



Corporate Parenting Board

Date: Thursday, 21 January 2021
Time: 5.00 pm
Venue: A link to the meeting can be found on the front page of the agenda.

Membership: (Quorum 3)

Kate Wheller (Chairman), Richard Biggs (Vice-Chairman), Ryan Holloway, Stella Jones, Andrew Kerby, Cathy Lugg and Andrew Parry

Chief Executive: Matt Prosser, South Walks House, South Walks Road, Dorchester, Dorset DT1 1UZ (Sat Nav DT1 1EE)

For more information about this agenda please contact Kate Critchel, Senior Democratic Services Officer Tel: 01305 252234 - kate.critchel@dorsetcouncil.gov.uk



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To receive questions or statements on the business of the committee from town and parish councils and members of the public.

Public speaking has been suspended for virtual committee meetings during the Covid-19 crisis and public participation will be dealt with through written submissions only.

Members of the public who live, work or represent an organisation within the Dorset Council area, may submit up to two questions or a statement of up to a maximum of 450 words. All submissions must be sent electronically to kate.critchel@dorsetcouncil.gov.uk by the deadline set out below.

When submitting a question please indicate who the question is for and include your name, address and contact details. Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.

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AGENDA

Page No.

1 WELCOME AND INTRODUCTIONS- 17:00

The Chairman to open the meeting and note any apologies.

2 MINUTES

5 - 12

To confirm the minutes of the meeting held on 12 November 2020.

3 DECLARATION OF INTEREST

To receive any declarations of interest.

4 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public. Public speaking has been suspended for virtual committee meetings during the Covid-19 crisis and public participation will be dealt with through written submissions only. Members of the public who live, work or represent an organisation within the Dorset Council area, may submit up to two questions or a statement of up to a maximum of 450 words. All submissions must be sent electronically to kate.critchell@dorsetcouncil.gov.uk by the deadline set out below. When submitting a question please indicate who the question is for and include your name, address and contact details. Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda. Questions will be read out by an officer of the council and a response given by the appropriate Portfolio Holder or officer at the meeting. All questions, statements and responses will be published in full within the minutes of the meeting.

The deadline for submission of the full text of a question or statement is 8.30am on Monday 18 January 2021.

5 CHILDREN IN CARE AT RISK OF OFFENDING AND CUSTODY- 17:10

13 - 20

To consider a report by the Service Manager for Dorset Combined Youth Offending Service.

6 EMOTIONAL HEALTH AND WELL-BEING IN SCHOOLS AND

21 - 58

**BRIEFING ON THE EMOTIONAL HEALTH AND WELL-BEING
STEERING GROUP- 17:35**

To consider a report by Principle Educational Psychologist.

7 SUFFICIENCY STRATEGY (CHILDREN'S PROVISION)- 18:00 59 - 86

To consider a report from the Head of Commissioning.

8 CORPORATE PARENTING STRATEGY- 18:25 87 - 94

To receive a presentation on Corporate Parenting Strategy.

9 CORPORATE PARENTING DATASET- 18:35 95 - 112

To receive a report from the Service Manager for Corporate Parenting and Permanence.

10 DATE OF NEXT MEETING- 18:45

To confirm details and deadlines for papers for the next meeting of the (formal) Corporate Parenting Board which will be held on 29 April 2021.

11 EXEMPT ITEM

To consider passing the following resolution. To move the exclusion of the press and the public for items 12 in view of the likely disclosure of exempt information within the meaning of Paragraphs 1 and 2 of schedule 12A to the local Government Act 1972 (as amended).

The Live Meeting will end before Members consider the following item.

12 CLICC UPDATE AND CHALLENGE CARDS- 18:55 113 - 114

To receive an oral update from Participation People and make comment on the CLiCC Challenge and Feedback Cards.

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DORSET COUNCIL - CORPORATE PARENTING BOARD

MINUTES OF MEETING HELD ON THURSDAY 12 NOVEMBER 2020

Present: Cllrs Kate Wheller (Chairman), Richard Biggs (Vice-Chairman), Ryan Holloway, Stella Jones, Andrew Kerby and Cathy Lugg

Apologies: Cllrs Andrew Parry, Elaine Okopski DPCC, Antonia Dixey Participation people, Liz Plastow CCG

Also present: Cllr Val Pothecary, Cllr Jane Somper, Smith, Jan Hill, Martin Hill and Cllr David Taylor

Officers present (for all or part of the meeting):

Miriam M Leigh (Principal Education Psychologist), Theresa Leavy (Executive Director of People - Children), Mark Blackman (Corporate Director - Education and Learning), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Matthew Chislett (Service Manager - Corparenting Board and Permanence), Kate Critchel (Senior Democratic Services Officer), Megan Rochester (Democratic Services Officer Apprentice), Sarah Jane Smedmor (Corporate Director - Care & Protection), Lisa Reid (Consultant Quality Assurance), Simon Fraiz-Brown (Service Manager - Adolescent Services), Penny Earney (Designated Nurse for LAC), Lynn Giles (Children's Services Manager, Dorset Advocacy and Independent Visitors Service), Ann Haigh (Participation Worker, Participation People), Maddy Lewis-Smith, Karen Elliott (Head of Quality Assurance & Partnerships) and Louise Drury (Quality & Assurance)

1. Welcome and introductions

The Chairman opened the meeting and welcomed all those present and noted apologies.

2. Minutes

The minutes of the meeting held on 9 September 2020 were agreed as a correct record and would be signed by the Chairman at a date in the future.

3. Declaration of Interest

There were no declarations of interest to report.

4. Public Participation

There was no public participation to report.

5. **Independent Reviewing Officer Annual Report (2019/20) and Quality Assurance and Reviewing Officer "how to capture a child's voice in a review"**

The Executive Director for People – Children introduced the report and explained that this was an opportunity for members to hear about the important service of Independent Review Officers that hold the council to account on a case by case bases in respect of its function in relation to looked after children. A Quality Assurance Reviewing Officer was also in attendance to explain how this role was delivered at the present time and answer any questions of the Board.

The Head of Quality Assurance & Partnership set out the report and advised that it identified the context of the service, where the service was performing well and areas for further development including where urgent action was required.

As at the 31 March 2020 there were 474 children and young people in care that Dorset was responsible for and this had steadily increased during the last 12- month period. She further advised that 8% of the children in the care population were from black and minority ethnic groups which reflected the diversity of the Dorset school age population. Members were advised that sometimes children were coming into care at points of crisis in their family life where with earlier intervention this might be prevented.

It was noted that although there were some areas of good practice this was not consistent and social work practice needed to be strengthened. Members welcomed the Independent Reviewing Officers (IRO) report which was detailed and informative.

The following observations and responses were made:-

- Concern was expressed regarding the delay in receiving the report with the information available out of sync/date making it difficult for the Board to scrutinise actions. It was hoped that the report could come forward in a timelier manner in the future.
- The Independent Reviewing Officer was not responsible for defending the authority's decision or actions. That was the Board's responsibility as corporate parents to consider the issues and their lines of enquiry to deal with and address issues. In response the Executive Director for People – Children thanked members for their comments and confirmed that the situation with unregistered placements had not got worse for Dorset but a very clear plan of action was now in place to resolve these matters.
- Members welcomed that officers were working hard towards having all children back in the Dorset.
- It was noted that some of the references to SMART plan objectives were inconsistent.
- Concern was expressed in respect of the diagram at 5.15 of the report in relation to being safe and happy. In response the Head of Quality Assurance & Partnerships advised that these comments were made

around housing provision, in respect of the neighbourhood or the environment. However it was agreed that further conversations were needed to be carried out to gain a better understanding of what that means to young people. An update to a future meeting on progress was requested.

- Acknowledged the importance to focus and concentrate on early intervention into the family as a whole.
- Members were advised that the long term permanence plans should be reviewed every 6 months. Tracking meetings were held regularly to deal with this.
- The QA managers were focusing on improving and creating quicker access to review meeting outcomes.
- In response to a question regarding the number of children in care in Dorset, the Executive Director of People – Children advised that this was concerning and putting pressure on the system. There was historic lack of significant early intervention as a factor but also too many children had been drifting. Now almost 90% had Permanence Plans with children departing the council's care, but it was important that any change was the right move for them.
- In respect of large families, the Executive Director of People- Children advised that this was complex work, where it was important to see the individual child. Important to manage the risk within the family where there were more children the greater the risk to be managed.
- The Board welcomed the wish list and asked how this would be actioned, in response the Executive Director of People – Children confirmed that all the actions were within the “strengthening service plan” and these were reported to the partnership plan group monthly. A excerpt was reported to the Board with the data set information.

The Board also heard from an Independent Reviewing Officer (IRO) who explained how an IRO captured young peoples' voices particularly over the last few months during COVID. It was the IRO's role to ensure that each child was able to say what they wanted to say and explain how they engaged with them to build trusting relationships.

Decision

That the content of the Independent Reviewing Officer Annual Report be noted.

6. Financial arrangements for Children in Care and Care Leaver Finances

Members noted that as corporate parents, Dorset Council must ensure that all eligible young people leaving care must receive the financial help and support to which they were entitled. The report set out how Dorset Council financially supports those that leave care, including the provision of savings whilst children and young people were in the councils care.

The policy for all children was that there be commitment to set up a savings account and this was reviewed as part of Children in Care Review. However,

the amount to be saved was agreed between the child's social worker and the foster carers social worker.

Additionally, the ability to open a savings account was not included in the Delegated Scheme of Authority, which meant that foster carers required the specific permission of the child's social worker in order to open a savings account.

The service intended to undertake a review of existing policy and processes relating to savings for Children in Care through coproduction with Children in Care, Care Leavers and carers.

Members were further advised of the additional financial support to care leavers. Presently there was a range of financial support available through the care leavers budget to support things like housing, learning, training, documentation and emergency financial assistance. The support was currently allocated on a case by case basis as there was not a clear framework for financial entitlements. The aim was to shift financial support provided to Care Leavers from an ad-hoc basis to a consistent and equitable offer than could be easily understood by care leavers.

The Executive Director of People – Children confirmed that this was still a work in progress and members involvement in shaping the policy would be welcomed.

Members discussed the report and considered that it was important to have a fair and equitable saving system and financial support package in place. They supported the proposed approach to the review and to provide support to financial management.

Decision

- (a) That the review of existing policy and processes relating to savings for Children in Care be noted.
- (b) That the development of a Financial Support Framework for Care Leavers be support.

7. **Action for Children update**

The Board received a presentation from Lynn Giles, Action for Children setting the Dorset Advocacy and Independent Visitors report update.

This was a PAN – Dorset service providing two different elements. The Advocacy Service provided support to children and young people to ensure that their voices were heard when decisions were being made about them. The Independent Visitors role offered support, friendship, mentoring and positive activities.

Members received an update on the service provision for the period 1 December 2017 to 30 September 2020 which in particular highlighted how to service had adapted to the Covid-19 pandemic.

8. **Key Data Overview**

The Service Manager for Corporate Parenting and Permanence set out the Key Data pack and highlighted the areas that needed improvement and where progress was being made.

In respect of Initial Health Assessments that had been some issues with medical consents which had led to delays, however Dorset Council and health partners were working together to ensure better consistency in data. In terms of the Review Health Assessments there were also issues with inconsistencies and these were now being addressed

Permanence planning continued to be improved with permanence panel meetings being held fortnightly; this ensured that there was less drift and delay. Placements stability remained positive in comparison to the councils statistical neighbours and national trends. Stability or support meetings were occurring early to ensure placement stability

Members discussed the gender gap of children in care, the higher number of boys in SEND and questioned what caused this issue? Challenging how it should be addressed. It was agreed that this matter did require further discussion and exploration as it was important to consider how these children presented to the service. This matter would be discussed further at a future meeting of the Board.

In response SDQ's and the lack of initial assessments being carried out in a timely manner, the Executive Director of People - Children proposed to set up a rapid response to complete SDQ's within "teams". She stated that members were right to challenge this matter and be concerned; as this delay could not be entirely because of the Covid- 19 pandemic.

Decision

That the Key Data Overview be received and noted.

9. **Young people's Challenge Cards**

The Service Manager for Corporate Parenting and Permanence updated the Board on the Young People's Challenge cards. The following matters were raised in detail:-

- Item 1 The Transport Review outcome to be reported to the Board in January 2021.
- Item 2 Identity cards were issues, but not consistently used. Reminders would be sent to staff.

- Item 3 Officer were working with Participation People to deliver training
- Item 4 Access to records was now in place
- Item 5 In respect to Relationships with schools. It was considered that this was good and unless there was further information is was proposed that this challenge be closed.
- Item 6 Delegated Powers were considered to be no longer an issue.
- Item 8 One page profiles were being produced and this was a work in progress
- Item 9 Children in foster placements wanted to be treated as part of the family. This was on-going work re: consider the use of terminology, planning arrangements and understands the needs of the whole family.
- Item 12 Activity days for corporate parents to attend were to be arranged post Covid-19.

In response to a question, it was agreed that some of the language and terminology used on the challenge cards was difficult for young people to understand and it was agreed that this should be in the future written in plain English.

Decision

That the current position with the Challenge Cards be received and noted.

10. **Items brought forward from last formal Corporate Parenting Board**

It was suggested that future meetings of the Board should start at the later time of 5pm to support young people being able to attend. The Service Manager – Corporate Parenting and Permanence also suggested that the Board’s future membership should include a representative from the Police and a head teacher representative.

Decision

- (a) That all future meetings be held at 5pm
- (b) That the membership of the Board be amended to include a Police and Head teacher representative

11. **Urgent items**

There was no urgent items to report.

12. **Exempt Business**

It was proposed by Cllr k Wheller and agreed by the Board

Decision

That the press and the public be excluded for the following item(s) in view of the likely disclosure of exempt information within the meaning of paragraph 2 of schedule 12 A to the Local Government Act 1972 (as amended).

The public Microsoft Teams ended and the Board members moved into closed business.

13. **Unregistered placement provision**

The Board considered a report of the Corporate Director – Commissioning, Quality & Partnerships on current position regarding unregistered provision and the actions being taken.

Decision

That the position and action be noted.

Duration of meeting: 17:34pm

Chairman

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Corporate Parenting Board

21 January 2021

Children in Care at risk of offending and custody

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s): N/A

Executive Director: T Leavy, Executive Director of People - Children

Report Author: David Webb

Title: Service Manager, Dorset Combined Youth Offending Service

Tel: 01202 123815

Email: david.webb@bcpcouncil.gov.uk

Report Status: Public

Recommendation:

That the Corporate Parenting Board note and support the work being done to reduce the criminalisation and offending of children in care.

Reason for Recommendation:

To ensure that the Corporate Parenting Board are informed of the issues relating to children in care at risk of offending and of the work being done to address these issues.

1. Executive Summary

Children in Care are over-represented in the youth justice system in England and Wales. Work is being done locally to reduce the criminalisation of children in care and to prevent them entering the justice system. For those who do enter the justice system, it is important that support is in place to prevent further offending and to reduce the chances of the child progressing further into the justice system and potentially reaching custody.

The numbers of Dorset children in care entering the justice system for the first time have reduced in the last three years. There has also been a reduction in the number of children in care receiving a formal youth justice 'outcome'. No Dorset children in care have been remanded or sentenced to custody in the last two years.

2. Financial Implications

There are no financial implications from this report.

3. Well-being and Health Implications

Children in care who have contact with the youth justice system can have significant unmet, and sometimes unidentified, health needs. Section 15 of this report summarises the work of the specialist health workers in the Youth Offending Service.

4. Climate implications

No climate implications have been identified in this report.

5. Other Implications

No other implications have been identified.

6. Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk: Low

Residual Risk: Medium

7. Equalities Impact Assessment

This report does not relate to new working arrangements and therefore an Equalities Impact Assessment has not been undertaken.

It is recognised however that children in care are over-represented in the youth justice system, adding to other disadvantages experienced by this group. This report sets out some of the actions taken to prevent children in care entering or progressing through the justice system.

8. Appendices

None

9. Background Papers

None

10. Report Introduction

10.1 It has been known for some time that children in care are over-represented in the youth justice system. In 2016 the Department for Education published a review of children's residential care by Sir Martin Narey. In 2017 the Prison Reform Trust published Lord Laming's report "In Care, out of Trouble".

10.2 Lord Laming noted that Looked after children in England and Wales are significantly over-represented in the criminal justice system. In England, children in care are five times more likely to be cautioned or convicted of an offence than children in the general population. Although only 1% of children in England and 2% of those in Wales are looked after, the 2015-16 survey by HM Inspectorate of Prisons found that 37% of children in young offender institutions and 39% of those in secure training centres have experience of local authority care.

10.3 The aim of our work locally has been both to reduce the numbers of children in care coming into the justice system and, for those who do enter the justice system, to prevent progress through the system so that our children in care are less likely to enter custody.

11 Reducing the Criminalisation of Children in Care

11.1 One reason for children in care being more likely to enter the justice system is that misbehaviour in their home can lead to the police being called when similar behaviour by a child living with their family may not involve the police. In 2016 we agreed a 'pan-Dorset' multi-agency protocol for Reducing the Criminalisation of Children in Care. The principles of this agreement are that carers should only call the police when the child's behaviour poses an immediate and unmanageable risk. Otherwise the carers should seek to manage the child's behaviour themselves or, if police involvement may be needed, to consider this in 'slow time'. It had been noted that previously police were called to incidents in which the child had already calmed down, and sometimes apologised, before the police arrived.

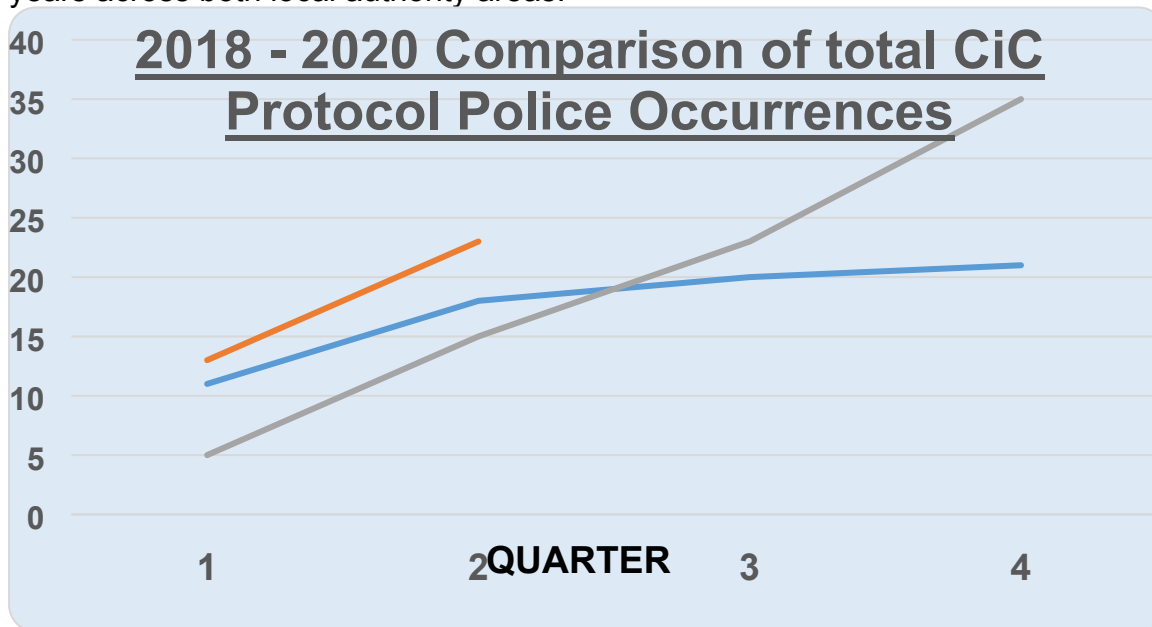
11.2 Sir Martin Narey's report in 2016 recommended a national concordat to ensure consistency in the use of police interventions at the homes of children in care. In Dorset we had already agreed our protocol and in fact the Department for Education used some aspects of the Dorset protocol when they published their national concordat in 2018.

11.3 A multi-agency group developed our local protocol and oversees its ongoing application. The group includes representatives from Dorset Police, Dorset Combined Youth Offending Service, local authority children's social care, local authority placement commissioners, the Office of the Police and Crime Commissioner, the health team for children in care and a representative of independent children's homes. The group monitors all police call-outs to children's homes and other residential settings (excluding call-outs for missing persons), checks that the protocol has been applied appropriately and agrees necessary actions to keep the protocol working well.

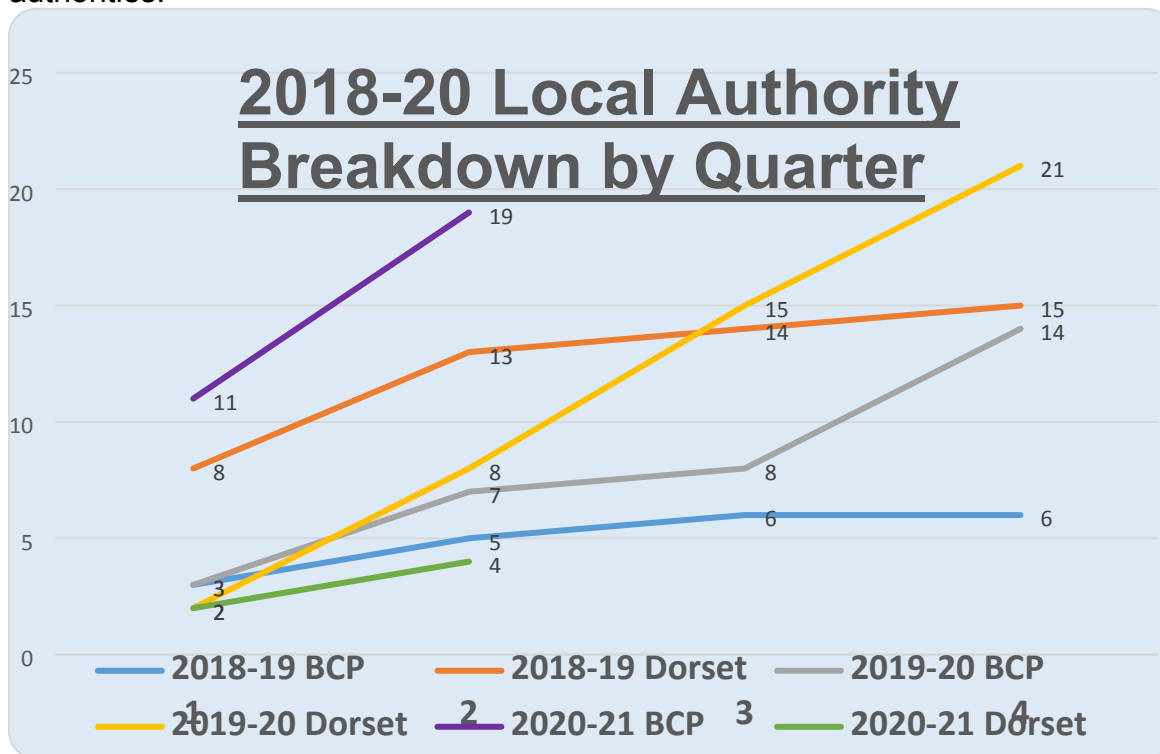
11.4 It is difficult to compare data on police call-outs from one year to the next because of changes in both the numbers of residential projects and the numbers that are known to the police and included in the reporting process. After the introduction of the Protocol in 2016 there was about a 50% reduction in police call-outs. In the current year numbers are up on the same periods in 2019 but we have added some projects that accommodate 16-17 year-olds which were previously included. It should be

noted that the group works at a pan-Dorset level and therefore considers incidents in both the Dorset and BCP Council areas.

11.5 This table shows the total number of recorded police call-outs over the past three years across both local authority areas:



11.6 This table shows the data for recorded police call-outs broken down by local authorities:



11.7 The above charts refer to numbers of call-outs to properties in each local authority area, not numbers of young people. There have been some instances of a children's home making repeated calls over a period of time in relation to the same child. Such situations are addressed by the multi-agency group with follow-up by the allocated police officer for that project.

11.8 In theory our local Protocol also applies for our children placed out of area, with placement commissioners seeking to ensure placements follow the Protocol's principles. In practice the role of the local police is crucial to the effectiveness of the Protocol and responses can vary. The publication of the national Concordat in 2018 was intended to ensure more consistency across the country but the effectiveness of local arrangements remains crucial.

12 Children in Care Entering the Justice System

12.1 Reducing the rate and number of 'first-time entrants' is a priority of the youth justice system. The definition of a first-time entrant is a child who receives a 'substantive outcome' which means a Youth Caution, a Youth Conditional Caution or a court disposal. Evidence shows that entering the youth justice system has a detrimental impact on a child's life chances. For children in care, entering the justice system can add further obstacles and difficulties for the child to overcome.

12.2 The following data table shows the total numbers of Dorset children entering the justice system in the three years to September 2020 and the numbers who were children in care when they received their caution or court order:

LAC at outcome (No of yp)	Oct 17 to Sept 18			Oct 18 to Sept 19			Oct 19 to Sept 20			Grand Total
	Female	Male	All	Female	Male	All	Female	Male	All	
No	32	89	121	21	53	74	15	50	65	260
Yes	2	4	6	1	2	3	1	2	3	12
Grand Total	34	93	127	22	55	77	16	52	68	272

12.3 This data table is slightly different from the one above because it shows the child's care status at the time of the offence rather than at the time they received the caution or court order:

LAC at offence (No of yp)	Oct 17 to Sept 18			Oct 18 to Sept 19			Oct 19 to Sept 20			Grand Total
	Female	Male	All	Female	Male	All	Female	Male	All	
Yes	5	8	13	3	2	5	4	4	4	22
No	29	85	114	19	53	72	16	48	64	250
Grand Total	34	93	127	22	55	77	16	52	68	272

12.4 The data in paragraph 12.2 shows that the total numbers of Dorset children entering the justice system has reduced over each of the last three years. The numbers of children in care entering the justice system has also reduced from 6 in the year to September 2018 to 3 in the following two years. It is reassuring that the reduction in first time entrants appears to have included children in care and may partly reflect the continuing work to avoid criminalising children in care for behaviour in their place of residence.

13. Offending and Re-Offending by Children in Care

13.1 The following table shows the total number of children in care receiving substantive outcomes for criminal offences over the last three years. This includes

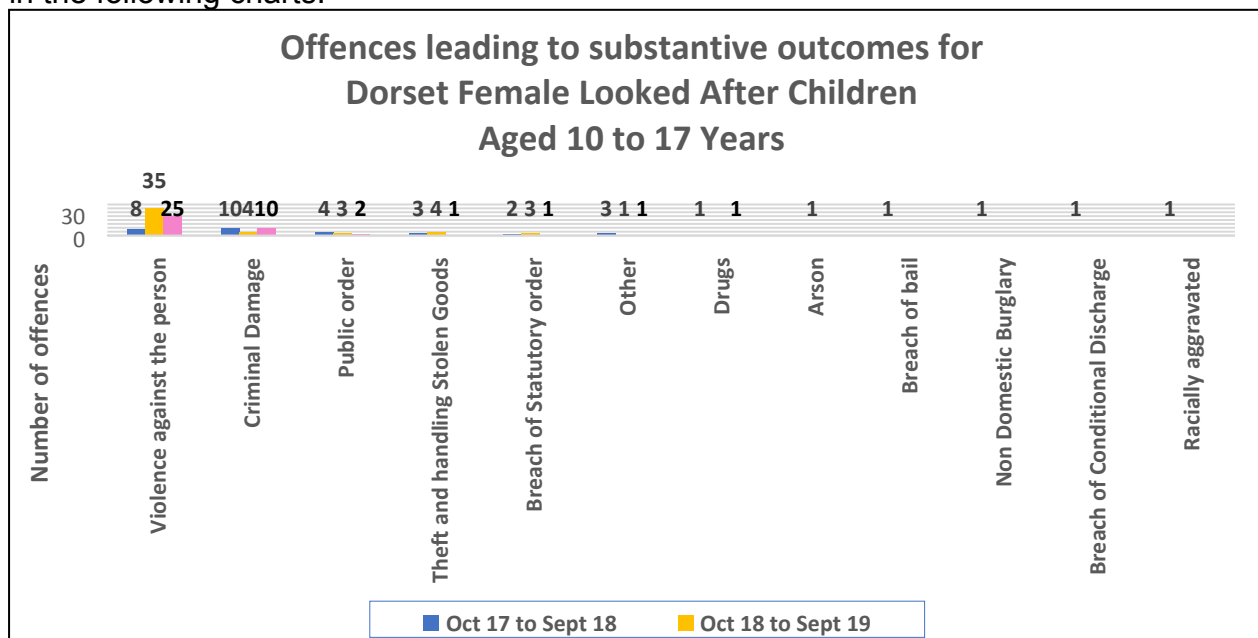
children who had previously entered the justice system:

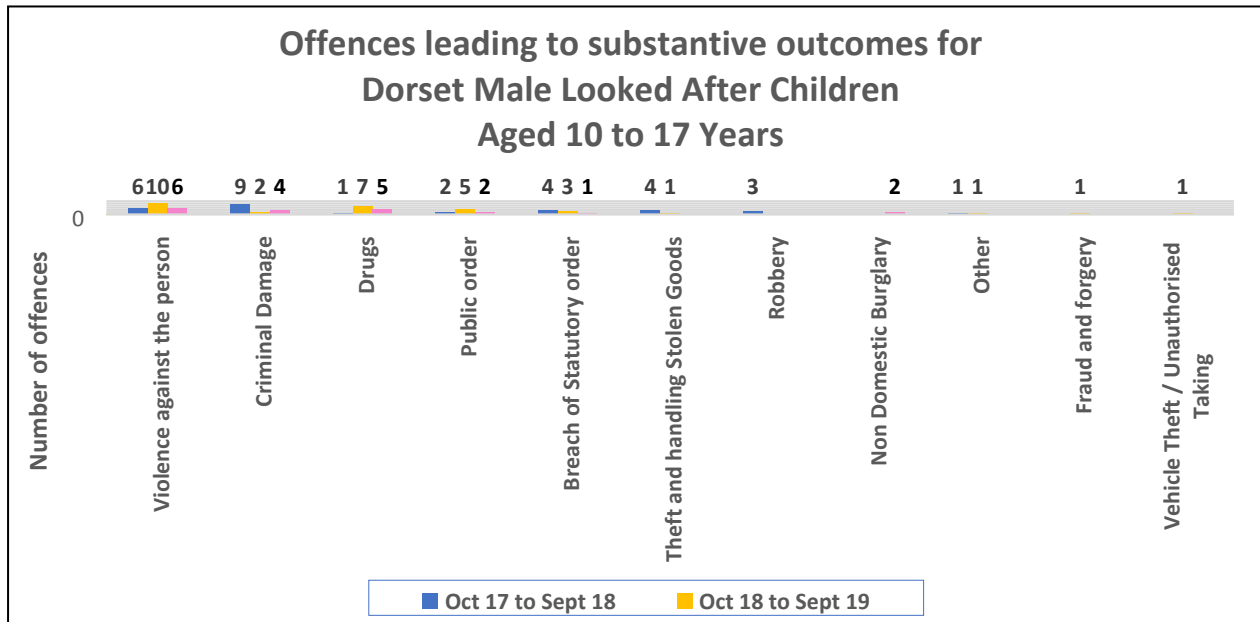
Dorset LAC receiving substantive outcomes in the period.			
Year	Female	Male	All
Oct 17 to Sept 18	14	19	33
Oct 18 to Sept 19	11	20	31
Oct 19 to Sept 20	5	9	14

13.2 It is encouraging that the numbers of children in care receiving a formal justice outcome has dropped significantly in the year to September 2020. There was a 55% reduction on the previous year.

13.3 It has previously been noted that a higher proportion of female children in care receive criminal justice outcomes compared to other female children. The total Youth Offending Service caseload usually comprises about 23-25% females. In the first year recorded in the table above, 42% of the Dorset children in care supervised by the YOS were female. This dropped to 35% in the second and third years, with a notably lower total number in the third year. Among the 5 females who received a justice outcome in the year to September 2020, one has already turned 18 and three more will do so in the next six months. The other female will turn 17 in 2021. This indicates that we have avoided criminal outcomes for younger female children in care over the past year.

13.4 The types of offences committed by female and male children in care is illustrated in the following charts:





13.5 Violence against the person (usually offences of Common Assault) and Criminal Damage are the most common offence types for both genders. It is notable though that there is a higher rate of drugs offences among the males (13 drug offences over the 3 years) compared to the females (2 drug offences over the 3 years). This is consistent with the offence patterns among the total YOS caseload.

14 Children in Care in the Justice System and the Use of Custody

14.1 As stated in the introduction to this report, evidence shows that young people in custody for criminal matters include a disproportionate number of children in care and care leavers.

14.2 There have been no custodial remands or sentences for Dorset children in care in the last two years.

15 YOS Work with Children in Care

15.1 The Youth Offending Service is a multi-agency partnership which includes CAMHS nurses, speech and language therapists, a psychologist, education, training and employment specialists and restorative justice practitioners, as well as workers who focus on offending behaviour. The seconded health workers in the YOS undertake assessments and care-planned interventions with children who are referred by YOS case managers. The YOS speech and language therapists complete an assessment on all young people receiving a court order or a second 'out of court disposal'. These workers also link with the children in care health team and other health providers to improve the appropriateness and continuity of healthcare for children in care.

15.2 The addition of speech and language therapists to the multi-disciplinary YOS team has been transformative. Their assessments show that about 80% of young people known to the YOS have some form of speech, language or communication need,

with about 30% of them having Developmental Language Disorder. In most cases these needs have not previously been identified until the assessment by the YOS speech and language therapist. The speech and language assessments are shared with the social workers for children in care and with the residential carers to enable better understanding and response to the child's communication needs.

15.3 Youth offending services are increasingly aware that many children in the justice system are struggling to process past trauma, with consequences for their relationships, their emotional stability and their behaviour. All YOS practitioners attended a three-day training course in February 2020 to support our plan to become a trauma-informed service. Individual formulations are developed for children working with the YOS; for those with significant levels of trauma, complexity and offending behaviour a multi-agency case formulation process is led by the YOS psychologist. The resulting formulations can shape the response to the young person, with a focus on building relationships, assisting emotional regulation and building on strengths.

15.4 The combination of a speech and language assessment and a trauma formulation enables YOS workers and other professionals to respond to each child in an individualised way.

16 Conclusion

16.1 The local Protocol for Reducing the Criminalisation of Children in Care works well and is subject to ongoing scrutiny and improvement. This Protocol helps to ensure that children in care are not criminalised unnecessarily.

16.2 There has been a reduction in the number of children in care entering the justice system. Although this reflects a wider trend of reducing 'first-time entrant' numbers in the total population it is encouraging that children in care have been included in this reduction.

16.3 There has also been a reduction in the numbers of children in care receiving a 'substantive outcome' for a criminal offence, with the total in the year to September 2020 down more than 50% on the previous year. Although the rate of females among children in care on the YOS caseload is higher than for the overall service caseload, it is encouraging to see the rate of female children in care also reducing.

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

Corporate Parenting Board

21 January 2021

Emotional Health and Well-Being in schools & briefing on the Emotional Health and Well-Being Steering Group

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s):

Executive Director: T Leavy, Executive Director of People - Children

Report Author: Miriam Leigh

Title: Principal Educational Psychologist

Tel: 01305 228320

Email: miriam.leigh@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

That the Corporate Parenting Board note and support the work being done to develop relationship-based approaches in schools with an emphasis on trauma informed practice.

That the Corporate Parenting Board provide challenge and support to improve the emotional wellbeing of children in care and care leavers.

Reason for Recommendation:

1. Executive Summary

Many children coming into care have experienced trauma associated with abuse, neglect, loss and separation from family and friends. This has an impact upon children's healthy development, relationships with others, behaviour and ability to keep safe. Importantly, these experiences affect the way in which looked after children can feel about themselves and increase the risk of mental health problems.

The impact of adverse experiences has been shown to have a lifelong effect, including an impact on educational, employment and income outcomes as well as health across the life course. Their experiences can mean that children in care often do not reach the same stage of development as their peers by the same age. Therefore, they may struggle to achieve the same level of educational attainment or employment outcomes than young people who have not suffered maltreatment. This makes it all the more important to address these issues whilst children are in care.

Emotional Wellbeing and mental Health of children in care is multifaceted. Research shows that care can be the right option and provide the security, stability and love that children need to recover from previous adverse life events. However, we know that good quality care is not consistent, children and young people continue to experience instability and multiple placements, which can re-trigger experiences of separation and loss, and moves in care on their own trigger mental health difficulties. In July 2016 measure of the emotional and behavioural health of looked after children using the Strengths and Difficulties Questionnaire (SDQ) found that 37% had scores considered a cause for concern, compared to 12% of children in the general population. (ONS (2015) *Measuring National Well-being: Insights into children's mental health and well-being* <http://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/measuringnationalwellbeing/2015-10-20>)

Many children in care and care leavers will experience the same health issues as their peers, the extent of these is often greater because of their past experiences. For example, almost half of children in care have a diagnosable mental health disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults. (*Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015 DfE and DoH*) In the new Harbour Service almost a third of those currently open to the service have an EHCP. This only accounts for those at the level requiring a statutory education plan.

As children in care are more likely than their peers to experience mental health problems and related negative outcomes this makes measurement of their wellbeing all the more critical for informing the planning of their care. Measuring wellbeing can also help to assess how well children are being supported to move on from any trauma they have experienced prior to entering care, and to hold corporate parents to account for their contribution to this.

When it comes to promoting looked after children's wellbeing, we know that positive stable and trusting relationships are of paramount importance. Research with looked after children also shows that other important factors include having a sense of control and influence over their lives, feeling emotionally and physically safe, and having a narrative about their life which contributes to a secure sense of self. (*Children and Young People's Views on Being in Care, A Literature Review (2015) Hadley Centre for Adoption and Foster Care Studies and Coram Voice. University of Bristol. London: Coram Voice.* <http://www.coramvoice.org.uk/sites/default/files/Children's%20views%20lit%20review%20FINAL.pdf>)

Yet we know there are shortcomings in these areas, for example, over 50% of children and young people surveyed by the Children's Commissioner, did not know why

they were in care. (*Children's Commissioner (2015) State of the nation: Report 1 Children in Care and Care Leavers Survey 2015. <http://www.childrenscommissioner.gov.uk/publications/state-nation-report-1-children-care-and-care-leavers-survey-2015>*)

The DfE and DoH produced statutory guidance in 2015 Promoting the health and well-being of looked-after children Statutory guidance for local authorities, clinical commissioning groups and NHS England. It is issued to Local authorities, CCGs and NHS England under sections 10 and 11 of the Children Act 2004 and they must have regard to it when exercising their functions. This requires all three to cooperate if we are to improve the health and wellbeing of children in care.

The guidance states that 'Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their services.' In Dorset the completion of SDQs is below National and Statistical Neighbour averages and is currently not used to plan for individual children and young people or service delivery.

Evidence tells us that education settings can be a protective factor and yet children in care are overrepresented in the figures of children subject to fixed term exclusions and permanent exclusions. Dorset is data is showing that this is an improving picture.

In February 2016 the Department for Education (DfE) minister announced that an Expert Working Group would be created to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, under Special Guardianship Orders, as well as care leavers, would be better met. It was proposed that, by October 2017 the following would be developed:

- **care pathways:** focusing on the young person's journey
- **models of care:** how services ensure appropriate interventions
- **quality principles:** measures that set out markers of high-quality care
- **implementation products:** to support those working in the field.

The charity Social Care Institute for Excellence (SCIE) was contracted by the Department of Health (DH) and the Department for Education to establish the Expert Working Group to support this work.

This report draws on all of the publications and research mentioned above and these have been used to focus the work of the newly formed children in care and care leavers emotional wellbeing and mental health steering group and the direction of travel of the educational psychology service and Virtual School practice.

2. Financial Implications

There are no financial implications from this report.

3. Well-being and Health Implications

Emotional health and wellbeing of children in care is the focus of this report and will be detailed in the report.

4. Climate implications

No climate implications have been identified in this report.

5. Other Implications

No other implications have been identified.

Risk Assessment

Having considered the risks associated with this decision, the level of risk has been identified as:

Current Risk:

Residual Risk:

6. Equalities Impact Assessment

7. Appendices

- Appendix I Clinical Psychology Input to Children's Services, Dorset Council, Report of Clinical Input from July 2019 to July 2020.
- Appendix II Specialist CAMHS for Care, Adoption and Permanence Half year Report on the Provision of Service Pan-Dorset, 1st April 2020 – 30th September 2020

8. Background Papers

9. Report

Emotional Health and Well-Being of Children in Care and Care Leavers including Emotional Health and Well-Being in schools and colleges

1 Introduction and Background

- 1.1. Evidence suggests that a Child in Care is nearly five times more likely to have emotional health needs than children who are not in care.
- 1.2. Since April 2008 all local authorities in England have been required to provide information on the emotional and behavioural health of children and young people in their care, and to report back to central government on an annual basis. Data is collected by local authorities through the completion of the Strengths and Difficulties Questionnaire (SDQ) on individual children and a summary figure for each child (the total difficulties score) is the outcome measure used for tracking the emotional and behavioural difficulties of looked after children at a national level.
- 1.3. The DfE and DoH updated the 2008 guidance and published *Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)* which states:
 - 1.3.1. *The corporate parenting responsibilities of local authorities include having a duty under section 22(3)(a) of the Children Act 1989 to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption, regardless of whether they are placed in or out of authority or the type of placement. This includes the promotion of the child's physical, emotional and mental health and acting on any early signs of health issues.*
 - 1.3.2. *Looked-after children should never be refused a service, including for mental health, on the grounds of their placement being short-term or unplanned*
 - 1.3.3. *Looked-after children should be able to participate in decisions about their health care. Arrangements should be in place to promote a culture:*
 - *where looked-after children are listened to*
 - *that takes account of their views according to their age and understanding, in identifying and meeting their physical, emotional and mental health needs⁴*
 - *that helps others, including carers and schools, to understand the importance of listening to and taking account of the child's wishes and feelings about how to be healthy.*

1.4. It goes on to state in the chapter *Planning health services for looked-after children*

1.4.1. 14. *Understanding the emotional and behavioural needs of looked-after children is important. Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their JHWSs.*

1.5. In February 2016 the Department for Education (DfE) minister announced that an Expert Working Group would be created to ensure that the emotional and mental health needs of children and young people in care, adopted from care, under kinship care, under Special Guardianship Orders, as well as care leavers, would be better met. It was proposed that, by October 2017 the following would be developed:

- **care pathways:** focusing on the young person's journey
- **models of care:** how services ensure appropriate interventions
- **quality principles:** measures that set out markers of high-quality care
- **implementation products:** to support those working in the field.

The charity Social Care Institute for Excellence (SCIE) was contracted by the Department of Health (DH) and the Department for Education (DfE) to establish the Expert Working Group to support this work.

1.6. In September 2020 the Annual Virtual School Head's report outlined the change in the numbers of children in care who were subject to a fixed term exclusion. The figures for 2019/20 compared to 2017/18 and 2018/19 shows a decrease in the numbers of children and young people subject to fixed term exclusions. There was a marked change in the number of children and young people in the secondary education sector from 2017/18 to 2018/19 although the average number of days lost to education remained similar.

1.7. The impact of being subject to repeated fixed term exclusions is known to have a detrimental effect on children's emotional wellbeing. The Virtual School and the educational psychology service drew on research from the Rees Centre, University of Oxford and agreed to participate in the Alex Timpson Attachment and Trauma Awareness in Schools Programme working in partnership with Kate Cairns Associates now known as Knowledge Change Action. Dorset actively became involved in this in 2018/19.

1.8. The early findings of the five year research programme led by the Rees Centre, Oxford University, on Attachment and trauma awareness training on schools in answering the following research questions:

- How do staff adapt their everyday practices as a result of attachment and trauma awareness training?
- How do schools change their policies and practices with increased understanding of attachment and trauma?
- Do staff and young people report changes to the school climate as a result of attachment and trauma awareness?
- Do young people attend better and make more progress in attachment and trauma aware schools?

Has identified that the training itself is the start of a wider conversation – a necessary, but not sufficient, step towards attachment and trauma awareness. Many of the schools have reviewed their behaviour policies and associated practices and most staff surveyed felt that vulnerable young people had benefited from the changes resulting from the training. The feedback from Dorset schools is consistent with the Rees Centre initial findings.

1.9. The Strengthening Services Board recognised the need to prioritise the emotional health and wellbeing of children in care and care leavers as a discrete priority and set out a number of tasks within the priority area *Ensure children in care and care leavers with emotional health and wellbeing needs get the right help and support at the right time.*

1.10. In response to this a newly formed multi-agency steering group was formed in September 2020 titled CiC&CL Emotional Wellbeing and Mental Health Steering Group which reports to the Pan Dorset Emotional Wellbeing and Mental Health Steering Group as well as now to the Corporate Parenting Board.

1.11. A priority of the steering group was to understand what services currently exist to meet the needs of children in care's wellbeing and how they measure impact. The priority was to start with the DfE guidance *Promoting the health and well-being of looked-after children* both in relation to our statutory duties and to how services and staff should work to meet children's wellbeing. The guidance states *staff working with looked-after children who are delivering health services should make sure their systems and processes track and focus on meeting each child's physical, emotional and mental health needs without making them feel different. They should in particular:*

- *ensure looked-after children are able to access universal services as well as targeted and specialist services where necessary*
- *receive supervision, training, guidance and support.*

This is endorsed by the Expert Working group report *Improving mental health support for our children and young people (November 2017)*.

- 1.12. Members of the Pan Dorset Emotional Wellbeing and Mental Health Steering Group, currently led by CCG Principal Programme lead for Mental Health, have been instrumental in writing the new *Children and Young peoples, "Your Mind, Your Say" Mental Health Strategy, 2020 to 2024* based on the THRIVE framework. The THRIVE Framework provides a set of principles for creating coherent and resource efficient communities of mental health and wellbeing support for children and young people and families. The Framework is needs-led. Needs are not based on severity, diagnosis or health care pathways.
- 1.13. The CCG commissioned a Joint Area needs analysis of children's and young people's mental health needs and services; the report is to be published in January 2021. The draft findings indicate gaps in services for children in care and care leavers this is a priority of the *Children and Young peoples, "Your Mind, Your Say" Mental Health Strategy, 2020 to 2024* implementation plan.

2 Emotional Wellbeing and Mental Health Services for Children in Care and Care leavers

- 2.1 There are a number of services providing for children in care in relation to mental health and wellbeing funded and sourced from different agencies. The current 'as is' context has identified that all these services are providing a range of different activities and have different approaches and in some cases overlap.
- 2.2 Reporting methods vary from service to service as to what is reported, the key priorities of the service and activities and to whom they report. Health services are led by NHS England targets and reporting. Dorset Council services are led by reporting to the DfE and Ofsted with a focus on key lines of enquiry (KLOEs).
- 2.3 Dorset Council funded posts
 - 2.3.1 Clinical Psychologist 0.6fte, seconded from CAMHS to the 0-12 permanence team 3 year SLA (July 2019 – June 2022), currently reporting to Service Manager Corporate Parenting and Permanency and receives clinical supervision from the CiC CAMHS Service manager. Most of the work carried out is consultative work to foster carers and social workers, and the children referred were primarily placed with IFA carers or in residential units. The psychologist also completes psychological assessment of children to support matching or placement stability. Reporting currently focuses on activity and numbers seen and qualitative feedback. There is work being done by the service to develop outcome measures. For the full annual report of the service provided see Appendix I

2.3.2 Educational Psychology (EP) Service. 0.2fte provides specific support to the Virtual School and practice development providing

- consultation support and group supervision to the virtual school leads
- group supervision to The Harbour Service
- expertise on child centred approaches and practice to the QAROs and IROs to improve child in care reviews
- guidance to schools and EPs on current research and practice and developing evidence-based practice in schools including leading the work on relationship-based approaches in schools in collaboration with the virtual school.

Every school in each locality has a link educational psychologist and they sit within the SEND services. Children in care are a priority group for educational psychology involvement. The service uses a consultation framework using a graduated response cycle of assess – plan – do – review to all children and young people (CYP) 0-25 starting from where the child and setting are and this can be used to measure direction of travel. Requests for involvement are usually made from the school as a result of a consultative conversation and planning meeting, other requests can be made by social workers and team managers, virtual school leads, SEND provision leads. For CYP with very complex care and SEND the EP co-facilitates monthly multi-agency planning and problem solving to provide a one team approach around the young person.

EPs provide system support to the wider workforce by providing training and supervision to specific practitioners working with children and young people in care. The graduated response framework is to work with the system around the CYP and to work ensure the voice of the CYP is at the heart of any interventions. For examples of EP involvement with children in care see Appendix II and III

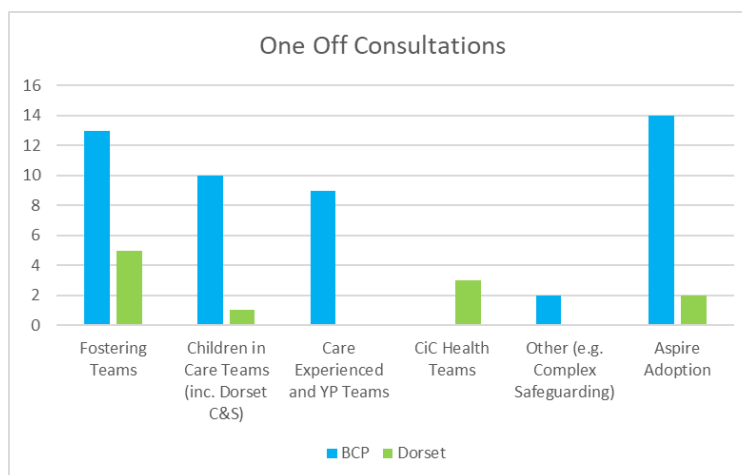
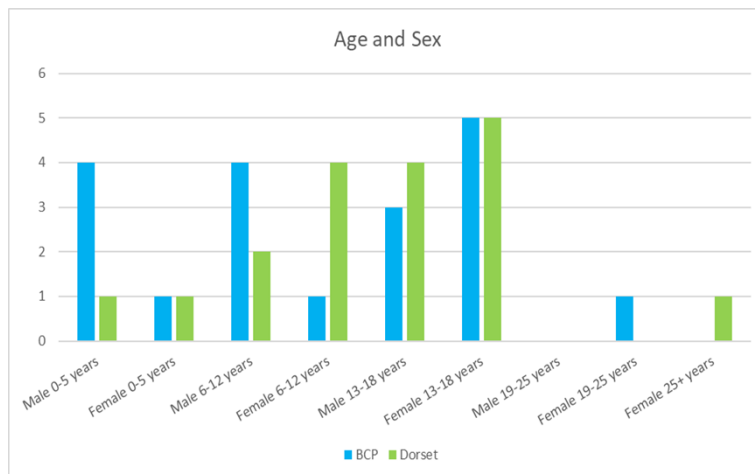
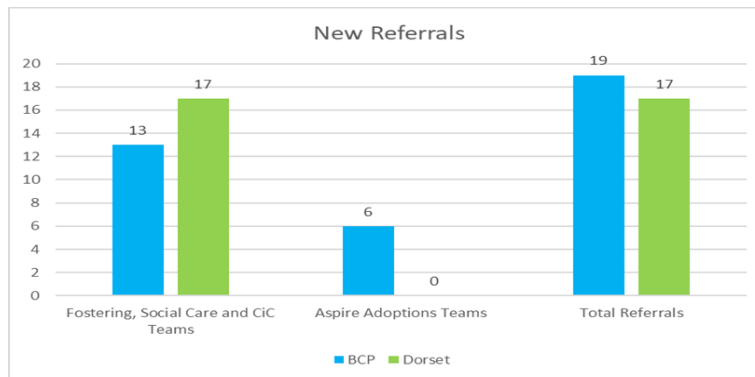
Reporting focuses on qualitative data from parents and carers with regard to the involvement of the EP and goal based direction of travel. The current system used by the EP service does not provide reports specifically on the work of EPs in relation to children in care.

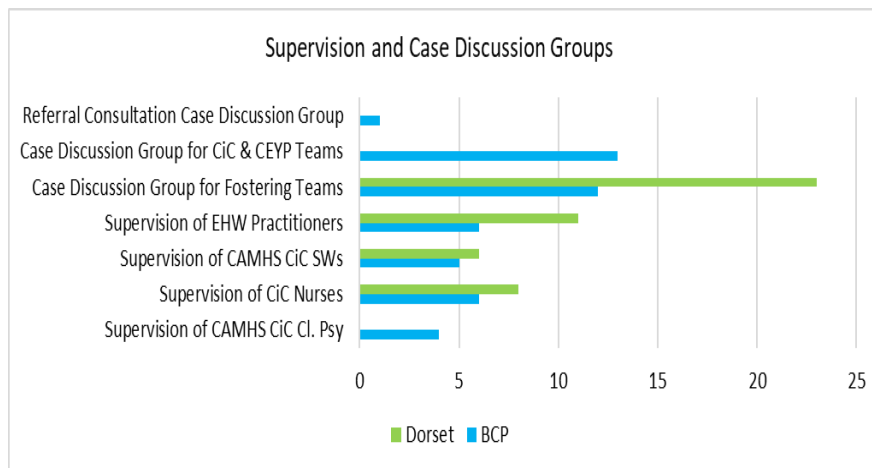
2.3.3 CAMHS Social Workers. There are currently 2.5fte CAMHS social workers in post. They are Dorset social workers who have expertise and have specialised in mental health and sit within CAMHS teams. The case work allocation is managed by CAMHS. They only work with CYP in care and provide direct work and consultation services to CYP, social workers and carers.

2.4 Dorset CCG services - Child and Adolescent Mental Health Service

2.4.1 Specialist CAMHS for Care, Adoption & Permanence. This is a pan Dorset service Dorset shared between Fostering and Aspire Adoption Services. The service remit is to primarily offer consultations and training to the respective councils' Fostering Teams and Aspire Adoption Services enclosed in the appendices, appendix IV, is the half-yearly report from the service manager. The service provides professional clinical supervision to other health colleagues working directly with children in care.

2.4.2 Below the data has been captured in graphs to give an overview of the activity of the service provided between April 2020 and September 2020.





2.4.3 Core – CAMHS (C-CAMHS)

Children in Care are prioritised for intervention for a Core- CAMHS service and will be seen within eight weeks from the date of the referral. If the young person is presenting with significant risk C-CAMHS offers an assessment within 24 hours of referral. C-CAMHS will assess & formulate a treatment plan and share it with the Social Worker & CiC Health Team to disseminate to the wider system. The child's or young person's social worker or team manager are the only professionals or can refer into C-CAMHS for children in care.

2.4.4 Specialist CAMHS services. These services are accessed as result of the C-CAMHS assessment, they include Forensic, Eating disorders, Psychosis, Crisis support and Inpatient service

2.4.5 ID-CAMHS/SWIFTS – this is a specialist CAMHS service for CYP with learning disabilities. They are a multi-disciplinary team and provide support to the CYP, the carers, the education setting and other professionals within the CYP's system.

2.5 Dorset Healthcare – Children in Care Health Team

This service which is pan Dorset consists of the health care nurses, 2.0fte for Dorset and 1.0fte wellbeing practitioner. All children in care have a designated nurse and the nurses provide support for both physical and mental health. The wellbeing practitioner provides direct early intervention for cyp presenting with the need for support within the getting help grouping of the THRIVE framework. The referrals are made directly by the social worker following a consultative conversation. The wellbeing practitioner receives clinical case supervision by the Clinical Psychology Team

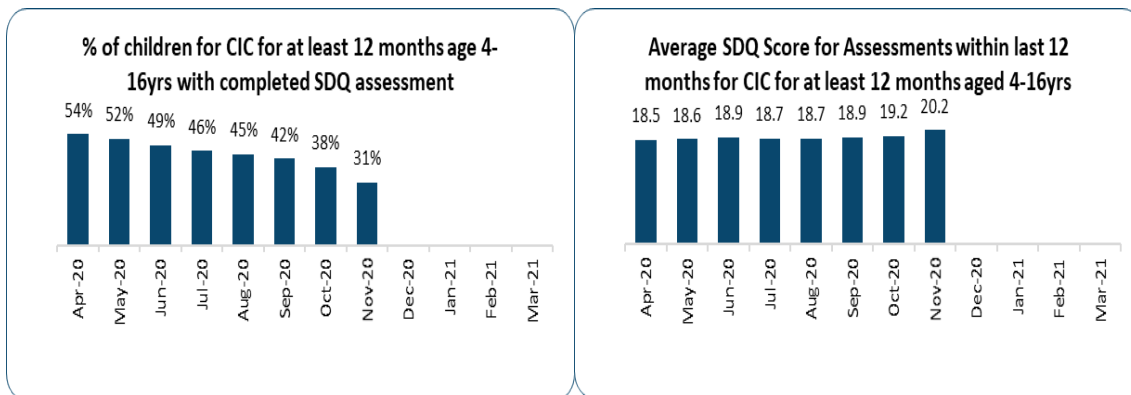
2.6 Education support services.

There are specific services that provide support to Children in Care with regard to emotional wellbeing and mental health these include the virtual school leads and teachers as part of the personal education plan. Schools provide support within their resources and may have support staff who are trauma informed

practitioners or emotional literacy support assistants with expertise in attachment and trauma.

3 Strength and Difficulties Questionnaire (SDQ) and measures of emotional health and wellbeing

- 3.1 The guidance *Promoting the health and well-being of looked-after children. Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)* states that 'Local authorities are required to use the Strengths and Difficulties Questionnaire (SDQ) to assess the emotional well-being of individual looked-after children. SDQ scores can be aggregated to help quantify the needs of the local looked-after children population and should be used by local authorities and CCGs as they develop their services.'
- 3.2 The Strengths and Difficulties Questionnaire (SDQ) is a brief emotional and behavioural screening questionnaire for children and young people. The tool can capture the perspective of children and young people, their parents and teachers. In the case of out statutory responsibility for CiC the minimum is to capture the view of the carer annually.
- 3.3 The 25 items in the SDQ comprise 5 scales of 5 items each. The scales include:
- Emotional symptoms subscale
 - Conduct problems subscale
 - Hyperactivity/inattention subscale
 - Peer relationships problem subscale
 - Prosocial behaviour subscale
- 3.4 The SDQ can be used for various purposes, including clinical assessment, evaluation of outcomes, research and screening.
- 3.5 In Dorset the completion of SDQs is below National and Statistical Neighbour averages and is currently not used to plan for individual children and young people or service delivery.
- 3.6 We know that in Dorset our completion of the SDQ on individual children and young people is below the National average and our statistical neighbours and that the average score is very high indicating that the young people who have had an SDQ completed on them are at high risk of having mental health issues and needing intervention. See below



3.7 Improving the completion and use of SDQs has focused on developing good practice to inform care planning and to be used alongside other measures of emotional wellbeing and mental health not least the voice of the young person themselves.

3.8 Policy and practice guidance has been developed and this has been a large part of the work of the steering group to ensure all agencies engage in the process.

3.9 The process starts with the carers and parents being asked to complete an SDQ when a child is taken in to care as part of the first care review. The carers and possibly the young person and school will be asked to complete another SDQ prior to the three-month review. This should improve care planning and interventions. The results of the SDQ will be discussed at the PEP meetings and form part of the consultation process.

3.10 To improve the completion rate and understanding of the SDQ a rolling programme of workshops will be provided by the educational psychologists in each locality. The workforce will include all agencies and will form part of the work of the educational psychologists to work alongside social care, education and health care colleagues.

3.11 It is important to recognise that the SDQ alone is not effective in measuring the mental health and wellbeing of children in care and will need to sit alongside other measures. The SDQ is a measure of behaviours associated with specific mental health issues and does not identify conditions such as Post Traumatic Stress Disorder, insecure attachment patterns and neurodevelopmental issues such as autistic spectrum condition. This is cited in the Expert Working Group Report (2017) and *Measuring the wellbeing of children in care, Views from the frontline and opportunities for change (National Children's Bureau, December 2017)*

3.12 Wellbeing or mental health? For provision of the best possible care, both need to be considered. Wellbeing and mental health of looked after children must be understood in relation to

3.13 how care can help children to:

- **Flourish** and move on from traumatic experiences through **promoting their emotional wellbeing**, as well as;
- **Recover** and repair any damage from adverse experiences such as abuse and neglect, through building resilience and **addressing mental health difficulties**.

3.14 To support both these aims, wellbeing (including emotional wellbeing) and mental health, need to be understood as separate, but overlapping concepts. Wellbeing is a multifaceted concept that incorporates not only how children feel but also how they are functioning and flourishing.²⁰

3.14.1 **Subjective wellbeing** is about people's own assessments of how their lives are going. This includes overall evaluations of the quality of life, and different aspects of life or 'domains', e.g. happiness with family relationships; psychological dimensions which refer to their internal world having meaning, and 'affect', feeling positive at a particular point in time.

3.14.2 **Objective wellbeing** measures are based on 'facts', such as educational achievements and attendance and completion of surveys by significant others. Surveys completed by the individual can also be used and so have an element of 'self-reporting'.

3.14.3 **Mental health difficulties** are assessed according to the presence of a defined set of symptoms. This is a professional judgement that may differ from a child's own subjective assessment of their situation.

3.15 For Children in care one of the most important aspects of any assessment of wellbeing is the persons' view of their own wellbeing. Developing an assessment of the young person's wellbeing based on their own view of what they need will be one of the foci of the clinical psychologist and educational psychologist to report to the steering group.

3.16 Our aim in improving the use of mental health and wellbeing measures will include:

- Improving assessment for individual children and identifying what intervention is needed
- Understanding a child's perspective of their wellbeing
- Identifying whether those who are deemed to be in need of an intervention receive one
- Tracking changes in individuals' mental health and wellbeing over time
- Improving the planning of support for looked after children as a cohort
- Other measures of wellbeing

4 Emotional health and wellbeing pathway for children in care

4.1 Reviewing and understanding the range of services described above has identified that each service has their own pathway and that at times the pathways overlap or are limited by only accepting referrals from specific professionals.

4.2 A review of the various pathways is needed and is underway which will contribute to the review of all the EWB and MH services for CiC. It will be based around the

THRIVE framework and take a graduated response approach like that used in the SEND Code of Practice 2015. A multi-agency workshop is due to take place in January 2021 and will be based on the Expert Working group's report *Improving mental health support for our children and young people (November 2017)*.

- 4.3 Our aim is to develop clear consistent and flexible pathways of support and intervention that are understood by the system around the child and young person.
- 4.4 Limiting who can make a request for a service involvement can mean that a child's or young person's needs are overlooked and go unnoticed until the concern becomes a problem. Pathways need to be flexible in their approach and refer to the eco-map for that specific child both in relation to who knows the CYP best and in relation to who is best to intervene. Wellbeing and mental health is a continuum and therefore a graduated response is needed and needs to be defined clearly.

5 Conclusion

- 5.1 The CiC emotional wellbeing and mental health steering group has focused on developing an agreed multiagency approach to measuring wellbeing and mental health of children in care. The starting point for this has been to improve our statutory responsibility to improve the take up of the SDQ and in doing so make better use of this information both at the individual child and aggregated level to improve services.
- 5.2 Alongside the SDQ there needs to be a range of other approaches that can be used to assess the wellbeing of CYP when they come into care. Health professionals and other key practitioners need to be trained in having conversations with CYP about their wellbeing and mental health and to be able to carry out meaningful wellbeing and mental health assessments which can be tracked and reported.
- 5.3 Shared outcomes measures both at the organisational level and child level are needed to be developed and owned by all agencies. These need to include training on offer, evaluations of training and impact measures of training ie what is different as a result of the training. Child level data will need to be developed making use of the details of the subscales of the SDQ and other standardised measures and subjective measures.
- 5.4 Pathways for services need to be flexible and take account of the eco-system around children and young people in relation to who knows the CYP best and who needs to know the information about wellbeing and mental health so they can contribute to making a difference. The specialist services need to adapt to be able to be *pulled-in* rather than a *referral-on* culture. Pathways will need to consider how to develop a graduated response framework to the pathways and practice.
- 5.5 There are many services all offering intervention and support for children in care and providing services that are well regarded by the professionals and make a

difference at the individual level. At times there is duplication of services which can be confusing to the system around the CYP and the CYP themselves. We know we need to have shared understanding of the whole resource and have a One Team approach of all the specific services for emotional wellbeing and mental health of CiC.

- 5.6 There is a commitment from the CCG and Dorset LA to review the emotional wellbeing and mental health services provided for CiC using the statutory guidance and Expert Working Group Report alongside other research documents such as the National Children's Bureau report *Measuring the wellbeing of children in care, Views from the frontline and opportunities for change December 2017* to set the review. This review will be started following the pathways workshop in January with a shared project brief.

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Specialist CAMHS for Care, Adoption and Permanence
C/o North Bournemouth Local Office
27, Slades Farm Road
Bournemouth
BH10 4ES

Clinical Psychology Input to Children's Services, Dorset Council

Report of Clinical Input from July 2019 to July 2020.

The role of Clinical Psychologist for Children's Services began in July 2019, working with the Care & Support 0-12 Service. The aim of the role is to contribute to care planning and to support permanence through the use of psychological assessment and intervention with children in care aged 0-12 and their carers. The role is undertaken by Dr Laura Bennett, part-time, three days a week.

Referral Criteria

Initially referrals were received from social workers within the Care and Support 0-12 team. However, since the local authority restructure, children in care are now placed across a range of locality and permanence team and therefore, referrals can be received from Permanency or Locality Teams for any child who is in care and aged 0-12. Referral criteria are based level of concern around care planning, the child's psychological state and quality of placement.

Available Support

A range of clinical interventions are offered through the clinical psychology service, these include:

- Consultation to social workers to support psychological understanding of children and their placement needs
- Psychological assessment of children to support matching or placement stability
- Psychological consultation to IFA carers
- Advice around placement matching / suitability of therapeutic services offered by IFAs or Residential Units
- Video Interactive Guidance (a therapeutic intervention with a child and parent / carer which works to improve and strengthen attachment relationships)
- Support in completing complex Together and Apart Assessments
- Support to wider professional systems to improve placement stability

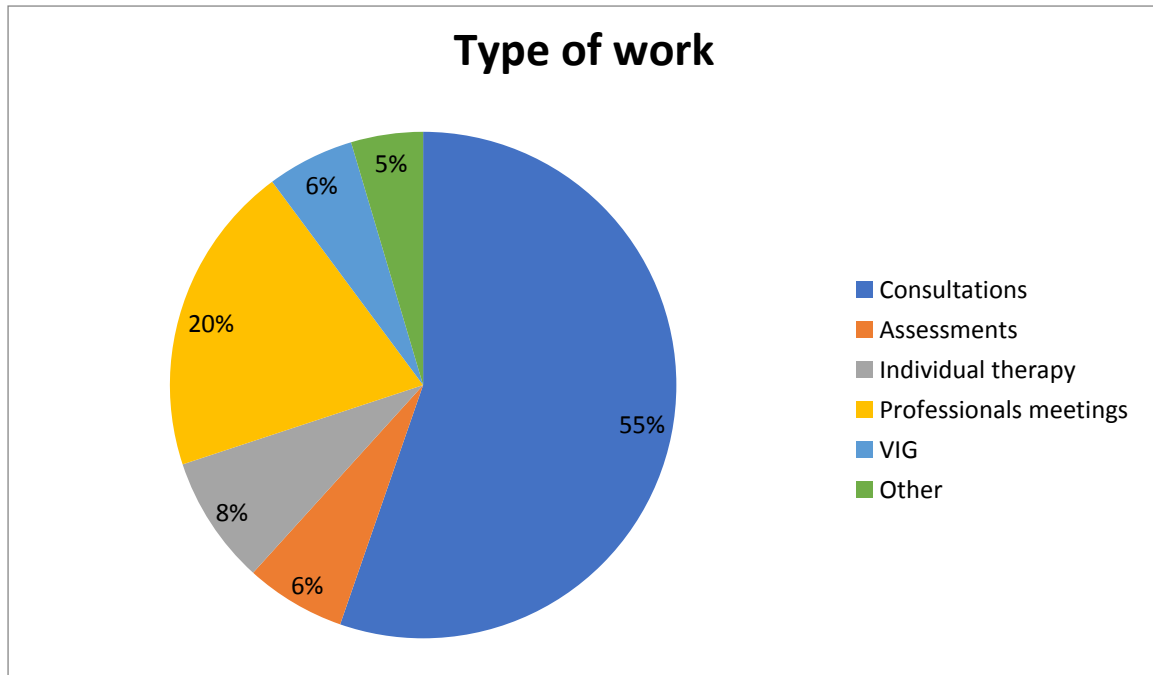
Evaluation of Support

Following the initial set-up period and the establishing of the role, contact data was collected and analysed from December 2019 through to July 2020.

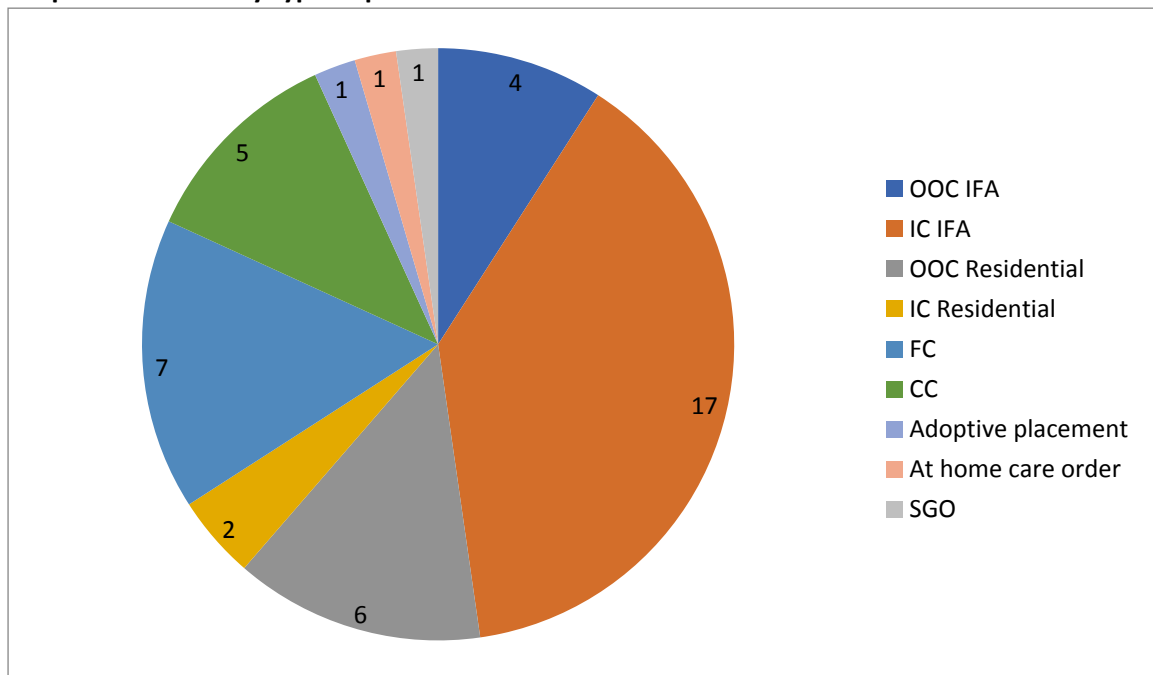
Data revealed that during this 8-month period there were 44 referrals and an additional recorded 13 pieces of one off work.

Graphs 1 and 2 below show that the majority of work was consultative work to foster carers and social workers, and that children referred were primarily placed with IFA carers or in residential units.

Graph 1: Referrals by Type of Work

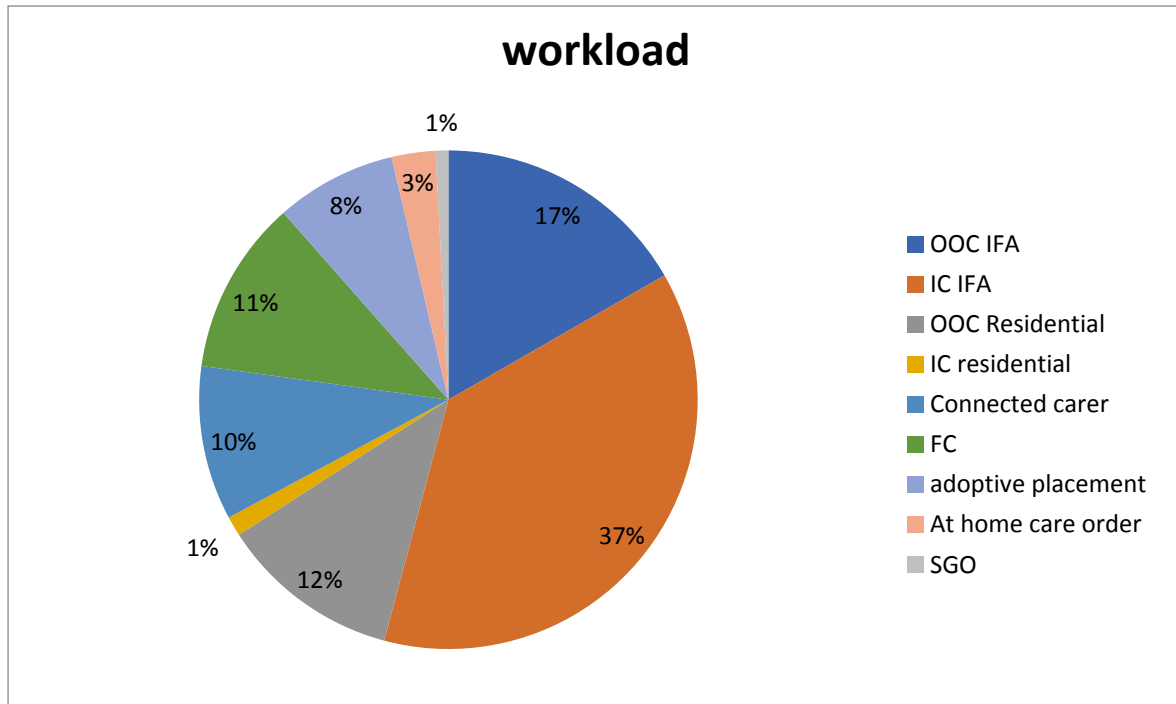


Graph 2: Referrals by type of placement



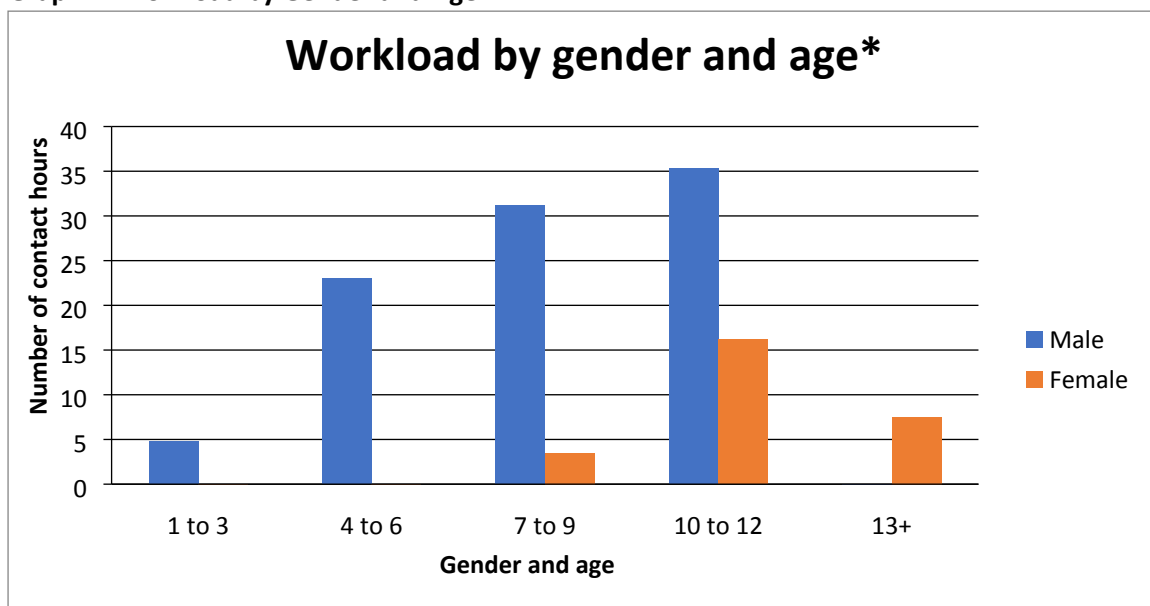
Graph 3 below highlights that the work completed across type of placement is in line with the referrals received and highlights how the role complements the work of the fostering and Aspire Adoption clinical psychologists, who work with in-house carers, adopters and Special Guardians, by supporting children in IFA and residential placements.

Graph 3: Workload by type of placement



Graph 4 below shows that Clinical psychology input has been offered across the 0-12 age range, with the highest level of input being offered to males and females within the 10-12 age group, closely followed by those in the 7-9 age group. The support to children aged 13 plus can be accounted for by direct individual therapy to a 14-year-old who remained under the care of the 0-12 team.

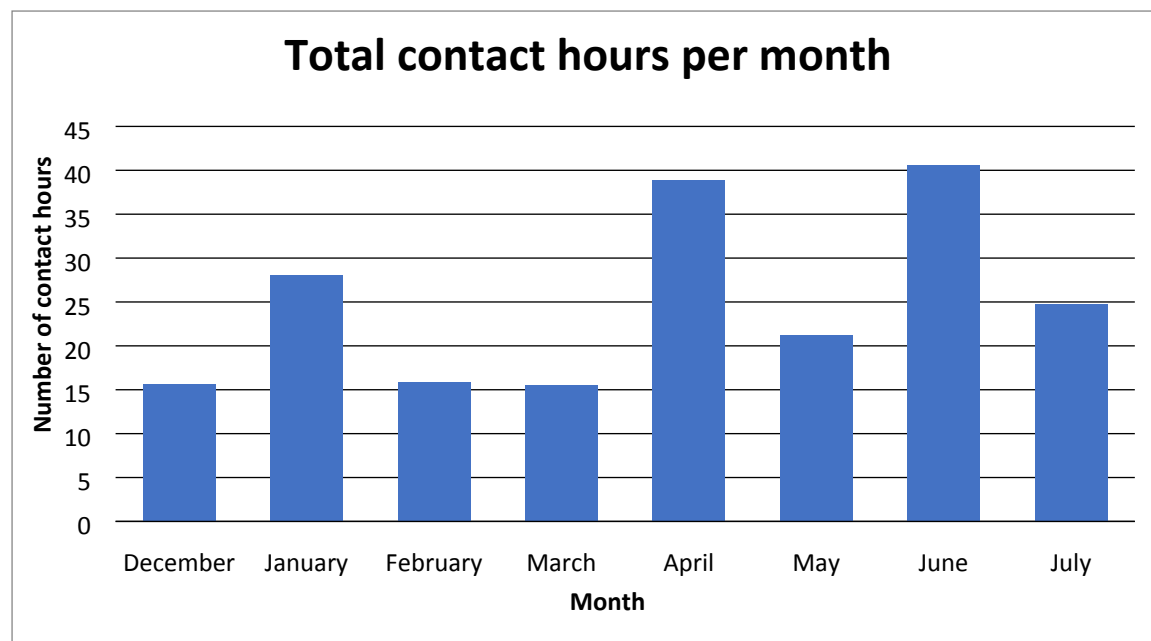
Graph 4: Workload by Gender and Age



*Some data is missing

Graph 5 below shows that the service currently provides between 15 and 40 contact hours per month. It is likely that the increase in contacts from April 2020 onwards is due to the change in working practices due to Covid-19, meaning that more appointments were held virtually and travel time between appointments was not required.

Graph 5: Total contact hours per month



In March 2020, social workers and foster carers who had been involved with the clinical psychology service were asked to complete a brief evaluation of the service. Eighteen responses were received, this included eight responses from children’s Social Workers, two responses from IFA Supervising Social Workers and four responses from Foster Carers. The responses covered a total of 28 children.

The evaluation (included as an attachment) asked respondents to answer questions using a five-point Likert scale. Average responses overall and by role are recorded in the tables below.

Table 1: Feedback across all professionals

Question	Average response (out of 5 - <i>strongly agree</i>)
It was easy to access the psychologist	4.5
The input from the psychologist was helpful	4.9
The input from the psychologist informed my practice	4.6
The input from the psychologist changed my practice	4.1
The input from the psychologist improved placement stability for the child	4.6

Table 2: Foster Carer Feedback

Question	Average response (out of 5 - <i>strongly agree</i>)
It was easy to access the psychologist	3.5
The input from the psychologist was helpful	4.7
The input from the psychologist informed my practice	4.3
The input from the psychologist changed my practice	3.5
The input from the psychologist improved placement stability for the child	3.5

Table 3: Feedback from Social Workers and Supervising Social Workers

Question	Average response (out of 5 - <i>strongly agree</i>)
It was easy to access the psychologist	4.9
The input from the psychologist was helpful	5
The input from the psychologist informed my practice	4.8
The input from the psychologist changed my practice	4.4
The input from the psychologist improved placement stability for the child	4.9

Respondents were also asked to provide qualitative feedback regarding their experiences of using the service. The feedback could be categorised within the following themes.

Positive Themes

1) Speed & quality of support:

- Easy to contact
- Support offered quickly
- Up to date knowledge
- Provision is likely to deliver good quality and informed interventions
- Solicitors impressed by psychologist input
- Very efficient to work with
- Welcoming approach
- Non Judgemental

2) Support for professionals

- Gave me confidence
- Communicated to me in an understandable way
- Supporting me and FC to ensure placement doesn't breakdown
- Opened up my practice, I was able to recognise FC lack of confidence
- Opportunity to liaise and agree input
- Benefit to FC- watching her grow in confidence and ability
- Laura is a valued team member and has made a massive positive difference to the team
- Reassurance of methods already put in place

3) Therapeutic support

- Gave a therapeutic perspective
- Useful having someone who is trained and knows the best therapeutic support

- Clear therapeutic support given

4) Child-centred practice

- Child focused
- Helpful to know what's best for the child
- Supported myself and FC to ensure placement doesn't breakdown
- Adding stability to placement
- LAC are better off and prioritised through this provision
- Best interest of child is met
- Stabilising placements

Negative feedback:

1) Lack of availability of Service

- Expecting more visits at a very challenging time (FC)

A young person's feedback form was also sent out to those young people who had received regular direct support from the service (included as an attachment). This totalled a very small number of young people (3) and only one form was returned. Responses are reflected below.

Children's evaluation form – 1 response

- Helpfulness (5/5)
- Made me feel better (5/5)
- Saw Laura quickly (4/5)
- The emotion that best describes how they felt working with Laura (Very happy)

Qualitative

- Helpful
- I am now worry free
- I feel a lot happier
- I am proud of what she said to me
- She is the best person to see

Conclusions and Future Planning

Contact data and responses from the evaluation forms indicate that the clinical psychology service is a useful resource for children, social workers and foster carers and is providing a resource that is not available through other services such as C-CAMHS or our Fostering and Aspire Adoption psychologists.

The clinical psychology service within Dorset is in its infancy and has a growing and changing role. During the first year, the service has needed to contend with a number of challenges, in particular the restructure of Children's Services, which has placed the Clinical Psychologist providing a standalone service covering a range of teams, rather than a service embedded within a social care team. Adaptation have also been needed due to the impact of Covid-19 and the inability to provide face to face work.

As yet, it has not been possible to find appropriate outcome measures which can accurately record the clinical changes for children, young people and foster carers from clinical psychology input. This is an area of development for the service and at present we are trialling the use of some outcome

measures. However, there remains data which is likely to go unrecorded through this method and therefore further work needs to be undertaken to redefine the evaluation process.

With the restructure of Dorset Children's Services, the role has shifted and therefore, future work will need to focus on providing a good understanding across all Permanence and Locality teams regarding the role of Clinical Psychology and in ensuring an equitable spread of services across all teams.

Report compiled by
Dr Laura Bennett, Clinical Psychologist

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Appendix II

Educational Psychology Case Study

1. How did the involvement come about? (Who, when etc)
A request was made by the Virtual school lead due to some long-standing concerns regarding aspects of xxx's social, emotional and academic functioning in school. xxx is supported at SEN support.
2. What was the context of EP involvement on behalf of the Child/Young Person & Family E.g. age, sex, school, child in care, ethnicity, circumstances?
A Joint-Action Plan was held and attended by the carers, supervising social worker, virtual school lead, young person's social worker, SEND Co and EP. The purpose of the meeting was to share concerns and what was going well and to agree the involvement of the EP.
3. What were the hoped-for outcomes?
<ul style="list-style-type: none">• Xxx feels good about yourself and shows more confidence; recognises strengths and completes tasks independently so that xxx comes home after school and tells carers xxx has had a 'good day' on at least 5 occasions• Xxx feels listened to so that xxx expresses xxx feelings to trusted adults and accepts adult support• Xxx's needs are identified and fully supported, so that any barriers to learning are overcome
4. What was the nature of the involvement with the child/young person?
Joint action plan meeting establishing the goals of the involvement and intervention and setting a baseline for each target. Conversation with the carers about their hopes and concerns Meeting with xxx to complete specific activities about xxx's self-image, view of xxx's self as a learner and to gain a better understanding of her cognitive skills. A record of involvement was written detailing the meeting with xxx and the interpretation of the activities A young person's report was written and sent to xxx.
5. What difference was made for the child/young person? Were the hoped-for outcomes achieved?
It is too early to say as the agreed actions following the joint action plan meeting and direct work with xxx need time to be implemented and to measure any change.
6. Conclusion and next steps
To review the agreed actions and assess progress from the baseline.

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Appendix III

Educational Psychology Case Study

1. How did the involvement come about? (Who, when etc)
A request was made by the school due to concerns regarding aspects of xxx's negative view of xx self and previous history of non-attendance. The school and carers wanted to avoid a repeat of previous history xxx has an EHCP.
2. What was the context of EP involvement on behalf of the Child/Young Person & Family E.g. age, sex, school, child in care, ethnicity, circumstances?
A Joint-Action Plan was held and attended by the carers, young person and SENDCo and EP. The purpose of the meeting was to discuss what was going well and what key points were to address. To identify specific goals and set a descriptive base line to review following agreed actions.
3. What were the hoped-for outcomes?
<ul style="list-style-type: none">• Xxx to feel safe when taking tests and exams.• For xxx to think more clearly about when something needs a great deal of attention and effort compared to when doing something with a little less care is acceptable.• Accept view of younger self, More flexible thinking• Planning endings with TAs
4. What was the nature of the involvement with the child/young person?
Joint action plan meeting establishing the goals of the involvement and intervention and setting a baseline for each target. Consultation meeting with the young person to agree actions and EP involvement Direct work with xxx to explore his view of himself
5. What difference was made for the child/young person? Were the hoped-for outcomes achieved?
It is too early to say as the agreed actions following the joint action plan meeting and direct work with xxx need time to be implemented and to measure any change.
6. Conclusion and next steps
To review the agreed actions and assess progress from the baseline.

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Specialist CAMHS for Care, Adoption and Permanence

Half year Report on the Provision of Service Pan-Dorset

1st April 2020 – 30th September 2020

Dr Rebecca Haworth, Clinical Psychologist and Clinical Lead for Specialist CAMHS Care,
Adoption and Permanence Team

Introduction

This report looks at the overall service provision based on referrals and other work carried out by the team. The service remit is to primarily offer consultations and training to the respective councils' Fostering Teams and Aspire Adoption Services. This report covers the first two quarters of the year.

During lock down staff adapted quickly and working from home became the norm. There was very little sick leave and staff showed great dedication and commitment to the service and their families, as they juggled work with home schooling. The majority of appointments now take place on-line. Our high level of performance has been maintained by using Microsoft Teams and Attend Anywhere to stay connected. Supervision and reflection on our roles and boundaries has facilitated containment during the period, as BCP and Dorset Councils continued their transitions during lockdown. The team is a safe base from which child focused support is offered to colleagues and carers, containing anxiety and distress to ensure that at all times the voice of the child is heard and understood.

As we were unable to offer group work and group therapy, we offered extra case discussion groups and implemented a telephone duty system for colleagues requiring a rapid consultation service for families affected by the pandemic.

This report does not include the work of Laura Bennett who works with the Dorset's Social Care Teams for children below the age of 12 years. It also does not attempt to demonstrate the effectiveness of the service.

Psychology Team Hours

BCP receive 1.85 wte of psychology time (69.25 hours per week); Dorset receives 1 wte of psychology time (37.5 hours per week). This total is shared between Fostering and Aspire Adoption Services. In addition, Aspire Adoption Services fund .4 wte (15 hours) of psychology time – pan Dorset. The team is supported by an administrator and a BU student (30 week placement).

Open-cases & waiting list – 01/04/2020

At the beginning of the financial year the team had a large number of open cases, some of which were non-active, where the psychologist wanted to remain available to their colleagues and carers, if required.

The Dorset psychologists had 63 cases open on 1st April; 35 were for Fostering/CiC cases and 28 were Aspire Adoption cases. The BCP psychologists had 42 Fostering/CiC cases and 42 Aspire Adoption cases open on 1st April, a total of 84.

The service has to operate a waiting list and on 1st April, **25** cases were waiting to be allocated. Fourteen were referrals from Aspire Adoption Services (6 from Dorset and 8 from

BCP). Eleven were referrals from Fostering services (5 from Dorset Fostering Services and 6 from BCP Fostering and CiC Teams).

At the beginning of the second quarter the waiting list stood at 23 cases waiting to be allocated.

New Referrals

The service received a total of 44 referrals Pan-Dorset from April to September 2020. Of these referrals, 36 were concerning Children in Care (CiC) (i.e. 81.8% of all referrals). Figure 2 below shows a breakdown of the referral source for CiC.

Referral source for CiC	Locality	
	BCP	Dorset
Fostering, Social Care & CiC Health Teams	13	17
Aspire Adoption Teams (e.g., Family Finding Team)	6	0
Total number of referrals by locality (n= 36)	19	17

Figure 2: Number of CiC referrals based on locality and referral source

The service receives referrals for Post-Care children from Aspire's Post Adoption & SGO Support Team. These are children who have been adopted or are subject to a Special Guardianship Order (SGO). Of the total 44 referrals received, only **7** (i.e. 15.9 %) were for Post-Care children.

The service also takes referrals for adults; these can be prospective and/or approved Foster Carers (FC), Adopters or Special Guardians (SG). Between April and September 2020, there was 1 referral (i.e. 2.3%) from the Dorset Fostering team for an adult who was a prospective foster carer.

Case loads

Dorset

The Dorset psychologists had **63** cases open on 1st April 2020 – 28 Aspire cases and 35 Fostering cases. Forty-four cases were referred in 2019 and 11 in 2020 (Jan – March). Eight cases remained open that had been made prior to 2019 (2 cases open since 2016 and 6 cases since 2018).

BCP

The BCP psychologists had **84** cases open on 1st April 2020 - 42 Aspire cases and 42 Fostering Cases. Fifteen of these cases were referred in 2018 and 50 were referred in 2019. Nineteen had been referred in 2020 (Jan-March).

Discharges

During the first 2 quarters, 22 Aspire Adoption cases were closed; 3 Dorset cases and 19 BCP cases. For the Fostering/CiC cases, a total of 40 cases were closed, 28 were BCP cases and 12 were Dorset cases. Overall a total of 62 cases were closed. This review and closing of cases enabled the team to ensure that they could maintain safe practice.

Age and Sex

Age and Sex for CiC

Below are tables which show the ages and sexes of CiC referred to the service per locality. Children aged between 13 and 18 years are the most referred age demographic.

Localities	Age ranges for males				Total referrals of males
	0-5 years	6-12 years	13-18 years	19-25 years	
All localities	5	6	7	0	18
BCP	4	4	3	0	11
Dorset	1	2	4	0	7

Figure 7: Referrals of Male CiC based on age and locality.

Localities	Age ranges for females					Total referrals of females
	0-5 years	6-12 years	13-18 years	19-25 years	25+ years	
All localities	2	5	10	1	1	19
BCP	1	1	5	1	0	8
Dorset	1	4	5	0	1 (prospective FC)	11

Figure 8: Referrals of Female CiC based on age and locality.

Age and Sex Post-Care

Below are tables which show the ages and sexes of Post-Care children referred to the service per locality.

Localities	Age ranges for males				Total referrals of males
	0-5 years	6-12 years	13-18 years	19-25 years	
All localities	1	2	0	0	3
BCP	0	1	0	0	1
Dorset	1	1	0	0	2

Figure 9: Referrals of Males Post-Care based on age and locality.

Localities	Age ranges for females				Total referrals of females
	0-5 years	6-12 years	13-18 years	19-25 years	
All localities	0	1	3	0	4
BCP	0	1	2	0	3
Dorset	0	0	1	0	1

Figure 10: Referrals of Females Post-care based on age and locality.

One off consultations

In addition to ongoing work with colleagues and carers, the Service provided a total of 59 one-off consultations to discuss concerns that did not necessitate a referral for ongoing work (e.g. to discuss concerns about a prospective carer's assessment or assist with formulation and recommendations for care planning/interventions). Colleagues can use this part of the service to discuss cases that do not fall within our service remit (e.g., children and YP in IFA placements).

One-off consultations by Team	BCP	Dorset
Fostering Teams	13	5
Children in Care Teams (including Dorset's care and support teams)	10	1
Care Experienced and Young People Teams (Care leavers)	9	0
CiC Health Teams	0	3
Other (e.g., complex safeguarding team/ Children & Families First)	2	0
Aspire Adoption Teams	14	2
Total (n=59)	48	11

Figure 11: One off consultations based on team/service and locality.

The Telephone duty service was not well used, as most colleagues contacted us directly via email. In total we received 12 calls which lead to a conversation with a psychologist either

on the same day or following day. Nine of these calls were for BCP cases, 2 were for Dorset cases and 1 was for an out of area case.

Supervision and Case Discussion Groups

The service provided supervision and case discussion groups to various teams Pan-Dorset. The frequency of these increased during lockdown, to ensure rapid response to colleagues requests for support with cases. The CiC Health Teams have on-going supervision arrangements from co-located Psychologists. The Emotional Health and Wellbeing Practitioners also have on-going individual supervision.

The table below gives details of the supervision and case discussion groups that were either set up or already rolling through the year. These groups are a successful method of upskilling the work force as well as bringing a psychological perspective and containment to the work of health, social care and Aspire staff.

The table below shows the number of supervision/case discussion group arrangements in place from April to the end of September 2020.

Professional Group	Supervision/ Case discussion group	Number of Sessions April-September	Locality
CiC Health Professionals	Supervision of CAMHS CiC Clinical Psychologist	4	BCP
	Supervision of CiC Nurses	8	Dorset
	Supervision of CiC Nurses	6	BCP
	Supervision of CAMHS CiC Social workers	6	Dorset
	Supervision of CAMHS CiC Social Workers	5	BCP
	Supervision for Emotional Health and Wellbeing Practitioners	11	Dorset
	Supervision for Emotional Health and Wellbeing Practitioners	6	BCP
Fostering	Case Discussion Group for Fostering Teams	12	BCP
	Case Discussion Group for Fostering Teams	23	Dorset
Social Care	Case Discussion Group for CiC & CEYP Teams	13	BCP
	Referral Consultation Case Discussion Group (For referrals to the BCP EHWP Practitioner)	1	BCP
ASPIRE Adoption	Case Discussion Group - Recruitment and Assessment Team	7	Pan-Dorset
	Case Discussion Group - Post Placement Support Team (adoption and SG cases)	14	Pan Dorset
	Case Discussion Group - Family Finding Team	10	Pan-Dorset

	Case Discussion Group - Special Guardianship Assessment Team	7	Pan-Dorset
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Figure 13: Breakdown of supervision and case discussion groups per team and locality.

Conclusion

The rate of referrals slowed during the first 2 quarters and all group work ceased. In contrast, the frequency of case discussion groups and one-off consultations increased significantly. The frequency of the one-off consultations for BCP staff doubled in comparison to previous years. A telephone duty system was also offered and used until the end of August. The volume of work and pressure (from the waiting list and requests for one-off consultations) was unrelenting. The team responded incredibly to the challenges of the pandemic and have been outstanding in their support to each other and to their Dorset and BCP colleagues and carers.

As the service moved into the 3rd quarter, the team looked at running groups for carers and training requests as well as providing further support to BCP's Emotional Health & Well Being Practitioners.

The waiting lists and size of caseloads is a concern and needs to be addressed. Through conversation with team and service managers, access to the service needs to change to ensure that carers receive a timely service. Given resource limitations, it would be wise to review referral processes and how the service is most effectively used for our children.

A goal for the service is to collect feedback from colleagues and carers about the service they receive to facilitate this review process. We are now routinely collecting feedback from carers and colleagues. A recent piece of feedback from a SW is given below, illustrating an aspect of the service provided:

I found the service really helpful for a number of reasons. I was able to talk through the case but also focus on my feelings about the case and my work with the young person. I was able to reflect upon my relationship with the young person and how to work on making the connection with him again.

22nd December 2020

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Corporate Parenting Board 21 January 2021 Children's Provision

Portfolio Holder: Cllr A Parry, Children, Education, Skills and Early Help

Local Councillor(s): N/A

Executive Director: T Leavy, Executive Director of People - Children

Report Author: Stuart Riddle

Title: Head of Commissioning

Tel: 01035225539

Email: stuart.riddle@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

1. That Corporate Parenting Board note the Placement Sufficiency Strategy – Appendix 1

Reason for Recommendation:

1. Executive Summary

The [Children Act 1989 \(Section 22g\)](#) requires local authorities to take steps that are reasonably practicable to secure sufficient accommodation for children and young people under their care who cannot live at home and whose circumstances indicate that it would be in their best interests to be accommodated within the local authority's area, so that they can see their family and stay at the same school. This is commonly known as the 'sufficiency duty'.

The strategy outlines the targets for reducing the number of children in care in Dorset and increasing the number of homes available for children in care in Dorset.

2. Financial Implications

The aim of the placement sufficiency strategy is to contribute to a reduction in spend on children's social care, and to ensure that spending in this area delivers value for money and makes a positive impact on outcomes for children in care.

3. Well-being and Health Implications

The aim of the Placement Sufficiency Strategy is to contribute to the improvement of health and well being outcomes for children in care.

4. Climate implications

The strategy sets out a number of measures which will ensure that more children in care live in Dorset. This will reduce the need for these children, their families, and any professionals involved in their lives to travel outside of Dorset.

5. Other Implications

The strategy forms part of the corporate parenting duties of the council.

6. Risk Assessment

To be carried out by the appropriate project team as part of the business case and rationale for each procurement and as part of ongoing contract management.

7. Equalities Impact Assessment

To be carried out by the appropriate project team as part of the business case and rationale for each procurement and as part of ongoing contract management.

8. Appendices

Appendix 1 – Placement Sufficiency Strategy

Footnote:

Issues relating to financial, legal, environmental, economic and equalities implications have been considered and any information relevant to the decision is included within the report.

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Appendix 1



Placement Sufficiency Strategy 2020 - 2023

1. Overview

Background

1.1 Dorset Council's Placement Sufficiency Strategy for children and young people is based on the rights-based approach to reducing the number of children in care which was adopted by the Council in 2019. This policy emphasises the need to provide services which prevent the need for children to enter the care system, and the obligation to ensure that wherever possible children are able to live in a family setting while in care.

1.2 There are two key targets which underpin this work:

- Reducing the number of children in care per 10,000 to a level comparable with our statistical neighbours – 60 per 10,000
- Reducing the percentage of children in care placed out of area to a level comparable with our statistical neighbours – 30%

Numbers of children in care

1.3 As of the end of November 2020, there were 476 children in care; a rate per 10,000 for Dorset of 70 exceeding that of statistical neighbour average of 55, and the neighbouring authority average of 65. To reduce the number of children to a rate per 10,000 comparable with neighbouring authorities would mean a care population of 390. It is estimated that this would take three years to achieve.

1.4 The target for the end of financial year 2021-22 is to reduce the number of children in care to 440. 82 young people will transition to care leaver services by the end of March 2022. Alongside other exit routes from care estimated to be between 40 and 50 children the net underlying increase in the number of children entering care would need to be no more than 90 to achieve this target.

1.5 During the first two quarters of 2020-21, 75 children left the care system and 74 entered. 27 of the leavers were transitioning 18-year olds. To reduce the overall figure, we require both fewer children entering the system, and the number of children leaving to return to their birth family or other permanence options such as SGO or adoption to increase. The percentage of children leaving care for adoption has been greater than statistical neighbour or national rates, and the rate of special guardianship has been greater than statistical neighbours in the last six months, but these figures can fluctuate from quarter to quarter as numbers are low. Overall, numbers of adoptions are rising in Dorset counter to the national trend, and Special Guardianship Order numbers are declining.

Year	2020-21	2021-22	2022-23	2023-24
Target no. of CiC at year end	476 (Nov 20)	440	410	380

Numbers of additional places required within Dorset

1.6 As of the end of November 2020, 41% of all children in care were placed outside of the Dorset area – some 194 children and young people. To reduce this percentage to the target figure of 30% would require the creation of, or assured access to, 51 additional places for children and young people in Dorset. This growth in capacity in Dorset would reduce the need to send children outside of Dorset and away from their family, friends and school

1.7 There are currently 35 children’s homes places for children available or in development in Dorset – some of these are being developed by Dorset Council, while others will be brought into block contract arrangements over the course of the year. It is reasonable to assume that 25 of these will be in use at any time. There is also a reasonable expectation that additional registered children’s home capacity will become available in Dorset, as a result of our tendering activity and the current national review of the use of unregulated provision for children.

1.8 It is also reasonable to set a target for the Council’s own fostering service to increase the number of available carers by 20 and to seek to secure an additional 20 places with independent fostering agencies in Dorset.

Total additional places required by March 2022	Additional places in residential homes by March 2022	Additional Dorset Council fostering places by March 2022	Additional independent fostering places secured by March 2022
51	20	20	20

1.9 Current costs, as of November 20, are £102,286.93 per week for the 106 children and young people placed with external fostering providers. 66 of these are placed outside of the border of Dorset.

1.10 Current costs, as of November 20, are £279,405.10 per week for the 57 young people in external residential provision. 49 of these are placed outside the border of Dorset.

1.11 An increase in our local placement availability as detailed above would lead to would result in an additional £100,000 per week being spent within the Dorset economy at a very conservative estimate. This would mean that our expenditure was benefiting the local economy, rather than the economy in other local authority areas.

Unregulated provision

1.12 The government is currently considering feedback to a consultation on the use of unregulated provision for children. This is usually supported accommodation which provides independence or semi-independence. Neither Ofsted nor the CQC currently inspect or regulate such provision. Dorset currently has 43 children in this type of provision.

1.13 The government has consulted around four groups of proposals:

- banning the use of independent and semi-independent placements for children and young people under the age of 16;
- driving up the quality of support offered in independent and semi-independent provision, through the introduction of new national standards, and ensuring that young people's interests are appropriately represented by their Independent Reviewing Officer (IRO);
- introducing new measures so that local authorities and local police forces liaise before a placement in this provision is made; and
- giving Ofsted new legal powers to act against illegal providers.

1.14 The proposals if adopted as set out would mean that providers would have to comply with a set of national minimum standards and would be subject to inspection by Ofsted, and there would be clarity about the difference between this type of accommodation and registered care provision.

1.15 There would be a transition period before the introduction of any new legislation and regulation, but the reality is that providers will have to choose between registering their provision, complying with the national standards, or exiting the market for housing 16- and 17-year olds.

1.16 Of the current cohort, 20 will transition to adulthood before the end of March 2021. It will be important going forward to reduce the number of young people entering this type of provision. An action plan will be developed to address risk issues in the remaining cohort:

- An over-representation of unaccompanied asylum-seeking children.
- Spot purchase arrangements where further quality assurance is required.
- High support placements which risk being illegal unregistered care settings.

1.17 Current costs, as of November 202, are £43,560.72 per week for the 43 young people. 9 of them are currently living outside the Dorset area.

1.18 Young people's supported housing will be retendered during 2021. The tender will open in February and the contract will commence in August. The tender will have a lot for supported housing services for 18 to 25 years old, and a lot for vulnerable young people aged 16-25. The expectation will be that providers who bid for the vulnerable young people's lot will work towards compliance with any system of regulation brought forward by the government.

2. Background

2.1 What is placement sufficiency?

We believe in supporting all of our children and young people to have a safe place to live and thrive. We recognise that most children and young people are best brought up within their own families. Where this is not possible, we look to find a family or a home that best meets their needs and offers access to the support and opportunities needed for success and happiness in later life.

To meet this vision, we need to have the right home, with the right people, in the right place, at the right time. This strategy sets out our aims and priorities to deliver this.

2.2 Guiding Legislation

The [Children Act 1989 \(Section 22g\)](#) requires local authorities to take steps that are reasonably practicable to secure sufficient accommodation for children and young people under their care who cannot live at home and whose circumstances indicate that it would be in their best interests to be accommodated within the local authority's area, so that they can see their family and stay at the same school. This is commonly known as the 'sufficiency duty'.

From April 2010, local authorities had to include in relevant commissioning strategies their plans for meeting the sufficiency duty. From April 2011, working with their Children's partners, local authorities must be in a position to carry out the sufficiency duty.

2.3 Dorset Council Policy

In 2019, Dorset Council adopted a [policy](#) of committing to reduce the number of children in care, taking a rights- based approach, which develops services which support children to be able to grow up in a family setting. We have a combined strategy to establish placement sufficiency:

- Change commissioning approach - block contracting, or a similar vehicle, to identify providers who will guarantee access to a number of placements
- Hybrid provision - where DC owns or leases properties which providers use to run children's homes, or which are directly provided by DC.
- Use existing, or new, sources of capital investment, such as a Social Impact Bond, to buy or build additional capacity in the residential estate for Dorset

3. Our Aims

3.1 Our [Strengthening Services Plan](#) and [Children and Young Peoples Plan](#) set out our short to medium service improvement agenda, and our long term transformation plans. Both plans are multi agency plans which are overseen by the Strategic Alliance. Our Placement Sufficiency Strategy, together with the Corporate Parenting Strategy, sits within the context established by these plans.

3.2 Our Strengthening Services plan states:

Children in Care and Care Leavers receive good quality help and support and thrive in a setting that is right for them achieving good outcomes that set the foundation for a stable and happy future

- Strengthen the Corporate Parenting offer in Dorset
- Improve the quality and timeliness of care and permanence planning so that children live in their forever home as soon as possible
- Strengthen arrangements to improve education, employment and training outcomes for children in care and care leavers
- Ensure robust arrangements are in place so that all children in care and care leavers are receiving health services that are improving their health outcomes
- Ensure children in care and care leavers with emotional health and wellbeing needs get the right help and support at the right time
- Strengthen contact / family time arrangements so that children in care are supported to have meaningful contact with family members
- Strengthen fostering arrangements in Dorset so that more children and young people are cared for close to their communities, friends and networks
- Ensure sufficiency and quality of local residential placements for children in care and suitable accommodation for care leavers

3.3 The Children and Young People's Plan states:

Our aim is to keep our children close to home and to be the best corporate parents we can be.

Where we can we want to support families to stay together. Where children and young people do need care, we want to make sure this is in family-based care wherever possible.

We want to make sure that:

- we have the right educational and housing options for our children in care and care leavers
- we improve the health and wellbeing of our children in care and care leavers
- there is a range of short breaks available to support families with children with SEND so that they're able to continue to care for their children

3.4 The [Corporate Parenting Strategy](#) has identified the following priorities for children on the edge of care, children in care, and care leavers:

1. Increase opportunities to hear the voice of our children and young people and to take their views, wishes and feelings into account.
2. Promote better physical and mental health and well-being through improved access to health information and services.

3. Have high aspirations for children in care and care leavers in their education, training and employment.
4. Ensure safe and stable accommodation within the family home or close relatives and friends. If not possible, children are moved to a permanent placement without delay.
5. For our children to have a good and enriching experience of care provision and to prepare for adulthood and an independent and successful life.
6. Effective governance and planning arrangements are in place to mean the Corporate Parent can be the best they can be.

4. COVID Specific Context

4.1 The experience of the pandemic in Dorset has been congruent with the themes identified by Ofsted in a briefing note [COVID-19 series: briefing on children's social care providers, October 2020](#)

- Better multi-agency working has often been a positive consequence of the pandemic, especially between education and LAs.
- Concerns about sufficiency, placement disruption and children entering care in an unplanned way have increased during COVID-19 (coronavirus) restrictions.
- Care leavers' personal advisers have shown strong commitment to them throughout the pandemic.
- Pressures on the family courts significantly impacted LAs' ability to issue care proceedings and to protect children. The backlog of public law cases has also made it harder to return children home or move them out of care.
- Contact between children and their families has largely been managed sensitively, in line with COVID-19 restrictions on a local and national level.
- Leaders did not always have a clear strategy to know which children known to social care should be attending school in person or to monitor attendance.
- There were differences in children's and young people's access to technology and therefore in their ability to engage in remote learning, access the job market or keep in touch with friends and family.
- Child and adolescent mental health services (CAMHS) often already did not have enough capacity to meet children's needs, and this worsened during the pandemic.
- LAs appear to have made little use of the temporary flexibilities in the regulations.

4.2 Dorset Council has taken the following steps to support young people and providers during the pandemic:

- Despite the challenges in maintaining face to face contact, we have been making sure that we continue, wherever possible to keep in touch with and visit our children in care.
- Our social workers have used technology to stay in touch, and we are working closely with foster carers and placement providers to safely visit in a Covid secure way and reducing unnecessary footfall where possible by coordinating visits by professionals.
- Almost 85% of our children in care have been seen in the last six weeks and 14% in the last 6 to 12 weeks. Throughout Covid 19 we have also tracked social work contact with children within 4 weeks and on 13/7/2020 87% children had been contacted in the last 4 weeks.

4.3 One of the major challenges due to COVID19 has been a delay in 'move on' within both the private rented and home choice housing sectors. Limited private rented properties were advertised during this time and there were also COVID19 restrictions in place which prevented moving. The home choice bidding system was closed temporarily due to COVID19, preventing any bids on local housing association properties until this re-opened mid-July 2020. The impact of these delays and other emergency measures taken during COVID19 includes a current processing time of up to 16 weeks for housing register applications meaning that new applicants are unable to access the home choice system until their applications are completed. The impact of COVID19 delay will begin to reduce as colleagues in our Housing Departments are able to catch up with volume of work and demands, and the private housing sector become more confident to advertise properties once again.

4.4 Overall, Ofsted has noted that social care providers seem to express little concern about their future viability – in contrast to other sectors of the economy. This confirms the pre pandemic view that the children's social care market was currently provider led. This also supports the shift in our strategy to investment in our own provision, and a more active approach to market engagement and market shaping.

5. Dorset Children and Young People

5.1 What we know from current data:

Children in need – the level of need for social work intervention

- Our Child in Need (CIN) numbers are gradually decreasing and are in line with our statistical neighbours (292 per 10,000).
- Our CIN assessments are also reducing as a result of work taking place in the Childrens Advice and Duty team and ongoing work to embed Early Help.
- There has been significant improvement in recent months in timeliness of our social work assessments and our social workers direct work and contact with children and families is a high priority for us.

Children in Care

- The number of Children in Care in Dorset has increased over the past 5 years. From 390 children in 2015 to 476 November 2020.
- The number of children in care aged 0-12 is consistently greater than the number of children aged 13 – 17 in the care system
- 43% are girls and 55% boys
- Fourteen per cent of our children in care are from Black, Asian or other minority ethnic groups
- At the end of November 2020, there were 14 unaccompanied asylum-seeking children. These children are over-represented in unregulated provision
- Nine per cent of our children in care are disabled but around two thirds will have Special Educational Needs,
- One third of our children in care are from Weymouth and Portland
- Too many of our children in care are placed at a distance from home making it more difficult for them to keep in touch with family and friends and leading to changes of school - 46% of children and young people are looked after over 20 miles from their home address and 40% live outside Dorset
- Too many of our children have placement moves before they find the right home for them – a third of all children in care have had more than one placement.
- Long- and short-term placement stability is worse than national or statistical neighbour averages

Care Leavers

- Dorset has responsibility for 260 care leavers – 45% are male, and 54% are female. We are working to ensure they have suitable places to live close to education and job opportunities
- Eleven per cent of care leavers are from Black, Asian or other minority ethnic groups
- Eleven per cent are disabled.
- As we have a large number of teenagers in our care we know that this number will increase over the next 2 years but we can expect it to decrease after that as the age profile of children coming into care changes,
- The number of care leavers receiving support after the age of 21 falls off sharply.
- We need to be better able to support children and young people who have multiple and complex needs, are at risk of criminal and sexual exploitation, have mental health issues and additional communication needs

6. Supporting the right to family life

6.1 The sufficiency duty applies to all children who are Looked After, but it also applies to Children in Need who are at risk of care or custody, known as children 'on the edge of care', and needs to incorporate permanency.

6.2 Children in care are supported by social workers across locality teams and with the children who are disabled service. Within the locality teams we have created 3

locality-based permanence teams to support our children in care from 0-18 years of age.

6.3 The creation of permanence teams embedded within our new place-based structure ensures that our children in care have a managed transfer between social workers at the right time for them, whilst maintaining a focus on their needs when permanence has been achieved.

6.4 The trend in Dorset is towards better performance around permanency. The percentage of children who have a permanence plan after 4 months has increased from a low baseline. Long term placement stability is better than our comparators.

6.5 We have improved our systems for tracking and monitoring children who are pre and in proceedings in the family courts. As of November 2021, there were 40 children from 23 families. All cases in proceedings are reviewed at 13 weeks and action taken if there are signs that the timescale for resolution may be at risk.

6.6 We recognise that children and young people in Dorset have a wide range of needs. When it comes to finding a home, we want to support children and young people to have a safe place to live and thrive. To do this we need a range of different homes and settings, including respite and effective short breaks for children and young people with disabilities.

7. The Harbour

7.1 We will implement a different way of supporting and providing care to our teenagers through a new model of delivery at *The Harbour* in Weymouth and Portland.

4.1 The Harbour approach is a multi-agency partnership that pools resources to achieve improved outcomes for children, families and communities, and reduce spending across the public sector.

4.2 The Harbour programme is based on the successful No Wrong Door model and replaces traditional young people's homes with hubs which combine residential care with fostering, outreach support, and supported lodgings. Each hub has a dedicated multi-disciplinary team which works with young people on the edge of care, around placement stability and reunification – working with families on a strength based, relationship based, restorative model in a shared approach with partner agencies.

4.3 The approach involves working with children on the edge of care, at risk of placement breakdown, or in insecure housing in order to ensure that they can continue to live at home, or can live in a stable family setting. In this approach, residential care is a time limited intervention for young people – not a destination.

4.4 Every young person in the Harbour programme is given one key worker supported by a single team of trusted and skilled workers. These workers stick with the young person through thick and thin to access the right services at the right time and in the right place to meet their needs.

4.5 So far there has been successful engagement of partners including Police, the CCG, healthcare providers and housing providers to shape and deliver The Harbour. The project will deliver a reduction in service delivery costs for all partners which will support securing long-term financial investment.

4.6 For Dorset Council, the most tangible benefit to be realised will be a reduction in the number of children placed in residential care and in out of county placements.

4.7 The delivery of the Harbour approach will require effective and robust staffing arrangements, including the successful recruitment of specialist foster carers. This will require new ways of working and a consistent set of behaviours and values across the residential homes, family placements and community settings, including staff from partner agencies.

4.8 A task group is working on process design and new guidelines for staff. The group will produce a workforce development plan and document supporting procedures and guidance for all staff and agencies who will deliver services in The Harbour.

4.9 45 Dorchester Road, Weymouth will see the development of a 3 bed roomed home which can be used as a short-term intervention in emergencies, and a 5 bed roomed home will be suitable for children who need a residential intervention the medium term. Both are expected to be available in the winter of 2021/22.

4.10 Hayeswood Bungalow, Wimborne is being registered as a children's home and has a single young person living there. At the point when she moves on to her own accommodation, the home will be available to be used in the same way at the 3 bed home in Dorchester Road and will mean that the approach can be offered in the east and north of the county with a base that is closer to home.

4.11 Clarence Road, Portland can be refurbished and registered by the end of February 2021. This will either enable a young person to exit unregistered provision and move closer to their family, and/or will be available as part of the Harbour offer.

4.12 Sunnyside, Weymouth is currently occupied by a young man who has transitioned to Adult and Community Services. He will move to his permanent adult care setting in 2021. At this point, this property will be able to be registered as a children's home.

4.13 Avon Heath is two cottages in the country park which are currently being used as unregistered provision. Early in 2021, an existing local provider will take on a lease for the properties and will register them as children's homes in a block contract arrangement.

4.14 We will:

- Reconfigure and expand our existing edge of care and complex placements services to deliver this model

- Use residential bases in Weymouth for the core hub and have a live service by winter 2021/22

8. Foster care

8.1 Our vision is for all children in foster care to have stable lives, build trusting relationships, to feel cared for and benefit from high quality foster care for as long as they need it.

- 67% of children in care are placed with foster carers which is below national and regional average
- 16% of children in care who are placed with foster carers do so under established permanent arrangements
- 15% of children in care are placed with foster carers who are relatives or friends
- 4% of children in care at any one time are placed with foster carers and awaiting adoption
- Dorset Council supports 205 foster carer households, many of whom look after more than one child or young person in care. Just over a quarter of these are connected person arrangements.
- 212 children are placed with Dorset Council foster carers, and 103 with external fostering providers.
- For young people moving into adulthood, the Staying Put scheme offers the opportunity to remain with their foster carer after they have turned 18. We need to develop this further, as we do our Fostering to Adopt offer so that more children can be placed with foster carers who can then adopt them.

4.15 Increasing sufficiency of foster care

We will work to increase the supply and improve the quality of our fostering offer. The following steps will be taken to increase sufficiency of foster placements:

- Fostering recruitment will be tendered to replace the current arrangements with a complete through service that delivers foster households to our Fostering panel ready to approve.
- Recruitment will focus on carers for teenagers who are able to care for young people with complex needs and offer a home to the diverse population of children in care.
- The management of the fostering service will increase the proportion of registered foster carers who are active and available to receive children. Currently, around 60% of fostering households are active – we need to increase this to 85%. The proportion will be increased both by supporting more carers to provide placements, and by deregistering those carers who have reached the end of their fostering career.
- We will review the terms of reference and structure of our current fostering panel with a view to identifying changes which support our direction of travel – both in terms of the work required to increase the number of new carers, and

to strengthen the quality assurance and review mechanisms around our existing carers.

- The fostering service will move to implement the Mockingbird model of support for foster carers. A transformation bid is being prepared to support this work.
- The fostering service will establish a specific Mockingbird network for teenagers as part of the Harbour which will establish a step-down pathway for children in residential care.
- Increase the number of children who stay put with their carers after their 18th birthday. The fostering service will increase the percentage of children who are able to benefit from Staying Put arrangements that it is in line with our statistical neighbours. This will reduce the number who live in unregulated provision.

4.16 Deepen relationships with independent foster care providers, particularly those with carers in Dorset

We know that over 150 children from other local authorities are looked after by independent fostering agencies in Dorset. We wish to work with these providers to ensure that this provision is secured and available for Dorset children in the first instance. Although this sector of the market is reluctant to enter into block arrangements, we believe that we can improve confidence by prioritising matching in the brokerage process and reducing delay. We also believe that there is scope to commission specialist schemes from the sector including parent/carer and baby placements.

- Tendering will take place for a short break fostering service for children with additional needs. This is a gap in our current short break offer.
- Activity including retainer schemes and matching panels will take place with independent fostering providers within Dorset to increase our access to the fostering households in the county.

9. Children's homes and residential care

9.1 Our vision is that children and young people who live in children's homes and residential care do so within Dorset and to have great quality care in homely environments where support is flexible and planned to suit their needs. We want them to be supported to be able to live with families, whether this is with foster carers, their biological family, or for young people to move towards independent living

- Currently 97 children and young people, 20% of those in care, live in children's homes and residential care.
- There are 5 children's homes in Dorset registered with Ofsted offering up to 19 places.
- One of these is a Dorset Council home for children who are disabled – The Cherries, Weymouth. This originally designed as a short break provision for children and is a large institutional building. It is registered for 9 young people,

but is currently home to 5. Work will take place early in 2021 to review whether these young people could live in more domestic accommodation or whether they could live with foster parents.

- Of the 4 other private children's homes' 13 beds, four are occupied by Dorset children and young people.
- Most Dorset children and young people who are looked after in children's homes and residential care live outside of Dorset, sometimes in neighbouring counties but too often far away from their families and friends. Sometimes this is because their needs are particularly complex and they need specialist therapeutic provision or residential schools, but they need to have every opportunity to live within Dorset
- Some children and young people are living in residential children's homes because we have been unable to find a foster family to care for them

9.2 We will increase the availability of local residential care and children's homes by:

- Building a new children's home in Weymouth by September 2021 for up to 5 young people, who need longer term residential care.
- Not using residential care which is not registered with Ofsted. We will do this using the Harbour and by registering residential provision with Ofsted as children's homes, operated either by Dorset Council or by partner organisations.
- Working with partner organisations to expand the range of residential care in Dorset. We will encourage existing partners to develop this provision and block contract the homes. We will also tender to offer Dorset Council properties to be developed as new independent sector children's homes for Dorset Council's exclusive use under 'block contracts', along with a lot to enable new providers to contract with us.
- Review the statement of purpose of our children's home for children and young people who are disabled and look at how the service can be provided differently – exploring the potential to deliver the service in less institutional homes, and linking the service with dedicated foster carers and short breaks providers to deliver a graduated response.
- Joining up our placement sufficiency strategy with our SEND Capital Strategy to identify opportunities for young people with additional needs to go to school and live in Dorset, if they cannot live at home.

10. Supported accommodation and Independent living

10.1 Our vision is for all young people in living in supported accommodation to have a safe place to live, whilst developing their life skills to successfully transition into adulthood and independence. We want Dorset young people to reach their potential during their transition into adulthood and beyond. We want young people leaving care to be supported to get the right accommodation and get practical and financial support.

10.2 Dorset Council commissions supported accommodation for young people, but due to increases in demand and emerging complex needs, additional accommodation and housing related support for young people is sought through spot purchasing.

10.3 Only 86% of care leavers remain in care until their 18th birthday, and we know we need to work to increase this number, and reduce the number of 17 year olds in unregulated accommodation, while working to improve the quality of the support offered in these settings.

10.4 We have a total of 63 young people aged 17-21 living in supported accommodation, 16 in Staying Put placements, and 7 in bed and breakfast or emergency accommodation.

10.5 Dorset care leavers are more likely at age 18 to be in unsuitable accommodation than the national or statistical neighbour average, and more likely to be living independently at age 19 to 21. We know that supported lodgings and staying put schemes are underused for care leavers in Dorset compared to national or statistical neighbour averages.

10.6 We have a duty to support care leavers up to the age of 25, but we know the number of care leavers receiving a service declines drastically after age 21. Our development of 1 and 2 bedroom flats at Kirtleton Avenue will provide additional accommodation for up to 12 young adults, and their children if they are parents, and enable them to access support but also to have a settled tenancy which will provide a stepping stone to adult life. The accommodation will be available from winter 21/22.

10.7 Work will continue with colleagues in Adult Services and Housing to:

- Embed our joint protocol between children's services and housing to ensure that young people who are at risk of homelessness receive a robust response
- Seeking opportunities to develop affordable housing options for care leavers through the council's Building Better Lives programme
- Increase the number of shared lives carers

11. Working with partners

11.1 Outcomes for children in care are determined not just by the quality of placement, but also by the quality of their care plan and the wrap around support to them and their carers.

Virtual school and early years

11.2 Dorset Virtual School undertake three Personal Education Plan (PEP) meetings a year for our children in care, one each term, in partnership with young people and their carers, social workers and the designated teachers in schools/settings. The current PEP return rate is over 99% which although not nationally reported on, compares favourably with regional informally reported return rates amongst South

West Virtual School Heads' termly meetings. The Virtual School Governing Body also has a Governor Champion for the quality of Personal Education Plans. A BI dashboard has been developed by commissioning staff to enable the school population of children in care to be tracked. Options appraisal is taking place on dedicated software to enable the virtual school and partners to develop PEPs in a digital space and track attendance and attainment in year in real time.

Family Time - Keeping in touch

11.3 Our current arrangements for helping children in care stay in touch with their families and other people who are important to them are in need of an overhaul – starting with the cessation of the use of the word “contact” to describe it – which young people have told us they dislike. Some of this will involve changes in awareness about the role of the corporate practice and ensuing practice. There is also a need to review the service which enables children to meet family under supervision when there is an identified risk. Most of this work is done by employees in the Community Resource Worker service. These are employed on zero hours contracts with a view to providing a flexible and responsive service. The service is currently under review with a view to creating a more established service with dedicated meeting venues, which will reduce travel costs and other avoidable overheads. Our aim is to have new arrangements in place by April 2021.

Keeping healthy

11.4 Overall, our practice is improving in ensuring we understand the health needs of children entering our care, with improvements in timeliness of gaining consent for Initial Health Assessments as a result of increased management oversight and weekly monitoring. However, we lag behind comparators on the percentage of children who receive an Annual health Assessment on time, and on the percentage of children who access dental services. Our average Strengths and Difficulties Questionnaire (SDQ) scores are also higher (negative) than comparators.

11.5 We have a Child in Care Psychologist based in the council who works with our children in care and their carers to ensure that we have a good understanding of the therapeutic needs of our children and that the placement can meet the identified needs. In addition, there are psychologists based in the NHS. There has been a rise in the numbers of requests for support, advice and guidance to foster carers from the Children in Care Psychologists which has had an impact on their offer. One off consultations have more often been provided rather than a series.

11.6 The Youth Offending Service obtained NHS England funding for a Speech and Language Therapist and to support the introduction of trauma informed practice. A 4-month pilot saw all new young people being assessed by the Speech and Language Therapist. About 80% of these assessments identified some level of speech, language or communication needs, with recommendations for the young person, for YOS workers, other professionals and for family members about how best to respond to the child's needs.

11.7 This learning will be incorporated into the Harbour and discussions are taking place with the CCG and health providers about establishing dedicated psychology and speech and language therapist support as part of the Hub team.

Adoption and Special Guardianship

11.8 Adoption Services are provided since July 2017 through the Regional Adoption Agency (Aspire), which serves the Dorset Council and BCP Council areas. Dorset Council retains the Agency Decision Maker responsibility. A review is being undertaken with Aspire to fully consider impact and outcomes for children within the existing RAA to support future plans for service delivery. This will be completed by January 2021.

12. Improve our contract monitoring with partner organisations who provide placements

12.1 We have created new posts within the Commissioning service to improve our contract monitoring and quality assurance arrangements with providers. We believe that this will

- Give more assurance about quality and standards
- Ensure value for money
- Improve placement stability by enabling us to work closely with providers to address issues early

All current external placements are RAG rated by the Quality Assurance Manager and a program of checks and visits is underway. The team is able to respond to notifications from Ofsted where inspections or investigations have raised concerns, or where judgements about individual settings have changed.

12.2 A programme of monthly case file audits is also carried out which provides oversight of the quality of care planning for individual children.

12.3 We have also taken steps to establish a procurement business partner role with the corporate procurement hub. This will enable us to make best use of the resources and expertise of the corporate hub, and focus our contract officers on contract monitoring.

12.4 Our current Independent Fostering Agency (IFA) placements have been made from the tendered sub-regional frameworks (South West until 31.3.17) and South Central since 1.4.17 that can provide for special and needs, where these cannot be met within local provision. There were 36 independent fostering service providers pre-qualified to provide placements on the South West framework the individual placement agreements persist for as long as the placement is required even after the framework period has ended. The South-Central Independent Fostering Framework provides the consortium of local authorities with 49 foster agencies able to provide standard foster placements, 43 children with a disability placement and 43 parent and child placements. This Framework has 9 providers who can provide a new service of Alternatives to Residential placements. The successor to the South-Central Framework will be tendered in 2021.

12.5 Dorset does not have enough children's homes to accommodate children who require residential care. To date we have not attracted external providers to invest in or set up provision in Dorset. Therefore, the vast majority of our residential placements are made out of area, sometimes in adjoining local authority areas, but also at a considerable distance from Dorset in other LA areas. A number of steps have been taken to address this shortage of provision. We began by hosting a local market engagement event in September 2019. This was attended by thirteen children's home providers. We outlined our placement needs and discussed with providers possible ways to address our lack of children's home capacity. Block contracts were felt to be a useful way to secure capacity in Dorset. Initially this would be through using the flexibility of the Local Authorities of the Southern Region (LASR) framework to 'call-off' block contracts for Dorset children's homes. We have established a block contracts with the Beaufort Care Group for two of their homes in the East of Dorset. We are in discussion with other Dorset-based providers to see if similar block contracts could be established. For all Dorset-based providers we are aiming to get notified ahead of other local authorities of vacancies and planned vacancies.

12.6 A more medium- term solution would be to encourage providers to set up new provision in Dorset, perhaps utilising Dorset Council land or re-purposing Dorset Council buildings. We will tender for this in 2021 with a view to attracting providers who are not part of the current frameworks.

12.7 The LASR flexible framework is now in its third year and the reopening of the tender resulted in an increase in the number of homes available for calling-off placements as and when required in the following categories

- i. Planned and Same Day Residential Care
- ii. Crisis Care
- iii. Residential Care with DFE Regulated Education
- iv. Residential Parenting Assessments
- v. Therapeutic Residential Care
- vi. Children with Disabilities

However, the difficulties of sourcing beds cannot be underestimated, and spot purchasing is still required on occasion.

12.8 Since February 2019 a Post 16 Accommodation and Support South-Central Framework contract has been in place following a joint tender. This is a framework of 18 providers covering 4 lots (Looked after Children including UASC -16 providers; Care Leavers -16 providers; Young People with Complex Needs – 14 providers and parent and child – 7 providers) and also provides us with the ability to block contract for specific numbers and types of placements. The Consortium of Bournemouth, Christchurch and Poole Council, Bracknell Forest Council, Dorset Council, Hampshire County Council, Portsmouth City Council, Southampton City Council and Wokingham Borough Council are currently considering a reopening of this framework to new bidders or bids for further provision from current providers. This remains a difficult market where conditions mean that we still need to make occasional spot purchases.

12.9 Dorset Council's joint Adult Services and Children's Services Supported Housing contract (also known as the Vulnerable Young People's Service) was due to expire in July 2020, but was extended for a year due to the pandemic. Services are to be reconfigured to secure sufficient higher needs accommodation and support and with lower level needs met by enhanced housing management and floating support. The tender will be led by Children's Services with active involvement from colleagues in Adult services and Housing. The remainder of our post 16 accommodation and support or supported housing is currently subject to a block contract with a Dorset provider. This will be rolled into the new tender to drive efficiency, effectiveness and choice.

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Dorset's Corporate
Parenting Strategy
2020 – 2023

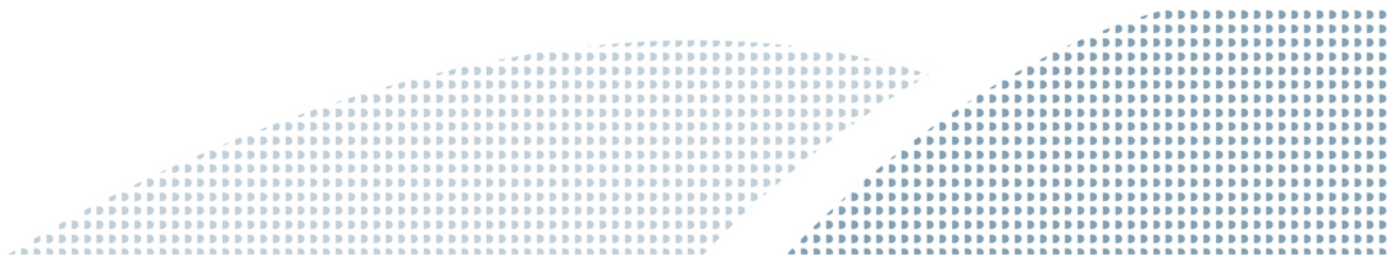
Making Dorset
the best place
to grow-up



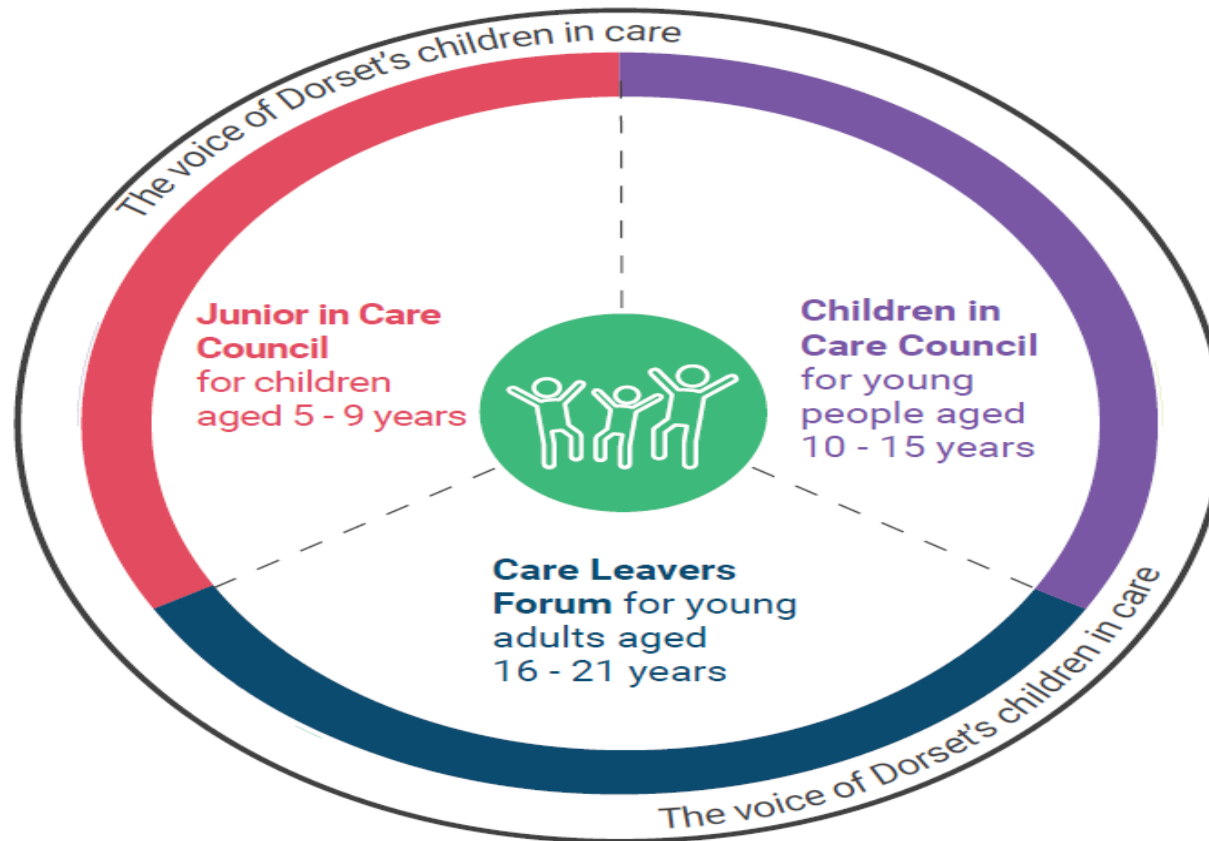
Dorset
Council

Corporate Parenting Ambitions & Priorities

- 1 Increase opportunities to hear the voice of our children and young people and to take their views, wishes and feelings into account.
- 2 Promote better physical and mental health and well-being through improved access to health information and services.
- 3 Have high aspirations for children in care and care leavers in their education, training and employment.
- 4 Ensure safe and stable accommodation within the family home or close relatives and friends. If not possible, children are moved to a permanent placement without delay.
- 5 For our children to have a good and enriching experience of care provision and to prepare for adulthood and an independent and successful life.
- 6 Effective governance and planning arrangements are in place to mean the Corporate Parent can be the best they can be.



- 1 Increase opportunities to hear the voice of our children and young people and to take their views, wishes and feelings into account.



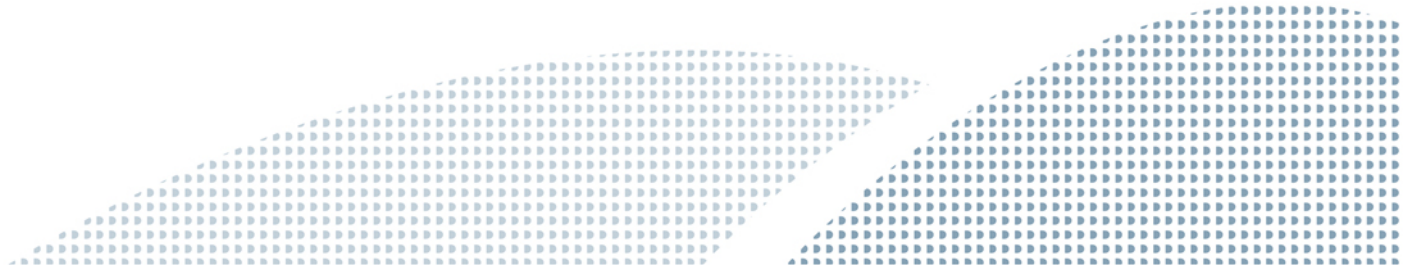
- 2** Promote better physical and mental health and well-being through improved access to health information and services.

Positives

- CPB are well sighted each month on the SDQ data.
- Adhoc report on Emotional Health and Wellbeing presented to Board Jan 2021.
- Strengthening Services plan in place (SDQ)
- RHA rates remain positive

Areas of focus

- EP delivering training SDQ to staff in January 2021
- Refine process for staff
- IHA rate is low –Improved process embedding



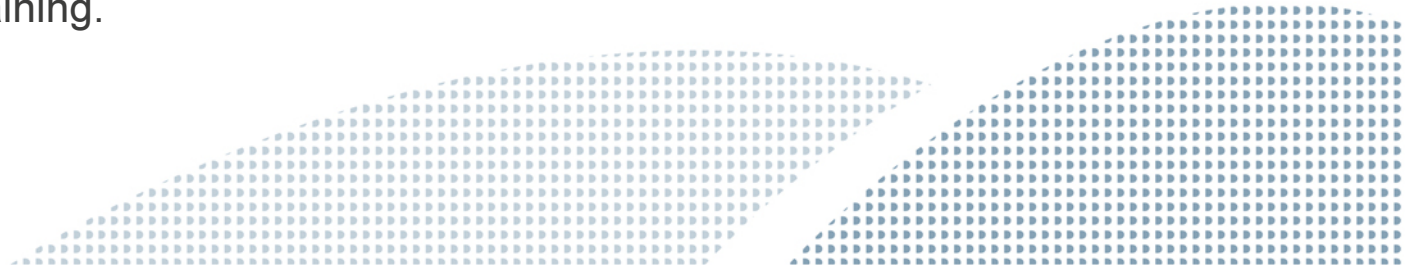
- 3** Have high aspirations for children in care and care leavers in their education, training and employment.

Positives

- Virtual Schools Annual report and end of term data to CPB
- Deep Dive on Care Leavers' Employment, Education and Skills – NEET (June and September 2021)
- New virtual schools Principal Teacher
- EPEP training in January 2021
- Pandemic has encouraged use of tech to stay in contact with one another and made accessible a variety of resources to YP that may not have previously accessed this.
- Our NEET statistics are slightly better than those of our statistical neighbours and have been improving by a small amount each month since August, coinciding with the new academic term.
- Monthly meeting on RAG rated Children in Care not in Education or reduced time table.

Areas of focus

- Pandemic has limited school access as well as clubs, cultural activities.
- Focus on reducing the number of Care Leavers that are NEET and have created a 'team within the team' to focus on supporting Care Leavers around their employment, education and training.
- Focus on the approximately 60 Care Leavers who are NEET but are available for education, employment and training.



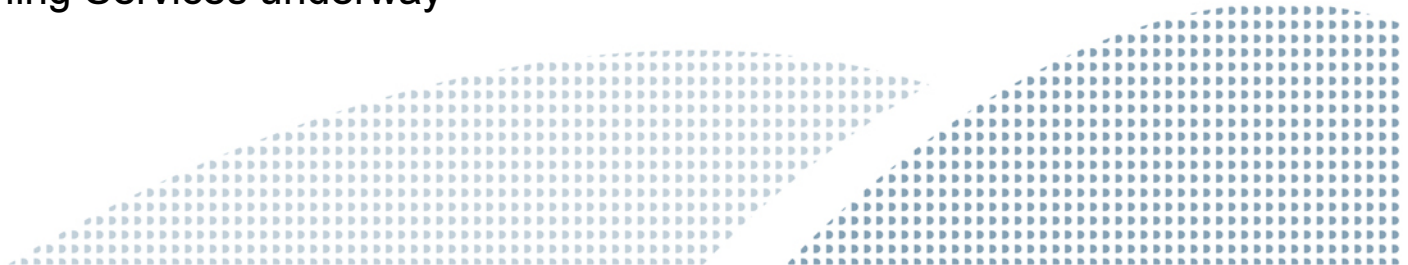
- 4 Ensure safe and stable accommodation within the family home or close relatives and friends. If not possible, children are moved to a permanent placement without delay.

Positive

- Established improved management oversight processes
- Joint Viability Assessments completed between the children's social worker and a fostering social worker.
- Fortnightly Permanency Panel established October 2020 .
- Permanence training for social workers
- Enhanced Tracking by QAROs
- Joint Housing Protocol 16-17 yrs workshop in the first quarter of 2021
- New Harbour Project

Areas of focus

- Better use of Family Group Conferences
- Continued development of Permanence planning
- Refined Long term Fostering Process ready for sign off
- Fostering Strengthening Services underway



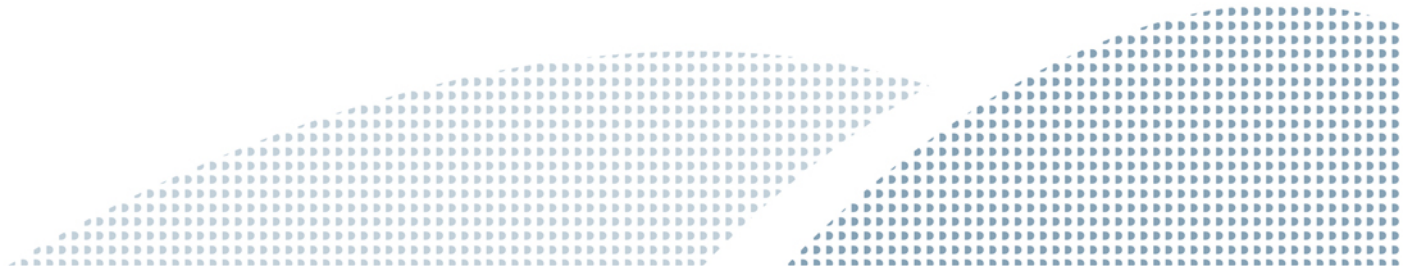
- 5 For our children to have a good and enriching experience of care provision and to prepare for adulthood and an independent and successful life.

Positive

- Independent Advocacy services for CIC age 8 years and older (opt out)
- Children in Care Awards well established
- Transition working group underway

Areas of focus

- MAX card promotion
- Strengthening the in-house fostering offer to ensure that children are local, and to build local links and access local services.
- Transition working group



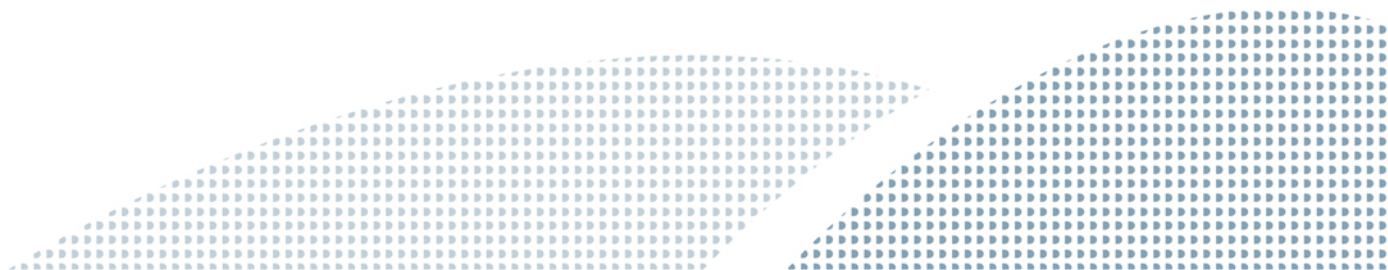
- 6 Effective governance and planning arrangements are in place to mean the Corporate Parent can be the best they can be.

Positives

- Corporate Parenting Strategy Launch for 2020-2023 linked with other existing policies.
- CPB Forward Planner in place until 2022.
- Corporate Parenting Strategy update at formal meetings and Annual Report
- Monthly data pack comparing our performance against statistical neighbours and national trends.

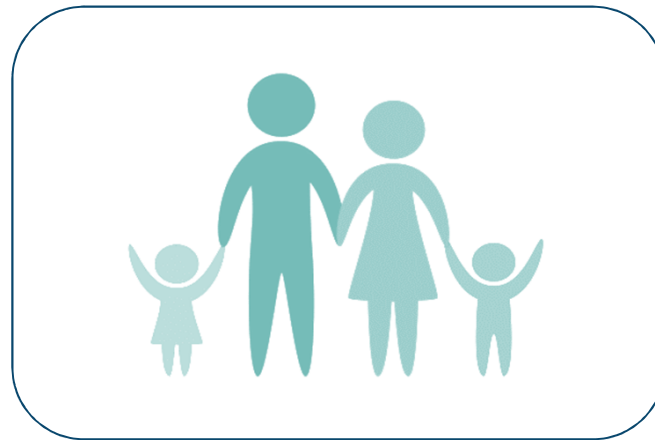
Area of focus

- Corporate Parenting to form part of new starters induction to DC.



Corporate Parenting Data Set

People - Childrens



November 2020 Data

Produced by Business Intelligence & Performance (People)

Corporate Parenting Data Set (last 6 months)



	Benchmarking		Current Target	Baseline Dorset 19/20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Direction of Performance	Trend
	Eng AV	SN AV										
Profile												
Measure												
Rate of Children in Care per 10000												
	65	44 - 57			71	71.2	70.9	70.9	70	70.1	▼	
Number of Children who have come in to care in the month												
		163 - 350			11	11	11	11	6	13	▼	
Number of Children who have left care in the month												
		149 - 343			15	9	11	8	10	11	▲	
Health												
Measure												
% Initial Health Assessments completed within 20 working days (CCG Data)												
					82%	60%	18%	9%			▼	
% CIC Annual Health Assessment completed on time												
	90%	74% - 84%			76%	77%	77%	70%	76%	75%	▼	
% CIC who have had a dental check within 12 months												
	85%	78% - 94%			70%	69%	65%	58%	55%	42%	▼	
% CIC at end of month with up to date immunisations												
	87%	91% - 95%			81%	82%	78%	84%	82%	79%	▼	
Emotional Wellbeing												
Measure												
% of children for CIC for at least 12 months age 4-16yrs with completed SDQ assessment												
	78%	61% - 80%			49%	46%	45%	42%	38%	31%	▼	
Average SDQ Score for Assessments within last 12 months for CIC for at least 12 months aged 4-16yrs												
	14.2	14.4 - 15.8			18.9	18.7	18.7	18.9	19.2	20.2	▼	
Safety												
Measure												
% Children in Care who have had an episode of Missing												
	11%	9% - 11%			14%	14%	14%	13%	13%	14%	▼	
% Children in Care who have had more than 1 episode of Missing												
	7%	4.1% - 7.6%			10%	9%	7%	9%	9%	8%	▲	
Number of allegations made against foster carers												
		5 - 20			27	1	5	2	1	1	■	

Corporate Parenting Data Set (last 6 months)



	Benchmarking		Current Target	Baseline Dorset 19/20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Direction of Performance	Trend
	Eng AV	SN AV										
Placement												
Measure												
% Children in Care n living in foster placement												
	72%	72.3% - 78.8%			69%	70%	69%	68%	67%	67%		
% Children in Care with 3 or more placement												
	10%	9% - 12%			10%	10%	10%	10%	10%	10%		
% Children in Care 2.5 yrs in same placement for 2+ yrs												
	69%	70% - 76%			64%	67%	70%	69%	69%	70%		
% Children in Care living in a commissioned placement												
	50%	38%			54%	54%	54%	54%	56%	44%		
% Children in Care living more than 20 miles from home address												
	20%	19% - 39%			48%	48%	47%	45%	46%	46%		
% Children in Care living outside Dorset Council Area												
	41%	16% - 38%			43%	43%	43%	42%	41%	41%		
Education												
Measure												
% Children in Care with an Education Health and Care Plan												
	27%	27.0% - 43.3%			NA	NA	32%	33%	39%	39%		
% Children in Care achieving expected standards in Key Stage 1 (number)?												
	Data not available	Data not available			NA	NA	NA	NA	NA	NA		
% Children in Care achieving expected standards in Key Stage 2 Maths												
	51%	35% - 46%			NA	NA	NA	NA	NA	NA		
% Children in Care achieving expected standards in Key Stage 2 Writing												
	50%	32% - 42%			NA	NA	NA	NA	NA	NA		
% Children in Care achieving expected standards in Key Stage 2 Reading												
	49%	25% - 37%			NA	NA	NA	NA	NA	NA		
Average Attainment 8 score for Children in Care												
	19.2	14.9 - 17.8			NA	NA	NA	NA	NA	NA		
Average progress 8 score for Children in Care												
	-1.23	-0.93 - -1.33			NA	NA	NA	NA	NA	NA		
% Children in Care with a Personal Education Plan												
	Data not available	Data not available			NA	NA	98%	95%	NA	98%		
% all Children in Care Unauthorised absence												
	1%	0.4% - 1.8%			NA	NA	NA	NA	2%	2%		

Corporate Parenting Data Set (last 6 months)



	Benchmarking		Current Target	Baseline Dorset 19/20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Direction of Performance	Trend
	Eng AV	SN AV										

Education

Measure												
Average Attendance % for Children in Care of school age												
					NA	NA	NA	85%	86%	92%	▲	
% Children in Care who have been looked after for 12 months who have had at least one Fixed Term Exclusion												
12%	10.1% - 15.6%				NA	NA	NA	7%	NA	6%	▲	
% all Children in Care on reduced timetable												
Data not available	Data not available				NA	NA	NA	NA	4%	4%	▬	

Permanence

Permanence												
% Children with a Permanence Plan												
Data not available	Data not available				83%	85%	87%	90%	88%	88%	▼	
% Children who have achieved Permanence												
Data not available	Data not available				21%	22%	22%	22%	21%	21%	▬	
% Children Achieved Permanence SGO												
13%	8.7% - 12.5%				16%	13%	17%	15%	16%	18%	▲	
% Children Achieved Permanence Adoption												
12%	16% - 23%				4%	11%	11%	16%	18%	18%	▲	

Sufficiency

Measure												
Number of approved foster carers (All)												
-	-			202	208	210	206	205	206	205	▼	
Number of new households recruited – separate connected persons out												
			Mainstream: 22 CP: 18	Mainstream: 2 CP: 2	Mainstream: 1 CP: 0	Mainstream: 0 CP: 1 Temporary CP: 1	Mainstream: 1 CP: 0 Temporary CP: 3	Mainstream: 1 CP: 0 Temporary CP: 0	Mainstream: 1 CP: 0 Temporary CP: 0	Mainstream: 3 CP: 1 Temporary CP: 2	▲	
Number of households de-registered – exclude connected carers												
			22	3	0	1	2	0	0	1	▲	
Number of households resigned												
			64	3	0	5	4	0	0	1	▼	
Number of allegations made against foster carers that were substantiated												
Data not available	Data not available		14	0	1	1	0	0	0	0	▬	

Corporate Parenting Data Set (last 6 months)



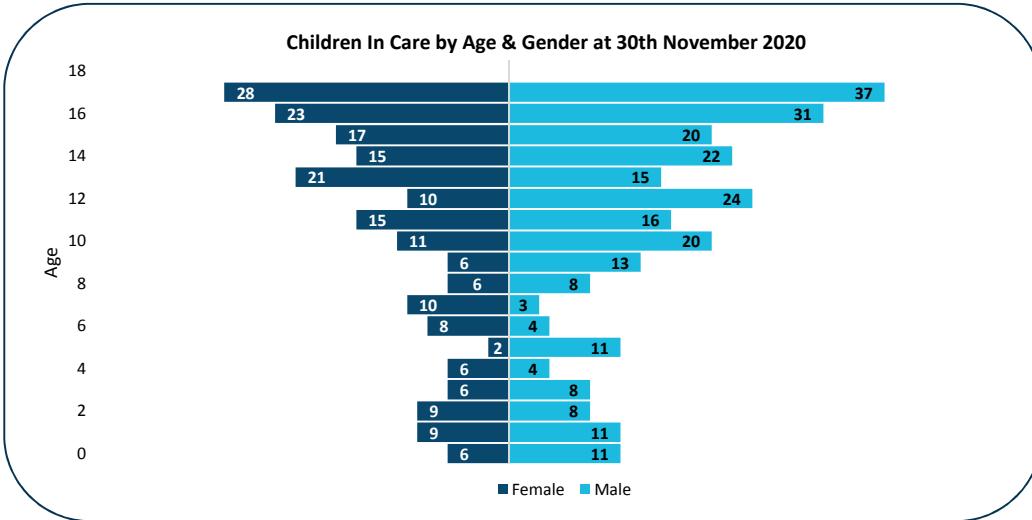
	Benchmarking		Current Target	Baseline Dorset 19/20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Direction of Performance	Trend
	Eng AV	SN AV										

Adoption

Measure	Eng AV	SN AV	Current Target	Baseline Dorset 19/20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Direction of Performance	Trend
Number of adoptions finalised in month				16	0	6	2	2	3	0	▼	
Number of children living in adoptive placements pending adoption orders					25	18	19	20	18	19	▼	
Number of children with a match identified					1	0	0	2	0	0	▢	
Number of children where family finding is ongoing					29	20	19	28	29	32	▼	
Number of revocations of Placements Orders				2	7	8	8	7	6	5	▲	
Average number of days between entering care and having an adoptive placement	486			412	566	456	353	357	387	385	▲	
Average number of days between a child receiving a placement order and being matched to an adoptive family	201			203	253	257	210	199	172	172	▢	
Number of adoptive families recruited				60	4	6	3	5	5	3	▼	
Number of adoptive Families in assessment					42	42	42	45	44	42	▼	

Care Leavers

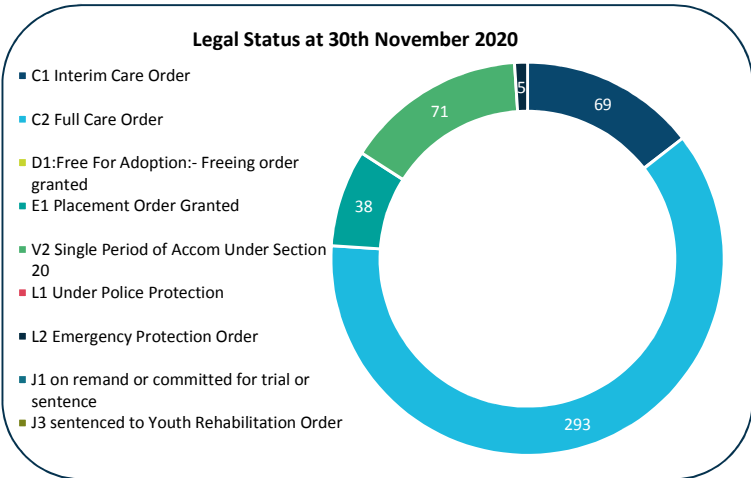
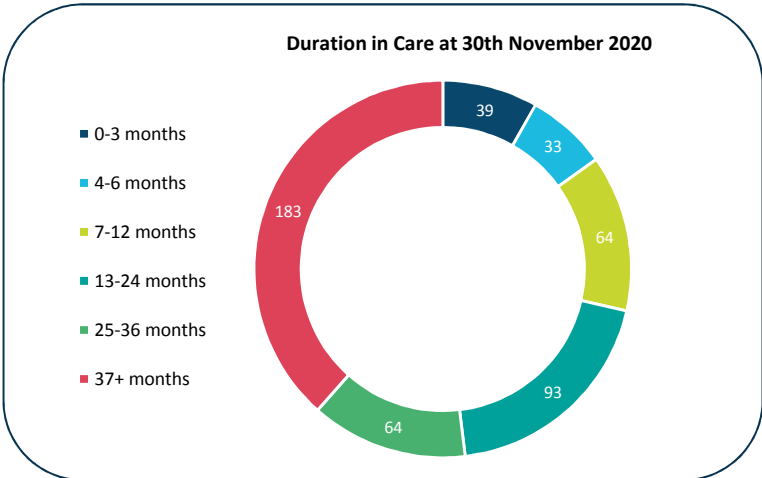
Measure	Eng AV	SN AV	Current Target	Baseline Dorset 19/20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Direction of Performance	Trend
% Care Leavers with an up to date pathway plan at end of month					65%	65%	60%	61%	63%	59%	▼	
% Care Leavers who are living in suitable accommodation (19-21 yrs)	85%	80% - 91%			96%	95%	96%	95%	97%	97%	▢	
% Care Leavers who are in Employment Education or Training (19-21yrs)	52%	50% - 54%			50%	44%	46%	46%	47%	48%	▲	
% Care Leavers who are in touch with Dorset Local Authority (19-21yrs)	93%	87% - 96%		8%	94%	93%	95%	95%	94%	95%	▲	



Number of Children In Care:
476 ↑

Number of Care Leavers:
260 ↑

Comments:
Our number of children in care remains higher than our statistical neighbours. We now have robust processes in place to ensure a clear line of sight and scrutiny of all children coming into care and their care plans. We also have robust processes in place to ensure scrutiny of progressing permanence.



Corporate Parenting Data Set

People - Childrens

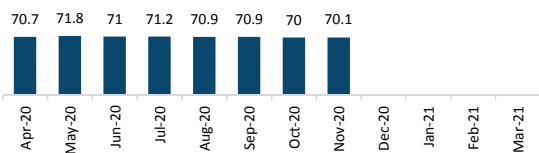
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PROFILE



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Rate of Children In Care per 10,000



National 18/19: **65**

Dorset 18/19: **54**

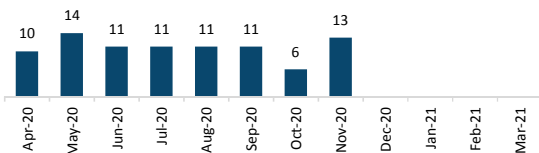
Statistical Neighbours 18/19: **55**

Outstanding SN 18/19 Range: **44 - 57**

Comments:

Whilst our rate of children in care remains higher than our statistical neighbours and the national average, it is an improving picture for Dorset Council. Our permanence panel is ensuring permanence is achieved in a timely manner for our children. Our new Quality Assurance Officer role also ensures further scrutiny of not only quality but timeliness of permanence planning which will promote children ceasing to be in our care where appropriate to do so. There is also improved management oversight of our children on the edge of care and children entering the care system which will continue to positively impact this.

Number of Children who have come into Care



Dorset 18/19: **157**

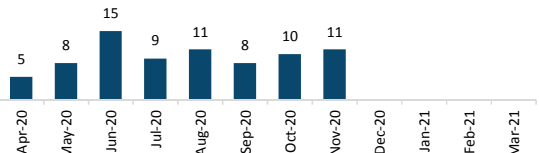
Statistical Neighbours 18/19: **234**

Outstanding SN 18/19 Range: **163 - 350**

Comments:

We experienced a slightly higher number of children coming into care than ceasing to be in our care in the month of November. This has been a busy month for Children Services with five unaccompanied children coming to live with us. This has increased the number of children coming into our care considerably. It is positive that we continue to progress children through to permanence despite the additional pressure of the pandemic and time of year.

Number of Children who have ceased to be in Care



Dorset 18/19: **198**

Statistical Neighbours 18/19: **213**

Outstanding SN 18/19 Range: **149 - 343**

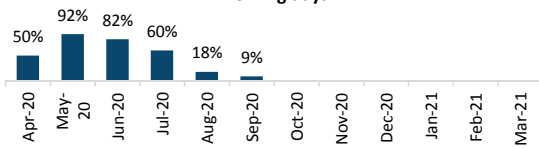
Attention continues to be given to ensuring that plans for permanence include all permanence options which are being explored and progressed in a timely manner. This is promoting achieving permanence for our children in a timely way.

Strengthened locality working and the development of the Adolescent Service and Harbour will continue to support this.

Benchmarking Note:

Good and Outstanding Statistical neighbours include Wiltshire, East Sussex and Suffolk. The latest available benchmarking data has been included.

% Initial Health Assessments completed within 20 working days

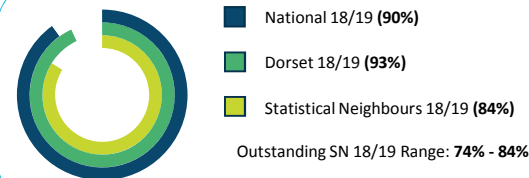
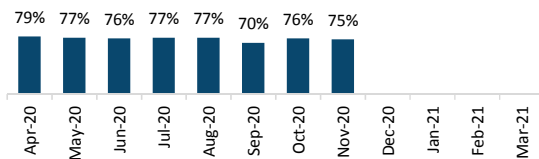


Comments: Octobers data will be included for the next meeting. % Initial Health Assessment (IHA) monthly data is reported 2 months after the month is due, this is to allow for the data to fall into the month due, i.e. a child accommodated on the 31 June would not be calculated until 31 July. Data is supplied directly from the NHS Clinical Commissioning Group (CCG). Benchmarking data is currently not available.

We have seen a significant reduction in performance in completing IHA's. We have now implemented better measures to ensure improved management oversight of this process in real time, reducing and preventing delay in completing and sharing relevant documents with health.

Processes have now been put in place to ensure more timely completion. Improvement in these figures should be seen as the data

% CIC Annual Health Assessment completed on time



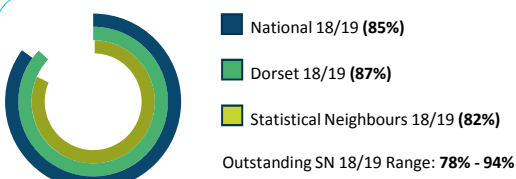
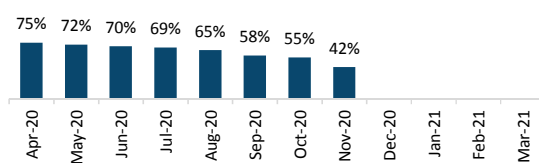
Comments:

Figures shown on the graph are for children in care for 12 months or more, the percentage having their Annual Review Health Assessment (RHA) completed on time.

CCG data shows that the % of RHA's completed **within the month** they were due in the month, July 85.2%, August 93.8% and September 85.7%.

In the second wave of COVID-19, health staff have agreement not to be redeployed and ensure that RHA and IHA remain a priority task to be completed. Performance remains consistent for RHA.

% CIC who have had a dental check within 12 months

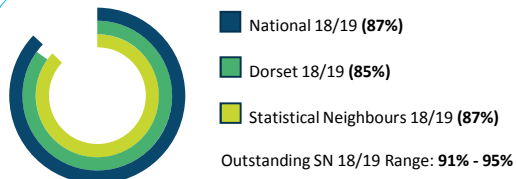
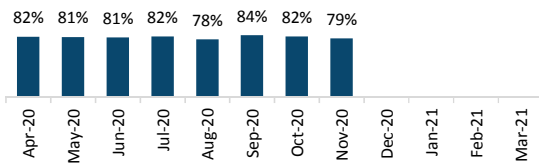


Comments:

Figures shown on the graph are for children in care for 12 months or more and whether they have had a dental check within the last 12 months.

CCG data shows Dental CIC up to date with dental screening for the month of those due an RHA in the month, target of 80%, July 96.3% August 93.8% and September 92.9%. We continue to work on improving our data and being consistent with health colleagues.

% CIC at end of month with up to date immunisations

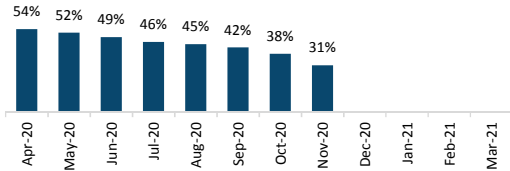


Comments:

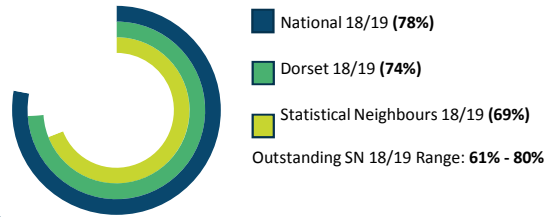
Figures shown on the graph are for the percentage of children in care at end of month with up to date immunisations.

CCG data shows Immunisations for CIC are up to date with the UK Immunisation schedule for the month of those due an RHA in the month, July 93%, August 78% and September 81%. We continue to work on improving our data and being consistent with health colleagues

% of children for CIC for at least 12 months age 4-16yrs with completed SDQ assessment



Children age 4-16 with Completed SDQ Assessment

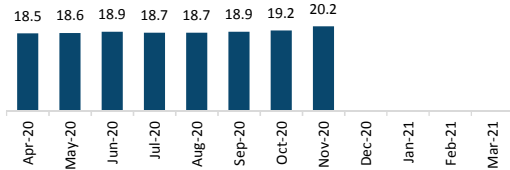


Comments:

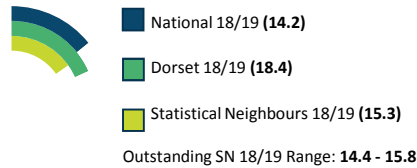
Number of children in care continuously for at least 12 months and aged 4 to 16 for whom an SDQ score was received via the Children in Care return (SSDA903). An SDQ score is required of all children aged 4-16 on the date of the last assessment. Figures are taken from Mosaic.

Completion of SDQs is lower than our Statistical Neighbours and Nationally, and is falling. Currently they are sent out by CiC health care team to foster carers for the annual health check and 12 month CiC review. There is inconsistent understanding of the purpose of completing an SDQ by the CC SW and Supervising SW as well as the CiC healthcare team. A plan is in place for educational psychologists to deliver workshops on the SDQ and how to interpret it from the end of January alongside trialling the new system of completing SDQs as a CYP comes into care as part of the care planning process.

Average SDQ Score for Assessments within last 12 months for CIC for at least 12 months aged 4-16yrs



Average SDQ Score



Comments:

A score below 14 is best. Dorset's average score of 20.2 places the emotional and social presentation of our children in care as of very high concern. For the small percentage where an SDQ is completed this suggests they are at high risk of having mental health difficulties. As the percentage of completion is low this could indicate that an SDQ is only completed when there is a concern hence the high average score. We need to use this information to access services based on the interpretation of an SDQ. The new practice will be to use the score proactively as a child/young person comes into care, intervening early and to use it alongside other measures and information. Any score over 14 will result in a consultation as part of the PEP process and triangulation of the carers SDQ alongside the education setting and young person's SDQ score. A training programme will support the implementation of this process.

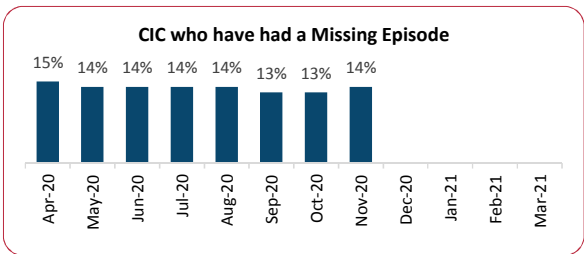
Corporate Parenting Data Set

People - Childrens

Produced by Business Intelligence & Performance (People)



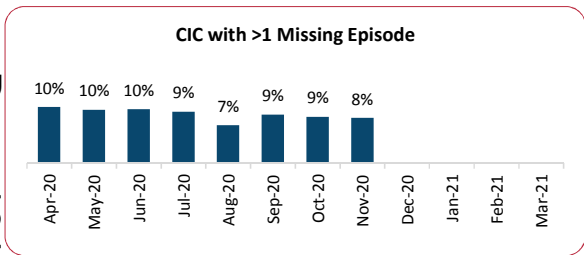
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- National 18/19 (11%)
- Dorset 18/19 (13%)
- Statistical Neighbours 18/19 (11%)

Outstanding SN 18/19 Range: 9% - 11%

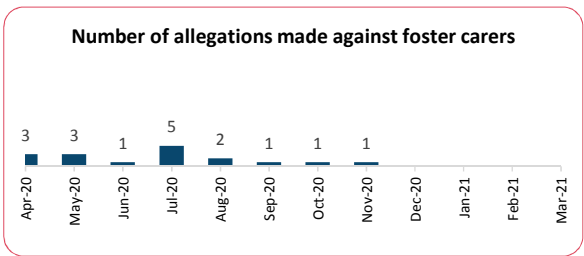
Comments:
14% of our children in care have had a missing episode which is a consistent picture, leaving Dorset as an outlier when compared to our National and Statistical Neighbours. The Philomena Protocol is being implemented by Dorset Police and is also being rolled out nationally across police forces. It will replace the missing persons passport. This will improve our data quality.



- National 18/19 (7.2%)
- Dorset 18/19 (7.4%)
- Statistical Neighbours 18/19 (7.0%)

Outstanding SN 18/19 Range: 4.1% - 7.6%

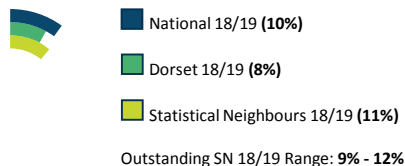
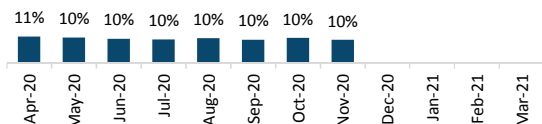
Comments:
There remains ongoing work to improve practice including work with partner agencies such as police of when to report a child missing who is in care. This will lead to better data. We remain a statistical outlier with our current data set to our statistical neighbours and the national average.



Dorset 18/19: 15
Dorset 19/20: 27
Statistical Neighbours 18/19: 10
Outstanding SN 18/19 Range: 5 - 20

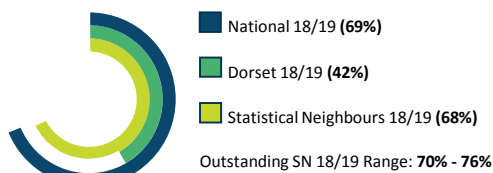
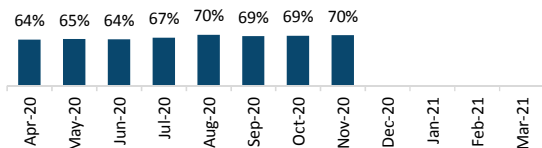
Comments:
Of those allegations made, the number substantiated are as follows: April 2020 - 0, May 2020 - 0, June 2020 - 0, July 2020 - 1, August 2020 - 1, September 2020 - 0, October 2020 - 0 and November 2020 - 0.

Children in Care with 3 or more Placements



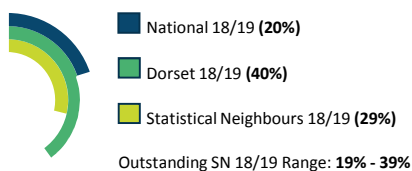
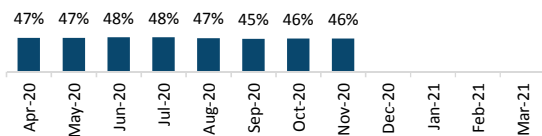
Comments:
 Dorset is performing better than our statistical neighbours. We continue to use stability meetings as a way of offering support early to reduce crisis escalating and placement break down. Harbour Outreach team are also now working with our children where placement break down has been identified. This will support placement stability for our children. Figures are taken from Mosaic.

CIC 2.5 Years in same placement for 2+ Years



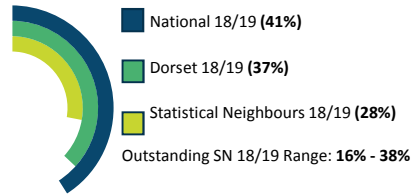
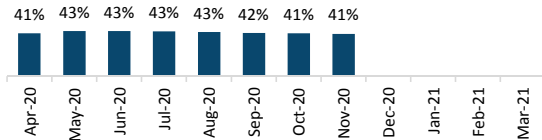
Comments:
 This continues to be an improving picture as we develop practice to ensure that where possible children receive permanence and stability earlier.

CIC Living 20+ Miles from Home Address



Comments:
 We continue to have too many children who are placed away from their local community and are not yet settled in their permanent placement. Recruiting local carers for local children is central to our sufficiency strategy. There is an ongoing recruitment drive underway.

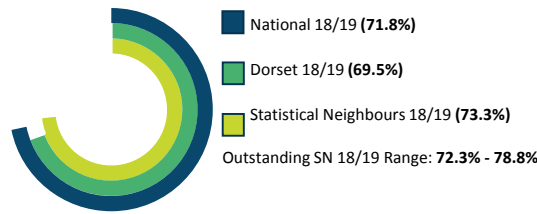
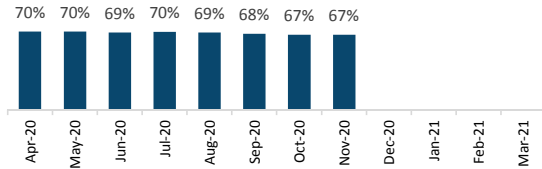
CIC Living Outside Dorset Council Area



Comments:

We continue to have too many children placed out of their local area and not yet settled in their permanent placement. We continue to review permanence plans for our children. This is hoped to be an improving picture as we develop aspects of our services.

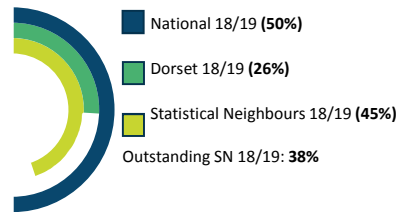
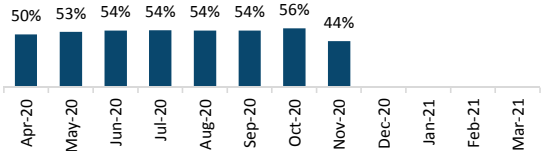
Children in Care Living in Foster Placement



Comments:

The majority of our children continue to live in a family home. There remains some level of hesitance from our carers in having children placed with them due to the current pandemic. We continue to be in regular contact with our carers and are mindful not to add any pressure to do anything that they do not feel comfortable with. Figures are taken from ChAT.

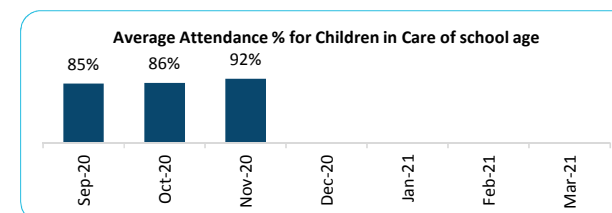
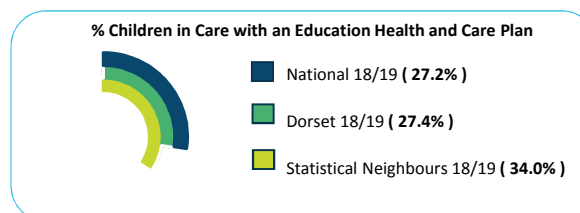
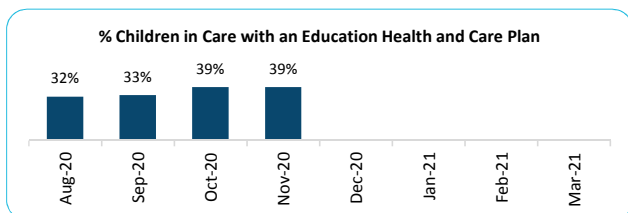
CIC Living in a Commissioned Placement



Comments:

Figures are taken from ChAT and include children in care as at the end of each month. Includes all placements that are not in Dorset provision.

There is positive traction seen in November's data as we continue to look to place our children in our own provision when coming into our care.



INDICATOR	National 18/19	Dorset 18/19	SNs 18/19	Outstanding SN 18/19 Range	Aug-20	Sep-20	Oct-20	Nov-20
% Looked After Children with a Personal Education Plan					98%	95%	NA	98%
% all Children in Care Unauthorised absence	1.4%	1.7%	1.0%	0.4% - 1.8%	NA	NA	2%	2%
% Children in Care who have been in care for 12 months who have had at least one Fixed Term Exclusion	11.7%	12.1%	13.6%	10.1% - 15.6%	NA	7%	NA	6%
% all Looked After Children on reduced timetable					NA	NA	4%	4%

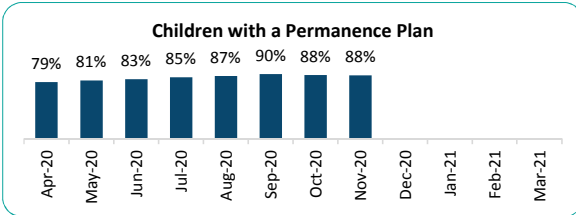
County and National data is not available for 2020 year due to Covid-19 pandemic. The use of these indicators, for accountability, is suspended. Dorset Council continues to support our schools to provide the best education for all.

INDICATOR	National 18/19	Dorset 18/19	SNs 18/19	Outstanding SN 18/19 Range
% Children in Care achieving expected standards in Key Stage 2 Maths	51%	57%	49%	35% - 46%
% Children in Care achieving expected standards in Key Stage 2 Writing	50%	43%	46%	32% - 42%
% Children in Care achieving expected standards in Key Stage 2 Reading	49%	43%	47%	25% - 37%
Average Attainment 8 score for Children in Care	19.2	14.4	15.4	14.9 - 17.8
Average progress 8 score for Children in Care	-1.23	-0.96	-1.42	-0.93 - -1.33

Comments:

Work is on going to capture this data accurately and there will be further updates at the end of this school term.

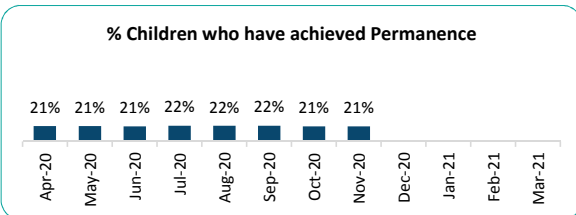
80% of children on roll in the autumn term have had a PEP review this term (with 2 staff absent for the last month). Work to improve this figure includes: introduction of the EPEP, Designated Teacher training, Virtual School staff training and reference to PEPs in pupil progress meetings, PEP QA and Pupil Premium Plus Panel, raising the importance of the PEP.



Comments:

We continue to hold fortnightly permanence panels, complete themed audits and dip samples. Monthly updates are also being shared through the performance panel and monthly Service Manager meetings to promote improvement. There is also scrutiny from our Quality Assurance and Reviewing Officers to ensure further oversight of timeliness and quality of plans.

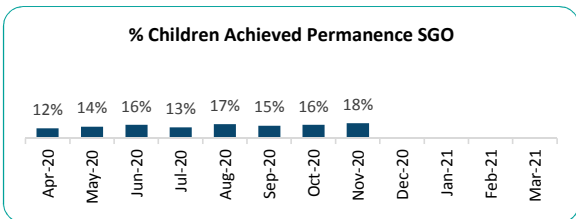
Figures taken from Mosaic for children in care for 4 months or more at the end of each month.



Comments:

We have refined our permanence pathway for long term fostering which is with the senior leadership team for approval. We are developing permanence training for our workforce to improve our performance in this regard. Training is to be delivered in January 2021

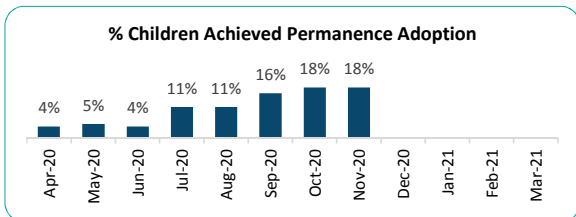
Figures taken from Mosaic.



- National 18/19 (13%)
 - Dorset 18/19 (7.6%)
 - Statistical Neighbours 18/19 (10.7%)
- Outstanding SN 18/19 Range: 8.7% - 12.5%

Comments:

Figures are taken from ChAT and include children who left care in the last 6 months. We continue to look at all options for securing permanence for our Children whilst in our care we continue to see a slight increase in securing permanence through Special Guardianship Orders.



- National 18/19 (12%)
 - Dorset 18/19 (17%)
 - Statistical Neighbours 18/19 (15.6%)
- Outstanding SN 18/19 Range: 16% - 23%

Comments:

Figures are taken from ChAT and include children who left care in the last 6 months.

Despite the additional pressure of the current pandemic, it is positive that this is the second months where 18% of our children have achieved permanence through adoption.

INDICATOR	Dorset 18/19	Dorset 19/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Number of approved foster carers (All)	186	202	203	207	208	210	206	205	206	205
Number of new households recruited – separate connected persons out	Mainstream: 21 CP: 14	Mainstream: 22 CP: 18	Mainstream: 2 CP: 1	Mainstream: 1 CP: 3	Mainstream: 2 CP: 2	Mainstream: 1 CP: 0	Mainstream: 0 CP: 0 Temporary CP: 1	Mainstream: 1 CP: 0 Temporary CP: 3	Mainstream: 1 CP: 0 Temporary CP: 0	Mainstream: 3 CP: 1 Temporary CP: 2
Number of households de-registered – exclude connected carers	16	22	1	0	3	0	1	2	0	1
Number of households resigned	44	64	1	0	3	0	5	4	0	1
Number of allegations made against foster carers that were substantiated	Data not available	14	0	0	0	1	1	0	0	0

Comments:

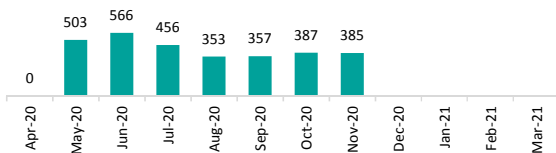
For the 'number of new households recruited' a figures has been given for each mainstream and connected persons.

The 'number of households de-registered' just includes mainstream de-registrations.

A clear action plan is in place to look at improving the level of foster carer availability. Theres is an ongoing recruitment drive to develop our in house provision.

INDICATOR	Dorset 19/20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Number of adoptions finalised in year	16	0	0	0	6	2	2	3	0
Number of children living in adoptive placements pending adoption orders	-	-	23	25	18	19	20	18	19
Number of children with a match identified	-	5	3	1	0	0	2	0	0
Number of children where family finding is ongoing	-	-	15	29	20	19	28	29	32
Number of revocations of Placements Orders	2		6	7	8	8	7	6	5
Number of adoptive families recruited	60	2	7	4	6	3	5	5	3
Number of adoptive Families in assessment	-	-	38	42	42	42	45	44	42

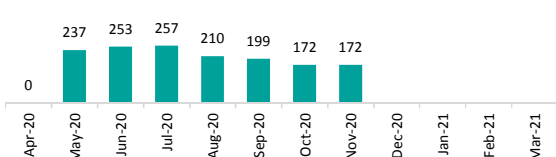
Average number of days between entering care and having an adoptive placement



National 18/19: **486**
 Dorset 18/19: **433**
 Dorset 19/20: **412**
 Statistical Neighbours 18/19: **453**

Comments:
 Progress in this area remains positive. During Covid-19 restrictions, children continued to move to their adoptive placements and we have not needed to use any of the Adoption Act amendments agreed for the period of Covid-19. We continue to work closely with Aspire Adoption Agency to understand and take action on any practice issues that may create delay.

Average No. of days between a child receiving a PO & being matched to an adoptive family

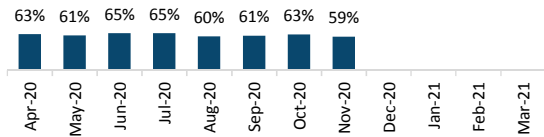


National 18/19: **201**
 Dorset 18/19: **137**
 Dorset 19/20: **203**
 Statistical Neighbours 18/19: **176**

Comments:
 Progress in this area remains a focus.

Comments:
 Dorset have continued to perform well among statistical neighbours for the time a child starts in care and moves to their adoptive family. New permanence planning oversight for senior leaders through permanence panel is providing scrutiny and challenge. All data is taken from Aspire Adoption Agency.

With an up to date Pathway Plan



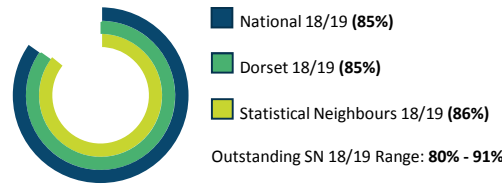
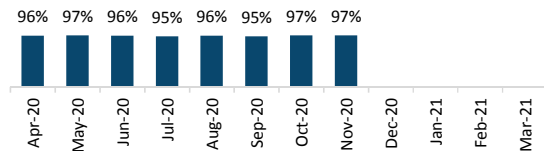
Comments:

Benchmarking data currently not available.

The completion rates for updating of Pathway Plans remains a challenge but does not reflect the conversations that Personal Advisors have with Care Leavers, or the day to day planning that goes on. There is now a second Team Manager in the Care Leaver Service which will help us to focus on ensuring Pathway Plans are updated in a timely way.

Figures taken from Mosaic for all Care Leavers at the end of each month.

Living in Suitable Accommodation (19-21)

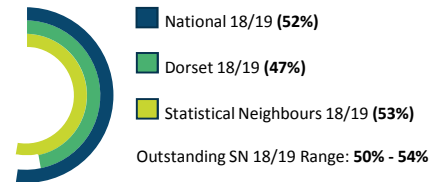
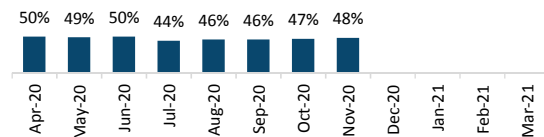


Comments:

Although a high number of our Care Leavers are in suitable accommodation, we have a small number that are in B&B, living with friends or in emergency accommodation. We also have two Care Leavers in custody. Those in unsuitable accommodation are monitored through a monthly highlight report to CSLT and followed up through Case Supervision with Personal Advisors.

Figures are taken from ChAT based on current care leavers at the end of each month.

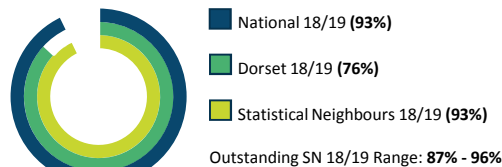
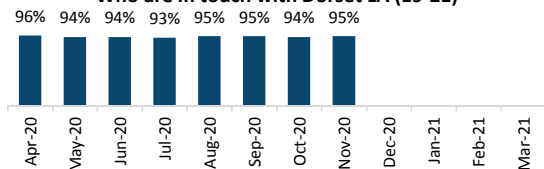
In Employment Education or Training (19-21)



Comments:

Our NEET statistics are slightly better than those of our statistical neighbours and have been improving by a small amount each month since August, coinciding with the new academic term. Nonetheless, we are focused in reducing the number of Care Leavers that are NEET and have created a 'team within the team' to focus on supporting Care Leavers around their employment, education and training. The team will be focusing on the Care Leavers who are NEET but available for education, employment and training.

Who are in touch with Dorset LA (19-21)



Comments:

Our 'In Touch' rates are higher than our statistical neighbours, we do have a small number of Care Leavers we are not in touch with, including one who has formally refused our Care Leaver Service and two who are former UASC's with no leave to remain in the UK. Where we are not in touch, Care Leaver will still have an allocated PA who will continue to try to make contact by whatever means they can. Figures are taken from ChAT based on current care leavers at the end of each month.

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

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