



Corporate Parenting Board

Date: Thursday, 16 September 2021

Time: 5.00 pm

Venue: MS Teams Live Event

Membership: (Quorum 3)

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

Chief Executive: Matt Prosser, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Megan Rochester, Democratic Services Officer Apprentice Tel: 01305 224709 - m.r.rochester@dorsetcc.gov.uk

For easy access to the Council agendas and minutes download the free public app Mod.gov for use on your iPad, Android and Windows tablet. Once downloaded select Dorset Council. 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 link:

<https://youtu.be/0HSySMXVNjk>

Members of the public wishing to view the meeting from an iPhone, iPad or Android phone will need to download the free Microsoft Teams 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 at item 4. 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 WELCOME AND INTRODUCTIONS (17:00)

The Chair to open the meeting and to note any apologies for absence.

2 DECLARATIONS OF INTEREST

To disclose any pecuniary, other registrable or non-registrable interests as set out in the adopted Code of Conduct. In making their decision councillors are asked to state the agenda item, the nature of the interest and any action they propose to take as part of their declaration.

If required, further advice should be sought from the Monitoring Officer in advance of the meeting.

3 PUBLIC PARTICIPATION

To receive questions or statements on the business of the committee from town and parish councils and members of the public. Public speaking has been suspended for virtual committee meetings during the Covid-19 crisis and public participation will be dealt with through written submissions only.

Members of the public who live, work or represent an organisation within the Dorset Council area, may submit up to two questions or a statement of up to a maximum of 450 words. All submissions must be sent electronically to m.r.rochester@dorsetcc.gov.uk by the deadline set out below. When submitting a question please indicate who the question is for and include your name, address and contact details. Questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.

Questions will be read out by an officer of the council and a response given by the appropriate Portfolio Holder or officer at the meeting. All questions, statements and responses will be published in full within the minutes of the meeting.

The deadline for submission of the full text of a question or statement is 8.30am on Monday 13 September.

4 INTRODUCTION AND SCENE SETTING (17:05)

Theresa Leavy, Executive Director Children, to set the scene of the

meeting.

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|-----------|--|-----------|
| 5 | DORSET COUNCIL PERMANENCE STRATEGY 2021-2023 (17:10) | 5 - 24 |
| | To receive a report from Matthew Chislett, Service Manager Corporate Parenting and Care Leavers. | |
| 6 | DORSET COUNCIL'S CARE LEAVER STRATEGY 2021-2023 (17:30) | 25 - 46 |
| | Kirsten Hallett, Team Manager Care Leavers Services, to report. | |
| 7 | EMOTIONAL HEALTH AND WELL-BEING IN SCHOOLS AND BRIEFING ON THE EMOTIONAL HEALTH AND WELL-BEING SUPPORT GROUP (17:50) | 47 - 56 |
| | Miriam Leigh, Principal Educational Psychologist, to report. | |
| 8 | HEALTH OF LOOKED AFTER CHILDREN AND EMOTIONAL WELLBEING OF LOOKED AFTER CHILDREN (18:15) | 57 - 100 |
| | To receive a report from Louise Smith, Designated Nurse Children in Care. | |
| 9 | CORPORATE PARENTING DATASET (18:40) | 101 - 118 |
| | Matthew Chislett, Service Manager Corporate Parenting and Care Leavers, to report. | |
| 10 | DATE OF NEXT MEETING (18:50) | |
| | To confirm details and deadlines for papers for the next meeting of the (formal) Corporate Parenting Board which will be held on Monday 6 December 2021. | |

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Corporate Parenting Board Thursday 16th September 2021 Dorset Permanence Strategy 2021-2023

For Decision

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: Matthew Chislett

Title: Services Manager Corporate Parenting and Care Leavers

Tel:

Email:

Report Status: Public

Recommendation:

I recommend that this strategy is approved and subsequently reviewed every 3 years.

Reason for Recommendation:

1. Executive Summary

Dorset Council requires a permanence strategy for our children in care to ensure our children's best permanence option is achieved in timely way. This strategy makes clear our principles, approach, behaviours and our objectives.

The permanence strategy makes clear the permanence options available and how permanence is achieved.

2. Financial Implications

There are no financial implications.

3. Well-being and Health Implications

Dorset children achieving timely permanence will be a positive contributory factor to our children and young peoples overall physical and emotional health.

4. Climate implications

There are no climate implications.

5. Other Implications

There are no other climate implications

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

Not applicable

8. Appendices

Not applicable

9. Background Papers

Not applicable

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 Permanence Strategy 2021-2023



Dorset Council's Permanence Strategy 2021-2023

Date of Strategy	1 April 2021
Strategy Author	Matthew Chislett, Service Manager - Corporate Parenting Permanence and Care Leavers
Report for	Corporate Director - Care and Protection, Sarah-Jane Smedmor

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1. Introduction

All children and young people should have the opportunity to thrive in their environment and home; to live with carers who love, support, care for and respect them and who will do so through their childhood into adolescence and adulthood.

We are committed to supporting our Children in Care to be happy and healthy, having the best start in life and being afforded every opportunity to reach their full potential. For children who are no longer able to remain with their birth family, research indicates that outcomes are significantly improved for children when they are in a safe, secure, stable environment where they feel cared for.

We are committed to ensuring that all children achieve permanence through a range of options including a return to birth parents or placement with extended family or friends. Where this is not appropriate or possible, we seek suitable permanent, family-based placements through foster to adopt, adoption, special guardianship, or long-term fostering. Where necessary, some young people will find permanence and security through good residential care. For all our children and young people, we seek permanent placements where they can achieve a sense of security, stability and belonging.

The Permanence Framework has three aspects as outlined in the Care Planning Guidance 2011.

1. Legal - Defining who has Parental Responsibility
2. Emotional or Physiological - The child feels attached to a care giver that provides a stable loving and secure relationship.
3. Physical and Environmental - The child has a stable secure home environment.

2. Our Core Principles

Dorset Children's Services are committed to a strengths-based restorative approach.

When developing our permanence plans the following principles are followed to achieve the best possible outcomes for children in our care:

- We will do our best to ensure that all children in our care grow up in stable and secure arrangements and are supported to safely leave care when appropriate
- All planning will start with the needs of the child
- We are ambitious for our children and young people and will help to overcome gaps in their early care and strive to achieve the standards that any parent would expect for their child
- Where it is safe to do so, the views, opinions, needs and priorities of children and young people in our care will inform everything we do.
- We will work with children and young people in our care, along with their parents and carers to shape their assessment, planning and services that support and care for them
- We will ensure that provision reflects a child's individual needs including age
- We will identify what needs to change in Dorset to make a real sustainable change to outcomes for all children and young people in our care.

3. Our Objectives

The primary purpose of permanence planning is to provide a safe, stable and secure home with a loving family, to support our children through childhood and to give them the best start in life and prepare them for adulthood.

When a child comes into our care, we will focus on seven key objectives in our planning:

- Family members and friends will always be considered in the first instance
- A child should only be in our care for as short a period necessary
- If it is safe to do so, we will put plans in place to support the child's return to their family
- Planning must always start early and be regularly reviewed

- Planning will always consider including multiple options for permanence with the primary plan clearly identified, so that in the event of a child not being able to return home, there is no drift in achieving permanence.
- Permanence should always be secured through the appropriate legal order to meet the child's needs.
- Young people may want to live independently and where the service assesses this to be suitable and this is part of the young person's transition plan to independence, then this may be supported.

4. How we will provide support

We believe in developing stable and trusting relationships with children, young people and families. The diagram below sets Dorset Children Thrive Practice Model.

We are committed to working from a strengths-based restorative approach in achieving permanence for our children and young people.

Here in Dorset we are passionate about building positive relationships with families. Our model is based on a strengths-based approach with restorative practice that will deliver positive impact and change and places children at the very heart of what we do.

Dorset Childrens Thrive Practice Model

Our Core Principles	Voice and Experience of Children and Young People
<ol style="list-style-type: none"> 1. Best start in life 2. Young and thriving 3. Good care provision 4. Best education for all 5. Delivering locally 6. Best place to live 	<ul style="list-style-type: none"> ♥ Children and young people are empowered to have their voices heard and their wishes and feelings understood. ♥ They will know and understand why we are involved and our role to support them. ♥ We will listen and respond to their views.
Our Commitment	Working with Families
<ol style="list-style-type: none"> 1. Children and families receive the right support at the right time. 2. Keeping families together and, where this isn't possible, ensure children have the right permanence and forever home 	<ul style="list-style-type: none"> ♥ Create and maintain trusting and respectful relationships ♥ Work with families, rather than doing to them, doing for them.

<p>3. Proportionate interventions that are focused on outcomes for the child</p> <p>4. Children in our care have loving and stable homes</p> <p>5. Children leaving our care will be supported to independence.</p>	<p>♥ Families are empowered to make decisions and shape solutions.</p> <p>♥ We will provide person-centred meetings and strengths-based conferences that enable the family to lead what needs to change for them.</p>
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5. What to consider when a child cannot remain at home

When the decision has been made that a child cannot remain at home, there are several options which we will consider which may take place alongside child protection planning.

5.1 Family Group Conferencing

We see the family as part of the solution and engage with families at the earliest opportunity. Family Group Conferences provide a child centred and family focused approach to build relationships and support networks. The Family Group Conference brings together members of the family to find their own solutions and formulate a family plan.

In Dorset, Daybreak is commissioned to provide Family Group Conferences. An independent coordinator helps the family prepare for the family group conference and children may be supported by an advocate. It is a voluntary process and we support FGC occurring before a child comes into our care. This supports families by providing a setting and framework to talking through concerns and to co-produce a solution.

5.2 Family finding process

In Dorset we seek to build or maintain a child's family support network by identifying relatives and other supportive adults who could provide permanence, sustainable relationships and support through the transition to adulthood and beyond. In developing Life Long Links children are connected to people who are important to them.

With a focus on children's safety and supporting families to create sustainable plans to meet their children long term permanence needs, we will always first consider whether a child could return home or remain with extended family members.

This could include:

- Finding a family member or friend who will care for the child if the child is unable to remain at home.

- Improving placement stability and the child's support network.
- Increases the child's sense of self and belonging.

The process operates on the principle that relatives are located and consulted regardless of where they live.

5.3 Identifying the Best Permanency Option

When deciding on a child's primary and contingency permanence plan, we will work with other multiagency professionals, children, and their families to understand the child's needs. As part of this process we will consider the factors below:

- The age of the child and their wishes and feelings
- Short-term stability – the quality of the child's attachments and the impact of uncertainty
- Long term stability- a permanent home with a sense of family, community, culture and continuity of relationships and identity.
- How children develop and maintain relationships with key family members and other appropriate adults (lifelong links)?
- Educational experiences, hobbies, and friendships.
- Understanding what a child wants and supporting the development of a relationship between the child and their carer to create a family environment.
- Possibility of finding permanence through adoption
- How will our child be supported to transition to adulthood?

5.4 Supporting Reunification with Birth or Extended family.

Dorset Council have developed a pathway for operational staff to follow should this be identified as an option in a child's permanence plan. Please see https://www.proceduresonline.com/dorset/cs/user_controlled_lcms_area/uploaded_files/Reunification%20Pathway%20Flowchart.pdf for the reunification pathway.

If reunification has been identified in a child's permanence plan and that they may be able to return to their family, it is important to

- Clearly communicate to the family what needs to happen to enable the child to return home and the timescales.
- Understand family ties and long – term relationships with the family, school, and the community
- Use of Family Group Conferencing and The Harbour (if 12-18 years old) to help facilitate the above.

5.5 Siblings

Sibling relationships are important and we will carefully considered how siblings will keep in touch as part of their individual permanence plans. We know that children are most likely to have more positive outcomes when they maintain their relationships with their siblings. However, in some instances we know that it can be difficult to place siblings together such as :

- Large sibling group
- Differing care entry times
- Differing needs relating to past experiences of trauma
- Significant age differences

Our children when not placed with their siblings will be supported in an age appropriate way to understand the reasons for this and keeping in touch arrangements between siblings will be a priority in our permanence planning when sibling keeping in touch is assessed as appropriate.

If there is a plan for Adoption, decisions about siblings being placed together or apart must be made at an early stage and based on a balanced assessment of the children's needs.

5.6 Keeping in Touch

When it is in their best interests, it is important that the child remains in contact with their family. This maintains their identity, gives reassurance, provides an on-going source of information, gives the child permission to live with alternative carers, minimises the sense of loss and assists adopters if the child is placed for adoption.

Direct contact works best when all parties agree to the following:

- The plan for permanence
- The parental role of the permanent carers
- The benefit of contact and all involve agree to the plan for keeping in contact

Direct family time is less likely to be effective if a parent

- Disagrees with the plan for permanence
- Does not accept the parental roles of the permanent carer
- Does not accept their own minimal role with the child
- Is unreliable in their commitment to contact
- Has no significant attachment to the family

5.7 Indirect family time

We recognise the development of technology has made indirect keeping in touch more accessible and reliable. This does not replace the need for direct family time where

assessed as appropriate. Indirect keeping in touch, as with direct keeping in touch, must be agreed by all parties with a clear plan to prevent confusion.

5.9 Quality Assurance Reviewing Officer (QARO)

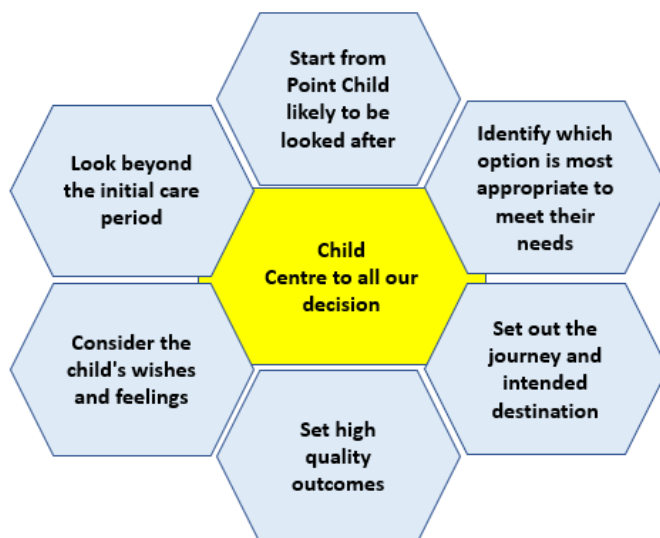
QARO are independent champions of our children in care and will look to ensure timely appropriate permanence is achieved for all children in care. We have developed the QARO role to ensure the child is center to decision making.

They will support the services to ensure timely actioning of process to ensure the right permanence is achieved for our children based on their individual needs. Ensuring our children and young people are provided with permanent homes that are nurturing, loving and stable whether from parents, foster carers, special guardians, or adopters.

To facilitate this the QARO must be satisfied by the second Child in Care Review that the child and their parents have been consulted and have been part of the creation of the permanence plan and any subsequent updates. The QARO should also have had the opportunity to comment on the plan. Where a single permanence plan cannot be agreed, a Twin or Multi track plan will be identified with clear timescales. The QARO has a statutory responsibility to monitor the child’s journey and ensure there is no drift or delay in implementing the plan and achieving permanence. The QARO will also look to gain the child’s views as to their permanence plan.

6. Planning for Permanence

A permanence plan and meeting must be held before the child’s second Child in Care Review and thereafter on a minimum of 12 weekly until permanence is achieved.



The permanence planning process will

- Plan for permanence based on assessment.
- All assessments will consider what is the best permanence option and how stability can be achieved for the children in our care.

Stability can be considered in the following way:

- Ensuring continuity of care for a child who is entering our care for a brief period before returning home (short medium term) and
- A sense of a permanent home (long term stability)

An assessment of a child's need in relation to permanence must include:

- Focus on outcomes and consider stability issues based on the needs for the child and family in the long term.
- Consider contact with parents, siblings and wider family

The Assessment will include :

- Outcomes for the child
- Their wishes and feelings
- The child and family's support needs
- Keeping in touch with siblings, parents, friends, family (lifelong links)
- Evidence that the plan is linked to an assessment and the needs of the child.

We will consider when assessed as in the child's best interest a return to the family home. We will always parallel and a contingency plan to prevent drift or delay in achieving permanence for our children. If this is through Court, this will be subject to the Public Law Outline process which has a 26-week timescale.

When not in proceedings, our approach will remain the same to ensure assessments and our support and intervention inform permanence plans that result in good quality plans and timely permanence being achieved.

To give our children the very best start in life, we will look to long term outcomes for our children including consideration of transition into adulthood and beyond. In working alongside our children, we are able to understand our children's wishes and feelings and ambitions in life thus creating a plan that will build a foundation that will see our children transition into adulthood. To support the success of our children and young people, relationships and strong networks are critical to our young people's resilience and achieving their full potential.

7. Permanence and Local Placements

Where a placement is with long term carers, it is important that the child have access to their friends, family and local community with whom they are brought up. Keeping our children in touch with their birth family and life long links will remain a priority and focus of our work with our children.

Any decision to access an out of area placement away from the local community will be based on the needs of the child. When this is in a another Local Authority, the availability and cost of a suitable local resource to support the placement must be explored. In a prospective adoptive placement, this will form part of the assessment of need for adoptive support services but will be carried out as part of the permanence planning.

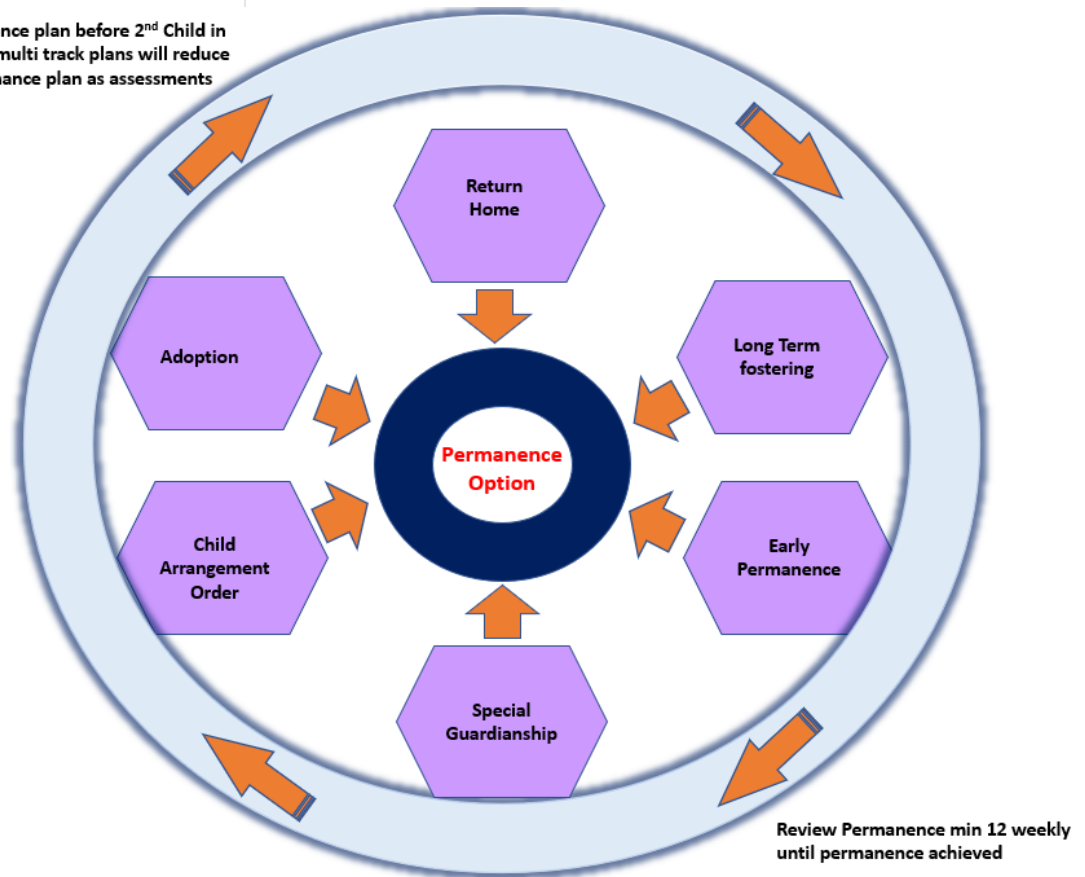
8. Options for Permanence

There are four permanence options for children in care.

- Reunification
- Long term fostering
- Special Guardianship/Child Arrangement Order
- Adoption/early permanence

The primary permanence option will be chosen based on the wishes and feelings of the child or and the outcome of assessments completed

Initial Permanence plan before 2nd Child in care review multi track plans will reduce to final permanence plan as assessments completed



8.1 Return home (reunification)

We strive to keep children and young people in the care of their family who are best placed to provide care, unless it is unsafe to do so. We have a clear and detailed reunification pathway for our children in care which ensures any reunification decision is evidence based and actioned in a timely manner. Our reunification pathway ensures we work with our children their family, local communities the child's lifelong links and multi-agency professionals to ensure a safe sustainable transition back into the family home. Where this is not possible the reunification process allows for clear evidenced based decision making. Please see https://www.proceduresonline.com/dorset/cs/user_controlled_lcms_area/uploaded_files/Reunification%20Pathway%20Flowchart.pdf for further details.

We have flexibility in our planning and placements to facilitate the above including use of a bridging placement where appropriate to support reunification arrangement

8.2 Long Term Fostering

Long term fostering has a clear role in achieving permanence for Children in Care in Dorset. This is in particular for our older children who will retain stronger links to their family. We have a refined Long Term Fostering Pathway which sees our Agency

Decision Maker available on a weekly basis to review and ratify placements based on key document decisions.

Please see

https://www.proceduresonline.com/dorset/cs/user_controlled_lcms_area/uploaded_files/Long-term%20Fostering%20Flowchart.pdf for further details.

We remain focused on ensuring that a child's permanence state does not lead to their permanence status not being reviewed, which may lead to children remaining in our care longer than is appropriate. Once a child is in an approved long term foster home, a permanence plan will be reviewed on an annual basis and monitored in subsequent Child In Care reviews to ensure other permanence options such as Reunification and Special Guardianship are considered. We are committed to involving children, their birth parents and foster carers in permanence planning as highlighted in the 2015 Regulations and Guidance for Long Term Fostering England.

8.3 Early Permanence Placements

Where possible we are committed to achieving permanence and stability at the earliest opportunity for our babies and children. Collaborative tracking with Aspire RAA enables the identification of children who require an immediate and a potential adoptive placement. Early permanence is used to provide a foster placement which can then become an adoptive placement if required.

An Early Permanence Placement provides the mechanism for our children to be placed, where appropriate, with approved adopters in a foster placement whilst we remain in proceedings. If the plan for adoption is agreed and a Placement Order is granted, they will be matched and adopt the child. This process reduces the number of placement moves for the child and disruption.

We are committed to achieving permanence at the earliest opportunity for our babies and young children. An Early Permanence Placement provides the mechanism for our children to be placed, where appropriate, with approved adopters in a foster placement whilst we remain in proceedings. If the plan for adoption is agreed and a Placement Order is granted, they will be matched and adopt the child. This process reduces the number of moves in placement and reduces disruption to our children.

8.4 Special Guardianship

Our Regional Adopting Agency ASPIRE hold responsibly for completing 13-week Special Guardianship assessments from point of referral. Dorset Council acknowledge that Special Guardianship Order for some of our children is an appropriate permanence pathway and as such we have a clear special guardianship pathway and finance policy to ensure equitability in support packages offered to prospective Special Guardians.

Please see https://www.proceduresonline.com/dorset/cs/user_controlled_lcms_area/uploaded_files/SGO%20Pathway.pdf and

https://www.proceduresonline.com/dorset/cs/user_controlled_lcms_area/uploaded_files/SGO%20Finance%20Policy.pdf for further details.

Special Guardianship addresses the needs for children who need a sense of stability and security within a placement away from their birth parents, but not the legal break with family that is associated with adoption. Special Guardianship Order offer stability, whilst they can be revoked, there are restrictions to those who may apply to discharge the order. The leave of the court, if required, will only be granted where circumstances have changed since the order was made.

Parental responsibility will be given to Special Guardians which is shared with the parents. However, the Special Guardians will have the legal right to make all day to day arrangements. The parents must be consulted, and their consent is required for, the child's change in name, adoption, placement abroad for more than 3 months and other fundamental issues.

If a Special Guardianship Order is made and a child was subject of a care order, the care order will automatically be discharged. The Local Authority will no longer hold any Parental Responsibility.

Dorset Council have a 2021 Special Guardianship Finance Policy to reflect our offer to prospective Special Guardians. Special Guardians have the right to request an assessment for support services at anytime after the Special Guardianship order has been made.

Any of the following may apply for a Special Guardianship Order:

- A Guardian
- A foster carer with whom the child has lived for 1 year immediately preceding the application
- Anyone who holds a Residence or Child Arrangement order with respect to the child who has the consent of all this in whose favour a resident or Child arrangement Order is in force.
- Anyone the child has lived with for 3 of the last 5 years
- Where the child is subject of a Care Order, any person who has the consent of the Local Authority
- Anyone who has he consent of all those with Parental Responsibility for the child.

The parents of a child may not become Special Guardians.

8.5 Child Arrangement Order

A Child Arrangement Order may be used to increase the degree of legal permanence in a placement with a family or friend/connected person or a long-term foster placement. The order confers Parental Responsibility, to be shared more equally than with a Special Guardianship, which in some cases may be a more appropriate arrangement.

The holder of a Child Arrangement Order does not give the right to consent to the child's adoption nor to appoint a guardian. In addition, they may not change the child's name nor arrange for the child's emigration without consent of all those with parental responsibility or leave of the court.

Whilst support may continue for as long as the Child Arrangement Order remains in force, the aim will be to make arrangements which are self-sustaining in the long run. The making of this order can now be made up until the child turns 18.

The following may apply for a Child Arrangement Order:

- A parent or guardian
- A party to marriage where the child was brought up as a child in the family
- A person with which the child has lived for 3 years (This need not be continuous but must not have started more than 5 years or ended more than 3 months before making of the application)
- A Local Authority foster carer with whom the child has lived for 1 year.

8.6 Adoption

We recognise some of our children will not be able to remain in the care of their parents or family. For those children, where appropriate, adoption will be their permanence plan. This will be identified at the earliest opportunity as part of the child's permanence plan.

Adoption legally transfers parental responsibility for the child permanently to the adopter. The child is then deemed to be the child of the adopter(s) as if the child had been born to them and the child's birth certificate is changed to an adoption certificate showing the adopter(s) to be the birth parent(s). The child will also acquire UK citizenship if they are not already a UK citizen (assuming they are adopted by a UK citizen).

The adopter(s) may be supported, including financially, by the Local Authority and will have the right to request an assessment for support services at any time after the order is made. Adoption makes a clear legal break from the birth family and there is no review process. Once a child is adopted, they are no longer a Child in Care.

9. Regional Adoption Agency

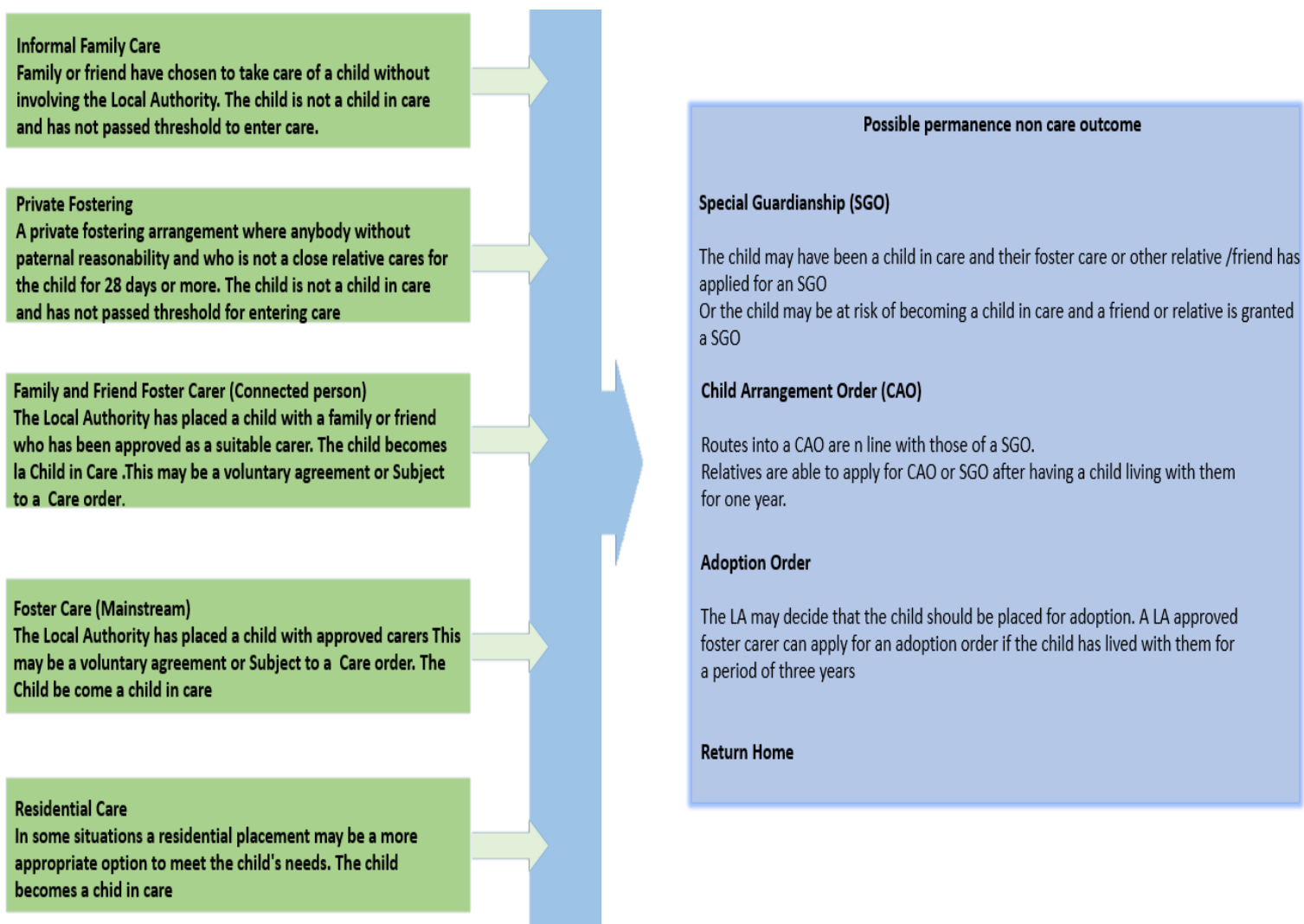
Aspire were formed in July 2017, as a partnership of three Local Authorities coming together to form one of the first Regional Adoption Agencies in England. These were Bournemouth Borough Council, Dorset County Council, and the Borough of Poole. Since April 2019 we became two local authorities, BCP Council & Dorset Council. We are working in partnership with Families for Children, a local voluntary adoption agency. Our purpose is to provide outstanding services for children and adults with links to adoption or special guardianship.

The original three Local Authorities and Families for Children had been working together for many years. Our strength in partnership only enhances the quality of the services we offer as a Regional Adoption Agency.

10. Conclusion

This strategy aims to ensure our children in care achieve their permanence option in an appropriate time frame, supported by professionals and their families working alongside one another in an open and transparent way. In doing so, this builds our children's resilience and provides them with the best opportunities and start in life as a Dorset child.

11. Appendix A: Care arrangements for Children in Care



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Leadership Team Report for Decision

Meeting Sponsor:	
Portfolio holder awareness status:	Louise Drury
Report author:	Matthew Chislett, Service Manager - Corporate Parenting, Permanence and Care Leavers Kirsten Hallett and Susan Holden - Team Managers, Social Care – Adolescent.
Meeting date:	

1. Brief Description of the decision/issue

Dorset Council requires a Care Leaver Strategy which sets out where we are now and what our priorities will be to ensure our young adults who have been in care achieve the best outcomes in life. The 5 key outcomes set out by Keep on Caring and adopted by the National Implementation Advisor for Care Leavers are:

Outcome 1: Improve access to education, employment, and training.

Outcome 2: Care leavers should experience stability in their lives and feel safe and secure.

Outcome 3: Improved access to health support.

Outcome 4: Care leavers should achieve financial stability and independence

Outcome 5: Experience strong family networks and be the best they can be

2. Key Issues

The Care Leaver Strategy makes clear the outcomes we will work to, ensuring we remain ambitious for our care leavers and give them the best start in life.

3. Recommendations

I recommend that this strategy is approved and subsequently reviewed every 3 years.

4. Financial Implications

There are no financial implications.

5. Climate Implications

There are no climate implications

6. How does this decision contribute to Dorset meeting its corporate priorities, values and behaviours?

Corporate priorities	
Economic growth	<ul style="list-style-type: none">Supports relationship-based practice involving a whole council approach and involving local communities to support our care leavers.
Unique environment	
Staying safe and well	
Strong, healthy communities	
Suitable housing	
Values	
We are an advocate for Dorset on a local, national and global stage	<ul style="list-style-type: none">The Strategy reflects our values and ambitions for our care leavers and how we can engage key stakeholders including local communities in achieving this.
We work together with our communities and our partners to make things happen	
We put people first and design services around their needs now and in future	
We are open, accessible and accountable	
We use time and money wisely	
We value people and build on their strengths	
Behaviours	
Responsibility	<ul style="list-style-type: none">The strategy reflects the core behaviours in achieving the best outcomes for our care leavers.
Respect	
Recognition	
Collaboration	

7. Further Information (if needed)

N/A

8. Comments for discussion from meeting members prior to the meeting

N/A

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Dorset Council's Care Leaver Strategy 2021-2023



Dorset Council's Care Leaver Strategy 2021-2023

Date of Strategy	1 July 2021
Strategy Author	Kirsten Hallett Team Managers Care Leavers
Report for	Corporate Director - Care and Protection, Sarah-Jane Smedmor

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DORSET CARE LEAVER STRATEGY

1.0 Introduction

This strategy relates to young people who are preparing to leave care between the ages of 16 and 17, or who have left care and are between the ages of 16 and 25.

Legislation and policy that has influenced our work with young people, our ambition for care leavers and the development of this strategy include:

- Children Act (1989)
- Housing Act (1996)
- Children Leaving Care Act (2000)
- Mental Health Act (2007)
- Children and Young Person Act (2008)
- Care Leavers Strategy (2013)
- Working together to Safeguard Children (2018)
- Tackling Child Sexual Exploitation (2013)
- The Children and Families Act (2014)
- Care Act (2014)
- Future in mind promoting, protecting and improving our children and young people's mental health and wellbeing (2015)
- Care Leavers Transition to Adulthood - National Audit Office (2015)
- Keep on Caring – Supporting young people from Care to Independence (2016)
- Ending Gang Violence and Exploitation (2016)
- In Care, Out of Trouble (2016)
- Children and Social Work Act (2017)
- Rough Sleeping Strategy
- Pan Dorset Protocol to Reduce Criminalisation of Children and Young People in Care
- The National Implementation Advisor for Care Leavers published his first annual report into the care leavers' landscape in December 2018.

Historically, many of our Care Leavers are children who have come into our care and have remained in care for longer. As a result of this we are now seeing an increasing number of young people with care leaver entitlements, and we expect these numbers to grow as responsibilities for care leavers were amended in the Children & Social Work Act 2017, extending corporate parenting responsibilities to all local authorities, and extending support to the age of 25.

Young people leaving care are one of the most vulnerable groups in our society. Research and shows they face greater health problems, lower education attainment than their peers and higher levels of unemployment. In common with other leaving care services, we know that many young people struggle to access support for emotional wellbeing and mental health. Through New Belongings the Care Leavers Team are listening to young people and working with the CCG and the Child in Care Health Service to provide a more responsive and earlier interventions to promote wellbeing and positive emotional health.

Dorset Council Care Leavers Team is currently supporting over 540 children in care and care leavers. This Care Leaver Strategy sets out the importance of providing care leavers with access to the same level of care and support that other young people get from their

parent, holding in mind our corporate parenting objectives to ensure services are “good enough for my child”.

Our Dorset Children Thrive model, launched in September 2020, brings together many services and supports for children and families into six integrated locality teams across Dorset, supported by a central team of specialist services. Dorset’s Care Leavers Team sits within central services and from September 2020 the service has extended to become a 16+ service, with personal advisers supporting 16 and 17-year-old children in care alongside their locality and permanence team Social Workers.

Dorset’s 6 priorities for children inform and shape both this strategy and Dorset’s Local Offer to care leavers.

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

1.1 Corporate Parenting Principles

The main principle behind corporate parenting is that the local authority has a legal and moral duty to provide the kind of support that any good parent would provide for their own children.

As the ‘Corporate Parent’ to the children in our care and care leavers we have a responsibility to make sure that we work together with our partners and provide the best possible care and protection for them.

We strive to be excellent Corporate Parents, having high aspirations for all our children in care and care leavers and encouraging them to achieve their goals and potential.

We are currently responsible for nearly 900 children in care and care leavers and we are accountable for keeping them safe; making sure their experiences in care are positive and improving their life chances. We approach this role with the same commitment as any other family would so that our children have the best opportunities that we can offer.

As part of our work we have adopted the seven corporate parenting principles introduced as part of the Children and Social Work Act in 2017.

1. To act in the best interests, and promote the physical and mental health and wellbeing, of children and young people in care
2. To encourage children and young people in care to express their views, wishes and feelings
3. To take into account their views, wishes and feelings
4. To help children and young people in care gain access to, and make the best use of, services provided by the local authority and its relevant partners

5. To promote high aspirations, and seek to secure the best outcomes, for children and young people in care
6. To make sure that children and young people in care are safe, and have stability in their home lives, relationships and education or work
7. To prepare children and young people in care for adulthood and independent living.

To thrive, children and young people have certain needs that all good parents and in our role as Corporate Parents, will meet.

1.2 Partnership

This strategy sets out our ambition for our care leavers. To deliver our strategy requires coordinated and sustained effort across the local authority and our partners to continue to improve service standards and everyday practice. It is important to recognise the role of all public services in meeting the needs of children and young people in care and care leavers, including partners in the statutory, private and third sectors.

Our key partners in Dorset are:

NHS Dorset Clinical Commissioning Group, NHS Dorset Healthcare University NHS Foundation Trust, Dorset Parent-Carer Council, Dorset Police, Dorset Combined Youth Offending Service, Dorset & Wiltshire Fire and Rescue, 0-25 VCS Forum, Department of Work and Pensions Jobcentre Plus

Dorset partners are committed to fulfilling the needs of our care leavers as we would for our own children, and we share the values and principles to:

- Always put children and families at the heart of everything we do - including in how we develop and shape services
- Ensure no child or family left behind - we will strive for equity of outcomes for our children, young people, and their families
- Focus 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
- Work restoratively, doing things with families instead of to them, for them or doing nothing
- Think Family and work together so that children and families receive a joined-up response and good transitions
- Focus on strengths within families and communities, understanding the lived experience of children
- Stay with families until outcomes are delivered, embedded and change is sustained
- Be inclusive - we want our children and young people to be able to get the help they need in the county that is their home
- Empower young people and families to use the information we give them to make decisions for themselves
- Deliver best value for money - spending the Dorset £ in Dorset on the things that get the best outcomes for children and families

Partnership is everything, we know we need to work together to deliver our strategic plans and shared vision so that “together we will make Dorset the best place to be a child; where communities thrive, and families are supported to be the best they can be”

The Dorset Strategic Alliance for Children and Young People has developed a three-year Children, Young People and Families Plan 2020-2023, which launched in September 2020. This strategy for care leavers sits alongside this plan.

Through these strategic plans we are developing and introducing new pathways that have better outcomes for children in care and care leavers

1.3 Governance

The Corporate Parenting Board is a multi-agency partnership led by the Cabinet Member for Children, Young People and Education. The Board report annually to Cabinet on the Strategy.

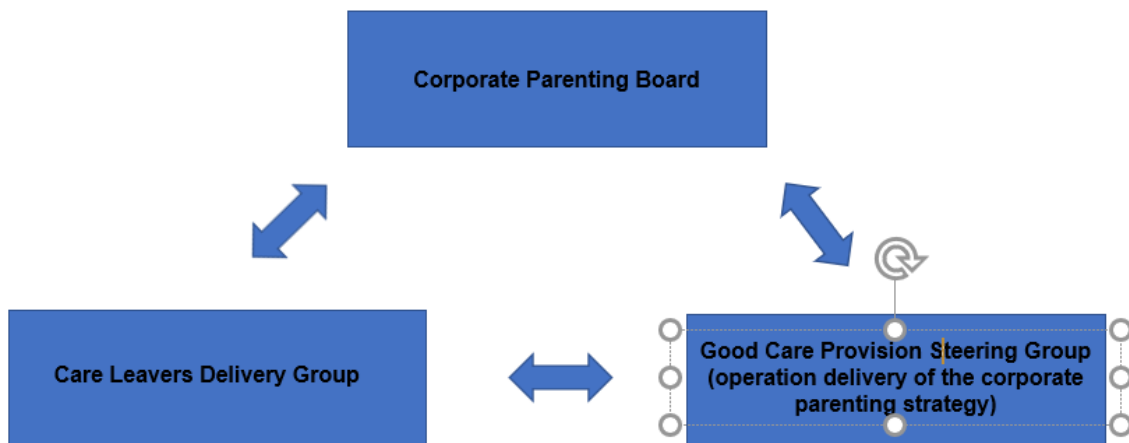
Following recent collaboration with the Care Leaver Covenant, and in the spirit of a whole council corporate parenting approach a Care Leavers Delivery Group has been developed.

This group will meet a minimum of 7 times a year and will report to the Corporate Parenting Board. The group will assist Dorset Council and its partners to understand and fully comply with legal duties and responsibilities across all services as they discharge their duties to care leavers. It will promote member and workforce engagement commitment and understanding of the corporate parenting principles introduced by the Children and Social Work Act 2017.

The group will hold to account the council and its partners in their role in the delivery of services and statutory responsibilities to care leavers. Ensuring the local authority is an active strong and committed corporate parent in line with the corporate parenting principles.

The Care Leavers Delivery Group is chaired by Cabinet Lead Member for Safeguarding – and has core attendance from the Corporate Director of Children’s Social Care, Corporate Director for Housing, Head of Service Children in Care and Care Leavers, Service Manager for Corporate Parenting and Care Leavers, Care Leaver representative and HR Business partner. Although not a full member of the group the Cabinet Member responsible for Children Services(s) is invited to attend all meetings.

The Care Leavers Delivery Group reports into the Corporate Parenting Board via the Good Care Provision Steering Group which drives the priorities of the Corporate Parenting Strategy. Please below Care Leaver Delivery Group governance overview.



1.4 Outcomes for Care Leavers

In delivering our Care Leavers Strategy there are the seven strategic outcomes we want for all our children in care and care leavers in Dorset:

- To have the best start in life
- To be safe from harm and have the help they need
- To have healthy and active lives
- To be prepared for adult life
- To feel they can have their say and are listened to
- To enjoy growing up in Dorset
- To have a settled and happy education which enables them to achieve their full potential

These are closely aligned to the 5 key outcomes set out by Keep on Caring and adopted by the National Implementation Advisor for Care Leavers.

Outcome 1: Improve access to education, employment, and training.

Outcome 2: Care leavers should experience stability in their lives and feel safe and secure.

Outcome 3: Improved access to health support.

Outcome 4: Care leavers should achieve financial stability and independence

Outcome 5: Experience strong family networks and be the best they can be

2.0 Local context

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).

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 pledge that we will support young people that have been in care to be ready for adulthood, by planning early and having a clear offer for Care Leavers. Partners will offer care leavers work experience and apprenticeship opportunities

We have an increasing number of care leavers and are pleased to be one of eight authorities to participate in the national New Belongings programme which seeks to improve our support to care leavers. Through this work we will improve our listening and ensure the voice of our young people influences service development.

The Dorset Care Leavers Team transformed in September 2020 into a 16+ service whereby a Personal Adviser is identified as soon as possible after the child in care's 16th birthday to provide a smooth transition from their Social Worker to the Care Leaver Team. The Personal Adviser works alongside the young person's Social Worker, building a relationship before they become 18 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.

The Dorset Care Leaver offer was revised following a revision of the financial offer to Dorset Care leavers in April 2021. This is published on the Dorset Council website.

3.0 What we know about children in care and care leavers in Dorset

We currently have 437 children in care, 262 Former Relevant, Qualifying, and Relevant care leavers receiving leaving care services (July 2021), and we know that this number will increase over the next two years with 101 of 16/17- year old children in care.¹

In addition, we have 181, 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 544 eligible, qualifying, 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

¹ *Definitions*

Eligible children within the meaning given by paragraph 19B of Schedule 2 to the Children Act 1989. Eligible children are young people aged 16 and 17 who have been looked after for at least 13 weeks since the age of 14 and are still being looked after.

Relevant children within the meaning given by section 23A(2) of the children Act are children who are not being looked after by a local authority, but was, before last ceasing to be looked after, an eligible child, and is aged 16 or 17.

Former relevant persons within the meaning given by Section 23C(1) of the Children Act 1989 are young people aged between 18– 25 who have been either eligible or relevant children or both.

to continue to provide a safe and stable home for our young people after they turn 18 and into adulthood.

We are in touch with 97% of our young people who are care experienced between 19 and 21 years of age.

Our Data

		Male	Female	Not specified	Living within the Dorset Boundary	Living outside the Dorset Boundary
Total Care leavers	443	226	213	4	278	165
Relevant Care Leavers	6	3	3		4	2
Former Relevant Care Leavers	247	116	128	3	153	94 (19 in BCP)
Qualifying Care Leavers	9	5	4		3	6
Former Relevant Care Leavers aged over 21	181	102	78	1	118	63 (20 in BCP)
		Male	Female	Not Specified		
Eligible 16 & 17 year olds	101	58	42	1		

4.0 What we have achieved:

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 35% of our care leaver population completed the “*Your Life Beyond Care*” survey in April 2020 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 are proud to achieve “bright spots of practice” in the following 4 areas:

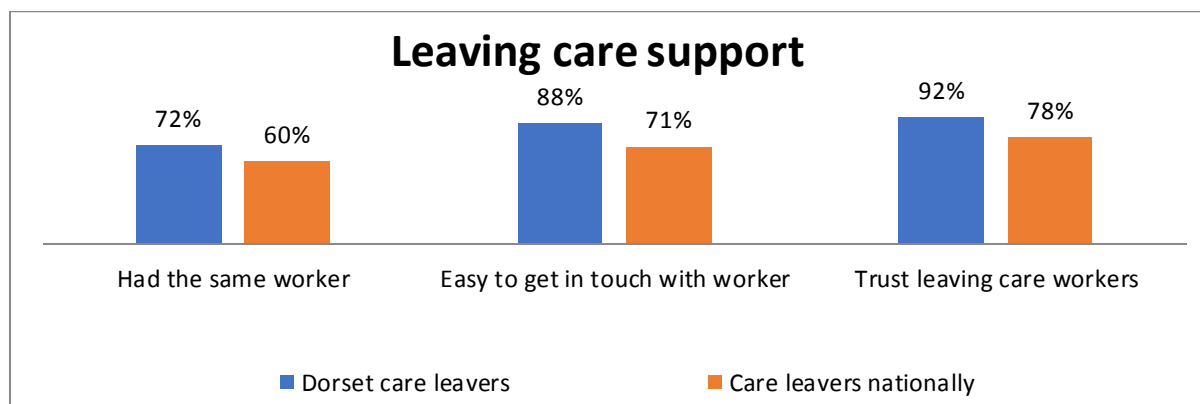
- **Getting in touch with your leaving care worker**

Nearly all care leavers (96%) knew who their Personal Adviser was (more care leavers than in other local authorities), and had had the same worker (72%) in the last 12 months

- **Trusting your leaving care worker**

Dorset care leavers trusted their worker all or most of the time (92%) and found it easy to get in touch with their worker all or most of the time (88%). Care leavers reported that their friends, leaving care worker and partner were the top sources of support for them

Most young people (92%) had someone who listened to them, although fewer (87%) felt they had someone who praised them when they had done something good. 84% felt they had someone who believed they'll be a success



- **Internet access**

Care leavers in Dorset were more likely to have internet at home (96%) compared to the general population (93%). A similar proportion of care leavers (97%) had a smart phone compared to their peers (96%).

- **Pets**

More care leavers (41%) had a pet in Dorset than in other local authorities (28%) and they were an important source of emotional support.

- **Projects**

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 has been refreshed and our finance policy has been enhanced setting out the financial support available to care leavers as they leave care and beyond. The revised Finance Policy was implemented from April 2021 for all new care leavers and retrospectively applied for all care leavers age 18-21 already supported by us.

During the pandemic we distributed refurbished Dorset Council laptops, surface pros and provided phone and corporate contract sim cards for care leavers who did not have internet access. We also distributed laptops and mobile WIFI hubs from the DfE.

As a result of the success of using corporate contract sim cards we have now embedded the offer of a “daisy” corporate contract sim card for all care leavers over 18 as part of our care leaver local offer.

Work has been taking place to strengthen the approach to supporting vulnerable young people at risk of homelessness. Joint funding from the Ministry of Housing Communities and Local Government has been secured and as a result a new Housing Officer post has been created and is based in the Care Leaver Team. Part of the role is to work with young people before they leave care, working alongside Care Leaver Personal Advisers, to provide advice and support regarding housing options, including Staying Put and Supported Lodgings. When a care leaver who has been placed in B&B, under the Homelessness legislation. Their

Personal Adviser works closely with the Care Leaver Housing officer, District Housing officer and the young person to help them move on as quickly as possible into secure affordable and suitable housing.

We are developing a Housing Protocol for Care Leavers. This will ensure our Care Leavers access timely appropriate accommodation that will promote their independence and stability.

Work has begun to create additional independent living accommodation for care leavers. A report went to Cabinet in March 2020 recommending the creation of additional accommodation for care leavers. Dorset Council has purchased a property which will be converted to provide affordable accommodation to meet the needs of our care leavers, together with a Care Leaver Hub. It is anticipated that the project will be open December 2021.

Dorset Council is the first local authority in the country to adopt a unique initiative for care leavers. 24-hour emotional support and counselling to assist our care leavers.

With one in four people experiencing a mental health crisis after leaving care, national charity Rees Foundation has launched a scheme to give access to 24-hour emotional support and counselling.

'Ask Jan' gives care leavers access to services, including a same-day 24-hour telephone counselling service, and the opportunity to use a network of UK-wide counsellors for face-to-face counselling within five days of requesting an appointment.

The 'Ask Jan' membership package provides a much-needed lifeline for care leavers seeking support for their mental health, while avoiding long waiting times that can lead to a further deterioration of mental wellbeing.

We are really pleased to now be able to include a year's 'Ask Jan' membership in our revised Care Leaver Local Offer for Dorset Care Leavers.

Dorset Strategic Alliance for Children and Young People plan priority, Young and Thriving, will support young people on the edge of care, to safely remain in their family home through the development of edge of care services. Dorset have created the Harbour to meet this aim. The impact of this project should reduce numbers of care leavers requiring care leaver services over time.

Dorset Council, led by the Corporate Parenting Board, has committed to adopting the Care Leaver Covenant, whole council approach. We are working with the Care Leaver Covenant to use best practice and as we continuously build on our care leaver offer across the Council, our partnerships, and the wider community.

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

5.0 Our priorities for care leavers: Delivering the strategy

Dorset's overarching plan is for all children to:

- have the best start in life
- be safe from harm and have the help they need
- have healthy and active lives
- be prepared for adult life

- feel they can have their say and are listened to
- enjoy growing up in Dorset
- have a settled and happy education which enables them to achieve their full potential

5.1 OUTCOME 1: Improve access to education, employment, and training.

Dorset care leavers in EET - 57.5% (Former relevant care leavers aged 18-21 years)

<p>What we have achieved</p>	<p>We have established a specific link with Ansbury, previous NEET engagement partner.</p> <p>In December 2020, the leaving care service and DWP signed a joint protocol to support our care leavers. We have established positive working relationships with our specific point of contacts within the DWP and Personal Advisers are aware of the kick start programme being run by the DWP.</p> <p>Promotion of 'how to' guides building on research done about preferred methods.</p> <p>Pathways to Employment scheme is active and the team have very recently collaborated with DC Commissioning service to promote a care leaver apprenticeship under this scheme and are proud to say that one of our care leavers was successful in securing this position.</p> <p>All looked after young people and care leavers who apply for DC apprenticeships are guaranteed an interview.</p> <p>3 Personal Advisers in the team with a focus on education training and employment (PA ETE) and who will support our care leavers at University.</p> <p>We are currently supporting 27 care leavers at University. 6 of whom are due to graduate this academic year.</p> <p>PA ETE's have undertaken targeted short term support to care leavers who are not in education, employment, or training to help them reengage 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. We have supported 29 care leavers with bespoke support between March and July 2021. Referrals to the service have a strong trend towards online learning (such as Dorset Skills and Learning and the free ones with the OU) and to obtain Maths and English qualifications.</p> <p>Working relationships with Dorset's Virtual School. Care Leaver Team representation within the Governing Body of the Virtual School.</p> <p>The Care Leavers Team are supporting the Virtual School with the organisation of the Dorset Council EPIC Awards for Children in Care and Care Leavers.</p>
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	<p>The Care Leaver Finance policy has been implemented on 1.4.21, included in our local offer to care leavers is specific financial support packages, to promote education training and employment, for care leavers in the first year of an apprenticeship if living independently and receiving an apprenticeship wage of less than national living wage, incentive payments to promote and encourage care leavers into work experience, volunteering to improve their employability, university bursary of £2000 per course, financial support to secure university vacation accommodation, financial support towards IT equipment for care leavers in full time education or training.</p> <p>Revised finance policy offers incentives for preparation for work activity.</p> <p>Virtual school continue to work with care leavers until the end of the academic year in which they turn 18 to promote smooth transfer into independence.</p>
<p>What we are working on</p>	<p>It is anticipated that our bespoke service may change in the future with the implementation of the in-house NEET tracking, support, and re-engagement service in August 2021. We are working closely with the new management team around service design to ensure care leavers complex re-engagement needs are met.</p> <p>Discussions supported by the care leaver covenant about the development of opportunities internal and external to the Council.</p> <p>A Care Leaver Participation Apprenticeship within the care leavers team is being progressed as part of our supernumerary apprenticeship offer. (Pathways to Employment)</p> <p>In response to care leavers telling us that they prefer to work with their own Personal Adviser rather than being referred on, we will ensure all Personal Advisers feel skilled and confident in providing ETE advice</p> <p>Undertake further development of accessible support including development of care leaver hub at Kirtleton Avenue, including possible satellite drop-in sessions, virtual access, and evening sessions.</p> <p>Development of EdQual accreditation across independent living to help prepare care leavers for living independently.</p>
<p>Our further ambition</p>	<p>Explore impact of illness and disability on care leavers being able to access ETE opportunities and how we can assist care leavers to be more able to take up opportunities– potentially led by our Care Leaver New Belongings task force leaders.</p> <p>Promote opportunities to highlight aspirational stories. This will be a priority for National Care Leaver Week.</p>

5.2 OUTCOME 2: Care leavers should experience stability in their lives and feel safe and secure

Dorset Care Leavers living in suitable accommodation – 94% (care leavers aged 18 to 21years).

<p>What we have achieved</p>	<p>Dedicated Care Leavers housing officer role embedded within the Care Leavers Team.</p> <p>Care Leaver Protocol has been developed with Housing colleagues.</p> <p>A report went to Cabinet in March 2020 recommending the creation of additional accommodation for care leavers. Dorset Council has now purchased accommodation “Kirtleton Avenue” to provide affordable accommodation offers to meet the needs of our care leavers.</p> <p>Staying Put and Supported Lodgings team embedded within the Care Leavers Team.</p> <p>A sub-regional framework for supported accommodation for care leavers is in place.</p> <p>The Care Leaver Finance policy has been implemented on 1.4.21, included in our local offer to care leavers is specific financial support packages, to provide rent deposits and rent in advance, a £2000 setting up home allowance and a welcome to your new home box to support care leavers into their accommodation.</p>
<p>What we are working on</p>	<p>Development of Kirtleton Avenue to provide accommodation for Care Leavers which is not currently available in Dorset, co-produced with Care Leavers.</p> <p>It is anticipated that this project will be open late 2021 / early 2022.</p> <p>Undertake further development of accessible support including development of care leaver hub at Kirtleton Avenue, including drop-in sessions, virtual access, and evening sessions.</p> <p>Review of supported accommodation through tender process to improve and expand range of supported accommodation. 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.</p> <p>Review of Staying Put and Supported Lodgings policy and procedure, influenced by care leavers voice.</p> <p>Working with social landlords about the needs of care leavers.</p> <p>Expanding the guarantor offer beyond students at University Development of EdQual accreditation across independent living to help prepare care leavers for living independently.</p>

<p>Our further ambition</p>	<p>Develop staying close opportunities.</p> <p>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.</p> <p>Explore how young people can get involved with training for foster carers and/or supported accommodation providers and/or housing officers.</p> <p>Personal Advisers to be guided and supported to undertake inspection visits of independent private housing, quality mark for private landlords.</p>

5.3 OUTCOME 3: Improved access to health support.

Dorset care leavers NEET due to illness and disability -12 %

Dorset care leavers identified as having a disability – 13.7%

(Former relevant care leavers aged 18-21 years)

<p>What we have achieved</p>	<p>Care Leavers have access to a Care Leaver Nurse who delivers 7 hours per week specialised care leaver nursing time.</p> <p>One year Ask Jan Membership from Rees Foundation is now available to all care leavers through our Care Leavers Local offer.</p> <p>Local charity funding to provide free sanitary items are available to combat Period Poverty for our care leavers.</p> <p>Links with our Nursing colleagues to support care leavers through regular data provision and management meetings to review working practice and referral processes.</p>
<p>What we are working on</p>	<p>Undertake further development of accessible support including development of care leaver hub at Kirtleton Avenue, including drop-in sessions, virtual access, and evening sessions.</p> <p>Care Leaver offer website to be further developed to include links to wellbeing resources.</p>
<p>Our further ambition</p>	<p>To improve dedicated care leaver nurse availability and to have access to an Emotional Wellbeing practitioner for care leavers.</p> <p>Reduce / remove prescription charges for all care leavers.</p> <p>Explore how we can ensure young people feel they are being taken seriously when they show concerns for themselves.</p>

	<p>Develop a formalised peer support offer.</p> <p>Explore with Steps to Wellbeing services a fast track system for care leavers.</p>
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5.4 OUTCOME 4: Care leavers should achieve financial stability and independence.

What we have achieved	<p>Development of revised financial policy which now also offers a personal budget to develop financial literacy and choice.</p> <p>An improved website with up to date and revised detail of our Care Leavers Local offer.</p> <p>In December 2020, the leaving care service and DWP signed a joint protocol to support our care leavers. We have established positive working relationships with our specific point of contacts within the DWP and Personal Advisers are aware of the kick start programme being run by the DWP.</p>
What we are working on	<p>Development of a specific Care Leavers Team social media presence to communicate with care leavers e.g. Instagram. Aim is to launch at National leaving care week.</p> <p>Care leavers to contribute to development and reviews of policy.</p>
Our further ambition	<p>Produce a printed copy of our Care Leaver offer.</p> <p>Work with young people to produce a care leavers guide for the setting up home allowance.</p> <p>Care Leavers to deliver care leaver awareness training within foster care training.</p> <p>Undertake further development of accessible support including development of care leaver hub at Kirtleton Avenue including drop-in sessions, virtual access, and evening sessions.</p> <p>Development of accreditation across independent living to help prepare care leavers for living independently.</p>

5.5 OUTCOME 5: Experience strong family networks and be the best they can be

Dorset Care Leavers in touch - 98%

(care leavers aged 18 to 21-years).

What we have achieved	Dorset Council has committed to adopting the Care leaver covenant, whole council approach.
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	<p>An improved website with up to date and revised detail of our Care Leavers Local offer.</p> <p>Care Leaver Team and Virtual School working together to deliver the EPIC awards to celebrate successes and achievements for children in care and care leavers.</p> <p>Development of Care Leaver Delivery Group which reports to Corporate parenting board.</p> <p>The charity 'Friends of Dorset Care Leavers' was set up by personal advisers in provides opportunities throughout the year to reduce isolation and promote a positive sense of self. The charity has recently launched a "get mobile" and a "choose your own adventure" fund.</p>
<p>What we are working on</p>	<p>Friends of Dorset Care Leavers have partnered with the Will Houghton Trust to set up and launch a "Get active" fund.</p> <p>Care leaver contribution to staff appraisals.</p> <p>Regular updates to care leavers regarding the New Belonging programme.</p>
<p>Our further ambition</p>	<p>Undertake further development of accessible support including exploring development of care leaver hub at Kirtleton Avenue. This could include drop-in sessions, virtual access, and evening sessions.</p> <p>Consider alternative and appropriate celebrations of care leaver successes, informed, and developed with care leavers.</p>

As national and local policy develops, and the needs of Care Leavers change, this strategy will be reviewed and refreshed.

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Corporate Parenting Board Thursday 16th September 2021 Emotional Health and Well-Being of Children in Care and Care Leavers including Emotional Health and Well-Being in schools and colleges

Choose an item.

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: Miriam Leigh
Title: Principal Educational Psychologist
Tel: 01305 228320
Email: miriam.leigh@dorsetcouncil.gov.uk

Report Status: Public

Recommendation:

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

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

Reason for Recommendation:

1. Introduction

In January 2021 the last report presented under the same title Emotional Health and Well-Being in schools & the Emotional Health and Well-Being Steering Group gave the National and local picture of the emotional health and wellbeing of our children in care and focused on services provided within the previous quarter and the direction of travel needed to improve the emotional health and wellbeing of our children.

The purpose of this report is to provide an update and report on the reach of the services provided since January 2021 and any progress to date. The focus is predominantly on the work with schools and specific projects that have an impact on our children in care.

2. Financial Implications

There are no financial implications from this report.

3. Well-being and Health Implications

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

4. Climate implications

No climate implications have been identified in this report.

5. Other Implications

No other implications have been identified.

Risk Assessment

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

Current Risk:

Residual Risk:

6. Equalities Impact Assessment

7. Appendices

- **Specialist CAMHS for Care, Adoption and Permanence
Report on the Provision of Service for Dorset 1st October 2020 – 31st March 2021, Quarters 3 & 4**
- **Specialist CAMHS for Care, Adoption and Permanence Service Report
April 2020 to March 2021
Report of Clinical Psychology Input for Dorset's Children-in-Care aged 0-12 years**

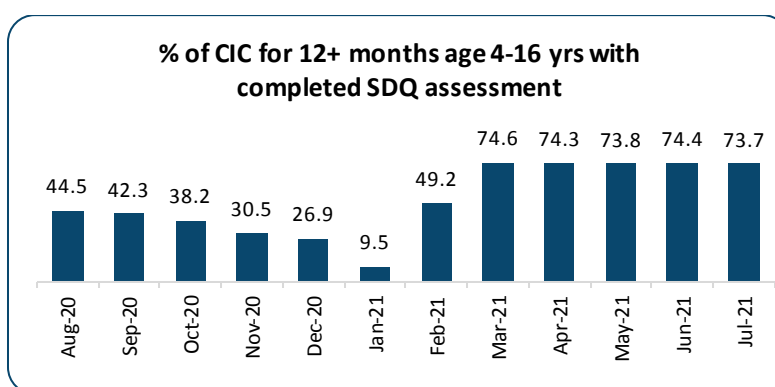
Emotional Health and Well-Being of Children in Care and Care Leavers including Emotional Health and Well-Being in schools and colleges

1. Strength and Difficulties Questionnaire (SDQ)

1.1. In the conclusion of the report in January 2021 it stated that a focus of the CiC emotional wellbeing steering group was to focus on improving our statutory responsibility in improving the use of the Strength and Difficulties Questionnaire (SDQ). The DfE and DoH guidance *Promoting the health and well-being of looked-after children, Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)* states:

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

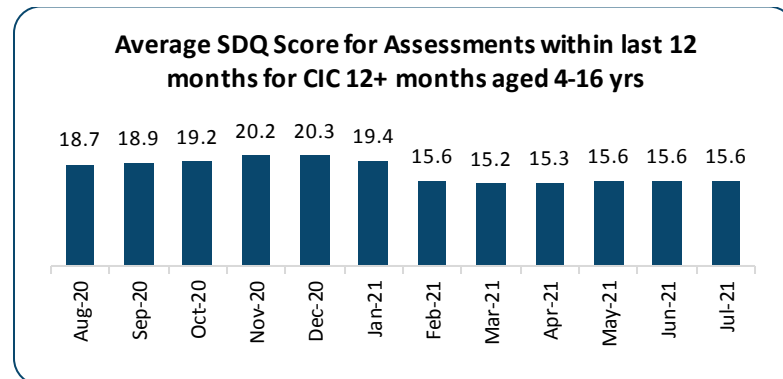
1.2. The Policy and Practice Guidance on the Strengths and Difficulties Questionnaire (SDQ) was approved in March 2021 and is being implemented. As a result completion of the SDQ for all children who have been in our care for more than 12 months has increased and is now consistent with statistical neighbours and local authorities judged to be good which can be seen below. It is important we maintain this progress.



1.3. These improvements were due to an increased focus by the QAROs at child in care reviews, business support providing focused support, the Mosaic Team in developing a new workflow process and the supervising and childcare social workers in implementing the new workflow. Alongside this training was rolled out by psychologists about the SDQ and training on the new workflow by the ICT training and practice team.

1.4. The policy not only focuses on our statutory responsibility to complete the SDQ for all children who have been in care for more than 12 months but also includes making use of it as a measure of emotional wellbeing when a child comes into our care and tracking changes in the SDQ at Child in Care Reviews. By using the SDQ alongside other information and data we will be able to provide the right support and intervention at the right time. It also will provide us with a measure overtime of whether there are improvements in a child or young person's behaviours as a result of being taken into care.

- 1.5. The total average SDQ has also changed as a result of the percentage being completed rising and a better understanding of the meaning of the SDQ score. The figure below shows that the average score has come down and rather than falling in the very high range, which was a concern, it now suggests that the average score falls in the slightly raised range. This again is consistent with Good and Statistical Neighbours



- 1.6. Although the average SDQ score for the completed questionnaires has come down into the slightly raised range we know that there is still a high number of children and young people in our care who have SDQ scores in the very high range. We need to understand the reasons behind this and to make sure that if they need an intervention or support that they are receiving it. For some they may have a high score for other reasons such as having a neurodevelopmental difficulty such as ADHD or having an Autistic Spectrum Condition (ASC).
- 1.7. We are currently working with colleagues in Dorset Health Care to develop a system to track children and young people who have been referred to CAMHS and we will be using the SDQ data alongside other data to ensure that they are receiving the right intervention and support and that it is making a positive difference.

2. Schools and Colleges – Wellbeing for Education Return

2.1. Wellbeing for Education Return (WfER) was an £8m national programme initiated and funded by the DfE from September 2020. It was rolled out in every local authority in England. It aimed to better equip education staff so they could recognise emerging issues, provide wellbeing support and promote the development of resilience in order to prevent children and young people from developing mental health problems and ensuring those with pre-existing difficulties had access to the right support. There were two elements to programme:

- Training for education staff
- On-going support for schools to implement the learning and develop a whole school approach to mental wellbeing

2.2. In Dorset we used some of the funds we received to appoint an assistant educational psychologist (AsEP) to lead the project with the support of a senior educational psychologist (SEP), public health and other colleagues with specific skills and expertise in this area. The AsEP, SEP and 2 of Dorset's specialist teachers attended the National Training which was developed by the Anna Freud Centre and MindEd.

2.3. In Dorset, WfER resources were adapted to produce a localised version in response to feedback from schools and to complement the delivery of existing work. The training team was a collaborative partnership between Dorset EPS, Public Health Dorset, CAMHS, MHSTs, Dorset Wellbeing & Recovery Partnership, Mosaic and school reps from across Dorset. We split the training content into different themes per webinar for school staff to adapt and share in their settings.

2.4. The training included the following webinar topics

- Webinar 1: Wellbeing for Education Return (delivered by EPs and STs)
- Webinar 2: Supporting Bereavement, Loss and Change (delivered by Mosaic)
- Webinar 3: Music, Emotional Intelligence and Care of Children and Young People's Mental Health (delivered by Dorset Music Service)
- Webinar 4: Recovery from Trauma and Stress following Covid-19 (delivered by EPs)
- Webinar 5: Staff Wellbeing - Supportive Group Conversations (delivered by EPs)

Alongside the training a School Support Network – (peer to peer) was also facilitated to enable schools to share learning and seek solutions to problems from each other.

The AsEP also developed a WfER padlet. A Padlet is a digital tool that can help teachers and students in class and beyond by offering a single place for a notice board. This digital notice board is able to feature images, links, videos, and documents, all collated on a "wall" that can be made public or private. Since the interactive space is easy to use and easily accessible from nearly any web browser-capable device, it's a great resource for teachers and students.

2.5. As of April 2021, 132 education settings had participated in the training and accessed resources, including the WfER Padlet.

- Primary schools: 87
- Secondary schools: 25
- Further education: 6
- Alternative provision: 4
- Special schools: 4
- Other (including independent schools): 6

27 of the settings accessed follow-up support through WfER School Support Network. After participating in the webinars, schools were asked for feedback to help us understand which aspects of the training were most/least useful.

2.6. Schools were asked what they did differently because of the training these are the main responses:

- School leads have been sharing key learning and resources with teaching staff for example
 - School music leads have shared info about how to further implement music for wellbeing into class routines and lessons
 - Bereavement training resources with Emotional Literacy Support Assistants to support children who had recently experienced bereavements.

- Since the training, some schools are now working on identifying children who are struggling and creating a bank of resource tools to support them.
- Schools have focused more on emotional health and wellbeing than pre-Covid
- Schools have noticed an increase in the language children are using in terms of their own emotions and wellbeing. This training has allowed them to place greater emphasis on wellbeing through 'wellbeing weeks/days' and buying resources, such as social stories that cover a range of emotions and scenarios.

2.7. The next steps to sustain this practice are:

- to develop the peer networks and link these with existing school networks such as relational practice and the work of the Mental Health Support Teams in Schools
- to work with schools on what and how they can continue to support families and what other organisations can lean into schools to increase their capacity in this area.
- continue to develop a bank of resources with a focus on specific areas
 - Transitions
 - CiN and Children on CP
 - Children with additional needs
 - Conflict within families
- offer head teachers and senior leads specific group support and supervision
- to embed this training into the designated Senior Lead for mental health training being launched in September.

3. Relational Practice in Schools

3.1. The **Alex Timpson Attachment and Trauma Awareness in Schools Programme** built on earlier studies by working with 300 schools across 26 local authorities in England. Participating schools receive training in attachment and trauma organised through the local virtual school or educational psychology service, often accompanied by follow-on training and networking opportunities. Dorset approached this by two services collaborating together, Dorset Virtual School and the educational psychology service and commissioning KCA to deliver the training. We had 8 schools and settings in 2018/19 and 22 in 2019/20 participating in this programme and research. All five learning centres participated and one of Dorset's special schools.

Schools had to commit to a whole day training for all staff and then an additional 2 full days for up to 10 leads within the school. The training was delivered by KCA consultants and staff and supported by the virtual school and educational psychology services to facilitate group problem solving with each school to enable them to embed the training into practice. The training involved schools identifying children and young people as case studies so they could problem solve together to identify interventions and strategies to use based on attachment and trauma informed practice. Many of the case studies were children in care.

3.2. In Dorset we noticed a change in the language used by the senior leaders in the research schools. Senior leaders as to other staff tended to be more positive about the impact describing it as transformative. In a small number this was evident in

changes to their behaviour policies one school changed the title of their behaviour policy to *Relationship and Behaviour Policy* another transformed their approach and policy with an emphasis on attachment and trauma being at the heart of the policy. In these schools the impact was evident in the change to the number of fixed term exclusions children in care and other vulnerable children experienced. For one school this was significant and as result of their approach and how this had transformed the culture within the school they were invited to participate in a Timpson Trust Webinar [Developing school relationship policies: Experiences from primary and secondary schools - YouTube](#).

In 2019/20 the training had to move into virtual platforms which interrupted the programme slightly and there was a change of emphasis due to the pandemic and the experiences of many children and families. The pandemic also had a significant impact on the research being led by The Timpson Trust. In 2020/21 we took the approach of changing the work to focus more broadly on relational practice has a whole school approach, and set up a network facilitated by the educational psychology service supported by the virtual school and specialist teachers with all 30 schools that were participating in the programme. This has led to opportunities to share practice and problem solve together with a focus on specific areas such as emotion coaching, transitions, to name two and how to embed this approach across the whole school. Senior leaders involved have reported that this has been transformational for them and their leadership team but there is still a long way to go to build the confidence of staff in working with vulnerable young people. The training raised awareness of the impact of disrupted early relationships and developmental trauma and how children could present and function in certain contexts. We believe this led to some anxieties about the variety of behaviours presented by young people and how to respond well 'in the moment' without exacerbating the situation. One possibility is that a heightened understanding of attachment and trauma leads to a more realistic assessment of the challenges and one's abilities. What we know is that we need to provide staff with experience to practice regularly and to acquire specific techniques such as emotion coaching. This can only be done within an ethos of shared understanding which should include opportunities for peer support and supervision.

3.3. We are continuing to roll out this approach working together to offer an evidenced based programme of training that includes group problem solving and peer supervision. We are learning from the schools that have already participated and are in the process of establishing a self-evaluation process including peer to peer reviews.

4. I Can Problem Solve

4.1. This is a taught programme developed in America by a developmental psychologist which has shown to improve the resilience of children and young people from the age of 4 – 12. It teaches children to problem solve for

themselves and was initially implemented by Dorset CS as a targeted intervention in a specific geographical area of Dorset. As a result of the positive evaluation of this programme we were able to implement it more widely again in a specific areas of Dorset: Wimborne and Dorchester. In 2020/21 we took a new approach and invited schools to participate across Dorset and again invited schools to participate in action research. We have a further 22 schools implementing this programme of which 6 have agreed to be part of a action research. We have identified a small number of schools as lead practitioners to buddy and peer support schools and settings new to the programme.

4.2. The impact of this programme is significant, we have used the SDQ as a measure of impact. It improves the children's pro-social behaviours and reduces their impulsivity and emotional reactivity. For children with complex social and emotional needs because of developmental trauma the programme contributes to making a difference and has to sit alongside other interventions and strategies such as emotion coaching to ensure it is sustained and has a longitudinal impact.

4.3. As result of the work we have been doing in Dorset we are working on a partnership agreement with the lead organisation in America, *Collaborative for Academic Social and Emotional Learning (CASEL)*, they provide the training and lead the implementation and research in the USA and internationally.

5. Strong Start to September

5.1. Strong start to September is a joint venture between the education support services and the communications team to provide an e-newsletter to schools and families from the week beginning 30th August. The e-newsletters will be produced for five weeks each week will have a specific focus. We want to ensure that there is a strong emphasis on inclusion from the start of the year and that schools are supported to have access to good quality information and resources when they return.

Week 1 Transitions the first short article was all about relational practice and beginnings and endings for care experienced children. There were further articles with a more general focus on transition, practising your journey to school and trying on your uniform. There are links to resources and other trusted websites.

Week 2 Wellbeing for Children. This will be an opportunity to promote the Recovery Curriculum which was written for last September and remind schools of the need to emphasise wellbeing and show compassion.

Week 3 Supporting parents, carers and school staff the emphasis and focus is on articles to support families and school staff's wellbeing and to provide them with resources and top tips to keep themselves well while providing support to their child/ren. This includes information on emotionally based school refusal.

Week 4 Maths, reading and spelling this week we will provide schools with resources and links to information on supporting children who need additional support to develop literacy and numeracy skills.

Week 5 Complex communication needs top tips this week the focus will be on top tips for children who present with social communication difficulties such as autism and will include specific information about girls, sensory strategies and approaches and reframing behaviours.

6. Summary and Conclusion

6.1. In this report I have focused predominantly on the work with schools that improves the wellbeing for children in care as well as other children with additional needs and on specific work of the educational psychology service.

6.2. There are other services that have an impact on the emotional wellbeing of children in care through their work such as the specialist teaching teams by working at a school level and with individual children. Educational psychologists also provide direct support and intervention to children through a consultation approach this enables the key adults including carers to seek solutions together.

6.3. Children in care also have access to the online counselling service Kooth. We know through casework that some of our children in care make use of this service and we are working on identifying a way in which we can track how many of our children in care make use of Kooth. At the moment this is not reported by Kooth and we do not know whether this is possible.

6.4. The work of the emotional wellbeing group for children in care is currently focused on having one pathway for the different services and interventions available and making sure each has a one page profile to be shared with the social work teams, foster carers and schools.

6.5. The focus of the emotional wellbeing group was to set up the task and finish groups and monitor progress. There is ongoing work to track all children open to emotional wellbeing services at the child level data. Once we have established the tracking system we will be able to report on the impact of these services including waiting times.

6.6. I have included as appendices the two reports from the Specialist CAMHS for care, adoption and permanence for information. We are working with the clinical lead to develop outcome measures to make sure we have evidence that the interventions, consultations and supervision provided have an impact on the children and young people as well as the professionals and carers they support.

6.7. Emotional wellbeing and mental health of our children is a priority. It is a complex topic as there are many factors that contribute to this and different systems and services. Schools are a key to improving emotional wellbeing of children in care, they know the children and can see how they respond in a social context alongside their peers both socially emotionally and academically. By supporting our schools to respond differently and to be able to be flexible in their approach we know that this will have a positive impact on our children.

Specialist CAMHS Psychology Team for
LAC & Adoption and Permanency Services

Specialist CAMHS for Care, Adoption and Permanence Service Report

April 2020 to March 2021

Report of Clinical Psychology Input for Dorset's Children-in-Care aged 0-12 years

Executive Summary

Clinical Psychology input to Dorset's children in care aged 0-12 years has been in place since July 2019.

This report shows that over the past year:

- Clinical Psychology input has been provided to 73 children, 61 as long-term referrals and 12 through one-off consultations
- At any one time Laura has worked with between 24 and 41 children
- The average length that referrals were open was 9 months, with a minimum length of 2 months and a maximum of 18 months.
- 47% of referrals were for children in in-house and connected carer placements and 53% were for children in other types of placement
- The main referral reasons were support to carers and schools and psychological assessments
- 75% of the work completed was consultation and attendance at professionals' meetings
- 51% of work was with children in IFA placements and residential units 31% was with children in in-house or connected carer placements (primarily assessments and VIG)
- The average number of direct contact hours, providing clinical work was 27 hours per month
- Foster carers and social workers who have used the service consider it to be helpful in understanding children's needs, changing their practice and improving placement stability.

Service Provision

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

Referral Criteria

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Since the Child Care Services were re-configured in July 2020, abolishing the Care & Support 0-12 Service, referrals are now received from Permanency or Locality Teams for any child who is in care and aged 0-12. Children need to be experiencing psychological dysregulation, where there is placement strain and where there is a clear achievable goal identified together by the child's Social Worker, the Team Manager and the Psychologist.

Referral process

Social workers initially email Laura Bennett to arrange a case discussion and if case discussion confirms it is a suitable referral, the Clinical Psychology Referral Form is completed by the Social Worker and sent to their Team Manager and Laura Bennett. Confirmation from the Team Manager that they agree to the referral is needed before the work can begin. Once received the referral is Rag rated. Over the past year it has been necessary to put a waiting list in place to deal with the increased number of initial enquiries and referrals that have been received.

Available Interventions

A range of clinical interventions are offered to a range of different providers, professionals and carers, these include:

- Consultation to Social Workers to support psychological formulation and understandings of children, their family of origin and their placement needs, this may include advice and recommendations around complex placement matching / suitability of therapeutic services offered by IFAs or Residential Units / complex Together and Apart Assessments
 - Psychological assessment and formulation of children – e.g., to support complex matching or placement stability, to ensure appropriate provision of therapeutic intervention and provide opinion and recommendations on the child's psychological needs/mental health
 - Psychological consultation to IFA carers and their Supervising Social Workers to share formulations and increase understanding and parenting skills
 - One-off consultations to Dorset Foster Carers, when required
 - Direct work with birth parents to increase understanding of the child's psychological needs and parenting capacity
-
- Guidance and recommendations to the wider professional systems to improve placement stability and increase workforce capacity

Specific trauma and attachment orientated interventions are employed, such as Video Interactive Guidance - VIG (a therapeutic intervention with a child and parent / carer which works to improve

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and strengthen attachment relationships), Dyadic Developmental Psychotherapy informed practice and Meaning of the Child informed assessments.

Evaluation of Work

A variety of data has been collected over the past 12 months from 1st April 2020 until 31st March 2021. Before evaluating the data, it is important to consider the unique characteristics of the past year during which the data was collected.

March 2020 saw the arrival of Covid-19, a global pandemic which resulted in a year of Lockdown, with minimal social interaction for much of the population. This had a significant impact upon many of the children in care and their carers and may explain some of the increased need for services over the past year.

Furthermore, there was a requirement for all local authority staff to work from home and conduct meetings and interventions virtually. This has impacted upon the way in which the Clinical Psychology role has been carried out. This, combined with the restructure of Children's Services, meaning that the service no longer sits within one specific team, has prevented the informal discussion and support that was previously provided to the 0-12 Care and Support Team and has meant that anyone wishing to seek Psychology support needs to do this in a more formal manner. It has also prevented the opportunity to develop psychological thinking and understanding within a specific social care team and it has not been possible to continue with the programme of training previously being offered to the 0-12 team. These issues may also explain the increased need for Psychology support.

Furthermore, the initial national lockdown resulted in a period of time from April 2020 to June 2020 when individual assessments with children could not be completed as conducting face to face assessments was not possible. It also required consultations to carers to be conducted virtually, which often negatively impacted on the complex therapeutic skills required for facilitating full engagement and intervention success.

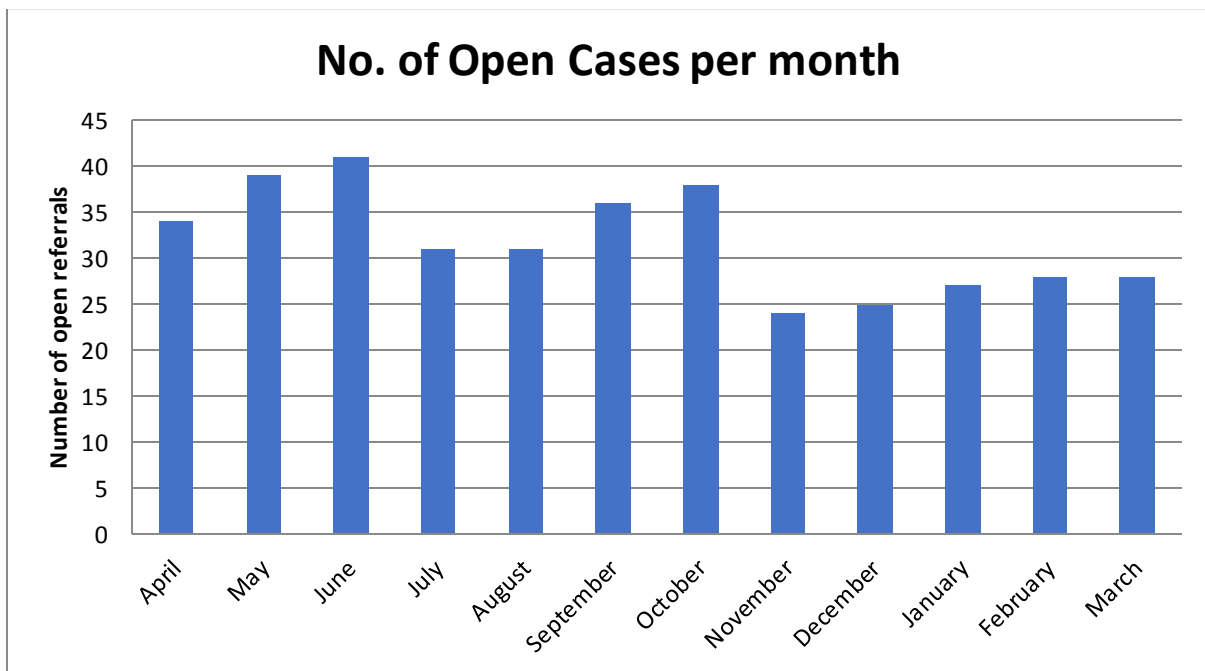
Analysis of Referral Data – 1st April 2020 to 31st March 2021

Data revealed that from the beginning of the recording period (01/04/2020), there were 27 active open cases. A further 34 referrals were accepted in addition to 12 pieces of one-off consultative work (which did not necessitate a referral), during the year.

Graph 1 shows the number of open cases per month, to give a picture of the size of the caseload during the year. The graph shows that at any one time the service was working with between 24 and 41 looked after children and the systems around them.

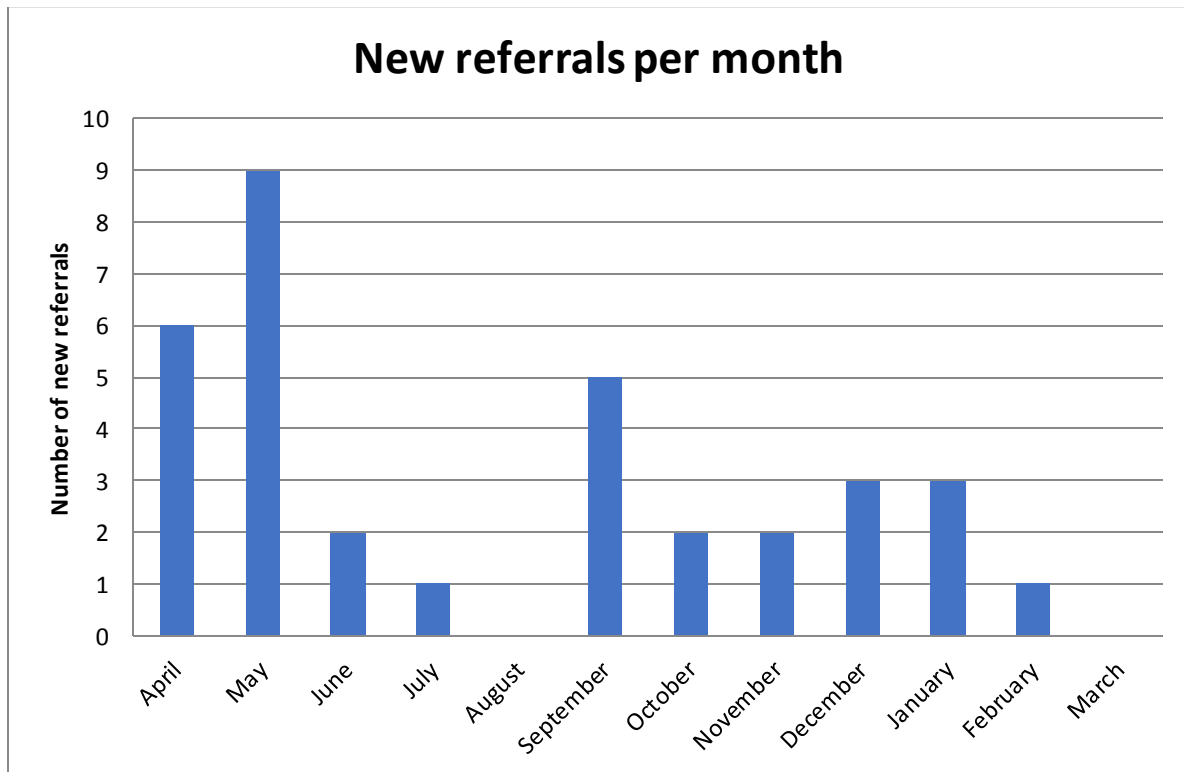
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Graph 1: Open cases per month



Graph 2: New referrals accepted each month

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Graph 2 shows the number of new referrals received each month. The highest number of referrals was made in April and May 2020. This coincides with the first period of lockdown and the beginning of Children’s Services restructure and highlights the increased need for service at this time. There was also an increase in referrals made in September 2020, this can be attributed to people returning from holidays and the start of the school year.

Analysis of the data reveals that the minimum length a referral was open for was two months and the maximum length was 18 months, with the average time for cases remaining open being nine months. Furthermore, of the referrals made between December 2019 and June 2020, eight of these remain open. This is likely to be due to the complex needs of these children and the need for regular ongoing support to social workers and foster carers.

Table 1: Referrals by type of placement

Type of placement	Number of referrals	Percentage
FC/CC (in house)	16	47%
IFA	10	29%

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Residential	5	15%
SGO	1	3%
Adoptive placement	1	3%
CiC placed at home	1	3%

Table 2: Referrals by Type of Work

Reason for referral	Number of referrals
Carer/ school support	14
Sibling assessment	3
Assessment of therapeutic needs	11
therapeutic support	1
VIG	1
Advice to residential units	2

Table 1, above, shows that referrals for psychology are received about children in a diverse range of placements, with just under half of referrals being for children in in-house foster placements and just over half coming from other forms of placements.

Table 2 shows that the main reasons for referral are requests for support to foster carers and the systems around children, and requests for assessments. This year's data shows that there has been an increase in the requests for individual assessments for children, and whilst this is an important part of the role of the service, consideration needs to be given to this, as providing a full psychological assessment is a lengthy process, reducing the number of children the service is able to support at one time.

Table 3. Referrals by Team

Team	Number of referrals
Dorset West and North Permanence	7

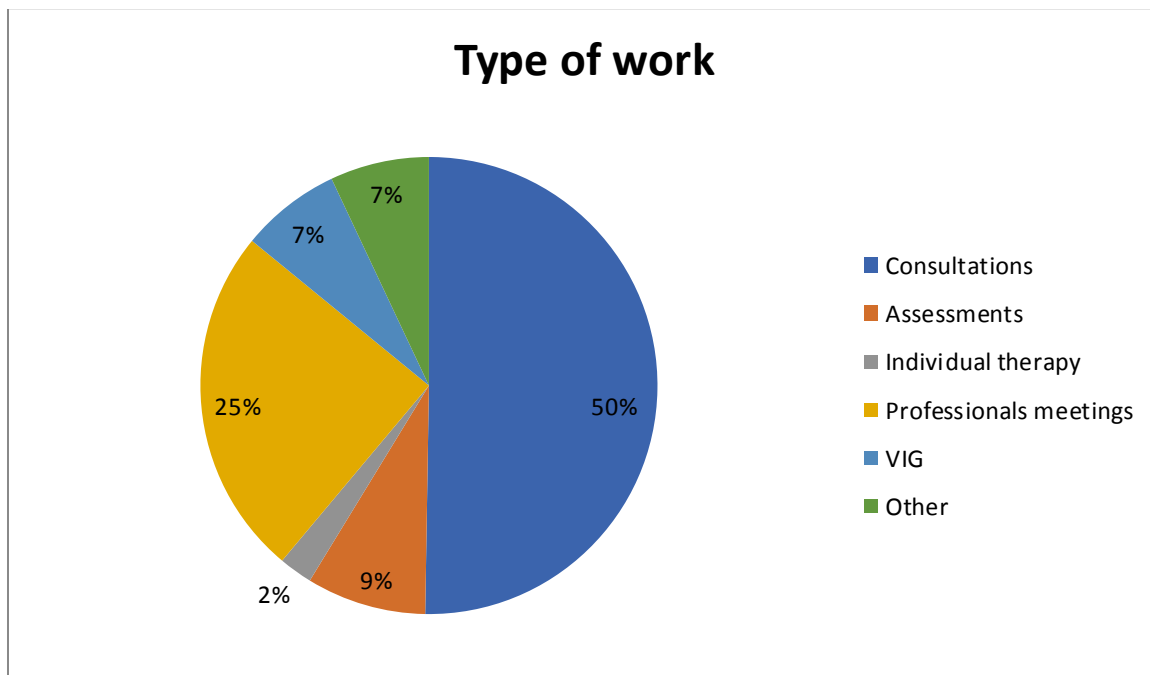
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East Locality	6
East permanence	5
Chesil permanence	7
Chesil Locality	6
West locality	1
CWAD	1
Unknown	1

Table 3, above, shows the rate of accepted referrals by team / locality. The majority of teams/localities have accessed the service, with only the West Locality making a single referral and no referrals being received from North Locality teams. However, many of the referrals were made between April 2020 and June 2020, by social workers who were previously members of the 0-12 Care and Support Team. It will be helpful to continue tracking data and promoting the service to ensure equity of service across area.

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Graph 4: Type of work by contact hours

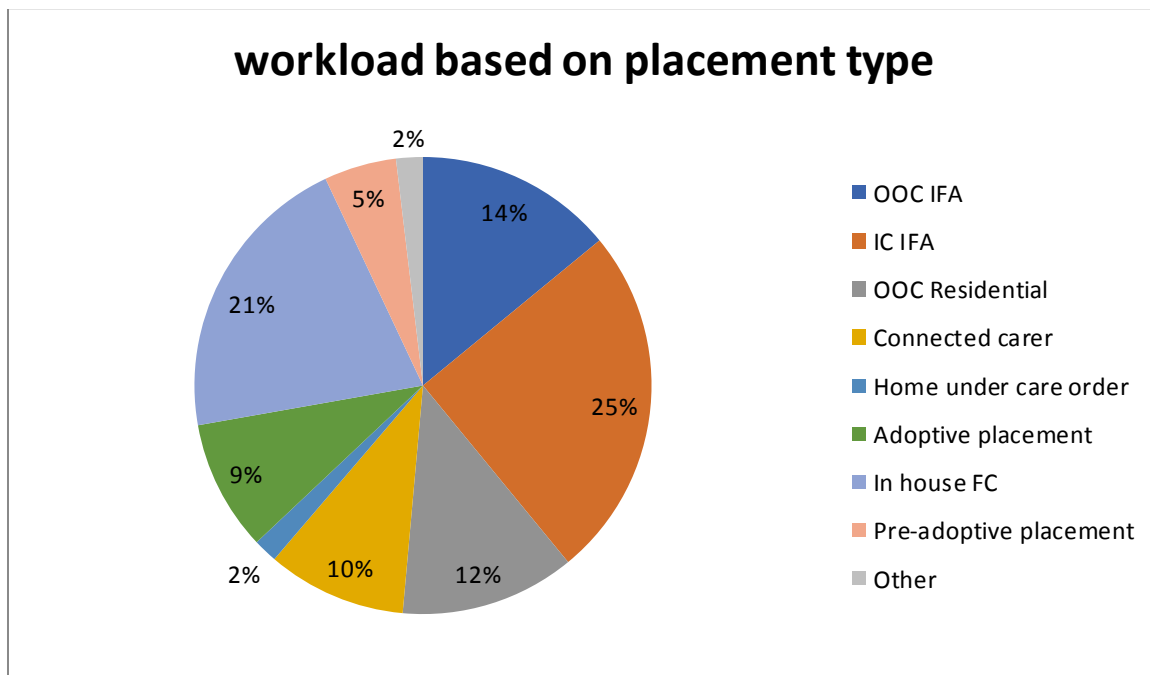


Graph 4 shows that three quarters of direct work focuses on offering consultation appointments with: childcare social workers; supervising social workers; foster carers; other health and social care professionals; and school staff as well as attending professionals' meetings. This consultation model along with attending Professionals' meetings allows for the development of a shared formulation of the child's situation as well as indirect therapeutic support to children and is therefore considered to be a good use of Psychologist time.

Whilst a large proportion of referrals were received for assessment, data indicates that only 9% of contact time was spent on assessment appointments. This is understandable given that much of the work when completing assessments involves researching, reading and report writing.

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LAC & Adoption and Permanency Services

Graph 5: Workload by type of placement

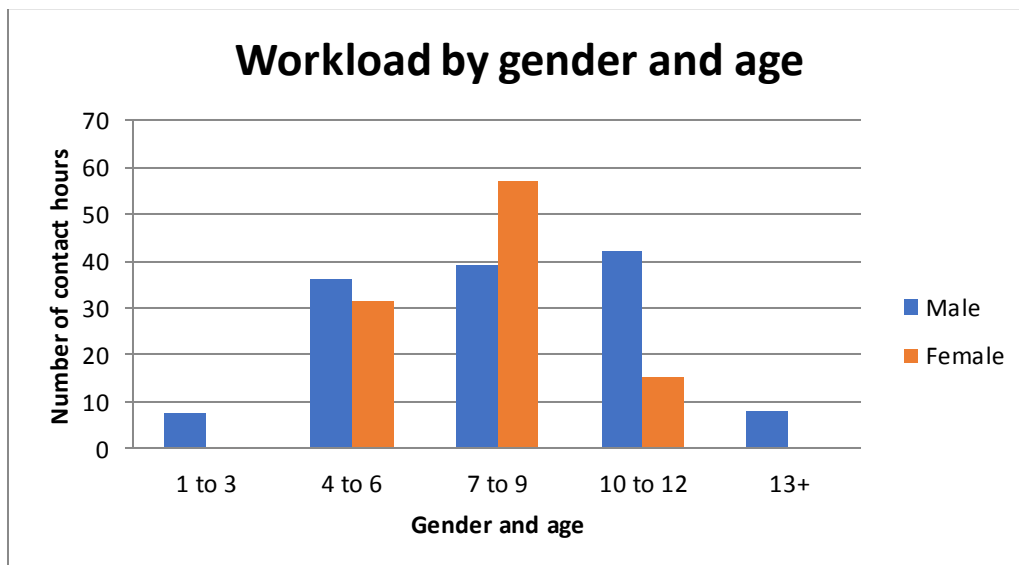


Graph 5, above, highlights that the largest amount of work (51%) is offered to children in IFA placements (in and out of county) and residential units. This highlights how the role complements the role of the fostering clinical psychologists, who work with in-house carers, adopters and Special Guardians. Data indicates that work with children in in-house foster placements and connected carer placements (31%) was primarily for assessments of therapeutic need or Video Interactive Guidance (VIG).

Graph 6, below, shows that Clinical Psychology input has been offered across the 0-12 age range, with the highest level of input being offered to males and females within the 7-9 age group, closely followed by those in the 10-12 age group. There has been an increase in the amount of work offered to children aged 13 plus. This can be accounted for due to a number of children turning 13 before an established piece of work had been completed and the service offering several one-off consultations to Social Workers for young people aged 13 and over in order to signpost to appropriate services.

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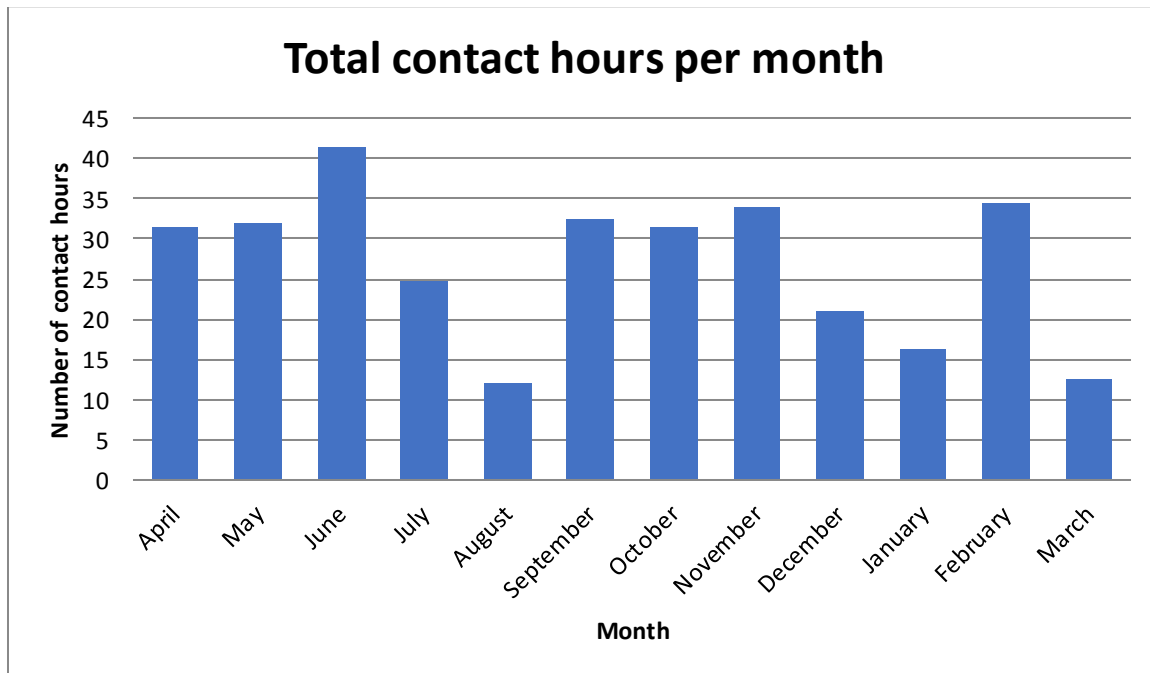
Graph 6: Workload by Gender and Age



Graph 7, below, shows that the service currently provides between 10 and 42 contact hours per month with a mean average of 27 contact hours per month. Low contact hours in March 2021 are the result of 2 weeks training and 1-week annual leave. These figures are slightly higher than the previous year, when the mean average was 23 contact hours per month.

Graph 7: Total contact hours per month

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Waiting List

In February 2021, following discussion with Dr Rebecca Haworth, Clinical Lead - Specialist CAMHS for Care, Adoption and Permanence, it was agreed that it was necessary to introduce a waiting list. This was due to the increase in individual assessments that were being requested and the length of time that it takes for these to be completed. At the end of March 2021, there were five children on the waiting list for psychological assessments and the longest wait for support was 6 weeks.

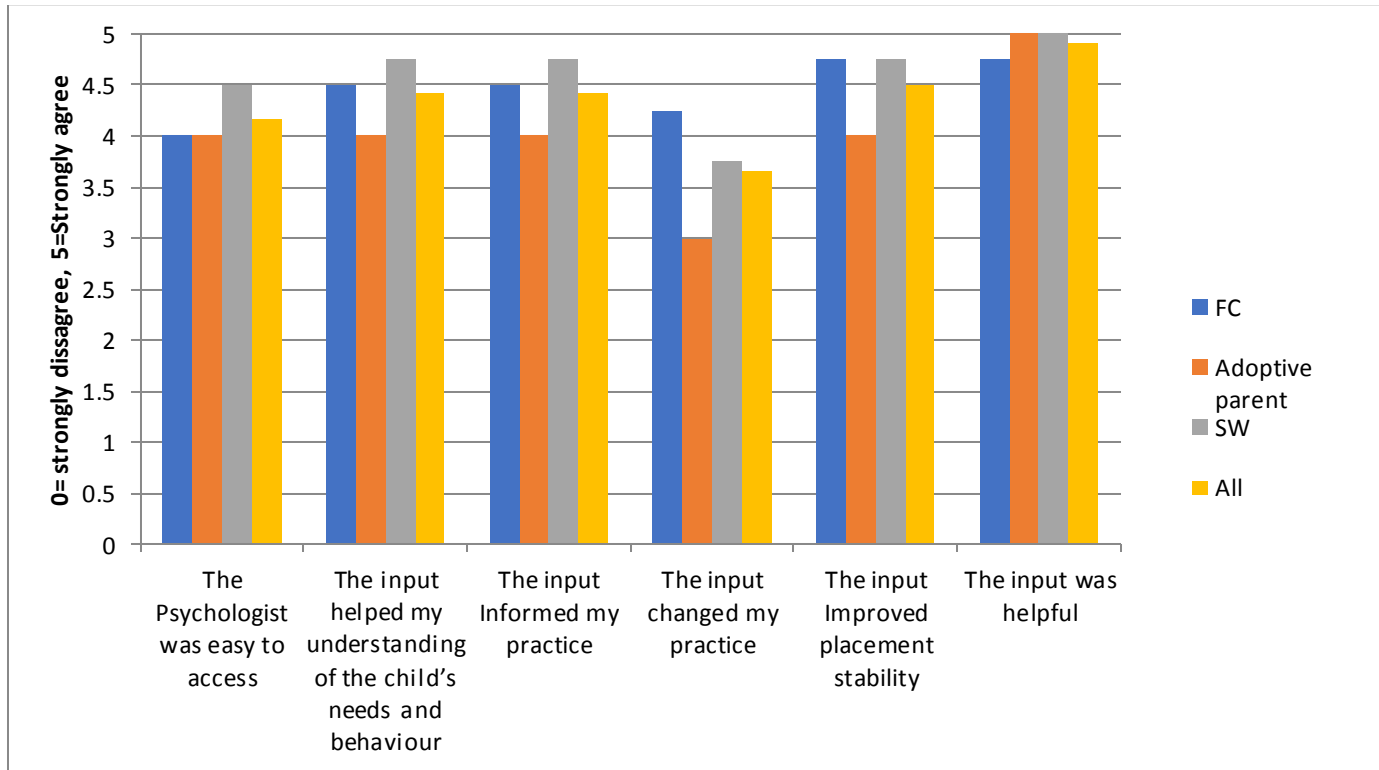
Professional Feedback

In March 2021, social workers and foster carers who had been in receipt of the service were asked to complete a brief evaluation of the service. Nine responses were returned, this included four responses from Social Workers, four responses from Foster Carers and one response from Adoptive Parents. The responses covered a total of 11 children.

The evaluation (included as an attachment) asked respondents to answer questions using a five-point Likert scale as well as providing 3 open-ended questions. Average responses overall and by role are recorded in the graph and tables below.

Graph 7: Evaluation Responses

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(4 SW, 4 FC and 1 adoptive parent)

What was beneficial about the process?

FC/Adoptive parent

- We could talk about our worries and got over them
- We learned new strategies
- Laura gives us ideas to implement and reminding us of previous training methods
- Good opportunity to discuss post placement
- Laura was able to provide a very valuable perspective & insight

SW

- Laura acknowledges what was already done well by the carers and the school
- It was helpful for the carers and school to feel like they had access to an expert who could guide them
- Valuable perspective and insight

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What was valuable about having time and space to reflect about the child?

FC

- We understand him better now
- Enables us to chat about the problems with the YP with someone who completely understands the problems and behaviours
- Good to get a more objective opinion as when you are in the middle of a difficult situation you cannot always think objectively and think rationally

SW

- The whole focus of the session was on the YP and their lived experience- helped everyone see out of their eyes and make sense of their behaviour
- Reassuring and calming
- Recognise bias

What was unhelpful about the process?

SW

- The only way to improve the experience would be to clone Laura so that she can double the work
- Waiting times as Laura is extremely busy and in demand.
- Does not have enough hours in the day due to the level of Psychological input required, Cloning our Psychologist would be helpful, seriously we need more Laura's!

Any other feedback

FC

- Really appreciate Laura's input and advice
- Refreshing
- Laura was very supportive on our zoom meetings. We felt reassured that we were doing the best job we could (adoptive parent)

SW

- I found working with Laura has enabled me to gain insights that have enabled me to reflect on my practice and identify blind spots. I have also been able to deepen my understanding of how self can impact on a dynamic

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Whilst the responses cover only a small percentage of the professionals and carers involved with the Psychology Service, they indicate that social workers, parents and carers have found psychology support to be beneficial. Results indicate that social workers and carers find psychology input helpful in understanding the children they are supporting, the work informs and to some extent changes the practice of carers and social workers and that most importantly, it increases placement stability and security for children.

Psychometric Evaluation

From September 2021 the use of the Assessment Checklist for Children (ACC) to assess attachment security for children was piloted as a way to quantitatively measure the direct impact of psychology input on children. The ACC was sent to foster carers at the point of referral and again either when the referral was closed, or at three monthly intervals.

ACC questionnaires were received back from all 27 children at the point of initial referral. These indicated a highly level of attachment insecurity and attachment focused behavioural difficulties in all children being referred to the service. Unfortunately, only two of the follow-up ACC questionnaires that were sent out were returned, which has not allowed for quantitative evaluation of the impact upon children. Of the two that were returned, one showed a reduction in attachment focused inappropriate behaviours and one showed an increase. Analysis of why ACC forms were not returned, suggests that this was due to many children having had a change in carer or social worker during the time that psychology input was being received and therefore the purpose of the ACC was not fully understood. It is also possible that the incentive of receiving psychology support motivated people to complete the ACC at the point of referral, but the lack of incentive at follow-up meant this was less of a priority for both social workers and carers.

Case Studies

The case studies below provide an example of the work completed by the Child in Care Psychology Service:

James and Ben (names have been changed)

James and Ben were referred to me by their social worker as there were concerns about the level of emotional warmth they were receiving in placement and the level of aggression they could show towards each other, which was preventing them from forming secure attachment relationships and building more positive internal working models. Their foster carer Kim had been receiving support from one of the fostering Clinical Psychologists, however it was thought by the professional network that a more relational therapeutic intervention was needed.

I completed 2 cycles of Video Interactive Guidance (VIG) with Kim, James and Ben. VIG focuses on the positive interactions seen between carers and children in order to build attachment security. Completing VIG allowed Kim to build her confidence and notice times when she showed emotional warmth and nurture towards James and Ben and her ability to diffuse disputes and arguments between the boys in a warm, non-confrontational way. This resulted in Kim using a more consistent therapeutic parenting style with the boys. Furthermore, as part of the intervention, I was able to share video clips at a meeting with the professional network, to provide them with an alternative perspective about Kim's capacity to care for the boys. This helped to improve relationships within the network.

I was then asked by the social worker to contribute to a Together or Apart assessment. I used the Family Relations Test to look at James and Ben's relationship with each other and combined this with my insights from conducting VIG to report upon the boys' relationship with each other. This report helped the social worker conclude that James and Ben should remain together with their current carer.

James and Ben remain with their current carer in a long-term placement and James is thriving. I recently received a new referral for Ben and convened a multi-disciplinary meeting which led to the recommendation that Ben have access to a more intensive relational intervention, DDP and I am in the process of helping to source an appropriate DDP therapist and providing a clear rationale to senior management as to why such an intervention is necessary. I hope that this intervention will provide ongoing placement stability for both boys.

Lauren and Darren (names have been changed)

Lauren and Darren were placed together in an IFA foster placement in Nov 2019 as a result of chronic and significant neglect at home. Once coming into care, Lauren made significant allegations of sexual abuse and the foster carer was seeing increasingly dysregulated behaviour from both

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children. I received a referral from the Social Worker requesting support on completing a sibling split assessment and we worked together to conclude that the children would be better placed apart.

The Social Worker and I then worked together to source a new foster placement for Lauren and I put together a formulation of psychological need to guide the therapeutic work being offered in her IFA foster placement and attended regular therapeutic planning reviews.

Darren remained in his foster placement and I have provided consultation to his foster carer, supervising social worker and SENCO at school on a monthly basis to support the security of the placement and to manage conflicts within the professional system.

Lauren sadly could not be contained in her foster placement and therefore in September 2020 I became involved in the search for residential provision for Lauren. I visited the home and spoke with the therapeutic team to ensure that Lauren would receive the correct therapeutic provision and have continued to meet with the Lauren's key worker and assigned Clinician on a regular basis to ensure that she is receiving appropriate therapeutic intervention.

Whilst both Lauren and Darren continue to have significant attachment needs and complex developmental trauma, alongside physical health needs, they are both settled in placement and have good relationships with their carers. Both children are now wishing to explore their past experiences and so dyadic trauma focused therapy is being sourced for them. This indicates a level of security in placement in that they feel safe enough to revisit their past

Conclusions and Future Planning

The contact data and responses from the evaluation forms clearly demonstrate the demand for and the effectiveness of the service. It continues to be a valuable and useful resource for children, social workers and foster carers. The Service provides a resource that is not available through other services such as CAMHS or Dorset's Fostering Clinical Psychologists and allows the psychology support to continue across placements, regardless of type of placement.

There have been a number of challenges over the past year, in particular the restructure of Children's Services, which has placed Laura providing a stand-alone service covering a range of teams, rather than being embedded within a social care team. Adaptations have also been needed due to the impact of Covid-19 and the inability to provide face to face work. Data suggests that these changes have not impacted negatively on demand or the amount of direct work provided, and in fact, there has been an increase in both. Anecdotal evidence suggests that there remains some confusion regarding Laura's role, with the service having received significantly more requests for referrals for children over the age of 12 as well as requests for support to in-house carers (which is covered by fostering psychology), and on some occasions requests to work with children not yet placed in care. This suggests that there is a further need to promote the role of the psychology

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service to all Permanence and Locality Teams as well as Senior management. Work on this is underway at present through the production of a leaflet and Psychologist profiles to be shared across teams.

Trials of the use of the ACC as a quantitative measure of impact upon the child proved to be unsuccessful, due to the lack of response from foster carers post intervention and this is something which will need to be revisited, perhaps looking at alternative methods of gathering ACC data. Laura is currently involved in work being undertaken to develop measures of wellbeing for children in care to be used across the service as well as the use of goal-based measures in supporting foster carers. Therefore the service will focus on linking in with these ways of measuring change as well as investigating alternative ways to gather information regarding the impact of interventions on the child such as recording data around placement moves and stability, happiness and wellbeing of children in placement and collecting further anecdotal and qualitative information regarding the benefits of the service for placement stability and children attachment security.

Working from home and no longer being placed within a children's social care team has resulted in a loss of informal discussion with social workers, a part of the role considered highly important in increasing social workers' psychological and therapeutic understanding and allowing them to become more confident and skilled in their decision making around therapeutic interventions and direct work with children and carers. Instead there has been an increase in the request for full psychological assessments and consultations with carers, both of which are time consuming activities and may not be the best use of limited time. Thought needs to be given as to how Psychology can become embedded within services to allow relationships with children's social workers to remain strong and for children's social workers to grow in their therapeutic abilities.

NHS administrative support is provided (0.1 WTE) weekly and this has been invaluable, allowing more time for the Psychologist to focus on direct clinical work. The restructure of children's services has meant a loss of a link to local authority administration support, which has caused some difficulties with regards communication with carers and professionals. It has been agreed that a named Dorset Council administrator will be identified within the near future to ensure good communication going forward.

Report compiled by
Dr Laura Bennett,
Clinical Psychologist

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Specialist CAMHS for Care, Adoption and Permanence

**Report on the Provision of Service for Dorset
1st October 2020 – 31st March 2021, Quarters 3 & 4**

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

Introduction

This report looks at the overall service provision based on referrals and other work carried out by the team for quarters 3 & 4 of the last financial year. The service remit is to primarily offer consultations and training to BCP council & Dorset council's Fostering Service and Aspire Adoption Services and their carers. This report focuses solely on provision to Dorset's Fostering Service and Aspire Adoption Service (for Dorset families only).

During this period staff mainly remained working from home offering virtual meetings. They continued to demonstrate great dedication and commitment to the service and their families, as they dealt with another lockdown. Our high level of performance has been maintained by using Microsoft Teams and Attend Anywhere to stay connected. Supervision and reflection on our roles and boundaries has facilitated containment and efficient working, as Dorset continues its service transitions. The team is a safe base from which child focused psychologically informed specialist support is offered to colleagues and carers, containing anxiety and distress, to ensure that at all times the voice of the child is heard and understood.

Following the first lockdown we continued offering additional case discussion groups to support staff. The duty service was not continued after the 2nd quarter, as it was no longer being utilised.

This report does not include the work of Dr Laura Bennett, who focuses on children in care between 0 and 12 years. Data referring to Aspire Adoption Services is for Dorset children and carers only, unless specified. The third and fourth quarters are referred to as Q3 and Q4, respectively.

Psychology Team Hours

Dorset receives 1 wte of psychology time (37.5 hours per week). This total is shared between Fostering and Aspire Adoption Services. In addition, Aspire Adoption Service funded .4 wte (15 hours) of psychology time – pan Dorset. The team is supported by the Clinical Lead, an administrator and a BU student (30 week placement).

Open-cases, case load & waiting list

On 1st October 2020, 44 Fostering cases and 29 Aspire Adoption cases were open to the two psychologists working in Dorset, a total of **73**. By the end of Q3 this had increased to **86** cases - 54 Fostering cases and 32 Aspire Adoption cases. By the end of the year (31/03/21), this had reduced to **76** cases - 48 were Fostering cases and 28 were Aspire Adoption cases.

One of the **73** open-cases was referred in 2016, 3 were referred in 2018, and 36 in 2019. Thirty-two of the open cases were referred in 2020. Of the 3 cases that have been open

since 2018, 1 was referred by Aspire Adoption Services and the other 2 by Fostering/LAC nurse teams.

On 1st October 2020, 9 cases were waiting to be allocated; 1 was a referral from Aspire Adoption Services. Eight were referrals from the Fostering service. On 1st January 2021, the waiting list stood at 7 cases waiting to be allocated. One was a referral from Aspire Adoption Services and six were referrals from Fostering Services. Referrals are rag-rated (red, amber & green), resulting in some cases waiting for longer periods as urgent cases are prioritised. The longest waiting time is **25 weeks**. Long waiting lists are demoralising and the service is aware of a number of cases where placements have come to an end as the psychologist becomes involved or while the case is still awaiting allocation.

The figure below details the number of cases waiting for a service at the beginning of each quarter.

Quarter	Referrals on Waiting List		Total for Quarter
	Dorset	Aspire	
1 st April 2020	5	6	11
1 st July 2020	11	3	14
1 st October 2020	8	1	9
1 st January 2021	6	1	7
1 st April 2021	7	2	9

Figure 1: Number of referrals on waiting list based on quarter.

Received Referrals

From October 2020 to March 2021, the service received a total of **29** referrals that were placed on the waiting list. Nine of these referrals were from Aspire Adoption teams and 20 were from Fostering teams.

Referral Source	Number of referrals received
Fostering Service	19
LAC Nursing Team	1
Aspire Family Finding Team	2
Aspire Adoption and Special Guardian Support Team	6
Aspire Recruitment and Assessment Team	1

Figure 2: Number of referrals received based on referral source.

Allocated Referrals

The service allocated and opened a total of **21** referrals from October 2020 to March 2021. Figure 3 below shows a breakdown of referral source.

Referral source	No. of new referrals opened
Fostering Service	14
Aspire Adoption Family Finding Team	2
Aspire Adoption and Special Guardian Support Team	5
Total number of referrals (n=21)	21

Figure 3: Number of allocated referrals based on referral source.

The service receives referrals for Post-Care children from Aspire's Post Adoption & SGO Support Team. These are children who have been adopted or are subject to a Special Guardianship Order (SGO). Of the total 21 referrals allocated, 5 (i.e. 23.8%) were for Post-Care children. The service also takes referrals for adults; these can be prospective and/or approved Foster Carers (FC), Adopters or Special Guardians (SG). Between October and March 2021, there were 2 allocated referrals from the Dorset Fostering Service for adults.

Discharges

Between October 2020 and March 2021, 7 Aspire Adoption cases were closed and 10 Fostering cases were also closed. Overall a total of **17** cases were closed. Owing to the pandemic and the impact on our service, we worked to review and close cases enabling the team to ensure that they could maintain safe practice – closing dormant cases; and more effective practice – reviewing impact of role in cases. However, the service struggled with this, as the overall caseload increased over Q3 & Q4.

One off consultations

In addition to ongoing work with colleagues and carers, the Service provided a total of **29** one-off consultations to discuss concerns that did not necessitate a referral for ongoing work (e.g. to discuss concerns about a prospective carer's assessment or assist with formulation and recommendations for care planning/interventions). Colleagues can use this part of the service to discuss cases that do not fall within our service remit (e.g., to discuss referrals into C-CAMHS, children and YP in IFA placements).

One-off consultations by Team	No. of consultations
Fostering Teams	8
Children in Care Teams (including Dorset's care and support teams)	1
CiC Health Team	3
Other	1
Aspire Adoption Teams	16
Total (n=29)	29

Figure 8: One off consultations based on team/service.

By comparison, in Q1 & Q2, a total of 11 one-off consultations were recorded.

Supervision and Case Discussion Groups

The service provided supervision and case discussion groups to various teams. The frequency of these increased during lockdown, to ensure rapid response to colleagues requests for support with cases.

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

The table below shows the number of supervision/case discussion group arrangements in place from October 2020 to the end of March 2021.

Professional Group	Supervision/ Case discussion group	Number of Sessions October-March
CiC Health Professionals	Supervision of CiC Nurses	5
	Supervision of CAMHS CiC Social workers	13
	Supervision for Emotional Health and Wellbeing Practitioner	8
Fostering	Case Discussion Group for Fostering Teams	12
ASPIRE Adoption	Case Discussion Group - Recruitment and Assessment Team	9
	Case Discussion Group - Post Placement Support Team (adoption and SG cases)	5

Figure 9: Breakdown of supervision and case discussion groups per team.

Training

Journey to Fostering training was provided on three occasions.

Adult attachment training was provided to the Aspire recruitment and assessment team on two occasions.

Outcome Measures

Dorset Council and Aspire staff were asked to complete feedback forms after a Psychologist on the team worked with their case. A total of 14 feedback forms were sent out (8 to Fostering staff and 6 to Aspire staff with Dorset cases). Of the 14 forms sent out, we received 6 responses (1 response from Fostering and 5 responses from Aspire). Overall, this means that 42.9% of staff responded.

Feedback forms were also sent to carers whose child(ren) were recently discharged from the service. Feedback forms were sent out to 4 Dorset carers, and 3 responses were received.

Please see comments received from the Aspire Adoption and Fostering Service respondents, below. Please see appendix A & B for sample questionnaires.

Service	Comment
Aspire Adoption	This is such a valuable resource for staff and helps to deliver a better service to the families we work with.
Dorset Fostering	It was helpful to discuss possibilities for the future and recognise the importance of permanency prior to therapeutic work.
Aspire Adoption	Thank you so much for your support and this service - I really have found it invaluable for this case.
Aspire Adoption	I find the clinical psychology service an essential resource, both for families and workers. We are dealing with incredibly complex difficulties and challenges from the families we work with and the knowledge and support from the clinical psychology team is invaluable for me.
Aspire Adoption	Having started working with XXX recently I have found her really easy to work with and her practice brilliant.

Summary

- The service received 29 referrals and allocated 21 cases from the waiting list. The Fostering Service made the majority of referrals.
- The team's case load was unevenly split between Fostering and Aspire Adoption Services over the 2 quarters, with the Fostering Service having significantly more allocated cases and open-cases. This suggests that the bulk of provision is focused on Fostering and CiC.
- The waiting list was at its lowest with 7 referrals [at the beginning of Q3] and at its highest at the beginning of Q2 with 14 referrals waiting. The longest a referral had to wait was 25 weeks.

- The size of the caseload held by the Dorset psychologists did not reduce during Q3 and Q4, with 73 at the beginning of Q3 and ending Q4 with 76 open cases. At the end of Q3 86 cases were open.
- The service continues to work on cases referred three or more years ago, reflecting the level of need and complexity with these cases.
- Twenty-nine one-off consultations were provided, significantly more than recorded in Q1 & Q2 – 11. Aspire Adoption Services used this provision more than the Fostering Service.
- The provision of reflective case discussion groups and supervision was not shared equally between Fostering and Aspire Adoption Services. The Fostering Teams and CiC Health Team received a larger proportion, as only 2 teams from Aspire Adoption Services received case discussion groups from the Dorset Psychologists.
- Finally, the reports from the respondents who completed the feedback questionnaires about the service were positive, showing that the service is valued and effective.

Discussion

Comparing service performance and provision to previous years (such as referral rates), is problematic as there has been significant service change and redesign over the last four years, pan Dorset. Direct comparison of figures is difficult owing to: staff changes, such as sickness/maternity leave, receiving the benefits of trainees on placement and altered methods of data reporting/analysis. What is clear is that there continues to be a waiting list for the service.

Being proactive ensures the most effective and efficient work. Waiting lists, along with high caseloads and insufficient time for administration, lead to more reactive styles of working [being unable to pick-up cases in a timely manner with reduced likelihood of preventing placement breakdown]. The number of cases closed, which was seen as necessary to reduce pressures and increase sustainability, was insufficient; and caseloads remain too high. No group work for carers took place (excluding Journey to Foster Sessions), owing to the pandemic and it is clear that currently there is little available provision to allow this important intervention to take place. There are tensions between the time to complete necessary administration to close cases, and the demand for direct contact time. There are also requests for the service to take on additional duties (requests for training on mental health and to run referral consultations with the EHWP practitioner). Staff work committedly to remain as effective and responsive as possible, but in the long run this is not sustainable. The demands on the service cannot be fully met without further provision.

Meetings with the Fostering Service managers have taken place to begin to address quality assurance arrangements around referrals and smarter ways of working together, but regular meetings to develop procedures have not materialised. Dorset foster carers and connected carers are a vital part of services for children's development and recovery. Children require nurturing, compassionate and safe placements and the demand for more psychology provision to facilitate best care is clear. However, this cannot be at the cost to Aspire Adoption Services. The data clearly shows that the split of provision between Fostering and Aspire Services has become skewed toward Fostering and CiC over the last 6 months. It seems that our level of provision to Aspire Adoption Services has been eroded owing to multiple factors including on-going high fostering caseloads, the higher volume of referrals from the Fostering Service and a lower rate of referrals from Aspire Adoption during the first 2 quarters (only 3 referrals-possibly due to staff changes). It is likely that these factors have contributed to this unequal split (which is not reflected in the BCP data). We will continue working to address this.

Clearly there are challenges as well as strengths and the report demonstrates the level of work and commitment from such a small provision, accessible to multiple teams within the Fostering and Aspire Adoption Services as well as the Health CiC Team and the CAMHS CiC SWs, for Dorset children and families.

Appendices

Appendix A

Staff Feedback Form



SPECIALIST CAMHS for CARE, ADOPTION &
PERMANENCY

CLINICAL PSYCHOLOGY EVALUATION FORM

We want to improve how we provide our services to you and as you've recently had contact with a psychologist, from the Specialist CAMHS for Care, Adoption and Permanence team, we thought it would be a good time to send you our feedback questionnaire.

If you have had contact with more than one psychologist recently, please hold only one of them in mind as you complete the form.

Please tick one answer per statement.

Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
It was easy to access the Clinical Psychologist.	1	2	3	4	5
The input from the Psychologist broadened my understanding of the child/carer/placement.	1	2	3	4	5
The input from the Psychologist informed my practice.	1	2	3	4	5
The input from the Psychologist changed my practice.	1	2	3	4	5
The input from the psychologist helped to improve placement stability for the child.	1	2	3	4	5

<p>What was beneficial about the process?</p> <p>If applicable, how did the child(ren) indirectly benefit from the work?</p>	<p><i>Please comment:</i></p>
<p>What was unhelpful about the process?</p>	<p><i>Please comment:</i></p>
<p>Any other feedback:</p>	

Details

<p>Professional Role:</p>	<p>Social worker <input type="checkbox"/></p> <p>Supervising social worker <input type="checkbox"/></p> <p>FSP <input type="checkbox"/></p> <p>Other (please state) <input type="checkbox"/></p> <p>_____ <input type="checkbox"/></p>	<p>Length of work:</p>	<p>Multiple Appointments <input type="checkbox"/></p> <p>One-Off <input type="checkbox"/></p>
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Your name *(optional):*

Date:

Thank you for your time.

Appendix B
Carer Feedback Form



**SPECIALIST CAMHS FOR CARE, ADOPTION AND
PERMANENCE**

Foster Carer Feedback Form – Consultations with your Clinical Psychologist

Please complete the questions below regarding the meetings you have most recently had with our Clinical Psychologist. Your views are important to us and will help shape the service we deliver. Please feel free not to identify yourself.

Name:

Name of psychologist:

Date:

Please answer the questions below using the scale of :

<i>1 – not at all,</i>	<i>3 – somewhat,</i>	<i>5 - extremely</i>
------------------------	----------------------	----------------------

Please tick one answer.

1. Overall how helpful has it been for you to meet with the psychologist?

1 2 3 4 5

2. Did you feel safe enough to fully participate in the meeting/s?

1 2 3 4 5

3. Did you feel listened to?

1 2 3 4 5

4. Did you feel that the issues that you brought up were understood?

1 2 3 4 5

5. Has meeting the psychologist helped you reflect on the psychological needs of your child/young person?

1 2 3 4 5

6. Has the support from the psychologist helped you reflect on your own psychological needs as a carer?

1 2 3 4 5

7. Do you have a better understanding of the child/young person you are caring for?

1 2 3 4 5

8. Have you made changes in how you relate to your child/ care for your child, since working with the psychologist?

1 2 3 4 5

9. Do you feel more resilient as a carer now you have finished meeting with the psychologist?

1 2 3 4 5

10. Has the child benefitted in any way from you meeting with the psychologist?
(Please circle one)

Yes No Don't know

If so, how?

Please add any comments you might have regarding your answers to the above questions

Do you feel there were any other aspects of meeting that you really liked or some which we can improve?

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NHS DORSET CLINICAL COMMISSIONING GROUP

GOVERNING BODY

**CHILDREN IN CARE AND CARE LEAVERS ANNUAL HEALTH CCG REPORT
2020-2021**

Date of the meeting	14/07/2021
Author	Louise Smith Designated Nurse for Children in Care and Care Leavers
Lead Director	Vanessa Read Director of Nursing and Quality
Purpose of Report	Annual Update
Recommendation	The Governing Body is asked to note the report.

Monitoring and Assurance Summary

Conflicts of Interest	N/A
Involvement and Consultation	N/A
Equality, Diversity and Inclusion	N/A
Financial and Resource Implications	N/A
Legal/governance	N/A
Risk description/rating	N/A

1. Introduction

- 1.1 This strategic summary is to provide assurance to the Governing Body and wider reader that the Dorset Clinical Commissioning Group (DCCG) are meeting their statutory requirements in commissioning services in identifying and meeting the health needs of their Children in Care (CiC) and Care Leavers (CL) population of Dorset. This report covers the period from 1 April 2020 to 31 March 2021.

2. Outcomes of Key areas for Development 2020-21

- 2.1 This has been an unprecedented year coping with the challenges of the global pandemic COVID-19 which has impacted all services, priority has been given to the response to the pandemic resulting in staff being redeployed to other services. During the period of redeployment and reduced numbers of staff in the health provider team, assessments became more focused with priority around high-risk cases and safeguarding. A recovery plan was put in place to ensure catch up for all assessments was achieved by August 2020. Health providers considered how to deliver a different model to ensure the most effective engagement with service users, with the use of digital platforms to complete health assessments and follow up work.
- 2.2 Continue to work in partnership with providers, Dorset Council (DC) Bournemouth Christchurch and Poole Council (BCP) Corporate Parenting Boards to improve performance of Initial Health Assessments (IHA) within the 20-working day statutory time frame, then seek assurance through performance management that once improved it is being sustained. This has not been achieved for multiple factors which is explained in section 4. Performance, in this area will move forward to the 2021-22 key areas of development.
- 2.3 There has been significant progress in building effective partnership working with providers, DC and BCP, other agencies and the voluntary sector. In order to inform the focus of health provision, work is ongoing in tracking trends and impact for CiC and CL.
- 2.4 A formal service review of medical services for CiC was put on hold due to COVID-19, however this is planned for 2021-22. The changing landscape over the past year with reduced children entering care and potential impact of lockdown will need to inform the discussions around this.
- 2.5 Work has continued with both DC and BCP children services and corporate parenting boards, in gaining further understanding and assurance that the correct children are entering and remaining within the care system locally. The current data of children entering the care system mirrors that of quarter 4 in 2018, there then followed a sharp increase to reaching peak in March/April 2020. Since COVID-19 there has been a reducing picture with a 12.3% decrease; this will need to be an ongoing process to understand more about the impact of lockdown, school closures and its impact on families.
- 2.6 There is ongoing negotiations regarding the collaborative fees model that funds some elements of primary care funding including adult medicals. The medicals continue for prospective carers and adopters, however 2020-21 has seen a much lower number completed (407 completed in 2019-20, as compared to 294 in 2020-21, a 38% decrease). GPs experienced difficulty competing forms in person, due to the pandemic.

- 2.7 Arrangements have been made to ensure that contemporaneous information regarding children in care is relayed to the acute providers to prevent potential confidentiality breaches. Access to Dorset Care Record has now been enabled with the aim of ensuring the most up to date information is available.
- 2.8 The voice of our CiC and CL population informing future commissioning arrangements has been achieved via consultation through both BCP and DC Children in Care Councils, meeting virtually with CiC & CL, the Corporate Parenting Boards and providers feedback questionnaires shared with the Designated Nurse.
- 2.9 The Designated Nurse has continued to act as a positive advocate for DCCG in promoting good practice identified for CiC & CL within Dorset, regionally and nationally during 2020-21.

3. Demographics of Dorset CiC and CL population

- 3.1 The demographic data for Dorset indicates there has been 896 children who have come into care under the age of 18 years in 2020-2021, which represents a decrease of 12.3% from the previous year. Whereas, there has been an increase by 17% of Care Leavers up to the age 25 years, this accounts for a further 876 young people.
- 3.2 DCCG have a responsibility to support the health needs of CiC placed in Dorset by other local authorities. There are 366 out of area children placed in Dorset as recorded on the scorecard, giving a total CiC population of 2,138 as of 31st March 2021 in receipt of specialist health support, a rise from 2,076 as of the 31st March 2020.
- 3.3 The decline of numbers into care over the past year has coincided with the start of the first national lockdown, the numbers have continued to decrease throughout the year. Numbers leaving care are also a contributory factor, reaching a peak in Quarter 4.
- 3.4 Children in Care data is now more in line with the South West region for both Dorset and BCP, however the number per 10,000 population of children remains higher than regional figures (70 per 10,000 as compared to approximately 50 per 10,000 regionally). This will be a key area for exploration in 2020-21 in understanding why Dorset remains an outlier regionally.

4 Performance

- 4.1 Progress continues with the Power BI Dashboard, data is uploaded and reported monthly. Examples of the dashboard can be seen in Appendix One.

- 4.2 Overall IHA performance of 45.9% for 2020/21 showed an increase against the 2019-20 figure of 14.5% but remains significantly below the required 85% performance indicator for Initial Health Assessments (IHA's) to be completed within the 20-working day statutory time frame. The reduction of numbers into care has allowed for more IHA appointment availability and for the service to be flexible in offering appointments before 20 days despite notification and consent to health by 5 days being delayed. These areas remain on the DCCG risk register and are being escalated through the DCCG Nursing and Quality Director and DC and BCP Corporate Parent Boards quarterly.
- 4.3 In response to COVID-19, the medical service altered and adapted a new delivery model to sustain initial health assessments – telephone appointments were offered to all children and young people with follow up telephone appointments every 12 weeks until they were seen face to face for an assessment, their ongoing support then transferred to the CiC health team.
- 4.4 This adapted method of working continued until November 2020, however due to feedback from young people, in response to their preference some assessments have continued by telephone. In addition to this, the medical service responded to the NHS England prioritisation of initial health assessments by making more appointments available to cover an anticipated increase in demand, increase in staff sickness and redeployment.
- 4.5 In the first lockdown the specialist nursing service (Dorset Health Care) team was reduced due to redeployment, which impacted on their performance. Work was targeted to prioritising high risk cases and collaborative working with children's social care at this time.
- 4.6 As a result, the completion of Review Health Assessments (RHA) for the year dipped to 84.6%, however due to a robust recovery plan each quarter has gradually increased to just under the 90% target. Alongside the challenges of the pandemic, usual exception reporting has shown the highest number of RHAs not completed in the month they were due were particularly in Quarter 1. The reasons given were recorded as placement changes and home visits not permitted. Young people choosing to decline their health assessment and out of county delays were also factors affecting performance of RHAs.
- 4.7 Despite this, dental and immunisations achieved overall targets for the year, with an expected dip in Quarter 4 for dental as appointments became more difficult to obtain. Dental appointment challenges have been escalated to the Designated Nurse via Named Nurse for CiC, and this has been raised regionally as well as to NHS England. Work is ongoing to address the identified differences in outcome measures collated by health and social care to ensure the most accurate data is reported on and used to reflect the health needs for our CiC.

- 4.8 Completion of commissioned health care plan reviews and health passports have also dipped this year, again in part to COVID, reduced workforce and the recovery trajectory.
- 4.9 The CiC health team have responded positively to the need to consider different ways of working by offering contact via virtual platforms such as Attend Anywhere and WhatsApp video calls. This has now been adopted as a permanent flexible option for those children and young people who would prefer to engage in this way.
- 4.10 The number of care leavers have increased year on year, this year showing a 18% increase since April 2020 and a 34% increase since April 2019. This is due in part to a more effective flagging system and working collaboratively with social care colleagues to share data, but also a reflection of the rise in proportion of 16–17-year-olds in care (27.8% of the caseload) who inevitably become care leavers. It has been identified that there are differences in how health and social care are reporting numbers of care leavers, work is in progress to cleanse records and cross reference to ensure the most accurate data is held by both providers.
- 4.11 Service user feedback has been positive for the health team supporting CiC and CL, especially in relation to emotional health & well-being, the transition of and support of CL as they enter adulthood, including separated children seeking asylum (SCSA). See Appendix Two for service user feedback which has been included to showcase services delivered to children and young people in Dorset.

5 Challenges

- 5.1 Ongoing challenge from local authority in relation to joint funding for specialist placements for CiC with complex health and social needs placed in and out of county, has continued to be a focus during 2020-21. System led operational and strategic panels are in place, designed to ensure the most appropriate decision is made regarding placements to meet the complex needs of CiC.
- 5.2 As reflected in RHA exception reporting, placement changes have an impact on service delivery – there remains difficulties in obtaining contemporaneous updates from both local authority partners to ensure a smooth transition of health services when a child moves placement. Monthly meetings are held between CCG, LA and Dorset Healthcare with the aim of improving communication and this partnership working is beginning to have a positive effect in aligning the data as much as is possible.
- 5.3 The 16-week lead time to respond to health assessment requests for children placed in Dorset from out of area local authorities has not been able to be

reduced, however work is ongoing to address this once full recruitment to the CiC team has been achieved.

- 5.4 The revised model of working in MASH, in which there is a requirement for nurses to attend strategy discussions and risk management meetings for all open (CiC) cases has had a significant impact on the health team capacity. Work is in progress to scope the breadth of this cohort to inform future workforce planning and to understand the reason why, in open cases for children with a package of care, a re-referral into safeguarding is required.
- 5.5 Currently the capacity of the care leaver nurses in DHC is insufficient to respond to the growing population and meet their needs, this will be a key focus for 2021-22.

6. Compliments and Complaints

- 6.1 No formal complaints have been received during 2020/21. Compliments continue to be received from CiC & CL, foster carers, partner agencies. (Appendix Two)

7. Key areas for Development for the DCCG Designate Nurse 2020-21

- 7.1 To seek assurance from commissioned providers during the recovery period of COVID-19 that recovery plans for service delivery and improved performance are in place, robust and moving forward in achieving identified trajectories.
- 7.2 To undertake a formal service review of the commissioned medical Service for CiC (paused due to COVID-19), to maximise the resources available and meet statutory duties.
- 7.3 Continue to work in partnership with providers, DC, BCP Corporate Parenting Boards to improve performance and sustainability of IHA within the 20-working day statutory time frame.
- 7.4 To review need of care leaver cohort to establish how this can be best met and by whom, particularly around services to support their emotional and mental health and wellbeing and to support partners in the development of their care leaver offer.
- 7.5 To progress work in scoping and responding to the increased need for health team participation in strategy and risk assessments for CiC.
- 7.6 Monitor health provider activity and performance in line with contractual arrangements, in tracking the trajectory of activity and quality indicators to measure impact and outcomes for CiC/CL.

- 7.7 To maintain a strategic lead role locally, regionally, and nationally for CiC & CL, to ensure the CCG are compliant in meeting its statutory responsibilities. National policies will be implemented to ensure the working together framework to safeguard children is met, aligning with the Dorset’s sustainability and transformation programmes, the National NHS long term plan and changes to NICE Guideline Looked After Children and Young People (draft consultation April 2021) and the revision of Intercollegiate document Looked After Children: Roles and Responsibilities of Health Care Staff (revised December 2020).
- 7.8 To work with both DC and BCP children services and corporate parenting boards, in gaining further understanding of Dorset and BCP as outliers in terms of numbers in care per 10,000 population of children. To seek assurance that the correct children are entering and remaining within the care system locally.
- 7.9 The “voice” of children and young adults within the care system will continue to be sought, to inform the commissioning cycle to address the health and wellbeing of the CiC & CL’s population locally.

Author’s name and Title: Louise Smith Designated Nurse for Children in Care and Care Leavers

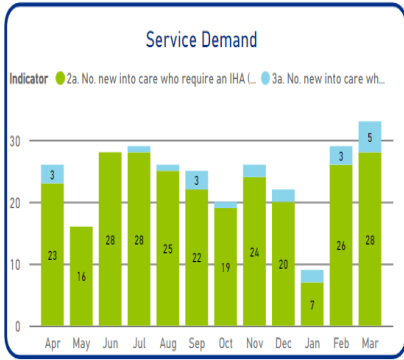
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APPENDICES	
Appendix 1	Power BI Dashboard
Appendix 2	Service User Feedback

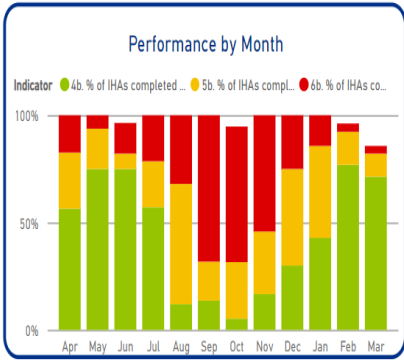
APPENDIX ONE – CiC Power BI Dashboard



2019/20 **2020/21**



SERVICE DESCRIPTION
 The Pan Dorset Medical Services for Looked After Children (LAC) are commissioned to provide a paediatric service meeting the statutory requirement, under care regulation Chapter 10 of the Care Act, to complete an Initial Health Assessment (IHA) for all children entering care which identifies the health history, needs and a plan to address these. The service also provides health advice to the regional adoption and fostering panels.



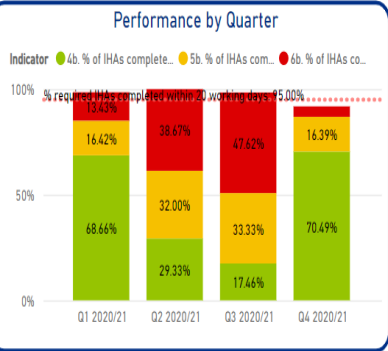
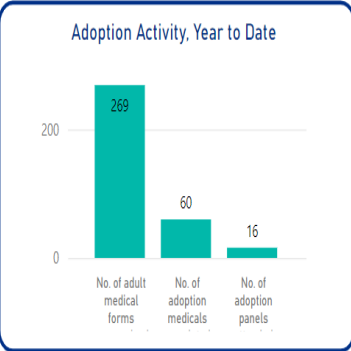
Service Demand

Indicator ▲

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% new into care requiring an IHA	88.5%	94.1%	93.3%	96.6%	92.6%	88.0%	95.0%	92.3%	90.9%	77.8%	86.7%	84.8%

Exception Reporting - Latest

Numbers into care for March remained at a higher level at 33 Pan Dorset, 28 of which required an IHA. Overall performance showed a slight decrease from 76.9% to 71.4%, however Dorset Council continue to show improvement with 100% of children being seen within 20 days. One consent was delayed but as the paediatric service were able to offer an appointment this was not reflected in their performance. BCP have accepted that performance in terms of notification and consent delay (50%) still requires significant improvement and have put further strategies in place to manage this. An increase in paediatric clinic staff for March allowed the team to meet the target of 10-15 days between receipt of consent to appointment being offered.



APPENDIX TWO – Service User Feedback

Feedback from Professionals:

“Received feedback from PA that a letter I wrote to Housing re a Care Leaver that had been taken off their register due to poor behaviours, was apparently amazing and has helped to get him reregistered with Housing.”

“Email from SW: thanks for all your support with (YP). I truly believe all your support is what has made him feel able to discuss his past.”

Feedback from Children and Young People

“I liked how she explained that I was able to get in contact with her if I needed to, and I’m also now aware of what to expect when we have this phone call again and I was also happy with how she listened to me whilst I spoke.”

“I felt able to be honest about my truth and I feel much better for it.”

“I liked talking to the nurse”

Feedback from the carer:

“The virtual appointment worked well, ensuring the young person was able to part take in the appointment. The questions asked were understandable and were appropriate for the particular young person. The appointment also ensured that the young person was able to get their thoughts, feelings and opinions across.”

“X was really lovely and informative to myself and my child in care. She made my young person feel at ease and engaged with her on a level that the child could understand. Due to the pandemic the last year has been difficult for everyone so it was really good for my young person to have face to face contact with X.”

“Easy to join, good quality audio and video - much easier to make effective use of my own time - IE: no time spent on travel / parking etc.”

“X was given time to talk and share his thoughts and opinions. Plenty of time was given to this appointment.”

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Dorset Corporate Parenting Board

16 September 2021

Children in Care Health Report

For Decision

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: Louise Smith

Title: Designated Nurse for Children in Care and Care Leavers

Tel: 07870 803657

Email: louise.smith@dorsetccg.nhs.uk

Report Status: Public

Recommendation:

The Corporate Parenting Board to continue to be sighted and continue to offer their support for Dorset children in Care to achieve the best health outcomes.

Reason for Recommendation:

1. Introduction

This strategic summary is to provide assurance to the Corporate Parenting Board and wider reader that the Dorset Clinical Commissioning Group (DCCG) are meeting their statutory requirements in commissioning services in identifying and meeting the health needs of their Children in Care (CiC) and Care Leavers (CL) population of Dorset. This report covers the period from 1 April 2020 to 31 March 2021.

2. Financial Implications

There are no financial implications.

3. Well-being and Health Implications

There are no Well-being and Health Implications.

4. Climate implications

There are no Climate Implications.

5. Other Implications

There are no other Implications.

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

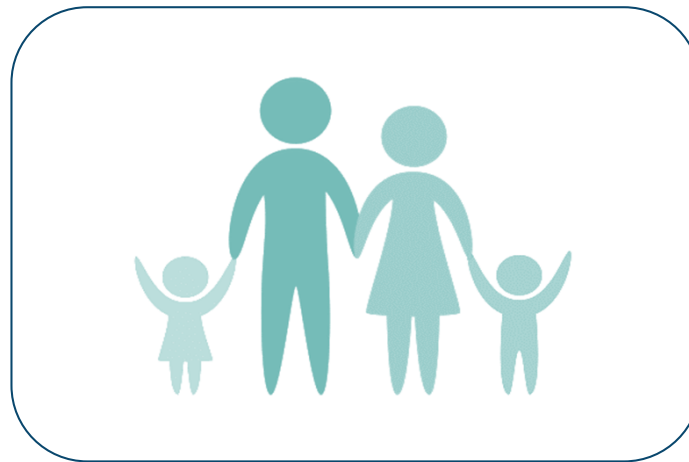
N/A

7. Appendices

- Clinical Psychology Evaluation April 2020 – Mar 2021 final
- CAP 2021 Service Report Q3 & Q4 Dorset
- Children in Care and Care Leavers Annual Report 2020-21

Corporate Parenting Performance Report

People - Childrens



September 2021

Produced by Business Intelligence & Performance (People)

Corporate Parenting Board - Performance



Introduction

This purpose of this report is to provide the Corporate Parenting Board with an overview of performance. These indicators are grouped together under the relevant areas. Work will continue with managers to develop targets.

Overview of Performance

The report assesses the performance of available data during or as at the end of the last month, snapshots of this data are taken. Performance is compared with the previous month and whether there has been an improvement or decline in performance. Where appropriate, a target has been set to ensure high performance and drive improvement and there is RAG rating for these indicators. Targets have been set in line with national and statistical neighbour rates/averages and this information is included in the report where it is available and in discussion with Service Managers. Sparkline graphs have been included to illustrate trends.

RAG Rating and Performance Direction




Where a target has been set, indicators are RAG rated using the criteria below:

Green Performance is good and in line with or exceeding target: consistent with the National/Statistical Neighbour average.

Amber Performance is below target; inconsistent with National/Statistical Neighbour average; action is in place with likelihood of improvement.

Red Performance is poor; well below expected levels nationally; improvement is required.

Latest performance is compared with the previous month with arrows indicating direction of performance as follows:

-  improved performance compared with previous month
-  same performance compared with previous month
-  decline in performance compared with previous month

Benchmarking Note:

Good and Outstanding Statistical neighbours for 2019/20 includes Shropshire, Wiltshire, East Sussex, Cornwall and Suffolk. The latest available benchmarking data has been included.

Corporate Parenting Data Set (last 6 months)



	Benchmarking 19/20		Current Target	Baseline Dorset March 2020	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Direction of Performance	Status	Trend
	Eng AV	Good + AV											
Profile													
Measure													
Rate of children in care as at end of month													
	67	54	60	70	66.3	66.2	66.2	65.4	65.4	64.8	✓	Yellow	
Number of children who became CIC													
	NA	NA	10	21	11	15	9	4	15	5	✓	Green	
Number of children who ceased to be CIC													
	NA	NA	13	22	20	13	9	7	15	9	✗	Yellow	
Health													
% of New Children in Care receiving their IHA within 20 days													
			95	28	90.0	66.7	70.0	75.0	66.7		✗	Red	
% CIC for 12 months or more with Annual Health Assessment completed on time													
	90	88.8	90	79	77.0	79.0	82.0	81.0	81.3	83.1	✓	Yellow	
% CIC in care 12 months or more who have had a dental check within 12 months													
	86	82.2	85	78	21.6	17.0	19.0	23.0	34.6	41.5	✓	Red	
% of ALL CIC at end of month with up to date immunisations													
	88	92.4	88	83	84.0	85.1	87.3	87.4	88.1	88.0	✗	Green	
Emotional Wellbeing													
% of children for CIC for at least 12 months age 4-16yrs with completed SDQ assessment													
	81	74.2		61	49.2	74.6	74.3	73.8	74.4	73.7	✗		
Average SDQ score for children in care who have been in care for more than 12 months (age 4 to 16)													
	14.1	14.8		18.5	15.6	15.2	15.3	15.6	15.6	15.6	!		
Safety													
% of children in care (at any point in last 6 months) with at least one missing episode in the last 12 months													
	11	10.4	10	16	12	12	13	13	13	14	✗	Yellow	
% Children in Care who have had more than 1 episode of Missing													
	7.4	6.8		8.2	8	7	7	8	8	8	!		
Number of allegations made against foster carers													
	10	8.8		27	0	2	3	2	3	3	!		

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Corporate Parenting Data Set (last 6 months)



	Benchmarking 19/20		Current Target	Baseline Dorset March 2020	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Direction of Performance	Status	Trend
	Eng AV	Good + AV											
Placement													
% Children in Care living in foster placement													
	71.8	73.3			70	72	72	73	73	72	⊗		
% of CIC at end of month with 3+ placements in previous 12 months													
	11	11.6		11	8.4	7.8	6.9	6.1	6.3	5.7	✔		
% of children in care for 2.5 years or more, aged under 16 who have been in their placement for 2 or more years													
	68	69.2	70	69	73.3	74.1	73.0	72.0	70.1	69.1	⊗		
% Children in Care living in a commissioned placement													
	51	41		49	52	51	51	53	52	54	⊗		
% CIC placed 20 miles away from home													
	20	33.4	35	47	42.7	44.1	44.3	43.2	42.8	42.0	✔		
% CIC placed outside Dorset													
	41	26.2	30	40	39.1	39.0	39.9	40.5	39.6	40.9	⊗		
Education													
% Children in Care with an Education Health and Care Plan													
	27.2	34		27.4	33	39	40	40	36	37	⊗		
% Children in Care achieving expected standards in Key Stage 1													
	NA	NA		NA	NA	NA	NA	NA	NA	NA			
% Children in Care achieving expected standards in Key Stage 2 Maths													
	51% (18/19)	48.6% (SN 18/19)		NA	NA	NA	NA	NA	NA	NA			
% Children in Care achieving expected standards in Key Stage 2 Writing													
	50% (18/19)	46.3% (SN 18/19)		NA	NA	NA	NA	NA	NA	NA			
% Children in Care achieving expected standards in Key Stage 2 Reading													
	49% (18/19)	46.9% (SN 18/19)		51.0	NA	NA	NA	NA	NA	NA			
Average Attainment 8 score for Children in Care													
	19.2 (18/19)	15.4% (SN 18/19)		NA	NA	NA	NA	NA	NA	NA			
Average progress 8 score for Children in Care													
	1.23 (18/19)	1.42% (SN 18/19)		NA	NA	NA	NA	NA	NA	NA			
% of children with a PEP within 20 days of coming into care													
	NA	NA		NA	NA	NA	100	NA	NA	100			
% all Children in Care Unauthorised absence													
	1.4% (18/19)	1% (SN 18/19)		NA	2	2	2	2	2	2	!		

Corporate Parenting Data Set (last 6 months)



	Benchmarking 19/20		Current Target	Baseline Dorset March 2020	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Direction of Performance	Status	Trend
	Eng AV	Good + AV											
Education													
Average Attendance % for Children in Care of school age													
					64	87	93	92	85	92	✓		
% Children in Care who have been in care for 12 months who have had at least one Fixed Term Exclusion (in the month)													
	11.7% (18/19)	13.6% (SN 18/19)	NA	NA	0	0	0	3	3	4	✗		
% all Children in Care on reduced timetable													
	NA	NA	NA	NA	4	4	5	5	5	5			
Permanence													
% of CIC for 4 months or more with a completed permanence plan													
	NA	NA	90	73	96.3	96.7	97.2	98.6	97.9	97.9	!		
% Children who have achieved Permanence													
	NA	NA			24.8	25.5	27.0	26.8	30.3	30.2	!		
% Children Achieved Permanence SGO													
	12.2	11.4		8.6	12	11	9	8	11	14	✓		
% Children Achieved Permanence Adoption													
	11	12.2		9.0	15	13	14	14	11	13	✓		
Sufficiency													
Number of Foster carers at end of month													
	NA	NA	215	200	201	203	202	205	202	197	✗		
Number of new households recruited – Mainstream													
	NA	NA		22	2	3	3	1	0	2	✓		
Number of new households recruited – Connected Person													
	NA	NA		18	1	1	1	1	1	0	✗		
Number of new households recruited – Temporary													
	NA	NA			1	5	5	2	8	1	✗		
Number of households de-registered – exclude connected carers													
	NA	NA		22	1	0	0	1	1	0	✓		
Number of households resigned													
	NA	NA		64	2	3	3	2	4	4	!		
Number of allegations made against foster carers that were substantiated													
	NA	NA		14	2	0	0	1	2	0	✓		

Corporate Parenting Data Set (last 6 months)



	Benchmarking 19/20		Current Target	Baseline Dorset March 2020	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Direction of Performance	Status	Trend
	Eng AV	Good + AV											

Adoption

Number of adoptions finalised in month

NA	NA		16	3	1	2	2	1	2	✓		
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Number of children living in adoptive placements pending adoption orders

NA	NA			16	18	18	19	20	20	!		
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Number of children with a match identified

NA	NA			5	3	3	1	1	0			
----	----	--	--	---	---	---	---	---	---	--	--	--

Number of children where family finding is ongoing

NA	NA			20	22	22	19	17	19			
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Numbers of Adoption placement order revocations over last 12 months

NA	NA		2	7	7	8	8	8	6			
----	----	--	---	---	---	---	---	---	---	--	--	--

Average number of days between entering care and moving in with adoptive family for adopted children (adjusted for foster carer adoptions)

			412	400	382	459	481	450	508			
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The average number of days from the date of the placement order to the date the child was matched to prospective adopters

			203	185	177	250	246	240	231			
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Number of adoptive families recruited

NA	NA		60	4	4		2	0	2			
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Number of adoptive Families in assessment

NA	NA			47	49	49	46	45	45			
----	----	--	--	----	----	----	----	----	----	--	--	--

Care Leavers

% Care Leavers with an up to date pathway plan at end of month

NA	NA	95	66.5	76	79	85	85	85	86	✓		
----	----	----	------	----	----	----	----	----	----	---	--	--

% Care Leavers who are living in suitable accommodation (19-21 yrs)

85	85.4	96	88	97	96	95	96	96	94	✗		
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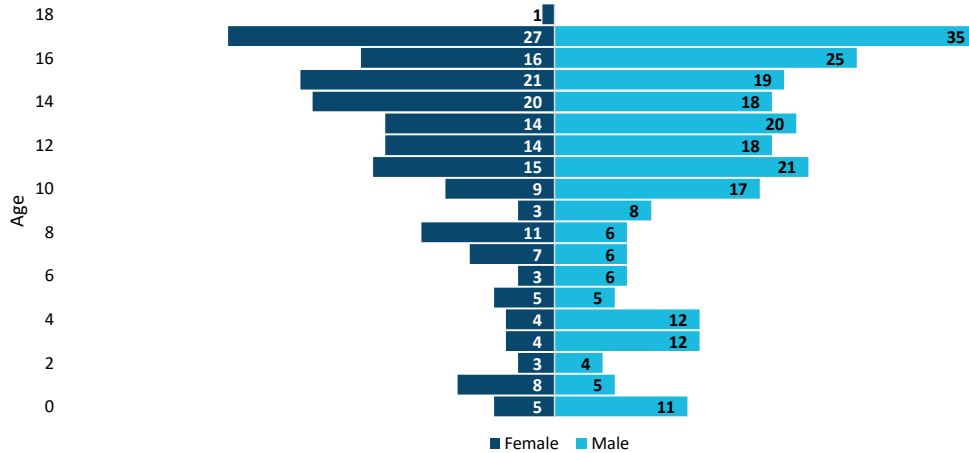
% Care Leavers who are in Employment Education or Training (19-21yrs)

53	55.4	60	48	49	48	48	51	52	55	✓		
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% Care Leavers who are in touch with Dorset Local Authority (19-21yrs)

90	89.3	93	92	97	97	97	99	99	99	!		
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Children In Care by Age & Gender at 31st July 2021



Number of Children In Care at 31 July 2021:

440



Number of Care Leavers at 31 July 2021:

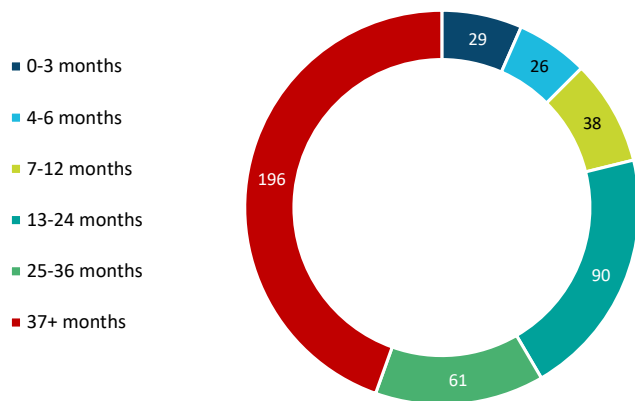
268



Comments:

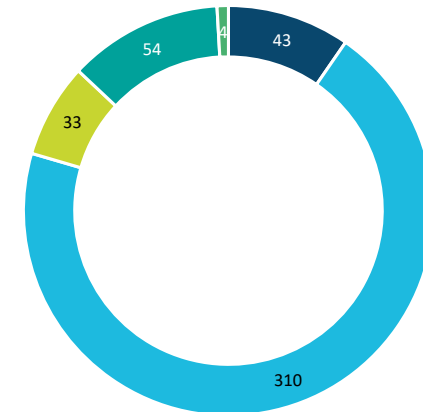
We continue to see work towards reduction in our total number of children in care, which is now much closer to our statistical neighbours. This in part is due to improved processes and oversight of children coming into Dorset Councils Care and progressing their permanence option. We also have seen a slight increase in our total children and young people who are care leavers this month. This however is likely in the medium term to increase as we continue to have significant proportion of children in our care.

Duration in Care at 31st July 2021



Legal Status at 31st July 2021

- C1 Interim Care Order
- C2 Full Care Order
- E1 Placement Order Granted
- V2 Single Period of Accommodation Under Section 20
- V4 Accommodated under an agreed series of short-term breaks, when agreements are recorded (ie NOT individual episodes of care)

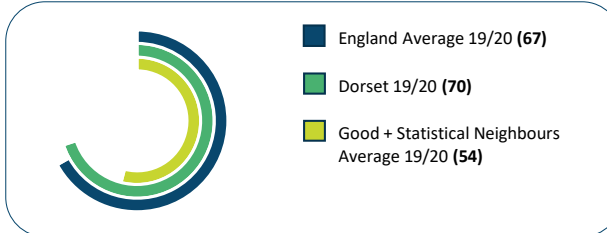
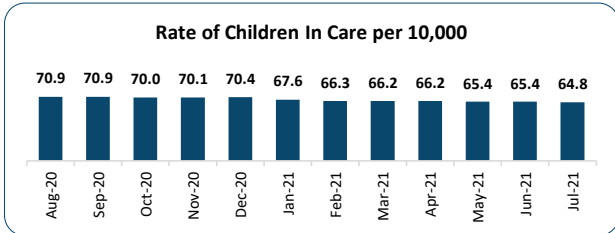


Corporate Parenting Data Set

People - Childrens

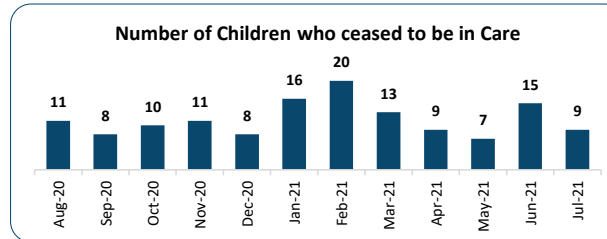
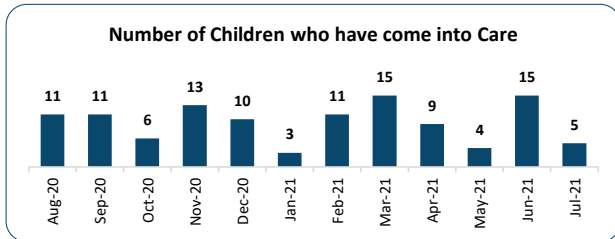
Produced by Business Intelligence & Performance (People)

PROFILE



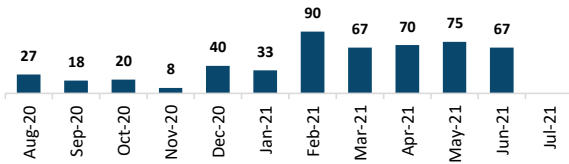
Comments:
 Our rate of Children in care per 10,000 has steadily reduced month on month since January 2021. Our rate of children in care is now lower than national average for the past six months. This is positive and an improving picture for Dorset Council, we remain with a higher rate of children in care than our good or outstanding statistical neighbours. Considerable efforts have been made and continue to be made to only have children come into our care when appropriate to do so and they achieve permanence without drift or delay. The effects of the pandemic on our children in care total number is yet to be seen as we come out of the current national pandemic lockdown.

Page 108



Comments:
 We continue to see a trend of less children entering care than leaving in 2021. Whilst this is positive and a result of the refined process's, further progress is required and remains our priority. Attention continues to be given to ensuring that plans for permanence include all permanence options which are being explored and progressed in a timely manner. This results in achieving permanence for our children in a timely way.
 As we continue to develop and embed the Harbour and Adolescent Services this will support reducing the number of children coming into our care and timeliness of our children leaving our care.

% of New CIC receiving their IHA within 20 days



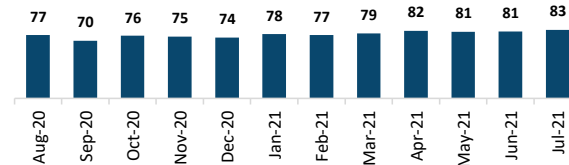
Comments:

% of New Children in Care receiving their Initial Health Assessment (IHA) monthly data is reported 1 month after the month is due, this is to allow for the data to fall into the month due, i.e. a child accommodated on the 31 December would not be calculated until 26 January. Data is from our Mosaic system. Benchmarking data is currently not available.

We have seen an improvement in performance in completed IHAs since January this year. We have better management oversight of this process in real time, reducing and preventing delay in completing and sharing relevant documents with health which has led to delay in setting up an IHA within 20 days.

We continue to work closely with our health colleagues to address any issues in real-time with all professionals involved fully committed

% CIC Annual Health Assessment completed on time

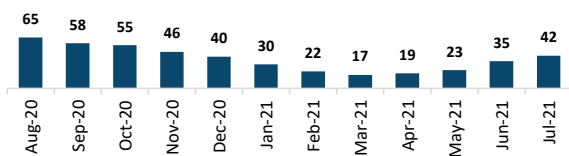


- England Average 19/20 (90%)
- Dorset 19/20 (89%)
- Good + Statistical Neighbours Average 19/20 (89%)

Comments:

Figures shown on the graph are for children in care for 12 months or more, the percentage having their Annual Review Health Assessment (RHA) completed on time. It should be noted that our measures are different from the CCQ who measure % of children in each month who have had their review health assessment as opposed to our measure.

% CIC who have had a dental check within 12 months

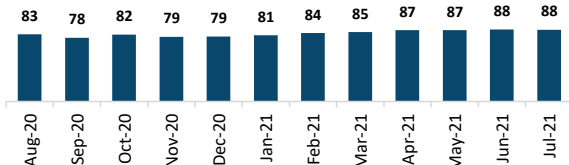


- England Average 19/20 (86%)
- Dorset 19/20 (78%)
- Good + Statistical Neighbours Average 19/20 (82%)

Comments:

Figures shown on the graph are for children in care (CIC) for 12 months or more and whether they have had a dental check within the last 12 months. We continue to see an improvement in our children accessing a dentist for their 12 monthly dental check.

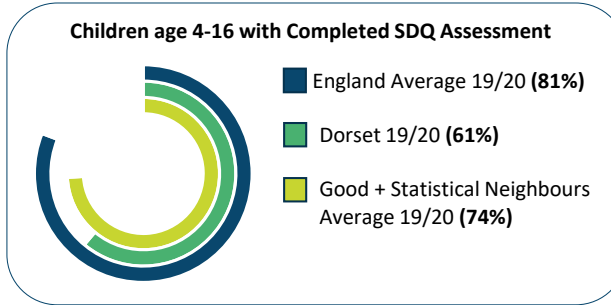
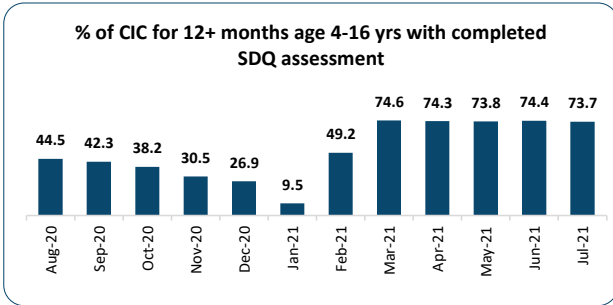
% CIC at month end with up to date immunisations



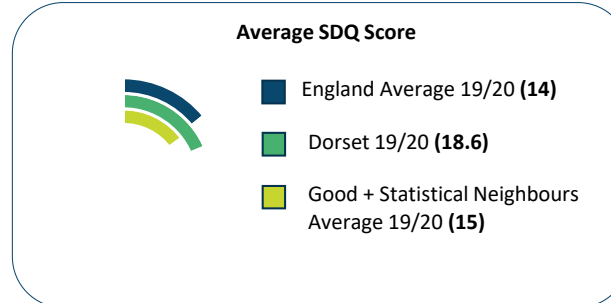
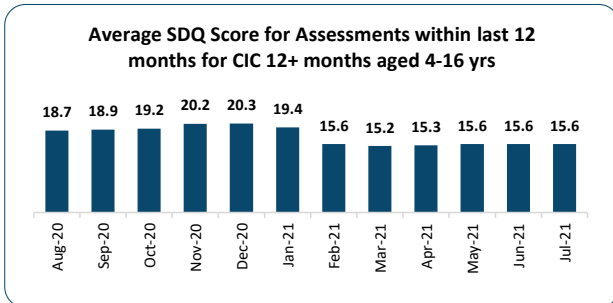
- England Average 19/20 (88%)
- Dorset 19/20 (83%)
- Good + Statistical Neighbours Average 19/20 (92%)

Comments:

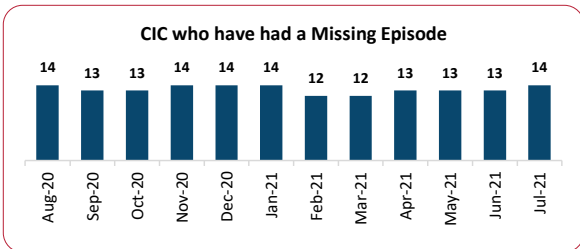
Figures shown on the graph are for the percentage of children in care at end of month with up to date immunisations. CCG data shows Immunisations for Children in care are up to date with the UK Immunisation schedule for the month of those **due an RHA in the month.**



Comments:
 Due to the decline in the completion rate of the SDQ we carried out a big drive to increase the take up hence the increase. We have sustained this and the % return is greater than last year and in line with statistical neighbours

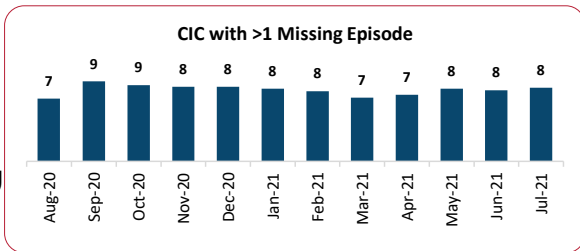


Comments:
 A score below 14 is best. Dorset's average score has dropped as the percentage of SDQs completed has increased. The average score for those completed falls in the slightly raised banding. This suggests that overall the wellbeing of our children in care has improved and may indicate that we are better at meeting and responding to their emotional and behavioural needs.



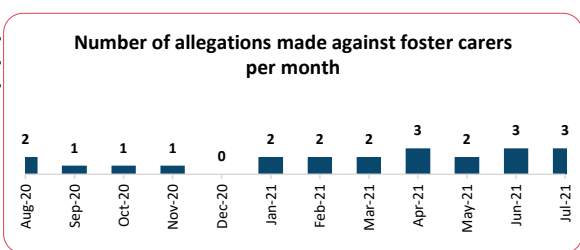
- England Average 19/20 (11%)
- Dorset 19/20 (16%)
- Good + Statistical Neighbours Average 19/20 (10%)

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



- England Average 19/20 (7%)
- Dorset 19/20 (8.2%)
- Good + Statistical Neighbours Average 19/20 (7%)

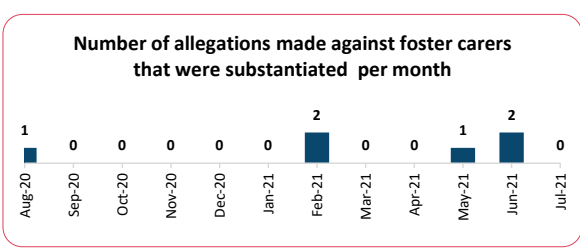
Comments:
We continue to work to improve practice including work with partner agencies such as police of when to report a child missing who is in care. We remain a statistical outlier with our current data set to our statistical neighbours and the national average



Annual Benchmarking for 12 month period

- England Average 19/20 (10)
- Dorset 19/20 (27)
- Good + Statistical Neighbours

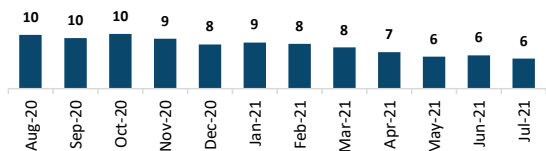
Comments:
In July there were three allegations against foster carers.



12 month total: Dorset 19/20 (14)

Comments:
In July there was no allegations that were substantiated.

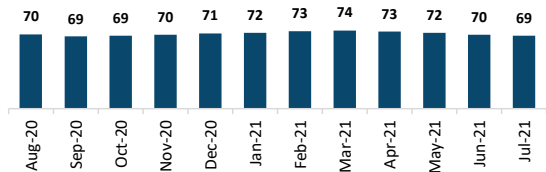
% Children in Care with 3 or more Placements



- England Average 19/20 (11%)
- Dorset 19/20 (11%)
- Good + Statistical Neighbours Average 19/20 (11.6%)

Comments: Dorset Council continues to perform better than our good statistical neighbours and the national average. We continue to use stability meetings as a way of offering support early to reduce crisis escalating and placement break down. The Harbour Outreach team are also now working with our children where placement break down has been identified.

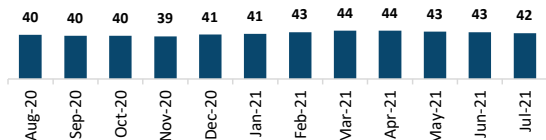
% CIC 2.5 Years in same placement for 2+ Years



- England Average 19/20 (68%)
- Dorset 19/20 (69%)
- Good + Statistical Neighbours Average 19/20 (69.2%)

Comments: This continues to be an improving picture as we develop practice to ensure that where possible children achieve permanence and stability earlier. We have now RAG rated all our children who have not achieved permanence in these placements and have clear plans to progress their permanence in a timely way.

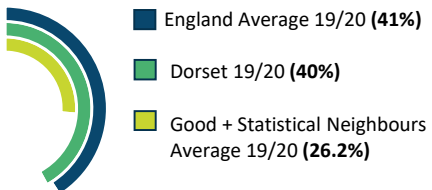
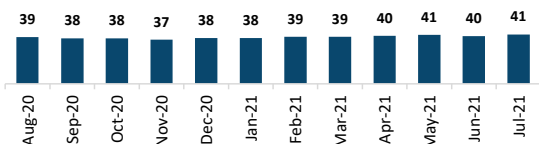
% CIC Living 20+ Miles from Home Address



- England Average 19/20 (20%)
- Dorset 19/20 (47%)
- Good + Statistical Neighbours Average 19/20 (33.4%)

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

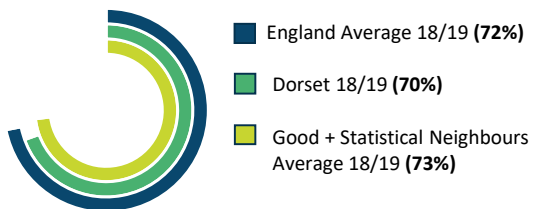
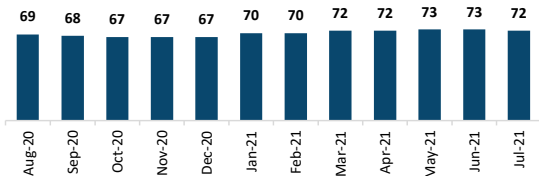
% CIC Living Outside Dorset Council Area



Comments:

We continue to have too many children placed out of their local area. We continue to review permanence plans for these children. Just over two thirds have been in their placement for more than a year. A proportion of these children are placed in connected persons placement which are placement falling outside of the Dorset Council locality

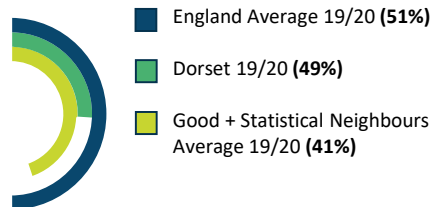
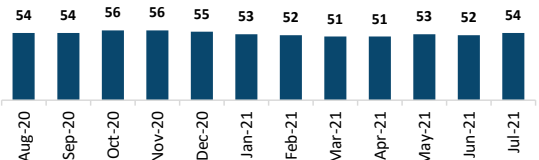
Children in Care Living in Foster Placement



Comments:

The majority of our children continue to live in a family home. Figures are taken from ChAT.

CIC Living in a Commissioned Placement



Comments:

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

Corporate Parenting Data Set

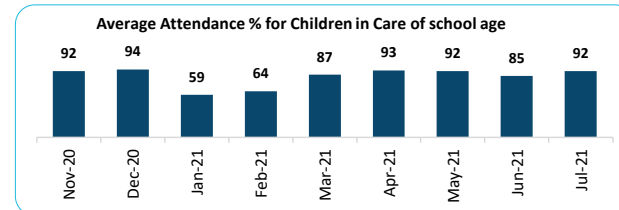
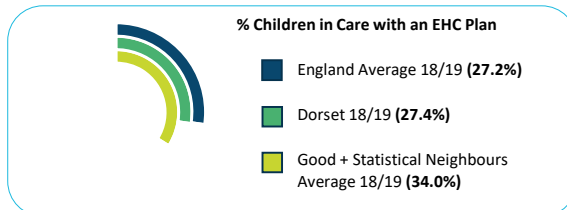
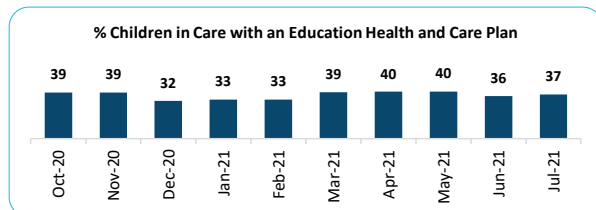
People - Childrens

Produced by Business Intelligence & Performance (People)

National 18/19 (27.2%)

Dorset 18/19 (27.4%)

Statistical Neighbours 18/19 (34.0%)

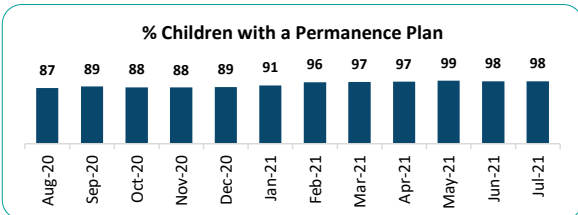


INDICATOR	National 19/20	Dorset 19/20	Good + SN Average 19/20	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
% of children with a PEP within 20 days of coming into care				NA	NA	100.0	NA	NA	100.0
% all Children in Care Unauthorised absence	0.0	0.0	0.0	2.3	2.2	2.3	2.3	2.3	2.3
% Children in Care who have been in care for 12 months who have had at least one Fixed Term Exclusion	0.1	0.1	0.1	0.0	0.9	1.3	2.6	3.2	3.7
% all Looked After Children on reduced timetable				3.6	3.6	5.1	5.3	4.9	

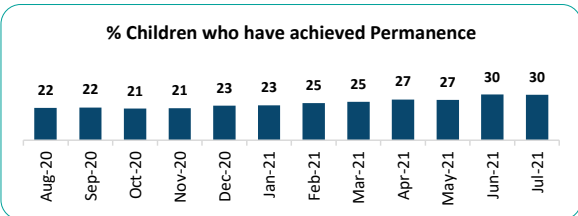
County and National data is not available for 2020 year due to Covid-19 pandemic. The use of these indicators , for accountability, is suspended. Dorset Council continues to support our schools to provide the best education for all.

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

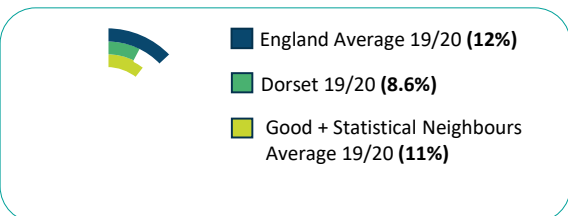
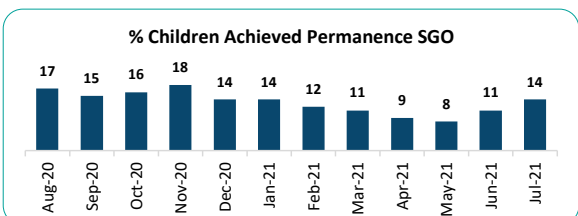
Comments: Spring term PEP completion was 98%, and PEPs for children new into care within 20 days was 100%. These are pleasing improvements. 79% of PEPs were quality assured as good or better. This is due to the training delivered on good quality target setting. Where PEPs are good the child's voice is well represented through the process. Unauthorised absence remains an area requiring improvement. Overall attendance rates have continued to improve, with May average attendance at 91.4%. 141 children have maintained 95%+ attendance since September, which is impressive given the months of lockdown that have affected school attendance overall. Fixed term exclusions have gone up since full school reopening but remain below national levels. Work is ongoing to support and challenge schools around exclusions and in particular repeat exclusions.



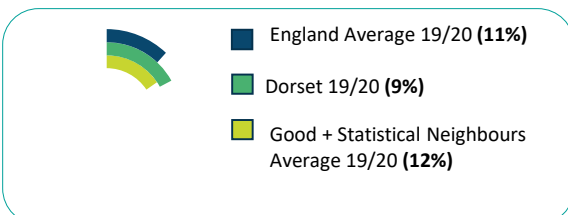
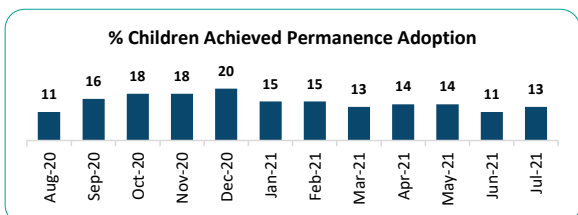
Comments:
 This continues to be an improving picture for Dorset Children with month on month improvement. We have a permanence tracker now in place and we continue to monitor and track our children's permanence option and timeliness of achieving permanence. A monthly permanence reports is also shared with senior managers and operation staff. There continues to be growing scrutiny from our Quality Assurance and Reviewing Officers to ensure further oversight of timeliness and quality of permanence plans.
 Figures taken from Mosaic for children in care for 4 months or more at the end of each month



Comments:
 Since this report has been created there has been a data correction and we now show a figure of 30% for June and July This is an improving picture and we continue to work at improving this figure month on month. This is supported by refined permanence pathways to ensure our processes are streamlined and reducing the potential for any drift or delay
 Figures taken from Mosaic.



Comments:
 Figures are taken from ChAT and include children who left care in the last 6 months.
 We continue to look at all options for securing permanence for our children whilst in our care.



Comments:
 Figures are taken from ChAT and include children who left care in the last 6 months.
 Dorset Council continues to progress and track our children through the adoption process in a timely way, in close partnership with ASPIRE.

INDICATOR	Dorset 18/19	Dorset 19/20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Number of approved foster carers (All)	186	202	206	205	206	205	204	207	201	203	202	205	202	197
Number of new households recruited;														
Mainstream	21	22	0	1	1	3	3	3	2	3	3	1	0	2
CP	14	18	1	0	0	1	1	1	1	1	1	1	1	0
Temporary CP	0	0	1	3	0	2	4	0	1	5	5	2	8	1
Number of households de-registered – exclude connected carers	16	22	1	2	0	1	0	3	1	0	0	1	1	0
Number of households resigned	44	64	5	4	0	1	1	1	2	3	3	2	4	4

Comments:

The number of new households recruited each month is recorded separately for Mainstream Fostering, Connected Persons and Temporary Approved Connected Persons. The number of households deregistered only applies to mainstream fostering. A clear action plan is in place to improve the level of foster carer availability. There is an on going recruitment campaign to develop our inhouse provision.

There is an ongoing plan to manage the number of unavailable beds within the service. This is regularly monitored and foster carers are encouraged to consider availability. It is hoped that this will improve as Covid restrictions are now lifted. Recruitment efforts continue with the latest advertising campaign focussed on recruiting carers for teenagers. Dorset council participated in a South West regional campaign during the annual Fostering Fortnight Campaign in may and generated 15 enquiries from the public about becoming foster carers. This is a disappointing result. However there has been a noticeable drop in the number of enquiries in the last two months and this has been felt by the other LA's in the South West region. One hypothesis is that people are concentrating on going out or visiting relatives and friends as the Covid restrictions lift and the weather is good.

Corporate Parenting Data Set

People - Childrens

Produced by Business Intelligence & Performance (People)

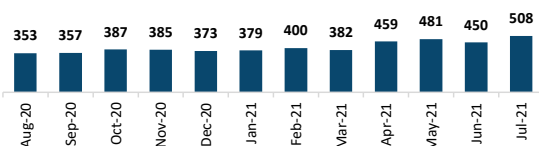
ADOPTION



INDICATOR	Dorset 19/20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Number of adoptions finalised in year	16	0	3	2	3	1	2	2	1	2
Number of children living in adoptive placements pending adoption orders	-	19	17	15	16	18	18	19	20	20
Number of children with a match identified	-	0	1	6	5	3	3	1	1	0
Number of children where family finding is ongoing	-	32	32	32	20	22	22	19	17	19
Number of revocations of Placements Orders	2	5	5	5	7	7	8	8	8	6
Number of adoptive families recruited	60	3	2	1	4	4	0	2	3	2
Number of adoptive Families in assessment	-	46	45	47	47	49	49	46	45	45

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



National 18/19: **486**

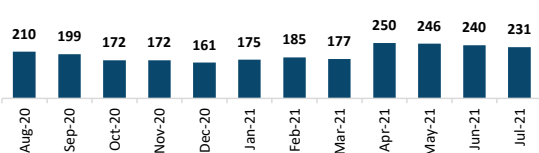
Dorset 18/19: **433**

Statistical Neighbours 18/19: **453**

Comments:

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

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



National 18/19: **201**

Dorset 18/19: **137**

Statistical Neighbours 18/19: **176**

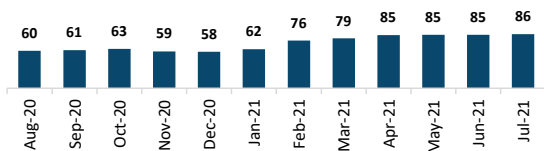
Comments:

Progress in this area remains a focus.

Comments:

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

With an up to date Pathway Plan

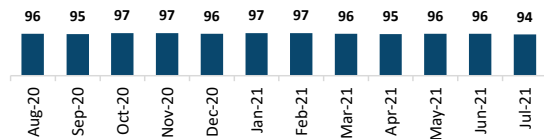


Comments:

Benchmarking data currently not available.
We are currently developing best practice guidance for operational staff and continue to monitor and track progress in this regard.
Figures taken from Mosaic for all Care Leavers at the end of each month.

Please note: For 'Living in Suitable Accommodation' and In Employment, Education, or Training' measures we use current data available but benchmarking data is using data from last birthday.

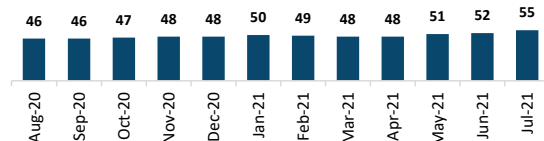
Living in Suitable Accommodation (19-21)



- England Average 19/20 (85%)
- Dorset 19/20 (88%)
- Good + Statistical Neighbours Average 19/20 (85%)

Comments: Although a high number of our Care Leavers are in suitable accommodation, we have a small number that are in B&B, in emergency accommodation and or in custody or no fixed abode/ residence unknown. 11 in July fell in to this category, 2 in B&B 2 in emergency accommodation and 4 in custody 3 in no fixed abode and residence unknown.
Those in unsuitable accommodation are monitored through a

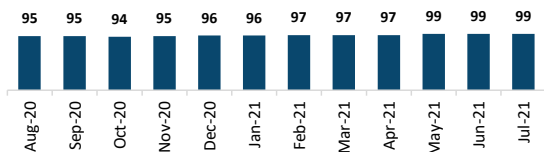
In Employment Education or Training (19-21)



- England Average 19/20 (53%)
- Dorset 19/20 (48%)
- Good + Statistical Neighbours Average 19/20 (55%)

Comments: Improvements in our NEET statistics have levelled off in the past few weeks. However, we have 3 Personal Advisers who focus on supporting Care Leavers around their employment, education and training and we have established a referral system within the team and are developing bespoke interventions to support around 20 Care Leavers.
Figures are taken from ChAT based on current care leavers at the

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



- England Average 19/20 (90%)
- Dorset 19/20 (92%)
- Good + Statistical Neighbours Average 19/20 (89%)

Comments: Our 'In Touch' rates are higher than our statistical neighbours, we do have a small number of Care Leavers we are not in touch with. Where we are not in touch, Care Leaver will still have an allocated PA who will continue to try to make contact by whatever means they can. We remain in touch with every care leaver who has left our care in the last 12 months.