

Corporate Parenting Committee

Agenda

Date: Tuesday, 21st January, 2020
Time: 4.00 pm
Venue: Committee Suite 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.

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

1. **Appointment of Chairman**

To appoint a Chairman of the Committee.

2. **Apologies for Absence**

To receive apologies for absence.

3. **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.

4. **Minutes of Previous meeting** (Pages 3 - 8)

To approve the minutes of the meeting held on 12 November 2019.

5. **Corporate Parenting Update from Elected Members**

To receive a verbal update from members of the Committee.

6. **Input from Children and Young People**

To receive an update on participation with children and young people.

Contact: Julie Zientek
Tel: 01270 686466
E-Mail: julie.zientek@cheshireeast.gov.uk

7. **The Health of Cared for Children and Young People Annual Report 2018-19 (Deep dive on Pledge 4 - Improve health and wellbeing)** (Pages 9 - 28)

To consider the above report.

8. **Outcome of Cheshire East Ofsted Inspection of Local Authority Children's Services (ILACS)** (Pages 29 - 50)

To consider a report and receive a presentation on the findings and next steps from the recent Ofsted Inspection.

9. **Corporate Parenting Update and Scorecard** (Pages 51 - 60)

To consider the update report and corporate parenting scorecard for quarter 2.

THERE ARE NO PART 2 ITEMS

Membership: Councillors R Bailey, J Barber, M Beanland, J Buckley, C Bulman, P Butterill, S Edgar, K Flavell, S Holland, J Saunders (Vice-Chairman) and M Warren

CHESHIRE EAST COUNCIL

Minutes of a meeting of the **Corporate Parenting Committee**
held on Tuesday, 12th November, 2019 at Committee Suite 1,2 & 3,
Westfields, Middlewich Road, Sandbach CW11 1HZ

PRESENT

Councillor J Saunders (Vice-Chairman, in the Chair)

Councillors J Barber, M Benson (for Cllr Edgar), J Buckley, C Bulman,
P Butterill and S Holland

Officers in attendance

Kerry Birtles, Head of Service: Cared for Children and Care Leavers
Karen Chan, Service Manager: Cared for IROs
Keith Martin, Head of Service: Children with Disabilities and Fostering
Steve Nevitt, Service Manager: Placement and Resources
Mark Palethorpe, Acting Executive Director of People
Laura Rogerson, Headteacher, Virtual School for Cared for Children
Kate Rose, Head of Service: Children's Safeguarding
Julie Zientek, Democratic Services Officer

27 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors R Bailey, M
Beanland, S Edgar, K Flavell, D Flude and M Warren.

28 DECLARATIONS OF INTEREST

There were no declarations of interest.

29 MINUTES OF PREVIOUS MEETING

RESOLVED – That the minutes of the meeting held on 17 September
2019 be approved as a correct record.

30 CORPORATE PARENTING UPDATE FROM ELECTED MEMBERS

The Vice-Chairman reported that she had attended a drop in session on
the care leavers celebrations, which had been interesting and informative.

Councillor C Bulman reported that she and Councillor K Flavell had met
with Laura Rogerson, Headteacher of the Virtual School for Cared for
Children, to find out how they would be able to help.

31 INPUT FROM CHILDREN AND YOUNG PEOPLE

The Head of Service for Children with Disabilities and Fostering reported that a young person had been involved in the development of an agenda for the Children's Trust.

32 VIRTUAL HEADTEACHER'S ANNUAL REPORT (DEEP DIVE ON PLEDGE 2 - IMPROVE EDUCATION, EMPLOYMENT & TRAINING)

The Committee considered the Virtual Headteacher's Annual Report, which presented an overview of the operation and impact of the Virtual School during 2018-2019.

The Virtual School had continued to support all cared for children and to continually review its operation to ensure it was meeting its statutory duties while providing effective support. Cared for Children were making good progress overall. The overall number of children had continued to rise and there were more children with a high level of Special Educational Needs.

In response to points raised by Committee Members it was reported that:

- All Cheshire East Cared for Children who did not attend schools in Cheshire East had a plan in place and a named advisor, and the Virtual School ensured that they received the support they needed.
- A specialist attendance officer had been in place since May, and support was being offered to friends and family in order to encourage an improvement in the attendance of Cared for Children.
- Attendance of foster carers at training sessions had been quite low and additional support for foster carers was being considered. However, in general children in foster care had high attendance at school, which may explain why foster carers were not attending training.
- Apart from children with high level medical needs, who required time out to receive treatment, the level of really worrying attendance was no different to any other school.

RESOLVED – That the Virtual Headteacher's Annual Report be endorsed.

33 INDEPENDENT REVIEWING OFFICER (IRO) ANNUAL REPORT 2018-19

The Committee considered a report providing information about the performance and practice of the Independent Reviewing Officer Team in relation to the monitoring and review of care planning in Cheshire East. It also reported on the role of the Independent Reviewing Officer in relation to Quality Assurance through the Practice Alert and Dispute Resolution Policy.

A separate report had been produced specifically for cared for children and young people, reflecting the areas of performance of most interest to them.

In addition to the information contained in the report, and in response to questions from Committee members, officers stated the following:

- The social work teams were now stable and it was hoped that there would be a reduction in the percentage of reviews and pathway reviews being rearranged. In the next report, Members would be provided with more information regarding the reasons why it was necessary for reviews to be rearranged.
- The decrease in the number of consultations returned from Health and Education colleagues and parents was concerning. One of the workstreams was considering how the return rate of consultations could be improved.

RESOLVED - That the report be endorsed.

34 UNREGULATED PLACEMENT PROVISION

The Committee considered a report regarding the Council's use of unregulated placements for young people aged sixteen and over, which was increasing.

Unregulated provision was not subject to any regulatory framework, and there had been increasing national, political and press concern regarding the use of 16+ supported accommodation. Following a Notice of Motion submitted to Council, a letter had been sent to the Children's minister recommending the introduction of a regulatory framework for 16+ accommodation.

There were a number of areas of good practice in Cheshire East, including Ignition Panel and the supported lodgings scheme. There were also plans to improve the level of support offered to the most vulnerable young people through the development of Bespoke.

Cared for Children placed in Cheshire East by other local authorities would continue to be monitored, and if placements were inappropriate they would be referred back to their home authority.

The Committee welcomed the positive report and the work of the Ignition Panel, which had been established in January 2016 to give Cared for Children and Care Leavers more choice and ownership with regard to their accommodation arrangements.

RESOLVED – That Corporate Parenting Committee notes:

- 1 the contents of the report, as set out in Appendix 1;
- 2 the recommendation to the Children's Minister to tighten regulations around 16+ accommodation.

35 **CORPORATE PARENTING UPDATE REPORT**

The Committee considered a report providing an update on national and local developments in relation to cared for children and young people and care leavers. The report aligned with the pledges of the Corporate Parenting Strategy.

The Appendices to the report detailed the options available for Members to become involved in Corporate Parenting and the November Children's Rights Month challenges, which had been designed to give an insight into the issues that children and young people faced every day.

Highlights included:

- The children's and young people's work in developing the 'Language that cares – changing the way professionals talk about children in care' being shortlisted for the 'children in care' category of the Children and Young People Now Awards.
- Closer relationships with employers in the borough, including Chromalloy in Crewe.
- Recommissioning of short break services for children with disabilities.
- Support for children and young people to apply for either Citizenship or EU Settled Status.
- Liberty Protection Standards.
- Transition for young people with Autism.

RESOLVED: That

- (a) The report be noted.
- (b) Corporate Parenting Committee Members be requested to complete the proforma in relation to Elected Member Options for Corporate Parenting Engagement, as set out in Appendix 1 to the report.
- (c) Corporate Parenting Committee Members be requested to consider taking part in the November Children's Rights Month challenges, as set out in Appendix 2 to the report.

36 EXCLUSION OF THE PUBLIC AND PRESS

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

37 CORPORATE PARENTING UPDATE REPORT

The Acting Executive Director of People briefed Members of the Committee on the Ofsted inspection of Cheshire East Council's children's services, which was underway. The inspection would review the quality of the support provided to children, young people, and their families at early help and prevention, child in need and child protection, cared for and care leavers' services, and education for vulnerable pupils.

The meeting commenced at 4.00 pm and concluded at 5.50 pm

Councillor J Saunders (Vice-Chairman, in the Chair)

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Working for a brighter future together

Corporate Parenting Committee

Date of Meeting: 21 January 2020

Report Title: The Health of Cared for Children and Young People Annual Report, 2018-19

Portfolio Holder: Cllr Kathryn Flavell, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report summary

- 1.1. This report outlines the delivery of health services to children in the care of Cheshire East Council (CEC) during the period from 1 April 2018 to 31 March 2019, in line with National Statutory Guidance ('Statutory Guidance on Promoting the Health of Looked after Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England.' 2015). It reviews performance indicators, clinical work undertaken by the Wirral Community Health and Care NHS Foundation Trust Cared for Children Health Team, service improvements and plans for further development.
- 1.2. The aim of the Cared for Children Health Service is to ensure that children in the care of Cheshire East Council have their health needs identified and addressed. This includes the provision of a detailed, high quality initial health assessment (IHA) when received into care and a statutory review health assessment (RHA) annually for children over five years of age and 6 monthly for those under five years of age.
- 1.3. The team works in partnership with Cheshire East Council and local health providers to ensure that appropriate services are developed and maintained to continue meet the health needs and improve the health and wellbeing of all cared for children and young people originating from the South Cheshire Clinical Commissioning Group area. In Cheshire East, Looked after Children are referred to as Cared for Children. For the purposes of this report the terms are synonymous.

2. Recommendation/s

2.1. Corporate Parenting Committee is recommended to:

- 2.1.1. Note the contents of the report.
- 2.1.2. Scrutinise the Health Annual Report set out at Appendix 1.

3. Reasons for Recommendation/s

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

4. Other Options Considered

- 4.1. None; this is an annual report.

5. Background

- 5.1. This annual report aligns with Pledge Four within the Corporate Parenting Strategy 2018-20, '***We will improve health and wellbeing outcomes***'
- 5.2. The Clinical Commissioning Groups also has a statutory duty to comply with requests from a Local Authority to help them provide support and services to cared for children and young people which promote their health and well-being.

6. Implications of the Recommendations

6.1. Legal Implications

- 6.1.1. Legal advice will be sought, as appropriate, upon all relevant emerging issues.

6.2. Financial Implication

- 6.2.1. There are no direct financial implications of this report.

6.3. Equality Implications

- 6.3.1. There are no equality implications as a result of this paper.

6.4. Human Resources Implications

6.4.1. There are no direct human resource implications of this report.

6.5. Risk Management Implications

6.5.1. 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.

6.6. Rural Communities Implications

6.6.1. There are no direct rural communities' implications of this report.

6.7. Implications for Children & Young People/Cared for Children

6.7.1. The contents of this report have implications for cared for children and care leavers, who are some of Cheshire East's most vulnerable children.

6.8. Public Health Implications

6.8.1. There are no direct implications for public health.

6.9. Climate Change Implications

6.9.1. There are no direct implications for climate change.

7. Ward Members Affected

7.1. 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.

8. Consultation & Engagement

8.1. None.

9. Access to Information

9.1. Appendix 1 – The Health of Cared for Children and Young People Annual Report, 2018-19.

10. Contact Information

10.1. Any questions relating to this report should be directed to the following officer:

Name: Shan McParland

Job Title: Designated Nurse Looked After Children and Care Leavers

Email: shan.mcparland@nhs.net

ANNUAL REPORT TO: Cheshire East Corporate Parenting Board FOR INFORMATION

Report of: Shan McParland Designated Nurse Cared for Children
Subject/Title: The Health of Cared for Children and Young People
Annual Report: April 2018 – March 19

“Evidence from research, shows that looked after children and young people share many of the same health risks and problems of their peers, but often to a greater degree. They can have greater challenges such as discord within their own families, frequent changes of home or school, and lack of access to the support and advice of trusted adults. Children often enter the care system with a worse level of health than their peers, in part due to the impact of poverty, poor parenting, chaotic lifestyles and abuse or neglect. Longer term outcomes for looked after children remain worse than their peers, as they face greater challenges related to long-term health, social and educational needs.”

(Statutory Guidance on ‘Promoting the Health and Well-being of Looked after Children, DFE, DH, 2015)

Purpose of the report

This report outlines the delivery of health services to children in the care of Cheshire East Council (CEC) during the period from 1 April 2018 to 31 March 2019, in line with National Statutory Guidance (*‘Statutory Guidance on Promoting the Health of Looked after Children: Statutory Guidance for local authorities, clinical commissioning groups and NHS England.’ 2015*). It reviews performance indicators, clinical work undertaken by the Wirral Community Health and Care NHS Foundation Trust Cared for Children Health Team, service improvements and plans for further development.

The aim of the Cared for Children Health Service is to ensure that children in the care of Cheshire East Council have their health needs identified and addressed. This includes the provision of a detailed, high quality initial health assessment (IHA) when received into care and a statutory review health assessment (RHA) annually for children over five years of age and 6 monthly for those under five years of age.

The team works in partnership with Cheshire East Council and local health providers to ensure that appropriate services are developed and maintained to continue meet the health needs and improve the health and wellbeing of all cared

for children and young people originating from the South Cheshire Clinical Commissioning Group area.

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

1. The Responsible Commissioner

NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups are the responsible commissioners of health services for cared for children who are taken into the care of Cheshire East Local Authority. When cared for children are placed out of area it is the responsibility of Cheshire East Local Authority as lead agency to notify health as stakeholders to ensure that these children and young people maintain access to relevant health services. This includes the originating Clinical Commissioning Group and the receiving Clinical Commissioning Group where the child or young person has been placed (Department of Health 2015).

2. Payment by Results

The Department of Health, with NHS England, Monitor, the Royal Colleges and other partners, has developed a mandatory national currency and tariff for statutory health assessments for looked-after children placed out of area. The Payment by Results tariff aims to improve both quality and access to services, and to ensure resources are available to meet local demand. Further development and implementation of the Payment by Results tariff for statutory health assessments has been continued by the Looked After Children and Care Leavers Administrator during 2018-2019.

3. NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups have a process in place whereby prior to payment of invoices for cared for children placed out of area, assurance is provided through the provider service who quality assure all completed Review Health Assessments (RHAs). All cared for children placed in Cheshire East from other local authorities have a health assessment completed upon request.

4. During 2018-2019 progress has been made in achieving the priorities set in last year's annual report and there will be a continued focus on further developing the service during the coming year. Priorities were identified as follows, with updated position in bold italics:

- Review of the Strengths and Difficulties Questionnaire pathway to ensure the completed scores inform the annual health assessment and care planning. (<https://www.sdqinfo.com/>) (see Paragraph 64) ***Update – this is a piece of work being undertaken jointly with Local Authority colleagues and a review and refresh of the Strength and Difficulties Questionnaire pathway is in progress.***

- Strengthen the process for maintaining oversight of all our children and young people placed out of area. ***Update – a database of all cared for children is now held within the Specialist Health team which identifies those children placed out of area. A system for maintaining oversight of these children and young people has been developed and will be further reviewed during 2019-2020.***
 - Completion of Self Audit by Provider teams in line with commissioning standards: This will be used to benchmark current services provided against commissioning standards and identify areas where improvement/development is required. ***Update – audit tool and commissioning standards completed for use during 2019-20***
 - Quality visit to Provider services to be completed by the Designated Nurse: This will serve to provide assurance to the Clinical Commissioning Groups that the services provided meet statutory requirements. ***Update – completed and further development of this process in line with updated commissioning standards to continue in 2019-20***
 - Review of the reporting arrangements by the Provider teams to the Clinical Commissioning Groups: To enable the collection of qualitative data to support numerical data already collected and improve the understanding of the unique needs of our children and young people in care. ***Update – A new quarterly report template has been created that requires submission of a range of qualitative data in addition to numerical data already submitted as part of the Safeguarding Assurance Framework. Reporting in this format will commence in Quarter 1, 2019-20.***
 - Strengthening of training arrangements: ***Update – ongoing action.***
 - Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015): ***Update – ongoing action.***
5. The following information provides assurance regarding the outcome indicators relating to health through the work of the Designated Nurse Looked after Children and Care Leavers, undertaken on behalf of NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups.

Key Performance Indicators

6. Initial Health Assessments

It is a regulatory requirement throughout England for each cared for child to have a comprehensive health assessment and a health care plan in place prior to the first Looked after Children Care Plan review (which takes place

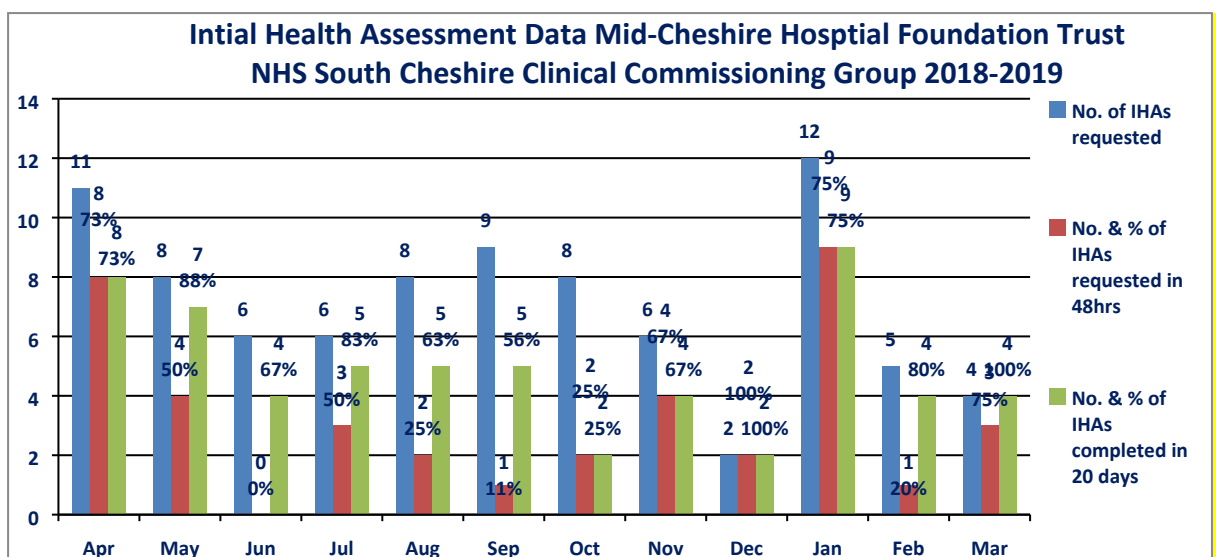
at 20 working days from entry to care). The Initial Health Assessments are completed by Paediatricians.

7. Children in the Care of Cheshire East Council originate from either NHS Eastern Cheshire Clinical Commissioning Group or NHS South Cheshire Clinical Commissioning Group area. Children originating from NHS South Cheshire are generally seen for their Initial Health Assessment at NHS Mid Cheshire Hospital NHS Foundation Trust, and children originating from NHS Eastern Cheshire are seen at NHS East Cheshire NHS Trust. The quality of completed Initial Health Assessments is monitored by the Designated Doctor for Cared for Children and any quality concerns are raised directly with the practitioner who completed the assessment.
8. The Designated Doctor provides annual training for the doctors in the department and provides supervision on a 1:1 basis if needed. Any training grade doctors performing Initial Health Assessments will receive training and supervision before and after completion of the assessment to ensure a good quality assessment. The Designated Doctor has received Level 4/5 safeguarding training.
9. There has been a shared Initial Health Assessment pathway in place for use by health and social care practitioners since 2013. The pathway includes details of the timescales for notification by Children's Social Care to community paediatricians to ensure Initial Health Assessments are completed within statutory timescales. Timely notification to health services is crucial to support the completion of high quality health assessments for children coming into care within statutory timescales.
10. Monthly information relating to Initial Health Assessments has been submitted to the Clinical Commissioning Groups by both NHS Mid Cheshire Hospital Foundation Trust and NHS East Cheshire Trust as part of the Safeguarding Assurance Framework.
11. There continues to have been variable performance in the timeliness of requests by Cheshire East Council for the completion of Initial Health Assessments during 2018-2019 (triggered by a notification that a child has entered care). In the event of a late request being received by the Trust, every effort is made to ensure that the Initial Health Assessment is still completed within 20 working days (**see Graph 1 and 2**). This will remain a priority area of focus and partnership working will continue throughout the coming year to identify and address the reasons for late Initial Health Assessment requests.
12. Prompt completion of Initial Health Assessments is essential to ensure timely identification of a child/young person's health needs and when delayed there is the risk that health issues remain unaddressed. There is a potential for this risk to increase when a child is placed a considerable distance outside Cheshire East. Work has taken place to review the Initial Health Assessment Pathway to ensure that there is clarity regarding the arrangements for requesting a health assessment for East Cheshire cared

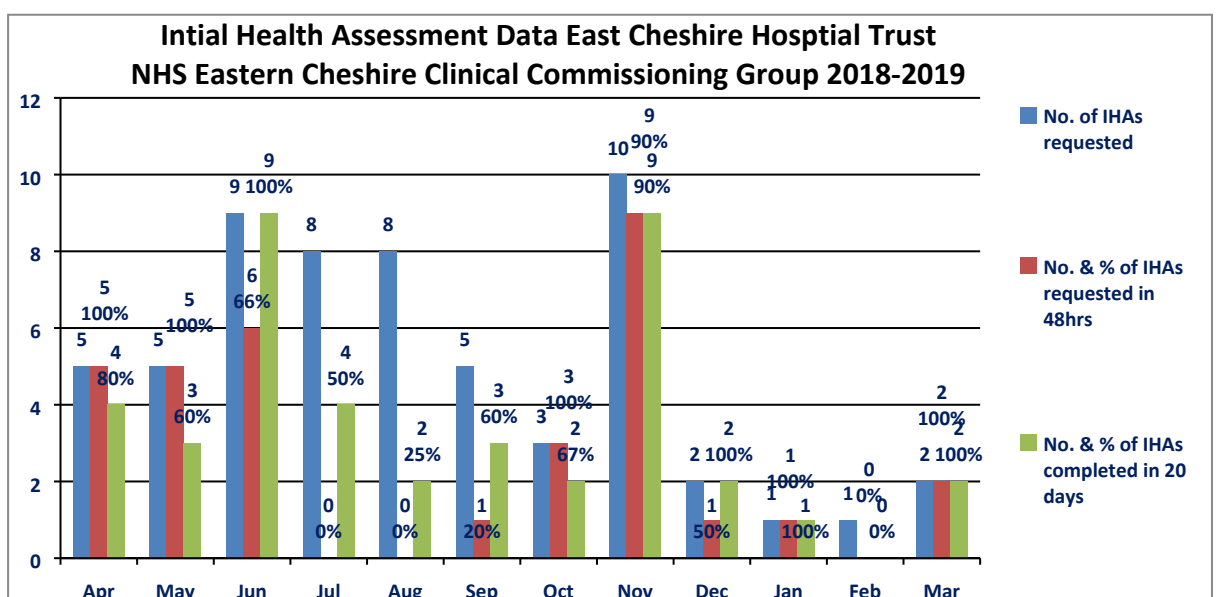
for children to other Clinical Commissioning Groups when they are placed out of area, and further work to strengthen this arrangement will continue during 2019-2020.

13. Comments submitted by the Providers indicate that the most common reason for Initial Health Assessments being completed outside of statutory timescales is due to late requests. However other reasons recorded include cancelled appointments because children have been unwell or on holiday, children declining appointments or not attending without explanation. All of these issues are brought to the attention of Local Authority colleagues and are a standing agenda item for discussion at Help Me Be Healthy Corporate Parenting Priority Group 4 meetings.

Graph 1



Graph 2



14. There is further work to do to achieve aspirations of ensuring that all children entering care are supported to have their health care needs identified and met in a timely way and this will continue to be a priority during 2019-20. The primary focus for action will be around:
- Review of the pathway to escalate late Initial Health Assessment requests which is shared across Cheshire.
 - Greater scrutiny of cancelled appointments or those that children are not brought to without explanation. Escalation of any missed appointments will be escalated to Senior Local Authority Managers.
 - Programme of education and training for social care staff and carers by health practitioners in order to ensure the Initial Health Assessment process and pathway is understood, and the relevant documentation, supporting information and referral letters are completed.

Review Health Assessments

15. Review Health Assessments may be carried out by a registered nurse or a registered midwife. The local authority that looks after the child must ensure that every child in care has an up-to-date individual health plan, the development of which should be based on the written report of the health assessment. The health plan forms part of the child's overall care plan.
16. Review Health Assessments for Cheshire East Cared for Children are generally carried out by health visitors, school nurses, family nurses and sometimes by community paediatricians (if the child has complex health needs and is already under regular review by the community paediatrician). There is a requirement for all nurses undertaking Review Health Assessments to have the knowledge, skills and competence at the appropriate levels as stated in the intercollegiate competency framework. Single agency training is provided for the practitioners by Wirral Community Health and Care NHS Foundation Trust Specialist Nursing Team for Cared for Children. Clinical supervision is also mandatory for all practitioners who are working directly with Cared for Children and /or their carers. At the end of 2018-2019, the percentage of staff trained and competent to Level 3 of 'Looked after children: Knowledge, skills and competences of healthcare staff' (March 2015) was 90%. The percentage of practitioners who had received 6 monthly supervision in line with Trust policy was also 90%.
17. Statutory timescales are in place for the completion of Review Health Assessments. This is monitored via the data included in the quarterly Safeguarding Assurance Framework provided by Wirral Community Health and Care NHS Foundation Trust. The data demonstrates that timeliness of the completion of Review Health Assessments has fluctuated for Cheshire East Cared for Children during 2018-19, with a significant improvement noted during Quarters 3 and 4 for children placed both in and out of the Cheshire East area.

18. The data in **Table 1** also demonstrates that for the first half of 2018-19, Cared for Children placed out of area were more likely to experience their Review Health Assessment being completed late. It is recognised that there is often some difficulty in influencing timescales for completion of Review Health Assessments when a child is placed in another area and a review of the escalation pathway was completed to address this issue. Through effective use of this pathway it can be seen that performance during the second half of the year was much improved and work will continue during 2019-20 to continue this improvement further.

Table 1

Cheshire East Cared for Children		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Percentage of Review Health Assessments completed in timescale for children placed in NHS Eastern and NHS South Cheshire Clinical Commissioning Group areas	2017-2018	80%	94%	79%	72%
	2018-2019	81.5%↑	84.5%↓	86.5%↑	85.6%↑
Percentage of Review Health Assessments completed in timescale for children placed outside of NHS Eastern and NHS South Cheshire Clinical Commissioning Group areas	2017-2018	67%	60%	33%	27%
	2018-2019	31%↓	45%↓	74.5%↑	79%↑

19. At the end of 2018-2019, 93.1% of children who had been in the care of Cheshire East Council for more than 12 months had an up to date Review Health Assessment (compared to 87.7% at the end of 2017-18). For those that were not completed within timescale, analysis of the contributing factors that lead to the breach is carried out to identify the areas where further work is required.
20. **Dental Checks**
It is recognised that there can be some difficulties with obtaining and reporting on dental data due to both the number of dental practices that cared for children are registered with, and the lack of a single method for collecting the information. **Table 2** below indicates the percentages of cared for children who were up to date with their dental check on 31.03.2019 and the 4 years before. Whilst it is evident that performance in this area has reduced compared to the previous year, it is probable that a proportion of this drop can be attributed to the reporting of this data. A more accurate and consistent method of reporting is being explored with Local Authority colleagues.

Table 2

Date	Percentage of Cheshire East children who have visited a dentist	National data
31.03.15	98%	86%
31.03.16	76%	84%
31.03.17	80%	83%
31.03.18	85.2%	84%
31.03.19	75.7%	85%

21. Immunisations

National statistics indicate that at the end of 2019, 87% of cared for children had their immunisations reported as up to date which was an improvement from 85% the previous year. Local data analysis indicates that on 31st March 2019, 93.7% of cared for children in Cheshire East had age appropriate immunisations. Whilst this remains an excellent achievement, it is a reduction from 95.5% at the end of the previous year and work will continue throughout 2019-20 to achieve improved performance in this area.

22. Developmental Checks

Compliance with the healthy child programme is excellent and has performance has remained at 100% for cared for children who have had a developmental check in line with national requirements.

23. Emotional Health and Wellbeing

It is recognised that there is a higher level of emotional and mental health issues amongst children and young people in care. The Strengths and Difficulties Questionnaire is a clinically validated brief behavioural screening questionnaire for use with 4-17 year olds and is the outcome measure used for tracking the emotional and behavioural difficulties of children in care at a national level. Statutory guidance states that all children aged 4-17 years old should have a Strengths and Difficulties Questionnaire completed annually. A scoring system is used following completion of this tool which can provide an indication of the emotional and behavioural wellbeing of each child.

24. At the end of March 2019 in England, the percentage of children in care with emotional and behavioural health that was considered normal was 49%, borderline was 12% and cause for concern was 38%. These figures have remained fairly stable over recent years. National data for 2018-19 will not be published until December 2019 however Cheshire East data reported at the end of March 2019 is contained within the table below.

25. **Table 3** below details the percentages of children with normal, borderline and concerning Goodman's (Goodman and Scott, 2012) strengths and difficulties questionnaires (SDQ) scores. These were completed by carers in relation to 92% of 4-16 year olds which represents a fall of 4% from 2017-18 however it is still considerably higher than the national rates reported in previous years.

Table 3

Year end	Average score	Normal range (under 14)	Borderline (14-17)	Concern (17+)
2014/2015	13.4	50%	15%	34%
2015/2016	14.6	46%	10%	45%
2016/2017	14.6	44%	3%	53%
2017/2018	14.0	48%	14%	38%
2018/2019	14.2	46%	16%	38%

26. Cheshire East Children and Families Support Team

The following information (paragraphs 26-29) has been provided by Team Manager, Children and Families Support Team:

This is a team of three social workers, two family support workers and a seconded CAMHS practitioner. The team accepts referrals from social workers within Cheshire East regarding any child, but they work more predominantly with cared for children and their carers. They offer fortnightly 'surgery' style sessions in the child in need/child protection teams to offer guidance and support to workers to help them think more therapeutically about how they engage families; they also offer them training sessions to give them skills to work using an attachment based approach. Recently they have conducted training sessions with groups of frontline family support workers around using theraplay techniques; emotionally regulating children and understanding sensory integration.

- 27.** Historically much of the work of the team has been directly with children, however the manager is post has now changed the focus to moving towards supporting carers to understand what drives the behaviours they see, how this functions for the child and so how to help children to regulate and build trust and relationships. This is all geared towards improving placement stability to prevent foster placements breaking down and children 'bouncing' around the system, which impacts enormously on their emotional wellbeing. Creating a wraparound therapeutic approach used by carers will have much greater positive impact for a child than an hour a week of therapy and this is the basis of the team's thinking.
- 28.** The team members are all trained in varying therapeutic approaches, including play therapy, psychoanalytic approaches, theraplay, DDP, sensory integration techniques and therapeutic life story work. Each practitioner uses a variety of their skills with each child/carers and receives reflective supervision to think about how this may be supporting the child, or whether we need to think differently. The team manager is trained in assessing attachment in children and adults and has brought more evidence based assessments into the team. Assessments are filmed and then used to help workers/carers visually develop a deeper understanding of children's attachment strategy and how their underlying trauma impacts on their ability to regulate. The team are also now beginning to make

greater use of sensory assessments, as the interplay between sensory dysfunction and attachment difficulties is significant, so they are working with sensory integration Occupational Therapists to help carers learn to regulate children on both levels. This enables placements to stabilise, carers to feel more competent and therapeutic work to be successful.

29. The team attend specialist training and remain up to date with their skills and knowledge. Carers and social workers are encouraged to informally speak to the team about attachment based work as well as within more formal consultations. Training is offered to key staff in schools and residential settings, which while is generally about a specific child, invariably makes attendees start talking about how they will work differently with other children, which is another positive example of the support this team is able to offer. We have also recently set up a foster carer support group which is designed not as formal training but where carers choose the topics and bring issues they struggle with – the team then help increase understanding in the sessions, giving carers take away ideas to try with their child. The team are keen to be seen as approachable as a team and not as ‘experts’ but as practitioners who bring understanding of attachment and trauma to carers who bring knowledge of a child. With this approach, shared understanding of how that child’s behaviours are their best attempt to get their emotional needs met can be achieved. Once that shared understanding exists, managing those behaviours and regulating the child becomes much easier.
30. **Cheshire East Care Leavers and Emotional Well-being.**
The following information (paragraphs 30-36) has been provided by Team Manager, Cared for Children and Care Leavers:
31. The Care Leavers Service provides advice and assistance to vulnerable Care Leavers across Cheshire East, but also to Cheshire East care leavers nationwide. This means we support people our young people whether they live in Crewe or Crawley. As of December 2019 we were supporting just over 160, 18-25yr olds. Mental Health and emotional wellbeing are massive factors for our Care-Leavers, it impacts on all aspects of their life from their relationships to their ability to live independently and manage a home. Our team identified that we support at least 50 young people that we know have a mental health difficulty that affects their day to day functioning. This ranges from low mood to personality disorders and psychosis. We also recognised that from those young people, there are 13 we deem that their difficulties are so severe that they are not fit for employment or training. Addressing and supporting their mental health is the first step to getting them involved in positive activities and hopefully into training/employment.
32. Firstly we try to support our young people in accessing support from commissioned services and their GP. However we have found that some young people are very anxious to visit their GP and we have also found that there are long waiting lists for services. For example some have waited for up to 4-6 months for support from talking therapies. Often care-leavers have very real problems which when they wish to deal with there is only a

small window of opportunity so proactive services that can pick up referrals and act quickly are really key.

33. To address this immediate need there are currently two routes in which our Personal Advisors refer for support other than the young person's GP. This is our own part-time emotional well-being Personal Advisor and a full time Emotional Well-being practitioner from Pure Insight. The team employs a Personal Advisor who works two days per week to undertake low level tier 1 work with Care Leavers. This includes mindfulness, coping strategies, alternative therapies and support to signpost to other services if required. Often they need to build a relationship with the young people first so this can initially take 2-3 visits.
34. In 2019 our emotional well-being Personal Advisor has received 20 referrals to undertake direct work. they work with up to 10 young people at any time and operates a waiting list for cases beyond this. Currently they are actively working with 8 young people. Anxiety remains a presenting issue with six of the current eight young people reporting struggling with this emotion.
35. The Care Leavers Service also receives support from a dedicated full-time Emotional Well-being practitioner from Pure Insight. This worker is funded by Cheshire Community Foundation and is additional value from our commissioned mentoring contract that we have with Pure Insight. The worker is a full time trained counsellor who will visit our care-leavers in their own home or even take them out and help them in regards to their emotional well-being. This worker also has access to x10 hours per week specialist trauma counselling provided by Beacon Counselling which is also solely available for Cheshire East Care Leavers.
36. In just over 18 months there have been 67 referrals into the worker for support. 40 have received 1:1 interventions from the psychological wellbeing worker which include; learning self-care coping strategies, learning self-regulatory skills, understanding trauma and the impact it has on physical and emotional wellbeing, understanding their own story and what impact that has on them now. Feedback from both young people and Personal Advisors is that this service has been invaluable. The worker is very proactive and compliments the Personal Advisor role. They have also stopped situations becoming a crisis and enabled young people to get support when they were otherwise faced with long waiting lists.
37. **Care Leavers Health Passports**
All young people who leave care when they reach their 18th birthday should receive a summary of their health history. During 2018-2019 the Clinical Nurse Specialist 16+ and Transitions has continued to develop an effective system for ensuring that young people are leaving care at the age of 18 years with a meaningful, relevant summary of their health history. Engagement has been successful in a large proportion of cases and has involved an innovative and constantly evolving approach to access even the most hard to reach young people. At the end of 2018-2019, there were

56 young people who reached 18 and 47 (84%) had received a Health Passport, handed to them personally by the Nurse Specialist who completed it. Feedback regarding these documents has been consistently positive.

38. There are plans to review the health passport document during 2019-2020 using the views and feedback from young people to ensure it remains relevant and useful to them.

39. **Unaccompanied Asylum Seekers**

During 2018-2019 the number of unaccompanied asylum seeking children has remained relatively steady within the Cheshire East area. It is recognised that many of these young people have experienced significant adverse life events both within their countries of origin, and during their journeys to the UK. The resulting physical, emotional and mental health needs of this group of young people can be particularly complex and specialist support services are frequently required.

40. A welcome pack has been developed by the Specialist Nurse 16+ and Transitions which provides comprehensive health advice and guidance on accessing services. Prior to use, it requires some work around presentation such as graphics and translation and this is expected to be completed during the next quarter.

41. Concerns have been identified regarding the completion of immunisations and testing for blood borne viruses for this group of young people following initial health assessments as this is an action identified for GPs to complete. On some occasions the young people are not registered with a GP at the time of the Initial Health Assessments and therefore this action is at risk of being missed. This issue is being addressed within the Help Me Be Healthy group and an audit of all Unaccompanied Asylum Seeking Children who entered care during 2018-19 will be completed during the first quarter of 2019-2020 to identify those who are still outstanding either immunisations or blood testing for Blood Borne Viruses. This has also been identified as an action to be followed up at the statutory second care plan review meeting which takes place 4 months from the date of entry to care. An audit to determine whether agreed actions have been effective will be completed during the final quarter of 2019-2020.

42. **Cheshire East Family Nurse Partnership**

The following information (paragraphs 42-53) has been provided by Family Nurse Partnership Supervisor at Wirral Community Health and Care NHS Foundation Trust. Family Nurse Partnership is a voluntary home visiting programme for first-time young mums and families, designed to help parents have a healthy pregnancy, improve their child's health and development, plan their own futures and achieve their aspirations.

43. Family Nurse Partnership in Cheshire East provides intensive support for vulnerable first-time young mothers 18 and under and 19-24 years with additional vulnerabilities. The current eligibility criteria prioritise Looked

after Children and Care Leavers up to 24. Parents are paired with a specially trained family nurse who visits them regularly; from the early stages of pregnancy potentially until their child is two. Through a psycho-educational approach and a focus on positive behaviour change, Family Nurse Partnership enables young parents to:

- Build positive relationships with their baby and understand their baby's needs
 - Make positive lifestyle choices that will give their child the best possible start in life
 - Build their self-efficacy
 - Build positive relationships with others, modelled by building a positive relationship with the family nurse.
- 44.** The clinical approach underpinning Family Nurse Partnership is strengths-based; nurses work alongside clients providing information and guidance relating to their pregnancy and parenthood informed by a collaborative New Mum Star Assessment. This stimulates an open and honest discussion that informs the way in which nurses adjust programme delivery and content.
- 45.** For many clients, a long term therapeutic relationship with a family nurse brings not only the delivery of the programme, but consistency and a positive role model that they may not have experienced before. The relationship focusses on clients' strengths but challenges constructively where necessary and helps to break patterns of negative behaviour and reduce the likelihood of families needing help from other public services.
- 46.** Family Nurse Partnership helps to control demand on local services by encouraging clients to engage with other appropriate services, managing and reducing safeguarding risks and, in cases where additional safeguarding support is necessary, ensuring that this is accessed quickly and effectively.
- 47.** 20 of the mothers on the programme over the last year have been care leavers, this is between 21 - 24% and is an 82% increase on the previous 12 months and anecdotally can be attributed to our revised eligibility criteria allowing us extend the age range and prioritise care leavers in this cohort. Half of these mothers have recorded mental ill health. This supports evidence in the Transforming Children and Young People's Mental Health in Cheshire East report 2016-2020 identifying a 5 fold risk of childhood mental health disorders in cared for children. In 6% of families the father is a care leaver and in a small number of cases both parents are.
- 48.** Family Nurse Partnership are able to work with families while children are not in their care during contact and outside of contact to be supported to try

to make the changes necessary to ensure her child is safe and protected if returned to her care.

49. In practice, the visiting pattern of 2 weekly visits is maintained during contact visits with the child, supporting the areas that have led to the child's removal. Some visits are also done outside of contact working with the client/ parents to address any issues.
50. If permanent removal is planned the family nurse will negotiate a planned end to Family Nurse Partnership care with the client, supported by the FNP supervisor.
51. Comment from a 22 year old care leaver with mental ill health and a 1 year old baby:

“having mental health as a mum can be very tiring, you’re always at war with your head, fighting every day to put on a smile because I love my son so much I don’t want him to see the pain and hurt his mummy feels.”

52. Comment from a looked after mum who has a 5 month old baby who is also a looked after child following deterioration in her mental health:

“If I’m on a low I feel absolutely horrible, if I’m on a high I feel over excited and laugh at anything. I don’t want my baby to know how I’m feeling so I’ve put her in a better place until I can be stable”

Cared for Children – Priorities for April 2019 – March 2020

53. NHS Eastern Cheshire Clinical Commissioning Group and NHS South Cheshire Clinical Commissioning Groups will ensure that their statutory roles and responsibilities for cared for children are met. Monitoring of the arrangements for commissioned health services will be maintained in order to gain assurance that all Cheshire East Cared for Children receive any health services that they need no matter whether they are placed in or out of the Clinical Commissioning Group area. The following have been identified as areas for development and action:
 - **Review of the arrangements for Initial Health Assessments:** the current arrangements for the notification of a child entering care, requesting an initial health assessment and recording completion are fragmented due to the different processes in place with different providers. This needs to be reviewed and consideration given to streamlining the process to reduce the risk of breaches of statutory timescales.
 - **Review of the Strengths and Difficulties Questionnaire strategy to ensure the completed scores inform the annual health assessment and care planning:** Best practice requires the Strengths and Difficulties Questionnaire is completed to inform the

annual health assessment process and inform individual care planning although the overall responsibility sits with local authorities to submit the data.

- **Annual Quality Assurance visit to Provider services to be completed by Designated Nurse:** This will serve to provide assurance to the Clinical Commissioning Group that the services provided meet statutory requirements.
- **Development of a tool that can be used to measure health outcomes for Cared for Children:** This is a piece of work being looked at across the North region by the Regional Looked After Children Designated Nurses Group which the Designated Nurse is a member of.
- **Review of the health summary document, and pathway for completion, for care leavers:** This is a priority area for development during the first half of 2019-2020.
- **Strengthening of training arrangements:** Undertake a training needs analysis of the multi-agency workforce to identify existing gaps in knowledge to promote delivery of statutory responsibilities and role as corporate parents. Develop a training strategy to develop interagency training across the health economy to improve the workforce knowledge and understanding of the Cared for Children and Care Leaver population.
- **Improving Services for Looked After Children as required by Promoting the Health and Wellbeing of Looked after Children: Statutory Guidance for Local Authorities, Clinical Commissioning Groups and NHS England (2015):** To increase the performance and quality of health input for cared for children and care leavers by regularly monitoring the timeliness and quality of all health assessments. To ensure that NHS South Cheshire and Eastern Cheshire Clinical Commissioning Groups and commissioned health providers across the health economy continue to meet all statutory duties for cared for children and care leavers. In partnership with the Local Authority and key partners continue to ensure that Corporate Parenting principles and overarching strategy is embedded across NHS South Cheshire and Eastern Cheshire Clinical Commissioning Groups and the wider health economy.

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Working for a brighter future together

Corporate Parenting Committee

Date of Meeting: 21 January 2020

Report Title: Outcome of Cheshire East Ofsted Inspection of Local Authority Children's Services (ILACS)

Portfolio Holder: Cllr Kathryn Flavell, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Acting Executive Director of People

1. Report Summary

- 1.1 This report updates the Corporate Parenting Committee on the outcome of the Ofsted Standard Inspection of Local Authority Children's Services (ILACS), undertaken between the 11th to the 29th November 2019, with the report being published by Ofsted on 9th January.

2. Recommendations

- 2.1 Corporate Parenting Committee is recommended to:
- a) note the contents of the Ofsted report at Appendix 1, both areas of strength and areas for development; and
 - b) receive a presentation on the findings in relation to cared for children and care leavers.

3. Reasons for Recommendations

- 3.1 The Corporate Parenting Committee, as an advisory group to Cabinet, has specific duties around cared for children and care leavers. It is important that Corporate Parenting Committee is appraised of the strengths and areas for improvement within services for these children and young people and is assured that arrangements are in place to both develop, implement and scrutinise plans that meet the areas for improvement.

4. Other Options Considered

- 4.1 None. It is important that the Corporate Parenting Committee understand the findings from the inspection to ensure that these shape future our corporate parenting strategy.

5. Background

- 5.1 All Children's Services authorities are subject to regular inspection by Ofsted. Cheshire East's last major inspection was under the single inspection framework (SIF) in July 2015, which found us to be 'requires improvement' following an inadequate judgement in 2013.
- 5.2 Ofsted published the 'new' ILACS framework in November 2017 and implemented it from January 2018. It replaced the single inspection framework (SIF) for all inspections of Local Authorities providing services for children in need of help and protection, children in care and care leavers. This again 'raised the bar' of what Ofsted expects to see as consistently good practice across all services.
- 5.3 Inspections under the ILACS framework, as with the SIF, evaluate the effectiveness of Local Authority services and arrangements, including:
- the help and protection of children
 - the experiences and progress of children in care wherever they live, including those children who return home
 - the arrangements for permanence for children who are looked after, including adoption
 - the experiences and progress of care leavers.
- 5.4. ILACS inspections also evaluate:
- the effectiveness of leaders and managers
 - the impact they have on the lives of children and young people
 - the quality of professional practice.
- 5.5 Under the SIF, Ofsted delivered a standard four-week inspection to all Local Authority services. The ILACS framework is a more complex system of inspection. The aim is to create a proportionate inspection process based on intelligence gathered throughout the year. There are three different types of inspections under the framework:
- **Standard inspection** – this covers all the services above across the levels of need and takes place over three weeks, with one week's notice and inspectors onsite for two weeks. At end of the inspection: a report is completed which gives a judgement on the quality of our

services, either outstanding, good, requires improvement to be good, or inadequate.

- **Focussed Visit** - these inspections focus on one area in particular. We had a focussed visit on cared for children and care leavers in October 2018. These inspections take place over two weeks and inspectors are onsite for two days. At end of the inspection: a letter is written which outlines strengths and areas for improvement; no overall judgement is given.
- **Joint Targeted Area Inspections (JTAI)** - these inspections are multi-agency inspections that are carried out by inspectors from multi-agency inspectorates (including Ofsted, CQC, HMICFRS and HMI Probation). These inspections look at a particular topic, which changes on a regular basis. These inspections take place over three weeks and inspectors are onsite for one week. At end of the inspection: a letter is written which outlines strengths and areas for improvement, no overall judgement is given.

5.6 Cheshire East received a **Standard inspection** in November 2019. The Inspectors involved were:

- Shabana Abasi – Lead Inspector
- Alison Smale – Inspector
- John Roughton - Inspector
- Matt Reed - Inspector
- Stephen Bentham – Inspector for Education
- Mandy Williams – Social Care Regulatory Inspector
- Nick McMullen – Senior Inspector (quality assurance)
- Kathryn Grindrod- Inspector (designate) shadowing this inspection

5.7 The methodology adopted by the inspection team was detailed, thorough, and probing. It focussed on practice within the last 6 months and included:

- Sampling a large number of children's case records.
- Discussing cases in detail with practitioners.
- Meeting or phone calls with children, young people, care leavers, parents and carers, foster carers and adopters, schools and the Head of the Virtual School.
- Analysis of key documents and data (Annex A); over 600 documents were uploaded to Ofsted's SharePoint site.

5.8 The standard inspection made judgements as set out below:

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

5.9 Areas of strength

- 5.9.1 Inspectors found that Cheshire East had made significant progress in a number of areas since the last inspection in 2015 and the focussed visit in 2018. This included a strengthened front door and improvements in the scale and effectiveness of the early help offer. Our 'edge of care' team, @ct, works intensively and effectively with families to ensure children only come into care when they need to and children a risk of exploitation receive a robust service. Permanency planning is identified at an early stage and children are supported to live safely within their birth family. The voice of the child is a strength and evident across all services.
- 5.9.2 Areas of good practice included the wealth of support offered to children and families at risk from domestic abuse. Support for children with disabilities or a plan of adoption were also identified as strengths. We have also improved our response to children who go missing or are at risk of exploitation.
- 5.9.3 There are well embedded systems for assessing, tracking and safeguarding children missing from education and those electively home educated. The Virtual School provides strong leadership, which is leading to improving outcomes for most cared for children.
- 5.9.4 Most cared for children live in homes that meet their needs and help them to make progress. Social workers and carers are attuned to their physical and emotional health.
- 5.9.5 Care Leavers know their Personal Advisors well, they are supported to learn and practice their independence skills. Their mental health and emotional wellbeing needs are effectively supported.
- 5.9.6 Social Workers know their children well and engage in creative direct work that informs their assessments and plans.

- 5.9.7 There is a strong training and development package and specific funding for additional staff. This has reduced reliance on temporary staff. Children are benefitting from consistent and committed social workers, who know them well.
- 5.9.8 Strategic partnerships are mature and responsive to changing needs in operational conditions demonstrated through areas of strong and collaborative partnership working in the front door, early help and contextual safeguarding.
- 5.9.9 There is a whole -council commitment to driving improvement for children and families. The Corporate Parenting Committee, safeguarding partnership and scrutiny function provide appropriate challenge to operational services where deficiencies are highlighted. This means senior leaders are accountable for the performance of services and experiences of children.

5.10 Areas for improvement. These are highlighted below alongside planned actions to ensure timely improvements are made.

The quality, consistency and analysis of assessments and child focus of plans

- 5.10.1 Over the last 18 months Cheshire East has been introducing a new evidence based social work model, "Signs of safety". In the short term this has led to some inconsistency in the quality of assessments and plans as early help workers, social workers and managers begin to use the new approach. Significant progress has been made in embedding the model, particularly in building trusting relationships and the quality of direct work with children and families. Implementing Signs of Safety is a journey of 4-5 years to fully implement, however this will provide the foundations of a good social work service for vulnerable children.
- 5.10.2 Further work is required to improve the consistency and quality of social work assessments and plans. This will be led by the Signs of Safety Board and improvements measured through a strengthened quality assurance framework and auditing programme.

Management oversight of cases in pre-proceedings, to avoid drift and delay for children

- 5.10.3 A small number of children suffering chronic neglect experienced delay in ensuring they were protected from the cumulative impact of neglect. They are time limited with a clear plan of assessment, support and actions required by parents/ cares to reduce risk for children. During the inspection a review of each child took place and senior managers have agreed actions to

ensure timely progress is achieved. A joint evaluation with legal services will take place by February 2020 to determine what further work is required.

The response to children in private fostering arrangements, children who are homeless aged 16 and 17 years old and care leavers who need emergency accommodation

- 5.10.4 All children and young people within this small but significant cohort have been reviewed by senior managers and we are confident that appropriate plans are in place. The accommodation offer for care leavers will be recommissioned, with the new services in place from July 2020. The specification has been amended to reflect the findings from the recent inspection.

The quality and consistency of support and engagement with foster carers

- 5.10.5 An independent review regarding the recruitment, retention, development and support of foster carers will be completed by the end of January 2020. The recommendations from this review will then be overseen and progressed by the recently established fostering review board. The review and development work will be co-produced with foster carers and progress reported to the Corporate Parenting Committee.

Management oversight and supervision in the organisation to ensure that consistent, good quality social work practice is in place

- 5.10.6 A review of how performance management information is scrutinised and understood has taken place. An evaluation of supervision arrangements, following the introduction of Signs of Safety has also been completed and recommendations will be progressed through the Signs of Safety Board. There is a plan in place to fully embed our revised quality assurance framework. This includes additional training and support for managers at all levels. The review of pre-proceedings will also include a specific focus on the role of team managers and service managers in timely progress for children, whilst ensuring all help and support has been offered to families to care safely for their children.
- 5.10.7 A more detailed action plan is under development and will be considered by the Children and Families Overview and Scrutiny Committee and the Health and Wellbeing board to be monitored and scrutinised.

6. Implications of the Recommendations

6.1 Legal Implications

- 6.1.1 A review of legal services is planned. Part of the review will look at how best to meet the needs of children's social care to ensure that there is sufficient capacity and expertise to ensure timely planning for children who are subject to the Public Law process.

6.2 Finance Implications

- 6.2.1 The ambition to ensure that children's services deliver services which are good and outstanding requires an ongoing financial commitment from the Council. Fostering allowance rates for Cheshire East foster carers are currently being considered as part of the wider fostering review. Nationally there are budget pressures around cared for children placements. This is due to the rising costs of children's homes and insufficient foster placements to meet the rising numbers of children in care.
- 6.2.2 In Cheshire East we are facing similar challenges, however the rising costs will be mitigated through the work planned to increase the number of Cheshire East foster carers, driving individual permanency plans for children and mobilisation of our commissioned Children's homes.

6.3 Policy Implications

- 6.3.1 Cheshire East is ambitious and committed to ensuring it is a great place to be young and every child has the best start in life. This is demonstrated through the Council's core priorities that people live well for longer and have the life skills and education they need to thrive. These priorities are supported and driven through the Children and Young People's plan and the Health and Wellbeing Strategy.

6.4 Equality Implications

- 6.4.1 The proposals within this report are intended to improve equality for children and families.

6.5 Human Resources Implications

- 6.5.1 Ensuring the ongoing recruitment and retention of high quality Social Workers and managers will continue to be a priority for the local authority and will require the support from HR

colleagues to deliver the strategy in relation to this. Further work is planned to review the support package for our newly qualified social workers to ensure we are strongly placed to attract the very best student social workers.

6.6 Risk Management Implications

- 6.6.1 There are reputational and financial risks of not providing good children's services. These risks are currently also included as risks for the Safeguarding Children Partnership. The Council, as the lead agency, must continue to ensure that these risks are minimised by ensuring effective plans are in place to improve where areas for development are identified.

6.7 Rural Communities Implications

- 6.7.1 There are no direct implications for rural communities.

6.8 Implications for Children & Young People/Cared for Children

- 6.8.1 Our plans intend to improve the experiences and outcomes for children and young people across the borough, in particular, those most vulnerable.

6.9 Public Health Implications

- 6.9.1 Health inequalities are linked directly to the wider determinates which will have implications for public health. The work on the indices of deprivation will support the improvement of outcomes for children and young people.

6.10 Climate Change Implications

- 6.10.1 There is a commitment to ensuring that Cheshire East cared for children live as close to their home community as possible, wherever this is safe. This will ensure that children can continue to feel connected to their families and local community. It also reduces the geographical footprint of children, families and staff as travel is reduced.

7. Ward Members Affected

- 7.1 The recommendations will affect children and young people across all areas of Cheshire East, mostly our most vulnerable.

8. Consultation & Engagement

- 8.1 We will continue to consult and engage with all our key stakeholders as we develop and implement our plans for improvement.

9. Access to Information

- 9.1 The published report can be found on the following Ofsted page:

<https://reports.ofsted.gov.uk/provider/44/80447>

10. Access to Information

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

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Cheshire East Council

Inspection of children's social care services

Inspection dates: 18 November 2019 to 29 November 2019

Lead inspector: Shabana Abasi
Her Majesty's Inspector

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

Since the single inspection framework (SIF) inspection in 2015, and the focused visit in October 2018, the local authority has made significant progress in some service areas. Arrangements in the integrated front door have been strengthened, ensuring that referrals about children for whom there are safeguarding concerns are almost always dealt with quickly and appropriately. The scale and effectiveness of the early help services has improved, enabling more children and families to access timely and appropriate support. An 'edge of care' team works intensively with families to ensure that children only come into care when they need to, and that children at risk of exploitation receive a robust service. The voice of the child is a strength. Social workers are creative in their direct work with children.

However, improvement is needed in other services to ensure that children receive a consistently good service. While initial concerns are dealt with effectively and families receive a service at the right level of intervention, the subsequent interventions are not consistently good. Some vulnerable children's situations are not improving quickly enough. Management oversight and challenge are not fully embedded in all service areas, and the quality of social work practice is too

inconsistent. There are avoidable delays in determining and implementing plans for some children, and not all vulnerabilities are fully recognised and addressed. Some children wait too long to enter care and experience a sense of permanence.

Children experiencing chronic long-term neglect, children who are privately fostered, and homeless 16- and 17-year-olds are not always receiving appropriate help. Care leavers needing emergency accommodation are not always placed in accommodation where they feel safe and have their needs met. Senior leaders and managers were not fully aware of some of these shortfalls until the inspection. Efforts to improve foster carer recruitment have not had sufficient impact and some foster carers feel poorly supported.

What needs to improve

- The quality, consistency and analysis of assessments, and the child focus of plans.
- Management oversight of cases in pre-proceedings, to avoid drift and delay for children.
- The response to children in private fostering arrangements, children who are homeless aged 16 and 17 years old, and care leavers who need emergency accommodation.
- The quality and consistency of support and engagement with foster carers.
- Consistent management oversight and supervision in the organisation to ensure that consistent, good-quality social work practice is in place.

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

1. Children and families benefit from a comprehensive and well-developed early help offer. The early help brokerage service based in the integrated front door is effective at identifying support for children and families at the right level of intervention. The quality of help and support provided builds families' resilience and improves the experiences of children.
2. When needs or risks increase, cases are stepped up appropriately from early help to children's social care. This escalation is timely and ensures that children receive more specialist support when needed. When professionals from partner agencies have concerns about children, they make appropriate contacts to children's social care.
3. The arrangements in the integrated front door are well embedded, and thresholds are consistently applied. Most contacts are dealt with effectively, but, for some, the response is not timely enough. Experienced social workers, supported by effective and prompt information-sharing by partner agencies, ensure that safeguarding concerns are responded to well. Children at immediate risk of significant harm are identified swiftly, and action is taken to safeguard and protect them. Work completed out of hours is picked up in a timely way by the day services. Parental consent issues are well understood, but are not always well recorded.
4. Where children and families may be at risk because of domestic abuse, the Cheshire East domestic abuse hub provides an effective 24-hour, seven-days-a-

week response, underpinned by access to a wealth of intervention and support services. This has led to a decrease in families needing to be referred to MARAC.

5. Most strategy meetings are timely, and information-sharing from relevant partners is considered carefully. This leads to appropriate decisions and actions to protect children. Child protection investigations are timely, thorough, demonstrate clear information-sharing and focus on risk. Designated officer arrangements ensure that concerns and allegations regarding staff and volunteers working with children are managed effectively.
6. Social workers are making good use of the local authority's preferred model of social work to identify risks and protective factors. However, assessments are not of a consistent quality. While the majority are detailed and identify risk, in some cases this is not rigorously analysed, and the impact on the child is not fully considered. This lack of sharpness in assessments results in child in need and child protection plans that lack specificity. Plans are not always clear about the outcome desired or timescales for their completion, and some plans are overly focused on adult need. This means that actions to address risk and improve children's welfare are not always as effective as they should be.
7. Multi-agency reviews take place regularly for children subject to child in need and child protection processes. They are well attended by partners, who collaborate effectively to evaluate progress.
8. When children in need, including those in need of protection, are identified as being at increased need or risk, they are appropriately stepped up to higher levels of intervention. However, in some cases, there is a delay in reaching this decision due to social workers and managers over-estimating parents' capacity to change. In some instances, social workers' and managers' decisions to step down cases are based on an over-optimism regarding parental change that is informed by perceptions of improved compliance, rather than any significant or sustained change for the child.
9. Pre-proceedings work to try to achieve positive change for children and to avoid the need for them to come into care is not consistently timely. Some children's cases are managed within public law outline processes for too long without sufficient management oversight and review to decide whether alternative action needs to be taken to protect them. While no children were found to be at immediate risk, a small number of children were left in neglectful situations for too long.
10. Children are seen regularly, and social workers speak knowledgeably about their children and understand them very well. Social workers are creative in their direct work with children, using pictures and play to develop meaningful relationships to understand their world.

11. Management oversight of frontline practice is not consistently effective. It does not always demonstrate that it is driving plans to ensure that actions are timely and that children's life experiences improve within a timescale that is right for them. While most social workers receive regular supervision, this is not always sufficiently analytical or reflective.
12. The quality of help and protection offered to children by the disabled children's team is a strength. Social workers use a wide variety of communication methods to ensure that children's needs inform assessments. This leads to strong planning and bespoke packages of support for children and families.
13. The response to vulnerable children is not consistent for all groups of children. When young people present as homeless, there is not a sufficiently robust response to ensure that their needs are fully identified, that they are appropriately supported, or that they are made aware of their right to become looked after. Consequently, a small number of young people remain in situations of vulnerability. The response to children privately fostered is variable. Their needs are not always thoroughly assessed, and a lack of planning does not ensure that their need for permanence is addressed promptly or that they are appropriately safeguarded and supported.
14. Children at home or in care who go missing, or who are at risk of exploitation, receive robust, well-coordinated multi-agency responses that reduce risks and help protect them. The weekly missing from home and exploitation meeting is used to coordinate effective intelligence sharing, which enables swift identification of young people at risk of exploitation. When children go missing, return home interviews offered by a commissioned service are detailed and carefully consider push and pull factors. The information gathered is used effectively to inform safety planning.
15. There are well-embedded systems for tracking, assessing and safeguarding children missing education and those electively home educated. The local authority has plans to further develop relationships with parents within the electively home educated community. The Cornerstone behaviour provision is an effective early intervention model which has resulted in no primary exclusions.

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

16. When there are immediate safeguarding concerns or risks, the local authority makes good use of its legal powers to safeguard and protect children. However, when risks are chronic rather than acute, the identification of risk and decisions to take children into care are sometimes too slow. This means that a few children remain in harmful

situations longer than they should and can enter care in an unplanned manner.

17. Where children are placed with parents under a care order, assessments and support plans are appropriate. However, some children remain on care orders at home for too long. Delays in discharging care orders mean that children are subject to statutory involvement longer than they need to be. The local authority is addressing this by tracking all children subject to care orders at home to support appropriate and timely discharge applications to court.
18. Children and families benefit from a responsive and intensive edge of care service, provided by the @act team. The team works creatively and flexibly in building on strengths to support families to improve outcomes for children, reduce risks and enable families to remain together. Where children are unable to remain in the care of their parents, family network meetings are held promptly to identify potential carers. Children who are unable to return to their birth families are supported to live with kinship carers or connected persons, including under Special Guardianship Orders (SGOs).
19. Children in care are seen regularly and alone by their social workers. Social workers can clearly articulate children's needs, identify their risks and vulnerabilities and describe their personalities. Children are supported by purposeful and creative direct work, which informs assessments and plans.
20. The quality of assessments and care plans is not yet consistently good. Assessments are not routinely updated to reflect changes in children's circumstances, and needs are not fully informing care planning. Written plans are not always sufficiently specific in identifying the child's needs and the support necessary. However, when spoken to, social workers are better able to articulate the focus of the support.
21. Children are well supported to make meaningful contribution to their reviews; advocacy and the need for independent visitors is considered within the reviews. Reviews are child focused and well attended and they measure the progress of children's plans. However, challenge by the independent reviewing officers (IROs) is not consistently effective. It does not always provide the level of critical evaluation required to progress children's cases with clarity and pace.
22. Consideration is routinely given to permanence planning from an early stage. However, in some cases this is not facilitated within timescales that are right for the child. Some children's cases are not presented to court at the earliest opportunity. For some children, proceedings are taking too long to be completed, because of the local authority either not complying

with court directions or with court-directed independent expert reports. Consequently, permanence is not achieved quickly enough for some children.

23. The local authority is a member of Adoption Counts, the regional adoption agency, and is being well served by these arrangements. It is benefiting from a steady increase in the number of approved adopters, which is supporting effective and timely family finding and matching. For most children whose plan is adoption, permanence is achieved in a timely manner. Decision-making for adoption is thorough and well documented. Post-adoption support for children is strong, and effective use is made of the adoption support fund to identify packages of support for children's individual needs. Most child permanence reports and life-story work are of a good standard.
24. Most children are living in placements that are meeting their needs and helping them to make good progress, including those children placed out of area and in specialist provision. When placements become fragile, stability meetings are held promptly to identify what further support and intervention is needed for children and their carers. Young people are supported to stay with their foster carers beyond their 18th birthdays when this meets their needs and wishes.
25. Social workers and carers are attuned to children's physical and emotional health and well-being. Children can access therapeutic support via CAMHS or other specialist providers. There are good multi-agency services to respond to child exploitation and children who go missing. Transgender children are very well supported to ensure their physical and emotional needs are met.
26. Sufficiency of in-house foster carers is a known service challenge. The number of approved fostering households has reduced and recent attempts to improve recruitment has not had the impact the local authority had hoped for. The quality of foster carer assessment is good. The IRO for fostering is providing an effective level of challenge to ensure that carers continue to meet the fostering standards. Foster carers reported that they have access to a range of good training, which supports them in caring for the children in their care.
27. A significant group of foster carers have raised a series of concerns over a period of time and during the inspection about the support they receive from the local authority. Inspectors found that foster carers were not always well supported and that, in some cases, working relationships were at risk of breaking down. Senior leaders are aware of the issues, and a much needed independent review of the fostering service planned prior to the inspection is underway.

28. The virtual school provides strong leadership, which is leading to improving outcomes for most children. The virtual school's focus on the attendance of children in care has led to improvements in both primary and secondary. The virtual school has an accurate understanding of the work needed to ensure that children's outcomes at key stages 2 and 4 are improved. Personal education plans are variable, and some lack specific targets for improvement, and, therefore, do not effectively support educational planning.
29. Care leavers are supported by personal advisers (PAs) who know them well and see them regularly, but the frequency of visits is not tailored to individual needs. Transitions between teams are sensitively managed. All care leavers have up-to-date pathway plans which are reviewed regularly. However, the involvement of care leavers in the development of their plans is inconsistent. Young people are supported to learn and practise independence skills. Young people's health, including mental health and emotional well-being needs, is supported effectively through a variety of health professionals, universal and specialist commissioned services. Care leavers do not routinely receive copies of their health histories. PAs and the specialist NEET worker support young people to access education, employment and training. The number of young people aged 17 to 18 in education, employment and training is in line with national figures. For those aged 19 to 21, the figure is better than the national average.
30. The local authority has strengthened its accommodation offer for care leavers. Young people who wish to move to independence benefit from attendance at the Ignition panel, and they have the opportunity to discuss their individual accommodation needs. Most care leavers live in suitable accommodation. However, a very small but significant cohort of the most vulnerable care leavers could be exposed to risks when placed in the local authority's chosen temporary accommodation. Care leavers who spoke with inspectors had poor experiences of being placed in emergency accommodation and described not feeling safe. Senior leaders already have credible plans to address the issues raised.
31. Support for unaccompanied asylum-seeking children is effective. Immediate action is taken to safeguard and protect them. Practice with these young people shows good cultural awareness in finding suitable accommodation and wider support networks.
32. The contribution of the children in care council to service design and development includes corporate parenting strategy, the care leaver survey, and new services such as sexual health and residential services. Children in care and care leavers have contributed to the development of the pledges to children in care and care leavers.

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

33. There has been significant improvement in practice in some but not all areas identified in the SIF inspection and the 2018 focused visit. Core areas of social work practice still require further improvement following the introduction of the local authority's chosen social work model to ensure that children and families get a consistently good response. These include children's assessments, plans, recording of decision-making, management oversight, and case supervision.
34. There is a whole-council commitment to driving improvement for children and their families, and this is demonstrated through the significant investment in increasing workforce capacity, the early help offer, commissioned services and edge of care support.
35. The corporate parenting committee, safeguarding partnership, and scrutiny function provide appropriate challenge to operational services where deficiencies are highlighted. This means that senior leaders are held accountable for the performances of services and the experiences of children.
36. Strategic partnerships are mature and responsive to changing needs in operational conditions. This is demonstrated in: strong and collaborative multi-agency work; early help services; the integrated front door; the edge of care service; and strong contextual safeguarding arrangements.
37. Senior leaders are open to external scrutiny and respond positively to critical challenge. They use this to inform and direct improvement activity. However, this approach has not been comprehensive, meaning that some required improvements have not been identified or addressed. The senior leadership is aware of the variability of social work practice and has plans in place to address this through the implementation of their practice model. The impact of this variability for some children means that their needs are not fully identified or effectively met.
38. The local authority's self-evaluation recognised some of the strengths and areas of improvement identified during this inspection. However, some areas of weaker practice found during the inspection were not identified in the self-evaluation. Senior leaders were not fully aware of, for example, the quality of oversight of children within pre-proceedings, response to private fostering arrangements, or 16- and 17-year-old homeless and care leavers needing emergency accommodation. Checks and balances that are currently in place have not always 'caught' this weaker practice.
39. The local authority undertakes regular audit activity, and an audit tracker enables senior managers to have oversight of the findings, learning and progress of identified actions to improve practice. Leaders recognise that audits are over-optimistic and are not sufficiently evaluative in balancing the importance of

compliance with an analysis of the quality of social work practice and impact for children. The moderation process is not embedded and does not provide a realistic appraisal of the quality of practice.

40. Management oversight and supervision in the organisation does not provide sufficient challenge or reflection to enable staff to recognise deficits in practice and improve social work practice.
41. Senior leaders and managers have access to an array of comprehensive performance information. Monthly and quarterly reports provide analysis of performance and identify areas of focus. This has improved compliance in most areas of performance. However, performance information is not always scrutinised sufficiently to provide critical challenge of all services.
42. A strong training and development package and specific funding for additional staffing have enabled the local authority to increase workforce capacity and stability, reducing reliance on temporary agency staff. Children benefit from consistent and committed social workers who know them well. Social workers develop strong and trusted relationships with children and their parents.
43. Some social workers have higher caseloads than the local authority would want. These are monitored regularly by managers. For a small number of social workers, the volume and complexity of their workloads has meant that they have to prioritise work, resulting in drift in progress for some children.
44. The local authority's approach to increasing the skills of its workforce is well established. Training is strong and valued by staff, and there is a clear and well-supported career pathway.



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Working for a brighter future together

Corporate Parenting Committee

Date of Meeting: 21 January 2020

Report Title: Corporate Parenting Update Report and Scorecard

Portfolio Holder: Cllr Kathryn Flavell, Portfolio Holder for Children and Families

Senior Officer: Mark Palethorpe, Acting Executive Director of People

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. It also updates members on performance measures in quarter 2 of 2019-20.

2. Recommendation/s

- 2.1. Corporate Parenting Committee is asked to:
 - 2.1.1. Note the contents of the report.
 - 2.1.2. Scrutinise areas where expected levels of performance are not being met in the scorecard at Appendix 1.

3. Reasons for Recommendation/s

- 3.1. The Corporate Parenting Committee is an 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 needs 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

- 5.1. This update report aligns with the pledges of the Corporate Parenting Strategy.
- 5.2. Children Social Care received a 3 week Inspection of Local Authority Services (ILACS) in November 2019 and the final report will be published on 9th January 2020.

6. Quarter 2 Corporate Parenting Scorecard

- 6.1. The Quarter 2 Corporate Parenting Scorecard is attached at Appendix 1. In relation to those measures RAG rated red:

Measure P3.1 - Number of cared for children in internal foster care

6.1.1 Cheshire East entered into the fostering collaboration, Foster4, in 2018. On the 18th November 2019 a new marketing campaign was launched which resulted in an uplift in expressions of interest and positive initial visits being undertaken.

6.1.2 Cheshire East are also at the implementation phase of the Mockingbird model. This initiative is being developed together with the Fostering Network and we are hoping this will be an addition to Foster4 in attracting potential new foster carers to join us on our journey.

Measure P3.2 - Number of cared for children in external foster care

6.1.3 Where children are unable to be accommodated in house and need a fostering environment, these homes are commissioned from the independent market. We ensure that quality and cost is robustly scrutinised and any opportunities to place children back into internal fostering provision utilised, where appropriate.

Measure P3.4 - % cared for children placed over 20 miles from home address (Cheshire East and out of borough)

6.1.4 Where cared for children reside at a distance from Cheshire East we ensure that they receive the same level of service to those children living in the borough. In the main these arrangements are made with good matching and when children are being placed for adoption or with extended family members.

Measure P3.5 - % of cared for children with a plan for permanence endorsed at 2nd review

6.1.5 We have seen a drop in the number of children with an endorsed plan of permanence at their second review. For a small number of larger families (who then impact significantly as a percentage), this is due to delays in the Court process leading to a delay in achieving permanence for children as there remain ongoing assessments. For a number of the other children, we have tried to work with the family appropriately outside of the Court arena, but have unfortunately needed to issue Care Proceedings at which point Court directed assessments have resulted in plans of permanence not being able to be achieved at the 4 month stage. A number of these children are however with family members where they will remain long term so the impact upon them is minimal.

Measure P3.17 - average number of days between placement order and match with adoptive family (A2 national indicator)

6.1.6 Nationally there are challenges in recruiting new adopters, however the vast majority of Cheshire East children with a plan of adoption are placed with Adoption Counts carers.

6.1.7 By the end of Q2 2019/20, 10 children had achieved permanence by way of adoption. In Q2 of 2018/19, 7 children had achieved permanence by way of adoption. Therefore despite some delay in children moving to their adoptive families following the making of a Placement Order, more children are achieving adoption year on year.

7. Pledge 1 - Being a Good Corporate Parent

Star Celebrations

7.1. On Sunday 24th November 2019 Cheshire East held the annual star celebration event at Tatton Park. The theme of the event was princesses and pirates and many of our children, young people, family members and carers dressed up for the occasion. Officers and members supported with the day which was a huge success and celebrated the many achievements of our children and young people. As ever we will build on the event in readiness for next year.

Engagement with Corporate Parenting

- 7.2. Officers have now provided members with a menu of activities to support in the delivery of the corporate parenting strategy. Elected members are asked to return their preferences of activities by the 6th January 2020 to be able to support functions such as attendance at corporate parenting sub groups and participating in fostering panel.

November childrens rights month

- 7.3. November childrens rights month offered cared for children and care leavers the opportunity to take over various roles such as an Engagement Officer in Cheshire Police and a Team Manager for Cared for Children. One of our care leavers completed a piece of work around the Care Leavers local offer and was supported to write a policy to support young people and professionals around transgender.
- 7.4. Many of our team donated food and personal care items to support our care leavers who are pregnant or are parents, which were well received.

8. Pledge 2 - Education, Employment and Employment Outcomes

Post 16 education

- 8.1. The subgroup is focusing on achieving apprenticeships for cared for children and care leavers in and out of the Council. This is a measurable target within our corporate parenting strategy and local offer. Alongside this there is a drive to strengthen work experience opportunities within the council.

School age children

- 8.2. The sub group is also focusing on raising attainment for our cared for children and improving their outcomes. Cared for children can experience unplanned changes to their education when they come into care or during their time in care and therefore there is a greater challenge to ensure that they are supported above and beyond so that they achieve their potential.

9. Pledge 3 - Achieving Permanence and Keeping Children Safe Being a Good Corporate Parent

Achievement

9.1. For all Cheshire East children, permanence is the absolute priority. There have been some measurable outcomes in the last 12 months such as embedding the use of stability meetings, which have resulted in children having every opportunity to achieve permanence without disruption. The group however recognise that there is more to do and so have developed a new action plan to continue to target this area. The action plan will focus on training and supporting practitioners and foster carers when caring for teenagers, identifying the 'warning signs' when a placement could be becoming unstable and embedding a new Strengths and Difficulties Questionnaire (SDQ) process to better understand the emotional needs of our cared for children when they experience change.

10. Pledge 4 – We will Improve Health and Wellbeing Outcomes

Initial Health Assessments

10.1. The help me to be healthy subgroup met to refocus on the challenges identified in the completion of the initial health assessment. It has been agreed that jointly health and social care senior managers will scrutinise the data to understand why there has been a change in direction and reduction in initial health assessments being undertaken in the statutory timescales. An update will be provided to the committee in March 2020.

Emotional wellness

10.2. The subgroup also focuses on how we understand the emotional well being of our cared for children and care leavers. Pure Insights attended the meeting in November and highlighted the benefits observed from the support offered by their emotional well being worker.

11. Pledge 5 – We will prepare young people for Adulthood

Recommissioning of 16+ accommodation

11.1. Cheshire East will begin to tender for the 16+ accommodation offer in Spring 2020. The commissioning and children's teams have already begun to write the specification with children and young people in order to ensure that their experiences inform the types, locations and support made available from any future procured providers.

- 11.2. There has been a recent focus on care leavers experience of loneliness and how we can as corporate parents support our care leavers to be in touch with members of the community. Pure Insights, a commissioned provider, support many of our care leavers to be included in families and wider community events.

12. National or legislative changes

Funding Instruction for local authorities in the support of the EU Settlement Scheme

- 12.1. On the 12 November 2019 the Home Office issued guidance to local authorities in relation to the support required in securing citizenship for cared for children and care leavers from the European Union (EU), European Economic Area (EEA) and Swiss Citizens. Local Authorities have 12 months to support care leavers to apply to secure their citizenship (as has been the case historically) however can now apply to the Home Office for reimbursement of administration costs. This demonstrates further commitment from the Home Office in supporting local authorities with the costs associated with caring for UASC young people.

13. Implications of the Recommendations

13.1. Legal Implications

- 13.1.1. The government has confirmed that the local authority will make EU Settlement Scheme applications on behalf of children 'looked after' by the local authority. For other categories of children in care and care leavers, local authorities should inform relevant parties and support with applications as necessary.

13.2. Financial Implication

- 13.2.1. Local Authorities have 12 months to support care leavers to apply to secure their citizenship and can apply to the Home Office for reimbursement of administration costs.

13.3. Equality Implications

- 13.3.1. There are no equality implications as a result of this paper.

13.4. Human Resources Implications

13.4.1. There are no direct human resource implications of this report.

13.5. Risk Management Implications

13.5.1. Cared for children and care leavers are a vulnerable group that are at risk of a number of factors, including poor education and training, health, safeguarding and transition into adulthood; the Corporate Parenting Strategy prioritises these areas.

13.6. Rural Communities Implications

13.6.1. There are no direct rural communities' implications of this report.

13.7. Implications for Children & Young People/Cared for Children

13.7.1. The contents of this report have implications for cared for children and care leavers, who are some of Cheshire East's most vulnerable children.

13.8. Public Health Implications

13.8.1. There are no direct implications for public health.

13.9. Climate Change Implications

13.9.1. There is a commitment to ensure that Cheshire East cared for children live as close to their home community as possible, wherever this is safe to do so. This will ensure that children can continue to feel connected to their families and local community. It also reduces the geographical footprint of children, families and staff as travel is reduced.

13. Ward Members Affected

13.1. 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.

14. Consultation & Engagement

14.1. None.

15. Access to Information

15.1. None.

16. Contact Information

Any questions relating to this report should be directed to the following officer:

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Job Title: Head of Cared for Children & Care Leavers
Email: Kerry.Birtles@cheshireeast.gov.uk

Ref		Polarity	Stat Neigh Av	National Av	Target	Yr. end 18-19	Qu 1 19-20	Qu 2 19-20	Qu 3 19-20	Qu 4 19-20	RAG	C&YP Plan Priority	Corporate Priority
General													
G1	Number of cared for children				400-475	485	481	517			☹️	2 Feel & Be Safe	Outcome 5
G2	Rate per 10,000 cared for children		61	64		64	63	68			☹️	2 Feel & Be Safe	Outcome 5
G3	Number of care leavers					234	239	250			😊	2 Feel & Be Safe	Outcome 5
Priority 1 - Being a Good Corporate Parent													
P1.1	Number of eligible children and young people accessing advocacy services	High is Good					36	41			☹️	2 Feel & Be Safe	Outcome 5
P1.2	% cared for children reviews in timescales	High is Good			97%	91%	93%	93%			☹️	2 Feel & Be Safe	Outcome 5
P1.3	% of children and young people involved in their reviews	High is Good				96%	98%	99%			😊	2 Feel & Be Safe	Outcome 5
Priority 2 - Improved Education, Employment and Training													
P2.1	% of cared for children accessing 2-4 yr old provision (quarterly)	High is Good			90%	100%	100%				😊	5 Best Skills & Quals	Outcome 3
P2.2	Percentage of completed PEPs (Termly)	High is Good			90%		84%				☹️	5 Best Skills & Quals	Outcome 3
P2.3	% attendance at primary 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			96%	92%	91%	96%			😊	5 Best Skills & Quals	Outcome 3
P2.4	% attendance at secondary 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			96%	92%	91%	96%			😊	5 Best Skills & Quals	Outcome 3
P2.5	% of Primary pupils with less than 90% attendance (ytd)	Low is Good				7%	8%	10%			☹️	5 Best Skills & Quals	Outcome 3
P2.6	% of Secondary pupils with less than 90% attendance (ytd)	Low is Good				24%	32%	15%			☹️	5 Best Skills & Quals	Outcome 3
P2.7	Number of Permanent Exclusions 1/2 termly - Primary	Low is Good				0	0	0			😊	5 Best Skills & Quals	Outcome 3
P2.8	Number of Permanent Exclusions 1/2 termly - Secondary	Low is Good				0	0	0			😊	5 Best Skills & Quals	Outcome 3
P2.9	% of cared for children in good or outstanding schools	High is Good				82%	83%	86%			😊	5 Best Skills & Quals	Outcome 3
P2.10	Number of children living in educational/ residential provision	Low is Good				9	10	10			☹️	5 Best Skills & Quals	Outcome 3
P2.11	Number of 16-18 year olds in Care that are NEET (monthly)	Low is Good				13	14	17			☹️	5 Best Skills & Quals	Outcome 3
P2.12	Number of 16-18 year old Care leavers that are NEET	Low is Good				12	11	0			☹️	5 Best Skills & Quals	Outcome 3
P2.13	% of care leavers accessing Higher Education (University)	High is Good				10%	10%	10%			☹️	4 Being Healthy and Making Positive Choices	Outcome 3
P2.14	Number of Cheshire East care leavers in apprenticeships (18+)	High is Good					8	9			☹️	4 Being Healthy and Making Positive Choices	Outcome 3
P2.15	% 19 - 21 year Care leavers NEET	Low is Good				39%	47%	44%			☹️	5 Best Skills & Quals	Outcome 3
Priority 3 - Achieving Permanence and Staying Safe													
P3.1	Number of cared for children in internal foster care	High is Good				132	135	134			☹️	2 Feel & Be Safe	Outcome 5
P3.2	Number of cared for children in external foster care	Low is Good				133	140	147			☹️	2 Feel & Be Safe	Outcome 5
P3.3	Number of children and young people in residential care	Low is Good				33	30	31			☹️	2 Feel & Be Safe	Outcome 5
P3.4	% cared for children placed over 20 miles from home address (Cheshire East and out of borough)	Low is Good			15%	26%	27%	27%			☹️	2 Feel & Be Safe	Outcome 5
P3.5	% of cared for children with a plan for permanence endorsed at 2nd review	High is Good				74%	65%	25%			☹️	2 Feel & Be Safe	Outcome 5
P3.6	Number of children who have achieved permanence in foster care	High is Good				99	102	107			😊	2 Feel & Be Safe	Outcome 5
P3.8	Number of children that moved homes in the quarter	Low is Good					69	74			☹️	2 Feel & Be Safe	Outcome 5
P3.9	Number of stability meetings held	Low is Good					14	16			☹️	2 Feel & Be Safe	Outcome 5
P3.10	Number of children placed with parents					53	48	52			😊	2 Feel & Be Safe	Outcome 5
P3.11	Number of children in care living with Friends & Family					62	58	65			😊	2 Feel & Be Safe	Outcome 5
P3.12	% of children ceased to be looked after due to granting of special guardianship order (SGO) - year to date figure					30%	21%	16%			😊	2 Feel & Be Safe	Outcome 5
P3.13	Number of children with an adoption decision					43	38	41			😊	2 Feel & Be Safe	Outcome 5

Ref		Polarity	Stat Neigh Av	National Av	Target	Yr. end 18-19	Qu 1 19-20	Qu 2 19-20	Qu 3 19-20	Qu 4 19-20	RAG	C&YP Plan Priority	Corporate Priority
P3.14	% of children ceased to be looked after due to adoption - year to date figure	High is Good				12%	13%	16%			😊	2 Feel & Be Safe	Outcome 5
P3.15	% children who wait less than 14 months between entering care and moving in with adoptive family (This has changed to 14 months from 16 months)	High is Good				67%	44%	42%			😞	2 Feel & Be Safe	Outcome 5
P3.16	Average number of days between entering care and moving in with adoptive family (A1 national indicator)	Low is Good		558	426	339	328	392			😊	2 Feel & Be Safe	Outcome 5
P3.17	Average number of days between placement order and match with adoptive family (A2 national indicator)	Low is Good		226	121	130	138	152			😞	2 Feel & Be Safe	Outcome 5
P3.18	Average number of days between entering care and moving in with adoptive family/ foster carer who becomes adoptive family	Low is Good			426	318	328	364			😊	2 Feel & Be Safe	Outcome 5
P3.19	% of individuals aged 16-18 leaving care through independence						0%	5%				2 Feel & Be Safe	Outcome 5
Priority 4 - Improve Health and Wellbeing Outcomes													
P4.1	% of initial health assessments requested within 48 hours of coming into care	High is Good				70%	68%	75%			😊	4 Being Healthy and Making Positive Choices	Outcome 5
P4.2	% of initial health assessments completed by paediatricians within 20 working days	High is Good				67%	53%	68%			😊	4 Being Healthy and Making Positive Choices	Outcome 5
P4.3	% of review health assessments completed (ytd fig)	High is Good				91%	85%	85%			😊	4 Being Healthy and Making Positive Choices	Outcome 5
P4.4	Number of care leavers with a health passport	High is Good					80%	100%			😊	4 Being Healthy and Making Positive Choices	Outcome 5
P4.5	Number of pregnant care leavers (eligible, relevant and former relevant) 16+	Low is Good				5	4	7			😐	4 Being Healthy and Making Positive Choices	Outcome 5
P4.6	% of young people with a SDQ score of 20 or above	Low is Good				26%	27%	27%			😞	4 Being Healthy and Making Positive Choices	Outcome 5
P4.7	Number of young people where we have undertaken an emotional wellbeing screening tool						11	6				4 Being Healthy and Making Positive Choices	Outcome 5
P4.8	Number of cared for children that went missing 5 times or more (quarterly figure is 5 or more times in that quarter)	Low is Good				32	11	13			😐	2 Feel & Be Safe	Outcome 5
Priority 5 - Preparing for Adulthood													
P5.1	Number/ % of care leavers with an up to date pathway plan	High is Good				98%		98%			😊	2 Feel & Be Safe	Outcome 5
P5.2	% of care leavers in suitable accommodation	High is Good				96%	96%	97%			😊	2 Feel & Be Safe	Outcome 5
P5.3	The number of young people with a CSE plan - All Individuals					9	12	18			😐	2 Feel & Be Safe	Outcome 5
P5.4	%/ number of individuals aged 16-17 that return home to parents (ytd)					14%	33%	33%			😐	2 Feel & Be Safe	Outcome 5
P5.5	Number of individuals in staying put arrangement					12	13	12			😊	2 Feel & Be Safe	Outcome 5
P5.6	Number of individual offences committed by cared for children	Low is Good				63	5	1			😊	4 Being Healthy and Making Positive Choices	Outcome 1
P5.7	Number of cared for children offending	Low is Good					3	1			😐	4 Being Healthy and Making Positive Choices	Outcome 1