



People and Health Scrutiny Committee

Date: Tuesday, 20 April 2021
Time: 10.00 am
Venue: A link to the meeting can be found on the front page of the agenda.

Membership: (Quorum 3)

Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Barry Goringe, Nick Ireland, Robin Legg, Jon Orrell, Mary Penfold and Bill Pipe

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

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Due to the current coronavirus pandemic the Council has reviewed its approach to holding committee meetings. Members of the public are welcome to attend this meeting and listen to the debate either online by using the following links:-

<https://youtu.be/DUyKt0W5IGg> (AM Session)

<https://youtu.be/8djNod11S6A> (PM Session)

Members of the public wishing to view the meeting from an iphone, ipad or android phone will need to download the free Microsoft Team App to sign in as a Guest, it is advised to do this at least 30 minutes prior to the start of the meeting.

Please note that public speaking has been suspended. However Public Participation will continue by written submission only. Please see detail set out below.

Dorset Council is committed to being open and transparent in the way it carries out its business whenever possible. A recording of the meeting will be available on the council's website after the event.

AGENDA

Page No.

1 APOLOGIES

To receive any apologies for absence.

2 DECLARATIONS OF INTEREST

To receive any declarations of interest.

3 MINUTES

5 - 10

To confirm the minutes of the meeting held on 28 January 2021.

4 PUBLIC PARTICIPATION

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

The deadline for submission of the full text of a question or statement is 8.30am on Friday 16 April 2021.

Details of the Council's procedure rules can be found at: [Public Participation at Dorset Council meetings](#).

5 QUESTIONS FROM MEMBERS

To receive any questions from members in accordance with procedure rule 13.

6 NEW HOSPITALS PROGRAMME AND WHAT IT MEANS FOR DORSET

To receive a presentation from the Transformation Director, University Hospitals Dorset.

7 INTEGRATED CARE SYSTEM UPDATE THROUGH WINTER

11 - 18

To receive a report from the Urgent and Emergency Care Programme Director – Dorset CCG.

- 8 PERSONAL HEALTH COMMISSIONING** 19 - 28
- To receive a presentation from the Director of Nursing, Dorset CCG.
- 9 MINOR INJURIES UNITS (MIUS)** 29 - 32
- To receive an update from the Service Director, Integrated Community Services, NHS Dorset Healthcare University, as requested at the meeting on 28 January 2021.
- 10 ANNUAL CHILDREN'S SERVICES SELF EVALUATION FRAMEWORK** 33 - 114
- To consider a report by the Executive Director for People – Children.
- COMMITTEE BREAK FOR LUNCH 12.30PM - 1.30PM**
- 11 YOUTH JUSTICE PLAN** 115 - 152
- To consider a report by the Manager, Dorset Combined Youth Justice Service.
- 12 COMMITTEE AND CABINET FORWARD PLANS** 153 - 166
- To consider the Committee's Forward Plan and the Cabinet's Forward Plan.
- 13 URGENT ITEMS**
- To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4)b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes.
- 14 EXEMPT BUSINESS**
- To move the exclusion of the press and public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph 3 of schedule 12A to the Local Government Act 1972 (as amended).
- The public and press will be asked to leave the meeting whilst the item of business is considered.

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DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 28 JANUARY 2021

Present: Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Nick Ireland, Robin Legg, Jon Orrell, Mary Penfold and Bill Pipe

Apologies: Cllr Barry Goringe

Also present: Cllr Pete Barrow, Cllr Ray Bryan, Cllr Graham Carr-Jones, Cllr Matthew Hall, Cllr Laura Miller, Cllr Jane Somper, Cllr Daryl Turner, Cllr Peter Wharf and Cllr Kate Wheller

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

Paul Beecroft (Communications Team), Andrew Billany (Corporate Director of Housing, Dorset Council), Vivienne Broadhurst (Interim Executive Director - People Adults), David Bonner (Service Manager for Business Intelligence and Performance), Eryl Doust (Project Manager), Bridget Downton (Head of Business Insight and Corporate Communications), Andy Frost (Community Safety and Drug Action Manager), Theresa Leavy (Executive Director of People - Children), Tony Meadows (Head of Commissioning), Vanessa Read (CCG Link Director to Scrutiny), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Sarah Jane Smedmor (Corporate Director - Care & Protection), Sue Sutton (Deputy Director, Lead Member for Urgent and Emergency Care, Dorset Clinical Commissioning Group), Gill Vickers (Interim Corporate Director - Adult Care Operations), Kay Wilson-White (Community Safety Business Manager) and Fiona King (Senior Democratic Services Officer)

32. Apologies

An apology for absence was received from Cllr Barry Goringe.

33. Minutes

The minutes of the meetings held on 2 November and 11 December 2020 were agreed as a correct record and would be signed by the Chairman at a later date.

Minute 18 – Quality Account, Dorset HealthCare University NHS Foundation Trust

With reference to the working group that had been set up to look at the Quality Account, Cllr Orrell advised that the group had met and reviewed the performance matrix and highlighted the areas to be addressed. He felt this had been a useful meeting and it was noted that the Trust was performing quite well against national benchmarking.

34. **Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

However, Cllr Jon Orrell advised that he was an active GP, with a dispensation, and was also a Trustee of the Lantern Trust.

Cllr Nick Ireland advised he was a Partner Governor to Dorset Healthcare and his wife was also a Trustee of the Lantern Trust.

35. **Public Participation**

There were no submissions from town or parish councils or from members of the public.

However, the Chairman explained that she had received two questions from Cllr Jon Andrews. Although these had been received for the previous meeting the Chairman felt it would be helpful for the responses to be shared with the committee and members of the public. The questions were read out and responses provided and are attached as an annexure to these minutes.

Cllr Robin Legg recalled his experience of attending a Minor Injuries Unit (MIU) and felt it worked effectively but felt communication had not been very good. The Chairman expressed concern about the wider aspects as there were now 3 MIUs that were closed and had been for the best part of the year.

The Chairman highlighted an additional question that had been submitted from Cllr Howard Legg. This was also read out and is included in the annexure.

Decision

That the clerk request that a short report on the closure of these units be provided from the Service Director Integrated Community Services, Dorset Healthcare University NHS Trust for the next meeting of the committee.

36. **Integrated System Response to Winter and Crisis Pressure**

Members considered a report from the Urgent and Emergency Care (UEC) Programme Director at Dorset Clinical Commissioning Group (CCG).

Following a question regarding capacity levels, members were advised that triggers were in place and had been refined in terms of winter planning. These would continue to be refined and action agreed and acted upon within the remit and decision making of the group.

With reference to the transferring of patients, members were advised that mutual aid arrangements were in place for critical work. The practical pressures around the workforce were highlighted and it was noted that patients had been transferred to the Nightingale hospital in Exeter.

Decision

1. That the report be noted.
2. The Chairman to write a letter of thanks to the CCG on behalf of the Committee.

37. Service Performance

Members considered a report by the Business Partner, Policy, Research and Performance which highlighted those council performance measures that were relevant to this committee that were classified as red or amber in October 2020, or at the last time they were reported on in the 2020/21 reporting year.

Members were advised that officers were developing a prototype tool to give up to date performance information to them. This would be a useful tool to help Chairs in the forward planning of the work of their committees and for members of the public and communities.

The Portfolio Holder for Corporate Development and Change advised that the system was still being built but wanted members to use the system as it currently was to build their confidence in it.

Ensuring up to date actions were associated with the performance indicators was an important part of the system and a network of service managers would be addressing this.

The Chairman asked members to give some thought about how the Committee planned to work with this system in readiness for the Quarter 3 report in April.

Decisions

1. That the council's emerging performance framework be noted.
2. That the performance measures that were rated as red or amber either at the end of October 2020, or at the last time they were reported in 2020/21 be noted.

38. Response to Homelessness during Winter

Members considered a report by the Corporate Director for Housing and Community Safety which responded to the request for an update on winter pressures which impact on homelessness and the way that Dorset Council was responding.

Questions from Cllr Peter Barrow and Cllr Howard Legg had been received and those along with their answers are attached as an annexure to these minutes.

Following a discussion on homelessness and rough sleepers it was agreed that a focus group be set up.

In respect of discretionary housing payments members were advised that these were used to prevent evictions and the Corporate Director for housing and Community Safety undertook to provide supplementary information on this outside of the meeting.

Decision

1. That the report be noted.
2. That a focus group be set up (Cllr Taylor, Cllr Rennie, Cllr Orrell, Cllr Dunseith, Cllr Barrow) to look at the holistic approach to homelessness and to look at the predicted spike in terms of evictions as a result of Covid.

39. Community Response

Members considered a report from the Corporate Director, Commissioning, Quality and Partnerships which focused on the partnership response of the council and the community response to the pandemic.

Members' attention was drawn to the critical and valuable contributions that had been made from all the various voluntary and community partnerships during the pandemic.

The Portfolio Holder for Adult Social Care and Health noted that the response from communities had been incredible throughout the pandemic and felt some long lasting good had come from it.

Following a discussion about the delivery of prescriptions, the Corporate Director advised that initially volunteers were matched with residents to collect prescriptions where possible. Also, pharmacy contracts had changed to be able to fund them providing prescriptions to shielded residents.

Other areas highlighted in discussions were food insecurities and grants.

Decisions

That the committee:

- (a) Receive and comment on the contents of the report.
 - (b) Endorse the strategic approach described in section 10 and the coordination of partnership community responses through 'Dorset Together'
 - (c) Consider in particular the lessons learned and next steps in section 16.
2. That every opportunity should be taken to recognise and thank Dorset's communities and the voluntary sector for their critical part in the ongoing response to the pandemic.
 3. That an item on Grants be added to the Forward Plan.

40. Community Safety Annual Scrutiny Report

Members considered a report by the Service Manager for Community Safety which provided information on partners' work in three main areas:

- Progress against the Community Safety Plan 2020-23

- Work undertaken to tackle domestic abuse, including partners' response during the Covid 19 pandemic
- The response to issues emerging from Domestic Homicide Reviews (DHRs) that are relevant to Dorset Council

Areas highlighted and discussed included:-

- Domestic Abuse work
- 'Drive' project
- HRDA (High Risk Domestic Abuse)
- Competing pressures
- Criteria for DHRs

The Portfolio Holder for Housing and Community Safety reminded members to be mindful that this was a partnership and thanked officers for their sterling work on this.

Decision

That members considered and commented on the Community Safety Annual Scrutiny report.

41. Committee and Cabinet Forward Plans

The Committee considered its Forward Plan and that of the Cabinet.

Actions for the Committee's Forward Plan:-

- Remove housing from April
- Add a report on SEND and include a look at how Covid has affected young people and those not in mainstream school for April
- Add an item on Grants
- Look at how to prioritise Housing Association working group
- Reference made to co-opt other members with particular interests in areas to take forward

Decisions

1. That the Cabinet and Committee's Forward Plan be noted.
2. That the Committee's Forward Plan be updated.

42. Urgent Items

There were no urgent items of business.

43. Exempt Business

There was no exempt business.

Duration of meeting: 10.00 am - 12.40 pm

Chairman

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Dorset Health Scrutiny Committee 20 April 2021 Integrated Care System Update through Winter

Choose an item.

Portfolio Holder: Choose an item.

Local Councillor(s):

Executive Director: Choose an item.

Lead Officer: Sue Sutton: UEC Programme Director – Dorset CCG

Report Status: Public

Recommendation:

That Dorset Council People and Health Scrutiny Committee consider and comment on the report.

Reason for Recommendation:

There are no decisions to be made or approved.

1. Executive Summary

As reported to the January Committee meeting, the Dorset Integrated Care System (ICS) Bronze Health & Care Tactical Group was initiated in October 2020 meeting three times per week, with the option to increase to daily / twice daily at the most pressured times. Daily meetings were put in place from 4 January to 5 February 2021, which then reduced to three times per week as pressure reduced and now meets every Tuesday and Friday. The Bronze Group supports the 'Silver' strategic system decision-making group which was meeting three times a week and has now reduced to weekly.

This Group has developed a Dorset ICS Surge & Escalation Plan with identified triggers and escalation process using the OPEL Framework.

The 'Winter Room' within Dorset CCG is collaboratively working with the ICS partners to develop a detailed plan for Quarter 1 2021/22, which is incorporating plans for the Easter 2021 period.

1. Financial Implications

Not Applicable.

2. Well-being and Health Implications

Not Applicable.

3. Climate implications

None.

4. Other Implications

None.

5. Risk Assessment

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

Current Risk: LOW

Residual Risk: LOW

6. Equalities Impact Assessment

Not applicable.

8. Appendices

A - Dorset ICS System Surge & Escalation Plan

9. Background Papers

None.

Officer Contact:

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Tel: 07779 454669

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Dorset Integrated Care System (ICS) Update through Winter

1. Dorset ICS Progress

1.1 On 19 January 2021, the Dorset ICS reached the peak of the second wave in relation to the number of Covid+ patients within the acute and community hospitals. This placed immense pressure on the Dorset ICS and additional community capacity was commissioned in order to create flow out of the three hospitals and reduce bed occupancy in order to admit new patients.

1.2 Following this peak, the Covid+ patient numbers within the three hospitals started to gradually reduce and this continued over the following weeks, along with the case rates for the Dorset Council area; and the Bournemouth, Christchurch and Poole (BCP) Council area. Whilst this reduced the Covid pressure on the hospitals and subsequently the care providers, the system started to experience an increase in non-Covid admissions into hospital.

1.3 The bed occupancy rates for Dorset County Hospital (DCH) and University Hospital Dorset (UHD) Poole frequently reach 90%+, which does impact on Emergency Department performance. Although the Covid situation has significantly improved, monitoring of system resilience continues at the same level and the Bronze Health & Care Tactical Group are continually working collaboratively to make improvements.

1.4 The System Governance & Covid-19 Command & Control structure is still in place as reported to the January Committee meeting, but most meetings have been scaled back to once or twice weekly as required to maintain situational awareness and a watching brief.

1.5 The NHS Dorset CCG Winter Room has been responsible for the system co-ordination of the Covid-19 pandemic response together with EU Transition/Exit, System Resilience and Winter Planning, and Emergency Preparedness, Resilience, and Response (EPRR), acting as a Single Point of Contact for the CCG and ICS as well as dealing with any other concurrent incidents that arose. The Winter Room continues to be involved in seasonal planning for the system.

2. Bronze Health & Care Tactical Group

2.1 The Bronze Health & Care Tactical Group has continued to meet throughout Winter and since the previous paper, the meetings continued on a daily basis through the second wave experienced in January 2021. As described, the situation in Dorset has improved and therefore the meetings were stood down to twice weekly on Tuesdays and Fridays from week commencing 1 March 2021. They continue to be chaired by the CCG Winter Director/UEC Programme Director.

2.2 All provider organisations are represented at the meetings, together with Public Health Dorset, in order to determine the system position and OPEL level. The oversight of this can only be effective with the feeding in of accurate and contemporaneous data / information. A process was set up to receive this information daily to inform Bronze of each provider's current status, as well as soft intelligence for the current day's risks and mitigating actions. Several data dashboards have been produced and there is a development plan of work to continually improve the approach to data, analysis and intelligence to inform plans.

2.3 Since the last update to this committee, the following actions have been undertaken:

- Achievement of an additional 350 beds across the system, in hospital, community and care home settings; and 100 extra hours of domiciliary care;
- Review of Community hospital beds to facilitate Covid and non-Covid discharge pathways;
- Multi-Agency Discharge Events (MADE) facilitated by the South West NHSEI Region to support timely discharge of people in hospital;
- Deployment of Ministry of Defence personnel into NHS services across Dorset under a Regional Military Aid to the Civil Authority (MACA) arrangement;
- Oversight of patients being transferred from hospital sites in the East of the County to the Nightingale Hospital in Exeter;
- Oversight of patients transferred to Intensive Care Units (ICU) in the South West due to reaching capacity within Dorset. It should be noted that no patients were transferred from Dorset County Hospital to the Nightingale or ICUs in the South West.

2.4 The focus in Bronze through March 2021 has been getting people home from hospital and improvement trajectories have been produced in order to predict the incoming demand against the number of discharges required to maintain a reasonable bed occupancy level. This is particularly important moving into the four-day Easter weekend.

2.5 The Winter Room in conjunction with the members of Bronze are developing a Quarter 1 2021/22 Plan incorporating Easter assurance; the focus will then move to planning for the remainder of Q1.

2.6 On 1 September 2020, Hospital Discharge Programme (HDP) funding was made available nationally to enable patients to receive care and support in their own homes or in care homes for up to six weeks after discharge, enabling patients to be discharged more quickly thereby freeing up hospital beds, and enabling help for NHS services to recover. The HDP also allows patients who have tested positive for the virus to be discharged safely from hospital into a specifically designated setting where they will receive appropriate care in a COVID-secure environment, before returning or moving into a care home or other care environment to prevent the spread of COVID-19. This funding was due to cease as of 31 March 2021, however it has been announced that this will now be extended until 30 June 2021.

3. Dorset ICS Surge & Escalation Plan

3.1 As mentioned in the previous paper, the System Surge and Escalation Plan has been developed based on the OPEL Framework that all organisations are familiar with, however localised triggers have been set at each OPEL level to assist in determining the OPEL level of each organisation, and in turn a System OPEL level.

3.2 There has been continued development of these triggers across the wider Urgent & Emergency Care Pathway through liaison with our system partners. The updated triggers have been incorporated into our System Surge & Escalation Plan and fit into three sections: Admission Avoidance, Inpatient Pathway and Discharge Pathway.

3.3 Key additions to these triggers has been Adult Critical Care Capacity, which was put under a lot of pressure during the second wave and prompted transfers, and Elective Surgery, which is a key component in our recovery from Covid.

Escalation Triggers	Primary Care		IUCS				SWAST		
	Service Provision	Staffing Absences	111 Calls Abandoned	111 Calls Answered <60 secs	CAS Response Times (mean)	MIU/UTC Direct Bookings	Workforce	Response Times (mean)	Workforce
OPEL 1	Managing within existing capacity	<2%	<5%	>95%	Cat 1 & 2 Green	100% within target	Template	Cat 1 & 2 Green	Template
OPEL 2	Managing within existing PCN capacity	>2%	>5%	<80%	Cat 1 Green	>90% within target	Mitigated	Cat 1 Green	Mitigated
OPEL 3	Some services disrupted & support required	>3%	>10%	<60%	All red with Cat 1 <3 hours	>80% within target	At risk	All red with Cat 1 <10 mins	At risk
OPEL 4	All services disrupted & support required	>4%	>20%	<40%	All red with Cat 1 >3 hours	<80% within target	Red flags	All red with Cat 1 >10 mins	Red flags

Fig.1 Admission Avoidance Triggers

Escalation Triggers	Ambulance Handover Delays >30 mins	Ambulance Handover Delays >60 mins	A & E Performance	Adult Bed Occupancy	Elective Surgery	Adult Critical Care Capacity	Criteria To Reside Not Met	Beds Closed Due to IPC	Workforce	
OPEL 1	RBH	<2	0	<210 mins	<80%	As Planned	Green	<2.5%	<5%	Template
	PGH	<2	0	<210 mins	<80%	As Planned	Green	<2.5%	<5%	Template
	DCH	<2	0	>95%	<80%	As Planned	Green	<2.5%	<5%	Template
	DHC				<80%			<2.5%	<5%	Template
OPEL 2	RBH	>2	>0	>210 mins	<88%	Review of Non-urgent	Green Surge	<3.5%	<7%	Mitigated
	PGH	>2	>0	>210 mins	<88%	Review of Non-urgent	Green Surge	<3.5%	<7%	Mitigated
	DCH	>2	>0	>85%	<88%	Review of Non-urgent	Green Surge	<3.5%	<7%	Mitigated
	DHC				<88%			<3.5%	<7%	Mitigated
OPEL 3	RBH	SOP Activated = OPEL 3		>220 mins	<95%	Non-urgent Cancelled	Amber Surge	<5%	<10%	At Risk
	PGH	SOP Activated = OPEL 3		>220 mins	<95%	Non-urgent Cancelled	Amber Surge	<5%	<10%	At Risk
	DCH	SOP Activated = OPEL 3		>75%	<95%	Non-urgent Cancelled	Amber Surge	<5%	<10%	At Risk
	DHC				<95%			<5%	<10%	At Risk
OPEL 4	RBH	SOP Activated + contingency queuing		>250 mins	>95%	Urgent Cancelled	Retrievals or O/C	>5%	>10%	Red Flags
	PGH	SOP Activated + contingency queuing		>250 mins	>95%	Urgent Cancelled	Retrievals or O/C	>5%	>10%	Red Flags
	DCH	SOP Activated + contingency queuing		<75%	>95%	Urgent Cancelled	Retrievals or O/C	>5%	>10%	Red Flags
	DHC				>95%			>5%	>10%	Red Flags

Fig.2 Inpatient Pathway Triggers

Escalation Triggers	NEPT S	BCP Council				Dorset Council				
	Service Provision	Block Book Bed Occupancy	Interim Care Bed Occupancy	Care Package Hours on waitlist	Demand vs Capacity	Block Book Bed Occupancy P2	Care/Res Beds Suspended	SPA Capacity	Care Package Hours on waitlist	Demand vs Capacity
OPEL 1	No impact on services	<82%	<82%	<50	<3%	<82%	<50	100% capacity	<50	<3%
OPEL 2	<5% impact on services	<88%	<88%	>50	<4%	<88%	<75	<100% capacity	>50	<4%
OPEL 3	<10% impact on services	<95%	<95%	>300	<5%	<95%	<100	<75% capacity	>300	<5%
OPEL 4	>10% impact on services	>95%	>95%	>500	>5%	>95%	>100	<50% capacity	>500	>5%

Fig.3 Discharge Pathway Triggers

3.4 As well as the additions made, there have been several changes to the way these triggers are measured since the iteration displayed with the previous paper. One such example is the Workforce section as this is now not measured by the % of absence, but the providers' determination of whether it is within their staffing model, whether it is mitigated, At Risk, or Red Flag. This is more detailed to understand whether a certain department or type of clinician is having a significant impact.

4. Further Development

4.1 The Dorset ICS Surge & Escalation Plan is a live document and the OPEL system level triggers have continually been tested and refined throughout Winter and will be agreed by end April 2021. There will be an opportunity to refine these triggers in the planning for Winter 2021/22.

4.2 The Quarter 1 2021/22 Plan will continue to be developed with a key focus on the Roadmap out of Lockdown dates and the modelling from the Epicell.

4.3 Debriefs are planned for April, for the CCG Incident Management Team; Bronze Tactical Group; and Health and Care Silver Group, so that learning can be obtained for the Covid incident response; and any concurrent or future incidents. Consideration is being given of what a year-round function could look like, supporting the ICS, once the Incident Response is stood down.

4.4 Consideration is also currently being given to the Operational Delivery Groups that are required to support the Urgent and Emergency Care Board, which has responsibility for the delivery of the Integrated UEC Strategy for the ICS, outside of the Covid Response. The learning from the 2020/21 Winter whilst managing a pandemic will be captured and reflected in this strategy that will also align with the latest national direction for supporting hospital Emergency Departments, increasing Same Day Emergency Care, making better use of Urgent Treatment Centres, using NHS 111 First as the system entry point.

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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Personal Health Commissioning (PHC)

Health and Scrutiny Committee – 20 April 2021

Introduction

- The Personal Health Commissioning Service
- Impacts of C19 on the service
- Deferred assessments
- HC Performance
- What we need to focus on moving forward
- What we have achieved

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Personal Health Commissioning

Clinical Commissioning

Responsible for assessment and, where eligible, commissioning of appropriate care to meet individual needs for following areas:

- Continuing Healthcare (CHC)
- Children and Young People's Continuing Care (CYPCC)
- Section 117 of the Mental Health Act (S117)
- Named Patients
- Acquired Brain Injuries (ABI)

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**Personal Health
Commissioning**

Impact of C19 on PHC

Clinical Commissioning

- Assessments for CHC paused in line with national guidance between March and September 2020
- Staff redeployed during period; Infection Prevention and Control, hospital discharge & front line
- Assessments recommenced 01 September 2020
- Moved to virtual assessments and reviews by default
- New processes implemented to support national funding schemes
- Deferred assessments required for those paused and new referrals during C19 period (total of 635)
- Assessments within an acute setting have ceased in line with the Covid Act

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Deferred assessments

Clinical Commissioning

- Relates to those in process at start of emergency period and those referred throughout
- 635 deferred assessments for Dorset
- Significant data work to identify individuals in cohort
- Challenges of evidence gathering from system under pressure
- Contracts with CHS Healthcare and Attenti as well as utilisation of internal staff
- Trusted assessment model utilised
- Programme commencement December 2020
- As at end of March 2021- 43 assessments outstanding – significant achievement

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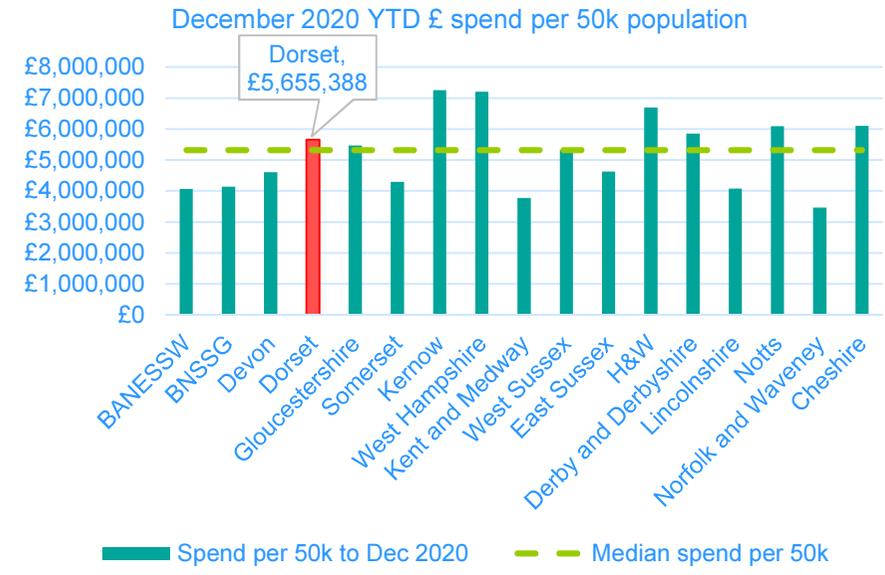
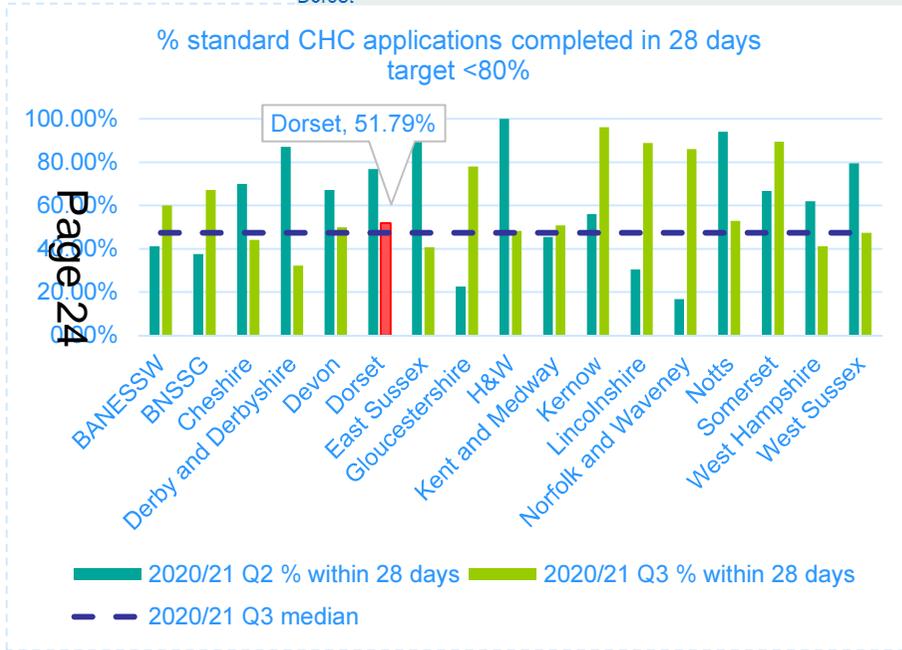
**Personal Health
Commissioning**

Benchmarking 2020/21 Q3

Dorset CCG sits within cluster 4

Clinical Commissioning

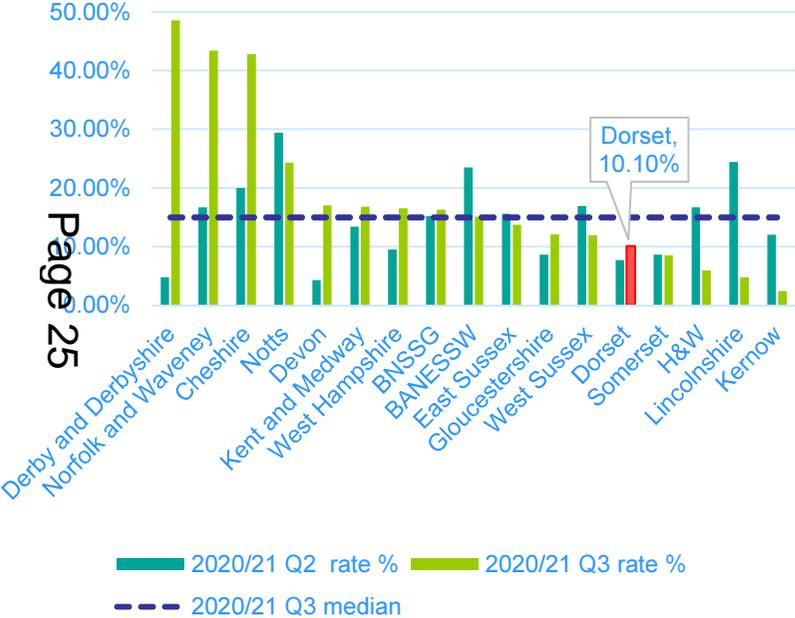
CCG Name	Population	CCG Name	Population
Kent and Medway	1,520,559	Herefordshire and Worcestershire (H&W)	652,241
Devon	1,026,789	Lincolnshire	651,177
Nottingham and Nottinghamshire (Notts)	889,034	Cheshire	633,688
Norfolk and Waveney	879,583	Gloucestershire	533,414
Derby and Derbyshire	857,386	Kernow	483,068
Bristol, North Somerset and South Gloucestershire (BNSSG)	839,698	Somerset	474,373
Bath and North East Somerset, Swindon and Wiltshire (BANESSW)	770,357	West Hampshire	464,992
West Sussex	731,951	East Sussex	457,080
Dorset	667,954		



Cluster percentage of standard CHC referrals completed in 28 days for Q3 2020/21 is 63.0%

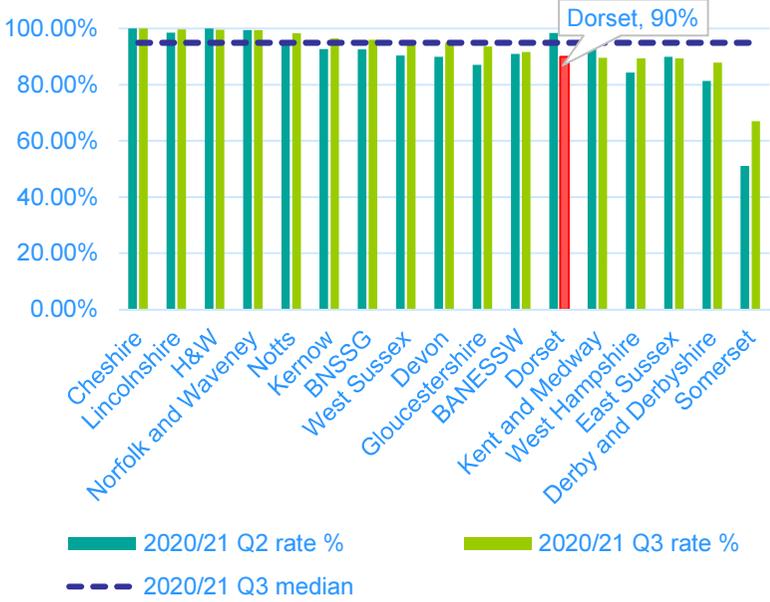
Benchmarking Data 2020/21 Q3

2020/21 Q2 & Q3 Adult CHC referral to eligible conversion rate %



Cluster Adult CHC referral to eligible conversion rate for Q3 2020/21 is 18.5%

2020/21 Q2 & Q3 Fast Track referral to eligible conversion rate % (expectation is <98%)



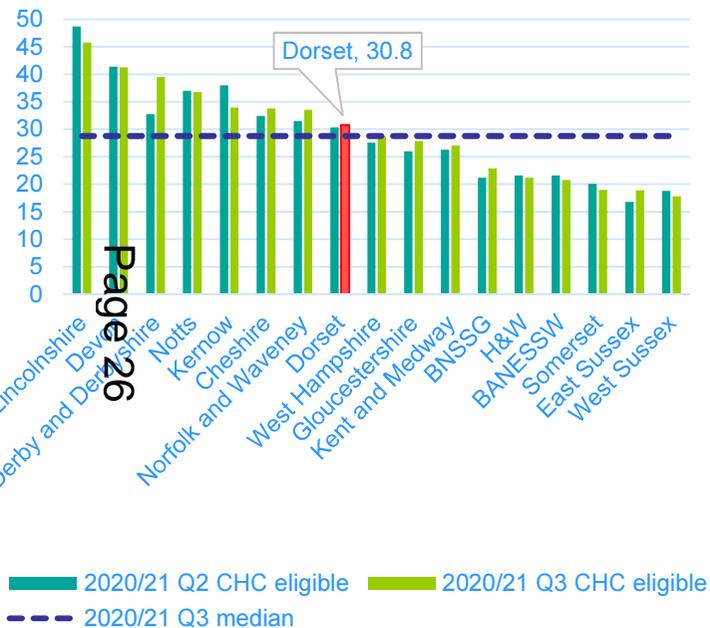
Cluster FT referral to eligible conversion rate for Q3 2020/21 is 93.0%

Benchmarking Data 2020/21 Q3 per 50k population

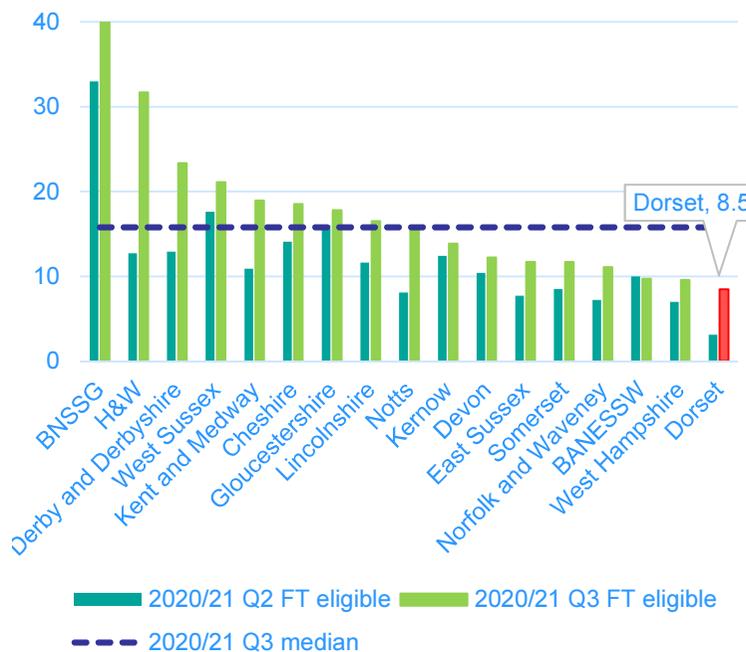
Snapshot at quarter end

Clinical Commissioning

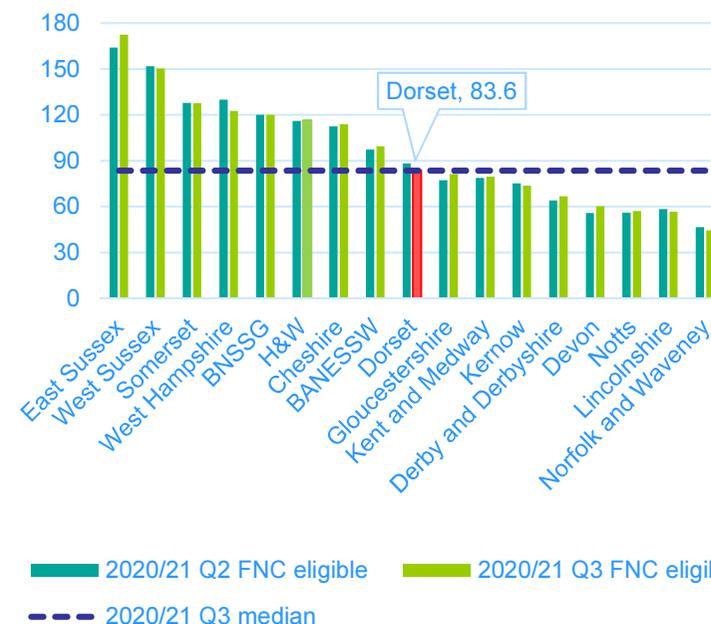
2020/21 Q2/Q3 CHC eligible per 50k population – snapshot at quarter end



2020/21 Q2/Q3 Fast Track eligible per 50k population – snapshot at quarter end



2020/21 Q2 & Q3 FNC eligible per 50k population – snapshot at quarter end



What we need to focus on together

Clinical Commissioning

- Continue to work together on joint funding
- Undertake targeted S117 programme
- Develop new S117 agreement
- Build on learning from deferred assessments to develop trusted assessment model as part of business as usual
- Continue to digitise processes improving efficiency
- Continue to develop staff to ensure referrals are appropriate and that MDTs consistently reach agreed recommendations
- Work with new national funding models and ensure timely assessments post discharge
- Input to the wider Home First programme to develop a locally sustainable discharge model in readiness for national funding ceasing
- Incorporate fast track into a wider end of life model that provides an equitable service to all across Dorset

**Personal Health
Commissioning**

What we have achieved

- Implementation of new structure with additional management posts and continuous improvement team
- Development and implementation of a new joint disputes protocol
- Development of joint funding policy for children and young people (agreed in principle)
- Scoping and agreement of focused programme for S117
- Implementation of virtual processes for assessments and reviews
- Digital pioneers project on robotic automation
- Digital for CHC referrals and DST completion
- Redeployment of staff to support across system (Infection Prevention & Control, hospital discharge, front line ICU)
- Commissioning of service supporting hospital discharge for end of life patients requiring specialist care
- Deferred assessment programme – 635 referrals
- Utilisation of a trusted assessment model for deferred assessments

Adapted MIUs & UTC Model in Response to Covid

1.0 Executive Summary

1.1 This paper aims to

- Give a brief overview of the adapted service model within Minor Injury Units (MIUs) and the Weymouth Urgent Treatment Centre (UTC) implemented in March 2020 in response to Covid.
- Set out the rationale for these changes
- Indicate, when and how the units will be reinstated as lockdown is lifted.

1.2 Specifically, these changes relate to the temporary closure of Sherborne, Blandford and Portland MIU and the introduction of a 'booked appointments' system.

2.0 Context

2.1 Dorset HealthCare (DHC) provides seven minor injuries units (MIUs) and one Urgent Treatment Centre (UTC) in Weymouth, as shown below.

MIU/UTC	Hours Monday - Friday	Hours Saturday, Sunday and BHs
Weymouth	08.00 - 20.00	08.00 - 20.00
Portland	09.00 - 17.00	Closed
Bridport	09.00 - 18.00	10.00 - 16.00
Blandford	09.00 - 18.00	10.00 - 16.00
Sherborne	09.00 - 18.00	10.00 - 16.00
Shaftesbury	09.00 - 18.00	10.00 - 16.00
Wimborne	08.30 - 16.30	Closed
Swanage	08.00 - 20.00	08.00- 20.00

2.2.1 The pre the service operated on a walk in and wait basis.

2.2.2 Activity varied across units, ranging from an average of 10 up to 28 patients / day in MIUs to 100 patients/day in the UTC. There is a large seasonal effect in seaside towns of Bridport, Swanage, Weymouth, with high levels of out of area patients using these units in the summer.

2.0 Changes to Service Provision Since March 2020

2.1 Two main changes were made in March 2020 in response to the pandemic and national guidance as outlined in Table 1;

Table 1: Changes to Service Provision

Change	Rational	Comments
<p>A pre booked appointments system was introduced, asking the public to call 111 or their local MIU/UTC for a telephone assessment and booked appointment where needed rather than walking in and waiting in a public waiting area.</p>	<p>Action taken to reduce the spread of infection in line with national guidance:</p>	<p>There remained a number of ways for the public to access the MIUs/UTC;</p> <ul style="list-style-type: none"> - Telephone calls a local unit enabling first line telephone assessment then bookable face to face appointments if required; - Soft transfer from 111 and booking into MIUs/UTC; <p>Whilst a Booked appointment model was introduced - any walk ins at the units were seen as follows:</p> <ul style="list-style-type: none"> - Urgent walk ins are triaged at the door, then seen immediately; - Non-emergency walk ins are triaged at the door and then booked an appointment. - If a patient walks into a unit with an urgent presentation, and no booked appointment, they are still seen. <p>There have been no infection outbreaks in any unit and the booked appointments approach continues to be in line with the national model of no waiting rooms to reduce the spread of infection.</p>
<p>Temporary closure of the smaller MIUs (Portland, Sherborne and Blandford), with lower activity and a small staff team. Redeployment of these staff to Wimborne, Swanage and Shaftesbury. Extension of opening times 8am-8pm 7 days/week at Wimborne and Shaftesbury to ensure robust and consistent</p>	<p>Action taken in line with national guidance to plan for a high level of staff absences and the need to maintain a reliable and consistent offer to the public.</p> <p>The three units temporarily closed had the lowest daily activity and a small staff team with little</p>	<p>There has been no closures of the remaining MIUs despite absences and particularly a sharp increase in absence at the beginning of Covid (Feb – May). There would have been impact on service provision had teams not been consolidated.</p> <p>Under the new arrangement a consistent model has been offered throughout the pandemic.</p> <p>This remains the case, with no</p>

offer to the public.	resilience. These units occasionally experienced unplanned closures due to staff absences during 'normal times'.	unplanned closures being necessary
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2.2 Since the initial introduction of the 'booked appointments system', all calls have now been centralised to Weymouth UTC as the central telephone point of contact for the public. They undertake all telephone and video assessments, electronic prescribing to a local pharmacy, and where needed, this is followed up with a face to face appointment in the local MIU/UTC nearest to the patient's home via booked appointments. The next stage of this development during 21/22 will be to channel calls through 111 in line with NHS 111.

2.3 These changes were made in response to the pandemic and in line with national guidance. These changes were publicised through a press release widely reported in the local media and given prominence on the front of the Dorset HealthCare website, as well as through our social media channels. This messaging was shared by and amplified by local public sector partners and regularly repeated in the months that followed, particularly during the summer period and in the run-up to Bank Holiday dates.

3.0 Next Steps

3.1 In December 2020, NHSE published '*Transformation of urgent and emergency care: models of care and measurements*'. This documents sets out the ambition to

'improved ways of accessing care online and on the phone from NHS 111, at home from a paramedic, and provide booked time slots for care in an emergency department. Through changing the way that the urgent and emergency care system is both perceived and accessed by the patient, we will improve services and reduce the risk to patients by minimising unnecessary healthcare contacts.'

*'..enhance the approach to remote clinical triage with the goal of directing patients to the service that best meets their needs and enables a booked time slot to be made whenever possible, including in Emergency Departments, **Urgent Treatment Centres and primary and community care**'*

3.2 In March 2021, NHSE published the 2021/22 Priorities and operational planning guidance, which states that '*systems should promote the use of NHS 111 as a primary route into all urgent care services*' and '*maximise the utilisation of direct referral from NHS 111 to other hospital services (including SDEC and specialty hot clinics) and implement referral pathways from NHS 111 to urgent community and mental health services*'.

- 3.3 There has been considerable learning both nationally and locally over the past year and it is recognised that a booked appointments system offers multiple benefits and improvements including:
- Telephone triage service has ensured patients are seen at the most appropriate place
 - Remote prescriptions have been very well received and reduced the need for unnecessary attendance
 - Booked appointments help to manage patient flow and unit workload
 - Reduction in patient waiting times
 - Patients feel safe not sitting and waiting in a room full of patients with no idea on how long they will wait
 - Ability to manage spread of potential illness, not only COVID-19, but also flu, respiratory illness and gastroenteritis, ensuring safety particularly for those vulnerable groups
- 3.4 As the government sets out its road map for coming out of lock down over the coming months, it is proposed to reinstate the smaller MIUs that have been temporarily closed when lock down ceases.
- 3.5 However, in line with the national planning guidance MIUs/UTC will continue to be accessible on a 'booked appointments' basis. This will also help prevent any spread of infection / surge in covid, offering an improved and more efficient service for the public and reflecting the national direction set out in 'Transformation of Urgent and Emergency Care'.
- 3.6 These arrangements have been considered and endorsed by the system Urgent and Emergency Care Board on the 10th March 2021.

People and Health Scrutiny Committee 20th April 2021 Self-Evaluation of Children's Services February 2021

For Review and Consultation

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: Claire Shiels
Title: Corporate Director, Commissioning, Quality and Partnerships

Tel: 01305 224682

Email: cshiels@dorsetcc.gov.uk

Report Status: Public

Recommendation:

Members of the People and Health Scrutiny Committee are asked to consider and note the contents of the Annual Self-Evaluation of Children's Services.

Reason for Recommendation:

The requirement to produce an Annual Self Evaluation is part of the Ofsted Inspection Framework of Children's Services. This report is intended to enable the People and Health Scrutiny committee to understand areas of strength and areas for development.

1. Executive Summary

This report provides a summary of the comprehensive self-evaluation of children's services to support preparation for the Ofsted inspection of services for children need of help and protection, children looked after and care leavers.

The report provides an overview of the areas of strength and areas for development of Children's Services focusing on:

- leadership and governance
- the quality and impact of social work practice
- education and inclusion
- our approach to performance management and quality assurance
- our response to Covid-19
- our future plans for continuing to strengthen services

2. Financial Implications

There are no financial implications arising directly from this report.

3. Well-being and Health Implications

Good quality children's services lay the foundations for essential for health and wellbeing of children, young people and families.

4. Climate implications

There are no climate implications arising from this report.

5. Other Implications

N/A

6. Risk Assessment

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

Current Risk: Low

Residual Risk: Low

7. Equalities Impact Assessment

N/A

8. Appendices

Appendix 1: Self-Evaluation for Inspection for Children in Need of Help and Protection, Children Looked After and Care Leavers

9. Background Papers

N/A

10. Introduction and Background

- 10.1 Local authority children's services are asked to produce an Annual Self-Evaluation for the inspection of services for children in need of help and protection, children looked after and care leavers as part of the [Ofsted framework for inspecting local authority children's services \(ILACS\)](#), first published in November 2017 and updated in August 2020.
- 10.2 Self-evaluation is a critical part of our quality assurance and enables leaders to identify areas of strength and areas of development. This document also provides the foundation for peer challenge, and Children's Services participates in an annual south west region peer challenge programme which provides additional support and challenge. This peer challenge event takes place in December each year as part of the South West Regional annual programme of sector-led improvement, it also provides an opportunity to engage in peer challenge within the region; share good practice; and identify regional priorities and programmes of support for the coming year.
- 10.3 The Self-evaluation forms the basis of the Annual Engagement meeting with Ofsted that takes place as part of Ofsted's framework for inspection of local authority children's services.
- 10.4 This report provides an overview of headlines from the most recent Self-evaluation (February 2021) with the full self-evaluation attached as Appendix 1.

11. Key Strengths

- 11.1 During 2020/21 Children's Services have been focusing on building solid foundations, developing, and implementing robust strategic and partnership plans alongside partners. The Strengthening Services Plan brings together the work of the partnership to improve and strengthen services for vulnerable children into one whole system plan that sits alongside the partnership's Children, Young People and Families Plan 2020-23 which sets out how the partnership intends to improve long term outcomes for children and young people in Dorset. Together, the partnership is making substantial progress.
- 11.2 **Integrated Front Door arrangements** - During 2020/21 we have continued to build on the conversational model at the 'front door' by adding an Early Help Hub into our integrated front door and through developing and implementing improved MASH (Multi-agency Safeguarding Hub) arrangements with our partners. New arrangements are already making an impact – since implementation contacts and

referrals to children's social care have been in line with statistical neighbours and weekly auditing with Police and health indicates most decisions are well informed with timely response. Our re-referral rate over the last six months has reduced in comparison to previous years.

- 11.3 **Dorset Children Thrive model** – We have successfully implemented our model for delivering Children's Services in Dorset, which launched to schedule on the 1st September 2020. Our model has brought together Early Help, Children's Social Care, Educational Psychology, SEND (Special Educational Needs and/or Disabilities) and Inclusion services under the leadership of Heads of Locality and Strategy into six integrated locality teams across Dorset. The teams are supported by a central team of specialist services. We are already seeing an impact of our new model with the green shoots of this visible to CQC and Ofsted inspectors during the SEND visit in October 2020. Our managers and staff tell us that our locality Line of Sight meetings and working closely with colleagues from other disciplines is having a positive impact on their work with families and is making a difference.
- 11.4 **Ambitious sufficiency programme for care places and SEND school places** – As part of our Children in Care Sufficiency of Placements Strategy we have secured commitment and support to an ambitious transformation programme that will see a range of additional provision developed for our children and young people in Dorset. The transformation programme is well underway and progressing well with additional provision on target to come on-line throughout 2021. In December 2020, a bold and ambitious SEND Sufficiency Strategy to develop approximately 500 additional specialist provision places for children and young people with SEND was approved.
- 11.5 **SEND Accelerated Progress Plan** – Dorset Council and its Local Area partners have worked relentlessly to deliver the SEND Accelerated Progress Plan and the necessary improvements required to SEND services in Dorset. This progress was recognised at the SEND Progress Review meeting with the Department for Education and NHS England advisers, the Department of Education wrote to us to confirm that they "are reassured that the strength and commitment of current leaders within the LA and CCG will continue improvements across the SEND system throughout Dorset. Based on the evidence provided, the Department and NHS England have concluded that you have demonstrated clear and sustained progress. This means that Dorset no longer requires formal monitoring of its SEND system." Dorset Council and partners are ambitious for our SEND children and young people and are continuing to build on the work we have done so far through our Children, Young People and Families Plan 2020-23.

- 11.6 **Improvement in planning for children entering care** – We have established robust Pre-proceedings arrangements ensuring that we are planning for children who may enter care much more effectively. Leadership Oversight meetings are embedded across our localities providing support and challenge to practitioners.
- 11.7 **Stability of staffing** - We have made quick progress in stabilising our staffing during 2020 and in reducing our staff turnover rate. In February 2020 we had a turnover rate for children’s services of 15% in February 2021 our year-to-date turnover rolling rate is 7%. Achievements include: Permanent Senior Leadership Team in place; Increased front line capacity; All social work team and service manager posts are permanently recruited to; Our Recruitment and Retention Strategy promoting Dorset as the employer of choice for social workers including overseas recruitment has delivered significant impact; Increase in permanent social workers - 151 Social Workers including ten new experienced Social Workers from South Africa who joined the team in November 2020 and a further 10 social workers in the recruitment pipeline. Furthermore, we are focused on succession planning and ‘growing our own’ we have trainee social workers who will qualify in the next year and expect further newly qualified social workers to join us in their Assessed and Supported Year of Learning (ASYE) too.
- 11.8 **Substantial decrease in caseloads** - The implementation of our locality Dorset Children Thrive model has impacted significantly on average social work caseloads which were reported as ranging from 9-14 in January 2021 in comparison to the average caseloads in February 2020 (between 23-29 at that point).

12. Areas for development

- 12.1 **Health of children in care** – We know that the health outcomes for our children in care are not good enough and are relentless in driving progress in this area. We are continuing to work with our partners to improve timeliness of health assessments, to ensure our children in care have up to date dental checks and immunisations. We are working to improve the completion of Strengths and Difficulties Questionnaires (SDQ), which is an important tool to help identify if children have emotional health and wellbeing needs, and urgent work is underway to ensure that all children who require an SDQ have one, and to implement our Policy and Practice Guidance and training for social workers, managers, foster carers, Virtual School staff, teachers, and health care professionals.
- 12.2 **Improving the level and efficacy of foster care placements** – We are determined to reduce the numbers of children in care that are placed out of Dorset and more than 20 miles away from home. As part of our

Sufficiency of Placements Strategy we have embarked on a programme of work that will build on our existing fostering service. This includes strengthening our Foster Carer Recruitment strategy, recruitment, and support of Complex Foster Carers, who are aligned to our new model The Harbour (inspired by North Yorkshire's No Wrong Door service) and optimising the capacity of current foster carers.

12.3 Diverting more children and young people from Child Protection Plans where appropriate – We have undertaken focused quality assurance work to review our child protection practice, we are working to embed relationship-based practice and that intervention with the family takes place at the lowest level of need. We are supporting front line managers in increased consistency of decision making, Team Managers now discuss the outcome of the Section 47 (child protection) enquiries with their Locality Quality Assurance and Reviewing Officers. Final sign off will now be with the Service Manager and where there remains a difference of opinion a reflective discussion will be had with the Quality Assurance Managers, who will also continue to regularly review practice in this area.

12.4 Improving inclusion across our schools – We have invested in building the capacity of our early intervention, inclusion, and outreach services to our schools. This has included deploying our specialist teachers, educational psychologists, and inclusion officers to support our schools in identifying needs and putting in place tools and strategies to support our mainstream settings. In addition, we work in partnership with our outstanding special schools to deploy their expertise into our mainstream settings through outreach. Through the deployment of our early identification and intervention strategies, we aim to reduce the likelihood that a child or young person will require specialist provision and improve outcomes through improved personalisation. This work will be monitored by our Best Education for All Steering Group which brings together Local Area partners and our Parent Carer Council to oversee our work to make sure that our schools and educational settings are supported to deliver the best education possible and that our children achieve their full potential.

13. Progress

13.1 Timeliness of Initial Child Protection Conferences (ICPCs) - At our 2020 Annual Conversation with Ofsted we reported that timeliness of our Initial Child Protection Conferences was an area of concern for us with only 61% held on time (cumulative over 6 months). We undertook a review of process to understand the specific reasons for delay in ICPCs and as a result have implemented systems to monitor, track, chase and escalate performance. By May 2020 we were achieving 93% of Initial Child Protection Conferences within timescale. This performance has sustained

over time and current performance is 96% outperforming national and good and outstanding comparator averages.

13.2 Permanence Plans for children in care – At our Annual Conversation in February 2020 we reported we were focused on improving permanence for our children. We have continued this focus and through our Dorset Children Thrive structure implemented a new post of Service Manager for Corporate Parenting and Permanence. The Service Manager has been relentless in driving permanence for children, permanence tracking and monitoring arrangements which have embedded and have been supported by improved reporting from our electronic care record. Our Service Manager produces a monthly Line of Sight report highlighting exceptions and works with our operational managers. We have strengthened the role of Quality Assurance and Reviewing Officers (QAROs) to ensure they have a robust line of sight and are driving plans for children, they are also now attending Permanence Panels. At February 2021 97.1% of our Children in Care for 4 months or more have a completed permanence plan.

13.3 Registration of Children’s Homes – This has been of critical importance to us, and we have worked hard, remaining in close contact with Ofsted to progress this. We have experienced issues with placing some of our children and young people who have the most complex needs, resulting in the use of a small number of unregistered provisions. Where this has been the case, there has been robust oversight of the placement, including enhanced visiting from social workers, Independent Reviewing Officers and Regulation 44 visits being undertaken (despite the absence of registration) and visits from our Executive Director. The outcomes described within these visits are reviewed by the Executive Director and Elected Member on a weekly basis, and a task and finish group is in place to ensure that we cease the use of any unregistered placements for children in care. We currently have no young people under 16 years of age in unregistered placements. We are moving at pace with our providers and politicians to address our sufficiency requirements.

14. Our response to Covid-19

14.1 During 2020 our partnership grew from strength to strength, coming together to support children and their families in our communities, the partnership mobilised, responded quickly, demonstrated agility and most importantly lived a one team, one Dorset, approach. During the Covid period there have been over 300 pieces of guidance and policy changes that have had an impact on children’s services and requiring a response.

14.2 During Covid-19, services have been given greater authority to share information to better identify and support families with needs resulting in

new ways of working, increased agility in the workforce and more timely and co-ordinated interventions. We have sought, throughout this period to keep listening to the experiences of our children, young people and families through the creation of regular foster carer forums, young people forums, formal and informal view seeking. Practice observation has continued, and following a brief break, we recommenced our auditing process.

15. Next steps

Our plans for 2021/22 are to continue to focus on:

- Improving the quality and availability of placements
- Responding to the pandemic
- Implementing our comprehensive multi-agency Strengthening Services Plan, and addressing our areas for development, alongside our Children, Young People and Families Plan.

16. Recommendation:

Members of the People and Health Scrutiny Committee are asked to consider and note the contents of the Annual Self-Evaluation of Children's Services.

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.



SELF-EVALUATION FOR INSPECTION OF SERVICES FOR CHILDREN IN NEED OF HELP AND PROTECTION, CHILDREN LOOKED AFTER AND CARE LEAVERS

February 2021

Data taken from CHAT 31.01.2021 (not comparable with CIN census) unless specified

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1. EXECUTIVE SUMMARY

1.1 Foreword

2020 the year of the first global pandemic for a generation saw hugely challenging times for the entire world. For children Covid-19 appears to pose a lower risk of infection or serious illness, but its social toll could be devastating. The pandemic has intensified the challenges many children and young people face and there are widespread concerns about the poor outcomes for babies and the very youngest, lost learning, domestic abuse, poverty, and the impact of social distancing and lockdowns on mental health and wellbeing.

Children's experiences of lockdown and the entire pandemic period will vary. In Dorset we know some will have found extra time with their family beneficial, or the ability to avoid the hurly burly of life a restorative experience but for others it will have been a scary, confusing, or even traumatic experience.

The result for too many is a further widening attainment gap and more families plunged into poverty. For many this will be exacerbated as families face job losses or uncertainty of income.

For children living in overcrowded housing or with poor access to technology and safe places to play outside it will have been harder still.

Into the coming year children must now be a priority in national recovery planning and this is a core priority for us in Dorset.

Continuing to deliver services in 2020 was a great challenge and one that our staff (I include all commissioned services, carers, and volunteers too) in Dorset Children's services faced with compassion, hope, good humour, and a degree of bravery. Many, many staff have continued to offer face to face service provision to the most vulnerable in our society undertaking critical assessments, delivering care and support packages, supervising family time, providing transport, providing direct care and so much more. Where it was in family's best interests, and to provide as much protection as possible to all involved, staff have also worked with agility, online and at distance, employing all manner of creative and innovative solutions to deliver the very best service in such challenging times. Operational staff have been elegantly supported by business, admission, and support teams both within Children's services and beyond – staff across the council working intensively together to protect the most vulnerable in our society.

As lockdown eases, the Senior Leadership Team are focussed on delivering a safe Dorset Workplace in 2021 that delivers to our core question of How do we work to best meet our children's and families' needs? The way we can be sure of getting that right is by paying attention to the research and family feedback – much of what we achieve with families is heavily rooted in the quality of the personal relationships we build and by listening very carefully to the feedback families give us and acting to coproduce personalised responses wherever possible. In 2021 we will work ever closer with families ensuring our strengths based restorative approach supports children in their community to have the best lives possible and to thrive.

Theresa Leavy

Executive Director Children's Services

1.2 Key strengths

During 2020/21 we have been focusing on building solid foundations, developing, and implementing robust strategic and partnership plans. Our Strengthening Services Plan brings together the work of the partnership to improve and strengthen services for vulnerable children into one whole system plan sitting alongside our partnership Children, Young People and Families Plan which sets out how we intend to improve long term outcomes for children and young people in Dorset. Together as a partnership we are making substantial progress. Key strengths include:

Our Integrated Front Door arrangements - During 2020/21 we have continued to build on the conversational model by adding an Early Help Hub into our integrated front door and through developing and implementing improved MASH arrangements with our partners. New arrangements are already making an impact – since implementation contacts and referrals have been in line with statistical neighbours, weekly auditing with Police and health indicates most decisions are well informed with timely response and our re-referral rate over the last six months has reduced in comparison to previous years.

Dorset Children Thrive model – We have successfully implemented our model for delivering Children’s Services in Dorset, which launched to schedule on the 1st September 2020. Our model has brought together Early Help, Children’s Social Care, Educational Psychology, SEND and Inclusion services under the leadership of Heads of Locality and Strategy into six integrated locality teams across Dorset. The teams are supported by a central team of specialist services. We are already seeing an impact of our new model with the green shoots of this visible to CQC and Ofsted inspectors during the SEND visit in October 2020. Our managers and staff tell us that our locality Line of Sight meetings and working closely with colleagues from other disciplines is having a positive impact on their work with families and is making a difference.

Ambitious sufficiency programme for care places and SEND school places – As part of our Children in Care Sufficiency of Placements Strategy we have secured commitment and support from Dorset Council to an ambitious transformation programme that will see a range of additional provision developed for our children and young people in Dorset. The transformation programme is well underway and progressing well with additional provision on target to come on-line throughout 2021. In December 2020, Cabinet signed off a bold and ambitious SEND Sufficiency Strategy to develop approximately 500 additional specialist provision places for children and young people with SEND.

SEND Accelerated Progress Plan – Dorset Council and its Local Area partners have worked relentlessly to deliver the SEND Accelerated Progress Plan and the necessary improvements required to SEND services in Dorset. This progress was recognised at the SEND Progress Review meeting with the Department for Education and NHS England advisers, the Department of Education wrote to us to confirm that they “are reassured that the strength and commitment of current leaders within the LA and CCG will continue improvements across the SEND system throughout Dorset. Based on the evidence provided, the Department and NHS England have concluded that you have demonstrated clear and sustained progress. This means that Dorset no longer requires formal monitoring of its SEND system.” Dorset Council and partners are ambitious for our SEND children and young people and are continuing to build on the work we have done so far through our Children, Young People and Families Plan 2020-23.

Improvement in planning for children entering care – We have established robust Pre-proceedings arrangements ensuring that children are identified for PLO at the right time. Leadership Oversight meetings are embedded across our localities providing support and challenge.

Stability of staffing - We have made quick progress in stabilising our staffing during 2020 and in reducing our staff turnover rate. In February 2020 we reported we had a turnover rate for children's services of 15% in February 2021 our year-to-date turnover rolling rate is 7%.

Achievements include:

- Permanent Senior Leadership Team in place
- Increased front line capacity
- All social work team and service manager posts are permanently recruited to
- Our Recruitment and Retention Strategy promoting Dorset as the employer of choice for social workers including overseas recruitment has delivered significant impact.
- Increase in permanent social workers 151 Social Workers including ten new experienced Social Workers from South Africa who joined the team in November 2020 and a further 10 social workers in the recruitment pipeline.
- We have 7 trainees (BA Hons) who qualify in Summer 2021. A further 2 trainees (BA Hons) are expected to qualify in Summer 2022. We are holding a further 5 vacancies for ASYEs from local universities, leaving us with only 6 vacancies across the entire service.
- We have 3 students who have been supported to undertake sponsored social work training (PGDip) and qualify in 2022. A further 2 students have been supported with their PGDip and are expected to qualify in 2023.
- We have a further 6 apprentices, 1 who will qualify in 2022, 4 who will qualify in 2023 and 1 who will qualify in 2024. A recruitment session to identify future Apprentices is taking place on the 17th March 2021.
- We have a further 5 Step-up to Social Work opportunities that we will be promoting that should we be able to recruit will result in 5 additional social workers qualifying in 2022/23.

Substantial decrease in caseloads - The implementation of our locality Dorset Children Thrive model has impacted significantly on average social work caseloads which were reported as ranging from 9-14 in January 2021 in comparison to the average caseloads we reported back in February 2020 (between 23-29 at that point).

1.3 Areas for development

Health of children in care – We know that the health outcomes for our children in care are not good enough and are relentless in driving progress in this area. We are continuing to work with our partners to improve timeliness of health assessments, to ensure our children in care have up to date dental checks and immunisations. We are working to improve the completion of Strengths and Difficulties Questionnaires (SDQ) and urgent work is underway to ensure that all children who require an SDQ have one, and to implementation our Policy and Practice Guidance and training for social workers, managers, foster carers, Virtual School staff, teachers, and health care professionals.

Improving the level and efficacy of foster care placements – We are determined to reduce the numbers of children in care that are placed out of Dorset and more than 20 miles away from home. As part of our Sufficiency of Placements Strategy we have embarked on a programme of work that will build on our existing fostering service. This includes strengthening our Foster Carer Recruitment strategy, recruitment, and support of Complex Foster Carers, who are aligned to our new model The Harbour (inspired by North Yorkshire’s No Wrong Door service) and optimising the capacity of current foster carers.

Diverting more children and young people from Child Protection Plans where appropriate – We have undertaken focused quality assurance work to review our child protection practice, we are working to embed relationship-based practice and that intervention with the family takes place at the lowest level of need. We are supporting front line managers in increased consistency of decision making, Team Managers now discuss the outcome of the section 47 enquiries with their Locality QARO. Final sign off will now be with the Service Manager and where there remains a difference of opinion a reflective discussion will be had with the QA Managers, who will also continue to regularly review practice in this area.

Improving inclusion across our schools – We have invested in building the capacity of our early intervention, inclusion, and outreach services to our schools. This has included deploying our specialist teachers, educational psychologists, and inclusion officers to support our schools in identifying needs and putting in place tools and strategies to support our mainstream settings. In addition, we work in partnership with our outstanding special schools to deploy their expertise into our mainstream settings through outreach. Through the deployment of our early identification and intervention strategies, we aim to reduce the likelihood that a child or young person will require specialist provision and improve outcomes through improved personalisation. This work will be monitored by our Best Education for All Steering Group which brings together Local Area partners and our Parent Carer Council to oversee our work to make sure that our schools and educational settings are supported to deliver the best education possible and that our children achieve their full potential.

1.4 Progress

a. Since our last Annual Conversation

Timeliness of Initial Child Protection Conferences - At our last Annual Conversation we reported that timeliness of our Initial Child Protection Conferences was an area of concern for us with only 61% held on time (cumulative over 6 months). We undertook a review of process to understand the specific reasons for delay in ICPCs and as a result have implemented systems to monitor, track, chase and escalate performance. By May 2020 we were achieving 93% of Initial Child Protection Conferences within timescale. This performance has sustained over time and current performance is 96% outperforming national and good and outstanding comparator averages.

Permanence Plans – At our Annual Conversation in February 2020 we reported we were focused on improving permanence for our children. We have continued this focus and through our Dorset Children Thrive structure implemented a new post of Service Manager for Corporate Parenting and Permanence. The Service Manager has been relentless in driving permanence for children, permanence tracking and monitoring arrangements which have embedded and have been

supported by improved reporting from our electronic care record, mosaic. Our Service Manager produces a monthly Line of Sight report highlighting exceptions and works with our operational managers. We have strengthened the role of Quality Assurance and Reviewing Officers (QAROs) to ensure they have a robust line of sight and are driving plans for children, they also now attending Permanence Panels. At February 2021 97.1% of our Children in Care for 4 months or more have a completed permanence plan.

Registration of Children’s Homes – This has been of critical importance to us, and we have worked hard, remaining in close contact with Ofsted to progress this. We have experienced issues with placing some of our children and young people who have the most complex needs, resulting in the use of a small number of unregistered provisions. Where this has been the case, there has been robust oversight of the placement, including enhanced visiting from social workers, Independent Reviewing Officers and Regulation 44 visits being undertaken (despite the absence of registration) and visits from our Executive Director. The outcomes described within these visits are reviewed by the Executive Director and Elected Member on a weekly basis, and a task and finish group is in place to ensure that we cease the use of any unregistered placements for children in care. We currently have no young people under 16 years of age in unregistered placements. We are moving at pace with our providers and politicians to address our sufficiency requirements.

b. Focused Visit 2019

What needed to improve in this area of social work practice?	Progress at February 2021
The quality of chronologies, so that they help social workers to better understand the impact of children’s histories and what this means for their plans in the future.	We have continued in our work to improve chronologies building on the initial work undertaken reported at the Annual Conversation in February 2020. Our Principal Social Worker has worked with Advanced Practitioners and staff to continue to strengthen our practice regarding chronologies and our use of impact chronologies – what does this mean for the child. In January 2021 just under 70% of our children with a social worker had a chronology updated in the last 3 months.
The effectiveness of management oversight, including by child protection conference chairs, so that plans progress and improve children’s situations within a timescale that is right for them.	We have undertaken significant work during 2020/21 to strengthen management oversight across our services including: <ul style="list-style-type: none"> • Refreshed our Scheme of Delegation in line with the implementation of our Dorset Children Thrive structure. • Ensured our Teams have manageable caseloads. • Implementation of locality Line of Sight Meetings and Leadership Oversight. • Rolled out Supervision Skills Training to ensure our managers have the skills to support social workers to reflect and drive forward plans. • Strengthened the role of our Quality Assurance and Reviewing Officers through a development programme to support them to develop into their roles.
Audits, so that greater focus is given to the experience of children.	Since our last Annual Conversation, we have continued to embed our Quality Assurance Framework which ensures the child’s lived experience and the impact of our work in improving

	outcomes is known and understood. As part of our audit process child and family feedback is also sought. All learning is reported to our Quality Practice and Action Group.
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c. JTAI 2018

As a partnership we have continued to build on our work to strengthen contextual safeguarding throughout 2020/21 embedding our strategic and operational Child Exploitation arrangements.

Progress includes:

- Published our Pan-Dorset Child Exploitation Strategy.
- Launch of the Dorset Child Exploitation Strategic Group who have oversight of our arrangements and meet quarterly.
- Embedding of the CAROLE Tactical Group to share intelligence and take joint action.
- Established Child Exploitation Champions in our localities.
- Implementation of Targeted Youth Workers in localities who are leading Young People at Risk Meetings in their respective locality as part of our contextual safeguarding approach.
- Implementation of Children Exploitation and Missing Dashboard and Daily Missing Meetings to share intelligence.

1.5 Learning from sector led improvement

We are a learning organisation and have continued to engage and seek the support of sector leaders throughout 2020/21:

a. Professor Harry Ferguson – Reinvigorating Social Work evaluation (March 2020)

Our social workers told us that the way our service was structured made it more difficult to implement relationship-based practice as they felt remote from many of the communities in which our children and families live, the other professionals working in the localities and they spend too much time travelling to see families. This message was reinforced by an external evaluation by Professor Harry Ferguson (University of Birmingham) in the evaluation of our RSW programme.

This feedback influenced the development of our operating model 'Dorset Children Thrive' resulting in place based, multi-disciplinary teams that can build relationships with children and their families, and the professionals working with them in the communities they serve.

b. Peer Review of MASH with North Tyneside (March 2020)

This review was undertaken virtually. Findings were helpful and contributed to informing our full review of MASH arrangements and subsequent implementation of an improved model, building on our existing Integrated Front Door arrangements in July 2020.

c. Coram Voice – Your Life Beyond Care survey and self-assessment (April 2020)

We participated in the Coram Voice, New Belongings Survey –feedback is now influencing our development work and our Care Leaver offer. There was excellent feedback about our Leaving Care team which found that:

- Nearly everyone (96%) described knowing who their worker was. This rate was comparable to young people (93%) in other Local Authorities (LAs)

- 88% of young people found it easy to get in touch with their leaving care worker all or most of the time compared to care leavers in other local authorities (71%). The difference is statistically significant and a Bright Spot of practice.
- Most (72%) care leavers had had the same worker over the past year compared to care leavers (60%) in other LAs. The difference is statistically significant and a Bright Spot of practice.
- 12% of care leavers had had 3 or more workers in a year. This rate was comparable to care leavers nationally.
- 92% reported they trusted their worker 'all or most of the time'. This is a higher proportion than care leavers (78%) in other local authorities. The difference is statistically significant and a Bright Spot of practice.

d. Partners in Practice - North Yorkshire No Wrong Door (throughout 2020)

This support has been ongoing throughout 2020/21. We are taking the learning from North Yorkshire's No Wrong Door Model to inspire the development of our new edge of care model, The Harbour.

e. Experienced Interims

We have engaged experienced interims to bring critical friend challenge to audit programme and wider work.

f. Care Leaver Covenant – Department of Education and Spectra

The Care Leaver Covenant are working alongside us to support and advise as we continuously build on our care leaver offer.

g. Engagement with Mulberry Bush School

Advisers to Special School developments and Therapeutic care delivery.

h. Dartington Social Research Unit and Collaborate

We have been working with Dartington Social Research Unit and Collaborate to ensure Safeguarding arrangements include the voice of our children and families through shadow-board arrangements or similar.

i. Mockingbird Project

We have agreed to implement Mockingbird as part of our work to support and retain high quality foster carers for our children and as part of our overall plans to ensure sufficiency of local placements for our children in care.

1.6 Sector led improvement/development work in the pipeline for 2021

- Somerset Peer Review** – We are undertaking a Peer Challenge with Somerset Council regarding quality of Quality Assurance practice in improving outcomes for children and young people, to understand if the audit system is having an impact, how children and families are involved in QA and if the voice of the child is impacting on organisational learning. **(May/June 2021)**

b. Private Law Pathfinder Pilot - Bournemouth has been identified as the Pathfinder to lead the pilot in England implementing the private law reform recommendations of the Private Law Working Group. We have been invited by His Honour Judge Martin Dancey to contribute, exploring how to integrate Private Law as part of a 'whole system approach' – bringing in and working with support services as needed.

1.7 Horizon Scanning

Development of an Integrated Care System in Dorset is a system wide change for health and social care. The implications of this for the Dorset system are still being worked through and we are continuing to work closely with our partners as the system evolves, ensuring that the needs and impact on children, young people and their families is in clear focus.

We are mindful of the context of our neighbouring authority, Bournemouth, Christchurch and Poole Council, the communities we serve and that we share several strategic partners and services. We continue to be committed to working in partnership at a Pan-Dorset level whilst ensuring we focus on the particular needs of Dorset Communities at a place-based level.

2. INTRODUCTION

2.1 Background and Context

Dorset Council is a unitary authority, vested on 1st April 2019, following Local Government Reorganisation which saw the Christchurch area of Dorset moving to the new Bournemouth, Christchurch, and Poole (BCP) Council.

Dorset Council, along with its partners, is ambitious for all residents, particularly for children and young people, and is actively seeking ways of making the most of the opportunities of being a unitary authority. There is a strong One Team support for children's services, with the Chief Executive, Cabinet Portfolio Holder for Children's Services (Lead Member for Children's Services) and supporting Lead Members creating a culture where the needs of children and families are prioritised. The council senior Executive Leadership team are active contributors in strategic partnerships and planning for children, young people, and their families. The Deputy Leader of the Council is the Chair of the Strategic Alliance Board (also attended by the Portfolio Holder and supporting Lead Members) the Chief Executive is the Co-Chair of the Strengthening Services Board which is also attended by the Portfolio Holders for both Children's and Adults' Services.

This powerful sense of corporate responsibility for vulnerable children has already resulted in substantial investment into children's services, along with a commitment to a range of other developments for our Care Leavers including apprenticeships and council tax exemption.

Our Executive Director for Children has been in post since January 2020, initially on an interim basis and on a permanent basis since November 2020. The Executive Director for Children, along with the senior leadership team for children's services and our partners, is driving forward the transformation and improvements required to strengthen the quality of the services we deliver and to improve longer term outcomes for all our children and families.

Earlier in 2020 we reviewed our Strategic Alliance for Children and Young People and through the reviewed Strategic Alliance Board developed a 3-year Children, Young People and Families Plan. Alongside this we had agreed to develop a whole system improvement programme to strengthen our services for vulnerable children and their families.

Our plans to transform our model of children's services delivery progressed at pace and our 'Dorset Children Thrive' model launched, on time, on the 1st September 2020 bringing together as many of our services as possible into six integrated locality teams across Dorset, supported by a central team of specialist services.

Such was the commitment and drive by the partnership we remained on track with this work throughout the Covid-19 crisis. Our Children, Young People and Families Plan 2020-23 was approved by the Strategic Alliance Board on the 15th September 2020, and our Strengthening Services Plan and Programme is well underway with all 31 Projects progressing, the final version of our Strengthening Services Plan was approved by our Strengthening Services Board on the 10th September 2020.

2.2 About Dorset

Dorset is a beautiful coastal county situated in the South West region of England. Over half of Dorset is covered by the Area of Outstanding Natural Beauty designation and 7% of Dorset is protected as a Site of Special Scientific Interest.

The Dorset rural idyll can conceal hidden deprivation, with significant pockets found mostly in urban coastal areas. But there is also some rural deprivation due to isolation and difficulty accessing housing, transport, and essential services. The Children's Society estimates that 23% of Dorset Children are living in poverty.

There are ten areas (out of a total of 219) in Dorset within the top 20% most deprived nationally for multiple deprivation, down from 12 in 2010¹. Nine of these are within Weymouth and Portland and one is in the West Dorset District area. 20 of Dorset's neighbourhoods are in the 20% most deprived nationally in relation to education¹.

46% of Dorset's population live in rural areas³. Barriers to housing and essential services are significant in Dorset reflecting rurality and distance from services. 66 Dorset neighbourhoods fall in the 20% most deprived nationally for this measure: in the former council areas, 21 are in West Dorset and 20 in North Dorset.

Crime is low in Dorset, with domestic abuse, criminal exploitation, and rural crime identified as priorities for partners.

Earnings are below average and house prices are high with affordability issues for many young people and keyworkers. Dorset has relatively low birth rates and younger people often move away from the area.

The total population of Dorset is 378,508 (2019 mid-year estimate), this includes 74,765 children and young people aged 0-19 representing 20% of the total population (89,573 aged 0-24 years).

We have 160 schools in Dorset - 1 All through School, 36 First Schools, 2 Infant Schools, 2 Junior Schools, 81 Primary Schools, 10 Middle Schools, 15 Secondary Schools, 3 Upper Schools, 4 Pupil Referral Units and 6 Special Schools.

There are 33 different languages spoken in Dorset schools. 9% of school age children are from black and minority ethnic communities compared to 34.6% nationally.

We have approximately 3,000 children with Special Educational Needs supported through an Educational, Health and Care Plan and 6,700 children and young people identified with SEN Support needs.

At the end of January 2021 (CHAT) there were:

- 963 children and young people being supported through early help
- 1,000 Children in Need (excluding Children in Care and children with a Child Protection Plan)
- 345 Children with a Child Protection Plan
- 458 Children in Care
- 254 Care Leavers.

2.3 Leadership and Governance

a. Dorset Strategic Alliance for Children and Young People

We have established clear relationship and governance arrangements to support our partnership working and ensure that our partnership plans progress with rigour and pace. The diagram below sets out the role and relationships of our strategic partnership working.

Our partnership vision is for 'Dorset to be the best place to be a child; where communities thrive, and families are supported to be the best they can be'.

The Children, Young People and Families Plan is led by the Board of the Dorset Strategic Alliance for Children and Young People which brings together colleagues from Dorset Council, Public Health Dorset, Dorset 0-19 Voluntary and Community Sector Forum, Dorset Youth Offending Services, Dorset CCG, Dorset Healthcare, Dorset Parent Carer Council, Schools' representatives and Early Years representatives; among other agencies to deliver on our ambitions for our children. The Board is chaired by the Deputy Leader of the Council.

We are doing this through Delivering our Services Locally and by sharing the same partnership values and principles of:

- Always putting children and families at the heart of everything we do
- No child or family left behind – we will strive for equity of outcomes for our children, young people, and their families
- Focussing on early intervention and prevention aiming to help early in the life of a problem and provide a graduated response to need – the right help, in the right place at the right time
- Working restoratively, doing things with families instead of to them, for them or doing nothing
- Thinking Family and working together so that children and families receive a joined-up response and good transitions
- Focussing on strengths within families and communities, understanding the lived experience of children
- Staying with families until outcomes are delivered, embedded and change is sustained
- Being inclusive – we want our children and young people to be able to get the help they need in the county that is their home
- Empowering young people and families to use the information we give them to make decisions for themselves
- Delivering best value for money - spending the Dorset £ in Dorset on the things that get the best outcomes for children and families.

Our six priorities are:

1. Best Start in Life
2. Young and Thriving
3. Good Care Provision
4. Best Education for All
5. Best Place to Live
6. Delivering Locally

b. Our Children's Services Strategic Partnership Governance

We have established clear relationship and governance arrangements to support our partnership working and ensure that our partnership plans progress with rigour and pace. The diagram below sets out the role and relationships of our strategic partnership working.

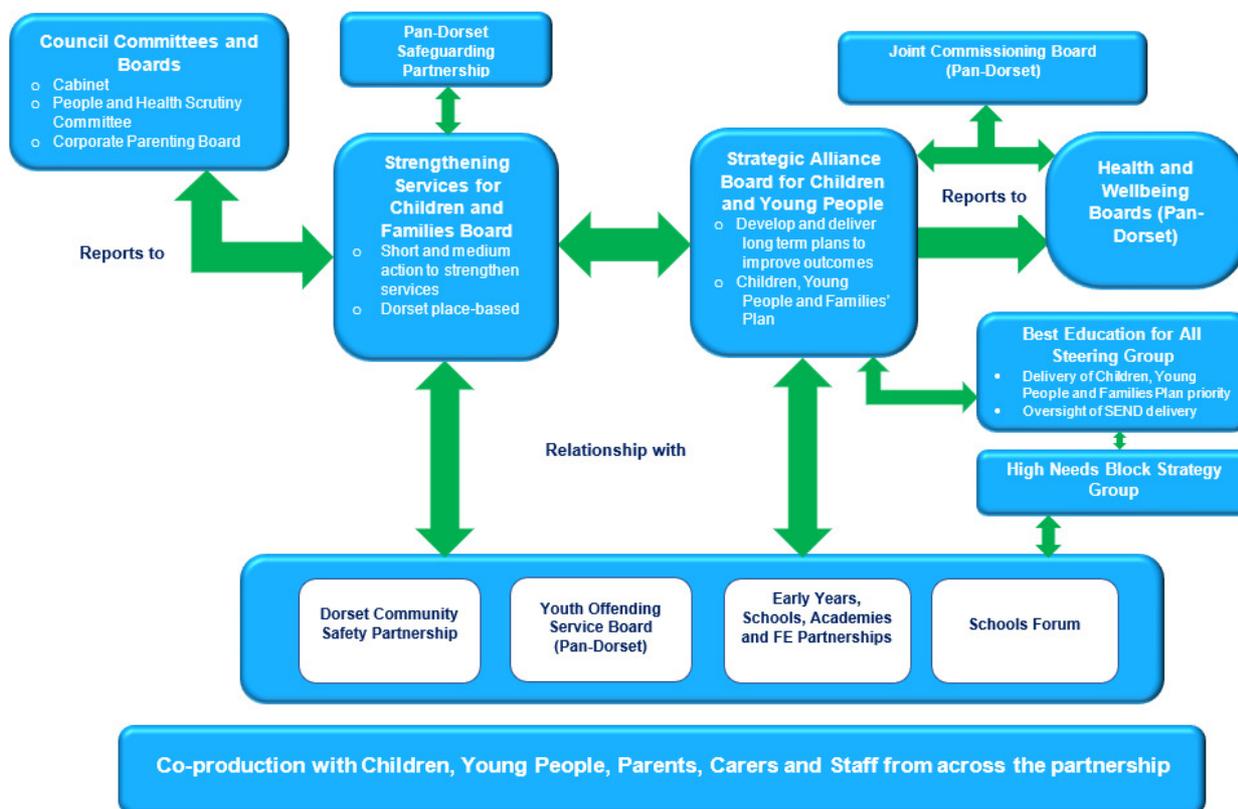


Figure 1: Our Partnership Governance Arrangements

c. Strengthening Services Programme

As a partnership we are dedicated to continuous improvement and we deliver this through our Strengthening Services Programme, it is the delivery arm for both Dorset Council Children's Services and the Dorset Council element of the Pan Dorset Safeguarding Board. We have developed an extensive and comprehensive plan that brings together short and medium-term actions into one plan. Robust governance arrangements ensure close monitoring of sustained and embedded progress in performance.

The plan is presented in three sections following the continuum of need from early help, to services to protect vulnerable children, services for children in care and care leavers, underpinned by robust leadership, management, and governance.

Strategic accountability of the programme is through our multi-agency executive level Strengthening Services Board (including Elected Members) who meet six-weekly to monitor progress, provide support and challenge and ensure that improvements are made at pace. Work is well underway, and progress is being made on all projects. The work programme for the Board ensures that complex partnership projects receive a 'Deep Dive' enabling Board Members to have a detailed solution focused discussion regarding different topics. As at February 2021 we are making good progress with 58% of actions complete and embedding. The table below sets out the progress of the Projects within our plan.

<p>Complete</p> <ul style="list-style-type: none"> • Assure that robust arrangements are in place for children who are disabled social work services • Ensure robust arrangements are in place for children and young people who are Electively Home Educated • Undertake a review of panels to ensure children and young people are receiving access to the right service as quickly as possible • Strengthen Integrated Front Door and MASH arrangements to ensure a robust and timely partnership and Safeguarding response to need • Recruit and retain high quality practitioners making Dorset Council the employer of choice for Social Workers • Strengthen performance management arrangements to ensure that operational, senior managers and Elected Members have a firm grip on performance • Develop a learning culture across Children's Services and the partnership so that learning systematically informs practice and service development 	<p>Embedding</p> <ul style="list-style-type: none"> • Ensure there is a consistent understanding of the Continuum of Need so that children receive the right support from the right service at the right time • Ensure a robust approach and response to managing allegations of abuse, mistreatment, and poor practice by professionals • Strengthen prevention and support to vulnerable young people and their families • Strengthen Private Fostering arrangements • Ensure robust joint arrangements are in place between children's services, housing, and wider partners to support vulnerable young people and families at risk of homelessness • Ensure robust management oversight is in place to the quality and practice across services • Strengthen the Corporate Parenting offer in Dorset • Establish robust operating and governance arrangements that enable senior leaders to maintain a line of sight to services • Ensure there is effective professional development that is accessible to the children's workforce
<p>Making good progress</p> <ul style="list-style-type: none"> • Strengthen the identification of risk through universal services and our collective Early Help offer so that all children and families benefit from support that makes sustainable change and prevents problems from escalating in the future • Improve the recognition of risk and harm to children • Deliver a collaborative response to improve the lives of children and young people who are at risk of or experiencing exploitation • Strengthen the quality and impact of social work practice with children in need, children at risk of significant harm and children in care • Work with the Community Safety Partnership to strengthen and support interventions regarding Domestic Abuse • 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 sufficiency and quality of local residential placements for children in care and suitable accommodation for care leavers • Ensure that the voice of children, young people, parents, and carers' influences services and puts children and families at the heart of decision making 	<p>Paying close attention to</p> <ul style="list-style-type: none"> • 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 fostering arrangements in Dorset so that more children and young people are cared for close to their communities, friends, and networks • Strengthen contact/Family time arrangements so that children in care are supported to have meaningful contact with family members • Deliver outstanding SEND services for our children and young people and define a clear pathway for preparation for adulthood • Ensure a robust partnership approach to children and young people with neurodevelopmental and complex emotional health and wellbeing needs

Table 1: Progress on Strengthening Services Plan

Our work in this plan sits alongside our work to deliver our longer-term vision for children and young people in Dorset through our Children, Young People and Families Plan 2020-2023.

d. Pan-Dorset Safeguarding Children Partnership (PDSCP)

Our Safeguarding Partnership arrangements have operated on a Pan-Dorset footprint whilst ensuring that the specific needs and characteristics of the Dorset Council area kept in focus through our operational arrangements.

The operation of the PDSCP following the dispersion of what were three separate safeguarding boards has been effective. Following its first year in operation we have reviewed the arrangements with our partners to ensure robust operational Place-based working arrangements (separate for Dorset Council and BCP). These are well developed for Dorset Council with the Strengthening Services Board working effectively through the pandemic period and Dorset are sharing intelligence on this model with BCP. Going forward the PDSCP will continue to meet monthly and include biannual meetings with First Tier Leaders Pan Dorset level to ensure learning and strategic opportunities are shared and understood. We are redesigning our shared business unit to ensure it contains suitable capacity for both co-ordination and performance analysis, we will also refresh the Quality Assurance subgroup. We have been working with Dartington Social Research Unit and Collaborate to ensure the Safeguarding arrangements include the voice of our children and families through shadow-board arrangements or similar. We will continue with our external chair, a highly experienced scrutineer.

Our Safeguarding Partnership website can be accessed by following this link: [Pan-Dorset Safeguarding Children Partnership - Pan-Dorset Safeguarding Children Partnership \(pdscp.co.uk\)](https://pdscp.co.uk) .

The Annual Report for our Safeguarding Partnership can be accessed here: [Annual Reports - Pan-Dorset Safeguarding Children Partnership \(pdscp.co.uk\)](https://pdscp.co.uk).

2.4 Financial Position

Dorset Council is committed to ensuring strong, stable, and sustainable services for Children and Young People and the directorate is actively pursuing efficiency and reorganisation benefits of £1.6m in this financial year without a reduction in our front-line services. Despite a much-needed injection of recurring investment of over £10M our children's services budget remains under pressure. The cost and requirement of external placements, loss of income from traded services during the pandemic and a Corporate position of a significant funding gap expected next year because of Covid-19 bring together a concerning position. The Senior Leadership Team is leading a Transformation Programme to deliver a balanced budget in April 2021.

In 2021/22 Children's Services will have a net increase in budget of £3.7m with a savings target is £4.9m. Our Transformation Programme will continue in 2021/22.

2.5 Council Leadership Team

The Chief Executive, Senior Leadership Team and Elected Members play an active role in providing support and challenge to the service and partnership and have a strong line of sight to practice. Regular briefings take place, and both the Chief Executive and Portfolio Holder participate in regular case file audits and practice weeks. Vital signs (KPIs) for children's services are included in the Council's Senior Leadership Team performance dashboard. Through their roles in supporting our strategic partnerships and contributing to our Quality Assurance Framework, the Chief Executive, the Deputy Leader and Portfolio Holder (alongside senior leaders

from across the partnership) have a close line of sight to performance and impact made against our Strengthening Services Plan.

2.6 Children's Services Leadership Team

Our Executive Director of Children's Services has been in post since January 2020 initially appointed on a 12-month fixed term basis, and since November 2020 on a permanent basis, providing stability needed in the Senior Leadership Team.

The permanent Corporate Director of Education commenced their role in September 2019, and the permanent Corporate Director for Commissioning, Quality and Partnerships took up their post in February 2020. The position of Corporate Director of Care and Protection became vacant in August 2020 and was immediately filled on an interim basis by an experienced former Assistant Director who had already been providing interim capacity in a Head of Service role, providing stability for our workforce. The postholder has, as of 23rd February 2021, been appointed permanently to the post meaning the entire leadership team is now permanent.

Our extended senior leadership team includes our Heads of Service and portfolio lead Service Managers. Together they take responsibility for leading service improvement alongside the senior leadership team. We have created space for increased understanding of performance data and shared learning across the Directorate through our Governance and Meetings and Performance Management Frameworks.

2.7 Matrix leadership

Through our new integrated structure, colleagues are working in multi-disciplinary integrated teams with a line manager for their locality. To ensure we have robust arrangements in place we have implemented matrix management arrangements (where staff report and consult with more than one person) ensuring staff have clear access to the specialist support they need. These arrangements are outlined in our Governance and Meetings Framework. Matrix management arrangements are embedding across the service and we monitor this closely through the Extended Children's Services Leadership Team.

2.8 Employee Engagement

Senior leadership engagement with front line staff has remained throughout the year, during lockdowns and Covid-19, and we have used creative approaches to remain in touch with the workforce. Our regular Diagonal Slice events (Employee Forum) and Staff Symposium events have continued to take place, listening to staff about what is important to them, providing feedback on their questions and updating on the latest news about progress and how they can help. Other examples include our weekly Staff Bulletins from the Director, Workforce Word out (Practice bulletin) and our 'Thinking Thursday' whole service learning and development sessions. Senior managers continue to drop into team meetings and visit teams and front-line services for children ensuring a line of sight to practice remains in place. To support the implementation of our delivery model, Dorset Children Thrive, we have introduced a Children's Services online Hub, to ensure all staff and managers have access to information about the Directorate.

2.9 Dorset Children Thrive – Integrated working by design

Our social workers told us that the way our service was structured made it difficult to implement relationship-based practice as they felt remote from many of the communities in which our children and families live, the other professionals working in the localities and they spent too much time travelling to see families. This message was reinforced by an external evaluation by Professor Harry Ferguson (University of Birmingham) in the evaluation of our RSW programme. As a result, in 2019 we set about transforming our services through our Blueprint for Change programme. Our service model Dorset Children Thrive, was launched on 1 September 2020, and brings together services and support for children and families into six integrated locality teams across Dorset, supported by a central team of specialist services.

The locality teams are comprised of colleagues from across Early Help, Children’s Social Care, Educational Psychology, SEND and Inclusion services under the leadership of Heads of Locality and Strategy that link together with our CCG Primary Care Networks and public health nursing partners. The areas reflect our existing Family Partnership Zones. Through the integrated structure, colleagues work in multi-disciplinary integrated teams with a line manager for their locality. Matrix management arrangements (where staff report and consult with more than one person) are used so everyone in the team has access to the specialist support they need. Underpinning the model are our design principles that align to the partnership’s shared values and principles.

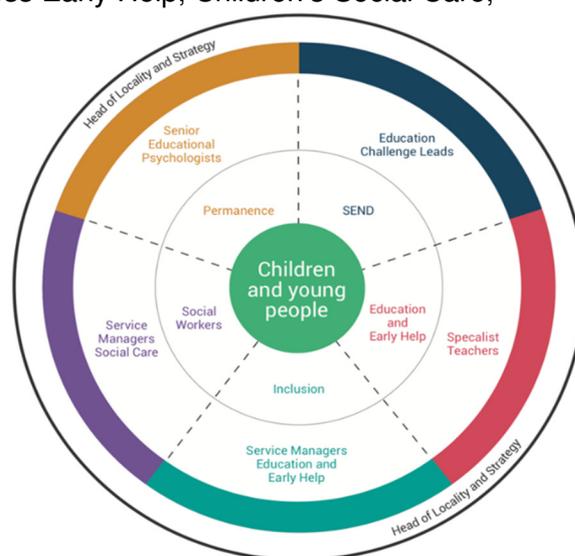


Figure 2: Dorset Children Thrive

2.10 Our Workforce

As of 25th February 2021, we have 151 permanent Social Workers (including Advanced Practitioners, Consultant Social Workers, Social Workers and CAMHS Social Workers) in Dorset. Recruiting permanent staff so that we have a stable workforce and more importantly children have stability in their social worker has been a priority for us. We have made significant progress including the implementation of our new structure and successful recruitment to social work posts. Through our overseas recruitment partnership, we have recruited 10 experienced social workers who joined us in November 2020 following an extensive induction and team development activity. We have 28 current Social Worker vacancies covered temporarily by agency Social Workers. We have recruited a further 10 Social Workers who will be joining over the next 3 months and we are holding a further 12 vacancies for Trainees/ Students who will qualify in July 2021 and will start their ASYE programme. This currently leaves 6 social work vacancies that we will continue to recruit to.

Based on a 12-month rolling period as at the 30th November 2020 we are seeing a slight decrease overall in our sickness rates for the whole of children’s services workforce. Our long-term sickness rates in social care teams are currently higher than we would like them to be at 7.4 days lost/FTE, and we are seeing short term sickness rates improving to 3.64 days lost /FTE. Sickness data is

now routinely monitored through our monthly Performance Board and this alongside other HR and staffing data is now considered at our Workforce Development Steering Group.

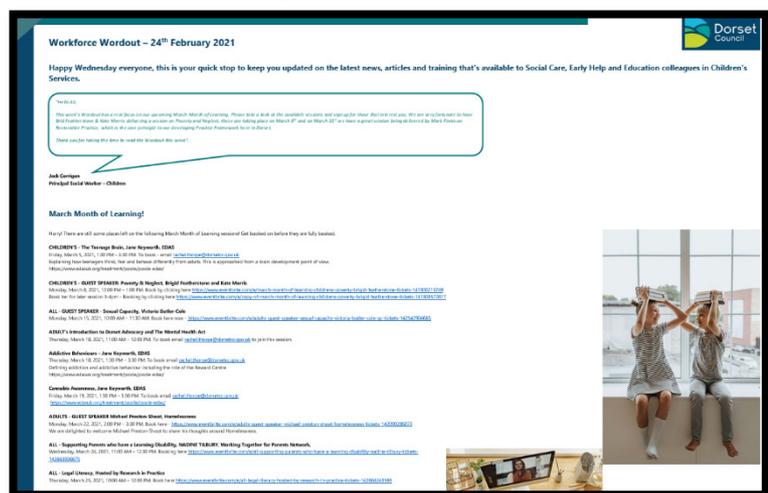
We have worked with our Human Resources and Occupational Health providers to strengthen the support offered to our staff who are experiencing ill health. There is a strong corporate offer of wellbeing support and resources for all our employees, including access to evidence based talking therapies such as cognitive behaviour therapy, mindfulness, and counselling. We continue to promote this to our managers and our teams through regular communication.

The numbers of children being supported by a social worker have reduced in the last 6 months for all social workers. The average number of children being supported by a social worker is 14 in December 2020 having reduced from 18.8 in March 2020. Children stayed with their social workers as we transitioned into the new model as this was a core principle of the change and means that some children are not yet place based but will become so at a point of natural transfer. We are maintaining our focus to ensure that our staff have workloads that support them in developing and sustaining meaningful relationships with their children.

2.11 Workforce Development

Our Workforce Development Steering Group gives oversight of our workforce sufficiency and development including oversight and implementation of our Recruitment and Retention Strategy, oversight of work to develop career pathways and support for our newly qualified social workers in their Assessed and Supported Year of Employment.

We are shaping our practice model to fully reflect Dorset Children Thrive and our shared values and principles as a partnership, and ensuring our managers and practitioners are supported to implement the model through the Learning Academy. Through our Workforce Development Team, and our Learning Academy, we are continuing to build on our support for our ASYEs. Our social workers have access to a broad workforce development programme, research tools such as Research in Practice and Community Care Inform. We promote access to learning and development offer through our Workforce Word out ebulletin to front line practitioners:



We have updated our supervision policy, shared good practice tools for supervision and have delivered supervision training to our front line and aspiring managers, mandatory for all social care managers.

We have undertaken a dip sample of personal supervision records and intend to repeat this in April 2021 to evidence impact of training and learning.

3. QUALITY AND IMPACT OF SOCIAL WORK PRACTICE IN DORSET

3.1 The Integrated Front Door

a. Children's Advice and Duty Desk

The Children's Advice and Duty service (ChAD) was launched in October 2019 following audit findings that showed that poor written referrals were leading to too many assessments for children that led to no further action. Several strengths in this approach have been identified in the positive feedback received from partners which include being able to speak to a social worker to seek advice and receive support through coaching to hold risk appropriately.

Consultant Social Workers receive all professional contacts via a dedicated professional's line and hold a coaching discussion with partners to really understand what the referrer is worried about and reach joint decisions with the contacting professional about what support is required and who is best placed to provide this.

We also have advisors who receive public line enquiries from members of the public including parents. Advisors also use a coaching conversations to understand the risks and strengths for a family. Any safeguarding concerns identified will be passed to a consultant social worker. Advice and guidance or Early Help support is provided through the advisor.

Following implementation of ChAD, we continued to receive a high number of police notifications that resulted in 'No Further Action'. Given that police, health, education, and children's services were not integrated, we were concerned that decisions were not always made with complete information, resulting in too many assessments being undertaken and leading to no further action.

b. Multi-agency Safeguarding Hub

Opportunities to strengthen the front door were identified following a review of the Pan Dorset MASH arrangements facilitated by North Tyneside in March 2020 and steps were taken to extend ChAD to include MASH (currently virtual due to Covid). We have engaged with a range of partners Police, Health, Education, Probation, Housing, YOS, Adult Services, Alcohol and Substance Misuse Services and agreed information sharing pathways to ensure that we are able to share information effectively to inform decision making. We are seeing a positive impact of these improved arrangements with contact and referrals being directed to the right services at the right time to ensure a proportionate response in a timely way.

c. Early Help Hub

In July 2020, the Early Help Hub (EHH) was also implemented as part of ChAD to provide one front door for all requests for Early Help Assessments alongside the front door for children's social care. The EHH was initially managed and staffed on a rota basis by Team Managers and Family Workers from the 6 locality Early Help services. A Dedicated Team Manager has now been recruited for the EHH to provide consistency in decision making and act as a conduit between ChAD social care, locality teams and the EHH. A rota by Family Workers from localities to provide strong connections between the central Early Help Hub and locality-based community services and Dorset Council locality teams continues. We are exploring the potential to include requests for early help for children who have a disability and access to SEND services.

d. Number of Contacts and Referrals

The number of contacts and referrals to children's social care since implementation of the integrated front door have been more in line with our Statistical neighbours with a rate of referrals per 10,000 over the past six months of 416, a reduction from 462 in 2019/20 and 611 in 2018/19. We have experienced peaks in contacts and referrals in October and December connected to National Lockdowns.

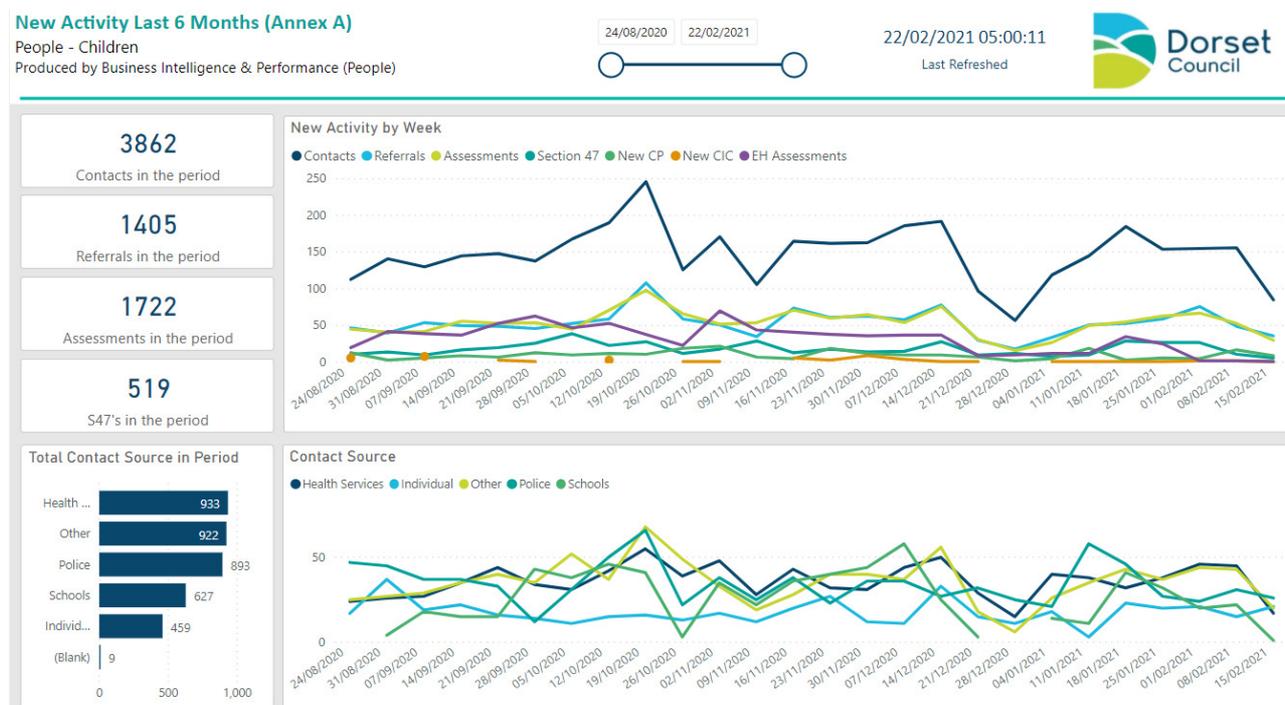


Figure 3: Numbers of contacts and referrals; Contacts by source

During January 2021 there were 614 contacts which led to 204 referrals. The outcome of MASH information sharing was that 132 children were offered a social care assessment, 35 children also had a strategy discussion, 11 children were offered Early Help and 9 children were offered information and advice. Since September we have undertaken weekly auditing with Police and Health colleagues which have indicated that most decisions are well informed with timely response from partner agencies. Our re-referral rate over the last 6 months has averaged at 20% which has been a reduction on previous years from 26%.

e. Contacts and Referrals from the Police

During April to June 2020, we identified a significant increase in contacts from the Police, increasing from an average of 223 per month (Oct 2019 to March 2020) to 395 per month (April to June 2020). Despite this increase in number of contacts, a similar number (73 and 76 respectively) resulted in a decision that a response for children's social care was required.

To address this issue, Dorset Police from 1st July 2020, prioritises all PPNs based on level of risk identified for a child using a colour coded rating system (Blue, Red, Amber and Green). This has improved the quality of information sharing with children's social care.

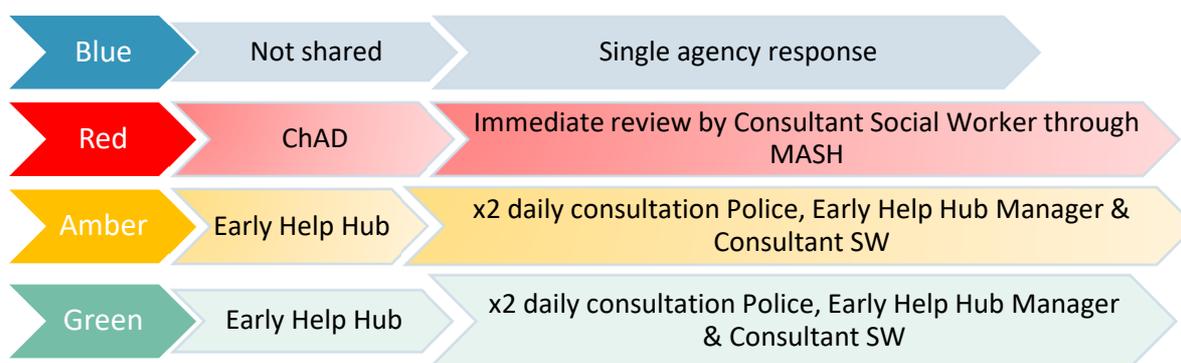


Figure 4: PPNs: Prioritisation and Response

Our PPN consultation meetings have resulted in the number of Police contacts to Children’s Social Care reducing from a peak of 409 in June 2020 to 157 in January 2020, and the number of referrals remaining comparable to previous months at 62. This indicates that the right PPNs are still going into Children’s Social Care. Police, Early Help and Social Care have provided positive feedback around the benefit of the consultation model being used to discuss PPNs. We are continuing to monitor and review the impact on both the contact and referral rate and the re-referral rate to ensure we are making sure the right service is being provided at the right time.

f. Contacts and referrals from schools

The number of contacts and referrals from schools during the first national lockdown in March - June 2020 decreased. Our extensive programme of activities in Summer in Dorset and proactive conversations with school and education settings and multi-agency planning supported us in pre-empting the demand at the front door when schools returned fully in September 2020. The average contact rate for October 2019 – March 2020 was 136 per month and the average referral rate was 58 children per month. The average rate between September and December 2020 returned to a similar level of 136 contacts and 45 referrals, although we saw peaks in October and December prior to school holidays with schools having uncertainty around national lockdowns and whether children would return to school.

g. Summary and next steps

We are closely monitoring the impact of the front door, with weekly oversight reports to the senior leadership team and a real time dashboard to support strong management oversight. We also dip sample for Threshold Audit and undertake weekly audits with Police and Health as part of our themes meeting.

The aim of the changes made in the front door over the past year are to ensure that children are accessing the right support from the right service at the right time at the earliest opportunity. We are projecting a reduction in assessments that result in no further action, a reduction in strategy discussions that do not require section 47 (s.47) enquiries, a reduction in s.47 enquiries that do not result in a child protection conference. There should also be an increase in the number of Early Help assessments, and planned assessments, Team Around the Family approaches and intervention from partner agencies prior to escalation.

Whilst there has not been a sustained period of stability to enable comparable figures over the last 9 months due to the Covid-19 pandemic and periods of national lockdown, there is evidence that the changes made to date have had a positive impact on the decision making for children. There

needs to be continued evaluation to ensure that we are sharing appropriate and proportionate information to safeguard children, that we are working with consent where appropriate and that we are using information shared to positively impact the outcomes for children and their families in Dorset. This will be achieved through individual case auditing and dip sampling, multi-agency auditing as part of weekly themes meetings and data sharing being fed back to both the Operational (Monthly) and Strategic (Monthly) groups for the Front Door.

3.2 Early Help

a. Our approach

Early Help is an intrinsic part of our model 'Dorset Children Thrive'. We have built our locality teams on our six existing Family Partnerships Zones which is our partnership approach to Early Help. These Family Partnership Zones were established in September 2016 based on school 'pyramids' or 'clusters' inspired by the Harlem Children's Zone, where different professionals came together to help and support children, young people, and their families. The geographical footprint; ethos of least disruptive intervention first; strong local partnership responses to local need and building on community assets to provide early help is the foundation of all the work we do. Based in local communities, the services and support vary depending on local priorities that are set by partners in the local governance group, the 'Local Alliance'. Overall governance is through our Strategic Alliance for Children and Young People, where we are continuing to promote early help at the earliest opportunity in universal settings. Although all partners contribute to the early help model, Dorset Council employs a range of early help staff to facilitate partnership working and effective early help, through evidence-based interventions such as the suite of Incredible Years programmes.

My Mummy and Granny were feeling overwhelmed. My Mummy has health problems and learning difficulties but my Family Worker helped us to find a school that meets my needs. I am happier and so is my Mum.

Our model has increased the council's capacity for early help and SEN support by both increasing the number of frontline practitioners and delivering closer integration of these practitioners to ensure timely assessment and casework for children and their families. Furthermore, we are expanding our support to schools and settings through dedicated teams,

providing contact points of expertise to our education colleagues. This enables us to build on our established model of proactive support for children, enabling us to wrap around the communities' children are part of.

Our Early Help Strategy has been refreshed to reflect our operating model and in line with the priorities set out in the partnership's 3-year Children, Young People and Families' Plan.

b. Dorset Council's Early Help Offer

The focus of the council's early help offer is in four key areas of activity:

Delivery and co-facilitation of group interventions responding to locally identified need (evidence based or bespoke)

Direct work with children and families (whole family working)

Advice and support to professionals to help them meet their responsibilities to provide early help

Advice on and signposting to services on offer in localities

Figure 5: Dorset Council Early Help Offer

c. Direct work with Children and Families

As of 31st January 2021, there are 963 children and young people being supported through early help in our locality teams. We are embedding our Early Help Practice standards to guide our work as our audits identified that Early Help Assessments were not always completed as quickly as we would like and did not always lead to SMART Early Help / Team Around the Family Plans. We are improving management oversight through the development of management information reports that supports managers to be able to understand and track the timeliness of assessment activity.

We are ensuring there is consistent, robust management direction when requests for early help involvement are received and that assessment, planning and reviews are supported and progressed through reflective supervision. Our managers are supporting our early help workers and our partners to be professionally curious and continue to be tenacious when seeking to engage families and young people, particularly when support is first requested.

In our Practice Standards we have set out how we expect to work, including swifter assessment and planning to support families. We are working to improve the timeliness of our assessments through close management oversight and support for practitioners with themed learning events. We have also been focussing on reviewing cases that have been open for 12 months or more to ensure there is appropriate step down into community services and that families are getting the right support at the right time. This work has resulted in the appropriate closure and stepping down of families.

Our Early Help staff play a key role in working alongside families where children and young people no longer require a child in need or child protection plan but need ongoing support at an early help level. We are working with our early help and social care staff and managers to ensure that plans are consistently and effectively stepped 'up' or 'down', with clear practice guidance and procedures in place to add further to the locality model whereby social care and early help staff are part of one team.

My family worker has worked with my family for some time now, we have had some major ups and downs but he has stuck with us throughout and I now feel safer at home and much more optimistic about the future because of the support that has been provided

As a learning organisation we are focused on quality of practice and undertake monthly audits to test our practice standards and family experiences. A summary of audit outcomes shows that we continue to embed best practice in line with our practice standards.

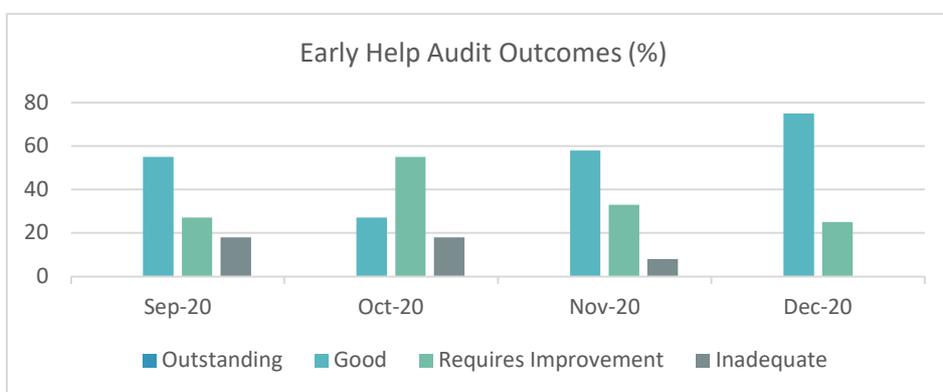


Figure 6: Early Help Audit outcomes

The themes arising from these since October 2020 are:

- Seeing children alone and capturing the voice of the very young child is not yet consistent. To address this we are working with our frontline managers to enhance the monitoring of this important activity, particularly prior to signing off an assessment and we are working with our family workers to help them understand the importance of this and how to do it well, through delivery of training from our senior family workers and creating videos to share best practice in capturing the voice of young children
- Timeliness of completing and recording assessments requires improvement in some areas. To address this we have increased management oversight on the timeliness of assessment completion through fortnightly tracking reminders and are developing an early help management information dashboard to make tracking simpler for managers.
- There is a strong theme of good engagement with families by our family workers
- Family feedback, that we have made a difference, is overwhelmingly positive

d. Group work

Our core group work offer includes evidence-based parenting courses, including Incredible Years and Living with Teenagers; parenting support through our locally developed parenting skills and strategies groups, an under 1s group and group work focused on domestic abuse (Freedom and Pattern Changing). Group work is frequently co-delivered with partners and all facilitators of evidence-based parenting programmes attend group supervision provided by a UK Based mentor. This ensures fidelity to the programme and increases the likelihood of positive outcomes for attendees.

Group work is usually delivered face to face. However, in response to lockdowns, arrangements have been made to move most delivery online and where parents do not want to take up this offer, practitioners are working creatively to remain in close contact and offer support. This has sometimes included reducing the size of groups and/or the hiring of larger venues to facilitate group work more effectively.

The table below provides information on participation in group work between September 2020 and January 2021 and the figure shows an evaluation of impact of a co-delivered domestic abuse programme.

Type of group	Number of attendees
Incredible Years	63
Under 1s	296
Parenting Skills and Strategies	116
Living with Teenagers	15
Domestic Abuse (pattern changing/freedom)	51

Table 2: Participation in group work activities

NEED: EMOTIONAL HEALTH

Top Eleven outcomes

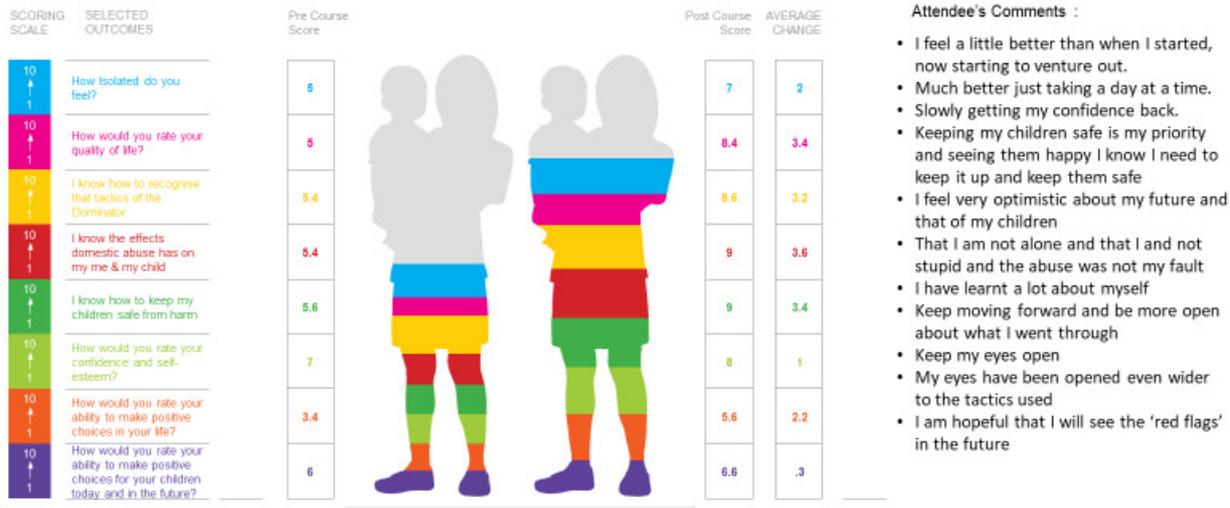


Figure 7: Evaluation of Freedom Programme

e. Supporting partners to undertake Early Help

In addition to the delivery of direct work with our families, we have embedded designated Early Help Link Workers from within our locality teams who are aligned to the schools in their locality. The role of the Link Worker is to support schools and settings to take proactive action for their vulnerable children. Link work conversations with schools are taking place frequently. We continue to develop our approach as we embed consistency across Dorset. Our model has proven to be extremely helpful as we have worked with our schools throughout Covid to maintain our Vulnerable Children Tracker to ensure support to families has been provided at the earliest opportunity.

We provide support to our partners to be able to deliver their early help responsibilities, through the delivery of workforce development as well as advice and guidance. Our “Safeguarding through Early Help: Understanding Your Role” training is available to the whole children’s workforce and over 103 professionals have benefitted from this between 1st September 2019 and 27th January 2021, reporting that it has made them more confident about convening Team Around the Family meetings. Our training offer has been offered virtually since April 2020. It is most often taken up by early years providers, but we are now seeing more practitioners from across the partnership. We note a correlation between take up and the confidence to initiate early help. We continuously evaluate feedback and adapt the training to meet the needs of practitioners and to track impact.

This has been evident in the steady increase over time in the numbers of Teams Around the Family convened by partners and associated increase in partner agencies undertaking a lead professional role, e.g. in schools, this has gone from 10 in 2016 to 163 as of January 2020, with some disruption since March 2020 due to lack of universal access to services during lockdown and reduced opportunities to identify need. However, despite the disruption for schools and the added pressures this has meant for school lead professionals in December 20 schools were still acting as lead professional for 82 families.

In addition to introducing monthly informal induction sessions for Localities’ teams, introducing colleagues to the whole family working resources available (and how to access these to maximise a whole family approach) we are planning a twilight session for external professionals in February.

The timing has been arranged with school colleagues in mind and following feedback from School Lead professionals that this would be welcomed. Our employees continue attend Team Around the Family processes led by other professionals where this is appropriate.

Our revised e-form process to streamline and simplify making requests for whole family working resources has been welcomed and is used by internally and external partners equally to this end.

Through our Children, Young People and Families' Plan our partnership has agreed to measure and identify the type of early help support provided by partners so that we can understand the combined impact of effort in our communities and continuously review and refine our offer to ensure great outcomes for our children. This work is being led by our Delivering Locally workstream.

f. Focus on Early Years

We prioritised children aged 0 – 5 years in our early help responses from January 2020 as we saw increases in younger children needing support through child protection and coming into our care. We have continued to prioritise this age group throughout the lockdowns and will continue to prioritise, recognising the potential impact of reduced visits to very young children; and potential for reduction in offers at early years settings as well as national trends regarding safe sleeping. We have done this through:

- County wide strategic partnership meetings and locality based operational meetings focusing on the 0 to 5s (initially weekly, now monthly) to identify and respond to emerging issues and families we were most worried about.
- Routine, proactive conversations and information sharing with health colleagues and settings about children needing early help, in each locality.
- Prioritisation of children aged 0 – 2 in allocation for direct work by family workers and response to contacts with The Early Help Hub.
- Increasing support to early years settings who are initiating early help
- Making our Children's Centres available to maternity services to enable expectant mothers to meet their midwife in a non-clinical setting and to enable early identification of need

There has been a steady increase in the numbers of children aged 0-4 support through Early Help since January 2020 to December 2021.

g. Dorset Families Matter (Troubled Families)

Dorset Families Matter provides intensive support for some of our most vulnerable families. Working with the whole family across local services, with a focus on early help, the programme has a proven track record of driving reforms across public services. Our funding is used to tackle complex inter-connected problems including unemployment, poor school attendance, mental health issues, anti-social behaviour, and domestic abuse. By accessing early, practical coordinated support to transform lives for the better, the demand and dependency on costly reactive public services is reduced. Support is co-ordinated through a range of services to identify and address family issues as early as possible.

By working with my family worker, I feel happier that my Dad can now afford the things I need like a new bed and lunches that I like to eat, my family are working together more on the things that need doing in the house and I can concentrate better on my school work now

In the current year (2020/21) we planned to attach a further 187 families to the programme and could make claims under the payment by results framework for successful outcomes with a further 314 families. In January 2021, we have successfully achieved Payment by Results Outcomes for all these families, assured through internal audit.

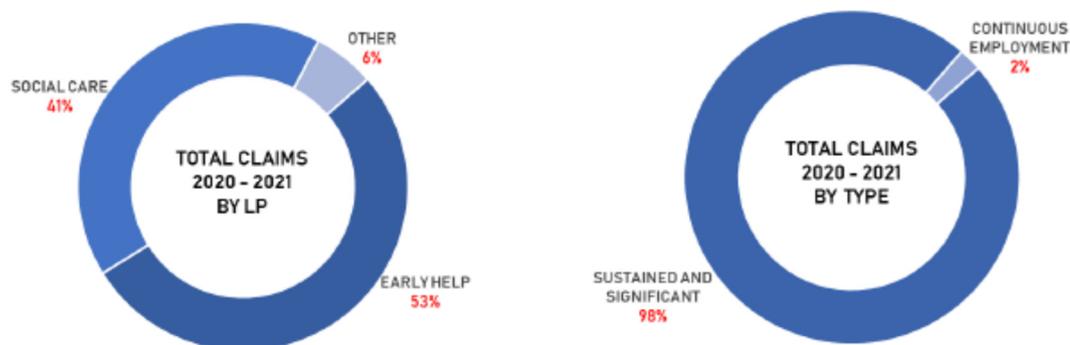


Figure 8: Troubled Families Payment by Results Claims

2020/21 has been an extended year for the programme and has of course been dominated by the Covid-19 pandemic and the periods of lockdown. However, the experience of the central support team in liaising with our VCS providers and assisting front line practitioners' access additional sources of support from these providers has proved to be an asset. This means that throughout the crisis our VCS services were supported and kept delivering services, so our families were able to continue receiving vital Covid safe interventions appropriate to their needs, which in turn extended the reach of our front-line practitioners during this exceedingly challenging time.

The relationship between Dorset Council and our VCS partners has, as a result, been significantly strengthened, our families have benefitted and been kept safe and our front-line practitioners within our social care, early help and school teams have all felt well supported.

Shortly before Christmas the government confirmed that the Troubled Families programme will be extended for a further additional year and so will now run until the end of March 2022.

3.3 Children in Need

Our children in need and child protection social work is delivered by our six locality social work services as part of our Dorset Children Thrive model, enabling closer working with partners and minimising hand-offs between social workers by reducing transfer points. Significantly, it further develops our understanding of local need through improved relationship-based practice with our families and partners.

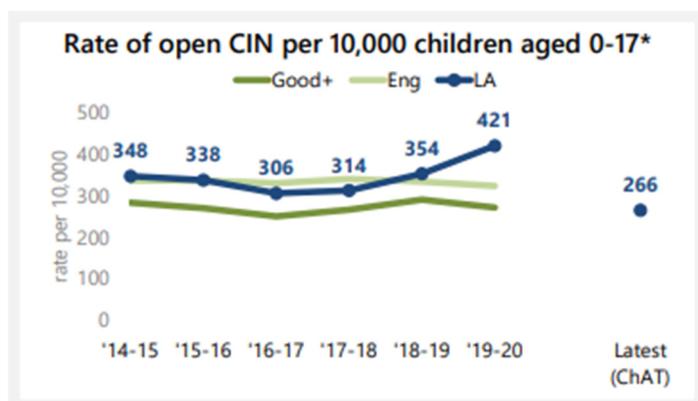


Figure 9: Number of children in need

Our Children in Need (CIN) have decreased during 20/21 and data indicates we are now more in line with Good and Outstanding authorities. Work has taken place in the ChAD to embed the Early Help Hub and we have seen the number of referrals leading to social work assessments decrease with the rate of completed assessments per 10,000 in the last 6 months reducing from 502 in 19/20

My social worker helped my mum and dad look after me when they needed lots of support

to 421 in January 2021. There has been sustained improvement 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 with 87% of children being seen during assessment and 70% of children in need being seen within 6 weeks. We are focusing on ensuring that

where appropriate there is a timely step-down to Early Help which ensures that we are working with the right children in the right part of the system. Focused data quality work is underway to ensure that our statistical returns accurately reflect the children we are actively working with.

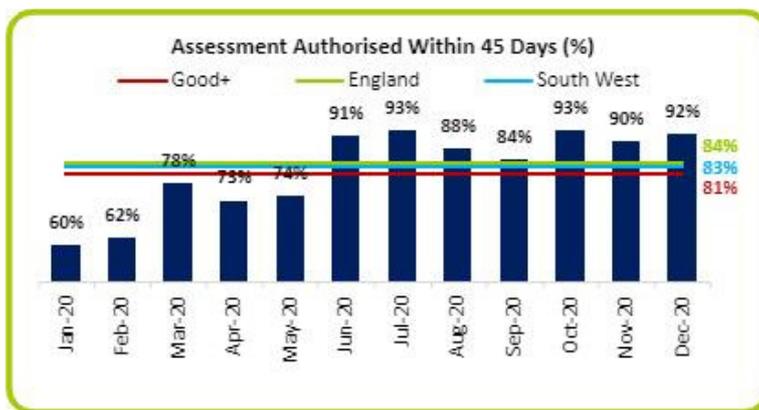


Figure 10: Timeliness of assessments

3.4 Child Protection

a. Section 47

Overall, we have maintained a steady state in the rate of s47 enquiries per 10,000 with 159 in July 2020 to 150 in January 2021. We saw a peak in October 2020 in connection with to National Lockdown. In January 2021 61% of the s47 investigations resulted in an Initial Child Protection Conference being convened. 88% of Initial Child Protection Conferences in the last 6 months resulted in a Child Protection Plan.

b. Child Protection Conferences

We have seen a significant improvement in the timeliness of our Initial Child Protection Conferences with over 96% being held on time for the last 6 months. Due to Covid19, conferences have been undertaken virtually; we are closely monitoring in terms of quoracy to support full contributions from partner agencies and ensure decisions are based on complete and up to date information.

A feedback survey was completed with parents during August 2020 which was very positive with:

- 88% reporting they had been given clear information
- 88% felt able to talk to their worker
- 79% felt listened to
- 64% felt involved in the decisions
- 58% said the conference had made a difference

We then undertook further feedback from 29 families in January 2021, more specifically about the virtual process. The feedback highlighted that although families felt the meeting was well chaired, overall, most expressed that they would prefer to be in the office and be able to see professionals. Despite a delay as a result of the 3rd lockdown, we are actively working towards implementation of semi-virtual conferences.

In June 2020 we adopted a process of ‘Opt Out’ for children over the age of 8 years old being offered an advocate and we have seen very positive impact from this going from 30% being offered an advocate in May 2020 to over 70% in January 2021.

c. Child Protection Plans

The rate of children subject to a Child Protection Plan in Dorset is 51 per 10,000. The percentage of children who are made the subject of a Child Protection Plan for a second or subsequent time ever, in the last 6 months is 26%. A review of these children identified that the majority had recently returned after having had a previous plan more than 2 years ago and, the longest duration over 5 years. However, it was identified 30% of those children were escalated to child protection after a very short period of child in need intervention. It was established that those children could have been supported under child in need before requiring escalation. As a result, additional quality assurance has been put in place to support robust decision making. 65% re-opened under child protection due to previous overoptimism and where we should have intervened earlier. It is likely that due to increased oversight through line of sight we are now responding to risk more effectively and timely.

Our analysis shows that 31% of Child Protection Plans ended in less than 3 months which is higher than England and statistical neighbours. We have dip sampled those children newly becoming subject to a Child Protection Plan, those who have had a review Child Protection conference and those whose plan has ended to ensure we have a confident understanding of our practice in this area. As an outcome we are delivering training on ensuring that child in need planning is strengthened to deliver the right intervention to meet children’s needs with the lowest intervention.

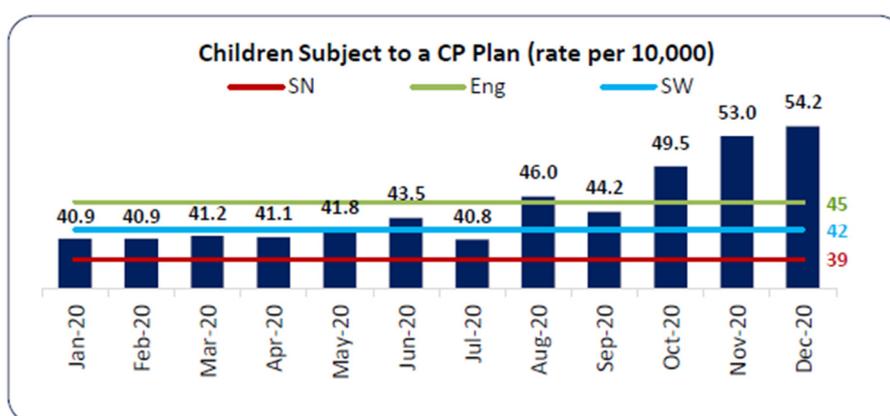


Figure 11: Rate of Child Protection Plans

In response to the high number of children being supported through child protection plans our review included children that were subject to an initial child protection conference (ICPC) in November and December. This was to assure ourselves that we are making the right decisions about whether to put a child on a child protection plan.

It was concluded that it is possible that strategy discussions and subsequent section 47 enquiries for many of the children are taking place too early as approximately 40% do not result in an ICPC. It was also considered that for 66% of children audited had only been open to the service for 2 months or less. This short time period does not really allow for relationship-based practice to become established and to ensure that support and intervention with the family takes place at the lowest level of need. Our new practice framework is restorative, strengths-based ensuring the importance of relationships and will support the workforce to enable high support and challenge.

To further support this we are developing multi-agency contextual safeguarding meetings / conferences which the QAROs (Quality Assurance Reviewing Officer) will chair. This will be for children where there are child protection concerns but that they are of a contextual nature and managing these children under a CP Plan is not the most appropriate way of supporting the family to safeguard. This will also support social workers and their managers in thinking differently about how risk can be managed.

d. Child Protection Visits

We give conspicuous care to timeliness of Child Protection visits. As of 22 February 2021, 99% children were contacted in the previous 4 weeks. While the frequency of contact with our children is strong, we are working to ensure that we are seeing children on their own wherever possible. Of the 50% children not seen alone at their last visit, 57% are aged under 4yrs.

e. Summary and next steps

We are continuing to focus on strengthening our approach to conferencing through the development of the Quality Assurance Reviewing Officer role and bringing Family Group Conferences to our families at the earliest opportunity. We are embedding our relationship-based restorative conferencing model to support improved Child Protection Planning and to ensure that the right children are on a Child Protection Plan for the right amount of time to achieve the best outcomes for them.

3.5 Children Who are Disabled

a. Our approach

We have a dedicated service for children who are disabled which is delivered by three social care teams, one Early Help team and an occupational therapist team. The Children who are Disabled Service (CWAD) are actively involved with 8% of the total Child in Need group, 3% of the total children subject to Child Protection planning and 10% of our total Children in Care population in Dorset.

At January 2021, 623 children were receiving a service from CWAD, 100 of whom are supported by more than one worker in the service i.e. a Social Worker and Occupational Therapist.

- 153 children are allocated to an Occupational Therapist
- 266 children are allocated to a Family Worker
- 204 children are supported by a Social Worker
- 46 are children in care
- 10 are supported by a child protection plan
- 148 are supported by a child in need plan
- 209 children are accessing direct payments.

We also provide a residential home for children, the Cherries, which is currently judged as 'Good' by Ofsted.

During 2020 we have been working to strengthen our Children Who are Disabled services, we have undertaken a review and put in place actions as part of our Strengthening Services Plan. Arrangements have been built upon including weekly resource panel, step up and step down, and training for CWAD Team Managers and social workers regarding Child Protection Processes. We have implemented weekly Line of Sight meetings and Leadership Oversight meetings. The team works closely with Dorset Parent Carer Council. We are determined that our young people have a seamless transition to adulthood and so are embarking on the development of a birth to settled adulthood offer during 2021. This work is being progressed as part of our Children, Young People and Families Plan.

b. Impact of Covid-19

Many of the children and their families that we work with found the Covid-19 restrictions and shielding requirements during the initial lockdown period particularly challenging. This was due to the change in routine and levels of the children's comprehension of what was happening. In addition, many of the children were not able to access their usual educational settings so this placed additional pressure of their families and support networks. This was also impacted by the reduced availability of care workers able to enter homes to provide much needed care or respite for parents. For families who were shielding we signposted to appropriate resources to ensure they had access to shopping and medication.

We have worked closely with families and where needed, have taken steps to increase support levels to children and their families such as increasing direct payments and short break provision. The launch of *Summer in Dorset* also offered community-based activities to children and families we are working with.

Children with significant learning difficulties have found face to face visits where staff are wearing PPE or having to socially distance challenging. Children have also found the changes in routine unsettling primarily around the disruption in school attendance.

c. Co-production

CWAD worked closely with Dorset Parent Carer Council and multi-agency partners through weekly virtual meetings to inform updates being sent to families via our weekly co-produced newsletter. We have worked with multi agency professionals to ensure strong working relationships during the pandemic. This has involved virtual meetings and working groups such as fortnightly Special School liaison meetings and Short Breaks monitoring and development group the NHS Dorset Continuing Healthcare (Eligibility) Panel.

d. Short Breaks

The reduction in access to school provision led to additional pressures on families and an increased reliance on services such as direct payments and short break provision leading to challenges for service providers in prioritising places and working with a reduced workforce of care workers.

We have been working to develop a respite offer through co-production with the Dorset Parent Carer Council, exploring how best to develop our short breaks offer. Unfortunately, recent

tendering activity was not successful in expanding our short break provision, so we are working on market development at pace and intend to re-open the Framework for tender early Summer.

3.6 Domestic Abuse

a. Our approach

Dorset Council commissions an integrated domestic abuse service, which is provided by You First. The service offer consists of outreach, accommodation-based support, helpline, and behaviour change workshops. During the first lock down due to Covid-19, You First opened 2 additional refuges, employed dedicated children's workers, increased the capacity in the Domestic Abuse Single Point of Contact and recruited 12 additional counsellors. You First continue to adapt their services to the needs of our communities in conjunction with our commissioners and partners.

We have worked with partners and sourced funding from central government to implement the nationally accredited DRIVE perpetrator programme. Partners are currently working through implementation which will see the development of a perpetrator panel (which will link in with the HRDA (High Risk Domestic Abuse) model), one to one intervention where perpetrator consents and/or use of disruption techniques to reduce ongoing offending and risk.

We continue to work with partners to take a whole systems approach to how we design and commission services. Partners have initial commitments from Domestic Abuse commissioners to explore this work and are currently undertaking a needs assessment.

b. High Risk Domestic Abuse Model (HRDA)

In response to several Domestic Homicide Reviews the arrangements for High-Risk domestic abuse responses were reviewed in 2019/2020. The High-Risk Domestic Abuse (HRDA) model of daily meetings was piloted from February to April 2020. The core principles of the model of working with high-risk victims of domestic abuse are:

- Faster, coordinated, and collaborative response to the whole family affected by domestic abuse, including perpetrators and children
- Support and interventions to manage risk are provided closer to the timing of the incident
- Consistent threshold is applied to high-risk domestic abuse cases
- Specialist domestic abuse worker ensures the voice of the person is represented at the planning stage.

The model has clear measurable outcomes which include:

- A simplified process that enables practitioners to respond to disclosures in timely way and supports defensible decision making
- A model that is efficient, effective, takes advantage of digital solutions and based on evidence of best practice
- Addresses the unique needs of all families with protected characteristics
- Utilises existing resources to provide better outcomes

Between February and November 2020 there were 491 high risk cases discussed at HRDA, with 65% (318) involving children within the home. On average this is 2 – 3 cases discussed per day. The level of domestic abuse referrals has increased during the Covid-19 pandemic and this is reflected with a peak in referrals for HRDA in October 2020.

HRDA meetings take place 4 days per week – Monday, Tuesday, Thursday, and Friday. There is also a monthly High Risk Domestic Abuse Plus (HRDDAP) meeting where cases in which the risk has not reduced are reviewed. The pilot was reviewed in July 2020 and agreed by partner strategic leads as the preferred local multi-agency information sharing model for high-risk cases of domestic abuse. Partners continue to monitor the effectiveness of the model and the impact it has on families via the Quality Assurance and Strategy Group.

We are collaborating with our police and education colleagues to implement Operation Encompass with a phase 1 start date of 1 April 2021. This will see our children better supported within schools following an incident of domestic abuse.

The Domestic Abuse Bill is currently working its way through Parliament and is expected to come into force in April 2021. The Act will place new legal duties on the Council in relation to domestic abuse including leading work to produce a needs assessment and domestic abuse strategy. Central government has provided £50,000 to each upper tier local authority to help them prepare for the new requirements. Dorset Council will be given a further £650,000 'new burdens' funding in 2021/22 to help meet its new duties. Children's Services are working closely with Community Safety partners to ensure children and young people are kept in focus of this work.

c. Sexual Violence

STARS Dorset Sexual Trauma and Recovery Service is a pan-Dorset charity that offers one to one support, free of charge, for anyone of any age or gender, who lives works or studies in Dorset and has experienced any form of sexual violence at any time in their lives. The service provides several different types of support including an Independent Sexual Violence Advisor Service, Counselling, a Children and Young People's Service and a Support Line.

STARS have recently been awarded the contract, funded by the Office of the Police Crime Commissioner for Dorset and NHS England, to provide an Independent Sexual Violence Advisor (ISVA) service in the County. The contract begins in April 2021 and runs to 2028. This is a service that our practitioners utilise as part of their planning to support our families.

d. Parental Conflict

We recognise that children experiencing frequent, intense and poorly resolved conflict between parents or carers, whether in a relationship or separated are at risk of poor outcomes and research shows that other interventions to support families are likely to fail when conflict is unresolved. We know that there are areas in Dorset where family breakdown exceeds national averages, for example, in Weymouth and Portland and we have taken a leadership role with this issue, alongside the Department for Work and Pensions by overseeing the Happy Families, Happy Futures programme, across the south-west. A programme designed to improve communication and ease tension between parents or carers, supporting a happy environment for their children.

Through practitioner training we are seeing an increase in confidence across the children's services workforce in developing a professional curiosity around the parental relationship. Referrals have been steadily increasing and during Covid-19 the delivery swiftly moved to virtual delivery, both on a 1:1 and group basis, which has facilitated greater take-up by fathers.

Dorset Council is working on a range of interconnected approaches to use the valuable understanding of early identification and appropriate levels of support to inform legacy planning.

This includes further embedding of the agenda within Early Help and the development of a complete toolkit that captures the child's and parents voice when assessing and supporting parental conflict.

As a member of the Pathfinder to pilot the implementation of the private law recommendations, we will have the opportunity to explore how our Early Help offers might be involved, particularly at the start but also during and at the end of cases as we triage the support needed to help parents resolve issues and ensure outcomes are sustainable and avoid unnecessary returns to court. We know that ongoing litigation tends to escalate/exacerbate/entrench parental conflict and want work with colleagues to adapt and resource our processes to avoid this harm whenever it is safe to do so.

e. Conclusion and next steps

We constantly strive to support our practitioners consistently identify domestic abuse and to build on the range of Domestic Abuse Support services available in our area so that our staff can respond effectively with the right support for children and families. Through our Strengthening Services Plan we are working closely with the Community Safety Partnership on a range of actions to strengthen our partnership approach including the implementation of a Domestic Abuse Toolkit in April/May 2021.

3.7 Pan Dorset Youth Offending Service

a. Our approach

The Youth Offending Service is a pan-Dorset partnership comprising Dorset Council, BCP Council, NHS Dorset CCG, Dorset Police, and the National Probation Service Dorset. The Youth Offending Service is a multi-disciplinary team which includes youth justice officers, police officers, probation officers, Child and Adolescent Mental Health Service nurses, a speech and language therapist, a part-time psychologist, parenting workers and restorative justice practitioners. The Youth Offending Service has two office bases, one in each local authority. The Dorset team is based in Dorchester, co-located with some of Dorset's specialist education services and on the same site as one of Dorset's alternative education provisions.

Designated Youth Offending Service staff have access to the Dorset Council Mosaic system to support integrated working, assisted by strong working relationships with social care and early help colleagues at practitioner and manager levels in the localities. The service is engaged in the planning and development of 'The Harbour' (Adolescent Residential and Outreach Service) alongside North Yorkshire as Partners in Practice.

b. First Time Entrants to the Youth Justice System

The rate for first time entrants has reduced after an increase in the period April – March 2020. While it is positive to see the rate returning to previous level, we remain ambitious to reduce this even further.

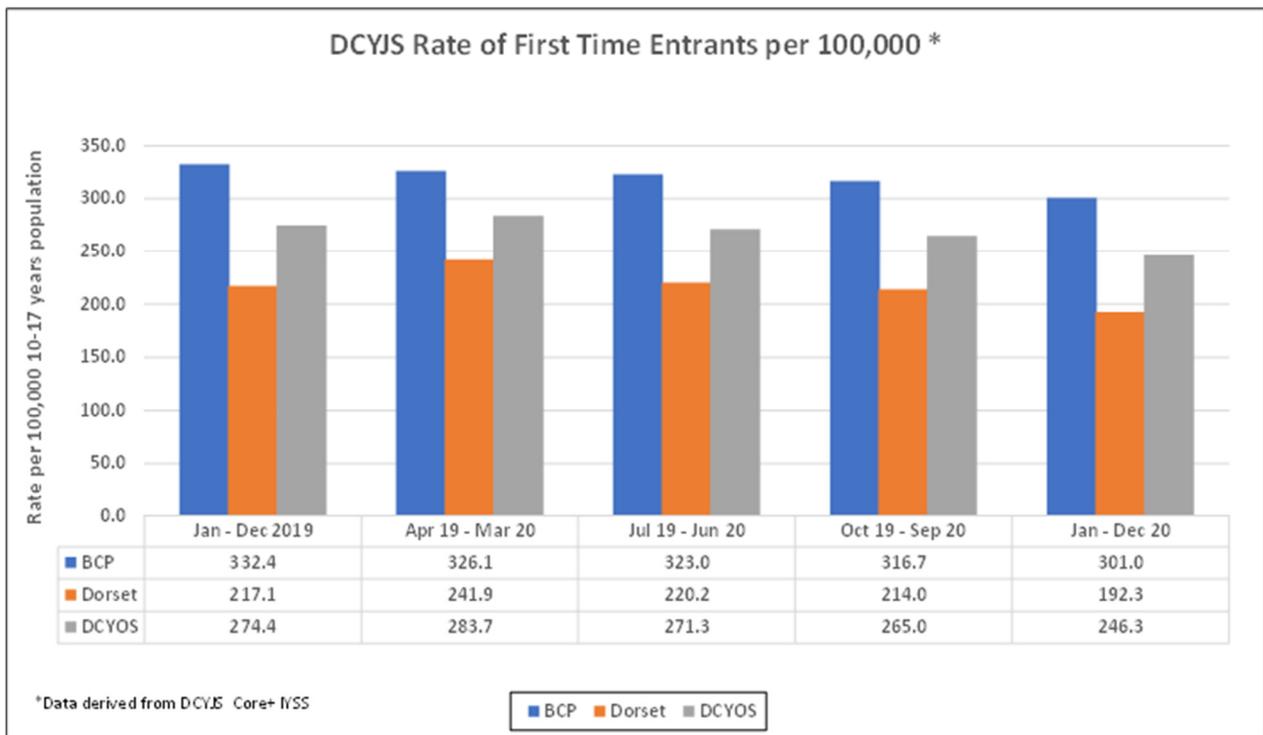


Figure 12: Dorset Combined YOS Local 1st Time Entrants Rate per 100,000 pop

The highest number of first-time entrants are:

- White British (90%), with 3% Black and 5% mixed race
- Male (85%)
- Aged over 17 years (29%)

Dorset continues to see low levels of custodial sentences. One Dorset child has been sentenced to custody in the last two years. No Dorset children have been remanded into custody in that time.

c. Youth Justice Service practice developments

The Youth Offending Service obtained NHS England funding for a Speech and Language Therapist and to support the introduction of trauma informed practice. The Speech and Language Therapist joined the team in March 2018 and has had a transformative impact in improving the team's individualised responses to young people. Since then over 200 young people have been assessed by the Speech and Language Therapist, across the Dorset and Bournemouth, Christchurch and Poole Council areas.

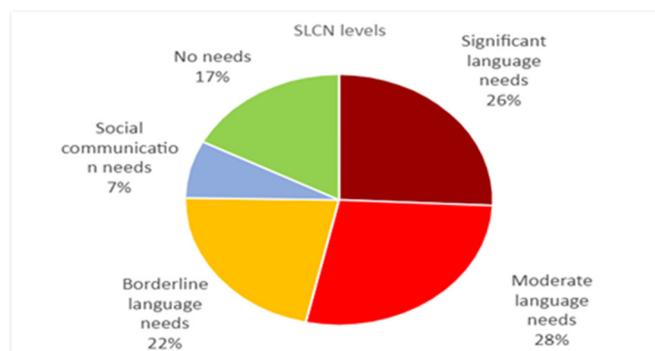


Figure 13: Assessed level of Speech, Language and Communication Needs

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. It is notable that 54% of the young people were at or below the 6th percentile for language ability. All written materials have been adapted to make them more accessible and work has been undertaken with local police and court professionals to increase their understanding.

d. Developing the workforce

In February 2020 all YOS practitioners attended 3 days of training in the Trauma Recovery Model which is now being implemented in the YOS. The most complex young people are considered in multi-agency case formulation meetings led by the YOS Psychologist. This leads to coordinated case planning for all professionals that is responsive to the child's developmental stage, with clinical supervision and case reviews built into the model. The YOS is also committed to applying the trauma 'lens' to all young people on its caseload, not just those who are considered in a case formulation meeting.

e. Conclusions and next steps

The current priorities for Dorset Combined Youth Offending Service are to reduce the number of first-time entrants into the youth justice system and to enhance the tailored individual response to those children that do enter the justice system. Dorset Combined Youth Offending Service and Dorset Police are working on additional options for informal responses to low level offending, such as Youth Restorative Disposals, so that young people are not criminalised unnecessarily. We continue to develop and strengthen our youth offending partnership, including collaboration with The Harbour.

3.8 Children in Care

a. Our approach

Children in care are supported by social workers across locality teams, and some are supported by the children who are disabled (CWAD) 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. The creation of permanence teams embedded within our place-based structure seeks to ensure that our children in care have a managed transfer at the right time for them ensuring stability whilst maintaining a focus on their needs when permanence has been achieved.

Through embedding our Dorset Children Thrive model we have reduced the number of case transfer points and supporting consistency of worker. This supports us in maintaining a stronger relationship between social workers and their children who they support throughout their involvement with children's social care services.

b. Our children in care

We have implemented weekly Locality Line of Sight meetings to ensure consistency and oversight of decision making across the service. We have seen a gradual reduction of children in our care during 2020/21 (459 – Jan 21); 67 per 10,000 in line with national comparator data.

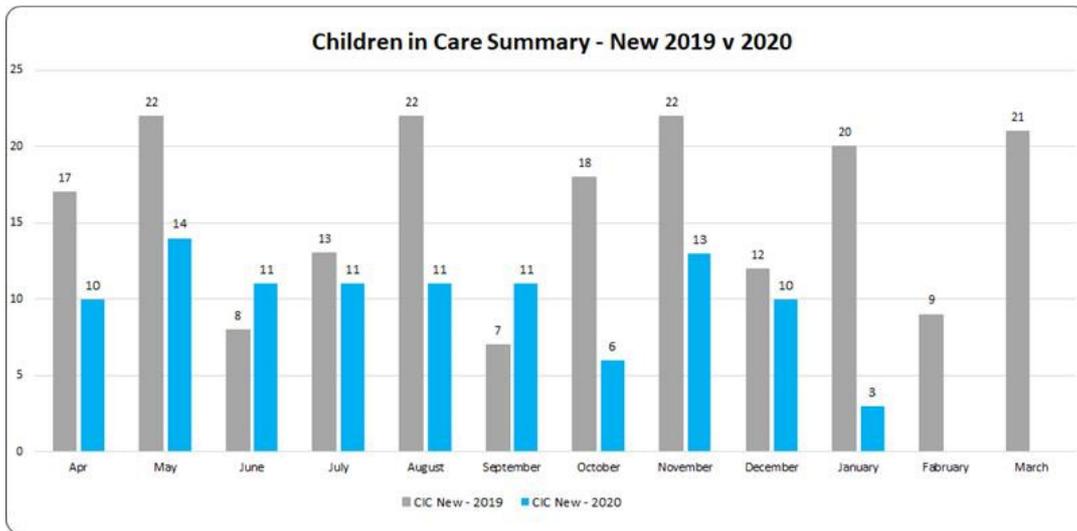


Figure 14: New Entrants to Care (2019 to 2020)

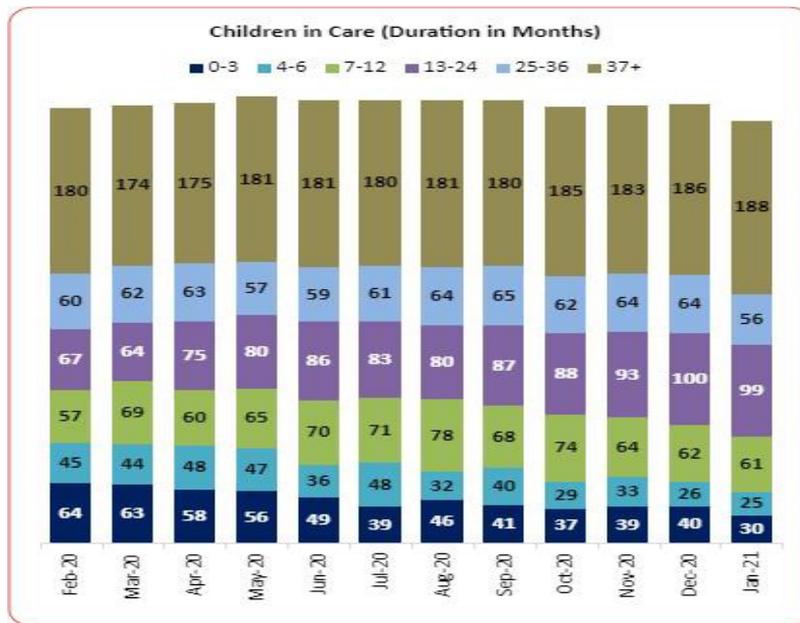


Figure 15: Duration of Care (months)

Historically, children who entered care remained in our care for longer. We have strengthened our permanence arrangements through Adoption and Special Guardianships. Improved pathways for reunification and long-term fostering are being embedded through Permanence Training that is being delivered to ensure that children remain in our care for only as long as is necessary.

My social worker arranged for me to see my Dad; we hadn't seen each other for a long time (I am 13)

We have strengthened our approach and most children now enter care in a planned way. We have achieved this by improved Locality Line of Sight Meetings and analysis of crisis entry to care. We

My social worker and others worked hard before I was born to enable me to be living with my forever family (baby aged 6 weeks)

improved our pre-proceedings work and are seeing more children entering care through planned court intervention. The development of The Harbour Adolescent Service has commenced so that we can undertake intensive work for young people at the edge of care, edging towards care and supporting placement stability. We continue to embed care and permanence planning and track this through fortnightly permanence planning meetings to ensure that the best outcomes are secured for children and young people. In mid-Feb 2021 97.1% of our Children in Care for 4 months or more have a completed permanence plan.

Despite the challenges of the pandemic 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 are using 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. In December 2020, 76% of our children in care have been seen in the last six weeks and 22% in the last 6 to 12 weeks. Throughout Covid-19 we have continued to track social work contact with children within 4 weeks and on 19 February 2021, 75% children had been contacted in the last 4 weeks.

c. Health Assessments

There are good working relationships between children's social care managers, the Children in Care Health Service and Dorset CCG with all partners committed to improving health outcomes for children in care. Latest data available from Dorset CCG (reported in December 2020) shows that the % of Review Health Assessments completed within the month they were due for August 93.8%, September 85.7% and October 81.1%, with children's social care data reporting in January 2021 that 78% of children in care have an up-to-date health assessment.

We have strengthened our performance relating to Initial Health Assessments for our children in care, by working hard with health commissioners and providers and as a result have seen significant improvement in timeliness, we had seen a significant drop in performance during the pandemic period, on 18th February 2021 75% Initial Health assessments were completed within 20 working days. We have refined the process for child in care notification, undertaken training for social workers and foster carers and embedded an escalation process to ensure that the health needs of our children are understood and attended to at the earliest time. Senior Managers, our Strengthening Services Board and Corporate Parenting Board continue to give conspicuous care to this area of performance.

Performance regarding dental checks is below statistical neighbours and national performance. A Health Outcomes for Children in Care Steering Group is in place, attended by senior managers from children's services, health commissioners and providers to ensure there is a strong focus on improving this position, the group is currently delivering a range of actions to improve performance, including writing to all Dental Practices to request that children in care are seen as a priority.

d. Emotional Wellbeing and mental health

We have a Child in Care Clinical Psychologist based in the council who works with our Children in Care aged 0-12 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. The CiC-CAMHS Psychology service provide a consultation service to our fostering teams and Aspire our Regional Adoption Agency. 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. Systemic work such as family therapy for families where children may be on the edge of care has been restricted due to being limited by the virtual platforms. While this has continued to be offered virtually during Covid-19, the take up has been poor and impact is limited.

There are several pathways of support for our children in care. Core-CAMHS prioritises access for children in care, offering a 24-hour response for urgent referrals and an 8-week response for all other referrals. Digital platforms were developed quickly during the initial phases of the pandemic to support young people and the website was updated with signposting and podcasts. Of our children in care in February 2021:

- 111 were receiving services from Core-CAMHS (99 in Feb 2020)
- 44 of these children were open to CAMHS social workers
- 11 were supported by an Emotional Wellbeing Practitioner from our Children in Care Nursing Team (13 in Feb 2020).
- 10 were receiving a service from ID-CAMHS (for children with learning disabilities and mental health difficulties)

Regular communication has taken place between CAMHS and Education Psychology throughout our response to Covid-19 to raise children and young people of concern and those who were deemed to be more vulnerable as not in school or requiring support to return to school. Education Psychologists followed up with the schools to support in reviewing risk assessments and providing support and guidance to the school and in some cases the family.

We are concerned that the completion of Strengths and Difficulties Questionnaires for children in care for at least 12 months (aged between 4 and 16) has declined and priority focused work is taking place to ensure that all children in care who require an SDQ have one in place by the beginning of March 2021.

Our focused attention on SDQs has given us an opportunity to review our processes and practices around this. We have identified an error in how our SDQs were scored previously. We have put this right and rescored all SDQs for the period 20/21. This indicates that the average SDQ score of our children in care during this period was 15.5, which is in line with the south west region. This is higher than statistical neighbours and national rates. We are giving this conspicuous care and attention through the implementation of Policy and Practice Guidance and training for social workers, managers, foster carers, Virtual School staff, teachers, and health care professionals. We are confident that we have the appropriate systems and processes in place now to better understand, record and respond to the emotional health needs of our children in care.

e. Achieving Permanence

We have undertaken focused work to improve permanence as part of our Strengthening Services Plan and have improved our performance to ensure all children in care have a Permanence Plan. The graph below shows recent performance across both areas.

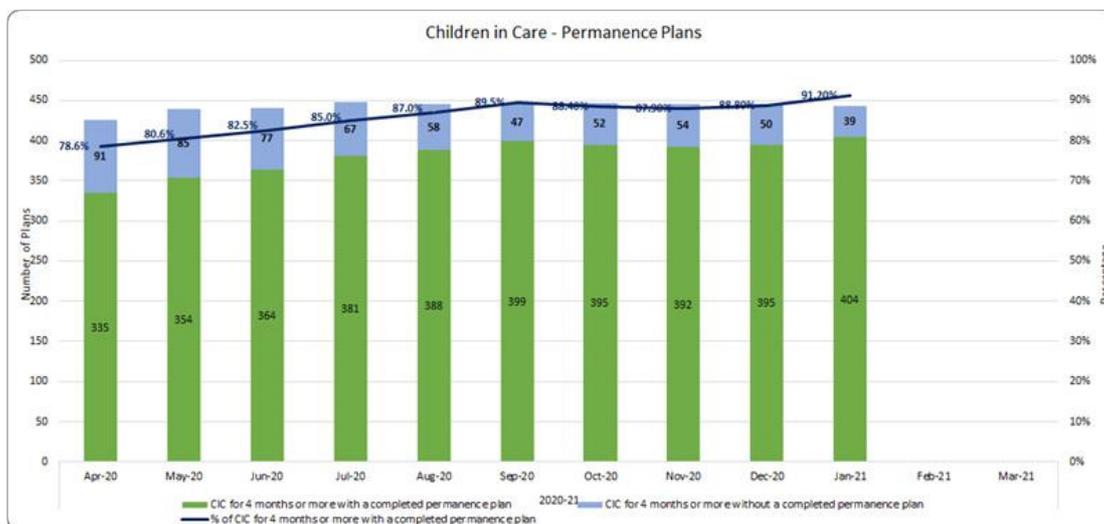


Figure 16: Children in Care Permanence Plans

Our focus remains on the quality of care and permanence planning to ensure that planning for our children is current, clear and being progressed in a timely way with our QARO's (Quality Assurance Reviewing Officers) driving forward plans for children. From a low baseline earlier in the year, as of 18 February 2021 97% of children now have a permanence plan and attention is being paid to strengthen quality and reduce the number of children where there is drift in achieving permanence. The Service Manager for Permanence and Corporate Parenting is leading on the delivery of workshops to all staff to strengthen practice and rigorous oversight is being delivered through the weekly Locality Line of Sight Meetings.

f. Finding the right homes for our children

Long term placement stability is an improving picture and is reported at 72% in January 2021 which puts us above statistical neighbours (19/20 66%) and national (19/20 68%). We are ambitious to do even more to enable our children to achieve permanence earlier and ensuring that stability is maintained.

We have increased the use of regional provider frameworks, resulting in improved quality and value from placements. While 70% of our children in care are living with foster carers, 47% in our own provision, we know that we have too many children who are placed away from their local area and are not yet settled in their permanent placements. 47% of children in our care are placed over 20 miles from their home address. We recognise that being placed away from local areas can mean a change in school, friendship groups and community relationships which can be disruptive and impactful on achieving positive outcomes and ability to build attachments. Recruiting local carers for local children is central to our Sufficiency Strategy.

We have experienced issues with placing some of our children and young people who have the most complex needs, resulting in the use of a small number of unregistered provisions. Where this has been the case, there has been robust oversight of the placement, including enhanced visiting from social workers, Independent Reviewing Officers and Regulation 44 visits being undertaken

(despite the absence of registration) and visits from our Executive Director. The outcomes described within these visits are reviewed by the Executive Director and Elected Member on a weekly basis, and a task and finish group is in place to ensure that we cease the use of any unregistered placements for looked after children. We currently have no young people under 16 years of age in unregistered placements.

We are presently seeking to register three premises with Ofsted where 16/17 years olds are living and receiving care through submission of registration to Ofsted of one premises and the establishment of a block contract with a local children's home provider to register two others.

We are moving at pace in working with our providers and with our politicians to address our sufficiency gaps so that more of our children and young people can stay close to their homes and families. We are increasing placement stability through greater placement sufficiency, including expanding in-house residential provision, and implementation of a plan to increase our fostering provision and support to foster carers. This plan is focused on increasing the volume and skill-base of our in-house foster carers to provide greater sufficiency and stability. This includes strengthening our marketing and recruitment processes to improve commercial appeal and application experience. A focus on peer-support, meaningful engagement, accessible training and a defined model (e.g. Mockingbird) will support the retention and capacity building of our existing carers.

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 medium term residential care.
- Refurbishing existing Dorset Council property to provide a range of accommodation options.
- 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, having secured 5 additional children's homes places so far. 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 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.

g. Voice of our children in care

We have an active Children in Care Council, currently supported by a commissioned service, Participation People, however when the contract with the current provider ends at the end of March 2021 the function will return to Children's Services. The Children in Care Council are engaged with the Corporate Parenting Panel and there is good engagement of Senior Officers with the Children in Care Council. During Covid-19 we continued to meet fortnightly with a focus on keeping in virtual touch and maintaining support for members, playing games, and taking part in fun activities. The Children in Care Council is currently a small group of young people and a focus of the work this year will be to increase the representation and attendance at the group so there is a greater reach

to more children in care. Feedback has been received through the annual Children in Care Council and a learning event has taken place on 3 September to explore the feedback received and agree action to be taken. Our Annual Survey for Children in Care is underway, and outcomes will be reviewed at the Corporate Parenting Board in April 2021.

Our Corporate Parenting Strategy 2020-2023 has been co-produced with our Children in Care Council (CLiCC). Our children in care continue to hold the Corporate Parenting Board (CPB) to account through challenge cards which are tracked and CLiCC monitor the actions and re-challenge where necessary. Our Service Manager for Corporate Parenting is working closely with the CLiCC ensuring improved co-production.

We commission Advocacy and Independent Visitor services for our children in care (and advocacy for child protection) through Action for Children (AfC). During Covid-19 staff have operated at full capacity and met the growing demand for the service.

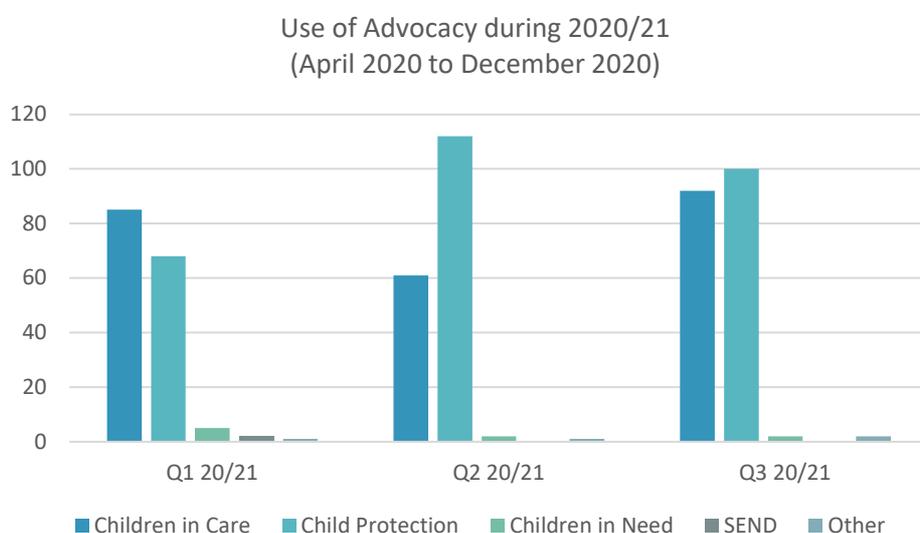


Figure 17: Use of advocacy

Between April and December 2020 AfC delivered 535 episodes of advocacy support. Feedback remains positive about the service, in quarter 3, 88% rated the advocacy service as excellent with 94% would recommend the advocacy service to other people.

h. Independent Visitors

28 young people (5 young people living out of county) were supported by having an Independent Visitor during the year 2019. During Covid-19 it was not possible to progress with matches in the usual way. Contact with young people who are waiting to be matched was mainly through phone calls although face-to-face meetings with young people were resumed once national restrictions were relaxed. In quarter 2 22 young people were matched and we saw an increase in face-to-face work. In quarter 3 24 young people were matched to an Independent Visitor and 100% were satisfied with their match. For October, most contact was face-to-face, however from lockdown in November virtual contact resumed. Many December visits were also virtual, although in a few cases volunteers and young people did meet face to face. We continue to promote the role of Independent Visitors and how to access the service through our Welcome to Care Pack and are adding to our Quality Assurance and Reviewing Officer Principles as a further prompt to promote Independent Visitors to young people that could benefit from having one.

The service is currently out for tender with the new contract planned to commence in August 2021.

i. Quality Assurance and Reviewing Officers

Our Quality Assurance and Reviewing Officers (IROs) provide quality assurance of our children's care plans through a combination of data collection and auditing. The service IRO monitoring form is completed following every child in care review, enabling a range of factors to be reported and enabling the IRO to make a judgement on the quality of the plan. Timeliness of children in care reviews is good and participation of children in care is high. Our Quality Assurance Reviewing Officers have worked with our children in care council to develop a letter which is written to the child following the children in care review and feedback from children on this is very positive. Our children in care tell us that they value the relationship with their IRO.

We have seen an increase in escalations for children in care demonstrating that our Quality Assurance and Reviewing Officers are providing challenge and a critical eye to our children's plans and outcomes so that any issues are addressed in a timely manner. Escalations are now focussing more on the quality of the care plan and impact on the child.

3.9 The Harbour

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. The hub based in Weymouth, will have an integrated multi-disciplinary team which will work with young people on the edge of care, edging towards care, supporting placement stability and reunification – working with families on a relationship based, restorative model in a shared approach with partner agencies. Every young person in The Harbour will be supported by a key worker from a team of trusted and skilled workers. These workers will 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.

We have secured capital investment to develop an existing council building in the centre of Weymouth and have successfully secured planning permission for both a 3 bedded Harbour Hub and support /assessment space and a separate 5 bedded residential home in the grounds. We are co-designing the accommodation and delivery model with young people who are also integral members of our interview panels.

Harbour Outreach helped me to stay with my current Foster Carer instead moving to a placement outside of Dorset

As part of our model, Dorset Children Thrive, and in anticipation of these developments, we have created a team of family workers to begin working with young people and their families in a different way to prevent care entry and support reunification. We have also created a complex placements team in our fostering service. Both these teams are helping create operational capacity to move to a new model of delivery by Winter 2021.

3.10 Missing Children and Children at Risk of or Linked to Exploitation

a. Missing children

There has been a reduction in the numbers of our Children in Care having a missing episode in the last 12 months- 14% (previously 17% reported in Self-Assessment February 2020). We have a downward trend in the number of children with a missing incident each month and are continuing to strengthen our work with all children who are reported missing, through a daily Missing meeting convened with police and monthly Youth at Risk and CE Champions meetings in the localities.

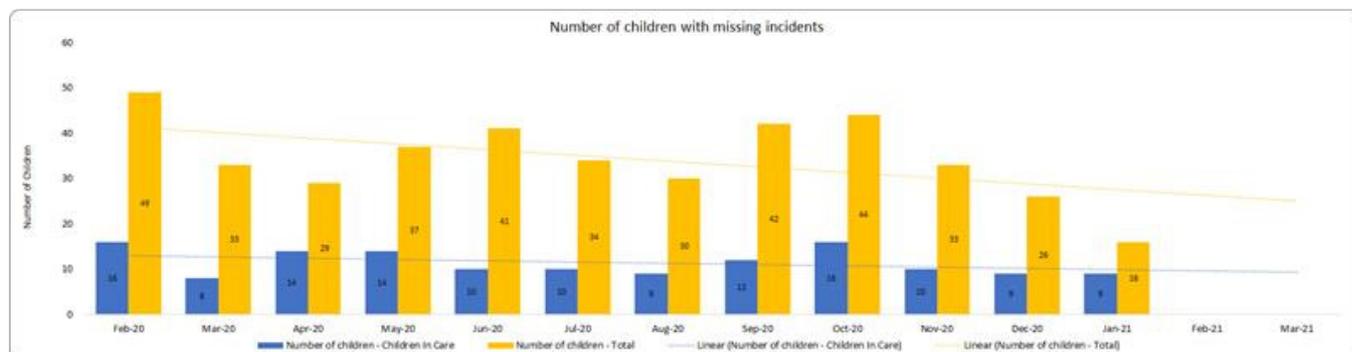


Figure 18: Number of children with missing incidents

b. Return Home Interviews

We have seen the number of children reported missing decrease to 18 children in January 2021 from 34 children in July 2020. Similarly, the number of incidents has also decreased to 32 in January 2021 from 45 in July 2020. As of 23rd February 2021, the % of incidences for which an RHI has been completed is 75%. Historically, the % of RHI for children missing from home completed within 72 hours has been too variable. In response we have developed Missing from Home and Care Practice Guidance and in January 2021 established a daily missing meeting with the police to identify those children who have gone missing in the last 24 hours, those who have returned and those children who are still missing. As of 23rd February 2021, 83% were completed in 72 hours for our children missing from placement and 67% for children missing from home. Although at the time of writing this is in its infancy, we are confident that we will continue to see improved timeliness of RHI's and the benefits of better information sharing about children who are going missing.

We have a Missing and CE dashboard to deliver management oversight and support our understanding of the contexts of our children who go missing. The Dashboard is also shared more widely with our CAROLE tactical group and with the CE Champions to support targeting of resources and strategic planning.

We are offering preventative work at the earliest opportunities to reduce the number of missing children and missing episodes. We are strengthening our systems and processes to ensure that the themes arising from return home interviews are captured and shared to consider how we prevent and protect missing children. Return Home Interviews for all children other than those who have an allocated social worker are being completed by the Targeted Youth Workers within their locality. This ensures that intervention is targeted and supports a contextual safeguarding approach.

We are also working with Police colleagues to implement the Philomena Protocol for all missing children across Dorset and this will replace the current missing passport for children who are known to go missing.

c. Children at Risk of or Linked to Exploitation

Children and Young People who are at risk of exploitation continue to be a focus of our work since the JTAI (Joint Targeted Area Inspection) in May 2018. To strengthen our practice, we introduced the Children At Risk of or Linked to Exploitation (CAROLE) Model in April 2019. A 12-month fixed term Pan Dorset Child Exploitation Transformation Lead role was in post between October 2019 and August 2020 facilitating engagement across the partnership to develop and promote the child exploitation toolkit.

The Child Exploitation Action Plan implementation is managed by the CAROLE Tactical Group on a monthly basis and overseen by the Child Exploitation Strategic group which meets quarterly.

Multi agency mapping has been undertaken to identify the children and hotspot areas of concern for child exploitation taking into consideration: missing episodes, individual Child Exploitation risks assessments, children missing education, children who have experienced fixed term exclusions and health. We now have a live dashboard which maps where our children who are identified as at risk of exploitation are living which supports the identification of themes and hotspots. The dashboard is shared with partner agencies on a monthly basis at the CAROLE tactical group to explore themes and developing hotspots.

In January 2021 there were 75 children identified as at risk of or linked to exploitation across the county– 13 significant risk (down from 20 in August 2020), 53 moderate risk and 7 emerging risk. Multi-Agency Child Exploitation (MACE) meetings should take place every 6 weeks where significant risk is identified and every 12 weeks where moderate risk is identified. The CE and Missing dashboard enables Team Managers to monitor performance around child exploitation.

To further strengthen practice, we have developed the roles of Child Exploitation Champions within each locality area. The CE Champions meet monthly and drive the co-ordination of themes and intelligence sharing from an individual child level and locality level to ensure cross county awareness of concerns, share learning, good practice and promote consistency and feed into the partnership through the Impact meetings and CAROLE Tactical group.

Our Targeted Youth Workers in each locality team are taking the lead on contextual safeguarding. They facilitate Youth at Risk meetings in each locality involving Police, Health, Reach, Local Schools and Community groups to explore emerging concerns and identify early intervention responses to prevent risks around potential exploitation escalating. This can include supporting schools, Police Safer Schools team or outreach youth work targeting individuals, groups, or locations where concerns are developing.

We are currently developing our contextual safeguarding approach and a toolkit based on the Hackney/ University of Bedfordshire model of contextual safeguarding with a planned implementation date in April 2021. Training workshops will be delivered to staff across children's services to embed this approach and the toolkit once it is launched.

3.11 Fostering Services

The Dorset in-house fostering service consists of three teams: 1 Pre-Approval Team, 2 Post Approval Teams. The Pre-Approval Team undertakes the assessment of prospective foster carers both mainstream and Connected Persons.

The Recruitment and Marketing functions are currently outsourced to Whitehead Ross Education Consultancy (WREC). Their role is to undertake recruitment campaigns in liaison with the Fostering Service and Dorset Council's Communications Team, to respond promptly to enquiries from people interested in becoming foster carers and undertake initial assessment visits. In November 2020 two workers were seconded from the fostering service to WREC to undertake Mainstream Fostering assessments in addition to the assessment being undertaken by the Pre-Approval Team. However, the contract with WREC is due to expire on the 31st May 2021 and these functions will transfer to the Pre-Approval Team.

In terms of impact of our recent fostering recruitment campaigns: 43 enquiries were generated in December 2020 and January 2021 compared to 29 in the period last year; 15 prospective foster families are in the process of assessment and a further 9 prospective foster carers have taken application forms to apply. A campaign is to be launched in March targeted towards recruitment of foster carers for teenagers. We are currently enhancing our recruitment strategy for 2021/22 which we will be co-producing with our Foster carers.

The two Post-Approval teams provide Support, Supervision, review, and training to 204 fostering households. Of these, 149 are mainstream fostering households and 55 are connected persons. Whilst both teams provide these services one team is designated the Complex Needs Team. This is a work in progress as we look to recruit foster carers for teenagers and older children with more complex needs. This team will also provide the Supervision and Support to foster carers linked to the Harbour Project.

Currently the fostering service is providing foster placements to 216 children and young people in a variety of placement types including Short-term, Long-term, Respite, Short Breaks, Parent and Child, Harbour Specialist Foster Care, Emergency, Bridging, Early Permanence (Foster For Adoption) and Connected Persons. Foster carers are paid a fee dependent on skills and experience.

A service improvement plan is delivering:

- Strengthened Business Intelligence and Business Monitoring
- Sufficiency of staffing to meet the needs of current and predicted service demand
- Review of policies, practices and procedures
- Practice standards
- Strengthened fostering duty and placement matching processes
- Strengthened Fostering Panel Arrangements
- Improved support to Dorset Foster Carers
- Improved Foster Carer recruitment to sufficiency demand
- Implementation and support to the Fostering element of the Harbour Project
- Introduction of the Mockingbird project

3.12 Adoption Services

Adoption Services are provided through the Regional Adoption Agency (Aspire), which serves the Dorset Council and BCP Council areas. Aspire has been in place since July 2017. Dorset Council retains the Agency Decision Maker responsibility.

From 1st April 2019 to 31st March 2020, 60 adoptive families were approved. The sufficiency target for the year was 50, based on placing 60 children a year for whom adoption is the plan.

39 prospective adopters have been approved since 1st April 2020, and at the time of writing, a further 34 prospective adopters are in assessment, with an additional 11 families taking a break between stages 1 and 2 of the assessment. It is expected that a further 9 families will be approved before the end of Q4 2020-21.

9 children who have ceased to be Looked after in the last six months have been adopted. The average number of days for a child to move to their adoptive families from coming into care in the last 12 months was 460. There are a further 18 children in care in an adoption placement where an order is expected in the next few months.

My social worker and my Foster Carer made it happen so I could be adopted (I am 8)

Aspire will be working alongside Dorset in the Strengthening Services Plan to confirm reasons for changes in adoption plan and reasons for Special Guardianship breakdowns.

Early Permanence as the care plan for children has been a positive focus of joint training between Aspire and Dorset Council social workers leading to more consideration of this planning.

The increase in number of children where the child's plan for adoption has been changed was considered and reported to the Aspire Strategic Partnership Board. It reflected work in Dorset to ensure that the children had the correct permanence plan where their needs had changed, or it was not possible to identify adopters. Aspire is working alongside Dorset in the Strengthening Services Plan to confirm reasons for changes in adoption plan and reasons for Special Guardianship breakdowns.

A review of Aspire has been completed to fully consider impact and outcomes for children. We are implementing the recommendations and expect refreshed arrangements to launch on the 1st May 2021.

3.13 Care Leavers

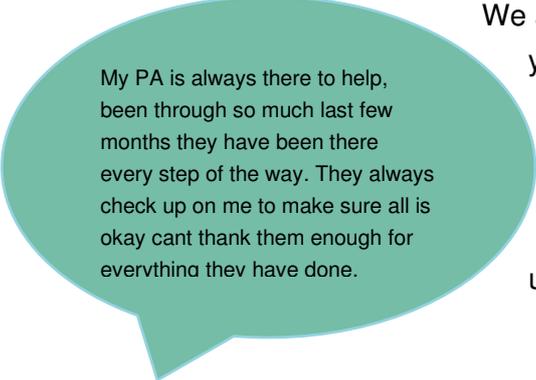
a. Our Care Leavers

We currently have 254 young people receiving leaving care services (January 2021), and we know that this number will significantly increase by end of August 2021 with 118 of 16/17-year old already present in our resident care group.

In addition, we have 153, 21-25-year olds for whom we have a duty to keep in touch with annually and who can return to receive an active service should they need support. We therefore have a total of 525 eligible and former relevant care leavers for whom we offer a level of leaving care service

Most of our young people (99%) remained in care until their 18th birthday. While an improving picture, we know not as many of our young people are benefiting from Staying Put arrangements as we would like. We continue to look at how we are supporting foster carers to continue to provide a safe and stable home for our young people after they turn 18 and into adulthood.

b. Keeping in touch



My PA is always there to help, been through so much last few months they have been there every step of the way. They always check up on me to make sure all is okay cant thank them enough for everything they have done.

We are in touch with most of our care leavers between 19 and 21 years of age (96%) and our 17 and 18-year-old young people (94%). During Covid-19 we were in touch with nearly all of our care leavers weekly. Of the 255 relevant and former relevant, we were in contact with 250 (98%) during this period. Of the 5 young people we were not in contact with we understand their and respect their reasons for this.

c. Finding the right place to live

Most of our care leavers are in suitable accommodation (95% of 19 to 21-year olds). We have plans in place to ensure that all our care leavers have safe and stable accommodation that meets their needs.

A report went to Cabinet in March 2020 recommending the creation of additional supported accommodation for care leavers. Dorset Council has now purchased accommodation to provide a range of affordable accommodation offers to meet the needs of our care leavers.

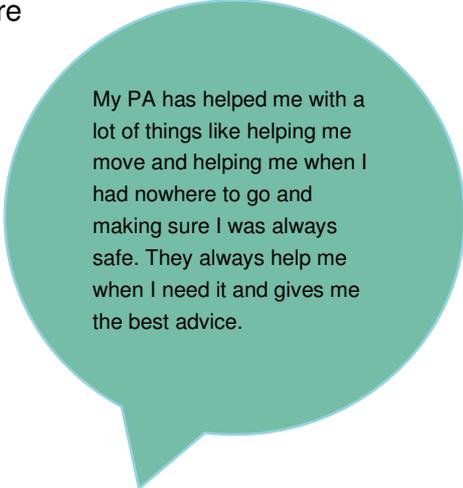
Work is also ongoing with Adult services to reconfigure the former young people's supported accommodation contract. This is a former Supporting People budget which could be combined with existing spend on care leaver accommodation to increase purchasing power. There is now a sub-regional framework for supported accommodation for care leavers.

To date we have no local authority housing allocation from our Dorset housing providers, and we need to drive this work forward to secure affordable long-term housing for care leavers.

10 of our care leavers are living in unsuitable accommodation which includes custody and emergency B&B accommodation.

When a care leaver who has been placed in B&B, under the Homelessness legislation. Their PA works closely with the Housing officer and the young person to help them move on as quickly as possible into secure affordable and suitable housing. We are also recruiting to a post in our care leaver team who will work across children's adults and housing services to strengthen our care leaver offer.

One of the major challenges due to Covid-19 has been a delay for 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 Covid-19 restrictions in place which prevented moving. The home choice bidding system was closed temporarily due to Covid-19, 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 Covid-19 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.



My PA has helped me with a lot of things like helping me move and helping me when I had nowhere to go and making sure I was always safe. They always help me when I need it and gives me the best advice.

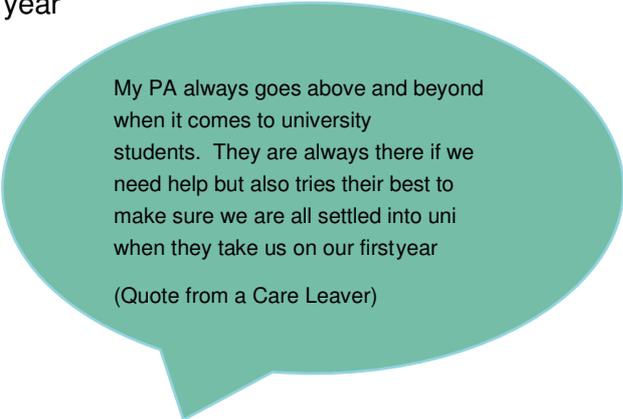
The impact of Covid-19 delay has begun to reduce as colleagues in our Housing Departments are able to catch up with volume of work and demands, and the private housing sector become more confident to advertise properties once again.

d. Employment, Education and Training

Despite being in touch with most care leavers, we are not supporting enough of our young people to be in education, employment or training, with 52% of 17/18-year olds and 49% of 19-21-year-olds accessing education, employment or training. This is an area we are strengthening practice and working with our partners to improve our offer for young people leaving our care. This reflects a diverse group of young people whose needs are complex due to several factors including disability, mental health, use of substances which disrupt opportunities in terms of education, employment or training and coming late into care due to family breakdown having already disengaged from formal education.

There are achievements to celebrate. We currently have 27 care leavers at University and 3 dedicated Personal Advisors (PAs) working with care leavers who are studying at University to ensure that our undergraduates maintain their places in their education settings. We have a further 6 care leavers who are determined to go to University in September 2021. We are delighted in the achievements of our 8 young people who graduated last year (2020) in the following:

- Forensic IT
- Biomedical Science
- History
- Musical Theatre
- English
- Politics
- Music Production
- Photography



My PA always goes above and beyond when it comes to university students. They are always there if we need help but also tries their best to make sure we are all settled into uni when they take us on our first year

(Quote from a Care Leaver)

Three of these young people have been offered a place on a post graduate course - two have accepted.

We have recruited additional PA's to the team to support care leavers at University, strengthen practice and improve our NEET offer to care leavers. To support this, we have recently agreed a protocol with two of our Job Centre Plus centres which will provide:

- Co-ordinated support to engage young people into Education, Employment, Apprenticeships, Voluntary Work or Training.
- An early entry system and a smooth transition for those young people leaving care and needing to claim benefits.
- Prompt and accurate payment of benefits where these are required.
- Young people are empowered and enabled to gain sustainable paid employment through individual route ways.

All children in care and care leavers who apply for Dorset Council apprenticeships are guaranteed an interview, and the team have very recently collaborated with Dorset Council Highways and supported 3 care leavers to achieve an interview for a Highways apprenticeship. An apprenticeship

within the Care Leavers Team is being progressed as part of our supernumerary apprenticeship offer.

e. Care Leaver Offer

We are partners with Coram Voice, together with 7 other Local Authorities, to deliver the New Belongings programme. This has been developed from the successful Bright Spots programme and young people have now completed the “*Your Life Beyond Care*” survey, which measures the subjective wellbeing of young care leavers. We have also undertaken a detailed self-assessment of our services with our partners as part of New Belongings to identify priorities for action. We have developed an action plan which will address the key areas for development identified from the self-assessment with oversight from our Corporate Parenting Board. Through New Belongings, we also have opportunities to come together with other Local Authorities to peer and practice learning.

Building on the work already undertaken in Dorset to support our Care Leavers including the development of apprenticeships and council tax exemption, our Care Leaver Offer is under further development. This includes enhancing our finance policy setting out the financial support available to Care Leavers as they leave care and beyond, as well as what other support might be available to them. This revised Finance Policy will be implemented from April 2021 for all new care leavers and retrospectively applied for all care leavers age 18-21 already supported by us.

In addition, Dorset Council, led by the Corporate Parenting Board, has joined the Care Leaver Covenant Trailblazer Network, we are currently taking this through our leadership meetings. We are working with the network to use best practice and as we continuously build on our care leaver offer across the Council and the partnership.

This work sets out a clear commitment to our Care Leavers framed around what they can expect from us as they become young adults.

f. Summary and Next Steps

We have completed a piece of work to extend our care leaving service to be a 16+ team to engage our future Care Leavers with their Personal Advisors as soon as possible after their 16th birthday, to provide a smooth transition from their social worker to the Care Leaver service. The Personal Advisor works alongside the young person’s social worker, building a relationship before they become Care Leavers and co-producing their Pathway Plan. This enables us to support young people with the skills they need as they move into adulthood, so they are more ready to leave care. We will continue our focus to ensure that all our young people have up to date Pathway Plans.

We are developing a Housing Protocol for Care Leavers and a strategy to improve our education, employment, and training rates for care leavers. The EET PA’s will be undertaking targeted short-term support to care leavers who are not in education, employment, or training to help them re-engage with a variety of education, employment, and training opportunities, which could include applying to college, creating CV’s and making job enquiries, engaging care leavers with readiness for work experiences.

3.14 Education and Inclusion

a. School Performance

From inspection data prior to Covid-19 we know that 76% of Dorset schools are rated Good or Outstanding and 76% of our Children in Care attend schools that are rated Good or Outstanding. We know this is below the national figure. Test and examination data on attainment in schools shows that for children in Key Stage 2 attainment is low across reading, writing and mathematics, but particularly mathematics. This is a particular issue in Middle Schools, reflecting a national trend.

We are working in partnership with all Dorset schools in the essential task of strengthening schools, raising standards, and diminishing the difference in the achievement between distinct groups and individuals.

Our Strengthening Schools practice framework provides support and challenge to our schools on their improvement journeys. We are working in partnership with all schools to support our entire education ecosystem, to strengthen school to school collaboration and promote the sharing of best practice. This builds on the positive work of our schools through the pandemic and the improved communication and collaboration with the local authority.

Attainment and progress in all key stages needs to improve and school improvement strategies are being developed with our Head Teachers on a new model, utilising expertise in the whole sector to drive improvement. This is based on the model that we have developed in the Covid-19 period, where schoolwork took place in clusters to mutually support schools, with coordination from the council. We have reformatted our education support services and locality work to ensure that we have increased capacity to support schools. Our aim is to always identify best practice and ensure this is shared across the system. We want to enable our schools to do more for themselves and build their capacity and strength.

b. Inclusion

Fixed term and permanent exclusions increased over the last 3 years prior to the Covid-19 period. We know this impacts children's ability to achieve their education potential, but also increases risk of harm and exploitation. Through our locality structures we are working closely with our schools to ensure our children are supported to remain in full-time education wherever possible. In our new locality model, we have inclusion leads who are working proactively with schools and young people, bringing staff and resource to seek to prevent exclusions through targeted work.

We have a Children Missing Out on Education and CME (CMOE) Action Group that assesses level of need for all Dorset young people missing out on education as notified by any Dorset schools and Alternative Provision (AP) settings. A CMOE Meeting takes place each month to ensure that there is practical multi-agency action taking place to support young people. Young people are supported in placement in either schools, learning centres or alternative provision following permanent exclusion. The meeting is attended by senior officers who ensure that action is taking place at pace and, can direct education and social care support where this is not already in place for the young person or family. The action group meeting keeps an ongoing record of actions and

The structure of my school day has been altered to enable me to better engage, and I receive learning points in the morning and reward afternoons. This has helped me to make sure that my behaviour does not lead to any more exclusions

outcomes in relation to the Children Missing Out on Education and follow up work between meetings is by relevant staff in each locality. Although the numbers of young people permanently excluded has been increasing in both Dorset and nationally, the Children Missing Out on Education Action Group's work has been central to leading to a decrease in the time that Dorset young are spending out of education. Since the CMOE Meeting was established in October 2020, the group has monitored 54 children who were either permanently excluded, repeat fixed term excluded, CME, or Electively Home Educated where there is a concern. As of February 2021, nine children have been RAG rated as Green and fully closed to the group following a successful return to education.

A review of inclusive practice and how we use Learning Centres is currently taking place to ensure Dorset's aim to be a fully inclusive authority is realised. We are reviewing the education provision for every child who has any form of alternative provision to ensure that every child has a meaningful, well planned and effective curriculum experience. We are working closely with schools to ensure that we place children in the most effective settings where they will have a positive and developmental experience. We are pursuing our statutory duty to identify and disrupt any provision which is operating as an unregistered school.

c. Children and young people with SEND

We have approximately 2,900 children with Special Educational Needs supported through an Educational, Health and Care Plan (EHCP) and 6,700 children and young people identified with SEN Support needs. We work with 36 children and young people who have a Child in Need Plan and 120 Children in Care and 26 Care Leavers that are also supported by an EHCP.

EHCPs in Dorset Council are increasingly produced within statutory timescales. Whilst Covid-19 impacted the performance of our service, the resilience and agility of the team and proactive culture has been a strength.

The SEND service has seen a consistent flow of Education, Health and Care Needs Assessment Requests (EHNCA's) with 17% of all requests in the year to date being received from parents. Covid-19 has not resulted in a reduction in the number of requests for assessment and our team

has worked hard to sustain performance despite the challenges we have faced.

My SEN family worker helped my Mum and Step-Dad to make me feel safer at home, by supporting them to make me a special sensory room where I can go when I need to feel calm instead of getting cross and breaking things

Dorset Council is experiencing significant pressure on the High Needs Block funding to provide for the needs of children and young people with SEND. Parents have told us that we have real strength in our SEND services for our youngest children.

They have praised our existing early help service links to schools in the localities and the Team Around the Family approach we take to working with families, schools, and early help.

Our improved EHCP forms, templates and review paperwork were developed in partnership with a wide range of parents, partners and settings, with information and training events for parents and stakeholders. We are committed to ensuring that SEND improvement work continues to be developed in partnership with families and young people and is communicated effectively. We have a clear focus on embedding robust quality assurance processes within our SEND statutory work and in conjunction with partner services and parents.

We are increasing local special school provision to address the needs of children with complex communication difficulties and working with health colleagues to support young people in managing mental health. We have a mental health in schools project running in two pilot areas and would hope to roll this out across the county. Parents and schools have asked for more Educational Psychology support and we have prioritised an increase to this provision in our staffing restructure.

The Dorset Parent Carer Council (DPCC) was formed in June 2009 and has over 700 members across Dorset. The membership is made up of parents and carers of children who have a variety of special needs from complex medical to challenging behaviour to learning or physical difficulties and more.

DPCC have a positive and active role in supporting the development of services that affect children with special educational needs and/or disabilities. They are represented on the Corporate Parenting Board, Best Education for All Board, Strengthening Services Board, and the Strategic Alliance Board. The DPCC take a professional and considered approach that strikes a good balance of challenge and support to the council and its plans.

Following the recent visit to review our Accelerated Progress Plan the DFE and CQC have determined that sufficient progress has been made and that formal monitoring and intervention should cease.

d. The Virtual School

Dorset Virtual School has 444 pupils, of whom 50.2% have SEND. Our Virtual School undertakes 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 PEP return rate for the Autumn term was 89%. The PEP process has been moved onto Welfare Call in January 2021, to enable a more efficient process with detailed monitoring functionality. The Virtual School has PEP criteria to quality assure PEPs and provide feedback via Welfare Call. The Virtual School Governing Body also has a Governor Champion for the quality of Personal Education Plans.

In November 2020 Welfare Call was introduced to monitor attendance daily, where previously only termly retrospective data was available via the PEP (if provided). Attendance for September to December 2020 was 93%, persistent absence was 14%, and 71% of the cohort had over 95% attendance. We are relentless in our focus on attendance ensuring that it is a key part of Pupil Progress Meetings and PEP discussions. Virtual school staff and locality teams are deployed to support children where concerns are identified. The work done with locality-based teams enables a wraparound response to issues rather than a single focus view.

Exclusions are now reported via Welfare Call to Virtual School staff when they happen. 18 children had exclusions between September and December 2020, representing 4% of the total cohort. Training has been provided to Virtual School staff on steps to take following an exclusion, to begin a process of reducing exclusions and in particular repeat exclusions.

Schools and education providers are supportive of strengthening our working towards greater early intervention to ensure that all children and young people are supported at the earliest opportunity. The move to locality services is enabling earlier identification of need, pooling the detailed

knowledge of providers, education, early help, and social care services to promote greater inclusion in schools for all our children in Dorset.

e. Elective Home Education

The number of Elective Home Education (EHE) young people has increased in recent years. We saw a rise in registrations during Autumn 2020, however registrations have returned to pre-Autumn 2020 levels in January 2021. Within our locality working we are reshaping our processes with these families to ensure that children are receiving a meaningful education. A refresh of the Dorset Elective Home Education Policy has been completed in co-production with parents to ensure that we have greater engagement with parents who choose to home educate.

Supporting our families who choose to electively home educate, is a key focus as we strengthen the model for monitoring the quality of EHE.

The following actions are being taken to improve the support for children who are home educated:

- A co-production group of parents has been formed to support with communication models and understanding how to assess the 'suitability' of home education being provided.
- Building on the work already undertaken with the co-production group, including the development of parental guidance information and we are developing clear processes for communicating with families about the education being provided.
- Our Inclusion Leads in each locality are responsible for the monitoring the quality of EHE, liaison with social care and developing strong partnerships with our families to deliver better outcomes.
- Person-centred approaches are used to ensure that the voice of the family and the child or young person are at the centre of the support.
- Mediation training is being created for the Inclusion Leads by the Education Psychology Service and home educators to strengthen their ability to support constructive relationships between parents and schools and where there is conflict between parents in relation to their child's education.

f. Early years provision and childcare

We have recently undertaken our Childcare Sufficiency Assessment 2020-21 with key successes noted as:

- 99% of early years provision in Dorset is judged 'Good' or 'Outstanding'. Support for early years provision is targeted according to need through a risk assessment process.
- Take up of 2-year-old funding is higher than average compared to statistical neighbours, the South West and nationally at 89% in March 2020.
- Take up of 3-year-old funding is higher than or equal to statistical neighbours, the South West and nationally at 96% in March 2020.
- 92% of early years providers offer the extended 30 hours early education funded entitlement.

Predictably, Covid-19 has impacted on our early years provision. Overall, the demand for early years provision continues to be lower due to parents' working situations. Settings report children are not attending their early years or wraparound provision because the other children in the family are at home.

We have continued to survey providers throughout the pandemic to ensure we understand the issues and challenges and are able to offer support. Survey response rates are at between 50-60% of the provider base however, those who respond report being able to meet all requests from critical workers. Respondents state there are at least 800 early years children not currently accessing their childcare place.

Some settings have reduced operating hours and some childminders report furloughed parents are not sending their children and therefore they are now working limited hours with limited children and that this will affect sustainability.

Across the County Early Years Advisors report issues with some group providers who may not be able to re-open in September 2021, but other interested parties are stepping in with new provision proposals. Our business support offer is virtual with new webpages under constructions to support settings to evaluate their position. In the main, this is because private paid-for hours have reduced dramatically. We invite settings struggling to provide financial information to help us identify how they could be supported. There are a small number of settings raising concerns in East, Purbeck and North Dorset, and none in Chesil, Dorchester and West.

3.15 Young People at Risk of Homelessness

Our protocol for young people at risk of homelessness has been reviewed jointly with colleagues in housing and legal services. Delayed by Covid-19, we are jointly delivering workshops throughout January and February 2021 to housing and children's services practitioners to ensure that it is robustly embedded. In the meantime, we have established a robust information sharing pathway in MASH with housing colleagues and continue to optimise relationships as we embed strategic plans and services within localities.

3.16 Private Fostering

Private Fostering Assessments are undertaken within the localities and we have a Private Fostering Champion social worker to ensure children who are privately fostered are identified, assessed, and receive social work support. Part of the Private Fostering Champion role is to develop an action plan to increase awareness and promote an understanding of private fostering across Dorset and we will closely monitor the impact of this through the locality Line of Sight Meetings. We are undertaking focused work to strengthen our Private Fostering practice and increase the numbers of children identified.

We have a contract with Bournemouth, Christchurch, and Poole (BCP) Council who identify, assess and support private fostering arrangements made through language schools in the Dorset area. The contract was established in November 2016 has been extended for one year to 2022. BCP remain proactive in publicising private fostering arrangements and undertaking appropriate checks and assessments.

Between the 1 April 2020 – 30 June 2020 there was no new work completed by the private fostering team in respect of language students for Dorset Council due to all the language schools closing as a result of Covid-19. There were three students who remained in their private fostering arrangements, which was primarily because they were not able to get flights home. The private fostering team supported them through this period, with increased contact to ensure that their needs were being adequately met. There were no concerns identified regarding the children's

needs. The carers involved worked hard to ensure that the students had a positive experience for their stay, despite the restrictions. All three students returned to their families. During 1 July 2020 – 1 September 2020 a small number of language students arrived for the new school term, although a reduced number compared to previous years. From the 1st October 2020 language school students returned for the new school year.

3.17 Local Authority Designated Officer

The Local Authority Designated Officer (LADO) role sits within our Quality Assurance and Partnerships Service. During 2020 we have undertaken improvement activity as part of our Strengthening Services Plan following a review which identified areas for development as well as good practice. We have refreshed our policy which has included the development of practice standards to support improved practice and enhanced reporting. We have strengthened our communication with our partners to raise the profile of the LADO in Dorset and have developed a customer feedback system.

Since April 2020 there has been a significant increase in the volume of overall 'inquiries/contacts' (229 by the end of 2020). In terms of overall volume this is significantly higher than last year (137 by the equivalent point). There has been a slight decline overall in inquiries reaching the allegation threshold (128 by December 2019, 115 by December 2020).

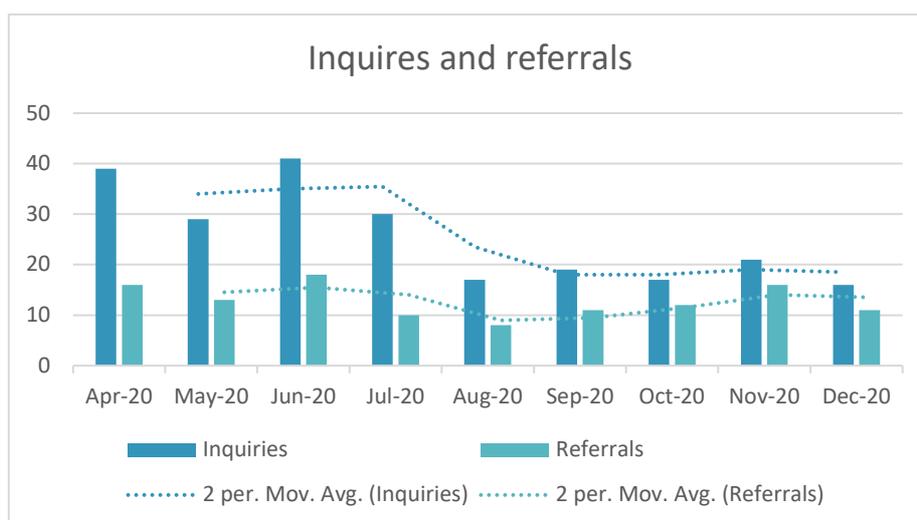


Figure 19: LADO Inquires and referrals

We have introduced a quarterly LADO Highlight Report setting out activity and learning which feeds into our Quality of Practice and Action Group. Learning from our December report includes:

- A plan for further ongoing training/awareness raising with other agencies as to the Managing Allegations process (April and June 2021).
- Regular (quarterly) meetings held with Fostering to examine the current referral levels/outcomes and identify learning. In addition, work to strengthen ongoing reporting/monitoring mechanisms alongside with work to improve the timeliness of cases being referred to the fostering panel where necessary.

4. HOW DO WE KNOW

4.1 Performance Management

We have an excellent suite of performance data and dashboards available and accessible to managers and all staff through our intranet pages and through MOSAIC, our electronic social care record. Children's Services Monthly Performance Report is published and shared with all managers to inform performance conversations.

We also publish a Corporate Parenting Dataset and the Performance and Impact Report to enable our Strengthening Services Board to monitor progress of our Strengthening Service Plan. Our Monthly Report is developing month on month as is our programme of developing thematic dashboards. This work is progressing well with dashboards already in place for MASH, SEND, the Virtual School and Missing and Child Exploitation.

We continuously improve and refine how we use our data and intelligence and through the Performance Management Framework (PMF) that sits alongside our Quality Assurance Framework managers systematically review performance of their respective services and provide exception reporting to the monthly Performance Board attended by the Extended Children's Services Leadership Team and Business Partners and chaired by the Executive Director. The Performance Board focuses on three critical questions for all aspects of our performance:

- What's going well?
- What are we worried about? and importantly,
- What are we doing about it?

The Board is restorative in approach – high support and high challenge, and solution focused. Managers across the service are feeding back the impact of the meetings in developing a deep and shared understanding of our performance and how it can be used to drive continuous improvement.

Key messages from our Performance Board, alongside a dashboard of key indicators are reported on a monthly basis to the Corporate Senior Leadership Team and the Elected Members Performance Board and scrutiny panel to ensure a strong line of sight to performance.

We have implemented a quarterly whole service Quality Assurance and Performance Management Conference providing the opportunity for all managers (Team Managers and above) to come together to triangulate the information from our quality assurance and performance monitoring activity, reflect on learning and to focus on our continuous improvement.

We have worked extensively to ensure we are able to support our vulnerable children throughout Covid-19 and bring together all our information as a partnership to enable us to do this effectively. Our Vulnerable Children Tracker has been fundamental to this and has enabled us to ensure that help and support is targeted quickly to our children and their families depending on risk levels.

4.2 Quality Assurance Framework

Our Framework was launched in October 2019 to incorporate a collaborative audit approach that is undertaken by the operational managers within the service alongside practitioners. A proportion of those audits are also moderated by the QA service and senior managers to assure ourselves that our managers are correctly identifying the quality of practice we support our auditors and moderators through training to ensure we have a consistent approach to what good looks like in audit.

To ensure we obtain an accurate representation of the quality of practice; audits are selected at random and thematic audit is scheduled as part of testing impact of improvements or where data and audit highlight the need for a detailed thematic review. The collaborative approach is now well embedded and enables a reflective conversation with the practitioner to support holding the child at the forefront of our practice and review what is working well or what we are concerned about. Feedback from children and families is part of our audit process and findings are collated and included in our learning from audit.

Audit learning reports are produced bi-monthly and shared at a Quality of Practice and Action Group with Service Managers, Heads of Locality and Corporate Directors who are all involved in agreeing either localised action plans or strategic practice improvements for the service. The headlines are then reported to the monthly performance board chaired by our Executive Director. An audit dashboard allows us to review findings and learning from audit and facilitates effective tracking and completion of all audit actions. We also re-audit any cases deemed inadequate to ensure the child's circumstances have improved and actions were completed. These developments have been updated in our framework including a triple lock approach that also provides assurance that our moderation is effective, and we can be assured that the findings appropriately identify the quality of our practice.

QA is embedding as part of our everyday practice within the teams, our advanced practitioners (APs) work alongside our staff to support practice improvement through focused reflective discussions and thematic auditing. The Principal Social Worker is supporting the AP's to work alongside staff to deliver focused improvements across a range of key areas such as impact chronologies. This is vital in ensuring we identify the right learning and the root cause of any practice challenges supported with a thematic and dip sample schedule aligned to our strengthening services plan.

Our Principal Social Worker has now been in post for 6 months and this is starting to drive quality of practice and keeping front line practice at the forefront of strategic improvements. One of the key areas of focus has been our restorative Dorset Children Thrive Practice Framework utilising strength-based approaches, this has been part of our next steps from our reinvigorating social practice. Following intensive training and coproduction we will launch the new practice framework in April 2021.

4.3 Audit Outcomes

Although we had a short auditing break when Covid-19 first hit to allow all staff to focus on the completion of Covid risk assessments, our audit compliance overall in the last 12 months has been strong. Findings are identifying that our practice is increasingly Good and Outstanding with other work continuing to Require Improvement to be good.



Figure 20: Audit outcomes – rolling 3-month average

The principal areas identified to strengthen our practice in:

- Consistency in the quality of supervision and in ensuring our management oversight is driving forward our planning for children
- Continuing to strengthen our use of chronologies and summaries
- Ensuring that the child's voice is always reflected in our recording and informing our planning

Where practice is positive, we have evidence of:

- Good partnership working and will continue to keep a focus on this to ensure that this is demonstrated across all our work.
- Our staff knowing their children well and we are supporting them to ensure this is evidenced on the child's file.
- Feedback from our children and families in relation to Quality Assurance is positive and is used to inform service improvements.

4.4 Serious Case Reviews and Safeguarding Practice Reviews

We have continued to ensure that we learn from Serious Case Reviews and Safeguarding Practice Reviews. In 2020/21 there was one child safeguarding practice review and two Rapid Reviews completed.

This section contains exempt information and is therefore withheld under paragraphs 1 and 2 of Schedule 12a of the Local Government Act 1972

4.5 Complaints, Compliments and Comments

Our Complaints Team ensure a consistent approach to complaints management and challenge Children's Services for learnings and actions so the complaint has as much value as possible and organisational lessons can be learned.

We resolve most complaints informally. Dorset Council have found that this approach builds the best possible relationships between Dorset Council and families with concerns without obstructing statutory process.

We have a low volume of complaints progress through statutory process and clear evidence that the Ombudsman is not unduly troubled by Social Care complaints, further indicating that Dorset Council's proactive approach to outcomes-based resolutions to complaints is proving beneficial for families. It also demonstrates that we are genuinely listening rather than processing.

The Covid-19 emergency has had an impact on response timescales across the Directorates, both due to redeployed staff in the Complaints Team and challenges in the localities. That said the Complaints Team keep complainants informed of delays and provide robust explanations and extensions to ensure expectations are managed. Children's Social Care complaints are being prioritised to ensure statutory timescales improve in an unprecedented operational period.

Covid-19 has also resulted in Dorset residents having more time to observe, reflect and voice concerns and Q2 showed an increase in complaints that was mirrored across the directorates. For perspective Place complaints increases 126% on Q1, and Adults by 56% in the same period. We anticipated the fall in Q3 and expect numbers to stabilize across the directorates

We are always eager to take the learning from complaints. The percentage of justified/part justified complaints and numbers of learnings are reassuringly proportionate. That said, we are also aware that there is learning to be had from complaints that are not upheld by the council and we are still encouraging a culture of learning from complaints as the year progresses.

4.6 Feedback from our children, young people, and families

We have developed an approach to measuring 'customer' satisfaction across services. For services that have an end closure point (such as CiN social worker involvement or EHCP application) a SMS message is sent at point of case closure. For ongoing services (such as Care Leavers) a SMS is sent at a regular interval (i.e., every six months). We also use these domains for spot surveys and to construct phone interviews with families.

The data is collated, analysed, reported, and published on a quarterly basis, feeding into the Performance Board.

These all collect information across 5 domains:

- Do you feel able to talk?
- Were you involved in decisions?
- Was the amount of contact right?
- Did we do what we said we would do?
- What difference has the support/service made to you and your family?

We saw steady progress in feedback from our families through 2019/20 and into the first quarter of 20/21 and we have made significant improvement in getting the level of support to families right.

The table below provides an overview of responses. We can see that performance on a number of domains has reduced. We know that this is related to a number of different factors:

- Lower participation rates in Q2/Q3 with smaller numbers affecting the overall proportions
- Fewer responses from families that were involved with early help
- For some families, communication with their worker and building relationships has been more difficult as a result of Covid and we continue to respond to this feedback and find creative ways of meeting their needs.

		19/20	20/21 (to date)
Do you feel able to talk to your worker?	Yes	59%	52%
	Sometimes	22%	13%
	No	15%	31%
Did your worker involve you in decisions?	Yes	49%	46%
	Sometimes	29%	15%
	No	15%	32%
Tell us about how often you had contact with your worker. Was it?	About right	12%	58%
	Too much	44%	3%
	Too little	44%	35%
Did your worker do what they said they would do?	Yes	55%	52%
	Sometimes	28%	19%
	No	16%	29%
What difference has the support from your worker made to you and your family situation? / Experience of becoming a foster carer	Got better/Good	31%	39%
	Stayed the same/As expected	26%	35%
	Got worse/Poor	22%	26%

Table 3: summarised position of 'customer' satisfaction scores showing median scores during 19/20 and 20/21 (to-date)

In 2021 we are rolling out 'customer' satisfaction questionnaires to all parts of children's services to ensure feedback is being reflected on at a service and locality level.

Additionally, the Children in Care Council conduct an annual survey of all children in care. This comprehensive survey gives insight across several areas including:

- Perceptions on social workers, IROs, advocates and other professionals
- Perceptions on plans, including care, education and pathway
- Perceptions on processes such as reviews and complaints
- Feelings of wellbeing and support

The report is considered by CSLT, relevant service areas and explored through workshops across the workforce. A response with recommendations and action plan are presented to the Children in Care Council.

5. WHAT'S NEXT FOR DORSET....

In 2020 we embarked on an ambitious programme of change:

- We implemented a multi-disciplinary place-based structure to deliver better outcomes for our children and families;
- We are implementing our Strengthening Services Plan – and making good progress on all projects resulting in significant improvements in our performance and we developed
- We launched our 3-year Children, Young People and Families Plan – supported by our Council's Transformation programme.

But we are even more ambitious for children. More than ever our children need to us be bold, tenacious, and resolute in ensuring they have a bright future.

For the first time in a number of years we have a fully staffed permanent extended senior leadership team and our permanent staff team has grown with people passionate to deliver our vision for children. Their commitment and dedication to each other, their commitment to working with partners and most importantly with our communities has shone through during this challenging year. In the context of a global pandemic our team has worked exceptionally hard to build new services, make significant improvement, and begin to implement our transformation plans. We are excited to continue to build on these solid foundations during 2021 and to support our teams to deliver the Outstanding service they aspire to.

We fully intend to continue our pace of delivery, and are confident in our strong corporate, political and partnership support.

We are building something special that will last.

We are determined that in Dorset, all our Children Thrive.



6. RESPONSE TO COVID 19 ANNEX

6.1 Introduction

During 2020 our partnership grew from strength to strength, coming together to support children and their families in our communities, the partnership mobilised, responded quickly, demonstrated agility, and most importantly lived a one team, one Dorset, approach.

Through Covid-19, services have been given greater authority to share information to better identify and support families with needs resulting in new ways of working, increased agility in the workforce and more timely and co-ordinated interventions.

Our social worker made it possible for us to stay with family instead of going into care when our parents were really unwell and in hospital with Covid

We do not yet know the full extent of the impact of Covid-19 on our children, young people and families, but together as partnership we are making sure we are able to respond effectively and through the work in our Children, Young People and Families' Plan, we will transform the way we work to improve long term outcomes for children and young people.

6.2 Leadership timeline of our response to Covid-19

The Children's Services Leadership Team works closely with systems leaders in other parts of the council; Dorset Clinical Commissioning Group; Public Health Dorset; educational settings; NHS health providers; police, fire and rescue; town and parish councils as well as the community and voluntary sector to deliver our ongoing response to the pandemic.

The leadership task throughout this period is four-fold: providing organisational responses to government advice, guidance and new duties; coordinating and participating in partnership responses; to deliver business continuity responding to questions and concerns about how employees could undertake their work and most importantly providing information to and responding to feedback on the impact of the pandemic on children, young people and families.

A multi-agency Local Resilience Forum stood up at the end of February 2020, with 10 cells set up to support our response, led by senior officers, with military planners deployed to support planning. Multi-agency partners worked together to address emerging concern about the supply chain for food, medicine and PPE and planning to free up capacity in hospitals. When in March 2020, the 1st positive case was identified in Dorset, Dorset Council asked all staff to work from their homes where possible and there was a rapid deployment of IT equipment to enable this to happen. A battle rhythm was established with daily emergency planning and leadership team meetings, daily meetings with school leaders and daily communications to employees to respond to emerging concerns.

New duties to provide additional basic care and support for clinically vulnerable people were placed on councils and on 23rd March 2020 a major incident was declared. We have worked together supporting providers to remain financially viable and to deliver services in diverse ways and worked with voluntary and community sector to develop new offers and approaches. We set up a 7 day a week Covid-19 helpline as well as proactively assessing the needs of in excess of 15,000 shielding residents and reached out to shielding children and families to offer additional support including craft packages and with a real focus on personalisation.

During the Covid period there have been over **300 pieces of guidance and policy changes** that have an impact on children's services requiring a response, one of the most significant was the decision taken to close schools for most pupils on the 18th March 2020.

To coordinate our responses, we set up a network of headteachers, representing geographical and phase cluster that met daily to plan together and address concerns. We focused on supporting the most vulnerable, who would not be able to be in school, setting up a local school voucher scheme on behalf of Dorset schools, prior to the national scheme, to address issues of supplier failure as well as meeting the needs of a rural county. Together we developed a vulnerable children's tracker and focused on attendance, shared risk assessments, and worked with Public health to ensure our schools had the information they needed to respond. The vulnerable children tracker work was used as a model nationally to inform other LA's work. We set up communications channels and redeployed council officers to work alongside schools to remain open over the Easter holidays and beyond. We collaborated on identifying those who would benefit IT equipment and support, sharing of resources for support and learning and the creation of advice and support lines.

Throughout the pandemic we have refined our partnership approach to working together to meet the needs of children and young people to understand the impact of the changing service landscape and guidance changes on individual services and work together to seek to minimise challenges that we faced. We instituted weekly partnership meetings to highlight and address risks and issues and following feedback from families on support for the youngest children local operational groups to prioritise and plan support for the most vulnerable. In August/September 2020 we worked as multi-agency partners to support the return to school through the provision of information, advice, and support to those that may have found it more challenging. We have continued to work closely with our early years' settings and schools throughout the Autumn term and subsequent lockdowns and are working in partnership to ensure our children have a planned and seamless return to school. Schools report high levels of confidence in their readiness to return.

We have sought, throughout this period to keep listening to the experiences of our children, young people, and families through the creation of regular foster carer forums, young people forums, formal and informal view seeking. Practice observation has continued, and following a brief break, we recommenced our auditing process. Close working with our Dorset Parent Carer forum to both hear and respond together to the issues expressed by parents of children with SEND has grown and strengthened through this pandemic. Co-production is becoming more embedded and joint work on our communications is becoming ever more established. We fully recognise that this has been a time of great anxiety for children, young people and families and continue to work together to respond to priority issues and concerns in our continuing response to this pandemic.

As multi-agency leaders we continued to focus on our collective ambition for all our children, young people, and families to deliver our Children and Young People's Plan and the implementation of our model of Children's Services delivery - Dorset Children Thrive.

6.3 Vulnerable children and young people tracker

In response to school closures, we created and implemented a system to track attendance and risk of 'Vulnerable Children'. The list of children was brought together based on the DfE definition of vulnerable children, in addition as an authority we chose to monitor all children with a Dorset

Education, Health and Care Plan and those with early help involvement where we deemed them to be at risk

This regular meeting of school cluster leads and link workers forum provided a key avenue for communicating with schools and helped to set up a successful monitoring process which included collecting attendance and risk judgement data from schools on a weekly basis to allow early intervention where issues were identified (such as low attendance of key cohorts).

Progress across the County was shared back with schools at periodic intervals via the Cluster Lead meetings and a live online portal. We also developed links with out of county schools and had internal Council departments link with different settings to collect weekly attendance and risk data.

Dorset were asked to be one of 3 Local Authorities to provide an update to the Troubled Families National Local Authority Webinar in April 2020 organised by the Ministry of Housing, Communities & Local Government in recognition of our efforts to encourage attendance of vulnerable children and young people back to school. Focus was around the collection and use of this attendance and risk data.

The Figure below shows an example of the live dashboard used to track the attendance of vulnerable children and young people.

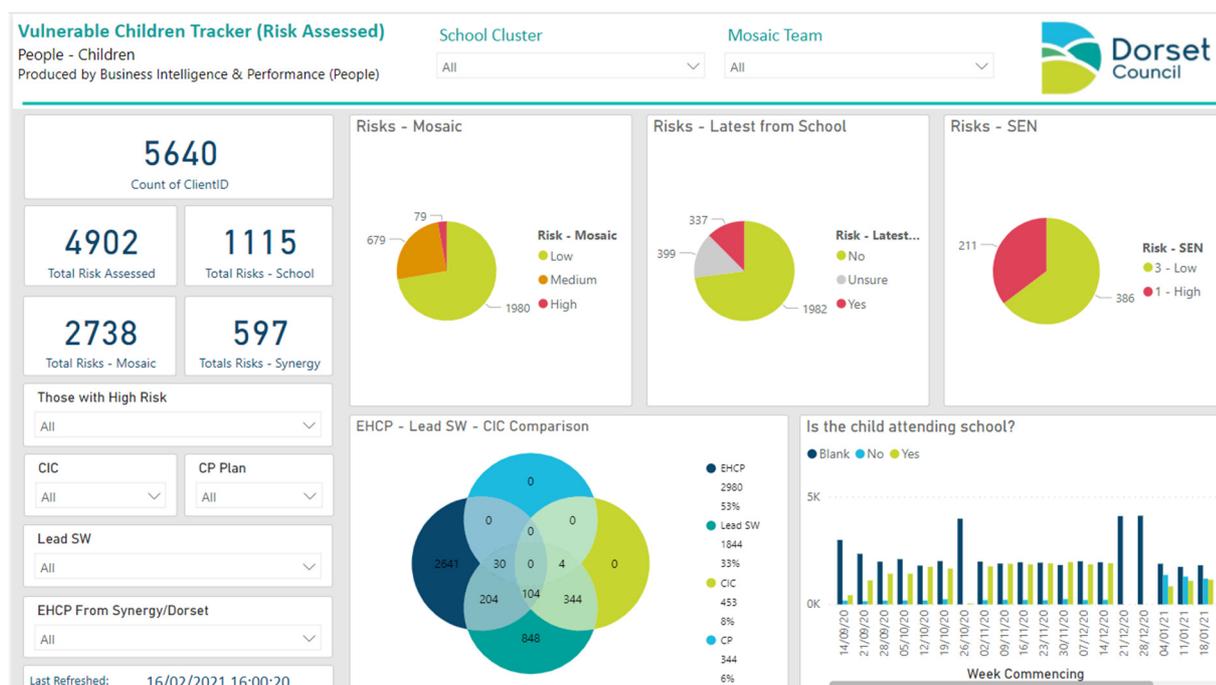


Figure 21: Vulnerable Children Tracker

A system has been established to continue to collect weekly attendance and risk data from schools as it was recognised as a helpful mechanism to identify our most vulnerable children, as before, all children with a Dorset EHCP, children with a social worker and any children we are concerned about will be included in the tracker. Work is underway with IT suppliers to set up an automatic attendance feed from school's management information systems to help reduce the administrative burden on schools. The attendance of children within the virtual school is monitored by Welfare Call. Children who are not attending regularly are followed up by their virtual school lead. Children whose attendance is a long-term concern are discussed by the CME group.

6.4 Education Psychology Covid-19 parent helpline

At the outset of Covid-19 parents and carers of children and young people with SEND had increased worries about education and routines. Working together with the Dorset Parent Carer Council (DPCC) the service set up a telephone helpline to respond to queries they were receiving from parents, offering telephone consultations with an education psychologist five days a week morning and afternoon. The helpline was clearly promoted both through DPCC and the Council's communications, website, the SEND newsletter and via schools.

Parents and carers who would not typically have accessed support from an Education Psychologist were able to get support quickly and in a reassuring way from an education psychologist, in addition the service was able to email helpful resources to parents such as social stories, five-point scales to give parents and carers tools to support children.

Education psychologists were also able to follow up consultations with schools and other agencies where additional support was needed, creating a valuable front door to access services for our families.

Going forward the helpline will continue to operate and strengthen its links with other agencies to ensure it can offer access early to wider support.

6.5 Risk assessments

From the outset of Covid-19 social workers and early help practitioners undertook a risk assessment of all the children we were supporting throughout the pandemic to understand the impact of Covid-19 on them and their families, particularly focusing on those who were not able to attend school, to help us understand and manage risk, prioritise our work and determine the most appropriate visiting type and pattern.

We also worked with schools to establish a shared system for them to share their evaluations about the vulnerabilities of children and young people within their settings. The responses were tracked with the weekly attendance returns from our education settings. Any judged to be at high risk were followed up by a link worker allocated to the school to identify ways the Council could support in mitigating risk.

Access to the limited ICT resources were prioritised for children and young people at risk of disengaging and schools were supported by link workers to increase the attendance of vulnerable children and young people.

As a result of the risk assessments children and young people were supported at home by specialist services providing resources for families to use and signposting to other services that they would not typically have received a service from.

In our desire to work at pace we reflected that there were some areas where we needed to tighten our approach and reframe particularly in the completion of risk assessments with our families. The risk assessment process will continue to be completed with our parents to ensure risk assessment reviews are person-centred.

6.6 Link workers

The Council set up a daily touch down with head teachers to coordinate communication and support to schools and families and to enable the Local Authority to track vulnerable children and young people to track their attendance; identify the level of risk and check with Local Authority officers and coordinate support needed.

As a result of feedback from schools about the number of different professionals contacting them about vulnerable children and young people, the Early Help and SEND officers collaborated with the schools to identify a link worker for each school to support them with risk assessments for all children and young people judged to be within the vulnerable categories. If the child or young person had an allocated social worker, the social worker remained the link for the family for continuity.

To be able to respond to the changing context and the evolving needs of our children, young people and families, we established a process for schools and families to be able to access specialist support without having to go through a referral process, instead discussing with their link worker.

Listening to the feedback of our schools and adapting our approach was key to ensure we were responding to the crisis in an agile and responsive way. Link workers continued to play a vital role as we entered the third lockdown (January 2021). We have agreed with our schools that the link worker arrangements will become a permanent way of working.

6.7 Summer in Dorset

During Covid-19, we have been working closely with schools to support around 5,300 children and young people who we have been most concerned about because of their vulnerabilities. Over the summer holidays in 2020, with schools taking a break from providing regular contact, we wanted to make sure these children and young people could still access positive activities and support.

Our ambition was to ensure these children and young people experienced a summer of hope by:

- supporting the development of our most vulnerable children
- helping children and young people to socialise
- helping children and young people to make sense of the wider environment

A programme of activities was pulled together run by a mix of commissioned providers and Children's Services locality teams. Summer in Dorset passes were issued to 5,300 children and young people to be exchanged an unlimited number of times at these activities and other existing activities that were accepting the passes.

Our desire to deliver Summer in Dorset was in part driven by the lack of activities scheduled for the summer, due to concerns about Covid-19. Working with support from Public Health Dorset and with the financial support of Dorset Council, providers were encouraged to deliver activities.

5,361 vulnerable children and young people were eligible for a Summer in Dorset pass. Their pass granted them free access to 142 activities happening during the month of August. The range of activities was wide and included Circus skills; Paddle boarding and canoeing; various indoor and

outdoor sports; Theatre skills; Nature walks; Musical instrument group sessions; Outdoor Adventure.

From the survey of families that accessed activities, the activities have been rated at an average of 4.6 out of 5; 80% respondents said Summer in Dorset has really made a positive difference and 20% said it has made some difference.

Uncertainty on the impact of government guidelines on large gatherings and our providers lack of surety to put in place arrangements provided some key challenges. Whilst comprehensive, there were some areas not as well served as others. The passes and information to book arrived close to the start of August before all activities were listed. Some activities were booked up extremely fast, giving the impression that there were limited options.

Summer in Dorset had an incredibly positive impact for families in Dorset, however we have learnt through the process that with greater planning we can do more. Several families have asked that the initiative be repeated next summer (or even sooner). There are several areas that we wish to consider in the future to further support these children and young people. Our locality teams have demonstrated their ability to deliver brilliant activities tailored to the children and families in their area. This will be factored into our Delivering Locally priority within our Children, Young People and Families Plan as part of, and independently of any county-wide initiatives. We have worked with existing providers in a flexible way and commissioned new providers during this programme. The feedback has been incredibly positive about working in a coordinated and joined up way. Providers valued the additional support and assurances provided by the Council in an uncertain environment. There is an opportunity to develop these opportunities, build capacity, and see an increase in activities for vulnerable children throughout the year.

We are taking the learning from Summer in Dorset and applying this to the Holiday and Food Activities Programme, which is being implemented from Easter 2021, with a combination of online and face to face offers and a broader programme of activity for the Summer.



6.8 Provision at the Dorset Outdoor Education Service outdoor centres

The reduction in visitor numbers at the Outdoor Centres as a result of Covid-19 lockdown provided an opportunity for teaching staff to be involved in delivering initially 1:1 and small group alternative provision sessions across all four of our centres. The service has provided a consistent approach to delivery ensuring that the same staff work with the same young people on each visit. This has allowed for the development of trust and effective longer-term planning.

The service has worked with providers to offer sessions that fit within the young person's normal timetable and this has meant offering sessions on certain days to fit around reduced provision at school or adjusting the session duration to maintain a routine.

The service has been truly ambitious in this area using information gained from regular contact with school, PHE, social workers and parents to provide valuable cultural capital. This has been evidenced by the onward success of many of the young people where they have now returned to school or other settings where this was not previously thought possible.

The service has been attentive to ensure that provision has been developmental. Young people have had the opportunity to attend sessions in small groups where this has been identified as an area that would benefit them. In the simplest terms this has been through communal lunch times with other staff at a centre or on occasion with other children. This has assisted in developing a range of activity specific and social skills which has clearly demonstrated improvements in communication, use of language and the progression of a polite and courteous culture. Young people have also displayed the ability to assess and manage risk to themselves and others. Further opportunities have come about from our Short Breaks programme where many of the children who attended on a 1:1 basis felt confident to then attend alongside other children.

Checking on learning and understanding has been demonstrated using a consistent approach, using a “base” activity such as shelter building. This has been used each session to create a safe “time and space” at the start of each session for reflection and to assess prior learning and understanding, this has also allowed time to agree on themes and ideas for future working. Children have also benefitted from the opportunity to use arts and crafts to produce resources which demonstrate their understanding. This has been through environmental art, model building, poster making and photography.

We are absolutely committed to continuing to offer this provision at all four outdoor centres throughout the year. Arrangements are being made to ensure that this is possible to the same ambitious standards even when other visitors return to these venues as Covid-19 restrictions are eased.

6.9 The Cherries

The Cherries children’s home has 9 registered beds for children with complex learning disabilities aged 0-18 years. During the pandemic there have been five children living here. During the early days of the Spring 2020 lock-down it was difficult for the children and families when friends and family members were not able to visit. Virtual contact was offered, the success of this varied depending on the ability of the children to use the technology, however this was reassuring for family members as they were able to see their children. Responding swiftly to government guidance to reinstate established patterns of contact for the children however, the home was able to keep this disruption to a minimum. Feedback from the Regulation 44 Independent Visitor report identifies the following¹:

- Jack’s Dad reported that he was really grateful for the staff for ensuring that he could continue to see his son in safety.
- Susan’s mother reported that the staff worked hard at the beginning of lockdown when she could not see her daughter to maintain contact. She reported that Susan can find it tricky to focus and does not concentrate very well – but staff worked hard to encourage virtual

¹ Names have been changed

contact and to help Susan to engage with this and to have a conversation. She reports that she was incredibly grateful for how hard they tried with this as it meant a lot to her.

Children were unable to attend the regular clubs and activities they usually enjoyed and so the team worked creatively to ensure the young people continued to benefit from a wide range of activities and outings within the everchanging lockdown guidelines. In considering what activities to introduce to replace what was lost, keyworkers endeavoured to reflect upon the purpose of each activity, substituting the gym, for example, with an activity that also included physical activity. Ultimately, many activities were included just for fun, with the spacious gardens and premises of the home allowing for various on-site activities and fun filled themed days. Socially distanced trips to many of Dorset's beauty spots were also a regular feature. Thankfully, and with little disruption, the children were able to continue to attend school, this being integral to their established routines and consequent well-being. Equally important was the fact that during the pandemic, staff absences within the home were minimal. This was coupled with a huge amount of willingness to ensure that all children continued to receive consistent and quality care from familiar adults who understood and knew all the children well.

To keep the home COVID-19 safe and secure, various measures have been introduced including COVID-19 risk assessments and contingency plans. All staff and visitors must have their temperature taken, use the hand gel provided, and leave their contact details to facilitate track-and-trace. Wherever possible facemasks are also worn although not if it is likely to cause distress to the children. Additional cleaning schedules have been introduced; staff are kept abreast of all new Government guidelines; and the home is registered on the PPE (Personal Protective Equipment) Portal should extra equipment be required. The team are careful to ensure that the young people are shielded from any unnecessary stress and anxiety that many are feeling during the pandemic.

To date it is pleasing to note that the young people seem unconcerned as to what is happening around them and key workers continue to carefully with keyworkers carefully monitoring the children for any signs of distress and having available simple and adaptable Social Stories and easy to understand guides should the need arise.

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People and Health Scrutiny Committee 20th April 2021 Youth Justice Plan

For Recommendation to Cabinet

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

Local Councillor(s): Cllr

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

Report Author: David Webb
Title: Manager, Dorset Combined Youth Justice Service
Tel: 01202 794321
Email: david.webb@bcpcouncil.gov.uk

Report Status: Public

Recommendation:

For the Scrutiny Committee to endorse the Youth Justice Plan so that Cabinet can recommend its approval to Full Council

Reason for Recommendation:

Local authorities are required to publish an annual Youth Justice Plan, setting out how the statutory requirements for a multi-agency youth offending team are fulfilled locally. Dorset Combined Youth Justice Service is a partnership between Dorset Council and Bournemouth, Christchurch and Poole Council, along with Dorset Police, NHS Dorset Clinical Commissioning Group and the National Probation Service Dorset. Approval for the Youth Justice Plan is also being sought from Bournemouth, Christchurch and Poole Council. The Youth Justice Plan needs to be approved by the full Council.

1. Executive Summary

Under the Crime and Disorder Act 1998 there is a statutory requirement to publish an annual Youth Justice Plan which must provide specified information about the local provision of youth justice services. The Youth Justice Board provides guidance about what must be included in the plan and recommends a

structure for the plan. The draft Youth Justice Plan for the Dorset Combined Youth Justice Service is attached at Appendix One. A brief summary of the Youth Justice Plan is provided in this report.

2. Financial Implications

The Youth Justice Plan reports on the resourcing of the Youth Justice Service. Local authority and other partner budget contributions have remained static since 2014/15, apart from a one-off cost of living increase to local authority contributions in 2019/20, along with a redistribution of the funding proportions to reflect Local Government Reorganisation. The annual Youth Justice Grant has reduced from £790,000 in 2014/15 to £607,968 in 2020/21.

The creation of the pan-Dorset Youth Justice Service in 2015 increased the service's resilience and ability to adapt to reduced funding and increased costs. The management of vacancies, and the deletion of some posts, has enabled a balanced budget to be achieved in the years to 2021.

3. Well-being and Health Implications

Young people in contact with youth justice services are known to be more likely than other young people to have unmet or unidentified health needs. The Youth Justice Service includes seconded health workers who work directly with young people and who facilitate their engagement with community health services.

4. Climate implications

No adverse environmental impact has been identified. The Youth Justice Plan notes that the Covid-19 restrictions have led to changes in the working arrangements of the Youth Justice Service. These changes include significant reductions in staff travel, both to and from work and to visit service users, with more activities being carried out remotely.

5. Other Implications

The Youth Justice Plan sets out the measures being taken to prevent and reduce offending and anti-social behaviour by young people. The Youth Justice Service contributes actively to the work of the Community Safety Partnership.

Children who are in contact with the Youth Justice Service often experience risks to their safety and well-being, including risks at home, risks in the community such as child exploitation and detriment to their education prospects. The Youth Justice Plan refers to the work of the Youth Justice Service to safeguard children, working in conjunction with other local services in the Dorset Council area. The Youth Justice Service is working closely with colleagues in other Dorset

Children's Services, including the Harbour Project, in order to align with the new services and structures.

6. Risk Assessment

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

Current Risk: Low

Residual Risk: Low

7. Equalities Impact Assessment

The Youth Justice Plan does not relate to a new strategy, policy or function so an Equalities Impact Assessment has not been undertaken. Some information about equalities issues is included in the report. No adverse equalities impacts have been identified.

It is recognised nationally that young people from minority ethnic groups, and young people in the care of the local authority, are over-represented in the youth justice system and in the youth custodial population. It is also recognised that young people known to the YJS may experience learning difficulties or disabilities, including in respect of speech, language and communication needs. Information from Dorset Combined Youth Justice Service records, summarised in the Youth Justice Plan, shows that these issues of over-representation also apply in the pan-Dorset area. Actions have been identified in the Youth Justice Plan to address these issues.

8. Appendices

Appendix One: Youth Justice Plan 2021/22.

9. Background Papers

9.1 The Youth Justice Plan provides information on the resourcing, structure, governance, partnership arrangements and performance of the Dorset Combined Youth Justice Service. The Plan also describes the national and local youth justice context for 2021/22 and sets out our priorities for this year.

9.2 The Youth Justice Board continues to monitor three 'key performance indicators' for youth justice. The first indicator relates to the rate of young people entering the justice system for the first time. Local performance in this area had declined in the period 2016-2018 but has been improving since then. The latest national data, relating to the 12 months to December 2019, shows a combined pan-Dorset rate of 251 per 100,000

- 10-17 year olds entering the justice system for the first time. This compares with a figure of 344 per 100,000 10-17 year olds in the year to December 2018. Local data for the year to December 2020 shows further reductions in the first-time entrants rate in the Dorset Council area.
- 9.3 The other two national indicators relate to reducing reoffending and minimising the use of custodial sentences. The reoffending rate fluctuates, partly because of the current counting rules for this measure. Our local reoffending rate has for the most part remained below the national rate. Local analysis shows that young people who are more likely to reoffend are also more likely to have more complex speech, language and communication needs and to find it hard to access education or training. The Youth Justice Plan sets out some of the actions that have been taken and future plans to address these issues.
- 9.4 Dorset Combined Youth Offending Service has low rates of custodial sentences, below the regional and national averages. This is particularly the case for young people from the Dorset Council area. No Dorset children were sentenced to custody in the year April 2020 to March 2021. Young people who are sentenced to custody have often experienced significant trauma in their earlier life, affecting their current behaviour. The Youth Offending Service implemented a plan in 2020 to become a trauma informed service, with further work to do on this in 2021/22.

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.

DORSET COMBINED YOUTH JUSTICE SERVICE



Youth Justice Plan

2021/22

Version	Superseded Version(s)	Date	Author	Changes made
V0.2				
V0.1		19.03.21	David Webb	

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Dorset Combined Youth Justice Service Statement of Purpose

Dorset Combined Youth Justice Service works with children in the local youth justice system. Our purpose is to help those children to make positive changes, to keep them safe, to keep other people safe, and to repair the harm caused to victims.

This means we can support the national Youth Justice Board Vision for a 'child first' youth justice system:

A youth justice system that sees children as children, treats them fairly and helps them to build on their strengths so they can make a constructive contribution to society. This will prevent offending, and create safer communities with fewer victims.

Who We Are and What We Do

Dorset Combined Youth Justice Service (DCYJS) is a statutory partnership between Bournemouth, Christchurch and Poole Council, Dorset Council, Dorset Police, National Probation Service Dorset and NHS Dorset Clinical Commissioning Group.

We are a multi-disciplinary team which includes youth justice officers, restorative justice specialists, parenting workers, education and employment workers, police officers, a probation officer, nurses, speech and language therapists and a psychologist.

More information about the Youth Justice Service (YJS) partnership and the members of the YJS team is provided later in this document.

The team works directly with children who have committed criminal offences to help them make positive changes and to reduce the risks to them and to other people. We also work directly with parents and carers to help them support their children to make changes.

We make contact with all victims of crimes committed by the children we work with. We offer those victims the chance to take part in restorative justice processes so we can help to repair the harm they have experienced.

The organisations in the YJS partnership also work together to improve the quality of our local youth justice system, and to ensure that young people who work with the YJS can access the specialist support they need for their care, health and education.

The combination of direct work with children, parents and victims and work to improve our local youth justice and children's services systems enables us to meet our strategic objectives to:

- Reduce the number of children in the youth justice system
- Reduce reoffending by children in the youth justice system
- Improve the safety and well-being of children in the youth justice system
- Reduce and repair the harm caused to victims and the community from child offences (I have added this one)
- Improve outcomes for children in the youth justice system.

Introduction

This document is the Youth Justice Strategic Plan for the Dorset Combined Youth Justice Service for 2021/22. It sets out the key priorities and targets for the service for the next 12 months as required by the Crime & Disorder Act 1998 and overseen by the Youth Justice Board. This Plan has been developed under the direction of the YJS Partnership Board after consultation with YJS staff and taking into account feedback from YJS service users.

The Youth Justice Strategic Plan:

- summarises the YJS structure, governance and partnership arrangements
- outlines the resources available to the YJS
- reviews achievements and developments during 2020/21
- identifies emerging issues and describes the partnership's priorities
- sets out our priorities and actions for improving youth justice outcomes this year.

This document sets out the YJS's strategic plan. A delivery plan underpins this document.

Service Targets

The Dorset Combined YJS target for 2021/22 is to outperform regional and national averages for the three national performance indicators for youth offending which are:

- The number of young people entering the youth justice system for the first time ('First Time Entrants')
- The rate of proven re-offending by young people in the youth justice system
- The use of custodial sentences for young people.

Headline Strategic Priorities for 2021/22

- Continue and develop work to prevent children entering the justice system
- Reduce the rate of Black and Minority Ethnic children entering custody
- Develop joint work with other local services for children to improve outcomes for children in the justice system
- Widen the application of trauma-informed practice to all children working with the Youth Justice Service
- Strengthen the team's work to repair harm and restore relationships

The reasons for identifying these priorities are explained later in this document and are summarised on [pages 25-26](#), with actions to achieve these priorities outlined on [pages 27-28](#).

Structure and Governance: The YJS Partnership Board

The work of the Dorset Combined Youth Justice Service is managed strategically by a Partnership Board. The Partnership Board consists of senior representatives of the statutory partner organisations, together with other relevant local partners.

Membership:

- Dorset Council (current chair)
- Bournemouth, Christchurch and Poole Council (current vice-chair)
- Dorset Police
- Dorset Local Delivery Unit Cluster, National Probation Service
- NHS Dorset Clinical Commissioning Group
- Public Health Dorset
- Dorset Healthcare University Foundation Trust
- Her Majesty's Court and Tribunal service
- Youth Justice Board for England and Wales
- Office of the Police and Crime Commissioner
- Ansbury Guidance

The Partnership Board oversees the development of the Youth Justice Plan, ensuring its links with other local plans.

The YJS Manager reports quarterly to the Partnership Board on progress against agreed performance targets, leading to clear plans for performance improvement. The Board also requests information in response to specific developments and agendas, and monitors the YJS's compliance with data reporting requirements and grant conditions.

Representation by senior leaders from the key partners enables the YJS Manager to resolve any difficulties in multi-agency working at a senior level, and supports effective links at managerial and operational levels.

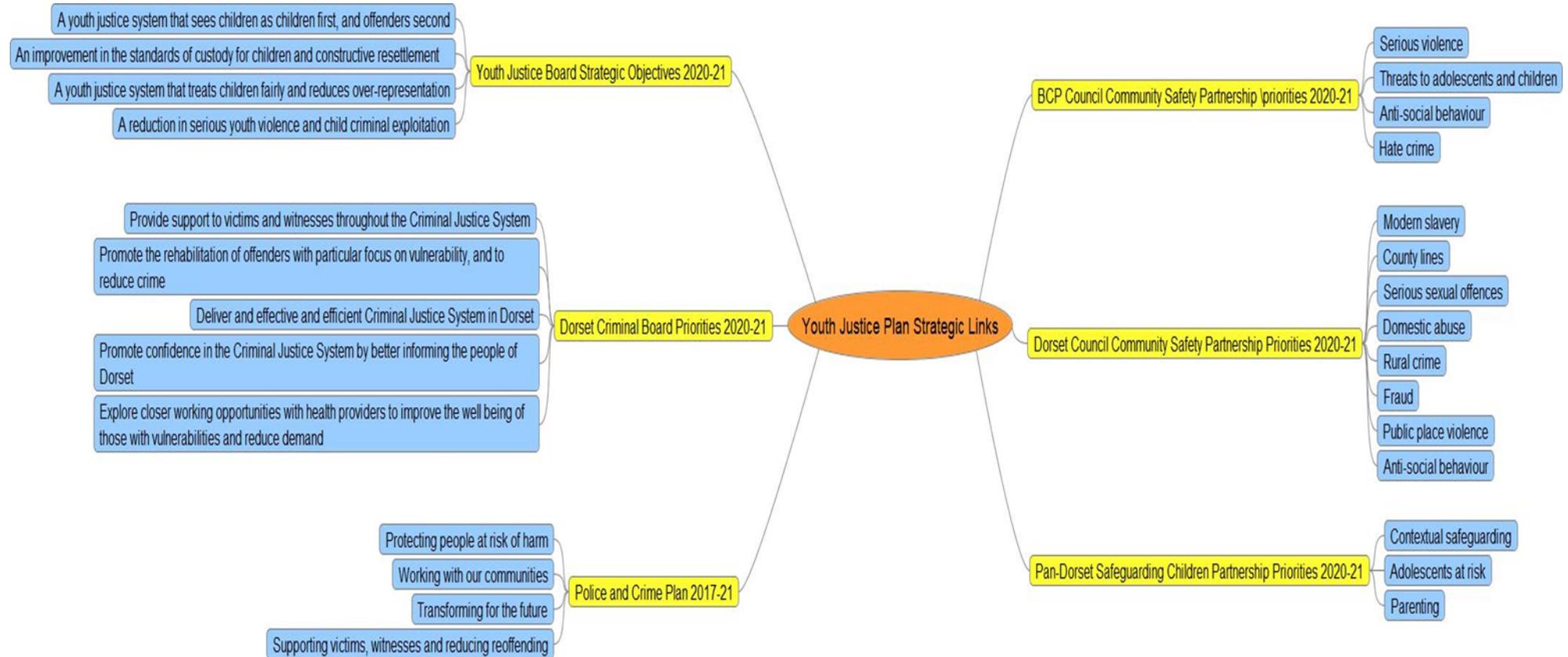
The YJS participates in local multi-agency agreements for information sharing, for safeguarding and for the escalation of concerns.

The Partnership Board oversees activities by partner agencies which contribute to the key youth justice outcomes, particularly in respect of the prevention of offending.

The YJS Partnership Board also provides oversight and governance for local multi-agency protocols in respect of the criminalisation of children in care and the detention of young people in police custody. The YJS Manager chairs multi-agency operational groups for each protocol and reports on progress to the YJS Partnership Board.

The YJS is a statutory partnership working with children in the criminal justice system and the community safety arena. The map on the next page gives an overview of how the YJS fits with other strategic partnerships and plans.

Linking the Youth Justice Service to other Plans and Structures



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The membership of the YJS Partnership Board enables the work of the Dorset Combined YJS to be integrated into strategic planning for Safeguarding, Public Protection, Criminal Justice, Community Safety and Health & Well-Being. The YJS Manager sits on the Dorset Criminal Justice Board, attends the two Community Safety Partnerships, the MAPPA Strategic Management Board and the Dorset Council Strategic Alliance for Children and Young People and represents youth offending teams on the 'Wessex' Criminal Justice Board Covid Recovery Group.

Partnership Arrangements

The previous section outlined the strategic links between the YJS and the other strategic groups and partnerships. Similar links exist at operational levels, enabling the YJS to integrate and coordinate its work with the work done by partners such as the two local children's social care services, Special Educational Needs services, other criminal justice agencies, and the Child and Adolescent Mental Health Services across Dorset.

Safeguarding and Public Protection

As well as participating in Child Protection Conferences and Multi-Agency Public Protection Arrangements (MAPPA) meetings in respect of specific individuals and families, YJS managers also attend MARAC meetings, local Community Safety Partnership operational meetings, local complex needs panel meetings and meetings in respect of early help activities in the two local authorities.

Child Exploitation

Children known to the YJS can also be harmed through child exploitation. YJS managers participate actively in the Child Exploitation Tactical Groups for each local authority. The YJS participates in local multi-agency information sharing arrangements and meetings to identify and protect children at risk of exploitation. A YJS Team Manager attends weekly meetings with the Police 'Impact' team to enable effective joint work for children at risk of exploitation.

Reducing Re-Offending

The YJS Manager chairs the pan-Dorset Reducing Reoffending Strategy Group, reporting to the Dorset Criminal Justice Board and the two Community Safety Partnerships. He also represents south-west youth offending teams on the South West Reducing Reoffending Partnership. Although the group's main focus is on adult offenders, attention is also paid to the youth perspective, particularly for those young people about to transition to adult services, and for the children of adult offenders.

Risk Assessment Panels

The YJS instigates a Risk Assessment Panel process for children under YJS supervision who have been identified as being at high risk of causing serious harm to others, or of experiencing significant harm themselves. These meetings are attended by workers and managers from the other agencies who are working with the child. The aim is to agree the risk assessment and devise, implement and review plans to reduce the risks posed by and to the child.

Harmful Sexual Behaviour

The YJS works with the two local authorities, the Police and health providers to agree the best way to respond to children who have committed harmful sexual behaviour. Some of these children are also known to the local authority social care service so it is important that we coordinate our work and, where possible, take a joint approach. The YJS and the local authorities use recognised assessment and intervention approaches for children who commit harmful sexual behaviour. Currently the YJS Manager is part of a multi-agency task and finish group, led by the CCG, to improve local provision for children who show harmful sexual behaviour.

Preventing Violent Extremism

All relevant YJS staff have received training in raising awareness of 'Prevent'. A YJS Team Manager has lead responsibility for this area of work and attends the pan-Dorset Prevent Group to ensure that our work is aligned with local initiatives. The YJS has sight of the local assessment of extremism risks. The seconded YJS police officers act as a link to local police processes for sharing intelligence in respect of possible violent extremism.

Young people convicted of extremism related offences will be managed robustly in line with the YJS Risk Policy, with appropriate referral to the local MAPPA process and clear risk management plans, including paired working arrangements and support from the seconded YJS police officers.

Safe Schools and Communities Team

The Safe Schools and Communities Team (SSCT) is a partnership between Dorset Police, the Office of the Police and Crime Commissioner and Dorset Combined YJS. The SSCT plays an important role in preventing offending by young people across Dorset, Bournemouth, Christchurch and Poole. The team provide education, awareness and advice to students, schools and parents. The work of the team is reported to the YJS Partnership Board as an important element of the YOS Partnership's work to prevent youth offending. The SSCT's School Incidents Policy is an important part of local work to reduce the number of children entering the justice system, helping schools to manage incidents without the need for a criminal outcome.

Restorative Justice and Support for Victims

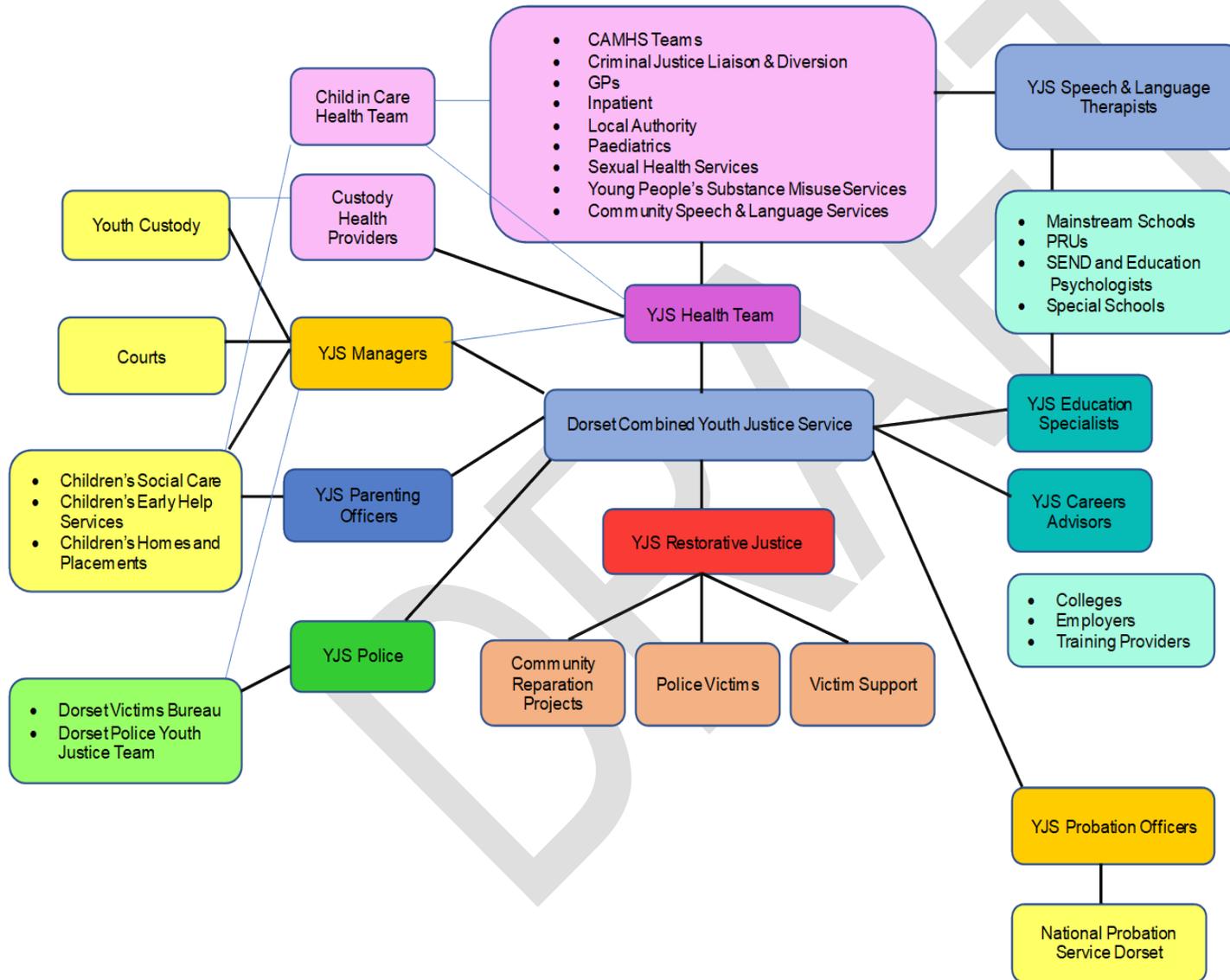
The YJS Restorative Justice Practitioners provide Restorative Justice activities and support for victims of offences committed by young people. The YJS also links with other agencies through the Victims and Witnesses Sub-Group of the Dorset Criminal Justice Board. The YJS plays an important part in delivering the Police and Crime Commissioner's Restorative Justice Strategy for Dorset, taking the lead on offences committed by young people and supporting the development of good practice with other Restorative Justice providers.

Reducing Youth Detentions in Police Custody

The YJS Manager chairs a multi-agency group, reporting to the YJS Partnership Board, which works to ensure that as few young people as possible are detained locally in police custody and to limit the duration of youth custody detentions.

In addition to the team's involvement in these different partnership groups, there is ongoing daily interaction with other local services. These links are illustrated on the following page:

Operational Links between YJS and Partner Agencies



Resources and value for money

The funding contributions to the YJS partnership budget are listed below. Local authority staff are employed by Bournemouth, Christchurch and Poole Council. Other staff are seconded from Dorset Police, the National Probation Service Dorset and Dorset HealthCare University NHS Foundation Trust. Like all public services, the YJS operates in a context of reducing resources. Ensuring value for money and making best use of resources is a high priority for the service.

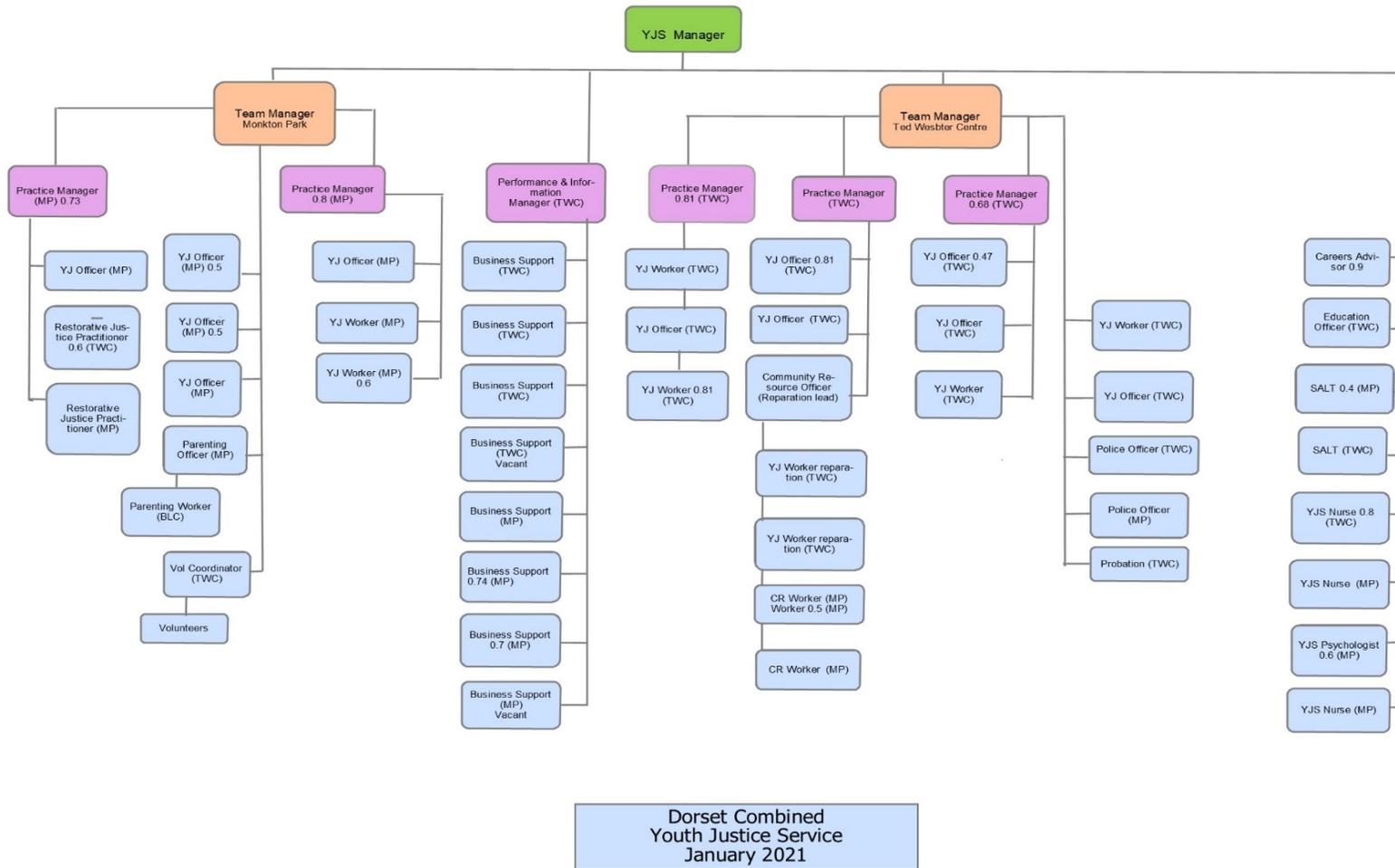
Partner Agency	21/22 Revenue excluding recharges	Movement 14/15 to 21/22 – including disaggregation movements between DC and BCP Councils	Staff
Dorset Council	£492,800	-£39,100	
Bournemouth, Christchurch and Poole Council	£577,700	£26,670	
Police and Crime Commissioner for Dorset	£75,301	-£78,149	2.0 Police Officers. Funding reduction from 14/15 to 15/16 reflects funding of SSCT directly by the OPCC to the Police, no longer via the YOS
National Probation Service Dorset	£5,000	£1,826	1.0 Probation Officer (reduction from 2.6 to March 2015, from 2.0 to March 2018 and from 1.5 to March 2020, with adjusted funding contribution, after national review)
Dorset Clinical Commissioning Group	£22,487	£0	2.8 FTE Nurses, 0.8 Psychologist, 1.4 Speech and Language Therapist
Youth Justice Board Good Practice Grant	£607,968	-£182,446	
Total	£1,774,482	-£277,973	

NHS England funding was secured in 2019/20 to support DCYJS becoming a 'trauma-informed service'. Some of this funding has been carried over to support implementation of this model.

Staffing information

This chart shows the YJS structure in January 2021. DCYJS meets the minimum staffing requirements of the Crime and Disorder Act 1998.

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YOS Staff

	Male	Female
White British	12	40
White Irish	1	0
White Other	0	1
	13	41

YOS Volunteers

	Male	Female
White British	7	13
White Other	0	1
	7	14

DCYJS Achievements and Performance during 2020/21

As part of our commitment to a 'child first' ethos we changed our service's name this year to Dorset Combined Youth Justice Service. This reflects our determination to see the young people we work with as children not offenders.

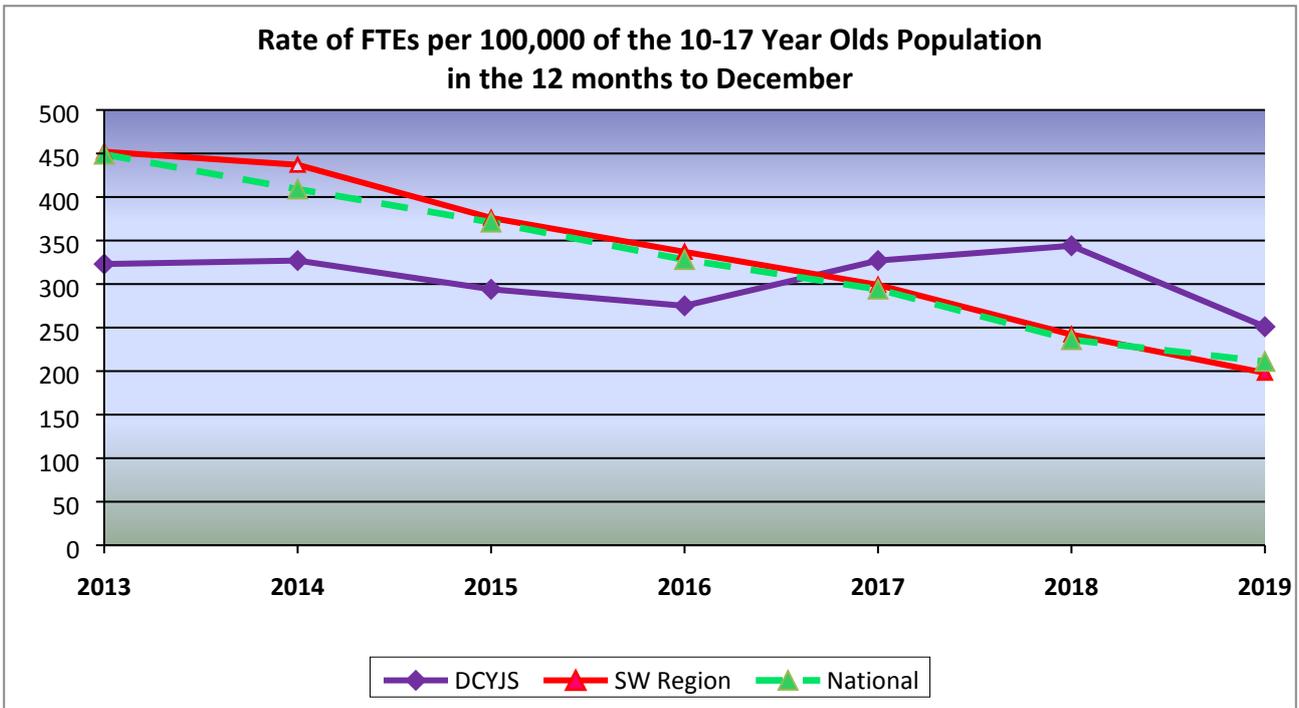
Youth justice work continues to be judged against 3 key performance indicators:

- Reducing First Time Entrants into the Youth Justice System;
- Reducing Re-Offending by young people in the Youth Justice System;
- Appropriately Minimising the use of Custodial Sentences.

National performance data is published quarterly by the Youth Justice Board. There is a time lag on this data and it is not possible to verify the accurate allocation of children to local authority areas. During the pandemic there have been gaps in the national data reporting for first-time entrants and for reducing re-offending, due to capacity issues in the Ministry of Justice. The following sections therefore include local data as well as national data, along with commentary on the figures reported.

First Time Entrants into the Youth Justice System

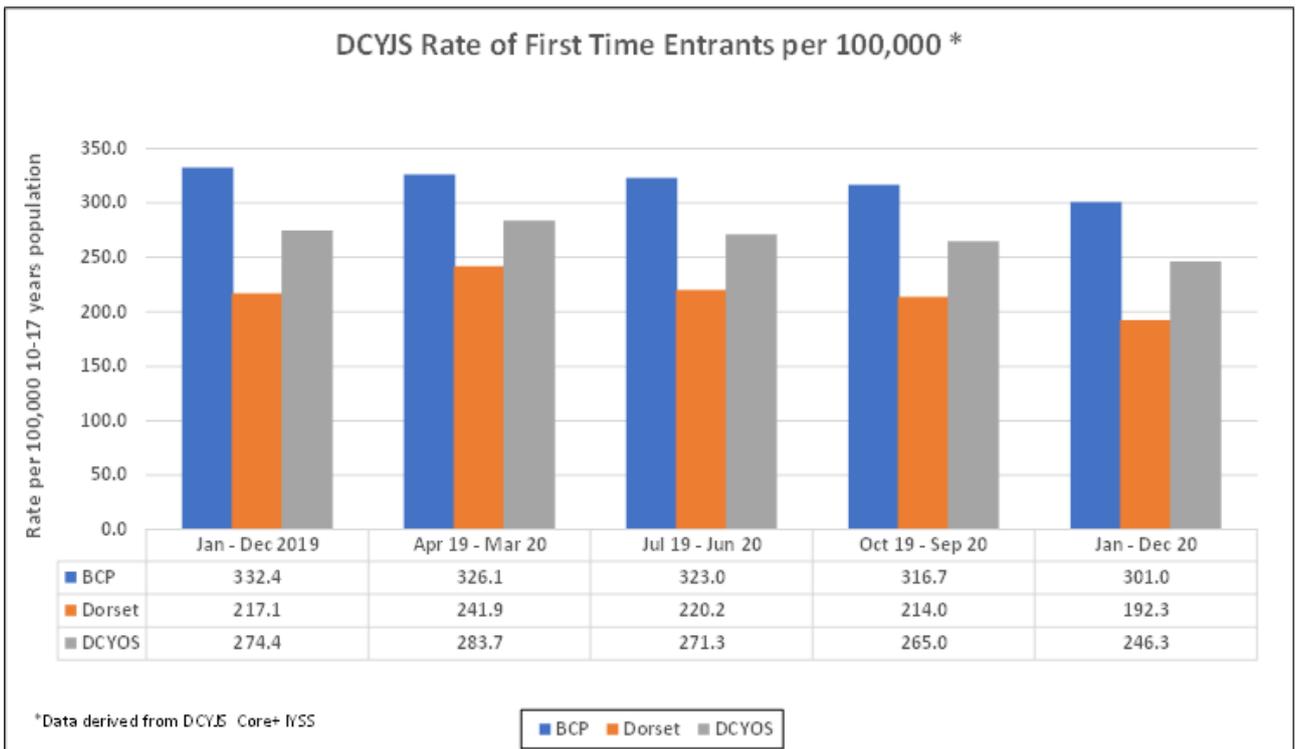
The latest available national performance data shows the following performance for Dorset Combined Youth Justice Service, with the regional and national averages also shown:



The most recent data publication, in March 2021, did not include new figures for first-time entrants meaning that the national data is not as up to date as would be expected.

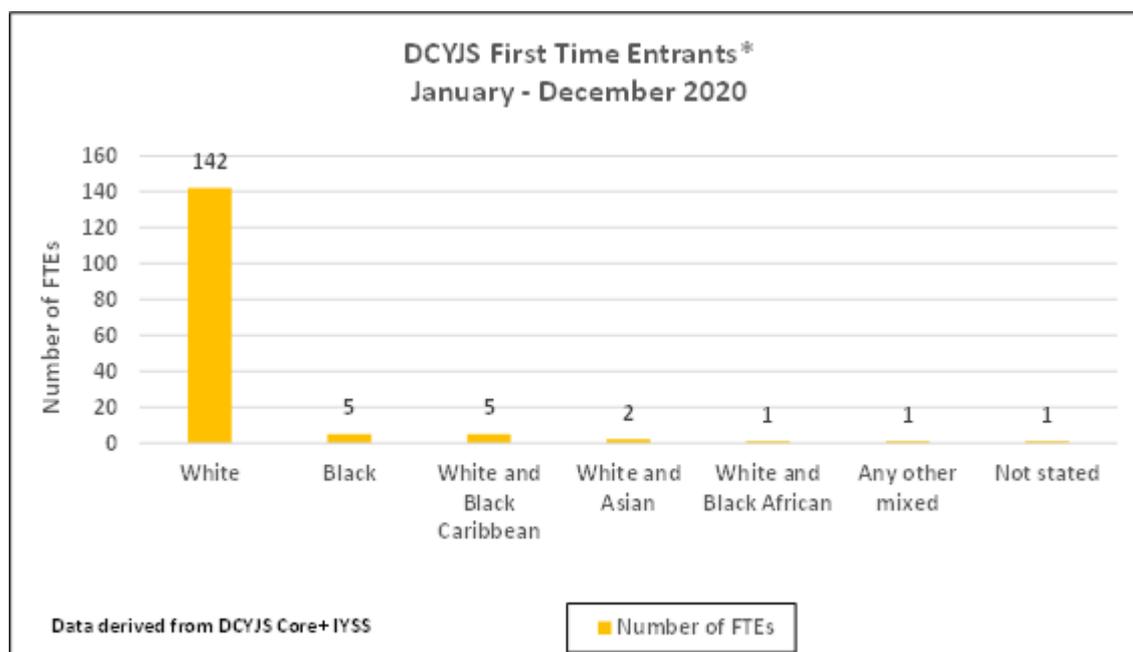
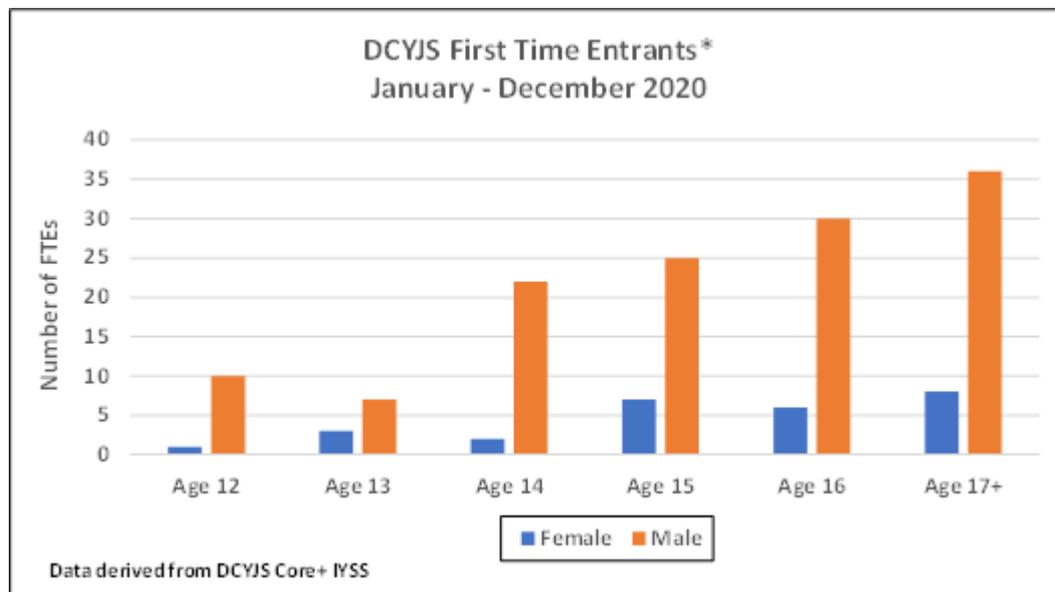
Between late 2016 and late 2018 there was a steady increase in the rate of first time entrants to the youth justice system in Dorset. This coincided with a fall in the regional and national averages for this indicator, meaning that Dorset moved above those benchmark figures.

Information derived from our local case management system shows more recent performance data:



Since late 2018 there has been a downward trend in the rate of first time entrants in Dorset. This trend has continued in the last year with the data derived from our case management system indicating that the rate of first-time entrants is now at its lowest since the merger of our youth offending teams in 2015.

The following tables show the age, gender and ethnicity breakdown of our first-time entrants in the year January to December 2020:



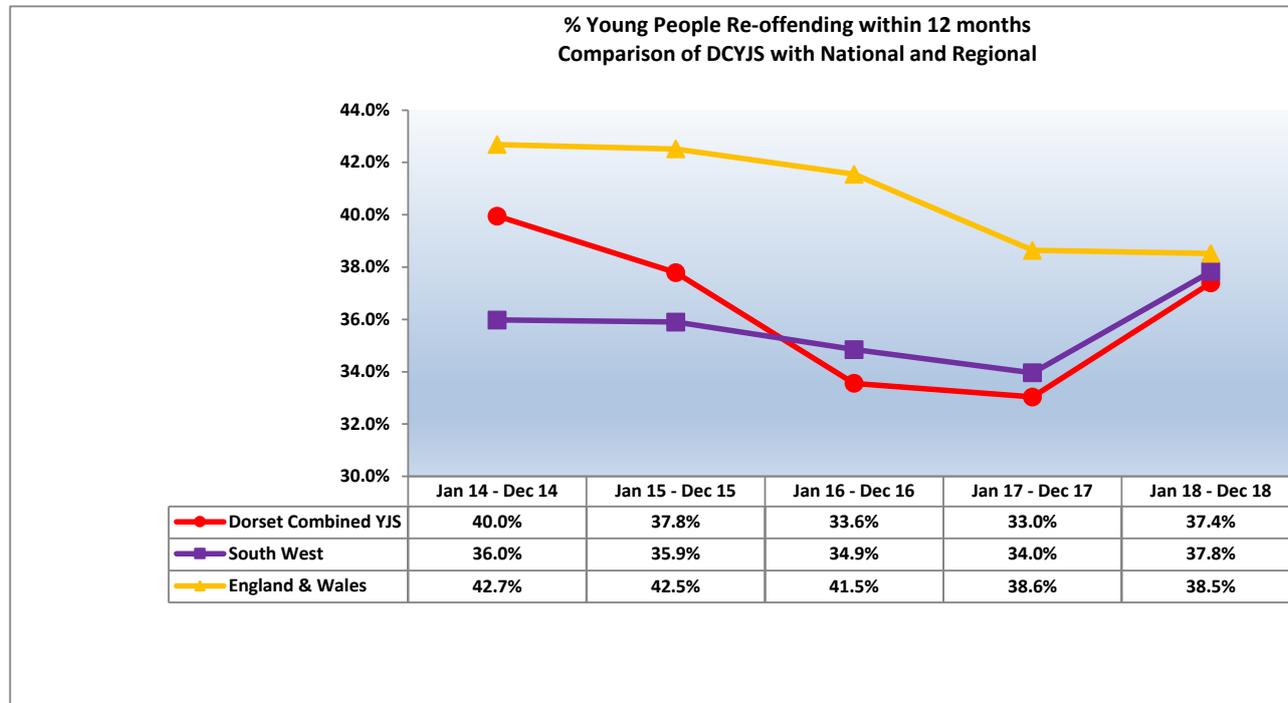
These tables show that 82.8% of the first-time entrants were male, 17.8% were female. 51% of the first-time entrants were aged 16 or 17. In terms of ethnicity, 8.9% were from Black, Asian or Minority Ethnic backgrounds. This is broadly consistent with the proportion of BAME young people in our local population, indicating that BAME children are not over-represented locally at the stage of children entering the justice system.

The following points provide further context for our first-time entrants performance:

- The period from March 2020 was affected by the pandemic, making comparisons with previous years more difficult.
- Arrest rates for children in our local authority areas fell during April 2020 but returned to a more consistent level from May 2020.
- Arrests and 'voluntary attendance' interviews for children in 2020/21 were lower than the previous year.
- In 2019 Dorset Combined Youth Justice Service and Dorset Police reviewed all 'out of court disposal' decisions taken in the year 2018/19 for children who had not previously entered the justice system and found that decisions were consistent and appropriate.
- In May 2020 a new 'Youth Diversion Disposal' was introduced as an option for simple offences of possession of cannabis, providing an additional diversion option.
- Plans for 2021/22 include adding local authority 'Early Help' managers into our weekly decision-making meetings for youth offences, considering wider application of the Youth Diversion Disposal and the appointment of a police officer to coordinate support for children diverted from the justice system.

Reducing Re-Offending

The national re-offending figures relate to the further re-offending of groups of young people in the 12 months after they received a caution or court conviction. Each quarter a different group of young people is tracked; for example, the most recent data relates to those young people who received a justice outcome in the period January to December 2018.



There is a time lag on the national data, to allow time for reoffending, conviction and police recording, which means that the most recent data relates to young people whose contact with the YJS occurred more than 2 years ago.

Like other youth offending teams, DCYJS also analyses local reoffending data to give us more recent and more nuanced information. This data is reported to the YJS Partnership Board to help inform and shape the partnership's strategic plans.

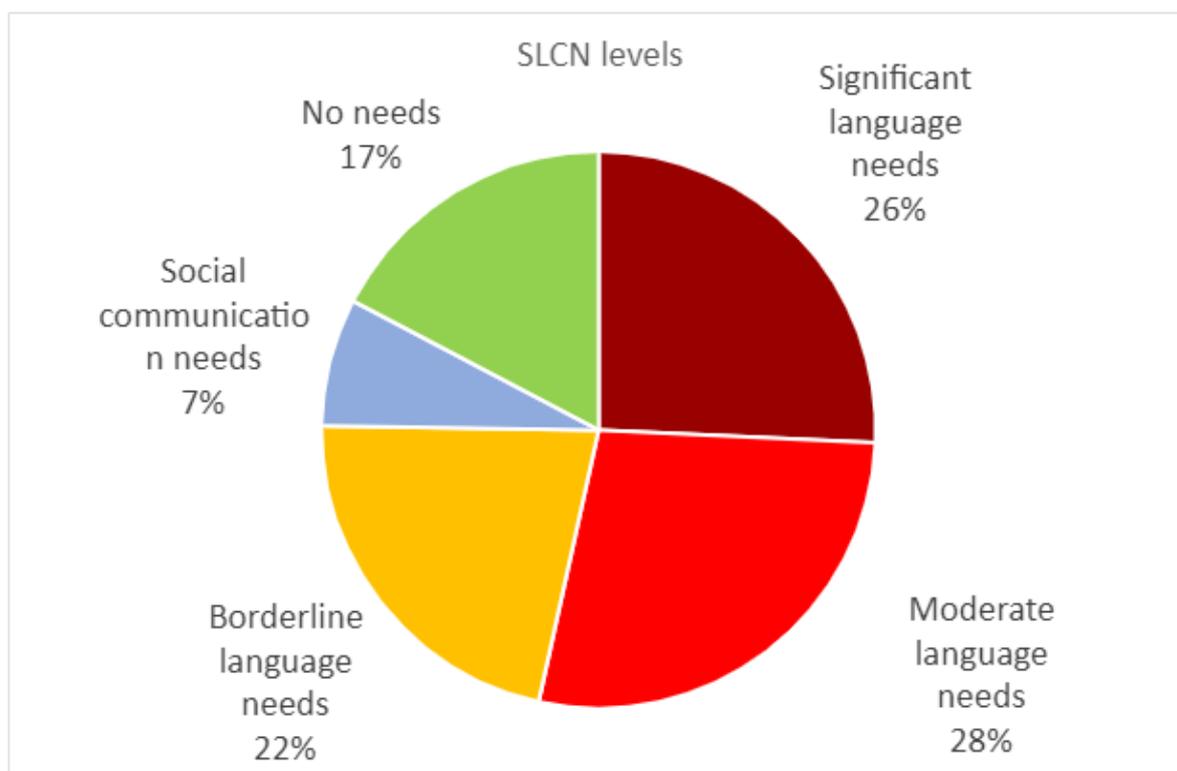
Recent analysis of reoffending information drawn from our local data showed that:

- Same reoffending rate for each gender
- All the reoffenders were aged 14-16
- Most reoffenders lived in Bournemouth or Poole
- Current and previous children in care were more likely to reoffend than children never in care
- Burglary and theft offences together had the highest reoffending rates
- 11/17 reoffenders did so within 3 months

In recent years DCYJS has been developing good practice in responding to the individual needs of each child. Evidence shows that children in the justice system are likely to have speech, language and communication needs and they may well have experienced trauma in their earlier life which affects their current behaviour.

Speech, Language and Communication

The Youth Justice Service Speech and Language Therapist posts have become integral to our work. All young people who receive a court order or a second out of court disposal receive a specialist speech and language assessment. The following chart demonstrates the speech and language needs of the 202 young people assessed over the last two years by the YJS Speech and Language Therapists:



About 80% of children working with the YJS have some level of speech, language and communication needs. Over 50% of the children assessed have a moderate or severe

language impairment which is likely to impact on their access to education and talking interventions.

Practitioners in the YJS use information from the child's speech and language assessment to guide how they communicate with the child. Recommendations from the assessments are also shared with other services working with the child, including education providers, and with the child and their family or carers.

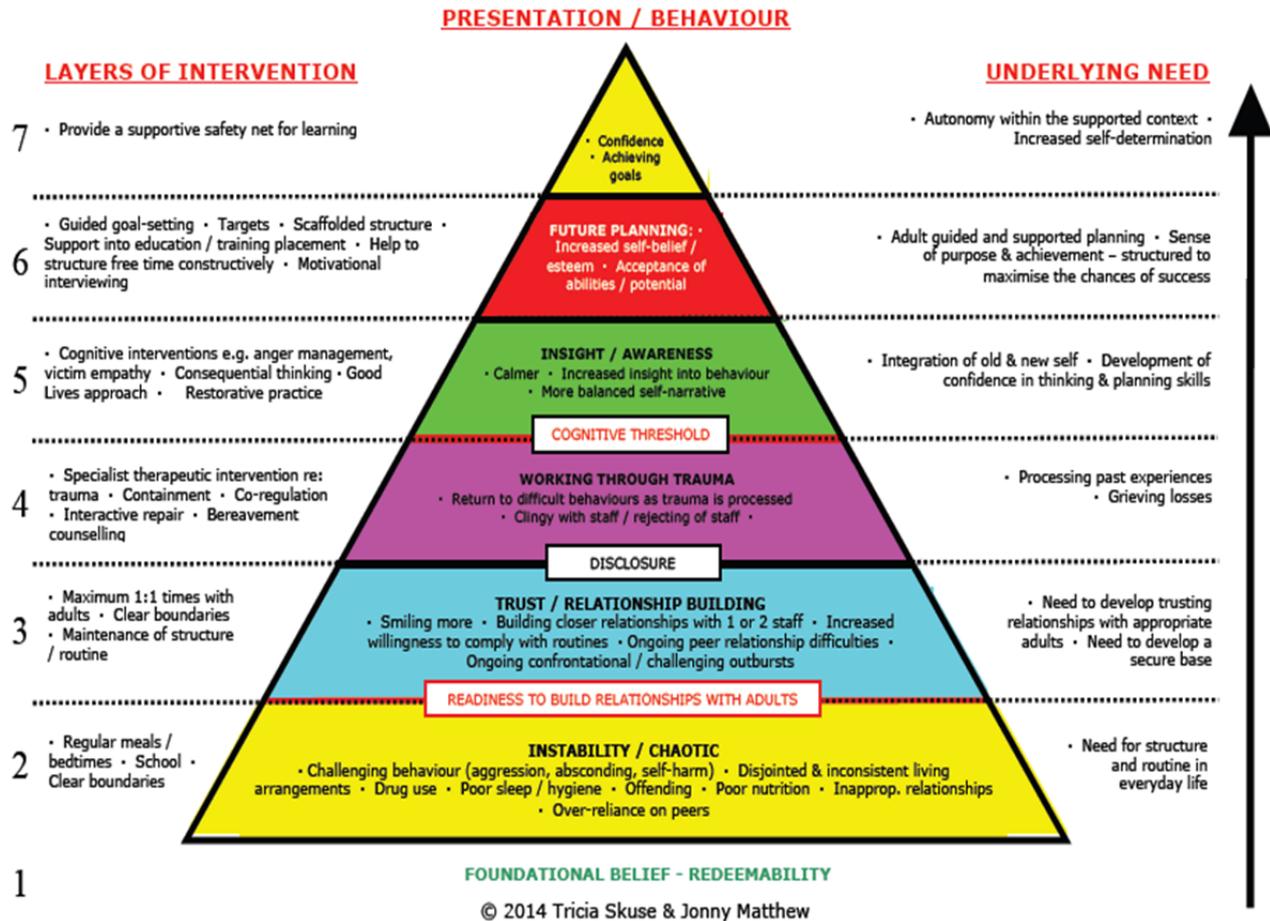
Trauma-Informed Practice

In February 2020 all YJS practitioners were trained in trauma-informed practice, leading to the implementation of the Trauma Recovery Model (TRM). The underlying principle is that children who have experienced trauma in their early lives are likely to experience delay in their emotional and cognitive development. This means that interventions with them should respond to their developmental stage rather than their chronological age. The TRM approach is summarised in the following schematic illustration:

The trauma 'lens' is being applied to all the children we work with. Understanding the child's developmental stage helps to make our work more effective. To support this work we have developed guides for how to work with children at different levels of the 'triangle'. An example of one of these guides is [appended to this report](#).

For a small number of children with significant complexity and risk an 'Enhanced Case Management' formulation meeting is convened, chaired by a YJS Practice Manager, led by the YJS Psychologist and attended by practitioners from a range of services working with the child. This leads to a formulation (a working hypothesis, based on the child's story thus far) written by the Psychologist to guide the work with the child. This formulation is shared with other services working alongside the YJS and taking on work at the end of the YJS intervention. In the first year of applying this model formulations, with review meetings, have been undertaken for five children.

TRAUMA RECOVERY MODEL



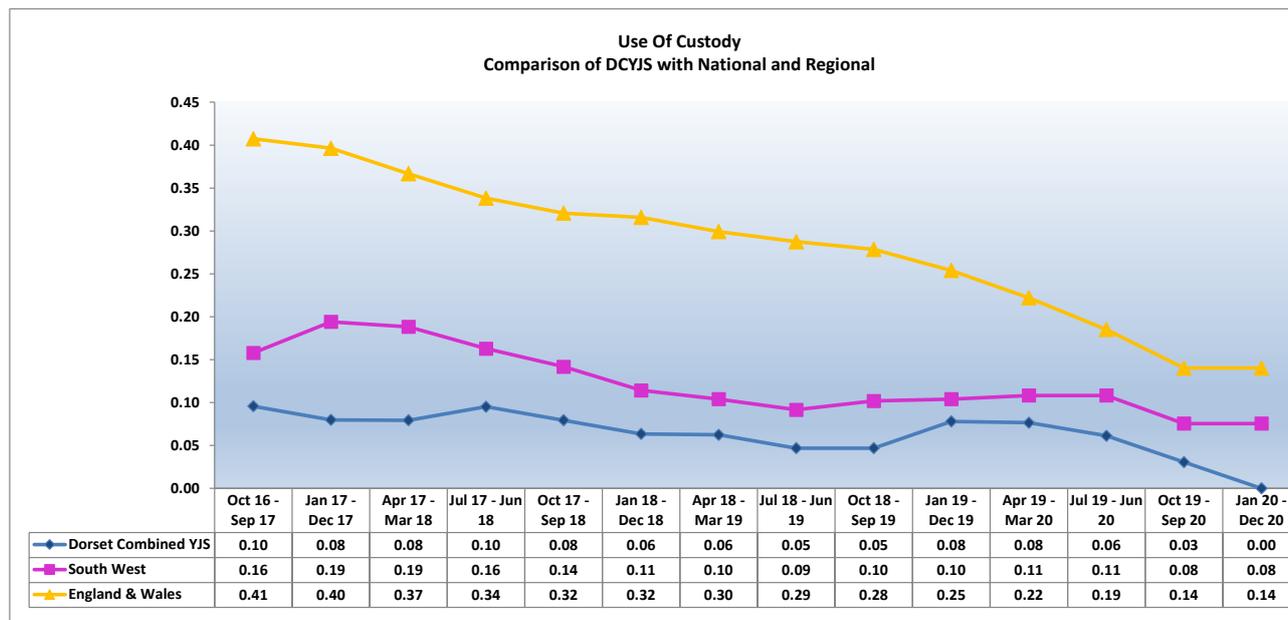
Restorative Justice

The YJS Restorative Justice Practitioners contact all victims of offences by children and offer them a choice of restorative justice options, including face to face Restorative Justice Conferences, 'shuttle' restorative justice where the parties relay messages but do not meet, work by the child to repair the harm caused ('reparation') and letters of explanation.

Some offences committed by children take place in the family home, with other family members being the victim of the offence. A recent initiative has been for the YJS parenting workers to complete the Restorative Justice Conference facilitation training. This helps us apply restorative approaches to our work with family conflict to help repair relationships.

A significant proportion of offences by children feature emergency workers, such as police officers, as the victim. A snapshot of the caseload of our Restorative Justice Practitioners showed that about 25% of the victims they work with are emergency workers. It can be difficult to engage police officers and other emergency workers in restorative justice processes so the YJS is developing a 'standardised approach' to increase the restorative justice options for working with children who have committed these offences. There are a number of strands to this approach, including the seconded YJS Police Officers meeting with the child to explain the impact of these offences and the children raising money for a relevant charity, Blue Light Support. We will develop this area of work further in 2021/22.

Custodial Sentences



We continue to see very low rates of custodial sentences locally, with rates declining further in the year to March 2021. The achievement of low custodial sentence rates reflects work to intervene effectively at earlier stages of the justice system, responses to children that are individualised and integrated with partner agencies, and good work in court to build the confidence of magistrates in the community sentences supervised by DCYJS.

Although numbers of children entering custody are low, there are recurring themes among this group which we are addressing.

'Disproportionality'

Looking back over several years it is concerning that about 50% of local children receiving custodial sentences are Black or Minority Ethnicity (BME). Over the last year we have improved our data analysis which has indicated that BME children are not over-represented among first-time entrants but the proportions increase the further children go into our youth justice system. The Lammy Review (2017) found evidence that BME defendants are less likely to admit guilt for an offence, possibly indicating a lack of trust in the justice system, which means they become ineligible for Out of Court Disposals, entering the justice system at a later stage. Working with Dorset Police we monitor such issues and look for opportunities to divert cases from court.

During the last year DCYJS have also joined a new Disproportionality sub-group of the Dorset Criminal Justice Board to contribute to a cross-system approach, working with partner agencies in Hampshire and Wiltshire. We have also initiated work with colleagues in BCP Council's Children's Services to investigate the representation of BME children in related areas like school exclusions, child exploitation and children in care.

We will continue work in the coming year to understand the experience of BME children in our local justice system and to address issues that lead to over-representation.

Child Exploitation

Analysis of local children entering custody in recent years also shows that the majority have been identified as suffering harm from child exploitation. The YJS works closely with partner agencies, including children's social care teams and Dorset Police, to avoid the inappropriate criminalisation of child exploitation victims and to provide the necessary holistic support.

The shifting nature of child exploitation and the complexity of these issues, including judgements about a child's culpability for criminal behaviour associated with their exploitation, means that this is an area of work that we continue to develop.

One element of the response to exploited children in the justice system is the National Referral Mechanism, arising from section 45 of the Modern Slavery Act 2015. The process is intended to establish if there are grounds to confirm that a child is the victim of exploitation, through an initial provisional decision and then a Conclusive Grounds decision taken by the 'Single Competent Authority' in the Home Office. Case law is still being developed to establish how these findings should influence decisions to continue with a prosecution and, if the prosecution does continue, to be taken into account in sentencing decisions. Currently there are significant delays in the NRM decision-making process which is delaying court cases for long periods, with adverse outcomes for the children affected and for the victims of their alleged offences. Our concerns have been shared with the Youth Justice Board. This issue continues to be a priority for 2021/22.

Covid 19: Youth Justice work during the pandemic

Like all services, our plans for 2020/21 were transformed by the pandemic and its impact on daily life.

All YJS staff members have been working from home since the lockdown of March 2020, with occasional, planned visits to our office bases. Attending to the wellbeing of our team members has been a high priority, recognising the impact of working alone, at home, in a time of collective stress and anxiety.

Contact with children, victims and families has mostly been undertaken remotely, using video or telephone contact. Contacts have also been undertaken in person when necessary, with appropriate risk assessments and safety measures. The switch to remote work has led to some creative responses, including the following:

- YJS case managers using online resources with children they are supervising, providing support remotely
- 'virtual' reparation sessions carried out, including work by children at home to make amends for their offence, such as gardening, cooking, making craft items for sale
- ASDAN short courses and like skills challenge courses adapted and supported by YJS practitioners and completed by children at home
- Speech and Language assessments completed by video calls
- Health interventions by YJS nurses, including trauma treatment using Eye Movement Desensitization and Reprocessing, via video calls
- 3 Restorative Justice Conferences completed with the participants taking part virtually.

In the period from May to late July 2020 our local youth courts were closed due to the pandemic, creating a backlog of cases to add to the previous delays in the system. During the autumn we worked with court service colleagues to clear the backlog of cases with youth court timescales improving in early 2021.

Learning Reviews

The YJS adheres to the learning review processes of the Pan-Dorset Safeguarding Children's Partnership and also applies its own learning review procedures. When a child under YJS supervision experiences significant harm, or causes significant harm to others, a learning review process is instigated.

During 2020/21 the YJS has contributed to a Safeguarding Children's Practice Review relating to the death of a Dorset child in care who was living in Somerset. This review is likely to be completed in mid-2021. DCYJS did not work directly with this child but did identify some learning about liaison with other youth offending teams and support for children in care who are placed out of area.

Learning reviews were instigated within DCYJS or through the Safeguarding Children's Partnership in respect of 5 children (3 females and 2 males) all of whom suffered harm while working with DCYJS. Good practice was identified in respect of work to engage with these children. Learning points included the need for a whole family view when different services are working with different family members; improving the effectiveness of multi-agency planning for the child's safety and well-being; enabling the YJS to contribute to decision-making processes about residential placements for children with whom the YJS is working.

The learning points arising from learning reviews are incorporated into the team's ongoing action plan.

Service User Feedback

In the previous year we identified a need to improve our collection of 'spontaneous' feedback from service users and stakeholders. During 2020-21 we received a number of comments, with some themes emerging.

Service users were grateful for help with specific issues, illustrated by these comments:

B has been meeting virtually with the YJS nurse to complete the health assessment and was really pleased that she was doing this and was finding it helpful. She wants to reduce her anxieties.

T's mum was positive about the input from the YJS Education Officer and commented that it had been the most help she has received in terms of home schooling

Thank you for your speech and language report for C, we received it today. I wanted to personally thank you for such an accurate, sympathetic and positive report. You have totally understood C's strengths and challenges more than any other therapeutic report we have had since her ADHD diagnosis. I wish that we could've had this years ago as I feel she would've got so much more value from school with such understanding. ... and you achieved it all via one video call!

Some service users wanted to carry on working with their YJS worker:

D states that he would like his YJS worker to remain involved despite him having completed his YRO....D's mum told me that she thinks his YJS worker has helped Charlie with confidence and to think about how his behaviour affects others.

E's carer reported that if at appeal E's conviction was overturned he hoped that his YJS worker would continue to work with him. He is very appreciative of the work she is covering with him and is learning from this hence wanting the work to continue.

There was also a theme of service users feeling listened to and understood:

F's carer wanted us to know that it was important to her that the YJS parenting worker also understood her experiences and she had told the worker things about her experiences that she had never talked about before but it made her feel better.

"This has been an opportunity for him to gain access to education and support that he would not have had otherwise, his YJS worker has worked well with him" his parent continued to say..."I have regular contact with his worker and she has been very supportive, I know I can talk to her if I have concerns".

We also continue to use feedback surveys to gather service user views but recognise that the response rate is limited. Of those who have responded, the following information shows responses to questions about the quality and impact of the relationship with the YJS worker:

5. My worker thought I would make positive changes to my life:									Response Percent	Response Total
1	Very Dissatisfied								2.27%	1
2	Dissatisfied								2.27%	1
3	Neutral								13.64%	6
4	Satisfied								43.18%	19
5	Very Satisfied								38.64%	17
Statistics	Minimum	1	Mean	4.14	Std. Deviation	0.89	Satisfaction Rate	78.41	answered	44
	Maximum	5	Variance	0.8	Std. Error	0.13			skipped	2

6. My worker listens to my ideas and helps me find my own answers:									Response Percent	Response Total
1	Very Dissatisfied								0.00%	0

6. My worker listens to my ideas and helps me find my own answers:

								Response Percent	Response Total	
2	Dissatisfied							4.44%	2	
3	Neutral							8.89%	4	
4	Satisfied							33.33%	15	
5	Very Satisfied							53.33%	24	
Statistics	Minimum	2	Mean	4.36	Std. Deviation	0.82	Satisfaction Rate	83.89	answered	45
	Maximum	5	Variance	0.67	Std. Error	0.12			skipped	1

7. Working with the YJS made things better for me:

								Response Percent	Response Total	
1	Very Dissatisfied							4.44%	2	
2	Dissatisfied							4.44%	2	
3	Neutral							13.33%	6	
4	Satisfied							40.00%	18	
5	Very Satisfied							37.78%	17	
Statistics	Minimum	1	Mean	4.02	Std. Deviation	1.04	Satisfaction Rate	75.56	answered	45
	Maximum	5	Variance	1.09	Std. Error	0.16				

In 2021/22 we plan to develop our approach to gathering service user feedback to gain views linked to specific areas of our work and to our service priorities.

Summary of local and national issues that inform our priorities for 2021/22

National Context

The Youth Justice Board's 'guiding principle' is for a 'child first' approach to underpin all its work. This will enable it to:

"Prioritise the best interests of children, recognising their needs, capacities, rights and potential.

Build on children's individual strengths and capabilities as a means of developing a pro-social identity for sustainable desistance from crime. This leads to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society.

Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their supporters.

Promote a childhood removed from the justice system, using prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system."

To support this work, and to respond to specific current issues, the Youth Justice Board has also appointed 'strategic leads' for

- Over-represented children
- Custody and Resettlement
- Serious Youth Violence and Exploitation

The 'child first' vision and the strategic priorities for over-represented children and reducing youth violence and exploitation have particular resonance for us locally.

Local Context

Both Dorset Council and Bournemouth, Christchurch and Poole Council have developed strategic plans to improve the effectiveness of their work with children. Although there are some issues which are specific to each local authority, there are common themes including:

- Child first approaches that promote the voice of the child
- Joined up services responding to children and families
- The right support at the right time
- Working restoratively
- Relationship and strengths-based practice
- Improving day to day practice.

Service developments in the two local authorities that relate closely to the work of DCYJS include the creation of the Complex Safeguarding Team in BCP Council (working with children suffering significant harm from exploitation) and the Harbour Project in Dorset Council (providing multi-disciplinary support to adolescents at risk of entering care or

requiring other specialist services). It is a priority in 2021/22 for DCYJS to further develop its joint work with these services.

Other statutory partners also have strategic priorities that are relevant to the work of DCYJS, including:

- Reintegration of the National Probation Service and the Community Rehabilitation Company, to include effective transitions for youths entering the adult justice system
- Dorset Police and DCYJS continuing work to reduce first-time entrants, including the addition of local authority Early Help managers into the weekly decision-making panel for children receiving Out of Court Disposals
- Reducing the over-representation of Black, Asian and Minority Ethnic people in our local justice system
- A system-wide partnership approach to meeting the mental health and wellbeing needs of children and young people in Dorset
- Recovery from the court delays and difficulties caused or exacerbated by the Covid-19 pandemic.

Strategic Priorities. for 2021-22

The strategic priorities for the Dorset Combined Youth Justice Service align with:

- our three main performance indicators
- the strategic priorities of the Youth Justice Board
- the strategic priorities of the DCYJS partnership organisations
- areas identified for YJS improvement, based on outcomes of performance monitoring, learning reviews and feedback from YJS staff and service users.

The DCYJS strategic priorities can be grouped under the following headings:

- System improvement
- Practice improvement

System Improvement

Continue and develop work to prevent children entering the justice system

- Add Early Help representatives to weekly Out of Court Disposal decision-making meetings to strengthen diversion options
- Work with the new police officer role to support children and families after diversion from the justice system
- Consolidate the use of the Youth Diversion Disposal and consider expanding its application to other offence types

Reduce the rate of Black and Minority Children entering custody

- Gather the views of BME children and their families on their experience of the justice system and take appropriate actions to build trust and improve confidence

- Work with partner agencies to monitor outcomes for BME children across children's services systems
- Join with Local Criminal Justice Board partners across Dorset, Wiltshire and Hampshire to report on and compare outcomes for BME children and adults in the justice system
- Apply the Lammy principle of 'explain or reform' in response to evidence of any disproportionately negative outcomes for BME children

Develop joint work with other local services for children to improve outcomes for children in the justice system

- Strengthen links and multi-disciplinary collaboration with the Harbour project in Dorset for teenagers needing additional support to achieve the best outcomes
- Strengthen links and joint working with the Complex Safeguarding Team in Bournemouth, Christchurch and Poole and with other partners to safeguard children who are suffering harm from exploitation
- Join with agencies in community safety, criminal justice and children's services to understand and develop effective responses to children carrying weapons
- Work with partners to establish a multi-agency strategic approach to the use of the National Referral Mechanism (NRM) for children suspected of criminal offences in the context of being exploited
- Work with local authority children's social care colleagues to improve joint support for children in care placed out of area and receiving youth justice interventions
- Confirm joint working arrangements with the new SEND teams in each local authority to improve access to suitable education for children in the youth justice system
- Finish work with colleagues in health, education and social care services to develop a more integrated and comprehensive response to children who show harmful sexual behaviour.

Practice Improvement

Widen the application of trauma-informed practice to all children working with the Youth Justice Service

- Develop a consistent approach to the use of trauma perspectives in YJS assessments and plans
- Establish a standard framework for health team consultations with YJS case managers to summarise the impact of past trauma and to guide engagement with the child
- Complete and promote the 'trauma guide' documents for responses to children at different levels of the 'trauma triangle'
- Build practitioner confidence and knowledge about how to adapt interventions to meet the child's emotional and cognitive development.

Strengthen the team's work to repair harm and restore relationships

- Develop and embed the 'standardised approach' for restorative justice responses to offences against emergency workers
- Develop a more robust Unpaid Work option for children on Youth Rehabilitation Orders
- Extend links between reparation, Unpaid Work and positive activities that enhance children's strengths and their education opportunities
- Support other services to apply restorative approaches in their work

These headline priority areas will be supported by a more detailed team action plan, including more specific targets and measures, which will be implemented and developed during the year.

Covid-19

This plan has been written during the third covid-19 'lockdown'. Like all services, DCYJS has radically changed its working arrangements and working practices in response to the pandemic. As we move into the recovery and rebuilding phases, we will review the changes we have made so that we can identify the new ways of working that should be sustained in the longer term. Priority will be given to ensuring effective work with children, carers and victims while taking necessary health precautions and to supporting the well-being and safety of our workers and volunteers.

Approval

Signatures of YJS Board Chair and YJS Manager

Theresa Leavy (YJS Board Chair)
Executive Director People - Children
Dorset Council

Signed:

Date:

David Webb
Dorset Combined Youth Justice Service Manager
Bournemouth, Christchurch and Poole Council

Signed:

Date:

Appendix A – Glossary of Terms

AssetPlus	Nationally Accredited Assessment Tool
BAME	Black, Asian and Minority Ethnic
CAMHS	Child and Adolescent Mental Health Services
CJS	Criminal Justice System
CSP	Community Safety Partnership
ETE	Education Training and Employment
FTE	First Time Entrant into the Youth Justice System
ISS	Intensive Supervision and Surveillance
IT	Information Technology
LSCB	Local Safeguarding Children’s Board
MAPPA	Multi-Agency Public Protection Arrangements
NEET	Not in Education, Employment or Training
OOCD	Out Of Court Disposals
PCC	Police & Crime Commissioner
RJ	Restorative Justice
SEND	Special Educational Needs and Disabilities
SSCT	Safe Schools and Communities Team
VLO	Victim Liaison Officer
YJ	Youth Justice
YJB	Youth Justice Board
YOS/YOT	Youth Offending Service/Team
YRD	Youth Restorative Disposal
YRO	Youth Rehabilitation Order

Appendix B – Example of the YJS ‘trauma level guides’ to help practitioners respond to the young person’s current functioning

Level 2

I need to trust you before I can learn from you.

Core principles of a Trauma-informed approach

- Safety.
- Trustworthiness & transparency.
- Peer support.
- Collaboration & mutuality.
- Empowerment & choice.
- Predictability, reliability and consistency

Activity ideas

I can deal with more variety and novelty. Play is a good way of building our relationship:

- Simple card or board games.
- Ball games.
- “alongside” activities; making something together, watching things together.

Don’t worry about “work” at this stage. Relationship is the work. Remember PACE: Playful, Accepting, Curious, Empathetic. (Hughes, 2006)

Non-verbal communication

Use your non-verbal communication to increase shared emotion (Bomber, 2020):

- Smile and keep your face expressive. Use laughter and silliness in your interaction.
- Use varied intonation. Monotone voices are harder to tune in to.
- Introduce some playful body language using animated gesture.
- Place yourself at the same level as me.
- I might be able to manage being face to face more now.

Verbal communication

I may be able to take in some information from you and offer some more information about myself:

- I might still find it difficult to retain long stretches of information. Keep what you say short.
- If you need to give more information, draw or write the main points. (McLachlan & Elks, 2018)
- Continue to listen actively. Notice what I am telling you, either with my words or behaviour, and respond to it (“you are telling me you don’t want to do that yet”).
- Be curious about what I am telling you and model this out loud; “I wonder if it felt like I was testing you, and that stressed you out a bit?” (Bomber, 2020)
- Introduce humour, but not sarcasm. (Yehuda, 2016)
- “why” and “how” reasoning is probably still hard for me. Ask me to describe things with questions like “what happened?”, “who was there?” (McLachlan & Elks, 2018)
- Show me I am kept in mind when we are not together. You could send a text between appointments or tell me that something reminded you of me (Bomber, 2009).

Level

I need to trust you before I can learn from you.

Responding to emotions

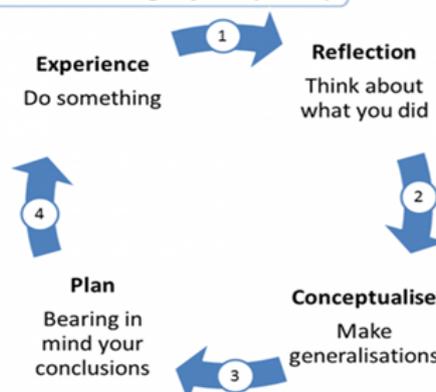
You might be able to start to help me regulate my emotions.

- Acknowledge and accept the emotion. Don't try to distract or persuade me.
- Say less. It is hard for me to process language when I am upset or agitated.
- Show me you understand by matching my affect. You can use some of the same facial expressions and gestures and speak at the same rate as me. If your emotion seems very different to mine, I might think you don't get it (Hughes, 2009).
- Give me space and keep your body language non-threatening.
- Name the emotion; "you're really angry about this". Naming feelings is a step towards regulating them (Zeidner, Matthews & Roberts, 2009).
- When I am calm, we might be able to talk about what has happened. You could make suggestions with "I wonder..."

Reflective Questions for practitioners

- What key things did you learn from this appointment?
- How did you address any issues or problems that arose?
- What would you do differently, if anything, next time around?
- How has it impacted on your practice with this young person?
- Are there any changes you can quickly apply to your practice?
- Are you able to support yourself and other colleagues better?
- What can you do to meet any gaps in your knowledge, skills and understanding?

Experiential Learning Cycle (Kolb)



Appendix B

References:

- Bomber, L. (2009) Survival of the 'fittest' ...In Perry, A. (2009) *Teenagers and Attachment* Chapter 4 p123-140. Worth Publishing, London.
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People and Health Scrutiny Committee – Forward Plan

Subject	Date of Meeting	Decision Maker	Portfolio Holder/s / Other relevant Councillors	Officer Contact - Lead
Fostering and Adoption	8 June 2021		Portfolio Holder for Children, Education, Skills and Early Help	Theresa Levy, Executive Director People - Children
SEND for Children (incl complex needs)	8 June 2021		Portfolio Holder for Children, Education, Skills and Early Help	Theresa Levy, Executive Director People - Children
Impact of the Home First Model and how it is progressing	8 June 2021		Portfolio Holder for Adult Social Care and Health	Tony Meadows, Sue Evans, Head of Specialist Services Helen Persey, Head of Integrated Community Services (West)
Impact of Covid on the Workforce and the levels of Staffing within People and Health	8 June 2021		Portfolio Holder for Adult Social Care and Health, Portfolio Holder for Children, Education, Skills and Early Help	Theresa Leavy, Executive Director People – Children. Vivienne Broadhurst, Executive Director People - Adults
Children and Adults Budget update TBC	8 June 2021		Portfolio Holder for Adult Social Care and Health, Portfolio Holder for Children, Education, Skills and Early Help	Theresa Leavy, Executive Director People – Children. Vivienne Broadhurst, Executive Director People - Adults
Safeguarding (Children) Annual Report	3 August 2021		Portfolio Holder for Children, Education, Skills and Early Help	Theresa Leavy - Executive Director for People - Children
Health Inequalities across People Services	3 August 2021		Portfolio Holder for Adult Social Care and Health	Vivienne Broadhurst Executive Director for People – Adults, Paul Iggulden, Consultant Public Health

Subject	Date of Meeting	Decision Maker	Portfolio Holder/s / Other relevant Councillors	Officer Contact - Lead
Update from Working Groups TBC	3 August 2021		Chairman, People and Health Scrutiny Committee	
Housing Associations Inquiry Day	Summer 2021 TBC			
Youth Justice (incl use of tasers)	20 September 2021		Portfolio Holder for Children, Education, Skills and Early Help	Theresa Levy, Executive Director People - Children
Community and Prevention (to include distribution of grants (minutes 280121))	20 September 2021		Portfolio Holder for Children, Education, Skills and Early Help, Portfolio Holder for Customer and Community Services, Portfolio Holder for Adult Social Care and Health	Claire Shiels, Corporate Director Commissioning, Quality and Partnerships. Laura Cornette, Corporate Policy and Performance Officer
Dorset Children Thrive	20 September 2021		Portfolio Holder for Children, Education, Skills and Early Help	Theresa Leavy - Executive Director for People - Children
Adults Safeguarding Annual Report TBC	1 November 2021		Portfolio Holder for Adult Social Care and Health	Vivienne Broadhurst Executive Director for People – Adults
Budget Scrutiny	10 December 2021			
Integrated Care system response to winter and crisis pressure	31 January 2022		Portfolio Holder for Adult Social Care and Health	Tony Meadows, Acting Corporate Director of Commissioning, Vanessa Read, Director of Nursing, DCCG

Subject	Date of Meeting	Decision Maker	Portfolio Holder/s / Other relevant Councillors	Officer Contact - Lead
Integrated Care System update through winter	14 March 2022		Portfolio Holder for Adult Social Care and Health	Vanessa Read, Director of Nursing, DCCG
Potential agenda items to be considered				
Scrutiny of Dorset's Whole Life Offer Inquiry Day				

Items for Scrutiny from the Reset and Recovery EAP

Subject	Date of Meeting	Consultation	Portfolio Holder/s / Other relevant Councillors	Officer contact - Lead
Care Home Provision - Care Act – sustainability of Care comes under the Council's responsibilities	To be scheduled	Report – Home First Model for people being discharged from hospital. Care Homes risk.	Portfolio Holder for Adult Social Care and Health	Vivienne Broadhurst, Executive Director for People – Adults, Theresa Leavy - Executive Director for People - Children
Budget (government funding is unlikely to be sufficient, how will the Council bridge the gap)			Portfolio Holder for Finance, Commercial and Capital Strategy	Aidan Dunn, Executive Director Corporate Development
Social Care (increase in people presenting with mental health needs and at the same time a reduction in mental health beds)	To be scheduled		Portfolio Holder for Adult Social Care and Health	Vivienne Broadhurst, Executive Director for People – Adults

Partnership Working (Home First multi organisational teams model)	To be scheduled	Home First model requires all teams involved in reablement and therapies to work together as one team.	Portfolio Holder for Adult Social Care and Health	Vivienne Broadhurst, Executive Director for People – Adults
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Other Joint meetings to be scheduled

Subject	Date of Meeting	Decision Maker	Portfolio Holder/s / Other relevant Councillors	Officer contact - Lead
Local Development Plan	To be scheduled			? Joint

Joint meetings with BCP

Ambulance Service improvement and investment plan					Min 29 Joint with BCP
Urgent integrated care service					Min 29 Joint with BCP

Working Groups Established

- Working Group for Quality Accounts (membership (Cllrs Gill Taylor, Rod Adkins, Nick Ireland, Jon Orrell and Bill Pipe)
- Working Group for Housing Associations Inquiry Day (membership Cllrs Gill Taylor, Molly Rennie, Jean Dunseith and Jane Somper)
- Working Group for Housing (rough sleepers) (Cllrs Gill Taylor, Molly Rennie, Jean Dunseith, Jon Orrell, Peter Barrow)



**The Cabinet Forward Plan - March - June 2021 (Published on 5 March 2021) updated 17 March 2021
For the period 1 APRIL 2021 to 31 JULY 2021
(Publication date – 5 MARCH 2021)**

Explanatory Note:

This Forward Plan contains future items to be considered by the Cabinet and Council. It is published 28 days before the next meeting of the Committee. The plan includes items for the meeting including key decisions. Each item shows if it is 'open' to the public or to be considered in a private part of the meeting.

Definition of Key Decisions

Key decisions are defined in Dorset Council's Constitution as decisions of the Cabinet which are likely to -

- a) to result in the relevant local authority incurring expenditure which is, or the making of savings which are, significant having regard to the relevant local authority's budget for the service or function to which the decision relates (**Thresholds - £500k**); or
- b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the relevant local authority."

In determining the meaning of "*significant*" for these purposes the Council will have regard to any guidance issued by the Secretary of State in accordance with section 9Q of the Local Government Act 2000 Act. Officers will consult with lead members to determine significance and sensitivity.

Cabinet Portfolio Holders 2020/21

Spencer Flower	Leader / Governance, Performance and Communications
Peter Wharf	Deputy Leader / Corporate Development and Change
Gary Suttle	Finance, Commercial and Capital Strategy
Ray Bryan	Highways, Travel and Environment
Tony Ferrari	Economic Growth, Assets & Property
David Walsh	Planning
Jill Haynes	Customer and Community Services
Andrew Parry	Children, Education, Skills and Early Help
Laura Miller	Adult Social Care and Health
Graham Carr-Jones	Housing and Community Safety

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
April					
<p>Our Digital Vision</p> <p>Key Decision - Yes Public Access - Open</p> <p>To adopt the Dorset Council's Digital Vision and action plan.</p>	Dorset Council - Cabinet	6 Apr 2021	Dorset Council - Place and Resources Overview Committee 25 Feb 2021	Deputy Leader - Corporate Development and Change	<p><i>Deborah Smart, Corporate Director – Digital & Change</i> <i>deborah.smart@dorsetcouncil.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Barbeques and other related fire activities options paper</p> <p>Key Decision - Yes Public Access - Open</p> <p>To address legislative and other alternatives available to control or prohibit barbeques and other fire related activities relating to the Dorset Council area.</p>	Dorset Council - Cabinet	6 Apr 2021	Dorset Council - Place and Resources Overview Committee 25 Feb 2021	Portfolio Holder for Highways, Travel and Environment	<p><i>Bridget Betts, Environmental Advice Manager</i> <i>bridget.betts@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>Transfer of Pinemoor Allotments and Open Green Space to Weymouth Town Council</p> <p>Key Decision - No Public Access - Open</p> <p>Dorset Council stepped in to complete the works to create allotments at Pinemoor which were required, as a result of a Section 106, Town & Country Planning Act 1990, to be provided by a developer of a adjoining property development after they fell into financial difficulty. Work to the allotments is now almost completed and terms have been agreed with Weymouth Town Council for the transfer of the asset. "</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Economic Growth, Assets and Property	<p><i>Dave Thompson, Corporate Director for Property & Assets</i> <i>dave.thompson@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
<p>Extension of ASB-Related Public Spaces Protection Orders (PSPO's)</p> <p>Key Decision - Yes Public Access - Open</p> <p>The existing ASB-Related Public Spaces Protection Orders (PSPO) for West Dorset (Dorchester, Bridport, West Bay and Lyme Regis) are due to expire on 23rd April 2021 and the Weymouth & Portland PSPO is due to expire on 20th August 2021. A 12-month extension to the Orders is being sought to enable appropriate consultation and development of new Order(s) to effectively address ASB. The extension proposal has the support of Dorset Police and the relevant Town Councils.</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Customer and Community Services	<p><i>John Newcombe, Service Manager, Licensing & Community Safety</i> <i>john.newcombe@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>Capital Programme 2021/22</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider a Capital Programme for 2021/22.</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Finance, Commercial and Capital Strategy	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
<p>Dorchester Office Strategy</p> <p>Key Decision - Yes Public Access - Part exempt</p> <p>To review and agree the strategy for the Dorchester Office estate.</p>	Dorset Council - Cabinet	6 Apr 2021	Dorset Council - Place and Resources Committee Scrutiny 25 Mar 2021	Portfolio Holder for Economic Growth, Assets and Property	<p><i>Dave Thompson, Corporate Director for Property & Assets</i> <i>dave.thompson@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
<p>Leisure Services Future management Arrangements</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>To consider future management arrangements</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Customer and Community Services	<p><i>Paul Rutter, Service Manager for Leisure Services</i> <i>paul.rutter@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>Letting of the Sherborne Hotel, Weymouth</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>To seek approval for the letting of the Sherborne Hotel.</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Finance, Commercial and Capital Strategy	<p><i>Dave Thompson, Corporate Director for Property & Assets</i> <i>dave.thompson@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>Public Sector Decarbonisation</p> <p>Key Decision - Yes Public Access - Open</p> <p>Following the award of grant aid of £19 million from (BEIS), this project needs to be delivered at pace and procurement procedures need to be agreed.</p>	Dorset Council - Cabinet	6 Apr 2021		Portfolio Holder for Finance, Commercial and Capital Strategy	<p><i>Dawn Adams, Service Manager for Commercial and Procurement</i> <i>dawn.adams@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>
<p>Dorset Council Climate and Ecological Emergency Strategy</p> <p>Key Decision - Yes Public Access - Open</p> <p>Following public consultation, this report will present the results of the consultation and the post consultation updated final version of the Climate and Ecological Emergency Strategy for approval.</p>	Dorset Council	15 Apr 2021	<p>Dorset Council - Place and Resources Scrutiny Committee Dorset Council - Cabinet 25 Mar 2021 6 Apr 2021</p>	Portfolio Holder for Highways, Travel and Environment	<p><i>Antony Littlechild, Community Energy Manager</i> <i>antony.littlechild@dorsetcouncil.gov.uk</i>, <i>Matt Reeks, Service Manager for Coast and Greenspace</i> <i>matt.reeks@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i></p>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
April - Additional meeting					
Outcome from consultation on provision in Shaftesbury Key Decision - Yes Public Access - Open To report on the outcome of the consultation.	Dorset Council - Cabinet	29 Apr 2021		Portfolio Holder for Children, Education, Skills and Early Help	<i>Executive Director, People - Children (Theresa Leavy)</i>
May					
Dorset Council Budget Quarterly Performance Report - Q4 Key Decision - Yes Public Access - Open	Dorset Council - Cabinet	18 May 2021	Dorset Council - Audit and Governance Committee 19 Apr 2021	Portfolio Holder for Finance, Commercial and Capital Strategy	<i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i>
Dorset Cultural Strategy 2021 - 2026 Key Decision - Yes Public Access - Open	Dorset Council - Cabinet	18 May 2021	Dorset Council - People and Health Overview Committee 4 May 2021	Portfolio Holder for Customer and Community Services	<i>Paul Rutter, Service Manager for Leisure Services</i> <i>paul.rutter@dorsetcouncil.gov.uk</i> <i>Executive Director, Place (John Sellgren)</i>
Youth Justice Plan Key Decision - Yes Public Access - Open To approve the Youth Justice Plan.	Dorset Council	15 Jul 2021	Dorset Council - People and Health Scrutiny Committee Dorset Council - Cabinet 20 Apr 2021 18 May 2021	Portfolio Holder for Children, Education, Skills and Early Help	<i>David Webb, Service Manager - Dorset Combined Youth Offending Service</i> <i>david.webb@bcpcouncil.gov.uk</i> <i>Executive Director, People - Children (Theresa Leavy)</i>

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Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
<p>Annual Children's Services Self-Evaluation Framework</p> <p>Key Decision - Yes Public Access - Open</p> <p>To consider the annual Children's Services Self-Evaluation Framework.</p>	Dorset Council - Cabinet	18 May 2021	Dorset Council - People and Health Scrutiny Committee 20 Apr 2021	Portfolio Holder for Children, Education, Skills and Early Help	<p><i>Claire Shiels, Corporate Director - Commissioning, Quality & Partnerships</i> <i>claire.shiels@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Children (Theresa Leavy)</i></p>
June					
<p>Dorset Care Framework</p> <p>Key Decision - Yes Public Access - Open</p> <p>To review and approve the new Framework for Adult Social Care</p>	Dorset Council - Cabinet	22 Jun 2021		Portfolio Holder for Adult Social Care and Health	<p><i>Jeanette Young, Interim Head of Commissioning & Improvement</i> <i>jeanette.young@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>
<p>Encompass Contract</p> <p>Key Decision - Yes Public Access - Fully exempt</p> <p>To consider a review of encompass contract</p>	Dorset Council - Cabinet	22 Jun 2021		Portfolio Holder for Adult Social Care and Health	<p><i>Jeanette Young, Interim Head of Commissioning & Improvement</i> <i>jeanette.young@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>
<p>Tricuro Options Paper</p> <p>Key Decision - Yes Public Access - Fully exempt</p>	Dorset Council - Cabinet	22 Jun 2021		Portfolio Holder for Adult Social Care and Health	<p><i>Jeanette Young, Interim Head of Commissioning & Improvement</i> <i>jeanette.young@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
July					
<p>Dorset Council Homelessness & Rough Sleeper Strategy</p> <p>Key Decision - Yes Public Access - Open</p> <p>A Homelessness & Rough Sleeper Strategy for Dorset Council replacing previous district and borough strategies. To determine, prioritise and explain the Council's strategy and action plan to meet our objectives to reduce homelessness and rough sleeping and improve services available to those households.</p>	Dorset Council - Cabinet	27 Jul 2021	Dorset Council - People and Health Overview Committee 6 Jul 2021	Portfolio Holder for Housing and Community Safety	<p><i>Sharon Attwater, Service Manager for Housing Strategy and Performance</i> <i>sharon.attwater@dorsetcouncil.gov.uk</i> <i>Executive Director, People - Adults</i></p>
<p>Dorset Council Budget Quarterly Performance Report - Q1</p> <p>Key Decision - No Public Access - Open</p> <p>To consider the Budget Performance report for Quarter 1.</p>	Dorset Council - Cabinet	27 Jul 2021		Portfolio Holder for Finance, Commercial and Capital Strategy	<p><i>Jim McManus, Corporate Director - Finance and Commercial</i> <i>J.McManus@dorsetcc.gov.uk</i> <i>Executive Director, Corporate Development - Section 151 Officer (Aidan Dunn)</i></p>
Sept					
<p>Annual Safeguarding Board Report</p> <p>Key Decision - Yes Public Access - Open</p> <p>To receive the Annual Safeguarding Board Report from Anthony Douglas Independent Chair and Scrutineer of the Pan-Dorset Safeguarding Partnership</p>	Dorset Council - Cabinet	7 Sep 2021		Portfolio Holder for Children, Education, Skills and Early Help	<p><i>Executive Director, People - Children (Theresa Leavy)</i></p>

Subject / Decision	Decision Maker	Decision Due Date	Other Committee Date	Portfolio Holder	Officer Contact
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Private/Exempt Items for Decision

Each item in the plan above marked as 'private' will refer to one of the following paragraphs.

1. Information relating to any individual.
2. Information which is likely to reveal the identity of an individual.
3. Information relating to the financial or business affairs of any particular person (including the authority holding that information).
4. Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.
5. Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
6. Information which reveals that the shadow council proposes:-
 - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
 - (b) to make an order or direction under any enactment.
7. Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime.

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