER THIS?

Central and Eastern Cheshire PCT and Cheshire East Council have responsibility for commissioning services for Carers in Cheshire East.

Putting the strategy into practice involves planning, contracting, provision and monitoring of services. This will be managed through the Carers Interagency Group which meets every two months. Members of the group come from the PCT, the Council, other local Government organisations, local Voluntary, Community and Faith sector organisations and Carers.

The outcomes of the strategy will be delivered and measured through an action plan. This plan shows the detail of the steps that will be taken to achieve the outcomes. The Carers Interagency Group will monitor and review the action plan with Carers at their bi-monthly meetings. It will also be informed by the national Carers' survey which is due to take place every two years.

It has been agreed that the strategy will be reviewed on an annual basis by the Carers Interagency Group and independently through Cheshire East Carers Reference Group.

## 6. RESOURCES

Cheshire East Council commissions a range of services from Voluntary, Community and Faith sector organisations. These include information, advice and support, breaks for Carers, an Emergency Response Service and respite care services. Council resources are also used to provide community care services, including day and respite care for cared for people.

On a national basis the Government has provided additional funding to support the needs of Carers which will be made available through Primary Care Trusts. Central and Eastern Cheshire PCT will continue to provide services through many Voluntary, Community and Faith sector organisations. A number of diverse projects to support Carer breaks are delivered across the central and eastern Cheshire area.

The Department of Work and Pensions also provides services to help Carers into work and training.

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## 7. LOCAL STATUTORY CONTENT

Cheshire East Council's Corporate Plan 2011-13 sets out key targets and priorities for the council based on what our communities have told us they want and need. The key objectives identified across the whole council are:

- a. To give the people of Cheshire East more choice and control about services and resources
- b. To grow and develop a sustainable Cheshire East
- c. To improve life opportunities and health for everybody in Cheshire East
- d. To enhance the Cheshire East environment
- e. Being an excellent Council and working with others to deliver for Cheshire

These objectives form the basis of the council's strategies, priorities, and service plans, and underpin this Carers' Strategy.

The council will be monitored against the performance of other councils through the national Adult Social Care Outcomes Framework. This will allow all residents of Cheshire East to see how their council is performing on certain measures against the performance of other councils around the country. Two specific measures relating solely to Carers are the extent to which:

- Carers can balance their caring roles and maintain their desired quality of life; and
- Carers feel that they are respected as equal partners throughout the care process.

Cheshire East Council continues to be committed to providing quality Carers' assessments and increasing the number of these over the next four years. The council will report on the percentage of service users whose Carers have an assessment of their needs and support plans for the year 2011/12.

Central and Eastern Cheshire PCT is statutorily accountable for ensuring that the key requirements set out in the 'Operating Framework for the NHS in England' are fully implemented to meet the needs of the local population.

The Operating Framework 2011/12 clearly sets out priority areas for supporting Carers. PCTs are accountable for agreeing policies, plans and budgets to support Carers with local authorities and local Carers organisations, and for supporting the provision of Carer breaks.

An equality impact assessment is available on the Carers' pages of the Cheshire East Council website:  
[http://www.cheshireeast.gov.uk/social\\_care\\_and\\_health/carers\\_service\\_information.aspx](http://www.cheshireeast.gov.uk/social_care_and_health/carers_service_information.aspx)

## 8. DECLARATION OF APPROVAL

Cheshire East Carers Interagency Group has been involved and engaged throughout the development of this strategy and fully supports the vision that Carers should live their lives on their own terms.

Cheshire East Interagency Group will ensure that the outcomes described are delivered through close monitoring of the implementation plan which underpins this strategy and supports the development and delivery of the best possible services to meet the needs of Carers in Cheshire East.





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## 9. WORKING TOGETHER TO SUPPORT YOUNG CARERS

### **‘Working Together to Support Young Carers’ – a Memorandum of Understanding between Statutory Directors for Children’s Services and Adult Social Services – December 2009**

This protocol, drawn up between the Association of Directors for Adult Social Services (ADASS) and the Association of Directors for Children’s Services (ADCS), encourages statutory Directors of Adults and Children’s Services to ensure that children who are Carers

**“should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children.”**

Directors of Adults and Children’s Services should make sure that:

- Young Carers are identified, assessed, and their families supported in ways that prevent inappropriate caring roles - regardless of which service is contacted first, children’s or adults.
- Earlier, better integrated and more effective responses to Young carers and their families are available.
- Children are protected from excessive or inappropriate caring roles; further inappropriate caring is prevented; parents feel supported in their parenting role, and that transition to adulthood is supported.
- No care or support package for a parent or sibling relies on excessive or inappropriate caring by a Young Carer to make it sustainable.
- Young Carers are helped to achieve their potential, and to have the same access to education, career choices and broader opportunities as their peers.

Cheshire East Council, Central and Eastern Cheshire Primary Care Trust are committed to working with Children’s Services staff and partners to ensure that the needs of children and their families across East Cheshire are met through this strategy to ensure that young carers **“are able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children.”** Work is in progress across Children’s Services to identify a work plan for Young Carers, children and families.

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## APPENDIX 1: CARER VIEWS

The following are the views provided by Carers in Cheshire East which have been used to form the outcomes that we will work towards in the next 4 years.

- There is a need for Carers to identify themselves in the caring role so that they will be able to access available help and support.
- GPs, other medical professionals and community services workers need to be trained to identify Carers and recognise the role that they play and to be able to signpost them to the vital support services.
- Education of all workers on Carers' issues should be a priority, with particular emphasis on senior managers to bring about a culture change towards Carers within organisations.
- Carers want people to take the time to understand their needs and the best way in which they can be supported, and to develop services to reflect this.
- All Carers' situations are different, and a range of services are needed to suit the individual – personalisation does not suit everyone.
- Carers require access to a range of information relevant to their needs in a timely manner and easily accessible formats.
- There should be access to a range of breaks for Carers which are flexible, affordable and at times that suit them.
- Services should enable Carers to design and direct their own support, have access to direct payments and be engaged in the support plan of the person they care for.
- Both generic and specialised support groups are needed. These provide an opportunity to gain mutual support, share information, advice and caring experiences, and help to reduce isolation.
- Support needs to be in place in case of an emergency.
- There is concern about what will happen to the cared for person when they can no longer care for them – long term planning is essential.
- Young Carers need to be identified and supported to ensure that they do not take on inappropriate caring roles.
- Carers and service user needs should be considered in the context of the whole family.
- Parent Carers often feel that services do not meet their needs, and they have difficulty in accessing social care support and communicating with education services.
- There are major concerns around the transition from Children's to Adults' Services.
- To help maintain good health and wellbeing, health checks should be offered to Carers through GP practices. These should include support in developing coping strategies.

- Learning and development opportunities should be available for Carers about a range of issues including Carer health, health of the cared for person, personalisation and direct payments, coping strategies, and what it means to be a carer.
- Carers want to be involved in co-production, working on the design of services from the start, not consulted at the end of the process.
- How can individual Carers or small groups of Carers get access to funding for work that they want to do to?

## APPENDIX 2:

# POLICIES AND LEGAL RESPONSIBILITIES RELATING TO CARERS

Carers' rights are enshrined within legislation which sets the responsibility of Social Services to carry out a Carer's assessment for all Carers. This legislation includes the Carers (Recognition and Services) Act 1995, the Carers and Disabled Children Act 2000, and the Carers (Equality Opportunities) Act 2004.

### **The Carers (Equal Opportunities) Act 2004**

This Act gives Carers more choice and opportunity to lead a more fulfilling life. Previous legislation only offered Carers support in their caring role and Carers' assessments did not have to take into consideration wider issues of Carers' lives, such as training, employment and leisure.

The principle aims of the Act are to:

- Ensure that work, learning and leisure are considered in a Carer's assessment.
- Give local authorities new powers to enlist the help of housing, health, education and other local authorities in providing support to Carers.
- Ensure that Carers are informed of their rights.

### **The Work and Families Act 2006**

This Act gives Carers new rights at work. It builds on the right to request flexible working for parents of children under 6 years old, or under 18 years for a disabled child, and extends this right to include employees who care for or expect to care for adults.

The white paper **Our Health, Our Care, Our Say** (DoH, 2006) announced a New Deal for Carers to improve support, reflecting developments in Carers' rights, direct payment regulations, Carers' assessments and grants. It also announced plans to:

- Establish an information service/helpline for Carers.
- Ensure that short term, home based emergency care is established for Carers in crisis or emergency situations.
- Allocate specific funding for the creation of an Expert Carers Programme.

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### **Putting People First: A shared vision and commitment to the transformation of Adult Social Care (HM Government 2007)**

This protocol sets out the Government's commitment to independent living for all adults. It recognises that the care and support system should be fair, sustainable and unambiguous about the responsibilities of the state, the individual and the family. This includes treating family members and Carers as experts and care partners; supporting programmes where Carers develop skills and confidence, and strengthening universal information, advice and advocacy for people needing services and their Carers.

### **Carers at the heart of the 21<sup>st</sup> century families and communities (HM Government 2008)**

This gives the Government's vision for Carers and the actions required over the next 10 years to realise it. Support will be tailored to meet individuals' needs, enabling Carers to maintain a balance between their caring responsibilities and a life outside of caring, while enabling the person they support to be a full and equal citizen.

Specifically, by 2018:

- Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.
- Carers will be able to have a life of their own alongside their caring role.
- Carers will be supported so that they are not forced into financial hardship by their caring role.
- Carers will be supported to stay mentally and physically well and treated with dignity.
- Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against the *Every Child Matters* outcomes.

### **Next Steps for the Carers Strategy**

This document was published by the Government in November 2010. It identifies the actions that the Government will take in the next four years to ensure the best outcomes for Carers and those they support, including:

- supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- enabling those with caring responsibilities to fulfil their educational and employment potential

- personalised support both for Carers and those they support, enabling them to have a family and community life
- supporting Carers to remain mentally and physically well

### **Carers and personalisation: improving outcomes**

This document was published by the Department of Health in November 2010. It provides practical examples for achieving better outcomes for Carers through greater involvement, choice and control for Carers and by adopting whole family approaches.

The personalisation of services and support involves tailoring solutions as far as possible to the specific needs of Carers and their families. Universally available services should also be flexible in their approaches in order to respond to the variety of ways in which Carers can be supported. To achieve this, there is a need to recognise the expertise of Carers and enable them to design and direct their own support, have access to direct payments, and be fully engaged in the support plan of the person they care for.

The document identifies four key themes in personalising support including:

- Carers as expert care partners and whole-family approaches
  - *Ensuring that Carers' expertise is recognised and utilised in assessing, planning and reviewing support to the person they care for, and in determining and meeting their own support needs.*
- Early intervention and prevention
  - *Ensuring accurate, up-to-date and reliable information is easily available from a broad range of sources. This involves having a range of services and support that is available to all Carers.*
- Making self-directed support processes work for carers
  - *Personal budgets and self-directed support can contribute to a greater independence for both the Carer and the person they support, and enable Carers to have a life outside caring.*
- Market and provider development
  - *Giving people more choice and control through personalisation means the market and providers need to ensure that a range of quality, personalised support is available. This should be based on the strong engagement of carers in setting the direction for local commissioning.*



**If you require this document in a different format, i.e. large print or a different language, then please call  
0800 5877 888.**



DRAFT Carers Strategy Implementation Plan - July 2011					
In the "Strategy for Carers in East Cheshire 2011 - 2015", 6 outcomes for carers were identified as a priority. This plan shows the projects being undertaken across East Cheshire to achieve these outcomes. It is used to measure the performance of services provided and identify any gaps in provision. The Carers Interagency Group monitor and review the action plan at their meetings every two months.					
<b>Outcome 1. Carers will be helped to identify themselves in their caring role, and be treated as expert care partners</b>					
Outcomes	Action	Responsibility	Timescales / Milestones	Outputs & evidence	
1.1 There will be improved access to information for carers at GP surgeries	Have information boards at all GP surgeries, and ongoing training to keep GP and other carer link workers up-to-date. ■ Carer Development Link Worker, GP surgeries	PCT, Cheshire Carers Centre, GPs	End 2011	100% of surgeries will have carers' notice boards. There will be dedicated carer link workers, with training sessions undertaken and evaluations assessed. Verbal evidence will be recorded of individual outcomes.	
1.2 Making sure that the support carers receive is holistic and person-centred. Carers will be valued as expert care partners. Carers overall experience of services will be improved.	To increase the number of carers receiving an assessment in their own right and the quality of these assessments and outcomes ■ Carers Needs Assessments.	Cheshire East Council/Making Space	Apr-12	An increase to 35% (need to check) of community care assessments will have a corresponding Carers Assessment. Carers verbal testimony on value of this. [NI 135 Target 2010/11 was 22%].	Cheshire Esat Council, Making Space
<b>Outcome 2. There will be access to a range of advice, health checks, support and information in easily accessible formats, and the opportunity to plan for the future</b>					
Outcomes	Action	Responsibility	Timescales / Milestones	Outputs & evidence	
2.1 Carers will be supported to look after their own health	Courses for adult carers who care for someone living with a long-term health condition or disability - relaxation, planning for the future, better communication etc. ■ Looking After Me Courses	PCT	Ongoing to end 2011	Number of carers taking up a place on courses. Verbal evidence of the value gained from the course by individual carers	
2.2 Carers will be supported to look after their own health	Carers will be encouraged to have regular health checks to protect their own health. ■ Carers' health checks	PCT, GPs, Cheshire Carers Centre	Ongoing	Number of carers taking up health checks, and the type of advice being sought by carers linking in to improved service provision.	PCT
2.3 Carers will feel supported both practically and emotionally and know where to seek help when needed. Peer-group support will be developed to complement more formal support.	Hold Carer Support Groups (including lunch groups, café groups, evening groups, new men's group) offering peer support, emotional and practical support. Some groups cater for the "carer and cared for". Also several health condition related support groups (MS, Parkinsons, Stroke Association) ■ Carer Support Groups	Cheshire Carers Centre, Crossroads Care, Making Space, Alzheimers Society, St Luke's Hospice, Neuromuscular Centre	Ongoing	Number of carers attending carer groups and the range of groups available. A verbal record of the value of services to individual carers.	

2.4 Carers will be better informed about the health condition of the person they care for and have strategies for dealing with this now and for the future.	Deliver carer training aimed at informing the carer of the implications of the health condition of the person they care for, both now and for the future ■ Carers Training on Health Conditions (of the person they care for)	Alzheimer's Society, Making Space, NeuroMuscular Centre, St Luke's Hospice	Ongoing	Number of carers attending carer training on health conditions. Verbal feedback on the value of this to individual carers.	
2.5 All carers given accurate, timely and up to date information to help them in the caring role.	Free helpline for Cheshire East Carers. Drop-in sessions, one to one casework, home visits with carers, outreach sessions and events. All organisations contribute to information and awareness raising (both general and specialist information) ■ Information and Advice to Carers	Cheshire Carers Centre, Alzheimers Society, Making Space, Crossroads Care, NeuroMuscular Centre, St Luke's Hospice	Ongoing	Number of carers accessing the service. Verbal feedback on the value of this to individual carers	Job Centre +, Neuromuscular Centre
2.6 Carers who use the CEC website will have access to full and clear information on services available and where to go for more information.	Give all relevant information, making sure it is up-to-date. Making linkages to national sources of information as well as local partners, who in turn will make linkages as appropriate and make sure that their information remains up-to-date. Linking to the CEC Information Gateway project. ■ Cheshire East Information Gateway	Cheshire East Council Carers Team, Strategic Commissioning, All	March 2012	All information on the website is up-to-date. Carers are supplied with links to timely information for all stages of caring.	Cheshire East Council
2.7 Carers will be supported to stay out of financial hardship	Welfare rights advice is available at the Cheshire Carers Centre, carers training courses, workers undertaking Carers Assessments, articles written in newsletters, reporting of benefits and targeted activity for carers regarding their rights. ■ Promoting the provision of information to carers of the benefits they are entitled to. ■ Providing good quality information, advice and support to maximise carers' incomes.	Cheshire Carers Centre, Job Centre Plus, Individual Commissioning, , Citizen's Advice Bureau, Disability Information Bureau, All	Ongoing	Carers will have full access to the range of Job Centre activities, programmes and replacement care. Gather evidence from Carers courses, Carers centre and maximise income, report number of benefits appeals etc Number of carers assisted, individual evidence of support given. Evidence of work done to promote this service to carers.	Job Centre +
2.8 Physical and emotional wellbeing will be promoted and carers will have opportunities to be involved in wellbeing activities as part of their support plans.	Find opportunities to open up the Options card to all carers for affordable leisure activities, vouchers and access to sport to promote wellbeing. ■ Options card to access leisure and wellbeing activities	Cheshire East Council Strategic Commissioning, Cheshire Carers Centre, PCT	March 2012	Availability of the Options card to all carers. Take up from carers of Options card vouchers / sporting and leisure activities to promote wellbeing.	
2.9 Carers will gain advice and information as well as peer support from other carers. There will be opportunities to have complimentary therapies, try out new activities and enjoy a well deserved break from their caring role.	To hold a Carers Day event for carers annually	Cheshire Carers Centre, Cheshire East Council Carers Team.	May 2012	Number of carers attending the event and the geographical spread of carers to ensure we reach a wider spread of people as possible. Testimonies from carers on the day.	

2.10 Carers will be signposted to information and services relevant to them. Carers issues will be highlighted. There will be an opportunity for people working with carers to meet one another and make common connections in their work.	To hold an annual Information/ health event	All	Carers Week annually	Evidence of publicity for the event. Numbers attending and evidence from feedback forms.	Care4CE
<b>Outcome 3. Flexible, affordable and personalised services will be available to all carers at times which suit them</b>					
Outcomes	Action	Responsibility	Timescales / Milestones	Outputs & evidence	
3.1 Carers will be enabled to have individual choice over specific services or essential items that will help them in their caring role.	Carers are able to apply to the Carers Fund which allows carers a one off payment for specific services or essential items and relaxation vouchers. ■ Carers Fund	Cheshire Carers Centre	To end 2011/12 financial year	Number of carers receiving a grant from the fund each year. Verbal testimony of the impact on individual carers. Evidence of the promotion of the fund.	
3.2 Carers will be provided with the means to have a break from the caring role, which is beneficial to health and wellbeing as well enabling the carer to have a life and interests outside of the caring role.	Promote and deliver breaks for carers allowing them to pursue leisure and wellbeing activities while their cared for person is looked after. ■ Carer Breaks	Crossroads Care, Making Space, Neuromuscular Centre, Alzheimer's Society, Cheshire East Council Individual Commissioning, St Luke's Hospice	Ongoing	Number of breaks provided, number of carers supported, number of new carers joining schemes, verbal reports/case studies on the benefit to individual carers. Evidence of the promotion of these schemes through Carer Assessments and support plans as well as other avenues.	Making Space, Care4CE, PCT
3.3 Carer peace of mind to live a life of their own, knowing that their preplanned fallback support for a given period in case of emergency.	To provide a responsive service to carers in an emergency using established systems. The project will also identify carers who may only have emergency cover at the moment, but who may need further services in the future. ■ Carers Emergency Response Service (CERS)	Crossroads Care	Mar-12	In 2011/12 approximately 600 carers will be signed up for this service across the borough. A total of 975 carers had registered with the service to March 2011. A responsive service will be provided to carers in an emergency and details of emergencies responded to will be recorded	Neuromuscular Centre
3.4 Carers will be able to choose the support which is most appropriate to their situation and to buy it through their personal budget. * Pilot project limited to Crewe/Nantwich Local Independent Living Team area	Pilot the development of Personal Budgets to enable carers to buy services which support them in their caring role. ■ Personalised services for carers.	Cheshire East Council Carers Team, Strategic Commissioning, Individual Commissioning, Cheshire Carers Centre, PCT	To end 2011/12 financial year	The number of carers receiving a personal budget. A target of a minimum of 200 carers of adults/older people to receive a personal budget over 15 months. Evidence of concrete outcomes from carer assessments. Verbal/written reports from individual carers.	
<b>Outcome 4. Learning and personal development opportunities will be available to all carers</b>					
Outcomes	Action	Responsibility	Timescales / Milestones	Outputs & evidence	
4.1 Carers will be supported to cope with the caring role as well as being encouraged to have a life and interests outside caring. Enabling the family unit to continue longer.	Promote and deliver carer training, both in formal sessions commissioned to help in the caring role as well in as non carer-related training to assist carers have a life of their own. ■ Carers Training ■ Caring at Home and Educational Workshops	Cheshire Carers Centre, Making Space, Alzheimer's Society	Ongoing	Number and range of training courses available. Evidence of the promotion of the courses. Number of carers attending. Verbal testimony from individual carers. Improve coping strategies which delay access to long term services.	Making Space

4.2 Financial wellbeing and quality of life will be improved by supporting carers to have a life outside their caring role.	Assisting carers and former carers into employment, offering advice and guidance on vocational training and activities as well as signposting to funding sources and assistance. Carers and former carers can remain in or return to work, through the development of carers employment policies and the provision of good quality information, services, advice and support to carers and employers. ■ Supporting carers to stay in work/helped into work/education/voluntary	Commissioners, strategic / individual commissioning teams. Job centre plus/ Making Space	3 year review, links to funding streams and influenced by them.	Number of carers supported. Individual outcomes. Carer testimony on the impact of services provided.	Making Space
<b>Outcome 5. A whole family approach will address the needs of young carers and parent carers</b>					
Outcomes	Action	Responsibility	Timescales / Milestones	Outputs & evidence	
5.1 Young Carers will be identified and supported in their caring roles. They will receive practical and emotional support "to achieve and reach their full potential" in all areas of their lives.	The Young Carers Project provides ongoing emotional and practical support which facilitates peer support, recreational and social opportunities. Regular group sessions tackle issues such as bullying, negative self esteem and isolation. YC's spend time in a fun, informative and relaxing environment. Support with education, family life, finances and coping with their caring role. Attending any relevant meetings on behalf of the young carer. The well being of the Child and Young Person is paramount. ■ Crossroads Care Cheshire East Young Carers Project	Crossroads Care Cheshire East	Mar-12	Number of breaks Young Carer received. Number of Young Carers supported. Evidence by consultation and feed back. Annual reviews.	
5.2 Young carers will be considered as a part of the whole family, making sure that they do not fall into inappropriate caring roles	The Council and its partners will work together towards a whole family approach to carers, providing joined up support across adults and children's services, health and social care. ■ Whole family approach	Cheshire East Council / all	Ongoing		Cheshire East Council
<b>Outcome 6. Awareness of carers' issues and needs will be developed so that carers are supported, respected and fully involved</b>					
	Action	Responsibility	Timescales / Milestones	Outputs & evidence	
6.1 There will be better awareness of carers' needs at GP practices	Implementing best practice guidance around identifying carers and providing information and signposting ■ Carer Development Link Worker (Primary Care)	PCT, Cheshire Carers Centre, GPs	End 2011	Increase in number of carers registered with Cheshire East practices and increase in referrals to other organisations by Carer Link Worker. Carers' perceptions of how they are treated and signposted appropriately	

6.2 The carers agenda in Cheshire East will be strengthened by having direct carer involvement. Carers will feel valued in their position as expert partner.	Operation of the Carers Reference Group. They will be recognised and given the opportunity to raise issues and provide carer views. The group will recruit new carers and make contact with other related groups. Continued financial support will allow the ongoing viability of the group. ■ Carers Reference Group	Carers Reference Group, Cheshire East Council Carers Team and Strategic Commissioners, All	End 2011	The group will aim to recruit 12 new carers to represent the diversity of the caring population. Number of carers as representatives on groups, providing a voice for carers and involved in developments across CEC Health and Third Sector partnerships.	
6.3 The carers agenda in Cheshire East will be strengthened by having direct carer involvement. Carers will feel valued in their position as expert partner.	Some third sector organisations run their own Carer Reference Groups and consultation arrangements to enable carers to express their views and issues. Carers are also invited to give personal testimony of their experience as carers and of the services provided to them. ■ Organisation's own individual Carer Reference groups	Individual organisations e.g. Crossroads Care	Ongoing	The individual carer reference groups will aim to make links to the Cheshire East wide Carers Reference Group.	
6.4	Making Space will continue with this work with care link workers, though protected time needs to be agreed by senior management for care link workers ■ Carer Link Training for professionals	Making Space			
6.5 Minority groups will be represented in planning and provision of services to ensure that they are relevant to the needs of all.	Working jointly to ensure that carers services are available to all in Cheshire East. Picking up issues from the Cheshire East Council Participation and Consultation Team events, targeting actions to address identified issues. Service providers to monitor take-up of services among whole spectrum of the population, and address any inequalities.	Cheshire East Council Carers Team / Equality & Participation Teams, All	Jan-12	Working with partners and other CEC departments to ensure that services, help and information are available to all carers who need them. Take up of services among minority groups monitored, and remedial action planned	
6.6 Support will be available for all carers in Cheshire East	There will be a requirement for services for carers funded by Cheshire East Council to monitor who is using their services.	All	April 2012	Figures on the amount of carers from different strands of the Single Equality Scheme accessing services and information for carers.	
6.7 Carers working for Cheshire East Council will feel supported at work and able to continue in this side of their life. This will also give increased financial stability.	Work alongside Human Resources and Policy to ensure that conditions for carers working within CEC are fair and that carers issues are understood. Promote and implement workplace policies which support carers in their caring role.	Carers Team, Policy, Human Resources	December 2011	Work with Job Centre Plus and CEC Policy department to agree a policy regarding carers working for Cheshire East Council	
6.8 The role and number of carers working within Cheshire East Council will be monitored.	Monitor staff by equality group to ascertain representation of those recruited, trained, promoted, disciplined and those that leave the Council. Any employee grievances should also be monitored. This includes carers working within Cheshire East Council. n Cheshire East Council Staff Monitoring	Cheshire East Council Human Resources	September 2011	Existing staff monitoring information will be refreshed. An appropriate process for gathering this information will be established.	

6.9 Stronger links will be forged with future GP Commissioners, and awareness of carers' issues will be highlighted for them.	The PCT, Council, third sector partners and carer volunteers will run a series of training workshops at GP surgeries to raise awareness of carers issues and the benefits to GPs of identifying and supporting them. ■ Carers Awareness Training for GP surgeries	All	End March 2012	Number of GPs / practices training sessions. Evaluation forms. Individual feedback.	
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Slide 1






**Working together:  
CQC and Overview  
and Scrutiny  
Committees**

1

[illegible]

## Slide 2

## Background



- Regulator for health and social care – created in April 2009
- Doing things differently – through direct observation and risk based regulation
- Putting people, their families and carers at the centre of everything we do

2

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## Slide 3

## Why regulate?

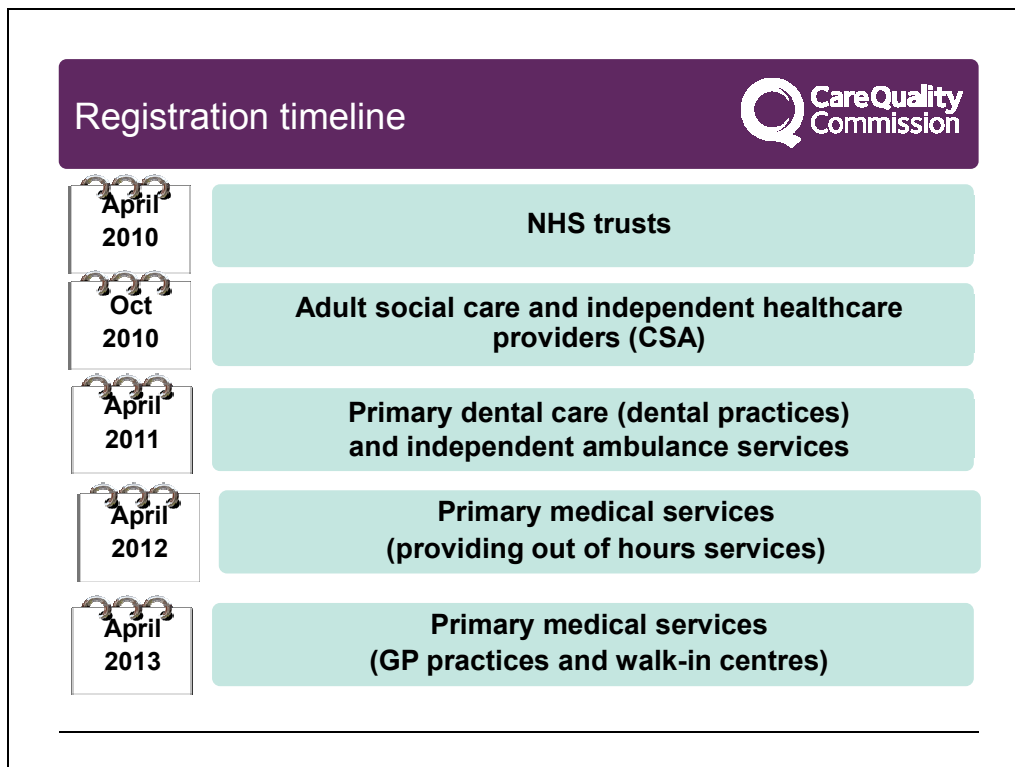
Care Quality Commission

- People can expect services to meet essential standards of **quality**, protect their **safety** and **respect** their dignity and rights, **wherever care is provided, wherever they live**
- People have a right to **choice** and to know that **providers** are **held accountable**

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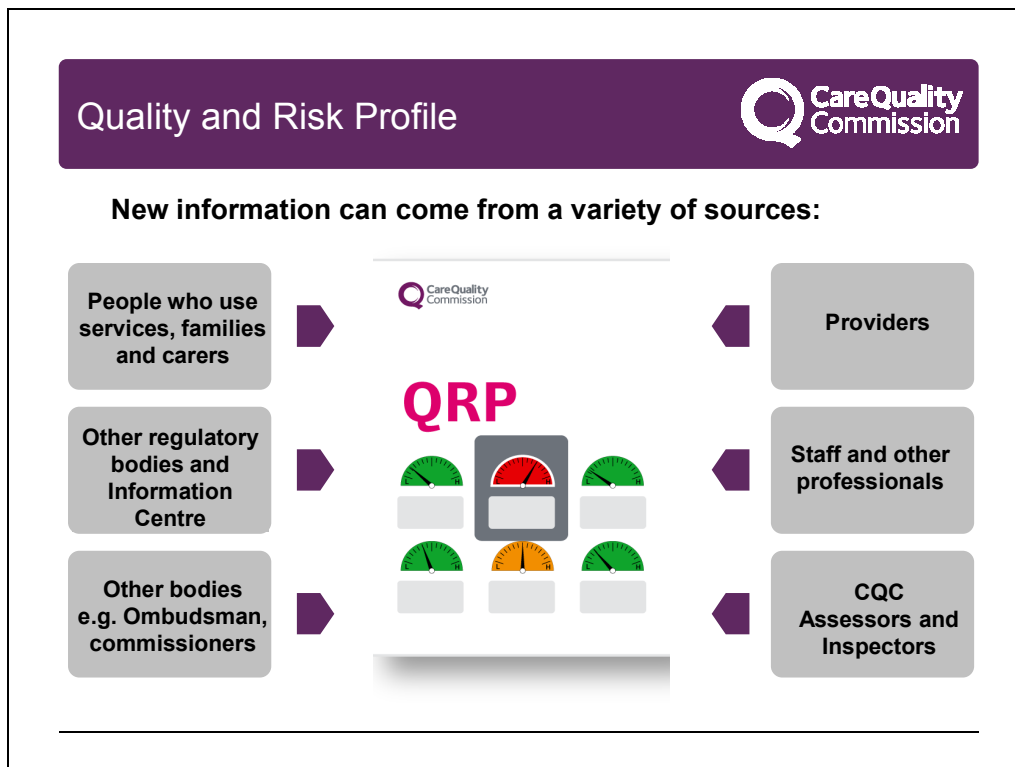
Slide 5

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- ▶ Looking at **outcomes**, a person's experience of the care they receive
- ▶ **Involving people** who use services in our reviews of compliance
- ▶ Using a wide **range of sources** of evidence
- ▶ Focusing on **how** care is delivered
- ▶ Being **targeted** and **responsive** – taking swift action to follow up concerns

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Slide 8

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Slide 9

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graph TD; A[Reviews of compliance] --> B[Responsive review]; A --> C[Planned review]; B --> D[Triggered when information, or information gap raises concern about compliance]; B --> E[Targeted to the area of concern]; C --> F[Scheduled check of all 16 quality and safety outcomes]; C --> G[Will take place annually for NHS providers, independent health and adult social care]; H[All reviews:] --> I[Will include a site visit]; H --> J[All findings published];
```

**Reviews of compliance**

**There are two types of reviews:**

- **Responsive review**
  - Triggered when information, or information gap raises concern about compliance
  - Targeted to the area of concern
- **Planned review**
  - Scheduled check of all 16 quality and safety outcomes
  - Will take place annually for NHS providers, independent health and adult social care

**All reviews:**

- Will include a site visit
- All findings published

Slide 10

## Enforcement



**It is the duty of health and social care providers to ensure compliance at all times**


- Should a provider not be compliant with the standards required, CQC can:
  - give a warning notice
  - impose conditions
  - suspend registration of some services
  - issue a fine
  - prosecute
  - close services by cancelling registration
- CQC is cost blind

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Slide 11

# Care Directory





- Shows our judgement and how and when it was made
- Clear information for those who choose or use services, without league tables
- Flexible – updated when we make a new judgement
- Subject to user testing to make sure it delivers information to inform user choice
- Will apply across health and social care
- NHS and social care due to launch later in 2011

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## Slide 12

How it will look





[Home](#) | [CQC Reports](#) | [Reviews and studies](#) | [Information for commissioners](#) | [About CQC](#)

search

**3 search results for CQC Reports about hospitals with "Elsewhere" in the name**

Look for CQC Reports:  in or called  search

(enter name, postcode or location)

[Options for narrowing down your search](#)

**Understanding the summary information below about how well each of these hospitals is meeting essential standards**

✓ = Hospital was meeting at the essential standards it is expected to meet in this area when we last checked  
 ✗ = Hospital was not meeting at least one essential standard in this area when we last carried out a review. You can find out which standard(s) it is not meeting, whether you should be concerned and what is happening as a result in the full report

CQC Report on <b>St Elsewhere Hospital</b>	Hospital
Nethermayne, Basildon, Essex SS16 5NL   0645 165 3111	
Are people involved in their care and told what's happening?	✓
Do people get care, treatment and support which meets their needs?	✓
Are people cared for safely and protected from harm?	✗ <i>improvements required</i> <i>(find out more in the full report)</i>
Are people cared for by qualified staff?	✗ <i>improvements suggested</i> <i>(find out more in the full report)</i>
Does the hospital continually check the quality of its services?	✓

CQC Report on <b>Elsewhere Grove Hospital</b>	Hospital
39 Elsewhere Ave, Chesham, Bucks HP8 4ND   01494 56100	
Are people involved in their care and told what's happening?	✓
Do people get care, treatment and support which meets their needs?	✓
Are people cared for safely and protected from harm?	✓ <i>improvements suggested</i> <i>(find out more in the full report)</i>
Are people cared for by qualified staff?	✓
Does the hospital continually check the quality of its services?	✓

CQC Report on <b>The Elsewhere Infirmary</b>	Hospital
14 Elsewhere Ave, Chesham, Bucks HP8 4ND   01494 56100	
Are people involved in their care and told what's happening?	✓
Do people get care, treatment and support which meets their needs?	✓
Are people cared for safely and protected from harm?	✓
Are people cared for by qualified staff?	✓
Does the hospital continually check the quality of its services?	✓

**Other results**

**3 organisations that provide health or social care**

[St Elsewhere NHS Trust](#) 5

[Else Care Services](#)

[Trelise Homes](#)

**5 care homes**

[The Elsewhere Home](#)

[Elsewhere House](#)

[See all](#)

**2 home care agencies**

[Elsewhere care](#)

[Happyface agency](#)

**Search results**

- Designed to help people start to evaluate and compare different options

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Slide 13

## We want Overview and Scrutiny Committees to:



- Know who we are and what we do
- Help us develop how we regulate health and social care services
- Have contact with local Care Quality Commission staff to share information
- Know what we have done with any information they give us
- Work with us more closely as we monitor services

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Slide 14

## Working Together



We both want **better care for local people**

Your information has already made a difference. Some scrutiny committees have:

- joined our national sounding board
- worked with us on a national development project
- shared information about their work with us in local meetings with CQC
- sent information through our website, commented on our consultations and taken part in pilot work

Slide 15

## What you can share with us



- What local people tell you about particular services and their care
- What you find out when you look at services and ask questions about them, including issues about joined up care
- The recommendations from your reports
- The common issues and concerns you hear from different groups, especially people in vulnerable circumstances

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Slide 17

## More information



- Go to our website at [www.cqc.org.uk](http://www.cqc.org.uk)
- Send information to us about what people think about local services to [www.cqc.org.uk/localvoices](http://www.cqc.org.uk/localvoices)
- Sign up for our newsletter at [www.cqc.org.uk/newsandevents](http://www.cqc.org.uk/newsandevents)
- Talk to your local CQC compliance manager
- Ring or send enquiries to our National Contact Centre at 03000 616161 or [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)
- For copies of our reports, you can go to [www.cqc.org.uk/publications](http://www.cqc.org.uk/publications)
- To get involved in our work nationally, contact [Lucy.Hamer@cqc.org.uk](mailto:Lucy.Hamer@cqc.org.uk) or [Clare.Delap@cqc.org.uk](mailto:Clare.Delap@cqc.org.uk)

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## **CHESHIRE EAST COUNCIL**

### **REPORT TO: ADULT SOCIAL CARE SCRUTINY COMMITTEE**

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<b>Date of Meeting:</b>	22 September 2011
<b>Report of:</b>	Borough Solicitor
<b>Subject/Title:</b>	Work Programme update

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#### **1.0 Report Summary**

- 1.1 To review items in the 2011/12 Work Programme, to consider the efficacy of existing items listed in the schedule attached, together with any other items suggested by Committee Members.

#### **2.0 Recommendations**

- 2.1 That the work programme be received and noted.

#### **3.0 Reasons for Recommendations**

- 3.1 It is good practice to agree and review the Work Programme to enable effective management of the Committee's business.

#### **4.0 Wards Affected**

- 4.1 All

#### **5.0 Local Ward Members**

- 5.1 Not applicable.

#### **6.0 Policy Implications including - Climate change - Health**

- 6.1 Not known at this stage.

#### **7.0 Financial Implications for Transition Costs**

- 7.1 None identified at the moment.

#### **8.0 Legal Implications (Authorised by the Borough Solicitor)**

- 8.1 None.

#### **9.0 Risk Management**

9.1 There are no identifiable risks.

## **10.0 Background and Options**

10.1 In reviewing the work programme, Members must pay close attention to the Corporate Plan and Sustainable Communities Strategy.

10.2 The schedule attached, has been updated in line with the Adult Social Care Committee's recommendations on 20 July 2011. Following this meeting the document will be updated so that all the appropriate targets will be included within the schedule.

10.3 In reviewing the work programme, Members must have regard to the general criteria which should be applied to all potential items, including Task and Finish reviews, when considering whether any Scrutiny activity is appropriate. Matters should be assessed against the following criteria:

- Does the issue fall within a corporate priority
- Is the issue of key interest to the public
- Does the matter relate to a poor or declining performing service for which there is no obvious explanation
- Is there a pattern of budgetary overspends
- Is it a matter raised by external audit management letters and or audit reports?
- Is there a high level of dissatisfaction with the service

10.4 If during the assessment process any of the following emerge, then the topic should be rejected:

- The topic is already being addressed elsewhere
- The matter is subjudice
- Scrutiny cannot add value or is unlikely to be able to conclude an investigation within the specified timescale

## **11.0 Access to Information**

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

Name: Mark Grimshaw  
Designation: Scrutiny Officer  
Tel No: 01270 685680  
Email: [mark.grimshaw@cheshireeast.gov.uk](mailto:mark.grimshaw@cheshireeast.gov.uk)

**As of 14/09/2011**

**Adult Social Care Scrutiny Committee: September 2011 – April 2012**

**Portfolio Holder – Roland Domleo**

### **Historical Record**

<b>Date of Meeting</b>	<b>Agenda Setting Meeting</b>	<b>Topic</b>	<b>Purpose/Key issues (including origin)</b>	<b>Comments post meeting</b>
20 July 2011	11 July 2011	Disabled Facilities Grant and Home Improvement Grant	A review of Home Improvement Agency services was carried out in 2010 with a view to streamlining the service into 1 service across Cheshire East, to improve delivery of Disabled Facilities Grants. A procurement process has been undertaken and once tenders have been evaluated a report will be submitted to Cabinet either recommending awarding a contract, or recommending bringing the service in-house. This is very much tied up with adult social care redesign, and the HIA is the m delivery agent for the Disabled Facilities Grants	That the Committee receive robust figures in terms of the potential cost savings as a result of DFGs at a future meeting in order for a potential case to be constructed for increasing Cheshire East's budget contribution and to have conversations with health partners regarding match funding.
		Think Local Act Personal – A National Strategy for Local Implementation	To consider the strategy prior to Cabinet decision on 1 August 2011.	That it be recommended to the Director of Adults, Community, Health and Wellbeing that alternative means be sought in terms of communicating information

				<p>about Adult Social Care services to the public alongside the on-line citizen portal.</p> <p>That the Committee continue to monitor the personalisation agenda to assess its effectiveness for vulnerable people.</p> <p>That the Committee receive regular updates on the Adult Social Care service, including allocated budget, spend and impact on service users.</p>
		Adult Social Care Budget	To receive a verbal brief outlining pressure points on budget	<p>That the Committee review the efficacy of the six week free support policy at a future meeting.</p> <p>That the Committee consider an item on 'invest to save' policies at every formal meeting, the results of which to be potentially fed into the Budget Task and Finish Group.</p>

**Next Agenda Setting Meeting: ?**

## **Ongoing items/reviews/Monitoring Papers**

Item	Reporting:	Committee Meeting							
		22/9	27/10	22/11	21/12	18/1	28/2	15/3	17/4
Safeguarding	When appropriate								
Performance/Finance report	Quarterly	X			X			X	
The Cheshire and Wirral Councils' Joint Scrutiny Committee	Monitor minutes of meetings when appropriate		X				X		

## Possible Future Issues / Items (Chronology)

### Meeting dates:

<b>27 October 2011 (informal)</b> <b>22 November 2011</b> <b>21 December 2011 (informal)</b>	<b>18 January 2012</b> <b>28 February 2012 (informal)</b> <b>15 March 2011</b> <b>17 April 2012 (informal)</b> <b>9 May 2012</b>
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Item	Corporate Priority / Targets	Notes	Suggested Action	Due Date and Status
Detailed review of a service area plan (LILT team)	Prepare for an increasingly older population.  Drive out the causes of poor health.	Asked for at meeting held on 16.06.2011	Members to receive a brief	<b>October 2011 (informal)</b>
Business Planning brief	Prepare for an increasingly older population.  Drive out the causes of poor health.	Suggested by Chairman on 18.08.2011	Members to be briefed so that they understand how the service plan for future pressures on the budget. To include information on 'invest to save' areas.	<b>October 2011 (informal)</b>  <b>On track</b>
Safeguarding and the implications of funding pressures.	Prepare for an increasingly older population.  Drive out the causes of poor health.			<b>November 2011</b>  <b>On track</b>
Review of the efficiency of people who self fund social care	Prepare for an increasingly older population.			<b>November 2011</b>  <b>On track</b>
Local Involvement	Prepare for an increasingly			<b>November 2011</b>

Network (LiNk) – Work Programme; Future arrangements and transition to Local Healthwatch	older population.  Drive out the causes of poor health.			<b>On track</b>
Disabled Facilities Grant	Prepare for an increasingly older population.  Drive out the causes of poor health.	Follow up from action suggested in July 2011	Committee to receive business case for increased investment into DFGs.	<b>November 2011</b>  <b>On track</b>
Communication methods for services for older people	Prepare for an increasingly older population	Asked for at meeting held on 16.06.2011	Members to consider the appropriateness of communication methods	<b>November 2011</b>  <b>Deferred from September 2011</b>

### **Items to be considered:**

- Wishing Well (post Age Concern)
- Commissioning Strategy/Whole System Commissioning – GP Consortia Pilot
- Development of a protocol for informing the public about changes in social care arrangements
- Charging policy
- New Dementia Unit and Hollins View – Business Case
- Review of the efficacy and value of the decision to close residential homes – possibly as part of the potential T&F Review
- Potential cost savings as a result of DFGs
- Personalisation agenda

### **Training Requirements/Site Visits:**

To be discussed

### **Disregarded / Discontinued Items**

Item	Date	Reason
Understanding the personalisation agenda	11/07/2011	Included in 'Think Local, Act Personal' item
Support for Carers	11/08/2011	Superseded by Carers Strategy
Understanding the 'lifestyle concept' including lifestyle centres	14/09/2011	To be considered by H&WB Committee

### **Task Groups – potential/current/completed**

Title	Notes	Actions
Dementia Services	Postponed due to election. Agreed to continue the work of the T&F group	Update to be received by Committee 22/9
Future Arrangements/Provision of Residential Care	<p>At the meeting of the Council on 21 April 2011 a Notice of Motion had been submitted by Councillors D Flude and C Thorley regarding instability in the residential care market in Cheshire East and its potential impact on the finances of the Council. It was requested that a Scrutiny Committee Task and Finish Group be set up to determine the best means of managing demand for residential care including demand from returning self funders.</p> <p><b>RESOLVED</b></p> <p>That the matter be referred to the Adult Social Care Scrutiny Committee with a view to them examining the matter and reporting back on:</p>	Set up Membership on 22/9



	<ul style="list-style-type: none"> <li>• The stability of the residential care market in Cheshire East</li> <li>• The availability of residential care at affordable prices in Cheshire East</li> <li>• The success or otherwise of current measures to manage the demand for residential care in Cheshire East.</li> <li>• The success or otherwise of measures to support self funders to remain independent of Council funding for longer</li> </ul>	
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### **Dates of Future Cabinet Meetings**

5 September 2011, 3 October 2011, 31 October 2011, 28 November 2011, 5 December 2011, 9 January 2012, 6 February 2012, 5 March 2012, 2 April 2012 and 30 April 2012.

### **Dates of Future Council Meetings**

13 October 2011, 15 December 2011, 23 February 2012, 19 April 2012 and 16 May 2012.

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## **FORWARD PLAN 1 SEPTEMBER 2011 - 31 DECEMBER 2011**

This Plan sets out the key decisions which the Executive expect to take over the next four months. The Plan is rolled forward every month. It will next be published in mid September and will then contain all key decisions expected to be taken between 1 October and 31 January 2012. Key decisions are defined in the Council's Constitution.

Reports relevant to key decisions, and any listed background documents may be viewed at any of the Council's Offices/Information Centres 6 days before the decision is to be made. Copies of, or extracts from these documents may be obtained on the payment of a reasonable fee from the following address:-

Democratic Services Team  
Cheshire East Council ,  
c/o Westfields, Middlewich Road, Sandbach Cheshire CW11 1HZ  
Telephone: 01270 686463

However, it is not possible to make available for viewing or to supply copies of reports or documents, the publication of which is restricted due to confidentiality of the information contained.

A decision notice for each key decision is published within 6 days of it having been made. This is open for public inspection on the Council's Website, Council Information Centres and Council Offices.

The law and the Council's Constitution provides for urgent key decisions to be made. A decision notice will be published for these in exactly the same way.

Forward Plan 1 September 2011 to 31 December 2011

Key Decision	Decisions to be Taken	Decision Maker	Expected Date of Decision	Proposed Consultation	Relevant Scrutiny Committee	How to make representation to the decision made
CE11/12-17 Carers Strategy and Implementation Plan	To endorse the strategy and implementation plan for resident carers and their families.	Cabinet	3 Oct 2011	Already carried out with carers and the Carers Reference Group.	Adult Social Care; Children and Families	Lorraine Butcher, Strategic Director (Children, Families and Adults)
CE11/12-4 Business Planning Process 2012/2015 - Business Plan	To approve the Business Plan for 2012/2015 incorporating updated budget and policy proposals together with the Capital Programme.	Cabinet, Council	6 Feb 2012	With all Members and a range of local stakeholders including PCT's, Parish Councils, social care representatives, businesses, trades unions, the schools forum and the public.	To be determined but expected to be a scrutiny budget consultation group.	Lisa Quinn, Director of Finance and Business Services