

Corporate Parenting Committee

Agenda

Date: Tuesday, 24th January, 2017
Time: 5.00 pm
Venue: Committee Suite 1,2 & 3, Westfields, Middlewich Road,
Sandbach CW11 1HZ

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 in the report.

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

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

1. **Apologies for Absence**

2. **Declarations of Interest**

To provide an opportunity for Members and Officers to declare any disclosable pecuniary and non-pecuniary interests in any item on the agenda.

3. **Minutes of Previous meeting** (Pages 3 - 6)

To approve the minutes of the meeting held on 1 November 2016.

4. **Input from Children and Young People on Five Priority Areas**

To listen to the top five issues that representatives from the Corporate Parenting Committee Shadow Board of Young People in Care and Care Leavers wish to discuss with Members.

5. **The Health of Cared for Children and Young People Annual Report 2015 - 2016**
(Pages 7 - 22)

To consider this report, which will also be considered by the Health and Wellbeing Board.

Contact: Cherry Foreman
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6. **Claremont Residential Home Ofsted Report** (Pages 23 - 36)

To consider the results of the inspection carried out in November 2016.

7. **Corporate Parenting Update Report** (Pages 37 - 54)

To consider this report including the Signs of Safety and the Corporate Parenting Scorecard.

8. **Meeting Dates for the Municipal Year 2017**

To consider the schedule of dates for the next municipal year.
(*To be circulated at the meeting*)

9. **Sufficiency Statement for Cared for Children 2016 - 2017** (Pages 55 - 116)

To consider this report.

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

The reports relating to the remaining items on the agenda have been withheld from public circulation and deposit pursuant to Section 100(B)(2) of the Local Government Act 1972 on the grounds that the matters may be determined with the press and public excluded.

The Committee may decide that the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraphs 1 and 2 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

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

11. **Regulation 44 Independent Inspections of Children's Homes Annual Report 2015 - 2016** (Pages 117 - 130)

To consider this report.

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Corporate Parenting Committee**
held on Tuesday, 1st November, 2016 in Committee Suite 1,2 & 3, Westfields,
Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor G Merry (Vice-Chairman)

Councillors P Butterill, B Dooley, S Edgar, D Flude, M Grant, S Pochin, J Saunders
and L Smetham

Officers in attendance:

Jane Davies – Independent Adoption Panel Chair
Shelly Lewis – Independent Fostering Panel Chair
Nigel Moorehouse – Director of Children's Social Care
Sheila Williams – Designated Nurse Cared for Children
Cherry Foreman – Democratic Services

15 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors G Hayes, G Wait and M Warren.

16 DECLARATIONS OF INTEREST

There were no declarations of interest.

17 MINUTES OF PREVIOUS MEETING**RESOLVED**

That the minutes of the meeting held on 6 September 2016 be approved as a correct record.

18 HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE IN CARE

Sheila Williams, Designated Nurse for Children in Care, gave a presentation on the health and wellbeing of children and young people; an overview of the annual report due to be considered by the Health and Wellbeing Board formed the basis of the presentation.

Statutory guidance from the Department of Health was that children were required to have an initial health assessment by a doctor within 20 working days of entering care in order to prepare a health plan which then had to be reviewed every six months for under fives and annually thereafter.

Particular problems were highlighted with regard to older young children not always wishing to co-operate, children moving in and out of the area and there being a higher than average incidence of health care problems in cared for children. Particular risk areas were at points of transition and on leaving care.

Care priorities centred on emotional and mental health and relationships between the various agencies involved were considered to be good. Systems to support the shared health and social care processes were now in place with the full benefits expected to be realised in the forthcoming year.

Statistics showed continuing improvement in meeting the statutory guidance and the Committee asked for an item to be added to its work programme on the range of actions that needed to be taken, monitored, and considered, when taking a child into care.

RESOLVED

That the presentation be noted and an item be added to the Work Programme on the range of actions that needed to be taken, monitored, and considered, when taking a child into care.

19 CORPORATE PARENTING UPDATE REPORT

The Committee received an update on national and local developments in relation to children and young people, and care leavers. The report included a resume of a recent independent review 'In Care, Out of Trouble'. This had been established by the Prison Reform Trust to examine how best to tackle the over representation of children in care, or with experience of care, in the criminal justice system in England and Wales; its recommendations and associated actions were detailed.

Local developments on the following matters were also given:

- Children's Home Recommissioning
- Regional Adoption Developments
- Education and the Virtual School
- Unaccompanied Asylum Seeker Children
- Involvement of Young People in the Committee
- November Children's Rights Month
- Children and Young People's Improvement Plan
- Elected Member Training Around Corporate Parenting
- Corporate Parenting Strategy Key Priorities and Actions 2016/17 (*Appendix 1*)
- DfE Children's Social Care Innovation Programme Expressions of Interest Update

In considering Children's Rights Month a number of Members expressed an interest in spending a day at a children's home, and the Director of Children's Services reported he would be taking up the £21 challenge to experience what it was like for a care leaver to purchase a weekly shop for that amount.

As requested by the Committee at its last meeting the Corporate Parenting Operational Group had pulled together a range of measures for a scorecard to enable the Committee to monitor, scrutinise and challenge performance across a range of services for cared for children and young people. Members endorsed the measures detailed in *Appendix 2* of the report and it was noted that the first populated scorecard would be presented at the next meeting of the Committee, and quarterly thereafter.

RESOLVED

That the report be noted and the proposed scorecard measures set out in Appendix 2 of the report be endorsed.

20 EXCLUSION RESOLUTION

RESOLVED

That the press and public be excluded from the meeting during consideration of the following items pursuant to Section 100(A)4 of the Local Government Act 1972 on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 and public interest would not be served in publishing the information.

21 FOSTERING PANEL ANNUAL REPORT

Consideration was given to the Annual Report of the Fostering Panel, presented by its Independent Chair. Members had the opportunity of asking questions on any points of interest or clarification.

RESOLVED

That the report and its conclusions be noted.

22 ADOPTION PANEL ANNUAL REPORT

Consideration was given to the Annual Report of the Adoption Panel, presented by its Independent Chair. Members had the opportunity of asking questions on any points of interest or clarification.

RESOLVED

That the report and its conclusions be noted.

The meeting commenced at 5.00 pm and concluded at 7.00 pm

Councillor (none)

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REPORT TO: Cheshire East Health and Wellbeing Board

Date of Meeting: 31st January, 2017
Report of: Sheila Williams Designated Nurse Cared for Children
Subject/Title: **The Health of Cared for Children and Young People
Annual Report for the period September 2015-2016**

Executive Summary

1. Purpose

The purpose of this report is to inform the Cheshire East Health and Wellbeing Board in their role as corporate parents of the health and well-being of the children in their care. It is important to recognise both the statutory responsibilities for this vulnerable group of children and young people, and the role of agencies working together as corporate parents, in having “high aspirations”:

“Parents want their child to be healthy and happy and to reach their full potential.” (DfE & DoH, 2015).

This report is to provide assurance to the Board and to highlight any potential areas for service improvement. Feedback on the content of this report would be most welcome.

In Cheshire East, Looked after Children are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

Multi agency partnerships are being strengthening by the developing via the corporate parenting operational group which reports to the Corporate Parenting Committee. This will enable greater scrutiny of how the local authority and health services work together in relation to Cared for Children's health.

Staffing:

- In light of national statutory guidance ‘Promoting the health and well-being of looked after children Statutory Guidance’ (DoH & DfE, 2015) together with an updated intercollegiate role framework (RCN & RCPCH, 2015), Eastern and NHS South CCGs have increased the funding for the Designated Nurse post during 2015/16. The Designated Nurse has been in post since August 2015 and is employed 22.5hrs per week directly by the CCG.

- The Designated Doctor Cared for Children is also medical advisor to Cheshire East foster panel and is employed for 1 session per week for this role by Mid Cheshire Hospitals Foundation Trust.
- The Cheshire East Cared for Children's Health Team continues to be co-located with social care at Cledford House and is currently provided by East Cheshire NHS Trust.
- A further review of Cared for Children's health provision is being undertaken at regional level with the support of NHS England in order to meet the recommendations of statutory guidance and secure a sustainable model for the future which follows the children's pathway/journey. This will include arrangements for a Named Nurse Cared for Children.
- There is increasing recognition of the health needs of care leavers and their vulnerability as young adults. The 16+ Nurse vacancy has been realigned to a Nurse Specialist 16+ and transition and the post has been filled. The Nurse is establishing her in role whilst carrying out the statutory responsibilities for 16-18 year olds and also developing the health provision for 18-25 year olds. This will enable the implementation of a more holistic approach to the health needs of care leavers; improvements to transitional health care planning; provision of health information to young people as they leave care and the development of health related training for personal advisors.
- There is a commitment to working with 0-19 children's services in order to provide training and supervision for health visitors and school nurses working with Cared for Children. Shared record keeping between the two organisations has been slow to develop. There is now a commitment from Wirral Community Trust to shared access to SystmOne electronic record keeping for the Cared for Children's Health Team.
- The Children and Social Work Bill currently being considered by parliament will put greater emphasis on the need for local authorities and clinical commissioning groups to work together in relation to the assessment of cared for children's emotional and mental health.

Population:

- Numbers of Cheshire East Cared for Children have remained stable over the past year at around 400. It is notable that a greater proportion of Cared for Children now originate from NHS South Cheshire CCG (250) than NHS Eastern Cheshire CCG (150).
- Of the 401 children cared for by Cheshire East Council at 31st July Council, 236 reside within Cheshire East boundaries and 165 reside outside those boundaries.

- Of the 185 children placed within Cheshire East by other authorities a greater number of children were placed within NHS Eastern Cheshire area (102) compared to NHS South Cheshire CCG (83).

Health indicators:

- There continue to be difficulties in meeting the statutory timescales for initial health assessments although these are improving. Due to effective joint working and the introduction of improved administration processes significant progress has been made in the timely receipt of requests. A shared process of monitoring IHA compliance has now been developed and actions taken. There are early signs of improvement and this situation will be tracked closely in the forthcoming year.
- The numbers of statutory review health assessments have shown a drop in compliance from 95.9% (31/03/15) to 73.9% (31/03/16). There are three reasons for this: improvements in the accuracy of information; some delay in the receipt of requests from social care and limited capacity both in East Cheshire Trust Cared for Children's Health Team and Wirral Community Trust School Nursing service. A shared process for the monitoring and tracking of this data is developing with a view to 100% compliance by March 2017. There are similar reasons for the apparent deterioration in compliance for immunisations and dental care. This will also be addressed by improved methods of recording, reporting and monitoring using Liquid Logic (the local authority electronic recording system).
- Child developmental checks are an important part of the universal health provision for under-fives. Cared For Children's developmental checks are, where possible, combined with their 6 monthly review health assessment. This includes information from the ages and stages questionnaires (ASQ) which health visitors undertake on all children which provides a good opportunity for multi-agency working as it enables us to share this useful indicator with the Early Years Educational Consultant for Cheshire East Virtual School who track and monitor the educational development of Cheshire East Cared for Children.
- Looked After Children are known to be an at risk group in relation to substance misuse, sexual health and teenage pregnancy. This is recognised locally services are commissioned from Catch 22 in relation preventative substance misuse work and from Body Positive in relation to sexual health promotion. School Nurses and Specialist Nurses Cared for Children also have an important public health role in providing education around personal health, sex and relationships.
- The Cared for Children's Health Team regularly participates in training and awareness raising for foster carers in order that they are in a position to promote the health of children in their care. We are fortunate in Cheshire East to have a Children and Families Support Team (C&FST) with a linked mental health practitioner. This team is co-located with the Cared For health team at Cledford House. Strengths and difficulties questionnaires (SDQ) are managed via the C&FST and this information is shared with the Cared for Nurses in relation to

health care planning. The average SDQ scores remain high. In common with national statistics around 50% of Cared for Children locally appear to have an identified mental health need. A recent government report (House of Commons, 2016) has not only recommended the completion of SDQ on entry into care but has also suggested that all looked after children should have their mental health assessed by a qualified mental health professional. Designated professionals across Cheshire are working together in order to develop a pathway for this. In Cheshire East we will be making use of the established processes within the C&FST in order to role this out by Jan 2017.

- The regionalisation of adoption services and the availability of prospective adopters in Cheshire East means it is extremely important that the health, especially emotional and mental health needs are addressed at the point of placement in order to ensure that the children and their families receive adequate adoption support and, where necessary, therapeutic support for their long term wellbeing. NHS Eastern and NHS South Cheshire CCGs therefore commissioned research into this area with the aim of ensuring that Children placed for adoption in Cheshire East receive appropriate services in relation to their emotional and mental health. The report which has recently been published (Michael Lloyd Research & Associates, 2016). This will be reported to the Health and Wellbeing Board. Actions required as a result of this research are being developed in conjunction with the Cheshire East Adoption Team.
- An exciting project is being undertaken during 2016-17 in relation to the emotional and mental health needs of Cared for Children. This project will involve the participation of Cared for Children in activities related to positive mental health and in a multi-agency conference in spring 2017. This project is important in giving children a voice and raising the awareness of multi-agency managers, practitioners, councilors and carers regarding the emotional and mental health needs of Cared for Children.
- NHS Eastern & NHS South Cheshire CCG's are working together locally to reduce unwarranted variation (NHS- E, 2016) across services with the intention of sharing good practice and allowing a more seamless transition of health provision. For example, shared service specifications have been established and work is ongoing to consider the most effective methods of service delivery in the light of both statutory (DoH & DfE, 2015) and professional guidance (RCN & RCPCH, 2015).
- The Care Quality Commission inspected Safeguarding and Looked After Children's Services in July 2016. The initial feedback was positive with areas of good practice highlighted along with areas for development known to the service and leadership. It is anticipated that the full report will highlight recommendations which will be related to known areas for development.
- The New Belongings Project has now concluded, however practice in this area continues to develop. There is now a greater understanding of vulnerabilities which care leavers experience and a great willingness to work together locally.

A number of professionals had the privilege of attending The North West Care Leavers Festival (facilitated by The Children's Society) in March this year. Health was an important focus for this event which brought the cared for children and young people together in an energetic and productive manner. A refreshing reminder of the purpose of our work.

Recommendation/Actions for 2016/2017

A detailed action plan will be produced following the publication of the recent Care Quality Commission inspection report which is anticipated by late September 2016 and is likely to be based on the priorities and actions identified below:

1. Work with colleagues to develop shared processes across Cheshire in order to ensure that corporate parenting responsibilities in relation to Cared for Children's health are effectively addressed and unwarranted variation is avoided.
2. Ensure effective shared child record keeping between Cared for Children's Team and Cheshire East 0-19 services.
3. Continue to monitor and improve the compliance with timeliness of initial health assessments.
4. Ensure high quality initial health assessments including the development of emotional and mental health assessments and an increased awareness of child sexual exploitation.
5. Improve the timeliness of Review Health Assessments by 31/03/17. By undertaking a monthly review of compliance and joint actions between health and social care and developing a robust electronic record and reporting system.
6. Ensure that young people have access to health information as they leave care.
7. Develop training for personal advisors in relation to the health needs of care leavers.
8. Work with Social Care colleagues to ensure effective transition of health services in preparation for leaving care.
9. Work with colleagues toward the local implementation of the National Child Protection Information Sharing Project.
10. Work with Cheshire East Adoption Team to develop a strategy regarding the emotional and mental health needs of adopted children.
11. Increase awareness amongst multi agency colleagues regarding the effects of developmental trauma amongst Cared for Children and Young People using a participatory approach and including a conference/ workshop Spring 2017.

Annual Report:

The Health of Cared For Children and Young People NHS Eastern and NHS South Cheshire Clinical Commissioning Groups

Background

Numbers of Cared for Children and young people:

In England the number of children looked after is 60 per 10,000 children, in Cheshire East this figure is 49.4 per 10,000 children.

As at 31 July 2016 – 401 Children were cared for by Cheshire East Council including 66 cared for young people 16+.

Of these 236 reside within Cheshire East Boundaries.

165 reside outside Cheshire East boundaries. Cheshire East Council, in common with many other local authorities, is working to increase the number of foster placements within area in order to reduce the number of out of area placements.

The proportion of Cared for Children originating from NHS South Cheshire CCG is now significantly higher (250) than the number originating from NHS Eastern CCG (150).

At 31 July 2016 there were approximately 185 children currently placed within Cheshire East by other authorities. Of these a significantly highly number (102) are placed in NHS Eastern Cheshire CCG compared to the number (83) placed within NHS South Cheshire CCG. The Cared For Children's health team have been working with the local authority in order to improve the accuracy of this information by sharing information.

There are an increasing number of private provider children's homes within the Cheshire East footprint (particularly in NHS Eastern CCG) and a wealth of prospective adopters with children being placed by a wide range of local authorities.

Staffing

Since August 2015 the Designated Nurse post has been hosted directly by NHS Eastern Cheshire CCG to cover both Eastern and South Cheshire CCG's. This is in line with Statutory Guidance (DfE & DoH, 2015). The hours have increased from 7.5 to 22.5 hours per week, which remains below the recommended time of 37.5 hrs suggested for an area the size of Cheshire East (RCN & RCPCH, 2015).

The Designated Doctor continues to be employed by Mid Cheshire NHS Foundation Trust (one session per week). Medical Advice to Cheshire East Adoption and

Fostering Panels is also provided via paediatricians from Mid Cheshire NHS Foundation Trust.

Statutory initial health assessments within NHS Eastern Cheshire CCG are currently provided by East Cheshire NHS Trust and within NHS South Cheshire CCG by Mid Cheshire Hospitals NHS Foundation Trust.

A Named Doctor and Named Nurse Cared for Children are not currently in post. This is currently being considered in line with 2015 intercollegiate guidance.

A successful business case has resulted in the Associate Nurse Specialist 16-18 years post being realigned to a Nurse Specialist 16+ and Transition (up to 25 year). This exciting development will enable:

1. Improvements to the provision of health information as young people leave care.
2. Provision of training and advice for personal advisors.
3. A greater focus on the health needs of young people in transition to leaving care.

The Cared for Children's Health Team is currently provided by East Cheshire NHS Trust and is co-located with Social Care colleagues at: Cledford House, Middlewich. This team comprises:

1.6 WTE administrators

1.8 Nurse Specialist Nurses Cared for Children

0.8 WTE Nurse Specialist 16+ and Transition

Service specifications for the Cared for Children's Health Team have been developed by NHS Eastern Cheshire and NHS South Cheshire CCG's as part of a pan-Cheshire partnership during 2016.

In the autumn of 2015, commissioning arrangements for 0-19 services became the responsibility of East Cheshire Council Public Health Department and the provider of this service changed from East Cheshire NHS Trust to Wirral Community Trust.

Quality and Performance

During a recent Local Authority inspection (Ofsted, 2015) it was identified that mechanisms for recording and monitoring health assessments were not robust. Joint health and social care processes for health assessment recording and reporting have been developed during the past year using Liquid Logic (Local Authority electronic record keeping system) and are starting to become established in practice.

Initial health assessments are a statutory requirement for all children within 20 days of entering care. There has been a long-standing difficulty with compliance regarding initial health assessments which was two-fold; slow receipt of requests for health assessment from social care, and delays related to lack of timely paediatric clinic availability. This has been monitored via Cheshire East Local Safeguarding Children

Board during 2015/16, with little improvement. During the first quarter of 2016/17 progress has been made.

As a direct result of the involvement of local authority business administration in the process, the number of requests for health assessment received within 48 hrs of the child entering care has increased from 19% in Quarter 4 2015/6 to a total of 69% for Quarter 1 and subsequently 66% in Quarter 2. There is work to be done in improving this further but it does represent good progress.

Quarter 4 IHA Jan – March 2016

Number of children new into care Jan-Mar 16	Require IHA	Request received with 2 working days	Child seen with 20 working days
31	25*	19%	12%
Eastern CCG	10		10%
South CCG	15		13.3%

* Three children left home within a very short period of time and did not require IHA

Quarter one IHA March – May 2016

Number of children new into care March-May '16	Require Initial health assessment	Request received within 2 working days	Child seen within 20 working days
Total: 57	48 *	69%	38%
Eastern CCG	21		48%
South CCG	27		30%

* Note: Nine children did not require an initial health assessment completion due to one transferring from another local authority with a completed IHA, two had Special Guardianship orders made and six returned home within 20 days of entering care.

Quarter two IHA data

Number of children new into care June – Sept 2016	Require Initial health assessment	Request received with 2 working days	Child seen within 20 working days
Total: 34	31 *	66%	18 (58%)
Eastern CCG 15	13		5
South CCG 19	18		12

* Note three did not require IHA as they left care within a very short time.

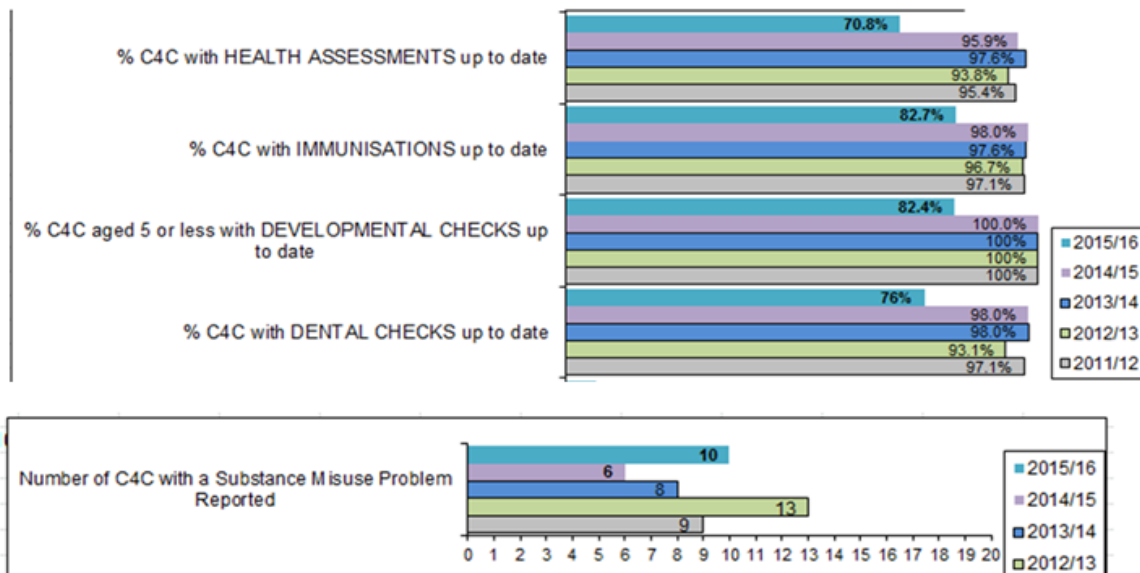
The tables above illustrate significant improvement in children actually being seen for initial health assessment within timescales largely due to the improvement in timeliness of requests. There is further work to be done in improving timeliness of initial health assessments and close monitoring is required.

The Designated Doctor is also working to ensure the quality of initial health assessments.

Review health assessments

All local authorities are required to submit annual returns to Government in respect of the health of children who have been in care for more than one year. This information has been reported annually but until recently the electronic reporting systems health and social care have not been sufficiently robust to ensure the accuracy of this information. For the annual in respect of review health assessments this year Liquid Logic reporting mechanisms were used. This has resulted in a reported deterioration with review health assessments. There are a number of reasons for this. Firstly the improved recording mechanisms require are more accurate and do not allow leeway if a health assessment is late, requests have been received later than is realistic to achieve compliance and there have been some difficulties with staffing within public health – particularly namely school nursing following commissioning changes. The 16+ Nurse post was also vacant for most of that time.

4.7 OC2 Cohort – Health and Offending



Of those with a substance misuse problem reported, 5 received intervention, and 4 were offered intervention but refused.

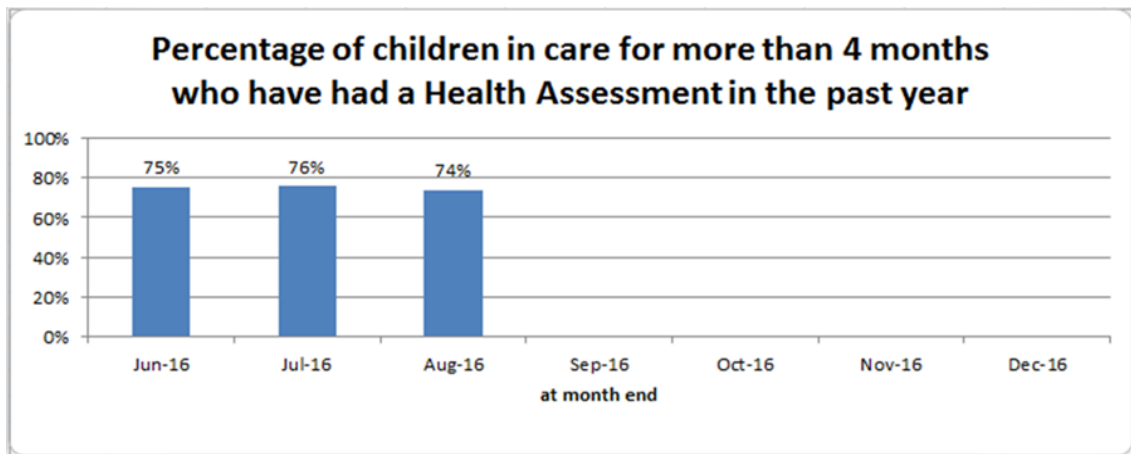
Strength and Difficulty Questionnaires

The DfE band SDQ scores in the following way: a score of under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern.

Reporting Year	Average SDQ score	Banded SDQ Score ⁴		
		Percentage		
		Normal	Borderline	Concern
2012	14.1	46%	18%	36%
2013	14.4	47%	12%	42%
2014	14.2	45%	14%	41%
2015	13.4	50%	15%	34%
2016	14.6	46%	10%	45%

SDQ's are discussed further on page 13.

In order to improve the compliance with review health assessments a system monthly reporting has been established. The Cared for Health Team have visited social work teams to highlight the processes involved. Social Care Managers have supported the need for improvement and administration processes similar to those for review health assessments are becoming established practice. The table below indicates that progress to date has been limited. There is a clear need to track and monitor this situation in the year ahead.



Review health assessments undertaken for Cheshire East Children by CCG

	Eastern CCG	South CCG
Initial health assessment	57	104
Review health assessment	122	194

Immunisations and dental care status Cheshire East Children at review health assessment

	Number of RHAs completed	Not up to date with Immunisations	Not seen dentist	Recorded vision problem
Eastern CCG	122	10	6	23 (included 2 registered blind)
South CCG	194	15	9	43

Where children are placed out of area arrangements are put in place to ensure that children's health needs are met. With this in mind the table below illustrates numbers of **health assessments completed within Cheshire East on behalf of other CCGs.**

	Initial health assessments	Review health assessments
Eastern CCG	12	58
South CCG	7	105

Analysis of health data:

- The actions taken to improve the timeliness of initial health assessments during 2015/16 are demonstrating very early signs of improvement. Quarterly reporting to the Local Safeguarding Board will continue. At the present time we cannot be confident that Cared for Children's health needs will be assessed and a health care plan agreed within the statutory 20 working days, potentially resulting in unmet health needs. A clear plan for progressing this is now in place and will be closely monitored in the year ahead. Alongside this, attention is being given to ensuring that the quality of health assessments is consistently good. This will include improvements to the routine assessment of emotional and mental health including increasing the number of strengths and difficulties questionnaires completed at the time of initial health assessment. It is also important that paediatricians completing the initial health assessment have an awareness of children who may have been sexually exploited and their resulting health needs.
- Compliance with statutory review health assessment and health care plans for children who have been in care more than one year has fallen from 95.9% at 31 March 2015 to 70.8% at 31 March 2016. There are a number of reasons for this reduction in compliance. Firstly, there was the introduction and establishment of a more accurate recording system. These initial difficulties have now been overcome and the improved reporting and recording system will enable monthly tracking in the forthcoming year. Secondly, staffing levels amongst the School Nursing Service and the Cared for Children's health team have presented challenges. Staffing levels are now showing signs of improvement. There is a need to further develop shared administrative processes between health and social care in order to improve compliance. The Cared for Nurse Specialists have met with social work managers to raise this matter. Reporting to date has shown a small improvement in compliance for review health assessment, 76% at 31 July, and perhaps not surprisingly, a slight dip during the school summer holidays. There is also a very clear need to ensure that all Cared for Children have a lead health professional contributing to their health care planning and that

the health needs of these most vulnerable children are effectively met. The recommendations of “Seen but, not heard” (CQC, 2016) highlight the need to listen to children, regularly review health outcomes to ensure that progress is being made, identify risk and ensure access to emotional wellbeing and mental health support - all of which are related to this theme. Completion of a health assessment by a practitioner with little knowledge of the child is not enough and must be challenged.

- The emotional and mental health of children 0-16 years who have been in care for more than one year is measured at least annually for government returns using Goodman’s Strengths and Difficulties Questionnaire screening tool. Carer compliance with completing this locally is excellent with 94% of carers completing the questionnaire. National statistics (House of Commons, 2016) suggest that around 50% of children in care experience poor mental health. Unfortunately Cheshire East Cared for Children also experience poor emotional and mental health with 45% of children falling into the high scoring SDQ level. A further 10% are in the borderline area and 46% have an SDQ score indicating a normal result. A mental health practitioner employed by CAMHS is available to assess Cheshire East Cared for Children and young people’s mental health and refer to more specialist services where appropriate within a timescale of 1-2 weeks. Cheshire East’s Children and Families Support Team provide services to Cared for Children and their carers where this practical. Indicators are that the C&FST are involved with 59 of the children and young people who have very high SDQ scores. 85% of those children had been actively involved with the C&FST and the potential need for involvement had been considered for the remaining 9 children. There can be difficulties accessing specialist CAMHS services when children are placed out of area and for children placed by other areas within Cheshire East. This is due to unwarranted variation in service provision and is an important area for consideration prior to placing children out of area “Leading Change Adding Value” (NHS E, 2015)
- The emotional and mental health needs of Cared For Children and care leavers at times of transition continue to be a priority area. With this in mind the commissioning of research (Michael Lloyd and Associates Research, 1986) into adopted children’s mental health needs is timely and a multi-agency action plan is being developed. Adopted children remain the responsibility of their placing authority/CCG for three years following legal adoption. It is in the long term interests of adopted children and young people to ensure that their emotional and mental health needs are addressed as early as possible in order to prevent potential long term emotional and mental health difficulties. The appointment of a 16+ and Transition Nurse is an important step in relation to the mental health needs of carer leavers.

Trends:

- At the present time there are a very small number of unaccompanied asylum seeking children cared for by Cheshire East Council. This number is likely to

increase in the forthcoming year as unaccompanied children seeking asylum are dispersed throughout the country. This will have implications for health provision.

- The regionalisation of adoption services means that we are likely to see increases in the number of children placed for adoption within Cheshire East. With this in mind, research into the emotional and mental health needs of adopted children has been commissioned by NHS Eastern and South Cheshire CCG's. The result of this research has now been published and will be reported to the Health and Well-being Board during autumn 2016. The immediate priorities identified include: improving the accuracy of data regarding children currently placed for adoption within Cheshire East, ensuring that effective assessment of their emotional and mental health needs is undertaken and the development of a forum in which the voices of adoptive children can be heard and used to inform service development.

Challenges:

- Changes to commissioning arrangements for school nurses and health visitors have led to a number of challenges in relation to arrangements for training and supervision which have been addressed via shared arrangements. Access to child health records continues to present a challenge. Negotiations are underway in order to ensure that the Cared for Children's Specialist Nurses have access to SystmOne electronic child health records this will be resolved with the planned changes to commissioning arrangements.

Innovations:

- The appointment of a Nurse Specialist 16+ and Transition is an exciting development. This will enable improvements to the provision for care leavers in a multi-agency manner.
- The 'Cared 4 Health' APP is available. It provides an excellent resource for young people and their carers as well as an opportunity for communication with the Cared for Health team. The APP will be updated and developed by the 16+ and Transition nurse in communication with Cheshire East Council Care Leavers Team.
- Patient passports have been developed in response to the needs of young people attending Macclesfield District General Hospital and have now been expanded across Cheshire East. This provides an excellent opportunity to enhance communications with young people who have significant health needs which would be assisted by planned communication during attendances at healthcare settings. This information is completed by the young person's carers, updated when required and made available at each attendance. The use of patient passports has been promoted with residential care settings. It is anticipated that these will also be used in foster care settings where appropriate.
- NHS Eastern and NHS South Cheshire CCG's are supporting a young person's participation project with a focus on emotional and mental health. It is anticipated

that this project will have direct benefits for children and young people as well as providing training opportunities for staff in spring 2017.

Recommendation/Actions for 2016/2017

A detailed action plan will be produced following the publication of the recent Care Quality Commission inspection report which is anticipated by late September 2016 and is likely to be based on the priorities and actions identified below:

- 1. Work with colleagues to develop shared processes across Cheshire in order to ensure that corporate parenting responsibilities in relation to Cared for Children's health are effectively addressed and unwarranted variation is avoided.**
- 2. Ensure effective shared child record keeping between Cared for Children's Team and Cheshire East 0-19 services.**
- 3. Continue to monitor and improve the compliance with timeliness of initial health assessments.**
- 4. Ensure high quality initial health assessments including the development of emotional and mental health assessments and an increased awareness of child sexual exploitation.**
- 5. Improve the timeliness of Review Health Assessments by 31/03/17. By undertaking a monthly review of compliance and joint actions between health and social care and developing a robust electronic record and reporting system.**
- 6. Ensure that young people have access to health information as they leave care.**
- 7. Develop training for personal advisors in relation to the health needs of care leavers.**
- 8. Work with Social Care colleagues to ensure effective transition of health services in preparation for leaving care.**
- 9. Work with colleagues toward the local implementation of the National Child Protection Information Sharing Project.**
- 10. Work with Cheshire East Adoption Team to develop a strategy regarding the emotional and mental health needs of adopted children.**
- 11. Increase awareness amongst multi agency colleagues regarding the effects of developmental trauma amongst Cared for Children and Young People**

using a participatory approach and including a conference/ workshop Spring 2017.

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7th November, 2016

Children's home inspection – Full

Inspection date	15/11/2016
Unique reference number	SC394224
Type of inspection	Full
Provision subtype	Children's home
Registered manager	Angela Laurie
Inspector	Janine Shortman-Thomas

Inspection date	15/11/2016
Previous inspection judgement	Sustained effectiveness
Enforcement action since last inspection	None
This inspection	
The overall experiences and progress of children and young people living in the home are	Good
The children's home provides effective services that meet the requirements for good.	
How well children and young people are helped and protected	Good
The impact and effectiveness of leaders and managers	Good

SC394224**Summary of findings****The children's home provision is good because:**

- Young people report that they are happy and feel safe within the home. One young person confirmed this by writing: 'I enjoy living here. I would like to live here until I am ready for independence.'
- A particular strength of the home is the stability of the staff team. This encourages young people to build and develop positive, nurturing and trusting relationships with staff whom they value and respect.
- Professionals confirm that young people make good progress against their individual starting points. One professional said: 'The staff are proactive in their support of young people. [Name of young person] is taking part in a lot of activities and is making progress academically and socially. They are progressing in line with their age and development.'
- Effective internal and external monitoring systems in the home ensure that the manager and the leadership team have a good understanding of the home's strengths and areas for continued development. These systems support the manager in driving improvements forward.
- The manager and the leadership team support the staff well. Staff confirm that they can access additional help and guidance when they need to and report that this helps to inform and develop their care practice.
- The areas for improvement identified within the inspection relate to young people's risk assessments and obtaining feedback from young people, their families, carers and professionals during the manager's monitoring of the home.

What does the children's home need to do to improve?

Statutory requirements

This section sets out the actions which must be taken so that the registered person(s) meets the Care Standards Act 2000, Children's Homes (England) Regulations 2015 and 'Guide to the children's homes regulations including the quality standards'. The registered person(s) must comply within the given timescales.

Requirement	Due date
<p>12. The protection of children standard</p> <p>(1) In order to meet the protection of children standard the registered person must ensure that children are protected from harm.</p> <p>(2) In particular, the standard requires the registered person to ensure:</p> <p>(b) that the home's day-to-day care is arranged and delivered so as to keep each child safe and to protect each child effectively from harm. This is with particular regard to ensuring that there are clear written risk management plans in place identifying how the staff will support, manage, supervise and monitor young people when the staff consider them to be under the influence of substances.</p>	02/12/2016
The registered person must establish and maintain a system for ascertaining and considering the opinions of children, their parents, placing authorities and staff when they complete their quality of care review. (Regulation 45 (5))	02/12/2016

Full report

Information about this children's home

The home is owned and managed by the local authority. It is registered to care for up to four children and young people with emotional and/or behavioural difficulties and / or who have a learning disability.

Recent inspection history

Inspection date	Inspection type	Inspection judgement
14/03/2016	Interim	Sustained effectiveness
01/12/2015	Full	Good
17/03/2015	Interim	Declined in effectiveness
24/09/2014	Full	Good

Inspection judgements

	Judgement grade
The overall experiences and progress of children and young people living in the home are	Good
<p>A particular strength of this home is the warm, nurturing and homely environment that staff provide to young people. Professionals confirm that young people maintain positive relationships with the consistent staff team, and this supports and enables them to make good progress in all areas of their lives. The continuity of relationships for young people enables them to feel very confident in the home and helps them to make good progress towards achieving their individual targets and goals. Consequently, young people flourish in a stable, nurturing and supportive environment.</p> <p>Staff have a thorough understanding of young people's individual needs, as placement plans are clear, detailed and subject to regular review. Monthly case management meetings, which are held within the home, ensure that young people's key workers are kept up to date with any upcoming events, and young people's emerging and developing needs. Information shared and recorded from these meetings is disseminated to the staff during regular team meetings. This practice ensures that young people receive a high level of consistent care from a staff team which is fully up to speed with their needs and care plans.</p> <p>Positive relationships exist between staff and young people, and this provides the foundation for open and honest discussion. Mutual respect between young people and the staff was observed throughout the inspection, and young people appeared relaxed and happy in their home. Staff advocate well for young people to ensure that their rights and views are listened to and promoted. Regular consultation through key-working sessions, residents' meetings and informal discussions ensures that young people's views are routinely gained and acted upon. Young people are confident that the staff listen to their thoughts and ideas and feel valued and involved within their care planning. Young people know how to make a complaint and have used this to settle their dissatisfaction. This practice supports young people to feel valued and empowered to have control of their lives.</p> <p>Young people are supported well by staff to engage in a meaningful education provision targeted to meet their individual needs. Two young people maintain an excellent attendance record and make progress comparable with their peers. Staff value and support young people's education advancement and assist them with homework, learning opportunities and gaining part-time employment outside of school. When young people are reluctant to engage in the further education opportunities, the staff maintain their commitment and offer support, encouragement, advice and additional opportunities quickly to try to re-engage them in positive education and training activities. Despite the best efforts of the</p>	

staff, one young person has yet to fully commit to the opportunities that they are presented with, which limits their later life employment chances.

Practical arrangements are in place to meet young people's known and developing physical health needs. Young people are registered with doctors, dentists and opticians and are supported and encouraged to attend their routine health appointments. The staff maintain good links with professionals from specialist health services. For example, these include the looked after children's nurse, external therapists and professionals linked to substance misuse teams. This cohesive multi-agency working ensures that young people are provided with additional openings to engage with health services to support them with their individual and identified needs. Despite these links and the best efforts of the staff, one young person has refused to engage with the support which is offered. Subsequently, this young person continues to compromise their health and well-being as they continue to engage in risk-taking behaviours.

Staff value the importance of contact for young people in understanding their identity and heritage and ensure that young people maintain regular contact with family and friends. Young people's contact with their families and friends is supported and managed well by staff. Staff follow the individual contact plans which have been devised in consultation with the local authority. Staff are aware of the emotional impact that contact can have upon young people and sensitively support them at these times. This support from staff ensures that young people's contact with those who are important to them is managed in a safe, enjoyable and positive way.

Young people are helped and supported well by the staff to learn and develop their life skills. Staff are clear about young people's care plans and provide ample opportunities for young people to develop their life skills in a safe and managed way. Staff support young people to increase their skills in cooking, cleaning and budgeting, and support young people to work through the independent living skills booklets to further develop in these areas. As a result, young people increase their understanding and abilities to complete a number of tasks independently. Therefore, young people are equipped with the knowledge and skills that they require to support them with a successful transition into adulthood.

Young people live in a comfortable and homely environment that blends into the community. The home has undertaken some decoration and is clean, tidy and furnished to a good standard. Young people report that they are happy with their own bedrooms and confirm that they have personalised these to express their individuality and to reflect their own specific tastes.

	Judgement grade
How well children and young people are helped and protected	Good
<p>Young people are safeguarded effectively and have a strong sense of feeling safe. Staff clearly understand their roles and responsibilities, and are knowledgeable about their safeguarding duties as they receive suitable training. Professionals confirm that they are confident that young people are kept safe as a result of the actions that staff take. They report that this is because staff know young people well. Professionals say that staff follow the agreed risk assessments and make suitable efforts to educate and support young people to make better and safer choices. Consequently, young people's health and well-being is promoted. Some young people's missing incidents have reduced and one young person's self-harming behaviours have become less frequent.</p> <p>Staff role model positive behaviour and interactions, and they provide clear direction and support to maintain positive peer relationships. The staff's detailed understanding of the group dynamics, their fair treatment of young people and prompt sound advice ensure that there are no incidents of bullying.</p> <p>Constructive and warm relationships exist between young people and staff, and consistent boundaries provide the basis for managing behaviour successfully. Young people are clear about the rules and the expectations placed upon them, and confirmed during the inspection that they feel that these household rules are fair. Staff focus on promoting positive behaviour and use individual incentivised plans to support them in this. When young people's behaviour falls below the expectations, sanctions are used appropriately to support young people to consider their behaviours and accept responsibility for their actions. When young people are unable to manage their emotional responses successfully, staff use diversionary techniques effectively. They de-escalate situations with young people well, which limits the need for staff to physically intervene. The one restraint that has been used since the last inspection was implemented by trained staff. The manager maintains effective oversight of these care practices to ensure that they are fair and appropriate, and challenges the staff sufficiently when sanctions have been implemented inappropriately.</p> <p>Professionals confirm that staff regularly monitor and review any incidents of young people going missing from the home, in partnership with relevant safeguarding agencies. A professional reported that they are confident that the manager and staff follow the individual trigger plans for young people and that sufficient action is taken by the staff to protect young people during these times. The staff demonstrate their knowledge of the push and pull factors for each young person, and the plans in place to limit the opportunities for these behaviours to occur. Young people are supported and given the opportunity to consider the impact and</p>	

consequences of their risk-taking behaviours. Staff try to help young people to understand the risks that they are placing themselves at, so that young people can make more informed and safer decisions. Staff undertake direct work using their own internet research, and gain support and guidance from outside agencies in their efforts to educate young people of the risks and dangers associated with going missing from the home and engaging in substance use. Despite prompt referrals to specialist drug and alcohol teams, and ongoing efforts to engage young people in meaningful discussions around these topics, some young people continue to engage in these behaviours.

The staff are clear about the young people's level of risk and vulnerabilities and can verbalise the actions that they take in supporting young people during these times. That said, the present written risk management plans in regard to supporting young people who misuse substances do not clearly identify when and what actions the staff will take. For example, this includes identifying when staff will undertake room searches and how frequently young people will be monitored and checked when young people return to the home under the influence of substances.

Staff respect young people's privacy, and the size of the home allows young people to enjoy time together or alone. A variety of health and safety checks ensure that young people and staff's safety and welfare is promoted.

	Judgement grade
The impact and effectiveness of leaders and managers	Good
<p>The home is managed by a registered manager who has been registered with Ofsted since September 2015. The manager has the appropriate qualifications and experience and demonstrates her commitment to further her own professional development by undertaking an additional qualification in leadership and management. The manager is supported sufficiently with the management tasks by two qualified and experienced assistant managers. These leaders share the manager's motivation, desire and commitment to provide a positive and safe environment for young people to grow and develop safely.</p> <p>Suitable action has been taken to address the one requirement and one recommendation raised at the last inspection. Subsequently, young people's health and well-being is promoted. This is because staff are aware of the updated policies and procedures linked to e-safety and self-harm and implement the individual risk management and placement plans to ensure that young people's individual health needs are met accordingly.</p> <p>The statement of purpose sets out the aims and objectives of the home. The</p>	

manager ensures that the commitments identified within this are consistently delivered by herself and the staff team to ensure that young people's needs and welfare remain at the heart of the home. The children's guide has recently been updated by the staff and young people. This provides a good, informative overview of what young people can expect to receive when they join the home. These documents ensure that young people, their families and placing authorities are clear about the level of services and support that young people will receive, and support them in holding the registered provider to account if these expectations are not maintained.

Young people are looked after well by a stable staff team which is trained, supported and experienced to deliver a good standard of care. Staff training is closely monitored by the leadership team to ensure that all staff are up to date with their mandatory training. This is complemented by opportunities to complete needs-led training, such as domestic abuse, ligature training, and raising aspirations for children and young people. There are a suitable number of knowledgeable staff to ensure that each young person's needs are met. A large proportion of the staff team have acquired the required level 3 childcare qualification, with sufficient arrangements in place for the three remaining staff to achieve this within the required timeframe. The manager and staff receive regular supervision and annual appraisals, which they confirm support them to reflect and develop their care practice.

The manager deals with complaints made against the home promptly and sufficiently. When young people or other agencies have raised any areas of concern, the manager has investigated these complaints thoroughly and promptly and ensured that a suitable solution is identified quickly. All significant events relating to the welfare and protection of young people living at the home are notified to the appropriate authorities in a timely manner.

Young people's records and case files are detailed and thorough. They are regularly reviewed and updated to ensure that they provide a comprehensive picture of young people's needs, progression and future objectives.

The manager regularly reviews and monitors the progress that she and the staff are making towards meeting the aims and actions set within the home's development plan. As such, the manager has a good understanding of the strengths and areas for continued development of the home. Furthermore, the manager utilises a number of internal and external systems frequently to regularly monitor and review the quality of care provided for young people. An independent person undertakes the external monthly monitoring visits and provides written feedback to the registered manager. Sufficient internal monitoring processes are in place. The internal systems ensure that the manager is kept up to date with the progress and achievements of the young people. The manager has missed an opportunity to seek the views of the young people, their parents, carers, and the professionals involved in their care, within these systems. Consequently, the

manager is unable to fully evaluate what is working well, and what can be done differently to make things better for young people, within her quality of care review.

What the inspection judgements mean

The experiences and progress of children and young people are at the centre of the inspection. Inspectors will use their professional judgement to determine the weight and significance of their findings in this respect. The judgements included in the report are made against 'Inspection of children's homes: framework for inspection'.

An **outstanding** children's home provides highly effective services that contribute to significantly improved outcomes for children and young people who need help and protection and care. Their progress exceeds expectations and is sustained over time.

A **good** children's home provides effective services that help, protect and care for children and young people and have their welfare safeguarded and promoted.

In a children's home that **requires improvement**, there are no widespread or serious failures that create or leave children being harmed or at risk of harm. The welfare of children looked after is safeguarded and promoted. Minimum requirements are in place. However, the children's home is not yet delivering good protection, help and care for children and young people.

A children's home that is **inadequate** is providing services where there are widespread or serious failures that create or leave children and young people being harmed or at risk of harm or that result in children looked after not having their welfare safeguarded and promoted.

Information about this inspection

Inspectors have looked closely at the experiences and progress of children and young people living in the children's home. Inspectors considered the quality of work and the difference that adults make to the lives of children and young people. They read case files, watched how professional staff work with children, young people and each other and discussed the effectiveness of help and care given to children and young people. Wherever possible, they talked to children, young people and their families. In addition the inspectors have tried to understand what the children's home knows about how well it is performing, how well it is doing and what difference it is making for the children and young people who it is trying to help, protect and look after.

This inspection was carried out under the Care Standards Act 2000 to assess the effectiveness of the service and to consider how well it complies with the Children's Homes (England) Regulations 2015 and 'Guide to the children's homes regulations including the quality standards'.

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Cheshire East Council

Corporate Parenting Committee

Date of Meeting: 24th January 2017

Report of: Pete Lambert, Head of Cared for Children

Subject/Title: Corporate Parenting Update

Portfolio Holder: Cllr Liz Durham

1. Report Summary

- 1.1. This report provides an update to the Corporate Parenting Committee on national and local developments in relation to cared for children and young people and care leavers.

2. Recommendation

- 2.1. Corporate Parenting Committee is asked to:
- 2.1.1 Note the contents of the report and information at Appendix 1;
 - 2.1.2 Scrutinise the corporate parenting scorecard at Appendix 2.

3. Reasons for Recommendation

- 3.1. The Corporate Parenting Committee is as advisory group to the Cabinet and, as such, needs to be aware of any national or local issues that are likely to impact on cared for children and care leavers. The Corporate Parenting Committee need to be able to scrutinise and challenge performance to improve outcomes for cared for children and young people.

4. Other Options Considered

- 4.1. None; this is an update report.

5. Background

National Developments

National Assessment and Accreditation System for child and family social workers (NAAS)

- 5.1. The DfE has launched a consultation for the new National Assessment and Accreditation System for child and family social workers (NAAS). This

consultation will run for twelve weeks – 20 December 2016 until 14 March 2017.

Looked after children: mental health and emotional wellbeing – call for evidence

- 5.2. The Department of Health and the Department for Education have established an expert working group – supported by the Social Care Institute for Excellence (SCIE) - to develop models of care and care pathways to support the mental health and wellbeing of looked after children and care leavers. To inform this work the group is seeking practice examples from across the spectrum of need.

Local Developments

House Project

- 5.3. Cheshire East has joined an innovation bid with Stoke to run the House Project. This involves setting up a company with children in care and care leavers to recycle derelict houses. This is intended to develop the ownership, participation the skills of these children and young people.

Budget Proposals

- 5.4. A number of budget proposals will be considered by Cabinet in February in relation to the cared for service. This includes the following proposals:
- Foster carer council tax exemption – there was 100% exemption rate until last year when it change changed to 50%. An assessment of the impact of the exemption suggested that this has not improved the recruitment or retention of foster carers. It is proposed that the exemption will be removed from March 2017. The service is currently looking at other ways to incentivise foster carers including IT equipment, access to leisure, free car parking;
 - Cheshire fostering services – Discussions have commenced with regional partners (Cheshire West and Chester and Warrington) to identify opportunities for fostering services to work together on key areas. The aim is to increase our ability to compete with private sector providers whilst also seeking efficiencies in how services are provided. The proposals being considered focus on the following key areas in the first phase.
 - Fostering recruitment – shared referral / front door services
 - Marketing – shared strategies and media work
 - Training of foster carers - access to pooled training programmes
 - Charging policy for cared for children – the service is currently looking at the feasibility of charging for children being accommodated under Section 20; the charge will be to parents of these children.

- Proposal to fund the Post-16 Adviser from pupil premium funding. There is to be further consideration in relation to additional appropriate posts within the virtual school that can also be funded legitimately from pupil premium to ensure that staffing can be maintained and funding utilised for maximum impact.
- Growth bid for cared for children - There has been a 15% increase in the numbers of cared for children in Cheshire East over the past two years. Although still below national and local comparators, admissions to care have continued to exceed discharges resulting in the need for an increase in available placements, particularly for those with more complex needs and also staff to support these children and young people.
- Growth bid for Watermill House – this proposal puts in place permanent funding to ensure that the important accommodation and support for cared for children and care leavers at Watermill House can continue.

STAR Awards

- 5.5. The annual STAR Awards took place on Saturday 20th November 2016. This is a celebration event and awards ceremony for cared for children and young people and care leavers in Cheshire East. The event is co-organised by young people. Work will start shortly with young people to plan the awards for 2017.

Update on Unaccompanied Asylum Seekers (UASC)

- 5.6. Prior to Christmas Cheshire East accommodated two 17 year old girls under the Lord Dubs amendment. They were part of a flight arriving at Manchester from France. The girls have settled very well and are making good progress. Cheshire East remains below its expected percentage of UASC, but we have been leading the way regionally in the resettlement of young people. We have received positive feedback from accommodation providers and education establishments as to the care plans provided.

Regional Adoption – “Adoption Counts”

- 5.7. Plans are progressing as expected for Cheshire East to move into the Regional Adoption Agency on 1st April. ‘Adoption Counts’ has been agreed as the name for the Regional Adoption Agency and branding is currently being prepared.

Special Educational Needs and Disability - Preparing for adulthood Policy

- 5.8. A new policy has been developed on preparing for adulthood for young people with special educational needs and disability.

Social worker Recruitment strategy

- 5.9. Cheshire East's Social Worker Recruitment Strategy '*Where Social Work Works*' received a high commendation in the Children & Young People Now Awards in November 2016.

Signs of Safety Innovation Bid

- 5.10. Cheshire East's expression of interest to the Children's Social Care Innovation Programme to implement Signs of Safety as a way of working in the borough has been approved by the DfE to move to the bid stage. Further information on Signs of Safety is attached at Appendix 1.

Corporate Parenting Performance Scorecard

- 5.11. At the November Committee Members agreed a number of measures to include in a quarterly scorecard. The first populated scorecard is attached at Appendix 2 for scrutiny.

6. Wards Affected and Local Ward Members

- 6.1. Although the number of Cheshire East cared for children and young people is relatively small, they are a vulnerable cohort, who live across Cheshire East and in other local authority areas.

7. Implications of Recommendation

7.1. Policy Implications

- 7.1.1. There are a number of policy implications as a result of local and national developments and these will be reported, as appropriate to the relevant Committee.

7.2. Legal Implications

- 7.2.1. The national and local developments described in this report are wide ranging and will in many particulars have legal implications. Legal advice will be sought, as appropriate, upon all relevant emerging issues.

7.3. Financial Implications

- 7.3.1. The Innovation Fund Bid will bring further funding into the Council. This is matched funded with a budget that has already been secured through transition funding.

7.4. Human Resources Implications

7.4.1. The growth bid will result in increased personnel to support the additional cared for children and care leavers in the system.

7.5. Equality Implications

7.5.1. Equality impact assessments have been completed on the budget proposals listed in para 5.4.

7.6. Rural Community Implications

7.6.1. None.

7.7. Public Health Implications

7.7.1. None identified at this stage.

8. Risk Management

8.1. Cared for children and care leavers are a vulnerable group that are at risk of a number of factors – poor education and training, health, safeguarding and transition into adulthood.

9. Background Papers

9.1. Appendix 1 – Signs of Safety Frequently Asked Questions

9.2. Appendix 2 - Corporate Parenting Scorecard

10. Contact Information

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Signs of Safety in Cheshire East

Putting children and young people first

Frequently Asked Questions

1. What is Signs of Safety?

'Signs of Safety' is an innovative, strengths-based approach to working with children, young people and families. It provides a clear framework for how to build relationships with families and work effectively with them to achieve better outcomes for children and young people.

It was developed in Western Australia in the 1990s by Andrew Turnell and Steve Edwards. Andrew and Steve worked with over 150 frontline practitioners to develop and hone the approach, so it is based on **what practitioners know works well** in real life cases. It is now being used across the world.

The approach is based on a number of principles:

1. **Working relationships are fundamental, with families and professionals.** Signs of Safety is about establishing positive, constructive relationships through recognising strengths as well as issues, being very clear about what our goals are, how we will work together to achieve these and what we expect to see, and having a common language everyone understands
2. **Stance of critical inquiry** – accepting that professionals don't have all the answers, always being prepared to admit you may have had it wrong, and having a learning culture at all levels
3. **Landing grand aspirations in everyday practice** – having big aspirations for children and young people and making sure we have the tools to deliver this everyday, listening and adapting the approach based on what practitioners say, and ensuring our service and organisation are truly focused on what matters - achieving better outcomes for children, young people and families

You can read more about the approach on the Signs of Safety website at www.SignsofSafety.net

Many professionals within Cheshire East will already be familiar with the Signs of Safety approach and how effective it is in engaging families, as our Child Protection Conference model is based on Signs of Safety.

Signs of Safety is a framework for **how** to work effectively with families, and it includes principles for practice, specialised training, ways of working (e.g. recognising strengths, how meetings are structured), tools for capturing the voice of the child or young person (e.g. the three houses tool), supervision that is aligned with the approach, and a process for auditing practice that promotes learning and reflection on the key aspects of Signs of Safety practice.

In Signs of Safety, robust analysis of strengths and risks leads to plans which focus on specific actions and behaviours that families must do to create an environment in which their children will be safe and can thrive - as opposed to just signalling what must stop. Where it has been adopted by other local authorities it has been welcomed by families. Families have reported that (often for the first time) they are clear about what services expect from them. Families particularly like that their views and strengths are acknowledged as well as their weaknesses understood.

2. Why are we adopting this?

We want to change the way we work to ensure that we **always** put children and young people **first and foremost** in everything that we do.

We know that what Eileen Munro (2011) found in her review of children's services is still true of our services in Cheshire East: services are too focused on compliance, see the assessment or the plan as the 'product' – instead of outcomes, and are overly bureaucratic. We want to transform our service to one that is 100% focused on achieving the right outcomes for children and young people.

For us, Signs of Safety embodies this, as it is focused on developing solutions in partnership **with** families **in response to what their children say is most affecting them**. As one practitioner says in [this video](#) – "There is no way you can forget about the children – in Signs of Safety that's what it's all about".

But what was also vital for us is choosing Signs of Safety as the right approach is that it is totally uncompromising in relation to recognising risk. Signs of Safety was developed for Social Work by social work practitioners, and that was also a key strength for us in relation to other models.

There is a clear evidence base that shows that **it works**, studies have shown that it results in:

- Better and more focused relationships with families
- Parents have a better understanding of the impact on their children, and their children's perspectives
- Practitioners are more clear on what the risks are, and what is expected of all parties, resulting in better decision making for families
- A more individualised approach for families
- Improved working between practitioners
- Reduction in the number of children brought into care
- Reduction in the time cases are open
- Increased morale of the social work workforce – because the work is focused on what they came into the profession to do

To add to all this, we also have the amazing opportunity to be part of a project with **37** other local authorities as part of the DfE Innovation Programme. These authorities are also all adopting, adapting and refining the approach throughout their service. If we are successful in our bid to the Programme, we will be able to benefit from the learning from these other authorities, and we will receive match funding from the DfE, which will allow us to train a much larger proportion of our staff and accelerate our implementation.

3. What do we want to achieve?

We have made major improvements to our services, and we want to continue to invest in the quality of our practice so that we can achieve the very best outcomes for **all** our children and young people. Best practice is child-focused, solution orientated, and respectful and inclusive of families, and this is what we want to achieve through adopting Signs of Safety.

Our aim is to make **every intervention count** so that children and families achieve effective and sustainable change. We also will be aligning our organisation to our practice – ensuring that we have the right structures, support and tools in place which enable us to always put children and young people first.

4. So what will be different?

Signs of Safety is a framework for **how** we work – so it will affect every element of our practice and how we do things – from our culture, to how we interact with families, how we conduct meetings, what we expect from families, what we record... it will affect just about everything we do! That might seem a bit scary – but we won't be changing everything at once, and there will be a controlled roll out of major changes.

We will be reclaiming our service to focus on what really matters – achieving fantastic outcomes for our children and young people. Every single person will know what we want to achieve, and how we will make this happen, and we will change our service so that it supports you to achieve this in every way possible.

There will be a project board and team leading changes around these work streams:

- **Training and Development** – developing, implementing and monitoring our training strategy for Signs of Safety, developing in house trainers, and aligning supervision and our core training offer.
- **SMART Recording** – streamlining what we record, and aligning the child's record system with Signs of Safety
- **Policies, Procedures and Practice Guidance** – ensuring there are good practice examples and resources to support you in using the approach, and adapting our policies and procedures so they reflect Signs of Safety
- **How it works in Practice** - the Practice Champions group will gather and represent their teams' views on Signs of Safety – what's working well and what we need to change, and will share good practice, and develop practice guidance and resources.
- **Involving Families** – families will be involved in developing a way for children, young people, parents and carers to feedback on how well we supported them, and will co-produce family friendly guides to our services
- **Evaluating Outcomes** – adopting the Signs of Safety audit process, ensuring we measure what matters in terms of performance, and evaluating the impact Signs of Safety is having for our families

If you want to be involved in leading and developing some of these changes please email us to let us know at ChildrensImprovement@cheshireeast.gov.uk. Whether you are curious and excited about Signs of Safety, already fully converted, or are really very unsure and sceptical, this is your opportunity to get in on the action and shape how it happens.

Signs of Safety is not a 'bolt on' or added extra to your work – it's how you will carry out the work you do now. Equally, using Signs of Safety depends on the skills and expertise you have within your profession, it isn't about forgetting what you have learned so far and starting again.

5. How widespread will we adopt it?/ If we don't get funding from the DfE innovation programme, how will implementation be different?

We want to adopt Signs of Safety as our one consistent way of working across all our services, across Children's Social Care and Early Help and Prevention. How widespread and how fast we can do this will depend on whether we are successful in receiving the funding from the DfE Innovation Programme, as this will allow us to train a much larger proportion of our workforce.

If we don't receive the funding we will still be implementing Signs of Safety, but we will need to prioritise our core services for early implementation and we will have to make more use of our in house trainers to reach more teams.

6. How does Signs of Safety fit with CAF/ 16+/ my service?

Signs of Safety has its origins in child protection work, but it is a way of working that readily adapts to working with families in a range of situations. Other local authorities have successfully adopted Signs of Safety more widely across children and families' services. For example in Suffolk, their early help offer is named 'Signs of Safety and Wellbeing' to emphasise that the focus at early help is not just about ensuring safety, and in Suffolk they have 'Signs of Success' for their youth probation service.

For services where the main focus is not the safety of the child, the same methods are used but are tailored to the focus of the work, so plans still focus on what's working well, what we're concerned about, what needs to happen, and use a scaling question. A scaling question for youth engagement services might be:

Success Scale: On a scale of 0 to 10 where 10 means your (the young person's) life is 'on track' to get where you want to go in life and 0 my life's a complete mess - where are you?

7. Will we be trained to use Signs of Safety?

Yes! Everyone will receive training before they are expected to use the approach. The training will be delivered by highly experienced trainers and consultants from the Signs of Safety Team. Partners will receive half day briefings on the approach so they understand what is expected of them as part of this way of working.

8. I'm worried about managing my workload while I adapt to a new way of working – how much time will it take and will it increase or decrease my workload?

Signs of Safety is not a 'bolt on' or added extra to your work – it just specifies **how** you will carry out the same work you do now. Adapting to something new always takes more time than just doing something you are already familiar with, so we do expect that initially it will take a bit longer to use the Signs of Safety approach. However, we hope that like other practitioners who have adopted it, you will find that it is interesting, rewarding, and in line with what you feel your work should be about, and most importantly – that it helps families to recognise and make changes, and results in better outcomes for children.

Signs of Safety is a concise and focused way of working, and other authorities have found that cases are resolved or moved on more quickly – as families are more engaged, risks are much better understood, and the work is much more focused. So as we become more experienced in using the model we expect that cases will remain open for less time which should create more time to spend with families. In the long term, we expect this approach to reduce demand to our high level services through making every intervention count and achieving sustainable outcomes for our families.

9. Will good case examples be available to support us?

Yes – and we'll identify these from our own good practice within our service.

10. Are partners on board? Will they get training too?

Partners will receive half day briefings on the approach so they understand what is expected of them as part of this way of working. All our strategic partner leads at the Local Safeguarding Children Board (LSCB) are aware that we will be adopting Signs of Safety.

LSCB groups such as the LSCB Board, LSCB Executive and LSCB Safeguarding Children Operational Group (SCOG) will be involved in how we implement Signs of Safety so we have a consistent approach across the partnership. Partners in Cheshire East have been very positive about the changes to our Child Protection Conference since we moved to our Signs of Safety inspired approach.

11. How will it work with the child's record system?

We will adapt the child's record system so that the forms reflect the Signs of Safety structure. We will also review how and what we record, and streamline this as much as possible, so we are getting the most impact from our time.

12. Will new staff joining the organisation at a later date still receive the training? Otherwise it won't be sustainable in the long term

Yes. Some people within the organisation will be trained to become Signs of Safety Trainers so that we can offer this training in house in the long term for new members of staff and as refresher training.

13. Is it time limited? What are the timescales for implementation?

We are expecting to hear from the DfE on whether we have been successful in our bid to the Innovation Programme at the end of January/ early February 2017. If we are successful, the timescales will be determined by the national Signs of Safety Project Team, but we would expect training to start in the spring of 2017.

Within two years, we expect to have trained the majority of our workforce and made the key changes to our organisation to support Signs of Safety. The bid to the DfE Innovation Programme covers a two year period.

14. What will it look like when we 'go live'?

As we move further into the New Year, you will start to receive regular communications from us updating you on where we are up to and what's happening. Once we have the first dates confirmed for the training we will let you know.

15. Will social workers/ other practitioners be able to be involved in developing the approach?

Yes – very much so, as it's got to work for you, otherwise it won't work at all. Views from teams will be sought and represented by the Practice Champions, who will troubleshoot and address any issues teams or individuals are having with Signs of Safety, as well as identify, share and celebrate examples of good practice. Partners will also be involved in developing the approach through the LSCB Safeguarding Children Operational Group (SCOG).

If you want to be involved in leading and developing some of these changes please email us to let us know at ChildrensImprovement@cheshireeast.gov.uk.

16. How will children, young people and families find out about this?

We will make information on Signs of Safety for families and other residents available on our website. We will be working with families to develop family friendly guides to our services so children, young people and families know what they can expect. We will also be developing a way of gaining regular feedback from children, young people, parents and carers on the quality of our services so we know what's working for families, and where and what we can improve.

17. How will we know if it is working?

We will collect information from a range of sources, including feedback from children, young people, parents and carers, feedback from practitioners and partners, audit findings and performance information. We will use these to evaluate how Signs of Safety is working for us throughout the project so we can respond to any areas which aren't working as well as we want them to. Ultimately we will judge our success by the outcomes we achieve for our children and young people.

18. Who will monitor the Project?

The project will be monitored by the Signs of Safety Project Board, which will be Chaired by Nigel Moorhouse, Director of Children's Social Care and Deputy Director of Children's Services, and consists of the Director of Prevention and Support and Heads of Services for Children's Social Care and Prevention. Progress updates will also be given to the Directorate Management Team, Corporate Parenting Committee and Local Safeguarding Children Board (LSCB).

If we are successful in our bid to the DfE Innovation Programme, the project will also be monitored by the DfE and the national Signs of Safety Team.

19. How will risks be managed when the approach is focused on strengths and building relationships?

Some professionals worry that a strength-based approach may underplay the seriousness of the risks involved. Signs of Safety is a very robust approach to assessing risk, and contains specific measures and methods to assess and communicate risk. One of the strengths of Signs of Safety as a model is that it makes the risks very explicit to families, and supports families to recognise the risks and be accountable for making changes for their children. All Signs of Safety plans include a 'danger statement' which makes it very clear what the concerns are and what the consequences of these could be for the child.

An example of a danger statement is included below:

Sally from Child Protection Services is worried that Merinda (mum) and Eddy (dad) will have fights where they scream, shout, swear, drive off with the kids in the car in a dangerous way and throw things at each other, and Darel, Alkira and/or Jirra (the children) will be really upset and frightened and maybe even get hurt like on Tuesday night when Alkira cut her foot badly on a glass that Merinda threw and broke during a heated fight with Eddy, or end up in a really bad car accident and die.

Sally from CPS is concerned that Eddy and Merinda will hit the children when they misbehave and cause bruises or worse.

Sally from CPS, Rose, Darel, Kerri and Pat (friends and family who are in the Safety Network) are worried that Darel, Alkira and Jirra will think it is ok to scream, shout, swear, throw things, hit,

drive dangerously, threaten, 'boot' people in the arm or kick people, because of Merinda and Eddy's behaviour and they will think that this is how you solve problems in life. If Darel, Alkira and Jirra do grow up doing these things they are more likely to have violent relationships, get into trouble with the Police and then have the same problems with their children in the future.

Tools for working with children and young people, such as the three houses model, gain the child's views on their worries, and these are presented to the parents. This enables parents to understand the impact of the risks on the child and provides them with real insight and incentive to change.

Another worry some people have is that by building relationships with a family they are in some way condoning the abuse. Signs of Safety argues that having a relationship with someone is essential in supporting them to recognise what needs to change, and enabling them to feel that they can then achieve those changes. Signs of Safety requires that professionals are very clear about the level of their concerns, and in no way would advocate that professionals condone or minimise the risks involved. It also requires that professionals are respectful of the families' views, recognise differences of opinion, and the families' strengths, as all families have strengths no matter what their deficits. Recognising strengths gives families and professionals something to explore and build on, and families report that this is key in enabling them to feel they can achieve changes for their children.

If you want to know more about Signs of Safety, check out the Signs of Safety website at www.SignsofSafety.net

If you have any questions about our implementation in Cheshire East you can contact a member of the project team at the email address below.

Contact us at:

ChildrensImprovement@cheshireeast.gov.uk














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Corporate Parenting Operational Group Scorecard

Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 15-16	Qu 1 16-17	Qu 2 16-17	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
General													
G1	Number of cared for children				350-400	387	400	398			It is being reported nationally and locally that numbers of cared for children are increasing. Cheshire East remains at the lower end of our statistical neighbour group, with latest figures from CWAC and Warrington showing much higher rates. We have amended our target to reflect a range in which we consider our cared for population to be appropriate.	2 Feel & Be Safe	Outcome 5
G2	Rate per 10,000 cared for children				46.6 - 53.3	52	53	53			The DfE produced comparator data for statutory returns as at March 2016. This places Cheshire East in the mid range of our statistical neighbour group range of between 35 -79 per 10,000 of population. Nearest neighbours CWAC and Warrington reported 71 and 78 per 10,000 respectively. NW average as at 31/3/16 was 82	2 Feel & Be Safe	Outcome 5
G3	Number of care leavers					225	201	202			All care leavers are supported with access to a Personal Assistant (PA) to offer help and guidance as they move to independence together with financial support as appropriate to individual needs.	2 Feel & Be Safe	Outcome 5
Involve Me													
P1.1	Number of eligible children and young people accessing advocacy services	High is Good				22	27	14			There have been 14 new referrals for issue based advocacy in quarter 2. These included 7 referrals from Social workers, 3 from foster carers and 2 self referrals and 1 from a parent. Of the new referrals 8 are female and 6 are male. Work is underway to increase the uptake of cared for children and care leavers.	2 Feel & Be Safe	Outcome 5
P1.2	% cared for children reviews in timescales	High is Good				97%	97%	89%			Whilst every effort is made to review individuals in good time, there will always be the occasional delay due to unforeseen circumstances. In quarter 2 there has been a drop in performance which in part has been due to the increase in the number of cared for children placing additional pressure on the workforce. This figure also reflects some anomalies where reviews have been held on time but because they have required a series of meetings they are not always reflected as such. Work has been done to improve this. With regards to the cases concerned, the delays were minimal (sometimes just a day) and scrutiny shows that this did not compromise individual plans being scrutinised and making	2 Feel & Be Safe	Outcome 6
P1.3	% of children and young people chairing their own reviews	High is Good									This will be reported for quarter 3.	2 Feel & Be Safe	Outcome 7
Provide Me With a Good Safe Home													
P2.1	Number of cared for children in internal foster care (including friends and family placements)	High is Good				210	191	188			A number of foster carers have been on hold due to LADO or ill health issues. An audit of these is underway to ensure that, where possible, they are resolved with minimal delay.	2 Feel & Be Safe	Outcome 5
P2.2	Number of cared for children in external foster care	Low is Good				89	97	88			68 children are matched permanently with their carers and their care plan is to remain with their carers, at least until they are 18.	2 Feel & Be Safe	Outcome 5
P2.3	% cared for children placed over 20 miles from home address (Cheshire East and out of borough)	Low is Good				17%	20%	21%			Although there is a slight increase in this percentage, it is important to note that almost 25% of these are placed either with family/ relatives or in adoption placements.	2 Feel & Be Safe	Outcome 5
P2.4	% of children and young people in residential care	Low is Good			8-12%	9%	11%	12%			We have set a range target of 8-12% of our cared for population residing in residential care. This is in line with comparator authorities and is considered good performance.	2 Feel & Be Safe	Outcome 5
P2.5	Number of Cheshire East foster carers	High is Good			165	153	156	153			Several foster carers have converted to special guardianship orders providing permanence for children and therefore have resigned as foster carers.	2 Feel & Be Safe	Outcome 5
P2.6	Long term placement stability - % cared for children in care for 2.5 years who have been in the same placement for 2 years (under 16 years old)	High is Good			75%	67%	70%	65%			Whilst this is slightly lower than last quarter, this can change due to the cohort of individuals in care at that point in time. Whilst long term stability is the ideal solution for individuals, a change in placement may sometimes be the most appropriate action and the key is to ensure this is handled with minimum disruption for all	2 Feel & Be Safe	Outcome 5
P2.7	Number of cared for children that went missing 5 times or more (quarterly figure is 5 or more times in any month in that quarter)	Low is Good				8	5	5			This is positive and relates to the number of Cheshire East children who went missing from care 5 or more times in the quarter and includes individuals placed both in Cheshire East and out of the borough. Missing from care interviews are offered and the feedback used to inform changes to individuals support plans.	2 Feel & Be Safe	Outcome 5
P2.8	% of children and young people placed with providers with good/outstanding Ofsted judgements	High is Good				81%	81%	75%			Of the 106 external placements with an Ofsted rating loaded 79 have a good or outstanding rating. (these figures include all those placements that should have an Ofsted rating but doesn't including those that fall outside Ofsted's remit)	2 Feel & Be Safe	Outcome 5
P2.9	% of children ceased to be looked after due to granting of special guardianship order (SGO) - year to date figure	High is Good				18%	12%	11%			This represents 9 individuals in the year to date.	2 Feel & Be Safe	Outcome 5
P2.10	% of children ceased to be looked after due to adoption - year to date figure	High is Good				13%	21%	20%			This figure reflects 16 individuals out of 79 who have left care since 1/4/2016.	2 Feel & Be Safe	Outcome 5

Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 15-16	Qu 1 16-17	Qu 2 16-17	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
P2.11	Number of children adopted in period	High is Good			30 annually	7	9	16		↑	In addition to the 16 adoptions in the first half of the year, we have an additional 27 individuals with an adoption plan, 20 of which are living with their adoptive family. Based on performance to date we are on schedule to meet the target set for this year.	2 Feel & Be Safe	Outcome 5
P2.12	% children who wait less than 16 months between entering care and moving in with adoptive family	High is Good				78	84	84		→	This continues to be a focus to ensure that timely decisions are made to ensure children and young people are in a permanent placement as quickly as possible. There is now a specific Independent Reviewing Officer (IRO) identified to track the progress for these children to ensure there is no delay.	2 Feel & Be Safe	Outcome 5
P2.13	Average number of days between entering care and moving in with adoptive family (A1 national indicator)	Low is Good			426	545	936	678		↓	Although this has been RAG rated amber, the story behind the data is very positive. This is due to the extremely positive outcome of children and young people being adopted by foster carers after a number of years due to a freestanding application. This is reflected in the reduced figure below.	2 Feel & Be Safe	Outcome 5
P2.14	Average number of days between placement order and match with adoptive family (A2 national indicator)	Low is Good			121	99	49	70		↑	Whilst the number of days has increased, it still remains well within the national target of 121 and ahead of last year's position	2 Feel & Be Safe	Outcome 5
P2.15	Average number of days between entering care and moving in with adoptive family/ foster carer who becomes adoptive family	Low is Good			426	477	243	265		↑	Whilst the number of days between a placement order and match with an adoptive family has increased, it still remains well within the national target of 426 and a substantial improvement on last year's position.	2 Feel & Be Safe	Outcome 5
Keep Me Healthy													
P3.1	% of initial health assessments requested within 48 hours of coming into care	High is Good			90%	20%	69%	66%		↓	During the first half of 2016-17 there have been 91 children who entered the care system. 87 of these required the Initial Health Assessment (IHA) Part A completing within 48 hours of entering care. The number of IHA Part A being completed within timescale is 59 (38 in Q1 and 21 in Q2). In Q2 there were 11 requests out of timescales, the majority of which were due to late notification of	4 Being Healthy and Making Positive Choices	Outcome 5
P3.2	% of initial health assessments completed by paediatricians within 20 working days	High is Good			90%	12%	36%	58%		↑	There has been a substantial improvement in the percentage of assessments completed within 20 working days which is expected to improve further as more requests are completed in a timely fashion.	4 Being Healthy and Making Positive Choices	Outcome 5
P3.3	% of children in care over 12 months up to date with statutory health assessments (6 monthly for under fives, annual thereafter)	High is Good	84%	90%	90%	71%	71%	70%		→	There is currently a review to embed effective office processes to trigger and track annual health assessments . There is ongoing work to ensure that all cared for children and young people get sufficient support and advice around their health and wellbeing. A new Cared for Nurse took up post in July 2016 to drive this but a large number of requests in quarter 2 has impacted on delivering a more improved position. There are more than 50 to be completed in quarter 3.	4 Being Healthy and Making Positive Choices	Outcome 5
P3.4	% of children and young people with immunisations up to date.	High is Good		87%	95%	83%		83%		→	This figure is related to data loaded onto Liquid logic. The actual figure is believed to be higher. Work will be undertaken in quarter 4 to ensure that all children's immunisations have been loaded to liquid logic.	4 Being Healthy and Making Positive Choices	Outcome 5
P3.5	% of children and young people who have had an annual teeth check up by a dentist	High is Good		84%	95%	82%	30%	43%		↑	There is a problem with data being accurately loaded and the actual figure is known to be higher. There are plans to improve this in quarter 4, using business admin.	4 Being Healthy and Making Positive Choices	Outcome 5
P3.6	% of young people who have had a developmental assessment.	High is Good		90%	95%	76%					This figure has previously been recorded manually annually. The data is not on liquid logic. It is not anticipated that this will be a low figure once the information is uploaded.	4 Being Healthy and Making Positive Choices	Outcome 5
P3.7	Number of pregnant care leavers (eligible, relevant and former relevant) 16+	Low is Good					9	7		↓	This is a new figure which is being collated due to perceived high numbers of pregnancies. There are plans to analyse this information in more detail as we move forward.	4 Being Healthy and Making Positive Choices	Outcome 5
P3.8	% of young people with a SDQ score of 20 or above	Low is Good				26%					This figure is currently reported annually. Whilst there is a slight upward trend in the percentage high score (from 21% 2014-15) this is representative of the cohort in this year. It is also important to note that the very high score category comprises scores 20-40 and that the average score in our cohort was 23, ie, at the lower end.	4 Being Healthy and Making Positive Choices	Outcome 5
Help Me Achieve													
P4.1	% of children taking up their early years entitlement – 2, 3, 4 year old offer - all cared for children	High is Good			90%	93%	93%	93%		→	All carers are being encouraged to take up a place for children as they reach age 2 years old.	5 Best Skills & Quals	Outcome 3
P4.2	% of children achieving a good level of development at the end of foundation stage. (Annual check)	High is Good			33%	20%		40%		↑	To reach a good level of development at the end of the foundation stage, children need to reach the expected level in all 12 areas.	5 Best Skills & Quals	Outcome 3
P4.3	% personal education plans (PEPs) for children of statutory school age completed since start of term	High is Good			90%						Required completion date is end of term; (Q2 figures would only show low percentage figure due to the term only staring 3 weeks prior to when the data was extracted). Moving forward this measure will be reported in line with school terms to ensure data is reflected accurately.	5 Best Skills & Quals	Outcome 3

Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 15-16	Qu 1 16-17	Qu 2 16-17	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
P4.4	% attendance at school of children in care (quarterly figure is all cared for children at month end rather than those in care for 12mths which are published figs)	High is Good			93%	94%	95%	94%			Attendance is monitored on a daily basis for all children in care. Moving forward this measure will be reported in line with school terms to ensure data is reflected accurately.	5 Best Skills & Quals	Outcome 3
P4.5	% school age persistent absence of children in care (quarterly figure is all cared for at month end rather than those in care for 12mths which are published figs)	Low is Good			10%	15%	18%	11%			This figure relates to children with an attendance of less than 90% within the month.	5 Best Skills & Quals	Outcome 3
P4.6	The number of young people who experience fixed term exclusion within the month - all children	Low is Good				11	8	6			The school summer holidays and year 11 pupils leaving school fall within quarter 2, therefore the number of exclusions reported may appear to be lower than expected. Moving forward this measure will be reported in line with school terms to ensure data is reflected accurately .	5 Best Skills & Quals	Outcome 3
P4.7	% of Year 6 children achieving national age expectations	High is Good		45%	30%	50%	50%	22%			There is a new assessment and curriculum in place, so comparison with previous years is not valid. There is also a high level of SEND pupils within the cohort.	5 Best Skills & Quals	Outcome 3
P4.8	% children achieving 5+ A*-C grades including English/Maths (eligible cohort). Annual Check	High is Good		15%	15%	25%		10%			Pupils who did not achieve A*-C English and maths have been supported to continue their education. Annual Figure	5 Best Skills & Quals	Outcome 3
P4.9	Number of cared for children/care leavers academic age 16-18 in apprenticeships.	High is Good			5	9	7	8			This includes those working within Cheshire East and those with external partners or employers.	5 Best Skills & Quals	Outcome 3
P4.10	% of cared for children in good or outstanding schools	High is Good			85%	83%	84%	84%			Children are placed in good or outstanding schools unless there are exceptional circumstances. If a school becomes 'inadequate' then each case is risk assessed and monitored. Schools have no rating if they are not in England or if they are new or re-named schools.	5 Best Skills & Quals	Outcome 3
P4.11	% not In education, employment or training (NEET) academic age aged 16, 17 and 18	Low is Good			30%	27%	27%	20%			The September position is always slightly worse as some individuals who did not perform as expected in exams change courses/ make different decisions about their future. Once these individuals are known and engaged the percentage is expected to reduce.	5 Best Skills & Quals	Outcome 3
P4.12	% not In education, employment or training (NEET) aged 19, 20 and 21	Low is Good		39%	40%		51%	41%			Of the individuals not in education employment or training (NEET), over 30% are engaged in positive activities that are developing skills for the work place. Excluding those pregnant/ with parenting responsibilities and those unavailable to the workplace due to illness/ disability/custody, there are only 12 individuals that are NEET and able to work. Active support is in place via Personal Assistants for these individuals.	5 Best Skills & Quals	Outcome 3
Support me to move into adult life													
P5.1	Number of care leavers accessing Higher Education (University)	High is Good				12	12	10			10 young people commenced university in September. One has dropped out in December and is considering other options. The Virtual school is looking to profile current year 13 to set a target for 2017.	4 Being Healthy and Making Positive Choices	Outcome 1
P5.2	Number of Cheshire East care leavers in apprenticeships (18+)	High is Good					9	7			During Quarter 2 there were 3 people who achieved there apprenticeships 2 of which went on to full time jobs. End of year data not available.	4 Being Healthy and Making Positive Choices	Outcome 1
P5.3	The number of young people with a CSE plan					7	6	7			This number represents the individuals who are on a specific child sexual exploitation (CSE) plan. There are other individuals we are supporting where CSE actions form a part of an overarching CIN/CP/LAC plan. In addition, where any agency has concerns around individuals they are brought to the multi-agency CSE group for discussion and possible tracking.	2 Feel & Be Safe	Outcome 5
P5.4	Number of individual offences committed by cared for children	Low is Good				16	29	13			There was a fall in total offences committed by cared for children over the first two quarters of 2016-17 albeit they were committed by a similarly small number of young people. The offending typology of cared for children remains fairly consistent with violence against the person accounting for around a half of all offences (16 out of 29 in Q1 and 6 out of 13 in Q2). The next most frequent offences committed are criminal damage and theft handling. Drugs and sexual offences are the only other crime types for both quarters. Around half of these offences resulted in substantive sentencing outcomes with the other half being diverted to appropriate out of court disposals. The Youth Justice Service make proactive efforts and recommendations to police to deal with low level offending by cared for children outside of the formal justice system and are currently providing a written response to a Howard League for Penal Reform call for evidence in this area.	4 Being Healthy and Making Positive Choices	Outcome 1
P5.5	% of care leavers in suitable accommodation	High is Good			90%	95%	95%	95%			There are 5 care leavers aged 18-21 known to be in unsuitable accommodation. This includes individuals currently in custody. Improved tracking in the care leavers service means that these young people are known and work continues to engage them where possible to improve their accommodation and support.	2 Feel & Be Safe	Outcome 5

Ref	Measure	Polarity	Stat Neigh Av	National Av	Target	Yr. end 15-16	Qu 1 16-17	Qu 2 16-17	RAG	Quarterly dir of travel	Comments	C&YP Plan Priority	Corporate Priority
P5.6	Number of cared for children offending	Low is Good				6	8	6			Clearly a small number of particularly challenging and complex cared for children are responsible for a disproportionately high number of recorded offences. Note however as outlined above this is typically for minor offences. All of the young people are males, their ages range from 14-17 and is broadly reflective of general youth offending population age distribution. Placements at time of offence for both quarters is broadly split 50/50 between private residential care and CE residential care although in quarter 2 one young people was placed with parents at the time of his offence.	4 Being Healthy and Making Positive Choices	Outcome 1

Cheshire East Children and Young People's

Sufficiency Statement for Cared for Children 2016-2017



Cheshire East
Children & Young
People's Trust

Our Shared Ambition in Cheshire East is that:

Children and Young People are **valued as individuals** in their own right

Children and Young People **feel and are safe and protected**, free from fear and danger

Children and Young People are brought up and cared for within their own families wherever possible but **experience good care** where this is not the case

Children and Young People are **physically, mentally and emotionally healthy**

Children and Young People **enjoy their childhood** and youth and have a positive experience of social engagement with each other and their communities

Children and Young People have **every opportunity to achieve** and reach their potential and enjoy their school and learning experiences

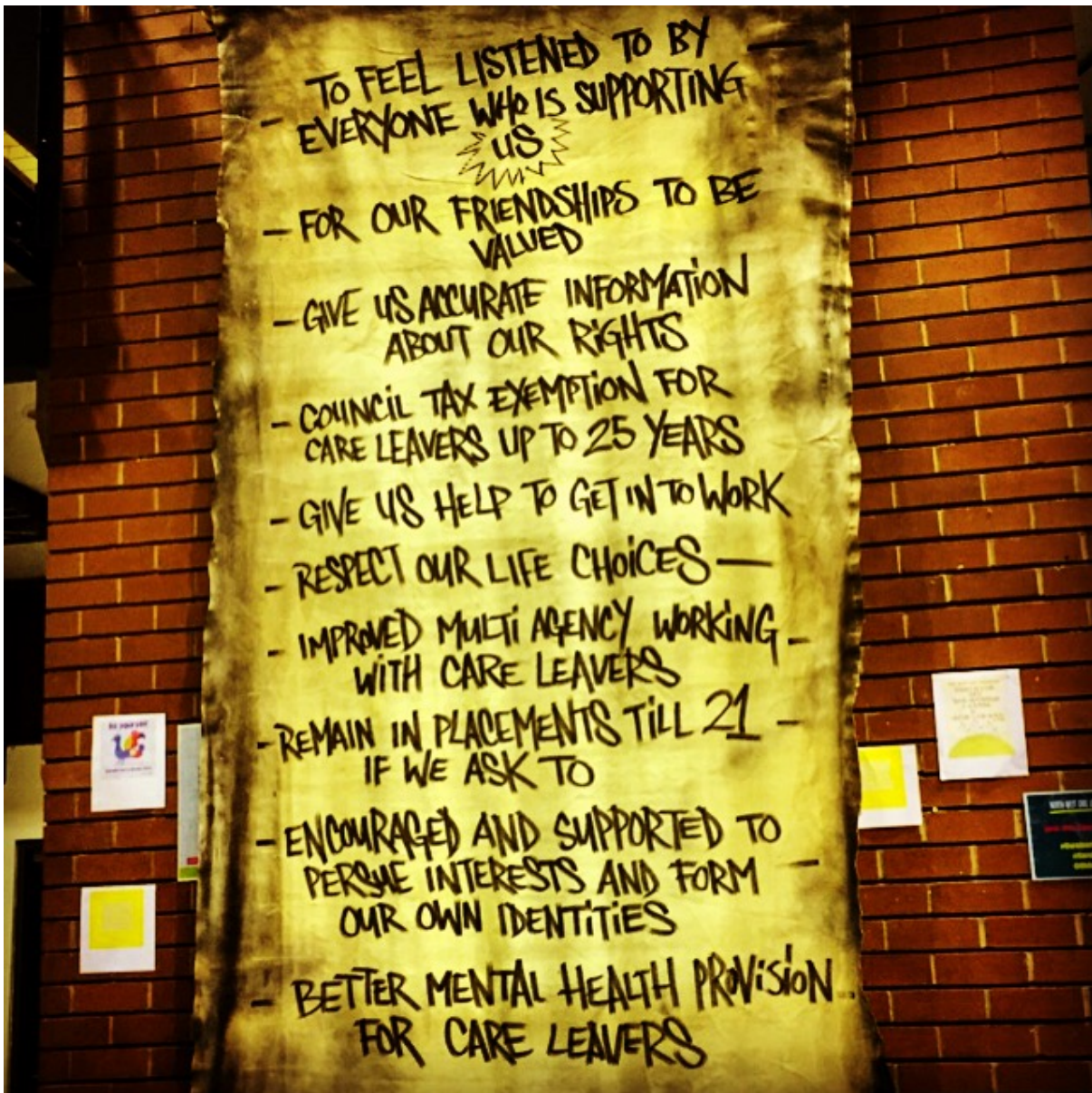
Children and Young People **have a say in the services they receive** - and **see meaningful participation as their right**

Children, young people, their families and services **work together to meet individual needs** and problem solve, and support is based on their lived experience

Young People are supported into adulthood **able to shape their own destiny**

The borough **celebrates the successes and achievements** of all children and young people

The Care Leavers Pledge!



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Foreword

Cheshire East Children and Young People's Plan sets out the vision for Cheshire East to be a place where children and young people thrive, are safe from harm, feel physically and emotionally healthy, have access to outstanding education and feel prepared for and excited about adulthood.

We work extremely hard to make sure this is the experience for all our children and young people. Our Early Help offer is in place to support families to stay together, however there are a number of children and young people whose families are unable to care for them; this may be because of temporary or permanent problems facing their parents, as a result of abuse or neglect or as a result of a range of difficulties including not having a parent to look after them. In these circumstances it is the Local Authority's responsibility for providing the best care and support.

In Cheshire East our children and young people have been asked to be referred to as 'cared for children' and 'care leavers'. When safe and appropriate we want our cared for children to live in Cheshire East, this may not always be possible due to safety concerns but, regardless of where a young person is placed, we want them to feel nurtured and supported to have high aspirations and achieve their best outcomes.

When a young person becomes cared for the Local Authority then has Corporate Parenting responsibilities. Corporate Parenting is the term used for the collective responsibility of the Local Authority and its partners to ensure all services i.e. housing, health, leisure are working together to support the care and protection of our children and young people.

All children are unique; children who come into care even more so with needs and circumstances each requiring an individual, tailored response. As a Corporate Parent it is our responsibility to ensure we understand what these needs are and that we have the skills, knowledge and resources to meet them.

The purpose of this Sufficiency Statement is to set out the provision we, as a local authority, have in place for cared for children, children on the edge of care or custody and care leavers. Ensuring it is flexible, diverse and most importantly is influenced by what our children and young people tell us.

Introduction

- 1.0 The requirement, under s22G Children Act 1989 for Local Authorities, to publish an annual Sufficiency Statement for children in care accommodation was introduced from April 2011. This is Cheshire East's 4th publication of the statement, published under statutory guidance, and our commitment is to monitor, update and continuously improve our position against our sufficiency duty.
- 1.1 Most children are brought up in their own families, but in Cheshire East as in other areas a small number of children need to live away from their families and grow up in a range of alternative care arrangements which include foster care, residential care and supported independent living. These children are described as being 'in care' and are the responsibility of the local authority which is, in effect, their 'corporate parent'. As 'corporate parent' for a number of children and young people, we need to ensure that a sufficient number, type and quality of accommodation is available in order to ensure the welfare and emotional / physical well-being of every child and that they reach their potential.
- 1.2 All children need a stable home whilst they are growing up. This is even more important for children in care who have frequently experienced trauma, abuse and uncertainty that includes moving from their birth family or main carers. Such events often affect their early development, behaviour, confidence and ability to attach positively to adults.
- 1.3 No one service or agency can by itself provide all the support needed by children in care. It requires all services and agencies to 'share the care' and actively work together to ensure the right support and opportunities are made available to children and young people in care and their carers.
- 1.4 Cheshire East's Cared for Children and Care Leavers Corporate Parenting Strategy 2015-17 and the Children and Young People's Plan set out the principles by which agencies and services in Cheshire East will ensure that children in care have the same opportunities as their peers to enable them to fulfil their potential, and make a good start in adult life. It sets out the achievements so far, shared priorities for children and young people in care, and the actions to be taken to make a positive difference to their lives.
- 1.5 As corporate parents we have high expectations for our children and young people in care and encourage them to have high expectations of themselves. We want them to leave care with a sense of achievement and security, looking forward to a future where they will be

valued and involved citizens who are economically independent and able to contribute positively to the communities in which they live.

1.6 Our Corporate Parenting Strategy details five outcomes for which we can measure progress to ensure we are all working as hard as possible to ensure children and young people feel supported, encouraged and hopeful; these outcomes are in the words of our cared for children and care leavers:

- Involve Me
- Providing me with a Good Safe Home
- Keep Me Healthy
- Help Me to Achieve
- Support Me to Move to Adult Life

1.7 Each outcome has priorities and details actions of what needs to be achieved to meet each outcome; the voice of children and young people is central to the Corporate Parenting Strategy and informs this Sufficiency Statement.

Executive Summary

2.0 The overall picture in Cheshire East is of good and improving performance in relation to our Children in Care. Whilst we have seen a slight increase in the number of cared for children during the past year we continue to be lower than both the regional and national average. We feel confident that for these cared for young people they are in the right environment that will best meet their needs; the highest driver for removing children from their family home continues to be abuse and neglect. We have seen an increase in the local child / young person population this alongside this national drivers, which have also put pressure on care numbers, and a change in culture and practice we believe contributes to the slight increase.

2.1 The number of children placed within a 20 mile radius of Cheshire East has remained consistent over the past 4 years. For those young people who are placed further away there is robust evidence provided in the placement approval request to demonstrate why that placement best meets need. There is an on-going priority to continue to place more children nearer home; expanding our internal residential offer to 5 properties from 3, utilising Ignition to ensure more planned moves and working with our local providers and neighbouring authorities will all assist with this.

- 2.2 Central to our approach is the wishes and views of our young people who have quite clearly told us that what is important is being consulted on where they live and having a choice where to live when leaving care. Cheshire East have signed up to The Care Leavers Pledge and are committed, with partners, to the priorities set out in Children and Young People Plan. The role of Corporate Parent is taken extremely seriously.
- 2.3 A recognised area for development is that of our internal foster carers; we have seen a slight decline during this past year and the priority for next year is to increase this number. We continue to develop our existing foster carers through our robust training plan and schemes such as Fostering Plus. Fostering Plus allows us to target our resources to ensure the best provision for some of our most vulnerable cohorts including complex needs, sibling groups and mother and baby whilst equipping and developing our foster carers.
- 2.4 Special Guardianship was a key area of development identified in the previous sufficiency statement; we are pleased to report success in this area with an increase in numbers of Special Guardianships.
- 2.5 North West and Greater Manchester Frameworks provide access to both Independent Fostering Agencies (IFA) and Residential Placements. This provides greater value for money and core standards that are consistent across the region.
- 2.6 During the past year we have seen an increase in IFA's taking on more of our more complex cases. A number of IFA's have been identified as areas of good practice and we look to work with these partners to understand what makes them so effective.
- 2.7 During 2016 a tender opportunity invited providers to bid for the contract to deliver our internal residential offer. This contract will increase our provision in Cheshire East from 3 properties to 5. Of these two of the properties will be 2 bedroomed there by allowing greater choice and the flexibility to provide solo placements as a bridging gap.
- 2.8 Quality Assurance visits take place across all residential placements; this provides close scrutiny of the placement but, more importantly, the opportunity to develop relationships with our providers. Working together with our residential partners allows problems to be solved more effectively and efficiently, to understand issues and challenges being faced by the market and, long term, a greater choice of provision.

- 2.9 Progress continues within the Adoption Service, key areas have been working with other local authorities as part of the regional Partnership; this has strengthened our business profile and will provide more opportunities working as a collective.
- 2.10 Widening the recruitment out to attract more Foster to Adopt and families who would be able to adopt sibling groups and older children will provide greater capacity; allowing us to successfully place children and young people in forever homes.
- 2.11 Alongside our internal commitments Cheshire East fully supports national initiatives such as the welcoming of Unaccompanied Asylum Seekers, Staying Put and Staying Close.
- 2.12 To date we have welcomed a number of Unaccompanied Asylum Seekers and continue to plan to ensure suitable accommodation and holistic support that enables good emotional health and well-being.
- 2.13 Staying Put and Staying Close allow young people to have the option and support in place to stay close to their Foster Care Placement or Residential home when they leave, or to reside with the Foster Care family past their 18th birthday.
- 2.14 The proposed actions build upon the good and improving practice identified in this review, taking into account the areas of need and development highlighted through the analysis.

The Sufficiency Duty for Children in Care

- 3.0 The Statutory Guidance sets out a requirement for Local Authorities to work with key partners to be in a position to secure, where reasonably practicable, sufficient accommodation for children in care in their local authority area which meets the needs of children and whose circumstances are such that it would be consistent with their welfare for them to be provided with accommodation that is in the local authority's area ('the sufficiency duty').
- 3.1 The sufficiency duty requires local authorities to do more than simply ensure that accommodation be 'sufficient' in terms of the number of beds provided. They must also have a regard to the benefits of securing a number of providers and a range of services. Fundamentally, the accommodation available must meet the needs of children.

3.2 When the sufficiency duty is applied to an excellent standard it should incorporate the following:

- All children are placed in the local authority area, except where this is not consistent with their needs and welfare.
- All children with a plan of adoption are placed with an adoptive family within 12 months of that plan being approved.
- There is a diverse range of universal, targeted and specialist services working together to meet children's needs, including children and young people who are already looked after as well as those at risk of becoming looked after or in custody.
- Our Children's Trust (including housing) work together to secure a range of provision to meet the needs of those who become looked after at the age of 16 and 17, and to support the continuity of education or accommodation beyond the age of 18.
- Services are available in adequate quantity to respond to children and young people including predicted demand for a range of needs, and emergencies.
- In addition to meeting relevant National Minimum Standards, services are of a quality to secure the specific outcomes identified in the care planning process for children and young people.
- Services are situated across the local authority area to reflect geographical distribution of need.
- Placement providers (including private, voluntary and public sector providers) are linked into the wider network of services and work with these services to offer appropriate support to deliver identified outcomes for looked after children.
- Universal services know when a child or young person is looked after and have good links with the range of targeted and specialist services which support them, including placement providers.
- There are mechanisms in place to ensure that professionals involved in placement decisions have sufficient knowledge and information about the

supply and quality of placements and availability of all specialist, targeted and universal support services within the local authority area.

- The local authority and the Children's Partnership collaborate with neighbouring Children's Trusts to plan the market for children in care and commission in regional or sub-regional arrangements.

What do our children and young people tell us?

Be honest with
us!



Be our
lifelong
champion!



We want to stay
living in our
communities



Do not judge or
patronise us!



When we leave
care we want a
choice of where
we live

We want to be
consulted on
where we live



Support us in our
hobbies and
interest



We want to see
health professionals
(particularly mental
health) at a venue of
our choosing



National Picture

4.0 During the past year there have been a number of publications that have informed our plans and practice; this is not an exhaustive list but includes:

Keep On Caring Supporting Young People from Care to Independence July 2016

Ofsted Social Care Annual Report, 2016

Putting Children First – Delivering our vision for excellent children’s social care, Department for Education, 2016

Residential care in England, Report of Sir Martin Narey’s independent review of children’s residential care, Sir Martin Narey, 2016

In Care, Out of Trouble, an independent review Chaired by Lord Laming, 2016

Home Office Immigration Statistics, January to March 2016, Asylum Data, Volume 3

4.1 Sir Martin Narey’s independent review of residential care has a wide range of implications that will impact both upon the sector and how we as a children’s service operate. The review is split into 6 chapters with 34 recommendations.

Chapter 1: Obtaining better value for money in the commissioning of children’s homes

Chapter 2: Fostering, closeness to home, the size of homes and secure care

Chapter 3: The criminalising of children; staff confidence; setting boundaries for children; and the use of restraint

Chapter 4: Ofsted

Chapter 5: Staff qualifications, pay and recruitment

Chapter 6: Staying Close rather than Staying Put

4.2 The report makes a number of recommendations for commissioning residential services which are pertinent to consider in the NW regional work CE is part of.

4.3 These are listed as follows:

- 4.2.1 **“Recommendation 4:** *I recommend that providers examine their staff attendance systems to ensure they are as effective as possible in meeting the needs of children. And commissioners, when placing children, should look closely at the numbers of staff on duty at key times of the day”*¹
- 4.2.2 **“Recommendation 7:** *I urge local authorities and consortia to be cautious about following any hard and fast rule about placement distance and to recognise the right placement for a child is more important than location. They should no longer impose geographical restrictions on where homes must be located to be included in contracts”*²
- 4.2.3 **“Recommendation 21:** *“Commissioners should abandon blanket policies that rule out placements in homes which, essentially, are satisfactory. And Ofsted should no longer encourage authorities only to place children in good or outstanding homes.”*³
- 4.2.4 **“Recommendation 29:** *“Commissioners should look for evidence that providers offer continuing staff development, particularly through team-based training. And DfE should advise commissioners about the RESuLT programme and similar team approaches, which are likely to prove effective in developing staff.”*⁴

4.3 Alongside the recommendations the report makes the particular point that efficiency savings can be achieved through eliminating the costs of ‘under occupancy’ which are factored into spot purchasing. Narey notes that the *“the Department for Education must require local authorities to come together in large consortia for the purpose of obtaining significant discounts from private and voluntary providers... homes will welcome greater assurances about occupancy... [and] be able to afford to lower unit costs”*⁵.

4.4 **“Keep On Caring Supporting Young People from Care to Independence”** sets out the requirements for Staying Close. Staying Close follows Staying Put, which gave young people living in foster families a right to stay with them until the age of 21 in order to better prepare them for adult life. Staying Close will enable young people who have lived in residential care to live independently, in a location close to the home they have resided at with ongoing support.

4.5 **“In Care, Out of Trouble”** looks into the numbers and possible reasons for the high number of young people who are in care or care leavers who progress to the criminal justice system. The report sets out the importance of early help, good parenting and effective joint working between families and partners agencies.

¹ Residential Care in England: Report of Sir Martin Narey’s independent review of children’s residential care (July 2016) (page 20)

² (ibid, page 33)

³ (ibid page 52)

⁴ (ibid page 61)

⁵ (ibid page 14) ⁵ (ibid, page 33)

⁵ (ibid page 52)

⁵ (ibid page 61)

⁵ (ibid page 14)

- 4.6 The report supports “**Staying Put**” in the knowledge that the evidence shows that leaving care early is associated with poor outcomes. The report also recommends that support for care leavers who are not in education or training should be extended from 21 to 25 years, matching the support received by care leavers in training or education.
- 4.7 All of the findings and recommendations have informed the work and projects being undertaken within Cheshire East as set out in the action plan.

North West Regional Commissioning Arrangements

5.0 The North West Regional Commissioning Group is a representative of all Local Authorities across the North West; it provides a forum for colleagues to discuss ideas, solutions and challenges that are presented within the system. There are named authorities who represent this collective and lead on areas; for example managing the residential and leaving care frameworks.

5.1 There are four residential frameworks which operate in the North West:

- Greater Manchester (Including Cheshire East)
- Merseyside and Partners (Including Cheshire East, CWAC, Wigan and Warrington)
- Blackpool Framework (Run as a single local authority)
- Lancashire Framework (Run as a single local authority)
- Cumbria and Blackburn with Darwen currently spot purchase

The Greater Manchester and Merseyside and Partners frameworks are similar models and are inter-operable; users named on one framework can use the other to secure placements at a distance

5.2 The residential market in the North West can be considered a ‘national market’. The North West authorities made 554 placements in 2015 a figure which while declining slightly has remained relatively consistent since 2010. There is however 1,398 beds supplied by the market across 401 children’s homes and 113 organisations within the boundaries of the North West. This delivers a notional surplus of 844 beds.

5.3 The significant surplus of residential provision in the North West is maintained by very high use of capacity by non-NW LAs. The market operated in the North West can, and has been,

described as a 'National Resource' by providers. There are providers who have informally confirmed that their services are not primarily targeted at the local authorities in their locality. A NW provider confirmed that in July 16, and with a paper copy of data, that 85% of their referrals for that month were from LAs outside the NW. The operation of a national market has the following impacts on NW LAs:

- Providers have greater choice in which referrals to accept. There is the potential to offer higher prices to LAs placing from a greater distance with whom a contractual relationship is not established or a 'higher spot purchase price' is agreed. This can lead to NW LA's being 'outbid'
- Providers have indicated that the greater number of referrals mean they are able to take less complex placements for which it is easier to report outcomes with the hope to evidence high performance and thus increasing opportunities for future business.
- Local Provision may not be tailored to service local needs if placements are primarily sourced from elsewhere.
- High volumes of inward placement impacts on Universal and specialist services. One LA identified 28% of Youth Offending Team (YOT) time was spent meeting the needs of YP from outside the authority.
- Services which are of poor quality and are not used by the LA can be sustained by inward placement.

5.4 The NW residential market takes up to 60% of its placements from LAs outside the NW. While this once helped control cost through a surplus of capacity, the increase in national demand has resulted in LAs struggling to source provision.

5.5 There is unlikely to be further cost savings from further frameworks. Meaningful savings will only come from smarter purchasing and LAs working flexibly in evolving collaborations to block book services for predictable need to remove the waste of under-occupancy and secure effective services for low incidence needs.

5.6 Despite the surplus of external residential provision located within the North West local authorities have been identifying challenges in securing sustainable, quality services for young people who present with the following needs:

Young people with:

- Mental Health Issues (particularly those on the cusp of Tier 4 services, who have not met threshold)

- Violence towards staff (and others)
- High numbers of placement breakdown
- High levels of missing

Other factors common include Autism, CSE, Substance Abuse, Arson and Criminal Behaviours.

5.7 The issues identified at a national and regional level are an accurate reflection of some of the challenges Cheshire East face, working with our neighbouring LAs as a collective provides a greater opportunity to make the changes that are required to meet our needs; developing closer working relationships with providers will be beneficial, monitoring who moves into the area; encouraging the providers we would like to work more, will further support meeting our sufficiency.

Proposals for a replacement contract

5.8 The STAR (Stockport, Trafford and Rochdale procurement function) Procurement service has indicated the capacity to act as a regional procurement lead in partnership with PNW and NW LAs to develop a new framework. The flexibilities outlined below have been agreed in principle with their procurement lead.

5.9 It is proposed to use the greater flexibilities offered by the new procurement rules, building on the learning from the NW leaving care DPS, and development work towards the new regional SEN Education framework to implement a framework which has the following aims:

- Allow new providers to join mid-term reducing the need to retender regularly to expand capacity
- Allow for new categories of provision to be added in response to changing needs of the populations LAs serve
- Allow single LAs or collaborations (of any scale) to bulk purchase placements from suppliers via mini-competition. This could be for a set number of placements over a period of time, and could deliver lower cost services for predictable need or secure capacity to meet the most complex needs.
- Establishing this single route of purchase will allow a focus on commissioning access to secure rare services, remove the waste of under occupancy costs, and take a more active choice in securing therapeutic interventions.

- Gather greater information on the staffing models and attendant costs of contract providers
- Take a more flexible approach to Ofsted ratings as outlined by the Narey report, but retaining the ability for LAs to focus on quality providers as local need and strategy determines.

5.10 Two other frameworks that CE have access to are the North West regional framework for Foster Care which been in place since April 5th 2014 and the DPS Leaving Care Framework which has been in place since April 2015.

5.11 All of the frameworks provide a consistent approach to core costs in relation to placement, transport, clothing, holidays etc. The Terms and Conditions that have been agreed as part of the frameworks are also applied to “Off Contract” providers who, on the whole, sign up to them.

5.12 Working as part of a NW collaboration, consistently applying the Terms and Conditions and working with providers to meet the needs of our children and young people can only assist with meeting our sufficiency duty in a high quality assured way.

Cheshire East Children and Young People’s Joint Commissioning

6.0 Commissioning takes place at strategic, operational and individual levels and by that we mean:

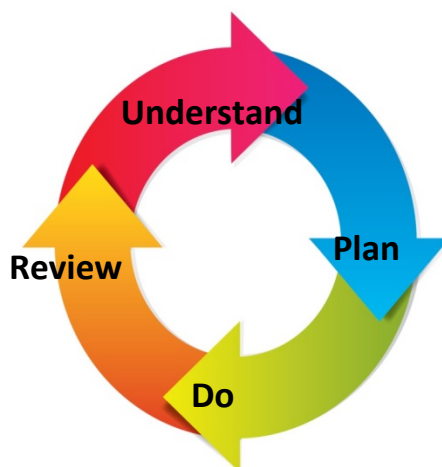
- **Strategic commissioning** – A shared vision with strategic objectives, priorities and values agreed to enable the development of services for children, young people and their families. This level of commissioning is done through Cheshire East Children’s Trust
- **Operational commissioning** – operates at a more local level ensuring that services are developed and improved within strategic parameters and are responsive to local need. This level of commissioning is done within individual organisations
- **Individual commissioning** – Ensuring the most appropriate package of service is procured to meet individual need. This level of commissioning is done through individual case planning.

6.1 Managing the relationship between these levels is key to improving outcomes for children, young people and their families, an overarching requirement is ensuring a vision and strong sense of leadership is embedded at a strategic level.

6.2 Cheshire East Children's Trust drives the commissioning priorities through their Children and Young People's Plan. Our Children and Young People Joint Commissioning strategy is linked intrinsically to the plan and aligns with the priorities; detailing clear action plans and timescales to achieve each priority.

6.3 The commissioning strategy has been developed adhering to the commissioning cycle: Understand, Plan, Do, and Review:

- Understand – population needs assessment and resource identification
- Plan – aligning resources to meet needs; filling gaps between needs and services
- Do - developing or purchasing services
- Review – monitoring performance and evaluating outcomes



6.4 This framework helps ensure commissioning is coherent and effective, delivering cost effective services that promote good outcomes for children, young people and their families. This cycle is especially important in allowing us to understand the needs of our cared for children population; we commission placements on an individual basis but to ensure we have sufficiency we must apply this approach to the bigger picture.

6.5 The alliance between the LA, CCG and other partners for Children and Young People's Services incorporates a commitment to the following principles:

- Children and Young People are able to participate in all stages of the commissioning process ensuring that children and young people are at the

heart of our thinking, planning and actions.

- Commission services that put children and young people first and are focused on quality and outcomes by being both effective and cost efficient
- Measurement of performance by how services impact on outcomes for children and families.
- Have a competent workforce focusing on joint training and development.
- Ensure services continuously improve their models of delivery taking account of effectiveness of care to children and families and stakeholder views.
- Drive change and improvement quality of service delivery by children and families experiences.
- Ensure providers of services are accessible, flexible and proactive in solution finding.
- Ensure providers focus on the overall experience of children and families as they journey through services with an emphasis on joined up and consistent approaches using evidence- based interventions including actively listening to children and families.
- Prevent harm, ill health and escalation of difficulties by adopting an early help approach across the whole system.

6.6 For those children in our care a happy stable home life and successful placement supports the achievement of all other outcomes.

6.7 The priority is to support children to remain with their families; wherever possible and when it is safe to do so. This means a focused approach to prevention and early intervention to support all families. Our Corporate Parenting Strategy sets out a number of principles that underpin our commitment to prevention and early intervention:

- The 'right' children will be in care
- Children and young people have the right to live with their families, wherever possible out of care
- Children will be in care for the shortest possible time

- Children with a Plan of Adoption will be adopted in a timely way
- Young people will be adequately prepared for the time they will cease to be 'Cared for'.
- Learning the skills to successfully live independently will not be a separate process but an integral part of the Cared for process
- Children who need to live in care will live in local placements wherever possible/appropriate.

6.8 Central to our joint commissioning approach is ensuring the voice of the child is captured and informs our approach. What matters to our children and young people who are placed in care is detailed in our ***Care Leavers Charter and Pledge for Children in Care***, they would like:

- **Vigilance:** to have adults notice when things are troubling them
- **Understanding and action:** to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **Stability:** to be able to develop an on-going stable relationship of trust with those helping them
- **Respect:** to be treated with the expectation that they are competent rather than not
- **Information and engagement:** to be informed about and involved in procedures, decisions, concerns and plans
- **Explanation:** to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
- **Support:** to be provided with support in their own right as well as a member of their family
- **Advocacy:** to be provided with advocacy to assist them in putting forward their views

Children in Need and Early Intervention

7.0 The Cheshire East Early Help Strategy sets out Cheshire East's Children's Trust's ambition for the development of Early Help services; defines what we mean by Early Help in Cheshire East and sets out the principles that will underpin the future development of services.

7.1 This means that there are no wrong 'front doors' and all agencies are committed to addressing the needs of families whether it falls within their immediate area of professional expertise or not. As partners in Cheshire East's Early Help Strategy all committed to a multi-agency approach to meeting the needs of our families

7.2 Where the support needed involves multiple agencies the Common Assessment Framework will usually provide the planning and review mechanism for this work. Where additional support for the CAF process is required it will be provided by Cheshire East.

7.3 The overall objective of early help is to work with families acknowledging that they are often able to address their own problems with support and to work with them to their address families' needs to the point where their needs can best be met from within universal services

7.4 In order to achieve these objectives we all take responsibility for fostering a shared inter-agency culture that values:-

- Positive challenge and holding each other to account for outcomes for families
- Support time for shared learning and ensuring that what we do is based on good evidence
- The contributions of all professional staff, volunteers and family members
- The identification and the taking of early help opportunities with families
- Working to overcome systemic barriers to achieving better outcomes.

7.5 We want to prevent individuals and families reaching crisis point. This means we need to:

- Prevent need by addressing the conditions that contribute to personal or social problems;

- Predict need, or recognising the early signs and symptoms of decline as it is happening and responding quickly to prevent decline.

7.6 Data collated as part of the commissioning cycle helps us understand need. The table below shows the different reasons children were cared for (March 2016). This information informs future service design, the way in which commissioned Early Help services deliver as well as the development needs for our workforce.

Need	Children
Abuse or neglect	265
Disability	7
Parental illness or disability	10
Family in acute stress	58
Family dysfunction	32
Socially unacceptable behaviour	4
Low income	1
Absent parenting	9
TOTAL :	386

7.7 This data, along with data collected from CHeCS (Cheshire East Consultation Service) shapes service design and delivery. The earlier we can identify and address issues the more we can stop things escalating and reaching crisis point.

Cheshire East's Profile

8.0 Cheshire East is a vast area covering 447.18sq within which are the localities of Macclesfield, Crewe and Nantwich, Knutsford, Poynton and Wilmslow and Congleton. These localities provide a mix of urban and rural dwellings, the demographics for these towns are representative of this; with high population density in urban areas and lower density within the more rural areas.



8.1 The latest estimates show the current population is around 374,179. “Ambition for All – Cheshire East Community Strategy 2010 – 2025” describes the area as being relatively prosperous and a good place to live with 85% of residents saying they are satisfied with their local area. Employment rates are high and residents’ earnings are around 9% higher than the national UK average. Despite the relative affluence of the local authority area, around 6% of neighbourhoods fall into the top 20% most deprived in England (Indices of Multiple Deprivation). Nine out of the fourteen lower super output areas are in Crewe with others located in the towns of Macclesfield, Congleton and Wilmslow. A total of 22,700 people live in these areas including 6,500 children and young people.

8.2 The data informs us that the age structure of the population in Cheshire East has changed since 1991. The number of older people (aged 65+) has increased, whilst the number of children (aged 0-15) has fallen slightly (down 2% over the same period). Cheshire East’s infant and child mortality rates are similar to the England average

8.3 The latest in-house forecasting work indicates continuing decreases in the number of children, decreases in the working-age population and increases in the older age groups, with the largest proportional increase being in the 85+ age group. This intelligence is important as it will inform where services need to be targeted, the potential numbers of demand and the necessity of a flexible, responsively skilled workforce to meet this.

8.4 There are 42,500 households with 82,830 children aged (0-19 years) of these:

- 0 to 4 – 20,365
- 5 to 11 – 29,265

- 12 to 19 – 33,200

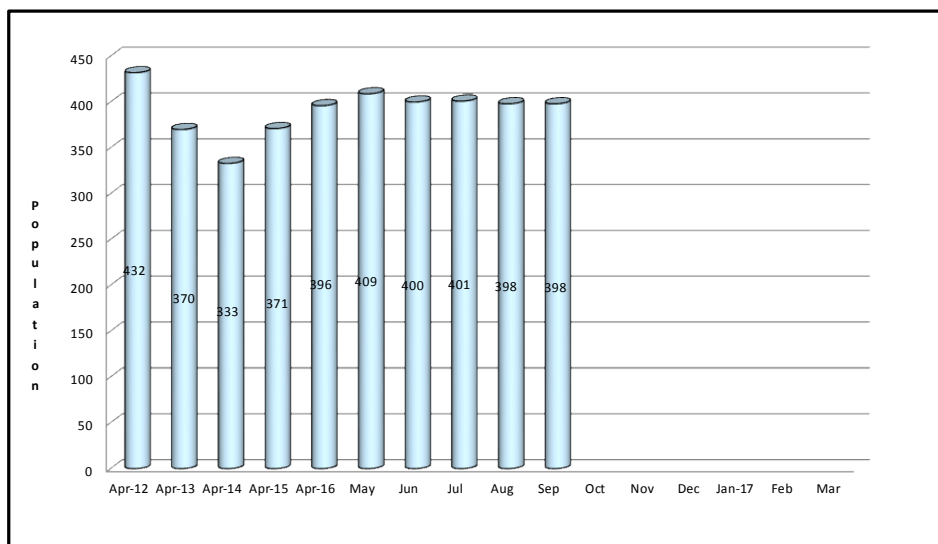
Live birth data 2013-2014 was 3,856 this was a decrease of 246 from the previous year. (According to the latest population estimates we have which are for 2014)

8.5 Young people's educational attainment is generally good; the number of young people achieving 5 or more GCSEs grades A*-C including English and Maths is consistently above national averages. The majority of young people make successful transitions from school into college, work or training and the numbers of young people that are NEET have been lower than regional and national averages over the past few years. However, although the majority of young people do well there is concern about a growing gap in educational performance between young people that live in the more affluent areas of the borough and those that live in areas with higher levels of need; for example, there is a growing gap in the educational attainment of young people that are entitled to free school meals and those that are not and the level of young people that are NEET are considerably higher in some of the more deprived areas of Crewe than in other areas of the borough.

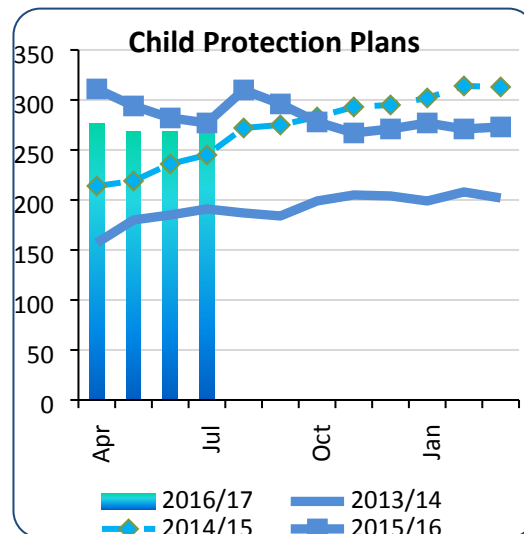
Cared for Children in Cheshire East

9.0 As at September 2016 there are 398 children and young people who are cared for with around 9% placed in residential children's homes. This is a small decrease from the previous year and is evidence of the targeted work to ensure each young person is in a placement that best meets their needs and is working to meet the outcomes identified – be that returning home or 'stepping down' to foster care provision.

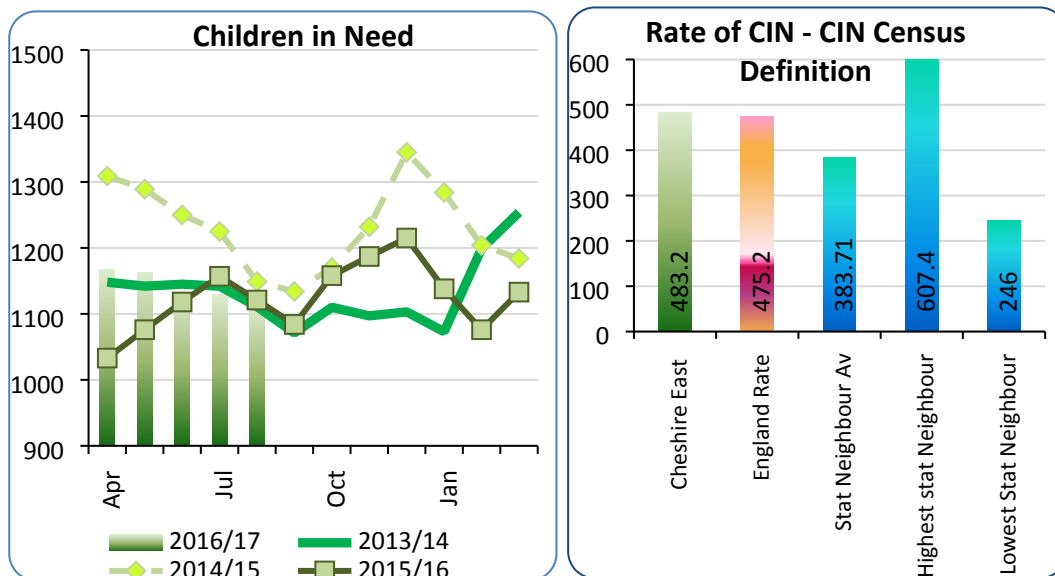
Cared for Population (April 2016 – September 2016)



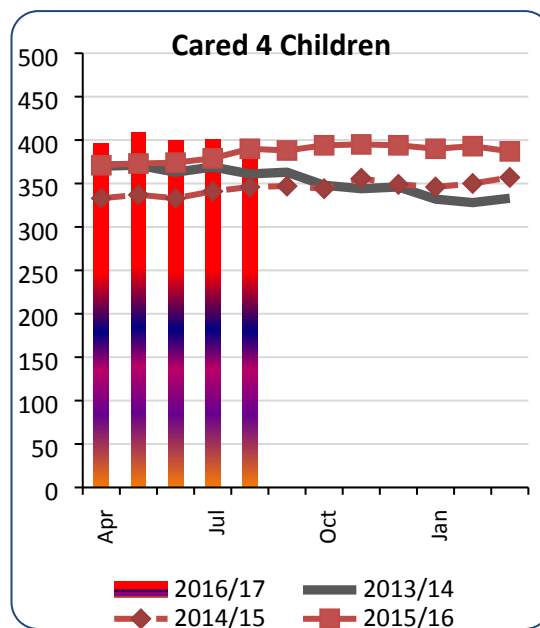
9.1 There has been a further increase over the last 12 months in those children subject to a child protection care plan (245 July 2014, 277 July 2015 and 284 July 2016) Further analysis of these cases highlight the increasing complexity of levels of need.



9.2 The number of children in need over the last 3 year period has steadily reduced from 1149 August 2014, 1121 August 2015 to 1114 August 2016. We know that targeting resources and providing the right support to families at an earlier point can help families to deescalate problems. The decrease in children in need and increase in child protection assures us that we are supporting families at an earlier point which is positive, yet dealing with more complex needs which has implications for the level of need for the young people who are coming into care.



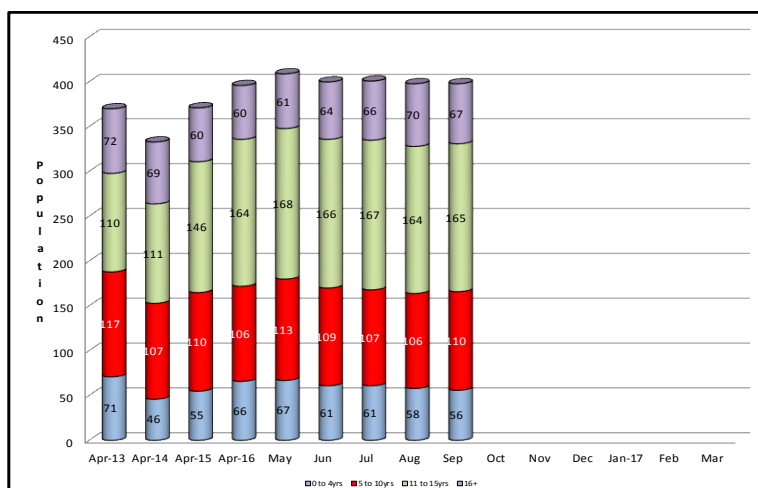
Cared for Children



9.3 There was a substantial reduction in the number of children taken into care in the month of August, 2 of which were short term and have now been returned to parents. Based on admissions to date (77) should the trend continue the annual figure will be in the region of 185 (compared to 171 last year, an increase of 8%)

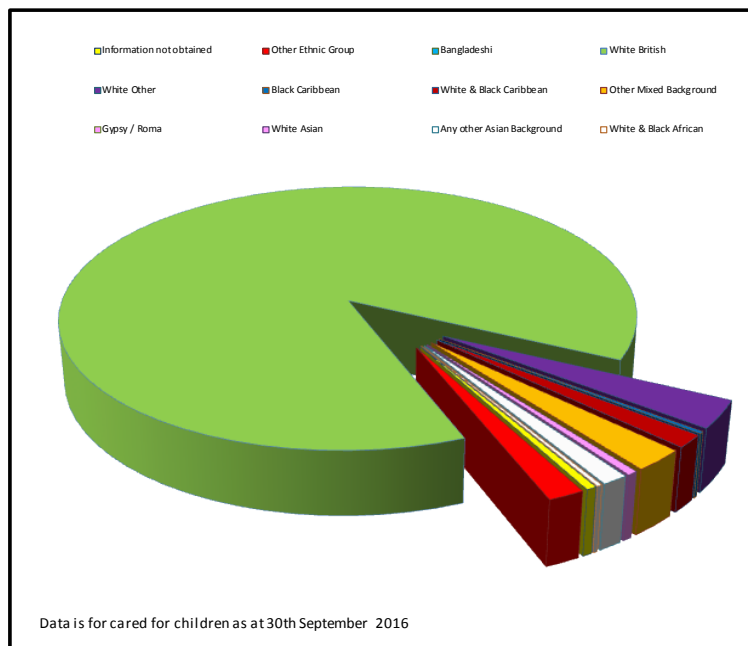
9.4 Discharges from care so far are 65 which means there is a net increase in year to date of 12 places.

9.5 As the table below demonstrates there has been an increase in young people aged 11 to 15 who are entering care, it has also become more difficult to find places for this age group; whilst this is a national challenge it is one Cheshire East will need to address finding different ways to engage with the market; developing relationships so we can deal direct with people and not rely on the electronic referral process. Working with providers to ensure they tailor their provision to meet the needs we identify.



9.6 When analysing the current cared for children population and their home town prior to coming into care it is clear that 67.5% of cared for children come from the Crewe and Macclesfield areas. This geographical mapping of the communities from which our cared for children originate has, influenced the early help strategy and the spread of accommodation that is required; be that through the residential redesign, additional supported living properties or foster carers.

Ethnicity



Cared for Children Population by Ethnicity	
White British	351
White Other	13
Black Caribbean	1
White & Black Caribbean	6
Other Mixed Background	10
Gypsy / Roma	0
Bangladeshi	0
Information not obtained	2
Other Ethnic Group	7
White Asian	2
Any other Asian background	5
White & Black African	1

9.7 The Cared for Population of Cheshire East is currently 88.2%. This is a change to previous years where it has been consistently 92.8 % White British. This change is a reflection of the changes within our communities, our Polish community continues to grow and we have started to welcome Unaccompanied Asylum Seekers to new homes in Cheshire East.

Children with Disabilities

9.8 The implementation the Children and Families Act 2014 included one of the most significant reforms of the legal system for children and young people with special educational needs (SEN) and disabilities for 30 years. The changes give children, young people and their families a greater say in local services and the specific support they receive. Preparing for and managing young people's transition to adulthood is a significant feature of the reforms and so has important implications for the long term planning needs of our cared for children .

9.9 Councils have overall responsibility for children and young people with SEN and disabilities from birth up to the age of twenty-five. The changes implemented since 2014 has changed the way in which we works with schools , health , social care and other professionals to assess for SEN support and deliver SEN support to raise educational attainment , through a single Education Health and Care Plan (EHCP) for those with more complex needs .

9.10 At present a large piece of work is being undertaken to show the progress made and areas for development. It is recognised that whilst there has been a review of placements there is further work to be done to reduce the number of out of borough educational placements and related higher costs.

9.11 As with all placements being able to offer a wider choice we are better able to ensure that all placements, whether within the borough or externally; are made in the best interests of the child or young person. Alongside the higher cost of external placements, there is also the impact on social work effectiveness, safeguarding, transport costs and the ability to promote future independence when placements are a distance away from a child's home community. This is being addressed through the new statutory SEN assessment process.

9.12 A Sufficiency Statement for SEN is underway to ensure a clear understanding of the both the needs and provision within Cheshire East.

Wellbeing of our Cared for Children

9.13 Changes to how we record health data for our cared for children means we now have a much more accurate picture. Whilst this data suggests 2015/2016 seen a significant drop in the number of health checks completed for our Cared for Children compared to 2015 data we are aware that the current data is much more accurate than previous years. We are also aware that some of our hard to reach young people have health checks outstanding; the team are working hard to identify different approaches and people to engage and address this. The 2015/2016 health checks recorded are as follows:

- 70% of Health Assessments are up to date
- 82.7% of up to date immunisations
- 82.4% of completed developmental check for children aged 5 or u
- 76% with up to date dental check

9.14 It has been acknowledged that there is work to be done to improve this area; our cared for children's health is paramount. Targeted work is underway to address these figures and ensure all young people are up to date with their health requirements.

9.15 In 2015/2016 there were 10 young people who were reported as having substance misuse problem (in 2014/2015 there were 6 and in 2013/2014 there were 8 young people). These young people were referred to services or received support as part of their placement.

9.16 Positively there has been a decrease in the % of young people aged 10+who have an offending outcome within the year: 6.5% down from 8.1%

Strength and Difficulties Questionnaire (SDQ)

9.17 **Care Matters: Time for Change** highlighted the need to improve the mental health of children and young people in care. Evidence suggests that children in care are nearly 5 times more likely to have a mental health disorder than other children.

9.18 All local authorities are required to provide information on the emotional and behavioural health of children and young people in their care. This is collected through a Strengths and Difficulties Questionnaire (SDQ) and a summary figure is submitted to the Department for Education (DfE). The SDQ is a short behavioural screening questionnaire with 5 sections that cover details of emotional difficulties; conduct problems; hyperactivity or inattention; friendship and peer groups; and also positive behaviour, plus an “impact supplement” to assist in the prediction of emotional health problems.

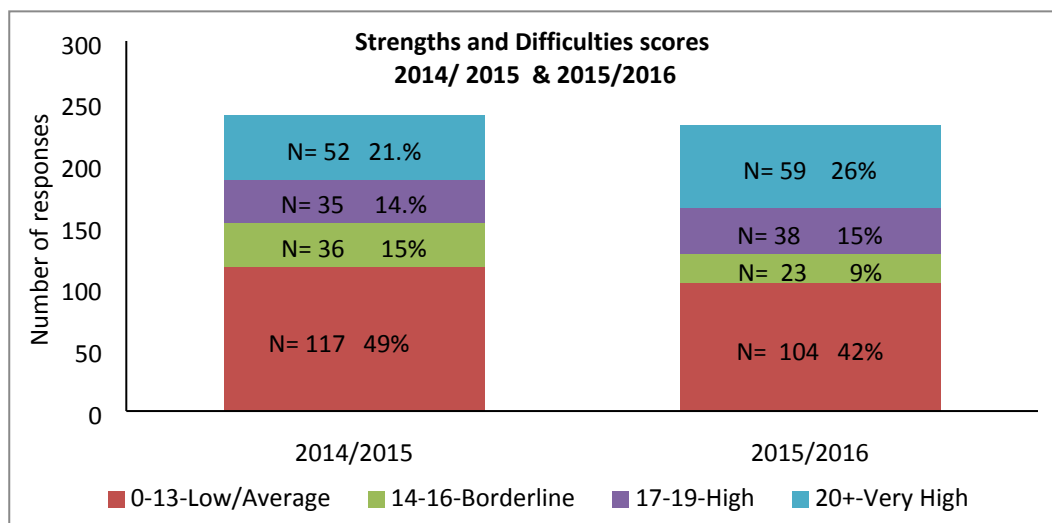
9.18 In accordance with Government requirements, Strengths and Difficulties Questionnaires (SDQ's) are sent out annually to the carers of each Cared for Child between the ages of 4 to 16 years. The completed questionnaires are scored upon return, representing the level of difficulty in terms of emotional wellbeing and carer perspective of caring for the child;

- Scores from 0-13 are low/average
- Scores between 14-16 are considered 'borderline';
- Scores from 17 -19 are considered high.
- Any score over 20 is considered to be 'very high' and the maximum score is 40.

9.19 There is a robust process in place for systematically sending out the forms on a monthly basis, including close liaison with the Placements Team and Cared For Nurses (Initial and Review Health Assessments). Follow-up to chase returns includes close liaison with Social Workers, Supervising Social Workers and the Placements Team (in the case of Private Providers). All high scoring returns are alerted to the child's social worker by the Children and Families Support Team Manager, with an offer of a consultation if appropriate.

9.20 In the 2014/2015 cohort, 246 SDQ's were sent out the return rate achieved was 97.56%. In total there were 6 non-returns, of these, 5 were for children placed with parents or relatives. In the current **2015/2016** cohort, 238 SDQ's were sent out, with a return rate of **94.1%** (14 SDQ's not returned); of these 5 were children placed with parents or grandparents, the remaining 9 were not returned from carers. 2 of these non-returns were attributed to placement changes / moves.

9.21 The table below indicates comparisons in overall SDQ scores within this reporting period and 2014/2015 & 2015/2016.



9.22 There has been a 3% (6 children) increase in the reports of children in the very high range in the 2015/2016 cohort in comparison to the previous year's returns. In the 2014/2015 cohort; of the **52 very high scores (20+)**, **67 %** of these children had involvement from Children and Families Support Team.

9.23 In the 2015/2016 cohort, **59 returns had very high scores (20+)**, and **85%** of these children have or had involvement from Children and Families Support Team during this reporting period. At the time of the reporting period, 19 of these children were placed in Private Provision, 1 with Family or Friends Carer, 4 in Voluntary or Third Sector provision and the remainder with Local Authority Foster Carers / Residential. (This information is not static).

9.24 It is important to highlight that of the children scoring very high scores, (which can range between 20 and 40) the average very high score from within the data is **23**. 3 scores across the cohort were above **30**, with the highest being **32**.

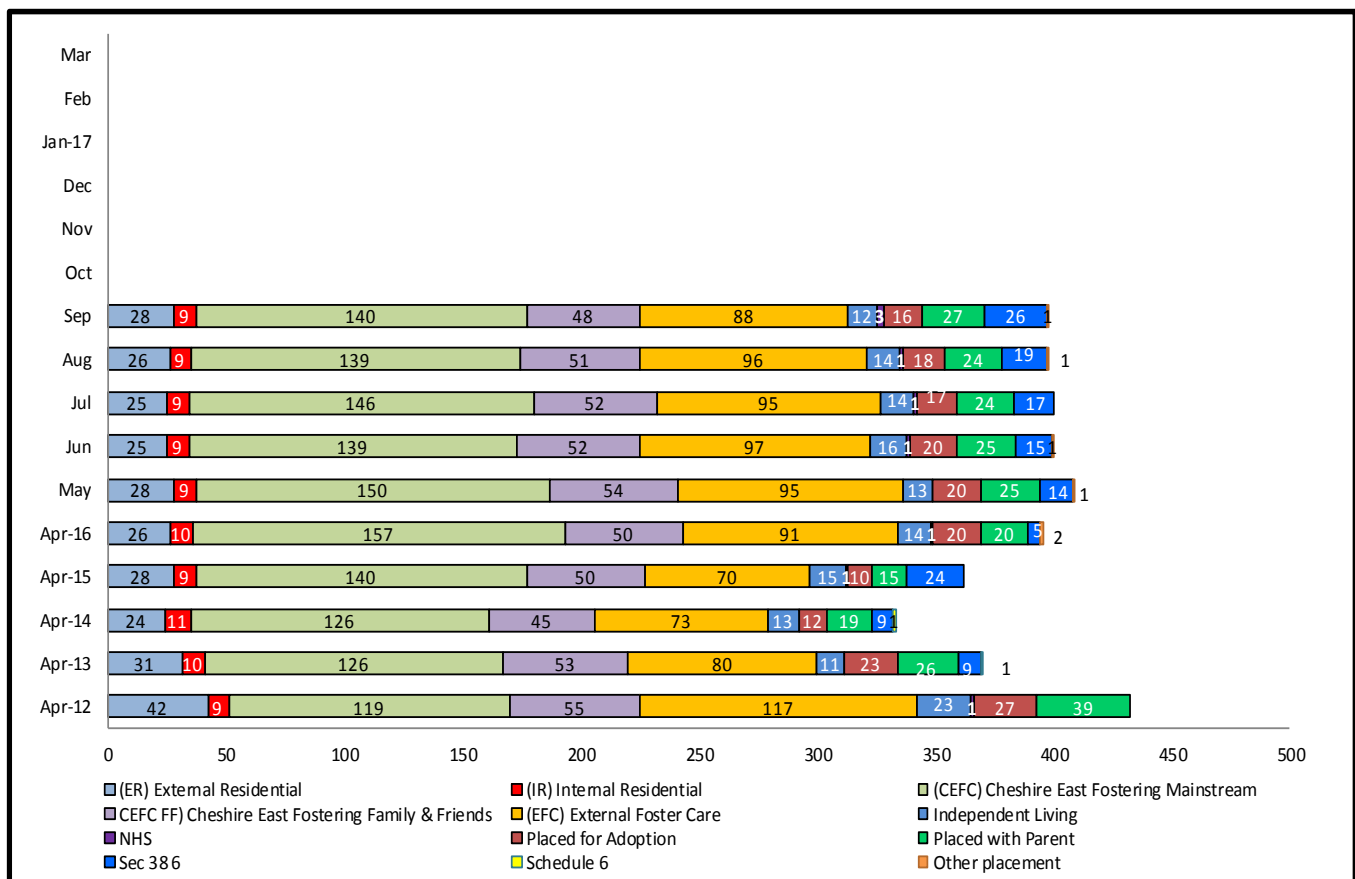
9.25 In comparison with last year's cohort there was a noticeable change in the genders of children with very high scores. It is evident that boys in the 11-17 age bracket are presenting in the current cohort year with more difficulties from the carer perspective as well as socially

and educationally, which is reflected in the higher reported scores. (2014/15 11-17 age bracket totals; 16 boys and 17 girls, compared to 23 boys and 16 girls in the current cohort)

Placement Provision

9.26 As highlighted there are challenges in finding residential placements across the North West and beyond. In the last month it was reported that there was only 1 secure placement available to the whole country. For Cheshire East there is also an additional challenge with the number of internal foster carers, how we use these carers and an increase in the usage of IFA's. The following table presents the number of placement types used during this year, April – September alongside previous years dating back to 2012.

Cared for Children by Placement Type (April 2016-March 2016)



9.27 The table above shows an increase in the number of external foster carers being used; 91 in April 2016 compared to 70 in April 2015, Note that 77% (68) of children placed in IFAs are matched permanently this is supportive of our work to provide children permanence within a family setting. Whilst there is further work to be done to address this there is evidence that that work around the recruitment and good matching for CE foster carers is paying off with an increase of 17 (April 2016) compared to April 2015.

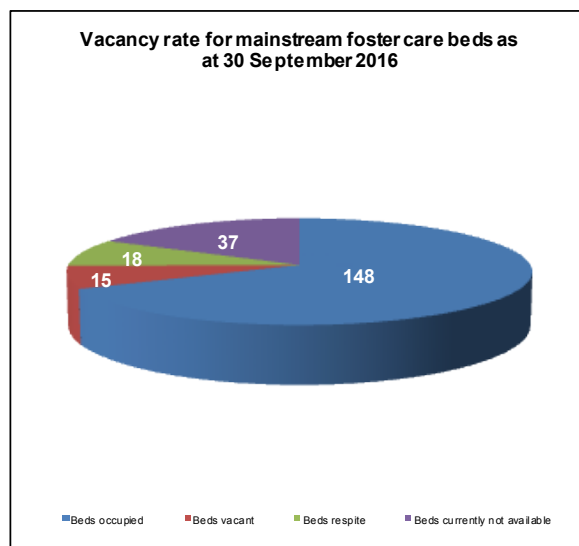
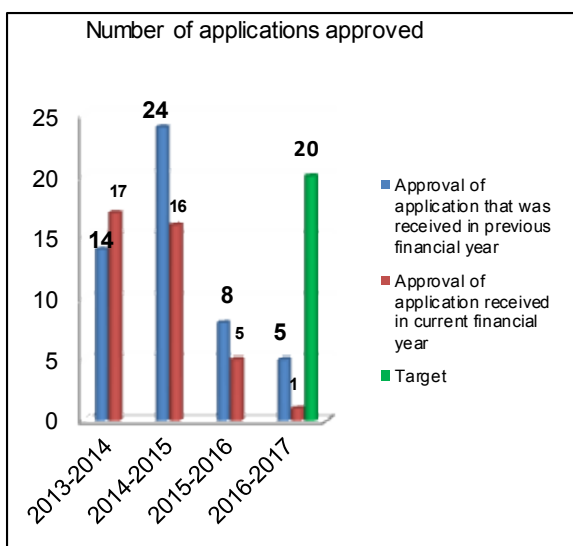
- 9.28 The percentage of the cared for children population (31st March 2016) accessing a placement beyond 20 miles of their previous registered address is 17%, this is a 1% increase from the previous year.
- 9.29 This means that less than 1 in 5 cared for children in Cheshire East is accommodated over 20 miles from their home authority. This position is not too far adrift of the general position across the North West and we would be looking to reduce this further to 10% and to better understand the rationale for those placed at distance from the authority. Further analysis is being undertaken to understand the placement decision, presenting need and any gaps in local provision that would have supported a placement closer to the young person's home community. However in line with Narey's report the driver in CE is to ensure we have the best fit placement that meets the needs of each young person, whilst ideally we would prefer this to be within or close to CE sometimes that is not the best solution for the individual.
- 9.30 The difficulties in finding placements for certain cohorts, the requirement for specialist placements that are lacking in CE all add to the work that is required to ensure a wider provision of placements. Work this year to develop the provider market, the residential redesign and a continued successful Early Help offer will hopefully impact and ensure an increase in positive outcomes.
- 9.31 In some cases it is quite appropriate for a cared for child to be placed a distance from their home setting due to safeguarding concerns or to accommodate the significant levels of need that sometimes present. This should be a clear part of the Child's Care Plan. Strong links with other authorities should also support this placement to ensure there are the right support and services available within that area, within an authority with clear strategies around MFH, CSE and has a strong LSCB that supports local providers.
- 9.32 When our cared for children are placed further afield inappropriately, however this can have an adverse effect in respect of quality of care; the distance from a child's wider family and community can lead to placement breakdown which will impact on good outcomes for the individual child . It may also increase the overall cost of placement (i.e. additional social work time and travel) and weaken the ability to quality assure the levels of care being provided. Ensuring all placements have clear IPA's and QA visits that challenge placements will help address this.

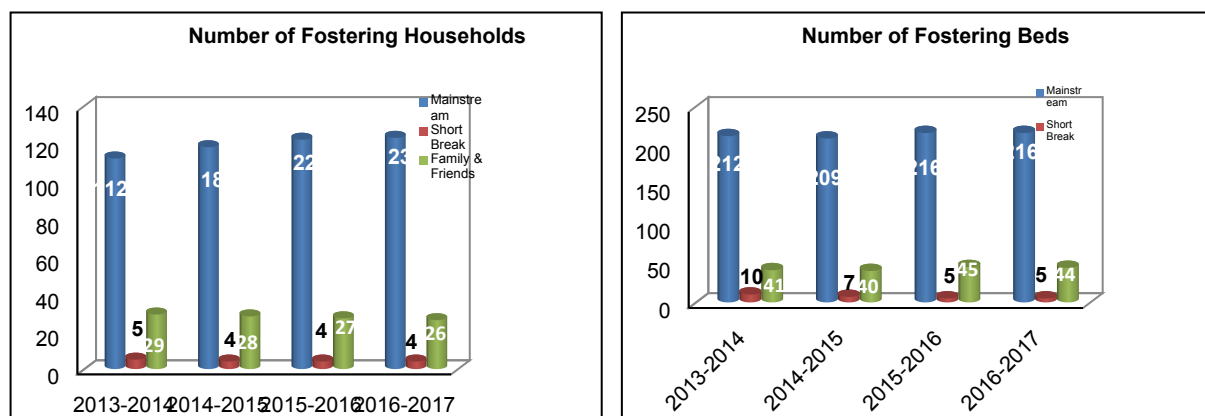
Foster Carers

10. In 2015 -16 Cheshire East's Foster Carer recruitment strategy looked to strengthen capacity, building on the work begun in 2014. This work has continued; through publicising the benefits of working for Cheshire East and prioritising the following:

- Promotion of our Fostering Capacity Scheme loans and grants
- Promotion of our simpler payments scheme and guaranteed retainers for newly approved carers awaiting matching
- Reduction in assessment time to between 16-18 weeks and further collaboration with our North West partners to consolidate the reduction in assessment time across NW and increase the numbers of inquiries translated into approvals
- Comprehensive training and development for foster carers –from pre-approval through to specialist skill development for particular placement needs
- Development of our Fostering Plus Scheme to attract foster carers who can be supported to develop specialist skills.

10.1 We continue to build our portfolio of foster carers and develop the skills and capacity of our existing carers. It is recognised that there is more to be done as we are currently well below the targeted level and are more reliant upon IFA's for more specialist care.





10.2 Positively we have seen the reduction in assessment time having an impact on the number of approved foster carer applications. However whilst the process is speedier the number of successful applications has dropped.

10.3 Fostering Plus Scheme has proved successful with the carers who have been supported through this. Increasing the number of our carers with specialist skills will ultimately result in a greater opportunity of placement choice as an alternative to utilising residential provision or to act as a step down for some children currently in residential care.

10.4 Fostering Plus scheme includes a guaranteed level of payment; specifically for children aged 7-18 with complex needs, mother and baby, sibling groups. By targeting our resources we hope to ensure the best provision for some of our most vulnerable cohorts whilst at the same equipping and developing our foster carers.

10.5 Work continues with our neighbouring authorities to explore further collaboration opportunities around the use of spare capacity and specific skilled carer requirements. Specifically we are working with Cheshire West and Chester and Warrington to collaborate around capacity, recruitment and training.

10.6 The Front Door continues to be operational and to date successful, opportunities for collaborative work are being explored with Cheshire West and Warrington to develop this further.

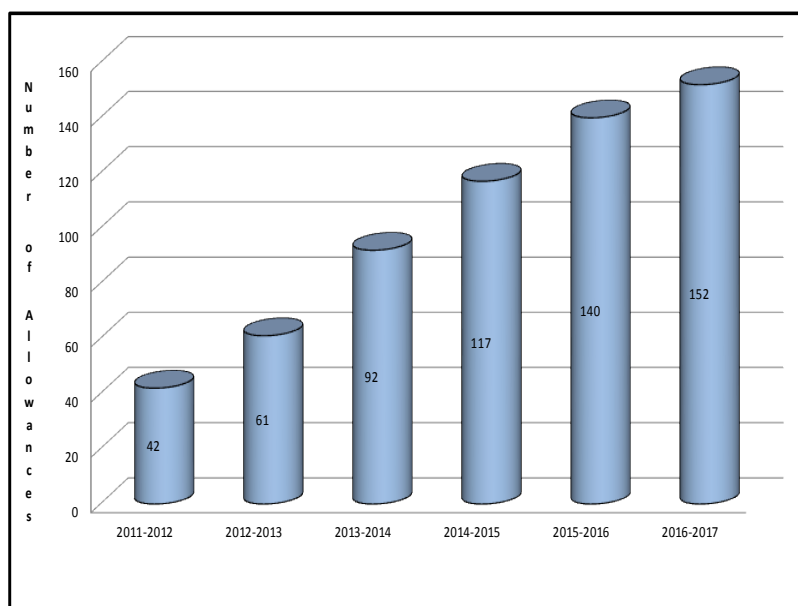
10.7 The number of Cared for Children placed with Cheshire East foster carers has been reducing slowly since 2010 from a high of 272 in September 2010, 181 at 31 March 2014 there was a slight rise in March 2015 to 197 but we have seen a decline during the past year with the current total at 148 . (September 2016)

However the % of cared for children placed with our foster carers remains consistent at around 50%.

10.8 We know we need to improve our ability to place older cared for children with the right foster carers; in particular children aged 11+ who often have more complex support needs. This includes foster carer households able to take on larger sibling groups of cared for children and carers who can support the needs of children with disabilities. We also need to broaden the diversity of our foster carer households- in particular to meet the needs of Eastern European families within the Cheshire East community. Work has begun to address these requirements through our recruitment and retention strategy

10.9 The number of Cheshire East Family and Friends placements has increased slightly having previously been 45 in March 2014, 49 at March 2015. It currently stands at 51. This remains consistent at 13% of the cared for population, compared to the national average which stands at 8.0%. Retaining family / friend ties for children is a real positive but Cheshire East recognises the risk to stability for children and the need for alternative arrangements should this type of placement breakdown. A significant amount of resource is required to support these arrangements to enable them to continue in a positive manner. Given the fragility of these arrangements and the focus on the more stable legal arrangements identified through Cheshire East's staying put policy; Cheshire East continues to work with families to pursue special guardian ship as an alternative. Work undertaken following the previous Sufficiency Statements evidences the impact and success achieved in increasing the numbers of Special Guardianship.

Number of Special Guardianship Allowances



10.11 In May 2014 the Children & Families Act 2014 place a duty on local authorities to have Staying Put arrangements in place to enable young adults to remain in their foster

placements until they are 21 years of age. Our new policy which is being introduced encompasses in-house placements and IFA placements. It clarifies the need for early identification of young people who are eligible or may wish to remain in current placement under staying put arrangements; so that we can establish as early as possible whether the carer household is able to meet the staying put arrangement. The financing of these placements would also be reviewed alongside fostering allowances. Cheshire East's Staying Put arrangement provides support and a monitoring process through our Personal Advisors who are located in our Permanence Through Care Team. This supports and informs capacity planning and the ongoing recruitment strategy. Our Foster carer training now also includes courses on preparing young people for independence. There are currently 15 young people in Staying put arrangements.

Independent Fostering Agencies

- 11.0 Through the NW and GM Framework CE has access to a wide number of IFA's with a range of provision ranging from short breaks to therapeutic models. There are over 40 providers on the Frameworks, split into 3 Tiers, graded on a cost and quality basis. Referrals are sent out in order of the Tiers. Tier 1 Providers are the first point of call if the search for our internal Foster Carers has been unsuccessful and a FC placement has been identified as the most appropriate.
- 11.1 The average weekly cost of IFA placements across the NW local authorities has reduced from £829 in 2010 to £792 in 2014. Cheshire East's continuing participation in the NW Fostering framework contract has helped to reduce and stabilise our costs at £780 per week ie just under the NW average.
- 11.2 A number of IFA's are developing their provision to provide more specialist provision including CSE, harmful sexual behaviour as well as a 'step down' provision. Within CE we are working with providers to encourage IFA's and Residential providers to work more closely to further develop this offer to provide a step down provision.
- 11.3 During the past year we have noted that IFA's have stepped up to take on some of our more complex cases when our internal FC's have been unable to – a piece of work is currently underway to understand the reasons for this and to discover if there are things we could do differently internally.

- 11.4 In line with the Framework there are set Terms and Conditions, if a placement is not found within the framework a search maybe undertaken to seek an 'Off-Contract' IFA. This provider is requested to sign up to the T&C's providing a standardised approach to travel, pocket money, clothing allowance, holidays etc...

Residential

12.0 It is an exciting time for our residential provision as Cheshire East Borough Council Children and Families Department are currently undertaking a procurement exercise to find a provider of residential children's care to support the Council with its continuing journey to improving outcomes for our cared for children and young people.

12.1 This service will provide care to five separate homes within Cheshire East, utilising the three existing ; two within the Macclesfield locality, and one within Crewe. The residential redesign has requested that the successful provider acquires two further homes within the Crewe area. Our target is for 8% of cared for children being placed in residential care. This would be good performance. If we have an average 375 cared for children this = 30 children in residential care. Therefore we would still be requiring agency beds to top up where need dictates.

12.2 The composition of the five homes will be as follows:

- Home 1 (existing) with 3 beds within Macclesfield Home 2 (existing) with 4 beds within Macclesfield*
- Home 3 (existing) with 3 beds within Crewe
- Home 4 & 5 (new) with 2 beds each within Crewe

**The above homes have the option of providing one additional bed each and as such are registered as 4 bed units with Ofsted*

12.3 The additional two homes in Crewe will be within close proximity to each other. The care and support within these homes will work closely and in conjunction with the CEC Social Care, CEC therapeutic services and/or other Cheshire East based partner agencies to provide intensive support to the child/young person. This wrap around support will be formalised via a Service Level Agreement with the successful supplier. The additional two homes in Crewe will provide much needed capacity

- 12.4 This redesign is in response to needs identified as part of the 2015 sufficiency statement and ongoing commissioning work which ensures demand is identified and met in an ongoing process.
- 12.5 When searching for an external residential placement the following is taken into consideration; the experience of the provider, standard of accommodation, location, match with other children and young people and most importantly the need of the young person and their family.
- 12.6 When a placement is found the Placements team check Ofsted ratings, financial stability, insurance checks (via Placements North West) and references from other LA's.
- 12.7 Quality Assurance visits are conducted, Reg 44 reports are regularly reviewed and we collate notifications around Ofsted inspections. If there are concerns about a placement an unannounced inspection would be undertaken.
- 12.8 As part of Placements North West we contribute to the QA timetable, making better use of resources by sharing inspection findings.

Children's Home provision

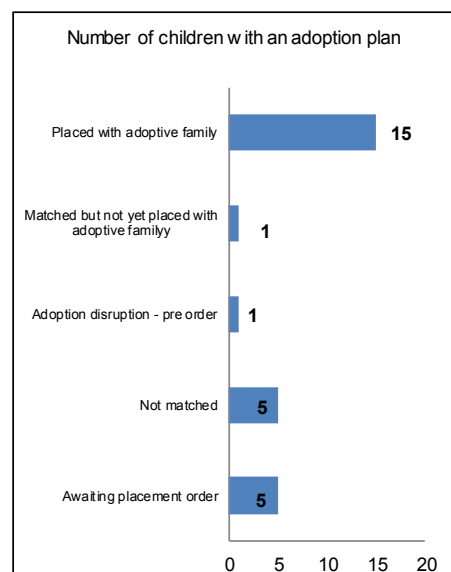
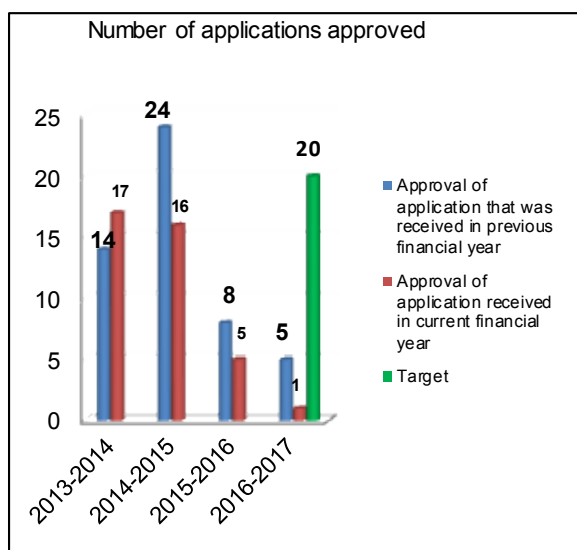
Ofsted rating	Number of providers	Number of current placements
Outstanding	6	6
Inadequate	1	1
Good	14	21
Wales CSSIW	2	2
Sustained Effectiveness	1	1
Requires improvement	2	4
Total	26	36

Residential School provision

Ofsted rating	Number of providers	Number of current placements
Outstanding	3	4
Good	3	7
Wales CSSIW	1	1
Requires Improvement	1	1
Total	8	13

Adoption

- 13.0 Cheshire East has continued to run its recruitment drive for prospective adoptive carers independently and alongside the regional partnership with Stockport MBC, Tameside, and Trafford known as Four4Adoption.
- 13.1 Moving forward Cheshire East is part of a Regional Adoption Agency with Stockport MBC, Trafford MBC, Manchester MBC and Salford MBC. The Regional Adoption Agency should be operational from April 2017
- 13.2 Income generation continued but decreased with a focus on linking and matching children to approved adoptive families waiting.
- 13.3 The table below shows the number of applications approved alongside the number of children with an adoption plan.

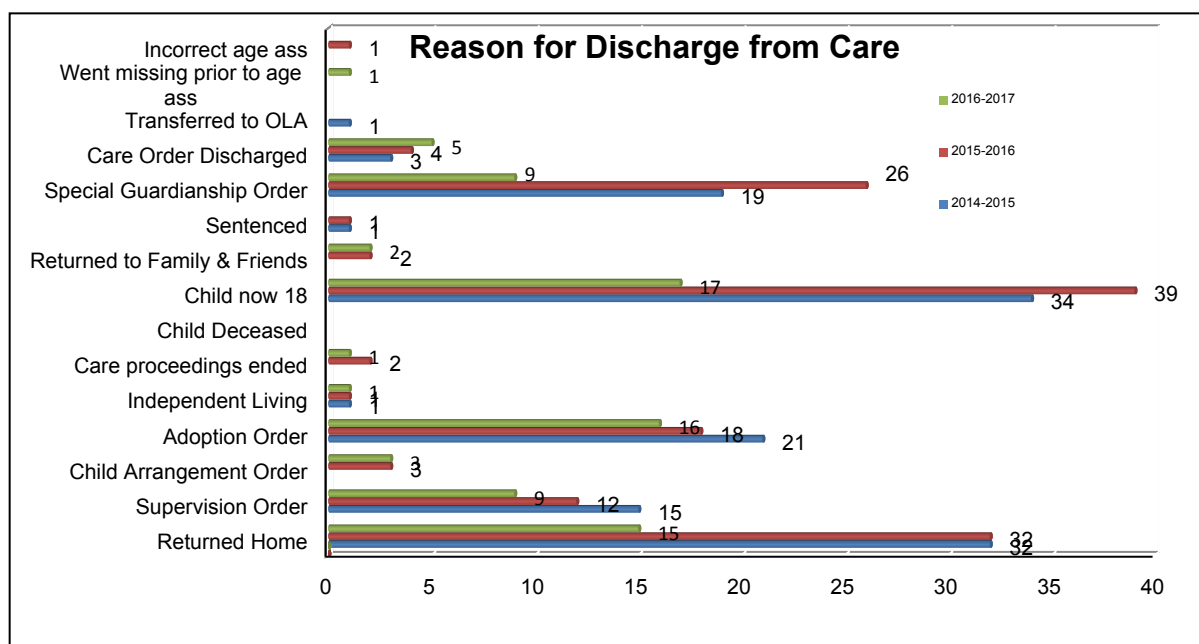
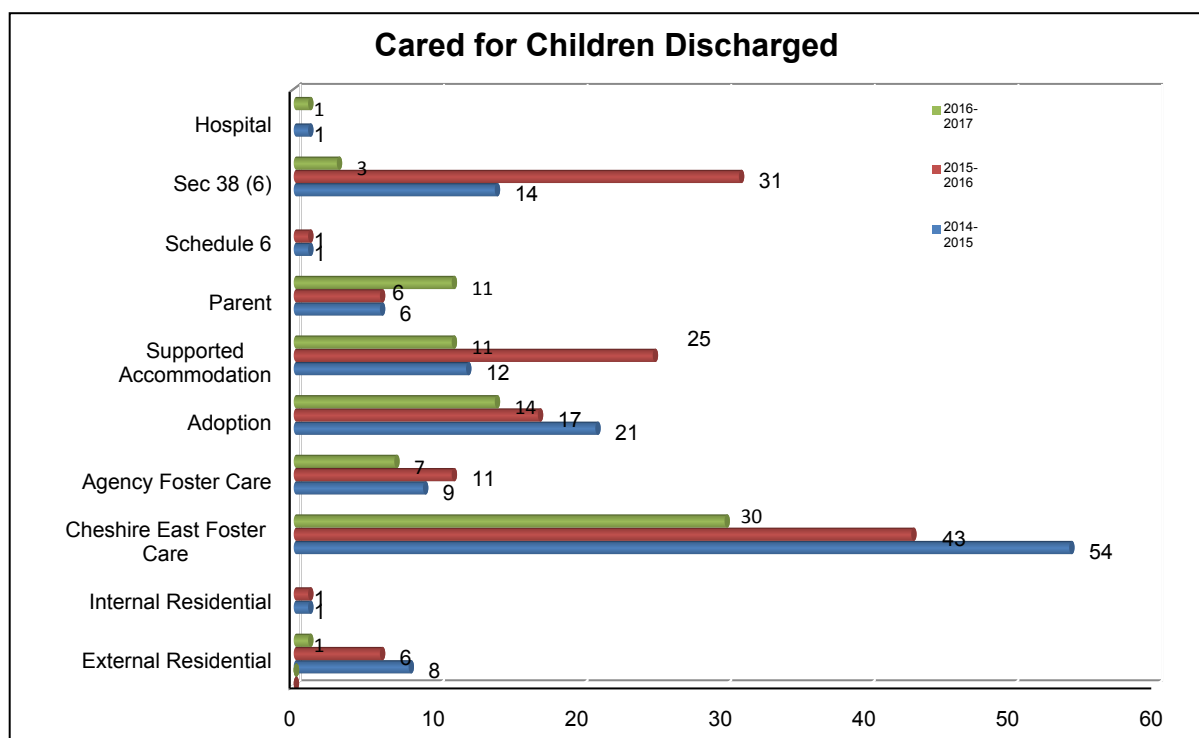


- 13.4 Recruitment was targeted to identify families who could consider children in terms of fostering to adopt and families who would be able to adopt sibling groups and older children.
- 13.5 The ability to have a good number of adoptive carers is essential to ensure a strong internal offer to children coming into care. Having clear plans for adoption as an option for our children is a significant positive for individual young people and also improves our ability to meet the sufficiency duty.
- 13.6 Cheshire East now runs its recruitment drive for prospective adoptive carers alongside the fostering recruitment drive. Cheshire East is now part of a regional partnership with Stockport MBC, Tameside MBC and Trafford MBC known as Four4Adoption and Adopt-Northwest 23. The service has now developed a strong business profile which has enabled Cheshire East to build a larger profile of adoptive carers who can take children with a wider range of complex need and from wider afield than Cheshire East. The ability to share a marketing and recruitment strategy across the region has created a more cost effective process which is also more efficient; this has also enabled Cheshire East to income generate from the service to support local adoptive requirements. Cheshire East will continue with this approach. The ability to match children in care to adoptive families and maintain these arrangements through the long term is essential in order to avoid the trauma of breakdown for individual children and the costs involved. Effective post adoption support is critical to the sustainability of adoption plans.
- 13.7 **Cheshire East Adoption Applications and Approvals** - There continue to be a national focus on the time taken to conduct the adoption process. Cheshire East has successfully improved its performance in this area in 2015/2016 reducing the approval time from 7 months to 5 months. Of those who took longer this was due to additional matching requirements including sibling groups and further complex needs.
- 13.8 Since April, sixteen children have been adopted and seven of these children were placed in foster to adopt placements. Another fifteen children are already placed with adopters – this is a great achievement for our children and young people.
- 13.9 In 2016/2017 the aim is to continue to:
- Develop our Foster-to-Adopt strategy
 - Identify 4 Foster-to-Adopt placements
 - Launch specific recruitment drive for prospective adopters of older children with complex needs and for sibling groups

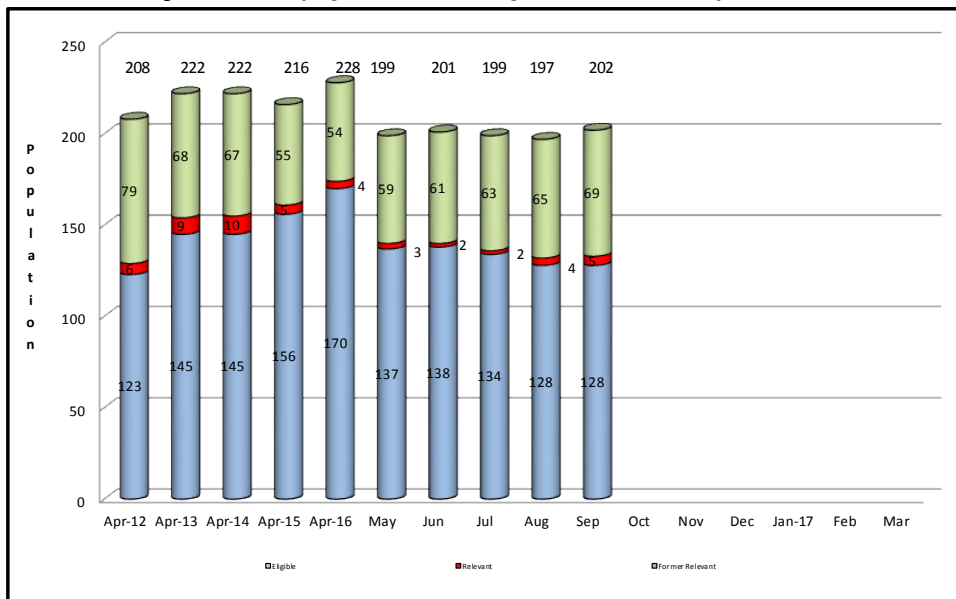
- Continue to support family and friends carers ,where appropriate, to take on special guardian ship
- Continue to review approval process and further reduce application/ assessment times where possible

Leaving Care

14.0 During the past year there were 197 Care Leavers. .The table below shows the range of reasons for the numbers leaving or discharged from care.



Care Leavers by Status (April 2016-September 2016)



- 14.1 The biggest development during 2015-2016 to support care leavers has been Ignition. Ignition is an innovate project that has been established to support young people to have the best, most appropriate transition for when they leave care
- 14.2 Ignition is for young people aged 15½ plus who are thinking about where and how they would like to live when they leave care (we think the earlier we can plan the better the experience!). Making sure our young people start independence at the right time and in the right place provides the best chance for a positive journey to adulthood and will support the best possible life chances.
- 14.3 When a referral is made to Children's commissioning team the details are passed to Voice for Children or Crewe YMCA who each have identified people who will meet with individual young people to discuss their aspirations.
- 14.4 These views, the referral form and the key workers opinion all contribute to the panel's discussion. Each young person is welcome to attend the panel or they can opt to be contacted during the meeting to ensure we can get any immediate feedback about ideas.
- 14.5 The panel shares ideas, suggestions, good practice etc. to develop an action plan that will support each young person to achieve their future living goals. This may be accessing a taster house, supported lodging or being supported through a semi-independent setting with a phased transition to young people being in their own property.
- 14.6 The panel also discuss young people who have been supported to move on; this helps ensure the placement is still meeting their needs and also helps develop our learning and

placement knowledge the whole process is very important for commissioning as it helps us to understand where any gaps may be that we can then work to address or identify good practice that we can celebrate and build upon.

- 14.7 We now have a strong offer for our care leavers including supported independent living, supported lodgings with 'hosts', dispersed properties with the offer of floating support alongside Staying Put and Staying Close arrangements. We want to ensure our role as a Corporate Parent continues to be a positive one; ensuring support – in whatever form that is required – is available.
- 14.8 We continue to work closely with our housing providers to further develop a better offer for our young people and ensuring the right offer is in place. Work is underway to look at how CE can act as the guarantor to Social Landlords thereby supporting young people to find a home that they can invest in and know they can continue to live in once they leave care.

Unaccompanied Asylum Seekers

- 15.0 Asylum intake into the country is largely driven by world events. The ongoing conflict in Syria remains to pose a significant challenge in terms of asylum intake into the UK, with a mass population movement since summer 2015 having been seen as a result of this conflict. 2015 saw a significant increase in the volume of Unaccompanied Asylum Seeking Children (UASC) arriving in the UK, with 3,043 claims being lodged; representing a 56% increase on the previous year. Owing to their geography, Kent County Council bore the most significant brunt of UASC presentations, reaching over 1000 cases being taken into their care over the summer months of 2015
- 15.1 In February of this year, the Government also committed to resettling up to 3,000 individuals at risk from North Africa and the Middle East; with a focus specifically on resettling children at risk (CARS). These children will predominantly be in family care (parents or uncles/aunties); with family units largely consisting of one or two children. It is anticipated that family units will be resettled under the same terms as the Syrian Resettlement Programme (although this has yet to be confirmed formally), however that there will be a proportion of cases identified by UN High Commissioner for Refugees (UNHCR) that will be unaccompanied children who are deemed to be at risk.
- 15.2 In addition to the above commitments; in April of this year the Government also committed to resettle a specified amount (not yet determined) of unaccompanied refugee

children from Europe, where it is in the best interests of the child to do so. This is currently being termed as the Lord Dubs commitment.

15.3 Cheshire East have been extremely proactive in welcoming these extremely vulnerable young people. We have to date welcomed 6 young people as part of the government along with approximately 12 young people who have arrived via two of the large and busy service stations located in CE.

15.4 Analysing the needs of each young person we have been able to source accommodation in an innovative way; taking a long term lease on a private property

Rights and Participation

16.0 Voice for Children is a Community Interest Company established by two passionate Cheshire East care leavers who have experience of the care system including residential, fostering, boarding schools and emergency placements. During 2016 they have continued to champion the voice of cared for children and care leavers, their portfolio of mentoring and training has continued to grow not only within Cheshire East but across the North West.

16.1 Voice for Children have worked alongside the Commissioners and commissioned services to complete QA placement visits and Reg 44 inspections. Their focus and perspective has been invaluable in challenging practice and thinking.

16.2 The Care Leavers Forum is an independent forum that continues to champion and strengthen the voice of children and young people who are in care or leaving care. In 2014 the care leavers group challenged staff to live on £21 per week and took part in a Ready, Steady Cook style challenge. This challenge has now become an annual event and has even produced a cook book!

PAN CHESHIRE JOINT PROTOCOL

17.0 The PAN Cheshire Joint Protocol Children and Young People who Run Away or Go Missing from Home or Care 2016-2017 has been developed to ensure a consistent approach across all agencies and introduces the new Police definitions of 'missing' and 'absent'.

17.1 The protocol has been written jointly by Halton Borough Council, Cheshire East Council, Cheshire West and Chester Council, Warrington Borough Council and Cheshire Constabulary and relates to all children and young people who run away and go missing or absent from home or care. This includes children and young people looked after by another Local Authority and placed in a homecare or residential school within Cheshire. Additionally, the protocol applies in parts to children and young people looked after by Cheshire and placed in home, care or residential school outside of Cheshire.

17.2 The protocol alongside the work undertaken by Catch22 has resulted in a huge reduction of cared for children's missing episodes. Working collaboratively with neighbouring authorities has also been of great benefit and has strengthened the relationship with the police service.

Unassessed contact

18.0 During the past year we have seen an increase in the demand for unassessed contact supervisions. This has resulted in a new commission that reflects this rise. Challenges have come from experiencing instruction from Courts as to the number of unassessed contacts which is often at odds to the number suggested by social care, an increase in sibling groups and a lack of effective monitoring of the existing contract. A needs analysis has been undertaken to ensure the new commission is effective and a monitoring group has been established to track use and demand.

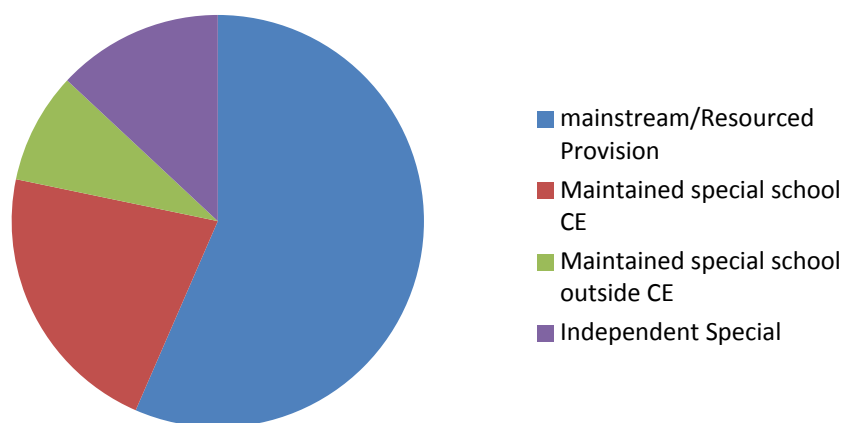
Virtual School

19.0 All children in care are supported by the Virtual School. This includes those who are under five and over 16 years old. The Cheshire East Virtual School is well resourced and each child will have the support of a specialist who is able to advise schools, settings and providers on the best way to identify and meet the needs of the child, always promoting high levels of engagement, achievement and progression. The focus of the school is to allow every child to achieve their full potential and narrow the attainment gap between them and their peers, particularly in GCSEs.

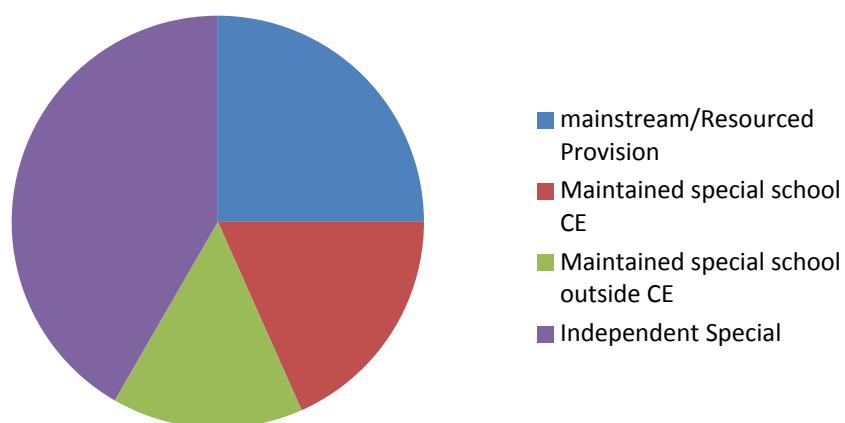
19.2 Working closely with Social Care the Virtual School has a prominent role in the planning, sourcing and quality assuring education places, including challenging schools when necessary. The effective impact of the work of the Virtual School is enhanced by close links with the Special Educational Needs, Early Years, Youth Engagement and Youth Support Services to ensure that the child is educated in the most appropriate place and receives the support they require in a co-ordinated way.

19.3 Forty seven percent of school age –children in care have Special Educational Needs which is lower than the national level of sixty one percent. The majority of these have an Education Health and Care Plan which is monitored and maintained by the Special Education Needs department who advise on the nature of the school required and then consult to secure a place.

Schools attended by primary EHCP pupils



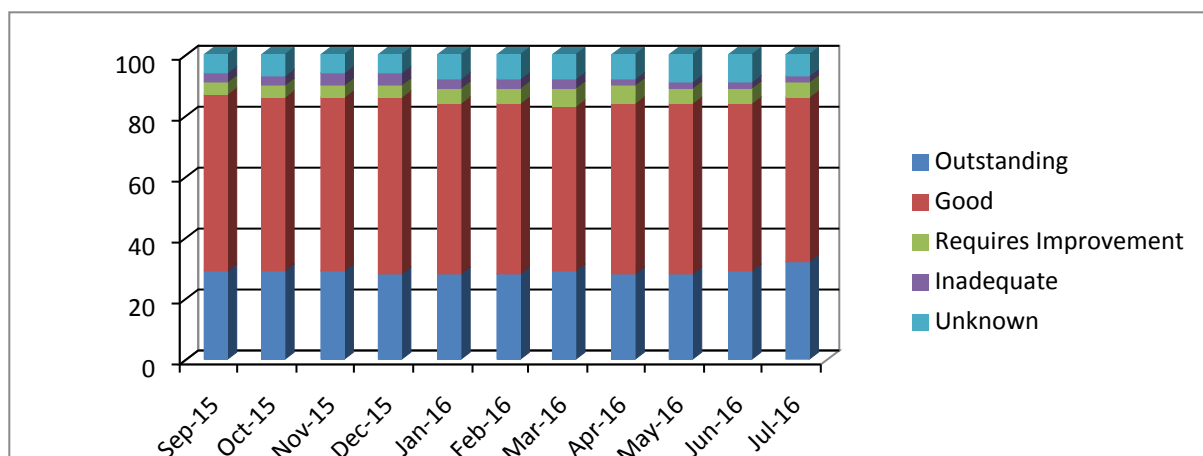
Schools attended by secondary EHCP pupils



Children are allocated places in independent schools when there are no places in the local maintained schools or where the Annual Review indicates that the maintained school cannot meet the needs of the child.

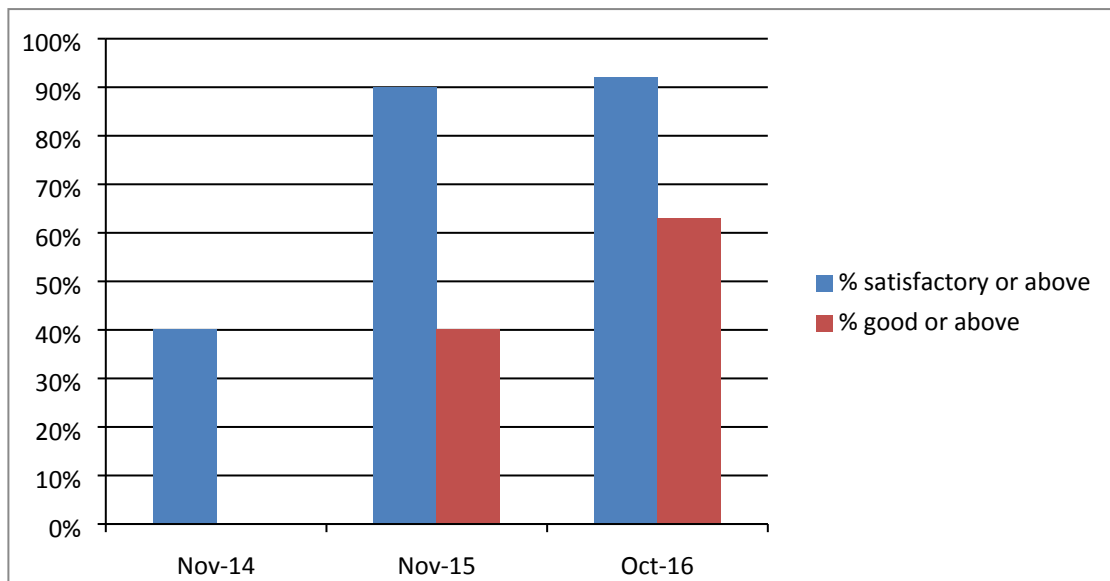
- 19.4 There are no independent special schools within Cheshire East so children requiring this provision who live in Cheshire East are transported to schools in neighbouring authorities.
- 19.5 We continue to work creatively with the Virtual School team to ensure we best meet the needs of our young people; for example planning and implementing a joint education and support programme for Unaccompanied Asylum Seekers and liaison between the Virtual School and Workforce Development to secure apprenticeships for care leavers with contractors working with the council.
- 19.6 Children are placed in schools which have Ofsted ratings of good or outstanding unless there are mitigating circumstances. Risk assessments are carried out for any child who attends a school where an inspection finds the school to be inadequate.

Graph below shows the ratings of school 2015-16. Schools outside of England or new schools, (Free School or new academy) which have not yet been inspected are recorded as unknown.



- 19.7 Personal Education Plans, (PEPS) are produced termly for all children and young people up to the age of 18. For children under two years old these are carried out by Social Workers with the carer while for those over two years old they are led by the education provider (nursery, school or college) with the Social Worker and returned to the Virtual School.
- 19.8 Schools are asked to provide termly data reports on each child so that their progress can be monitored.

- 19.9 Within the PEP document schools identify the support and interventions which will be provided that are part of the general school provision and also those which are over and above that available to all pupils. These are linked to academic targets where there is a need but may also include personal development and skill development. Funding for the additional support can be requested from the Virtual School from the Pupil Premium (CLA) grant to local authorities.
- 19.10 Schools are required to account for the spending of the Pupil Premium (LAC), to monitor its impact on the achievement of the child and to share their findings with the Virtual School.
- 19.11 Cases which are complex or where there are concerns about engagement, achievement or progress are rated as having high support needs and Virtual School Advisors will attend the PEP meeting to give support and advice.
- 19.12 The Virtual School attend PEPs for children in Y6 or Y11 or for those who have a change of school in order to ensure that the maximum support is in place before exams and to aid a smooth transition.
- 19.13 All returned PEPs are reviewed to assess the level of support needed. PEP quality is monitored through a thorough Quality Assurance process (revised 2015) and a report is returned to the school. Where PEPs are inadequate, the Virtual School will make contact with the individual school and advise on changes needed.
- 19.14 Designated Teachers and staff working with cared for children are offered training and support by the Virtual School. Regular network meetings and conferences are held and staff will visit schools to observe and put individual plans in place for children who are having significant difficulties.



Cared For Children Panels

20.0 Within the service there are currently three panels related to cared for children. Each panel has a different focus but all have the common purpose of ensuring each placement is delivering the right outcomes for each young person and is the right fit.

20.1 **Complex Needs Panel** keeps track of some of the most complex cases. The panel also acts as a review point for social workers to provide updates and agree future funding and new review dates. The panel provides challenge to ensure the best plans are in place and that placements do not 'drift'.

20.2 **Permanence Tracking Panel** meets monthly and covers all new placements, family finder, family placements, Section 20 and care leavers. This panel comprises managers, IRO, Commissioning, Virtual School and Placements and allows information to be shared, issues to be addressed and a thorough knowledge of each young person.

20.3 **Children Causing Concern** is a relatively new panel whose purpose is too track children and young people who have:

- 3 or more placement moves
- Low attendance
- Youth Offending

- 20.4 The aim is that by identifying those children who may not have complex/high cost needs but who are matching some of the indicators that we know are likely to lead to poor outcomes – low educational attainment and becoming NEET post-16 – we can further understand some of the contributors to these issues and find ways to address them.

Transition

- 21.0 The importance of effective pathways and care planning for our cared for children with complex needs transitioning to adulthood is fully recognised. However, in practice, the actual experience of that journey for individuals is not always positive and planned well. In 2014-15 a transition policy and protocol for all partners was developed to put in place new arrangements for the transition of young people as they move between the ages of 14-25. The first steps included the establishment of a Transition Operational Group to hold lead professionals to account for effective transition and help overcome barriers.

- 21.1 The joint adult and children's social care funded transition co-ordinator post has worked hard to bring this group together to ensure that effective joint working across Children's, Adult and Health Services fully support young people with special educational needs and disabilities (SEND) and their families prepare for adulthood and achieve positive life outcomes. It is important that services explore more joined-up working practices in order to ensure a smooth transition for young people in their transition to adulthood.

Transport

- 22.0 The overall cost of placements for cared for children should include the cost of transport required for travel to school, contact and social worker time / cost of travel. A strong, local market (ie within 20 miles) ensures that additional costs associated with travel are minimised. Analysis of the options available when sourcing an external agency placement should include the cost of travel.

- 22.1 All the tendered regional frameworks for Residential and Fostering have clear expectations in the core cost specification for agencies to include all the transport costs with a 40 mile radius for residential and 20 mile radius for IFA.

22.2 In 2016-17 a review of home to school transport will be undertaken which will encompass transport for cared for children.

Report Writing

23.0 Individual Placement Agreements (IPA) are a key component to enabling a successful placement. This is the document that sets out the agreed outcomes that the provider is to support the young person to achieve. The IPA is the only legally binding document the local authority has with the provider that specifies agreed outcomes and financial detail such as pocket money, savings etc, being clear at the start of the placement about what is expected to be achieved ensures everyone knows what they are working towards.

23.1 IPAs are completed promptly within the placement finding process. This enables quality assurance visits and social workers statutory visits to have clear direction through an IPA that contains bespoke outcomes for the individual child and a clear rational and timescale for any agreed additional services – ensuring no additional financial surprises once the placement commences.

23.2 Work is underway to look at raising the standard of all our IPA's and speeding up the timescales by adapting Liquid Logic so information submitted as part of the placement request / referral is easily transferred to the IPA providing a clear range of outcomes that only need specifics adding based upon the particular provider.

23.3 Workshops are planned during 2016/2017 to support our workforce to achieve high quality referral requests and clear and concise IPA's.

Quality Assurance Visits

24.0 The framework for quality assurance visits has been reviewed to ensure that its coverage is rigorous and joined up with the collaborative approach being led by Placements North West. In January 2015 the approach to quality assurance visits started to include Voice for Children alongside Commissioning. These joint visits have continued and proved highly effective in ensuring the voice and eyes of the young person is central to the visit.

24.1 Prior to the QA visit information is collated from family, social workers, IRO, Virtual School and any other professionals who are linked to the young person. This information may be opinions on what is going well, concerns or contract issues. This information is shared with the provider. Likewise feedback is gathered from the provider and fed back to CE.

24.2 Work is underway to review the QA format, streamlining the existing form and ensuring it is more child / young person focused. If Ofsted, Reg 44 and Social Work & IRO Care Plans are all used effectively the purpose of the QA visit should be about the young person's outcomes and how these are being met and reviewed and progressed.

24.3 A commitment has been made to ensure at least one QA visit per year.

Quality and Value for Money

25.0 Directing limited resources to our most vulnerable children in the most cost effective manner is critical. This requires the whole system and the sufficiency duty in its widest sense to be effective. It is vital that the current budgetary control over external agency placements is maintained in order to allocate maximum resources to children and young people priority areas.

25.1 The earlier that effective influence over required outcomes, quality assurance and negotiations within placement finding takes place the better.

25.2 When a placement is being considered and the provider / home has not been utilised in the past then a short joint visit by social worker and Commissioning is undertaken to gain assurance around quality and start the process of negotiation re price and package of support.

25.3 Commissioning should be fully involved from the earliest possible stage of placement finding in order to support the negotiation surrounding cost and quality when real influence can be applied.

25.4 In order to challenge providers on the cost of existing placements a clear rationale is deployed which includes the current quality of placement, care planning and benchmarked rates of other similar provision (and in some cases the price secured by other Local Authorities for the same placement). An effective negotiating strategy ensures that challenge to providers is productive whilst retaining positive ongoing relationships.

25.5 The external agency placement for cared for children have a formal, binding contract in place. This provides legal standing to the standards of service required, including safeguarding

responsibilities and ensure rigour to the delivery of excellent outcomes within core cost specifications. All cared for children providers are now required to complete an annual safeguarding self-assessment form that is evaluated jointly with commissioning and an independent safeguarding chair. The annual self-assessment will be tested through the programme of compliance visits.

25.6 A key element to the quality assurance of external agency placements is the statutory Ofsted inspection framework. Cheshire East, as far as possible, look to utilise provision that is rated as good or outstanding. The Authority does not consider inadequate provision when placement finding. The Ofsted rating of all our external agency placements is reported and discussed on a monthly basis at Complex Needs Panel.

Development and successes to date include

26.0 We successfully aligned our Cared for Children and Care Leavers Strategy 2015 -2017 with the strategic Children and Young People's plan and service plan for Children's Social Care ; and include the New Belongings action plan so that we have an inclusive child's journey.

26.1 We have continued to build on our suitable accommodation strategy and increase the level of supported tenancies as well as multiple housing options. Our ambition is to offer a choice of two placements to all. This is a high priority for us and we will to work closely with Voice for Children, housing and commissioners to continue to improve our offer; Ignition has supported this development.

26.2 We have improved the numbers in Employment education and training there is still much work to do if we are to have all our young people meaningfully engaged/ supported with EET. We have councillor support and the Care Leavers forum actively engaged as the vehicle to steer this forward.

26.3 We widened the support to 25 years across all services, social care, health, offending and educational support. Young people have indicated a range of services that they would benefit from if they received continuity of support. We will seek to extend the core offer including support to those who offend post 18 years.

- 26.4 We continue to develop a protocol with DWP for timely access to benefits, and reduced sanctions. Although changes in key personnel have impacted on the ability to achieve desired outcomes, the work is in progress this as it remains priority for our young people
- 26.5 We have improved the range of housing and support to ensure suitable housing options for 16 and 17 year olds, whether independent, supported or semi-independent. Cheshire East continues to be a named local authority on the North West Leaving Care framework contract which offers a good range of options across the North West (split into 3 geographical zones). In recent years there has been an increase of semi-independent group living provisions being developed across the North West as this is seen as a good step towards independence for young people. The choice of semi-independent group living accommodation is good with two new semi-independent group living properties (one in Macclesfield and one in Middlewich) to complement the existing provision in Crewe. This provides a much better spread of appropriate accommodation in the right locations. Our cared for children tell us that they feel happy and confident in their ability to play a full role in their communities when the choice of accommodation includes locations they feel are their communities. Crewe and Macclesfield represent the home community for 67% of our cared for population and are the places where young people wish to remain into adulthood.
- 26.6 In order to facilitate good planning and decision making for those young people experiencing accommodation difficulties a service has been now developed in partnership with Crewe YMCA to establish two emergency beds for 16 – 18 year olds. This service opened in September 2014. In 2015-16 we utilised the 2 emergency beds flexibly to provide accommodation and support when young people are released from custody. Cheshire East has evolved this provision into collaboration between Cheshire local authorities and Cheshire Police for PACE beds. Discussions are currently ongoing to develop emergency bed provision in Macclesfield.
- 26.7 Residential and IFA Provider Forum – after successfully developing the CE Provider Forum we are now collaborating with Warrington, Halton and Cheshire West and Chester to co-deliver a joint Provider Forum, making good use of time, skills and knowledge.

In Conclusion

- 27.0 In many respects, the sufficiency duty is being met and considerable improvements have been made over the last 12 months to the whole system that works to deliver excellent

outcomes for our children in care through good quality / value for money placements that are close to home, however, plans are in place to further improve the position.

- 27.1 It is important that the actions identified in this Sufficiency Statement are monitored on a quarterly basis to ensure the improvement journey continues and the changes to the number / profile of children in care and the internal / external accommodation market provide appropriate influence on future actions.
- 27.2 The key to performance in this area is ensuring the levels and quality of accommodation for children in care across the market is maximised. The right placement at the start and the stability for children is the key to performance against the sufficiency duty. All our actions should focus on high quality outcomes for our cared for children, their voice should be loud and influence the way we work towards good quality, stable placements that are value for money.
- 27.3 Decision making should reflect the importance of effective early help for children and families and this continuing across the whole life course. Continuous reflection and effective decision making that is sustainable across the lifetime will provide excellent outcomes for our children in care.

Proposed Actions

This action plan will be updated and added to on a quarterly basis.

Placement Process		Lead:
Action:	Timeframe	Comments
Quality: to ensure the quality of placement requests is of a high standard through training and development workshops, sharing of good practice and constructive challenge		
To ensure all professionals are aware of and work towards the referral pathway, ensuring commissioning are involved at the right point to allow discussions and negotiations (where appropriate)		
Placement Ending – ensuring all placements have notice given in a timely manner that is clear and agreed – both by the provider and CE		
Undertake a home to school transport review (including cared for children) Reviewing all contracts to ensure all T&C's are being consistently met		
Market Management		Lead:
Action:	Timeframe:	Comments:
Development of a good quality local market through individual meetings with existing and potential providers and working in collaboration across the North West and beyond.	Ongoing	
Continue to develop the Provider Forum and the work / communication that happens between meetings ie via Children Homes and Police meetings (CHAPS)	Ongoing	
Collaboration with Warrington, Halton and Cheshire West and Chester to develop links with the		

providers via a shared forum		
Quality Monitoring	Lead:	
Action:	Timeframe:	Comments:
Further development of the quality assurance process by inclusion of the NW CSE self-assessment / evidence framework.		
When IPAs are periodically refreshed outcomes should be updated and description enhanced (incl. internal residential provision)		Commissioning / Social Worker working together to improve the quality of IPA's with SMART Outcome
Pre Placement Visits with commissioning, social worker and following agreement that the placement is suitable the young person		
Quality Assurance Visits – ensuring every placement has at least one visit per year and using this information to inform practice and service delivery		
Fostering	Lead:	
Action/Outcome:	Timeframe:	Comments:
Strong business continuity		
Target the recruitment drive for CE fostering and adoptive carers with a particular focus on specialist skills, recruiting carers for complex needs, sibling groups and adoptive carers for older age children etc.		
Challenge practice to ensure all FC are being well matched with children and young people, ensuring needs are met through in-house provision, not external IFA's		
Develop a campaign to spread the FC word through our workforce		
Developing appropriate support and training for FC and young people if placements begin to disrupt		
16+	Lead:	
Action/Outcome:	Timeframe:	Comments:
A Care Leavers accommodation and support strategy that builds on the success of New Belongings and market management to date is		

compiled / implemented.		
Continue to develop a range of provision / support that improves independence and secures sustainable accommodation for care leavers beyond the age of 18		
Continue to support Staying Put and Staying Close		
Develop the support available to all young people post 18		
Continue to build upon the Pathway Plan review and use this knowledge to inform commissioning		
Residential	Lead:	
Action/Outcome:	Timeframe:	Comments:
To work with the successful provider to deliver the new residential provision		
To continue to review provision against demand and work with providers to encourage new provision if appropriate		
Work with the NW region to address shortages, especially for key cohorts (i.e. 11-15 year olds)		
Unaccompanied Asylum Seekers (UAAS)	Lead:	
Action/Outcome:	Timeframe:	Comments:
To develop plans to ensure appropriate accommodation for UAAS		

PERFORMANCE MANAGEMENT SCORECARD FOR CARED FOR CHILDREN'S ACCOMMODATION

Key performance measures to supplement those included in service scorecards:

		2016-2017					
		Q3	Q4	Q1	Q2	Target	Comment
1	Actions in published sufficiency statement reviewed					Qtly review	
2	% of cared for children accommodated beyond 20 miles					10%	
3	% of cared for children in external agency placements that are rated good or outstanding					100%	
4	Number of cared for children in external agency placements rated inadequate					0	
5	Average weekly cost of external agency placements: Residential IFA					£2800 £760	
7	% occupancy level for internal residential					95%	
8	Contracts in place for external agency placements					100%	
9	Individual Placement Agreements for external agency placements which provide bespoke outcomes for cared for children					100%	
10	At least one compliance visit undertaken pa for each cared for child in an external agency placement					100%	

Appendix 1

Commissioning Managers Action Plan 2015/16 Report of Outputs

The following document provides a report into the outputs of the North West Commissioning Managers Meeting against its agreed action plan running from July 2015 to July 2016

Action	Regional Lead	Outcome
Delivery of a Leaving Care Contract	PNW / Tameside	A North West Regional Leaving Care Contract was implemented in 2015/16 with all 22 participating LAs contributing to its development and quality evaluation.
Staying Put	All	<p>A series of 3 provider engagement events were held with IFAs to scope out challenges in implementation for staying put and the regional position statement.</p> <p>Results were fed back to SLSVC which allocated a response to the challenges to the After Care Forum</p>
Leaving Care Quality Assessment Programme Pilot	PNW	<p>A pilot into a more robust approach to assessing quality of providers was held with 6 providers and assessed by a select group of commissioning managers as a task and finish group</p> <p>While the pilot was largely seen as successful, it has not been taken forward, as the quality gaps identified in the leaving care market in the tender necessitated a revision off the minimum standards and a more intensive re-assessment process absorbing the regional resource.</p>
Collaborative Monitoring	Trafford	<p>There has been limited uptake of the use of the collaborative monitoring document sponsored by Trafford, despite broad sign up.</p> <p>A simplified approach of just collecting where LAs have visited and where they intent to go has had limited success with only 12 LAs reporting completed visits. There are LAs who are monitoring provision who are not participating in this process.</p>
Monitoring of CSE implementation in Residential provision	LAs operating residential contracts	This action was rolled forward from 2014/15 and relates to a coordinated audit by LAs of 2 providers each of compliance against the CSE service specification implemented in the 2014 residential frameworks. While some LAs reported incorporating the monitoring into their standard provider review, no further bespoke monitoring was reported centrally by those LAs who had not assessed their allotted 2 providers.

Development of sub-regional and regional sufficiency statement / gap analysis	Halton / PNW	<p>This activity was supported by a sub-group which met in early 2016 before quickly being absorbed into the broader devolution agenda. An early draft for LCR was brought to July commissioning managers before it was further worked up for planned presentation to LCR DCS in November 16</p> <p>GM plans, remain in draft but are named in the LAC workstream for devolution.</p> <p>North and South are pending and should be rolled into the plan for 2016/17 for a NW perspective.</p>
Adoption Commissioning	Salford / PNW	Initially allocated to Wirral this action was picked up by Salford who act as the commissioning representative at the NW ALB and has acted as an advocate for involvement of commissioning in the strategic planning of the new RAAs. Salford have acted as the link between the ALB and the Commissioning Managers Meeting.
ARG & Post Adoption Support	Salford / STAR/ PNW	While unallocated in the initial plan, this was picked up by Salford in July 2016 to develop a collaborative framework for adoption support. This will be rolled over into the 2016/17 action plan with the benefits of a clear lead and body of work established.
Education Contract	PNW / Wigan	The establishment of an education framework for Independent and Non Maintained Schools progressed well in early 2016 establishing agreement on an approach and a process. Work stalled due to capacity issues and will need rolling forward in to 2016/17 with a clear calendar for action.
Trial of PBR	Sefton	No activity was delivered against this target.
SEND Reforms -1. Personal Budgets 2. Mediation and Disagreement Service 3. Market Development	Manchester Halton Liverpool (Merseyside sub-group) CCG input	While work has been ongoing locally there has been no regional reporting to date.
Learning Opportunities	PNW	Agreed to be rolled forward in to 2016/17 a learning event has not been delivered in 2015/16 though key workshops have been identified.
Specialist assessments for public law proceedings		The meeting mapped out common areas of need but no lead authority has emerged to take this forward.

By virtue of paragraph(s) 1, 2 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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