

# Inspection of safeguarding and looked after children services

## Cheshire East

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**Reporting inspector** Pietro Battista

**Age group:** All

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# Contents

<b>About this inspection</b>	<b>2</b>
<b>The inspection judgements and what they mean</b>	<b>3</b>
<b>Service information</b>	<b>3</b>
<b>Safeguarding services</b>	<b>5</b>
Overall effectiveness	5
Capacity for improvement	6
<b>Safeguarding outcomes for children and young people</b>	<b>8</b>
Children and young people are safe and feel safe	8
Quality of provision	10
The contribution of health agencies to keeping children and young people safe	14
Ambition and prioritisation	17
Leadership and management	19
Performance management and quality assurance	21
Partnership working	22
<b>Services for looked after children</b>	<b>23</b>
Overall effectiveness	23
Capacity for improvement	24
<b>How good are outcomes for looked after children and care leavers?</b>	<b>25</b>
Being healthy	25
Staying safe	27
Enjoying and achieving	28
Making a positive contribution, including user engagement	30
Economic well-being	32
Quality of provision	33
Ambition and prioritisation	34
Leadership and management	34
Performance management and quality assurance	35
<b>Record of main findings</b>	<b>37</b>

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## About this inspection

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

## The inspection judgements and what they mean

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

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

## Service information

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

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

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

## Safeguarding services

### Overall effectiveness

### Grade 3 (adequate)

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

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

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

## **Capacity for improvement**

## **Grade 3 (adequate)**

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

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

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

## Areas for improvement

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

### Immediately:

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

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

#### **Within three months:**

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

#### **Within six months:**

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

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

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

**Grade 3 (adequate)**

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

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

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

### **Quality of provision**

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

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

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

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

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

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

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

## The contribution of health agencies to keeping children and young people safe Grade 3 (adequate)

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

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

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

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

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

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

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

## **Ambition and prioritisation**

## **Grade 2 (good)**

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

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

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

## Leadership and management

**Grade 2 (good)**

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

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

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

## **Performance management and quality assurance**

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

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

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

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

## **Partnership working**

**Grade 2 (good)**

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

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

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

## Services for looked after children

### Overall effectiveness

**Grade 3 (adequate)**

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

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

### **Capacity for improvement**

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

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

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

## Areas for improvement

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

### Immediately:

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

### Within three months:

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

### Within six months:

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

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

### Being healthy

### Grade 3 (adequate)

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

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

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

## **Staying safe**

## **Grade 3 (adequate)**

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

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

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

## **Enjoying and achieving**

**Grade 2 (good)**

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

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

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

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

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

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

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

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

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

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

## **Economic well-being**

## **Grade 3 (adequate)**

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

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

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

### **Quality of provision**

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

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

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

### **Ambition and prioritisation**

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

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

## Leadership and management

**Grade 2 (good)**

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

## Performance management and quality assurance

**Grade 2 (good)**

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

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

## Record of main findings:

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