



Corporate Parenting Board

Date: Thursday, 23 November 2023
Time: 3.00 pm
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)

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

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

For more information about this agenda please contact Democratic Services Meeting Contact Tel: 01305 224709 - megan.r.rochester@dorsetcouncil.gov.uk

Members of the public are welcome to attend this meeting, apart from any items listed in the exempt part of this agenda.

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Agenda

Item	Pages
1. WELCOME AND INTRODUCTIONS	
The Chairman to open the meeting and welcome those present.	
2. APOLOGIES	
To receive any apologies for absence.	
3. MINUTES OF PREVIOUS MEETING	
To confirm the minutes of the formal meeting held on Thursday 25 th May.	
4. 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.

5. PUBLIC PARTICIPATION

Representatives of town or parish councils and members of the public who live, work or represent an organisation within the Dorset Council area are welcome to submit up to two questions or two statements for each meeting. Alternatively, you could submit one question and one statement for each meeting.

All submissions must be emailed in full to megan.r.rochester@dorsetcc.gov.uk by 8.30am on Monday 20th November 2023.

When submitting your question(s) and/or statement(s) please note that:

- no more than three minutes will be allowed for any one question or statement to be asked/read.
- a question may include a short pre-amble to set the context, and this will be included within the three-minute period.
- please note that sub divided questions count towards your total of two.
- when submitting a question please indicate who the question is for (e.g., the name of the committee or Portfolio Holder)
- Include your name, address, and contact details. Only your name will be published but we may need your other details to contact you about your question or statement in advance of the meeting.
- questions and statements received in line with the council's rules for public participation will be published as a supplement to the agenda.
- all questions, statements and responses will be published in full within the minutes of the meeting.

6. INTRODUCTION AND SCENE SETTING

Theresa Leavy (Executive Director for people-children) to set the scene of the meeting.

7. CORPORATE PARENTING DATASET

To receive a report from Paul Dempsey (Corporate Director- Care and Protection).

- | | | |
|------------|---|--------------|
| 8. | INDEPENDENT REVIEWING OFFICER'S ANNUAL REPORT | 23 - 50 |
| | Sunita Khattra-Hall (Interim Head of Quality Assurance and Partnerships) to report. | |
| 9. | ANNUAL LADO REPORT | 51 - 72 |
| | To receive a report from Kelvin Connelly (Safeguarding Education Service Manager). | |
| 10. | ANNUAL REPORT OF THE VIRTUAL SCHOOL: EDUCATION OF CHILDREN IN CARE | 73 - 74 |
| | Jo Smark-Richards (Service manager for Virtual School) to present the report to committee. | |
| 11. | ADVOCACY AND INDEPENDENT VISITORS | 75 - 86 |
| | Claire Denby (NYAS) to report. | |
| 12. | CHILDREN IN CARE AT RISK OF OFFENDING AND CUSTODY | 87 - 96 |
| | To receive a report from David Webb (Head of Service for Combined Youth and Justice Services). | |
| 13. | COMPLAINTS AND REPRESENTATIONS- CHILDREN IN CARE AND CARE LEAVERS | 97 - 114 |
| | Antony Bygrave (Assurance Complaints Manager) to report. | |
| 14. | HEALTH OF LOOKED AFTER CHILDREN AND EMOTIONAL WELLBEING OF LOOKED AFTER CHILDREN | 115 -
126 |
| | Louise Harris-Smith (Designated Nurse for Children in Care and Care Experienced Young People) to report to committee. | |
| 15. | URGENT ITEMS | |
| | To consider any items of business which the Chairman has had prior notification and considers to be urgent pursuant to section 100B (4) b) of the Local Government Act 1972. The reason for the urgency shall be recorded in the minutes. | |
| 16. | EXEMPT BUSINESS | |
| | To consider passing the following recommendation: | |
| | Recommendation | |
| | That in accordance with Section 100A(4) of the Local Government Act 1972 to exclude the public from the meeting for the business specified in item(s) No 1 because it is likely that if members of the public were | |

present there would be disclosure to them of exempt information as defined in paragraph(s) 1,2 of Part 1 of schedule 12A to the Act and the public interest in withholding the information outweighs the public interest in disclosing the information to the public.

The public and the press will be asked to leave the meeting whilst the item of business is considered. (Any live streaming will end at this juncture).

Reason for taking the item in private.

Paragraph 1 - Information relating to any individual.

Paragraph 2 - Information which is likely to reveal identity of an individual.

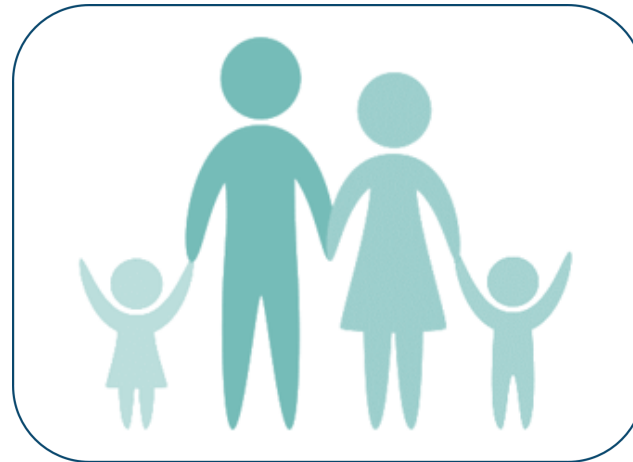
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| 17. | Cherries Ofsted Report
Daun Tattersall (Service Manager – Residential CWAD) to report. | 127 -
144 |
|------------|--|--------------|

18. DATE OF NEXT MEETING

To confirm details and deadlines for papers for the next meeting of the (formal) Corporate Parenting Board which will be held on Thursday 25th November 2024.

Corporate Parenting Performance Report

Business Intelligence & Performance Team - People



September 2023

Corporate Parenting Board: Performance

Produced by Business Intelligence & Performance (People)

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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.

RAG Rating and Performance Direction

Where a target has been set, indicators are RAG rated in the 'Status' field 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 the icons indicating direction of performance as shown below, based only on whether the figures has increased or decreased since the previous month. Please note, 'Direction of Performance' field is not related to targets and should be used to see where performance is changing and not to judge overall status of the measure; the RAG ratings in the 'Status' field identify where measures are in relation to the target for the latest months performance.

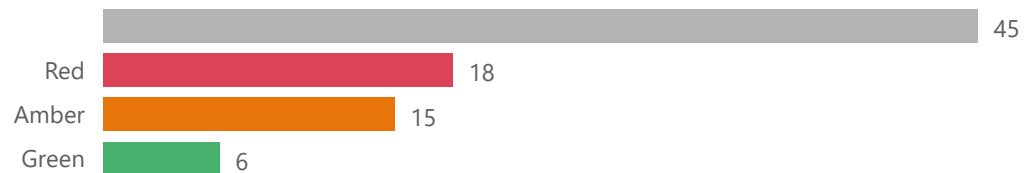
- ✓ improved performance compared with previous month
- ✗ decline in performance compared with previous month
- ! same performance compared with previous month

Benchmarking Note

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

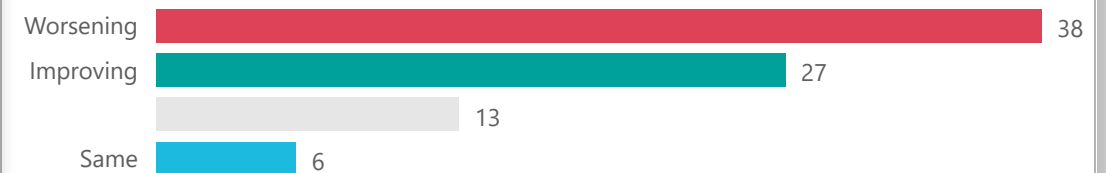
Summary of Measures

Count of Indicator by RAG



84
Count of Indicators

Count of Indicator by Direction of Travel



Corporate Parenting Data Set: Summary

Produced by Business Intelligence & Performance (People)

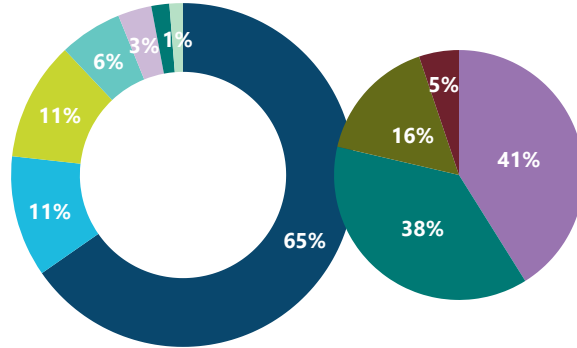
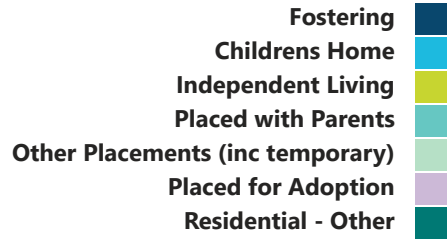
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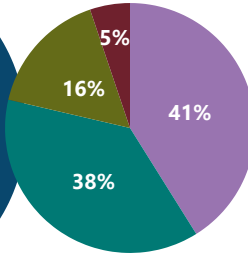
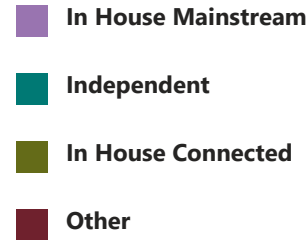


A full list of indicators including 6 months of data is included in Appendix A.

Child Placement Type



Placement - Fostering Breakdown



Care Leavers



We have **4** care leavers (active, aged 16-25 yrs) in bed and breakfast accommodation. In the previous month we had **3**.



96 % of our care leavers are living in suitable accommodation (active, 19-21 yrs). Last month this was **96** %.



54 % of our care leavers are in employment, education or training (active, 19-21 yrs). Last month this was **55** %.



91 % of our care leavers with an up to date Pathway Plan and end of month (active, 17-25 yrs). Last month this was **89** %.



97 % of our care leavers are in touch with us (active, 19-21 yrs). Last month this was **97** %.

Adoption



17 children were adopted in the last 12 months.

Number of CIC



We have **473** children in care (rate of **72** per 10,000), **67** of them are unaccompanied asylum seeking children. In the previous month we had **464**, (**69**) and **64** respectively.

Health



Of our children who have been in care for at least 12 months (aged 4-16), **66** % have had a strengths & difficulties questionnaire completed. Last month this was **66** %.

Distance from Home



40 % of our children in care live over 20 miles away from home (excluding our unaccompanied asylum seeking children). Last month it was **41** %.



Of our new children in care last month, **26** % had their initial health assessment within 20 days. In the month prior to that it was **44** %.

Placement Stability



Of our children in care who have been in care for 2.5 years (aged 16 or under) **65** % have been in their placement for 2 years or more. Last month it was **66** %.

Education



The average attendance for this academic year for our children in care is **88** %, (**87** % up to last month).



9 % of our children in care had 3 or more placements in the previous 12 months. Last month it was **9** %.



100 % of our children in care have had their termly personal education plan completed on time.

Corporate Parenting Board Performance Measures

Produced by Business Intelligence & Performance (People)

Month Ending ▼

September 2023 ▼

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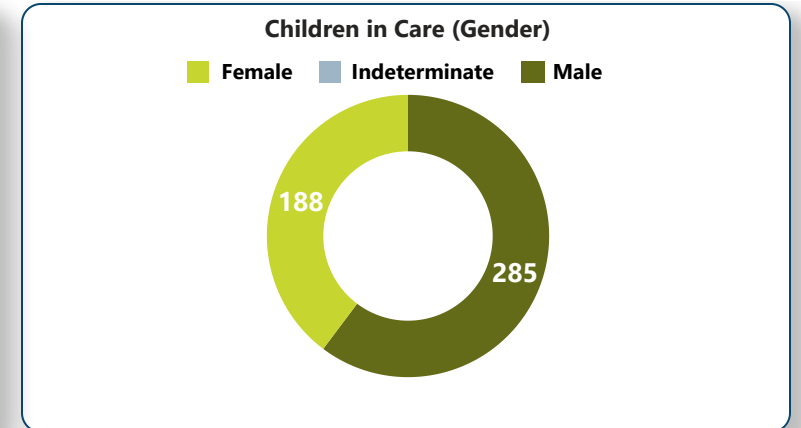
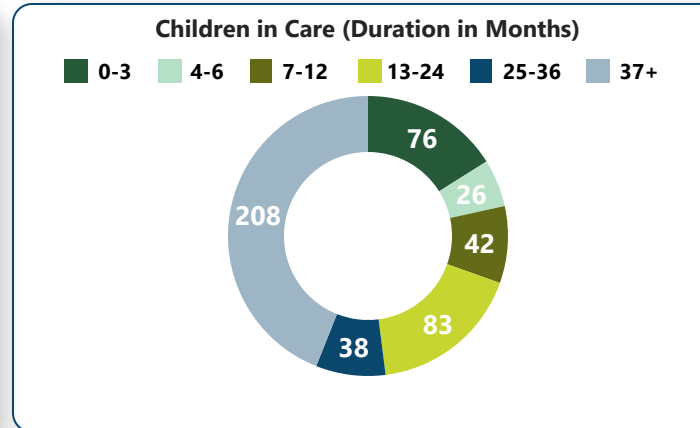
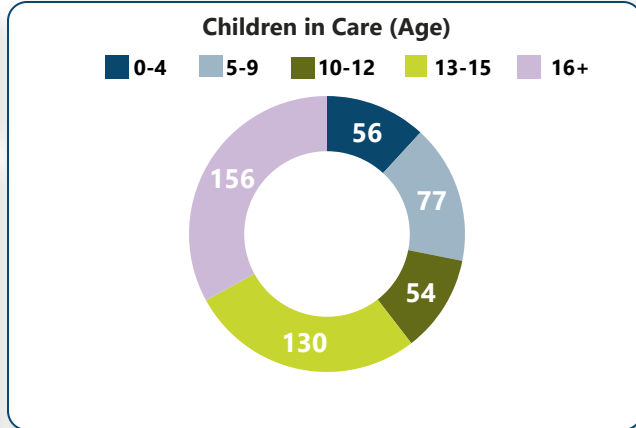


Data is extracted from MOSAIC on the 4th of the following month (or nearest working day after), as at the last day of the reporting month.

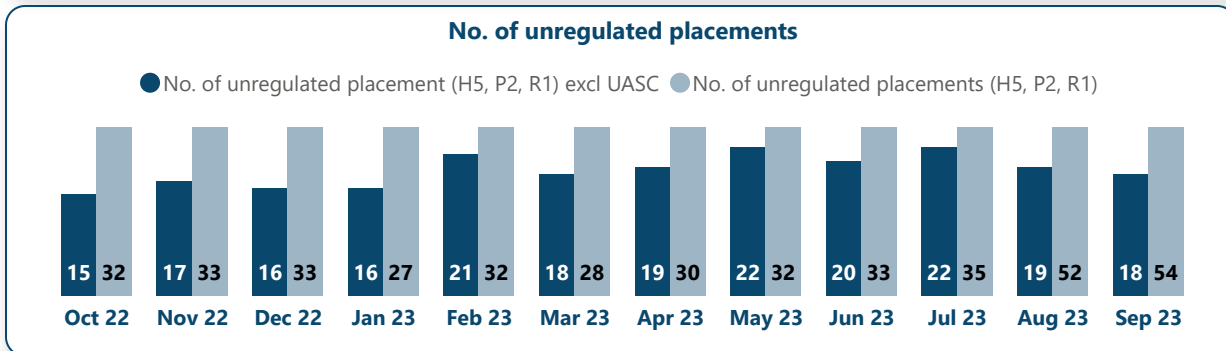
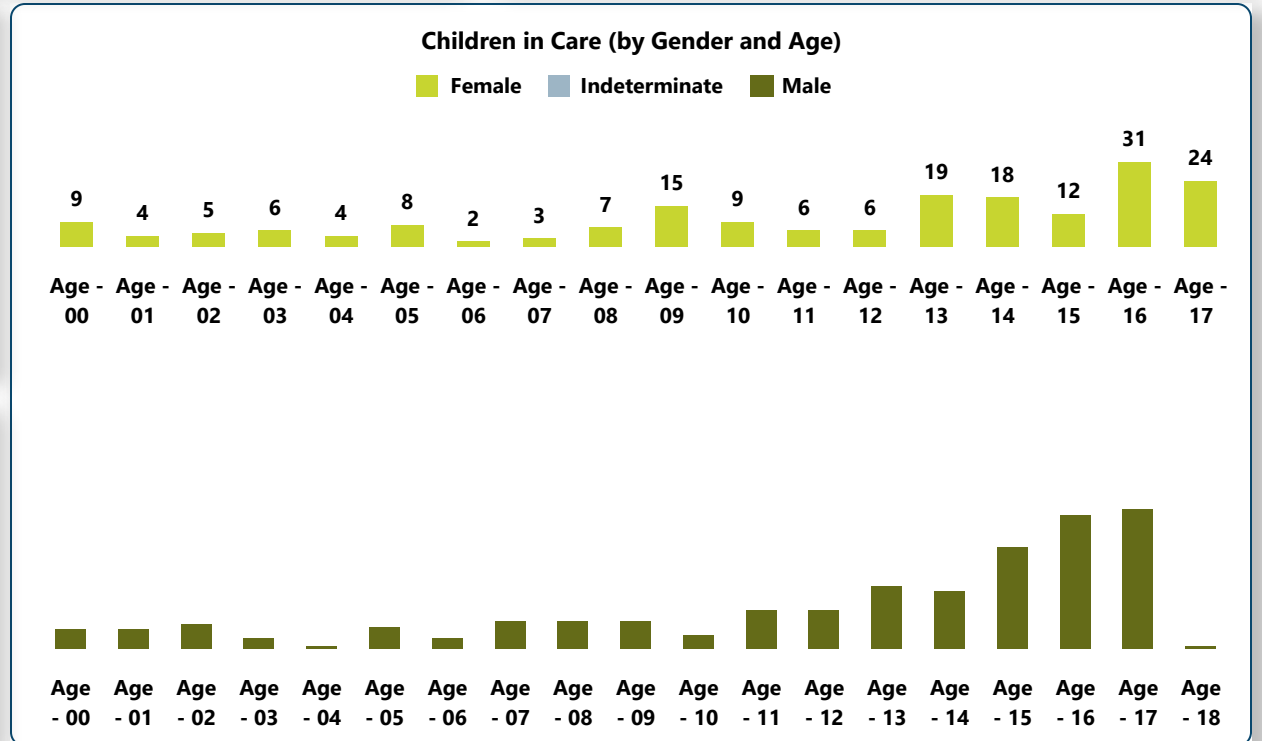
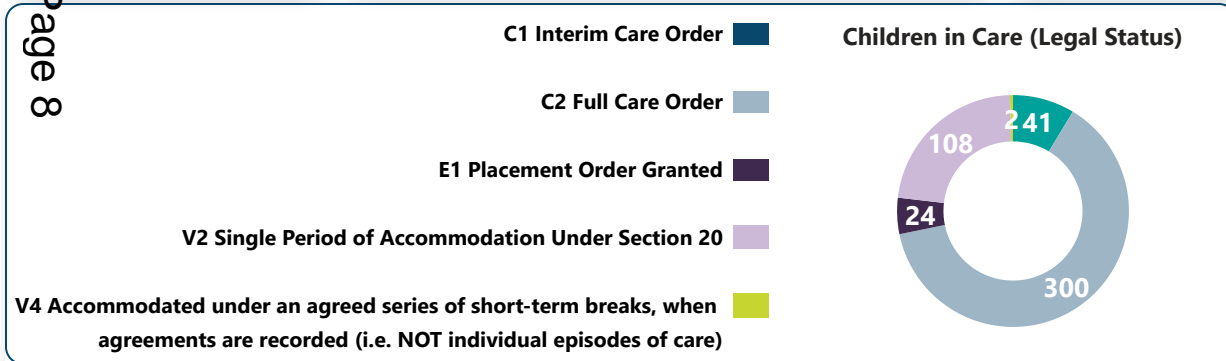
Good+ SN and England figures are the latest available in each instance.

Number of Children in Care
473

Number of Care Leavers
535
Of those, number receiving a service
295



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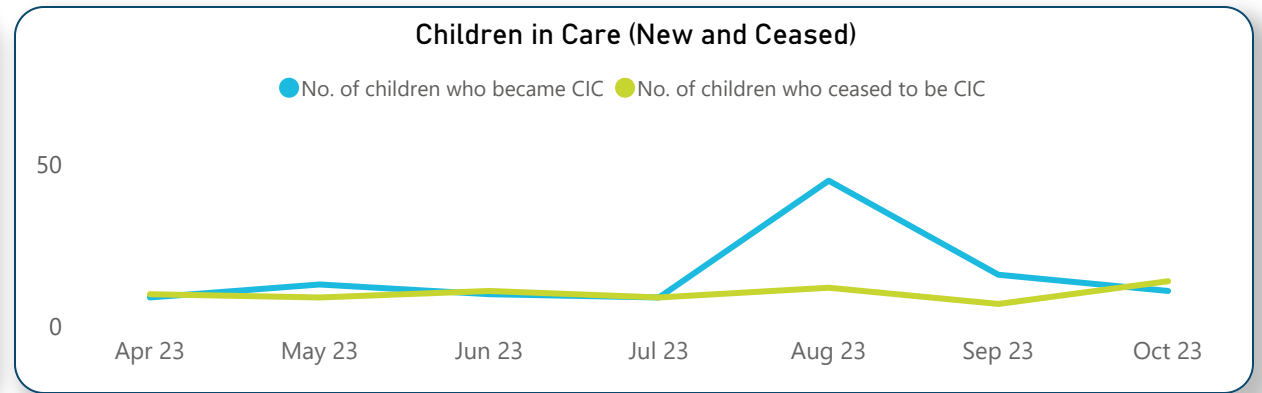
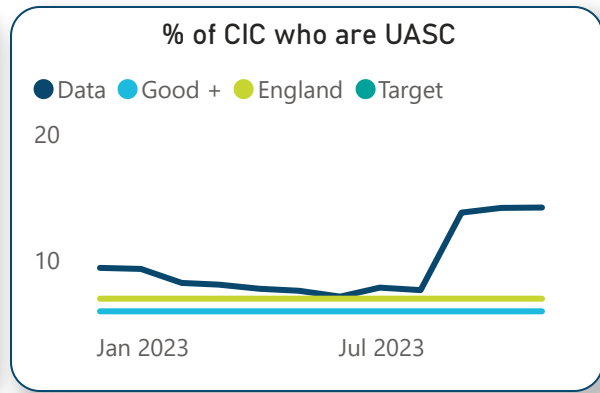
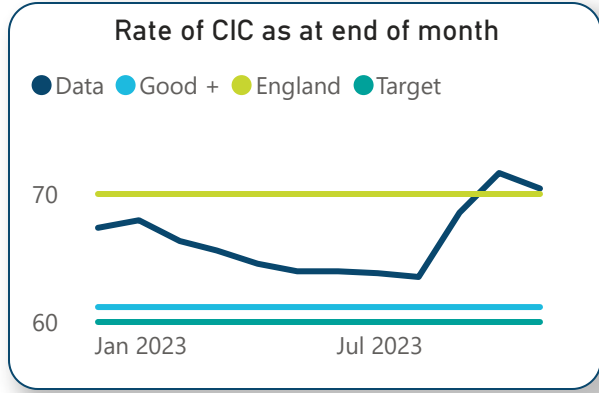


Corporate Parenting Board Performance Measures - Profile

Produced by Business Intelligence & Performance (People)

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Month Ending
September 2023



Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
No. of CIC at end of month	Low			420.00	430.00	464.00	473.00	Worsening
Rate of CIC as at end of month	Low	70.0	61.2	60.00	63.52	68.54	71.64	Worsening
Rate of CIC as at end of month Excl UASC	Low				58.60	59.10	61.49	Worsening
No. of CIC who are UASC at end of month	-				33.00	64.00	67.00	
% of CIC who are UASC	-	7.0	6.0		7.67	13.79	14.16	
No. of children who became CIC	Low			10.00	9.00	45.00	16.00	Improving
No. of children who became CIC Excl UASC	Low				9.00	11.00	11.00	Same
No. of children who ceased to be CIC	High			13.00	9.00	12.00	7.00	Worsening

Profile

It is worth noting that population figures were updated in September 2023 to latest mid-year estimates which was over 1500 reduction, which will result in an increased rate this month which we have seen at 71.64. The number of children increased from 464 in August to 473 in September. This number includes our 67 unaccompanied children in care as part of the national transfer scheme. Excluding UASC our rate per 10k of children in care is 10 fewer at 61.49 which is better than national (70) and just above good+ SN's (61.17)

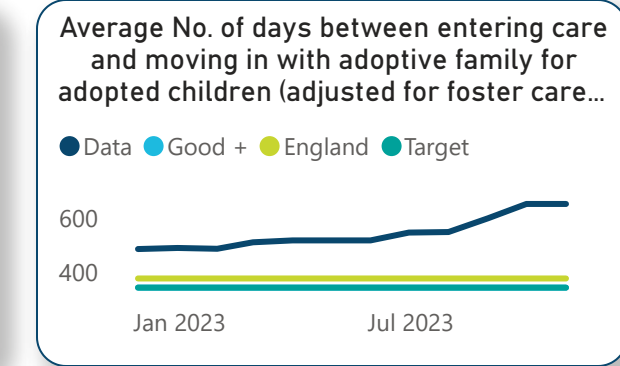
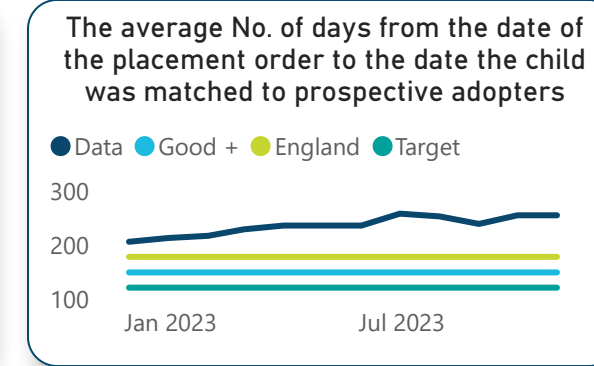
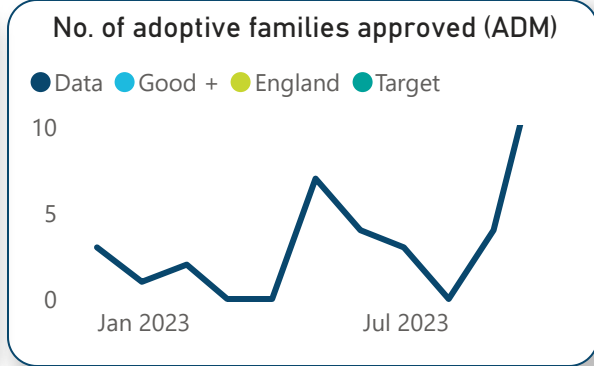
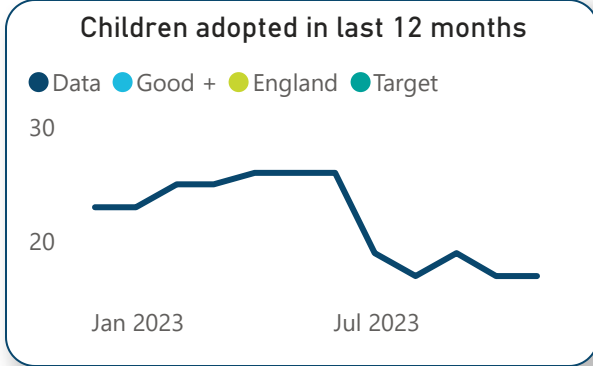
Corporate Parenting Board Performance Measures - Adoption

Produced by Business Intelligence & Performance (People)

Month Ending

September 2023

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Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
Children adopted in last 12 months	High				17.00	19.00	17.00	Worsening
The average No. of days from the date of the placement order to the date the child was matched to prospective adopters	Low	178.0	149.2	121.00	253.00	239.00	255.00	Worsening
Average No. of days between entering care and moving in with adoptive family for adopted children (adjusted for foster carer adoptions)	Low	376.0	342.2	342.00	548.00	599.00	652.00	Worsening
No. of adoptive families approved (ADM)	High				0.00	4.00	14.00	Improving
No. of adoptive Families in assessment	High				28.00	24.00	27.00	Improving
No. of Adoption placement order revocations over last 12 months	Low				7.00	6.00	7.00	Worsening

Adoption

We are still seeing a higher-than-average timescales where it took longer to obtain authority to place. reflected in the figures on the rolling 6 months. This information relates to 5 children being adopted since March 2023. We are seeing these timescales reduce on the current children being placed. There is tracking taking place to ensure that applications for adoption orders are made in a timely way, and we are striving to ensure the applications are made within 4 weeks of the second adoption review, which will improve the timeliness of the adoption applications resulting in speedier adoption orders and permanence for children. However, there is still delay being created within the Court process as more families are enabled to contest the making of the order, which delays the making of the order by approx. 4 weeks in total.

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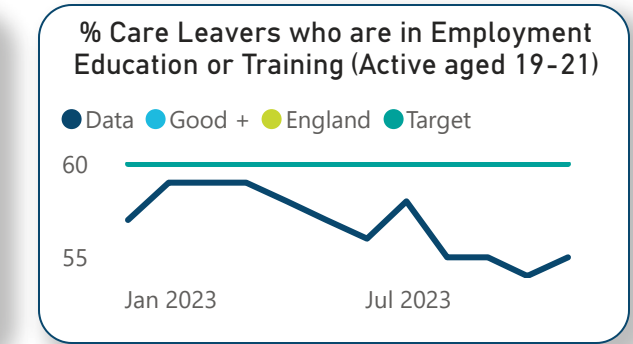
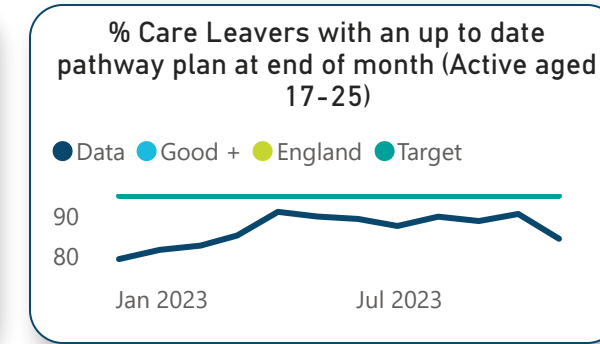
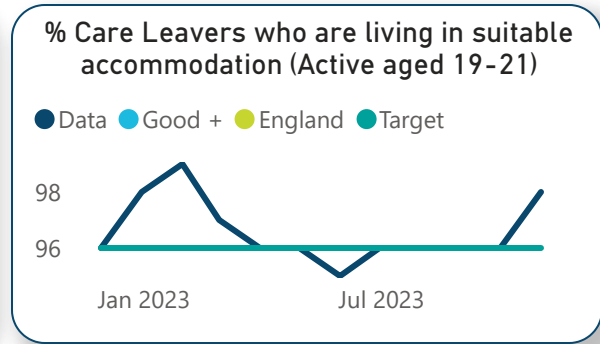
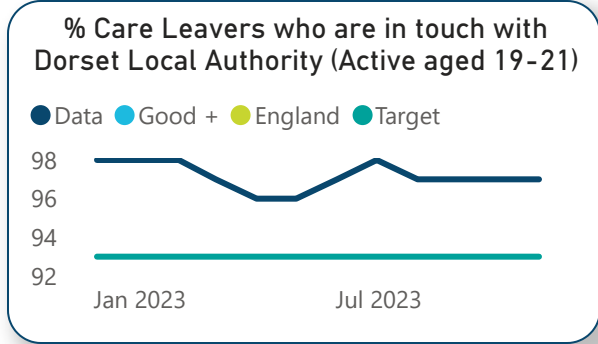
Corporate Parenting Board Performance Measures - Care Leavers

Produced by Business Intelligence & Performance (People)

Month Ending ▼

September 2023 ▼

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Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
% Care Leavers who are in touch with Dorset Local Authority (Active aged 19-21)	High			93.00	97.00	97.00	97.00	Same
No. of Care Leavers (Active aged 17-25) in Bed and Breakfast accommodation	Low			0.00	2.00	3.00	4.00	Worsening
No. of Care Leavers (Active aged 17-25) in unsuitable accommodation at end of month	Low			11.00	9.00	8.00	11.00	Worsening
% Care Leavers who are living in suitable accommodation (Active aged 19-21)	High			96.00	96.00	96.00	96.00	Same
% Care Leavers with an up to date pathway plan at end of month (Active aged 17-25)	High			95.00	89.83	88.74	90.51	Improving
% Care Leavers who are in Employment Education or Training (Active aged 19-21)	High			60.00	55.00	55.00	54.00	Worsening
No. of health passports completed (2 months in arrears)	-				8.00	6.00	6.00	
No. of Health passports due within the month (2 months in arrears)	-				8.00	6.00	6.00	

Care Leavers

- Number of care leavers in bed and breakfast at month end increased to 4. We are moving young people out of B&B quicker when they live in Dorset but those some distance away it is more of a challenge. All those in unsuitable accommodation have 4 weekly supervision and enhanced visits. This will remain as an exception until 0.
- 54% of our care leavers are in education, employment or training. This is a reduction and an area where there is now greater focus. We have identified 4 care leavers who will be accessing the pathway to employment project through Dorset NHS and we now have 2 care leavers (with a 3rd appointed) on full time apprenticeships within Dorset Council.
- 90% of our care leavers had an up to date pathway plan at the end of September. We remain in contact with 97% of our care leavers.

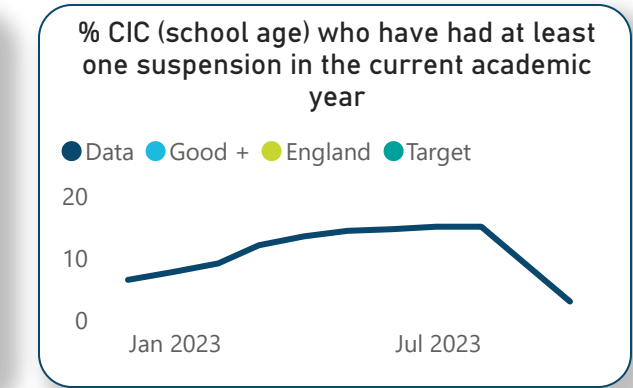
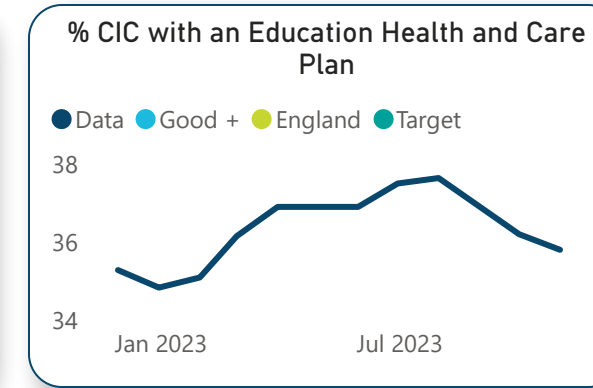
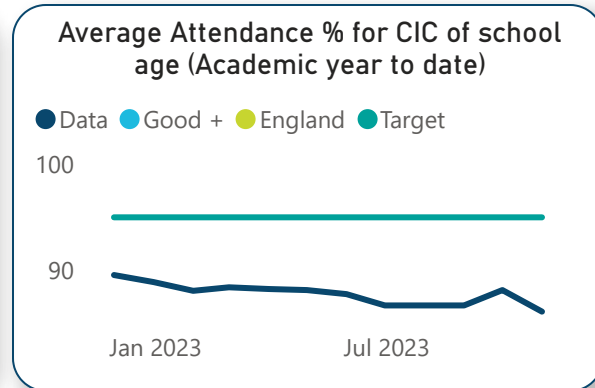
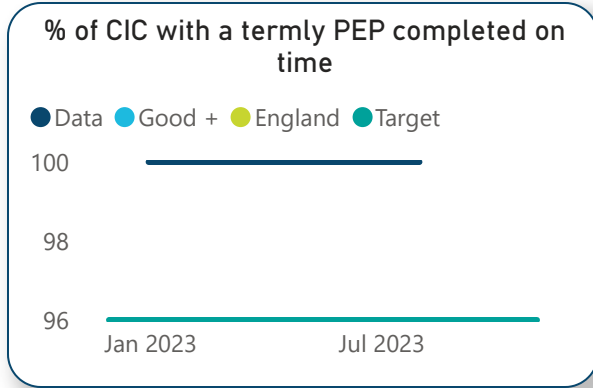
Corporate Parenting Board Performance Measures - Education

Produced by Business Intelligence & Performance (People)

Month Ending ▼

September 2023 ▼

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Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
% of children with a PEP within 20 days of coming into care	High			100.00	100.00			
% of CIC with a termly PEP completed on time	High			96.00	100.00			
Average Attendance % for CIC of school age (Academic year to date)	High			95.00	86.74	86.74	88.18	Improving
% CIC with an Education Health and Care Plan	-				37.64		36.20	
% CIC (school age) who have had at least one suspension in the current academic year	Low				15.05		2.97	
% CIC that are NEET	Low			28.00	23.20		30.51	

Education

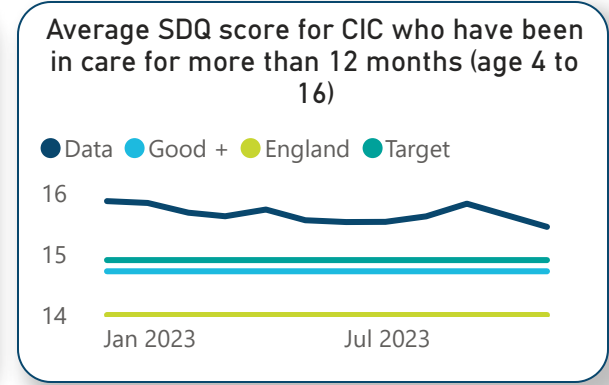
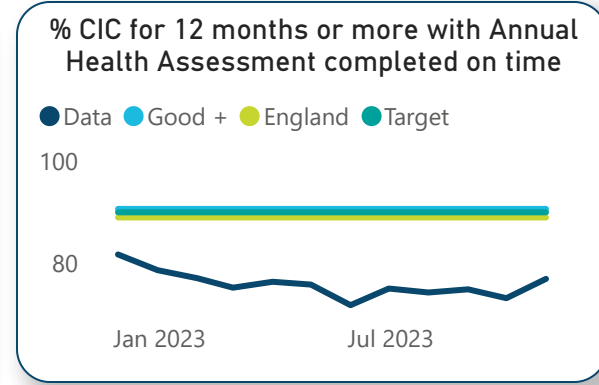
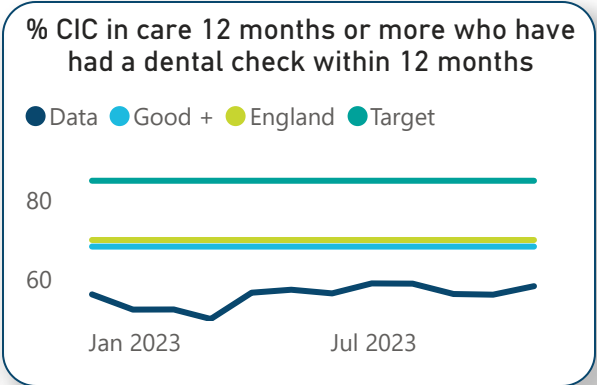
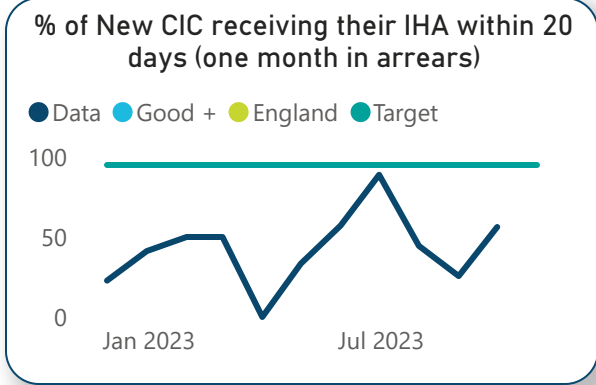
Whilst attendance of our children has improved, we would expect to see a stronger start in September, at the beginning of the academic year and therefore we remain diligent and continue to work with carers and settings to understand the causes of non-attendance and to promote and support excellent attendance. We will further develop work with settings through partnerships with organisations who have proven track records in increasing attendance. We are also helping settings to understand the conditions that enable children to feel confident and positive about turning up to their education setting. This is also the case for our children who are NEET with intensive work to enable access to EET underway. It can take additional time to support unaccompanied children as we work with providers outside of Dorset.

Corporate Parenting Board Performance Measures - Health & Emotional Wellbeing

Produced by Business Intelligence & Performance (People)

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Month Ending
September 2023



Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
% of New CIC receiving their IHA within 20 days (one month in arrears)	High			95.00	44.44	25.58	56.25	Improving
% of New CIC receiving their IHA within 20 days (one month in arrears) Excl UASC	High				44.44	44.44	81.82	Improving
% CIC for 12 months or more with up to date Immunisations	High	85.0	87.3	85.00	87.35	86.75	84.08	Worsening
% CIC in care 12 months or more who have had a dental check within 12 months	High	70.0	68.3	85.00	58.95	56.33	56.16	Worsening
% CIC for 12 months or more with Annual Health Assessment completed on time	High	89.0	90.7	90.00	74.38	75.00	73.27	Worsening
% of children for CIC for at least 12 months age 4-16yrs with completed SDQ assessment	High	77.0	67.8	80.00	64.83	65.76	66.11	Improving
Average SDQ score for CIC who have been in care for more than 12 months (age 4 to 16)	Low	14.0	14.7	14.90	15.62	15.82	15.64	Improving

Health & Emotional Wellbeing

% of new CIC receiving their IHA within 20 days dropped to 25.6% - which includes 43 new children into care in the month, 34 of these were unaccompanied children so we had anticipated performance in August to be negatively impacted. Of the remaining 9, we have performance noted at 44% (4/9) however, monthly conversations take place with health to go through the detail of each individual child and we believe 1 additional child had their IHA on time but lag of recording on the system meant this wasn't reported when we took the monthly data, so for new children excluding UASC was reported as 55% in August. All consents were submitted within 5 days - delayed IHA's due to availability of appointments and these were booked at the earliest available appointment. It is noted that all health measure have worsened in the last reporting month.

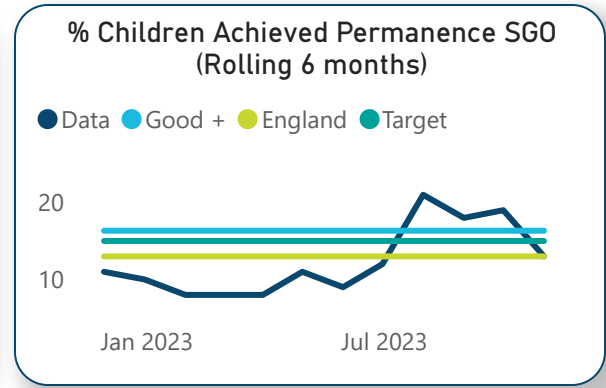
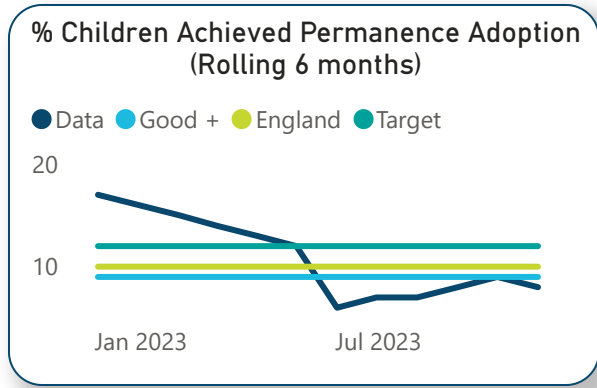
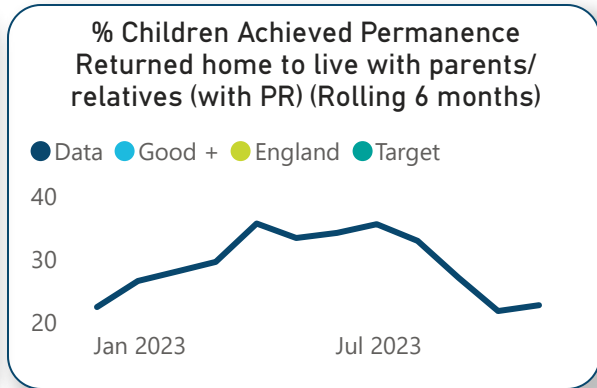
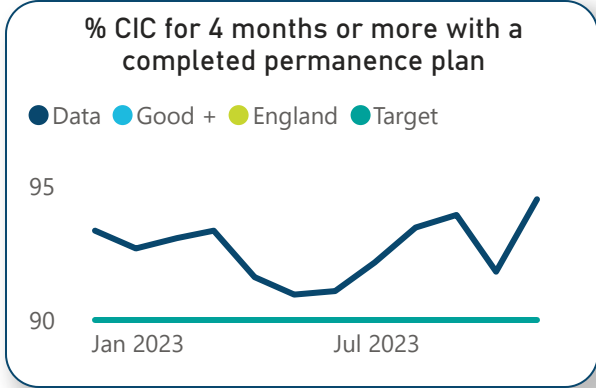
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Corporate Parenting Board Performance Measures - Permanence

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Month Ending
September 2023



Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
% CIC for 4 months or more with a completed permanence plan	High			90.00	93.47	93.94	91.81	Worsening
% CIC for 4 months or more with a completed permanence plan Excl UASC	High				93.80	94.30	92.59	Worsening
% CIC at month end with long term fostering as plan and achieved permanence	High				49.60	49.60	49.39	Worsening
% CIC at month end with long term fostering as plan and achieved permanence Excl UASC	High				52.40	52.10	51.50	Worsening
% Children Achieved Permanence Returned home to live with parents/ relatives (with PR) (Rolling 6 months)	High				32.88	27.03	21.74	Worsening
% Children Achieved Permanence Adoption (Rolling 6 months)	High	10.0	9.0	12.00	7.00	8.00	9.00	Improving
% Children Achieved Permanence SGO (Rolling 6 months)	High	13.0	16.3	15.00	21.00	18.00	19.00	Improving

Permanence

The % children leaving care with SGO over last 6 months remains high at 19% and is above Good + stat neighbours (16.3) and England Average (13)

The % children achieving permanence Adoption (Rolling 6 months) continues to improve 9% since the drop in performance to 6% in May 2023. Although this is still below our target of 12%. However, we have 15 children living in their adoptive placement pending application of Adoption Order - 8 of which have hearings in October 2023.

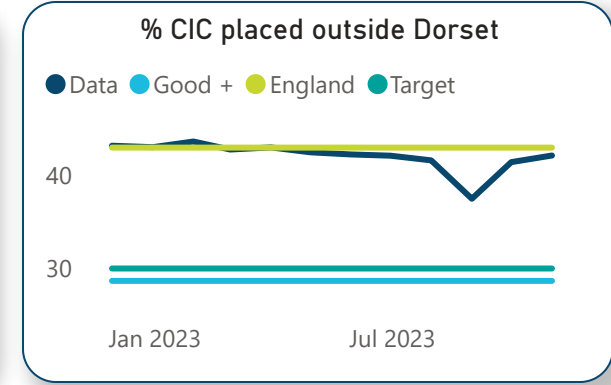
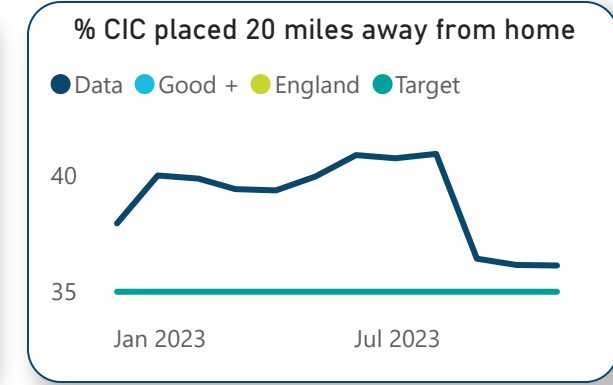
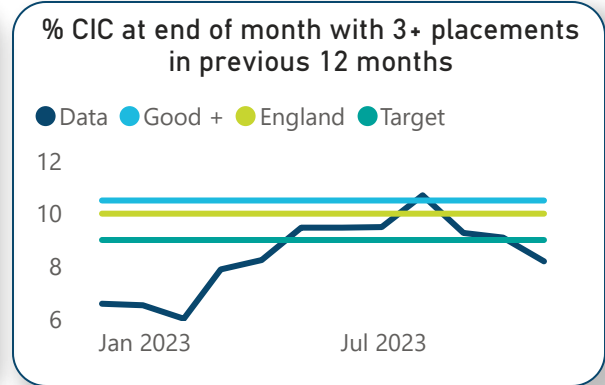
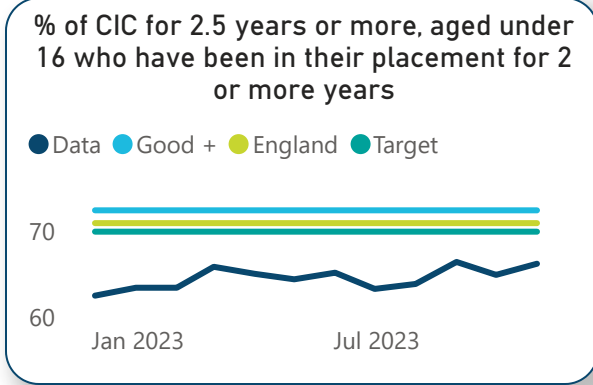
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Corporate Parenting Board Performance Measures - Placement

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Month Ending
September 2023



Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
No. of CIC placed with parent(s)	-				25.00	27.00	28.00	
% CIC at end of month with 3+ placements in previous 12 months	Low	10.0	10.5	9.00	10.70	9.27	9.09	Improving
% CIC at end of month with 3+ placements in previous 12 months Excl UASC	Low				11.30	10.50	10.10	Improving
% of CIC for 2.5 years or more, aged under 16 who have been in their placement for 2 or more years	High	71.0	72.5	70.00	63.87	66.45	64.94	Worsening
% CIC over 20 mile away from home excl UASC	Low	21.0	34.3	35.00	43.32	41.25	40.39	Improving
% CIC placed outside Dorset	Low	43.0	28.7	30.00	41.63	37.50	41.44	Worsening
% CIC placed outside Dorset excl UASC	Low			30.00	39.29	37.75	36.70	Improving
No. of unregulated placements (H5, P2, R1)	Low			10.00	35.00	52.00	54.00	Worsening
No. of unregulated placement (H5, P2, R1) excl UASC	Low				22.00	19.00	18.00	Improving
% CIC living in foster placement	High	70.0	71.4	71.00	68.00	66.00	65.00	Worsening
% CIC living in foster placement Excl UASC	High				68.80	69.30	68.47	Worsening
% CIC in private provision	Low	38.0	36.4		44.42	40.09	43.97	Worsening
% CIC in private provision Excl UASC	Low				40.30	39.30	38.18	Improving

Placement

While the % for all children in care placed outside Dorset has worsened this month, it is worth noting that this figure will be impacted upon by the increase in the number of unaccompanied children, the majority of whom are living outside Dorset. The % for children in care excluding unaccompanied children has reduced from 37.5% to 36.70% or 151 children to 149 children.

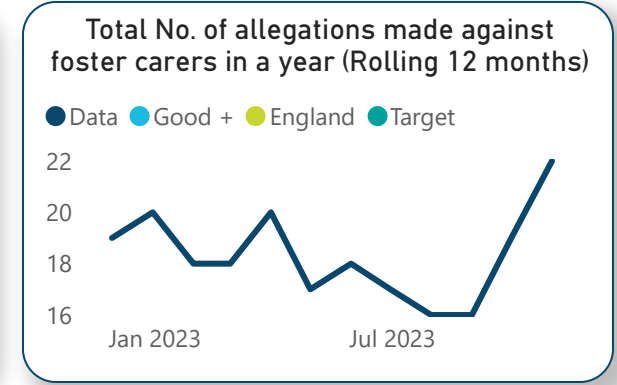
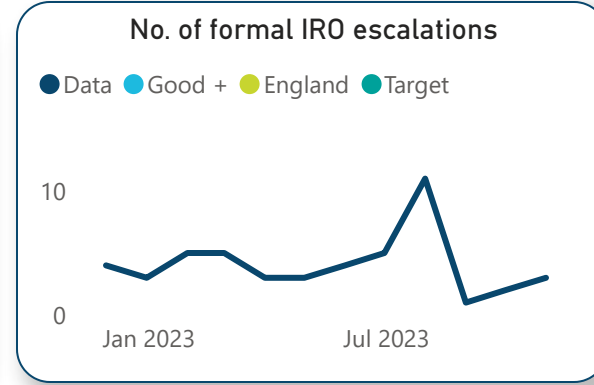
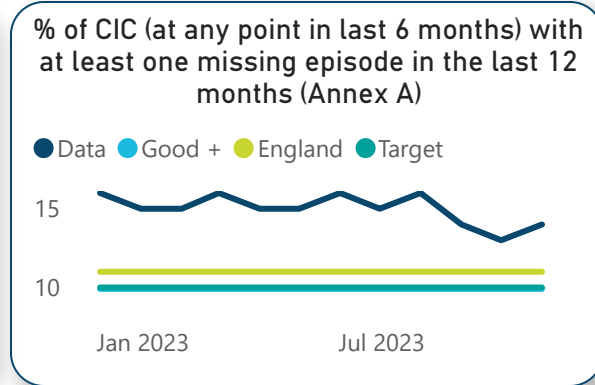
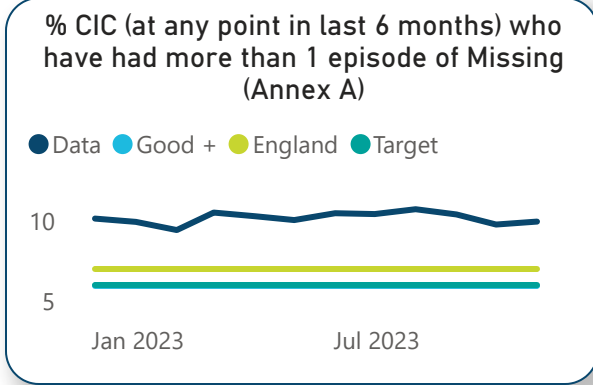
Corporate Parenting Board Performance Measures - Safety

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Month Ending

September 2023



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Indicator	Good Is	England Av.	Good + SN	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
% CIC (at any point in last 6 months) who have had more than 1 episode of Missing (Annex A)	Low	7.0	5.9	6.00	10.74	10.41	9.78	Improving
% of CIC (at any point in last 6 months) with at least one missing episode in the last 12 months (Annex A)	Low	11.0	9.9	10.00	16.00	14.00	13.00	Improving
No. of informal IRO escalations	High				8.00	4.00	14.00	Improving
No. of IRO escalations closed	High				17.00	7.00	17.00	Improving
No. of formal IRO escalations	High				11.00	1.00	2.00	Improving
Total No. allegation made against Dorset foster carers in last 12 months'	Low				16.00	16.00	19.00	Worsening
No. of allegations made against foster carers that were substantiated	-				0.00	0.00	0.00	

Safety

Our numbers of Children in Care (CiC) who are reported as missing remains consistent. Of the CiC who are reported missing, it tends to be around 14 young people who account for two-thirds of all missing episodes. Reasons for missing tend to be around missing a curfew, wanting to be with friends or closer (geographically) to family and friends. In nearly all situations the young people do not consider themselves missing, prevention work with these CiC and their communities is challenging, especially as what are considered missing episodes by partners are to the young people seen as normative behaviour. We are seeing changes in how our CiC are considered either as missing, absent, or as a concern for welfare following Kris stepping into the daily missing meetings. Although numbers remain lower compared to missing, our categorisation of absent is high when considered against year-to-year trends. Kris Pearse, Service Manager and Jonnie Daniels, Team Manager are beginning to review missing data, days, times, places and reasons to try in suggest preventative steps for carers to attempt with young people. Recent revised guidance from the National Police Chief Councils on how Return Home Interviews (RHIs) and Prevention Interviews (PI) are conducted is now enabling our collective services to think about who holds the right relationship with a young person to meet with them and understand the episode they were reported missing, rather than each partner agency having to complete a similar process with a single young person. There continues to be a drive in the quality assurance service to improve the IRO oversight and footprint for children in our care. The Service manager for IROs is developing a process that will enable us to capture the informal practice alerts that are sent to practitioners and managers which will further evidence the IRO footprint in improving practice for our children in care. The increased LADO investigations of Dorset foster carers is likely to be consequence of the impact of the increased investment in the service and partnership between LADO and Fostering which has resulted in better understanding of safeguarding concerns relating to professionals particularly around transferable risk (i.e. regarding their behaviours that may not directly link to the child in the care).

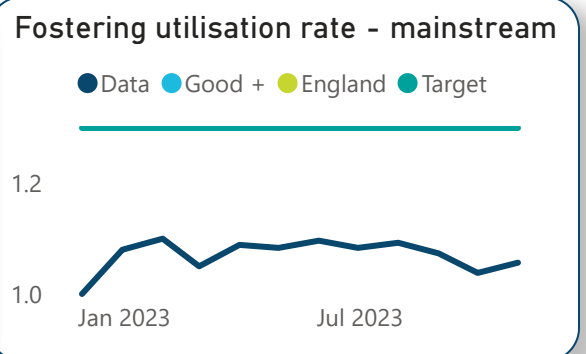
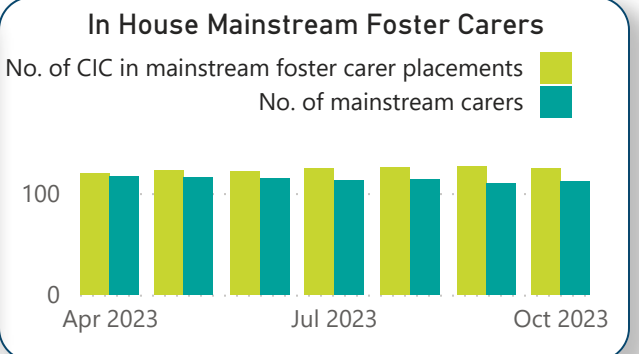
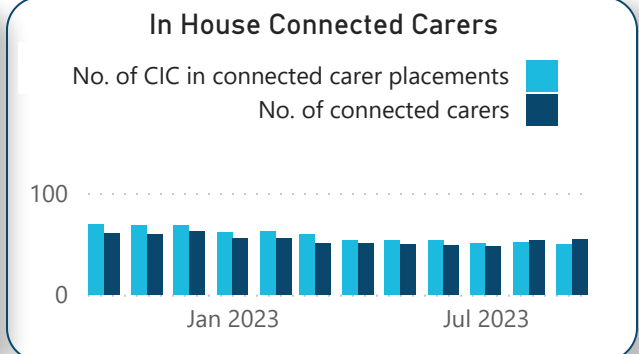
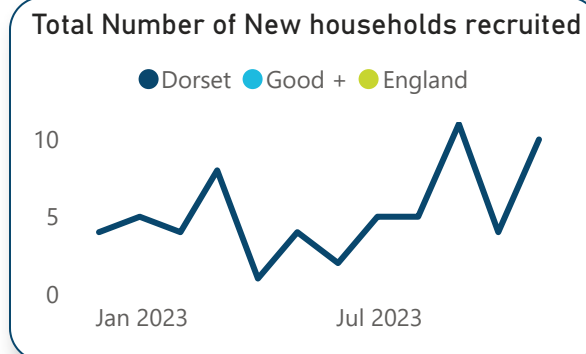
Corporate Parenting Board Performance Measures - Sufficiency

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Month Ending

September 2023



Indicator	Good Is	Target	Jul 23	Aug 23	Sep 23	Latest D.O.T.
No. of Foster carers at end of month	High	200.00	165.00	172.00	169.00	Worsening
No. of mainstream carers	High	138.00	113.00	114.00	110.00	Worsening
No. of connected carers	High		48.00	54.00	55.00	Improving
No. of CIC in mainstream in house fostering placements	High		125.00	126.00	127.00	Improving
No. of CIC in connected in house fostering placements	-		51.00	52.00	50.00	
No. of applicants undergoing assessment (Foster Carers - Mainstream)	High				14.00	Improving
No. of new households recruited – Mainstream	High	2.00	1.00	2.00	0.00	Worsening
No. of new households recruited – Connected Person	High		0.00	1.00	0.00	Worsening
No. of new households recruited – Foster to Adopt	High		1.00	0.00	0.00	Same
No. of new households recruited – Temporary	High		3.00	8.00	4.00	Worsening
No. of households deregistered/resigned – Mainstream	Low	2.00	2.00	1.00	3.00	Worsening
No. of households deregistered/resigned – Connected Carers	Low		2.00	1.00	2.00	Worsening
Fostering utilisation rate - mainstream	High	1.30	1.09	1.07	1.04	Worsening
% Foster Carer visits up to date	High	80.00	87.88	79.65	85.80	Improving

Sufficiency

There has been a slight dip in the overall number of foster carers due to 3 mainstream foster carers leaving. This is due to all 3 either having health or age related issues. This does highlight the older age group of foster carers that we have within our cohort but also shows the necessity to continue striving every sinew to recruit. Fostering currently has 31 foster carers over the age of 60 which equates to 18%. However, it should be noted that as of the 30th October there are 178 foster carers providing care for 184 children. This is further broken down into 110 mainstream carers providing homes for 115 children at a utilisation rate of 1.05.

There is however a strong positive in that there are currently 37 assessments ongoing with 16 of those mainstream foster carer applicants. 5 of those 16 are due to be approved by December 2023. This is despite the number of enquiries in September dropping to 5. This does demonstrate that despite the current financial challenges caused by the cost of living crisis there remains a number of people with a strong moral and ethical view willing to foster. It also demonstrates a high conversion rate of enquiries to approvals 21% (far better than the national average of 10%).

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Appendix A - Full List of Corporate Parenting Board Performance Measures



Corporate Parenting Board Performance Measures: Appendix A

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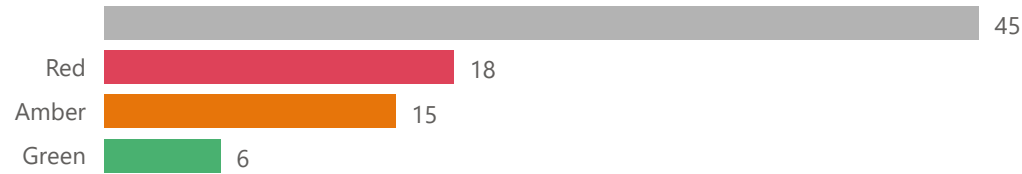
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Sep 23 ▼



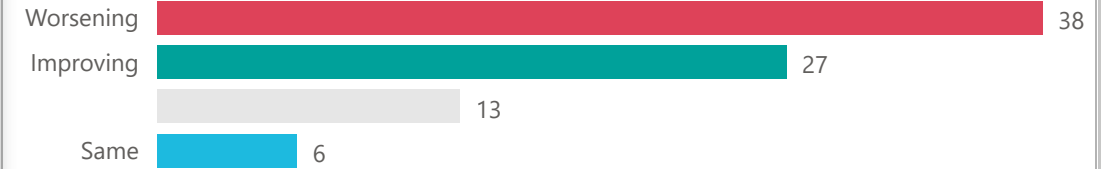
Count of Indicator by RAG



84

Count of Indicators

Count of Indicator by Direction of Travel



Indicator	Unit	Good Is	England Av.	Good + SN	Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Latest D.O.T.
No. of CIC at end of month	No.	Low			420.00	433.00	433.00	432.00	430.00	464.00	473.00	Worsening
Rate of CIC as at end of month	Rate	Low	70.0	61.2	60.00	63.96	63.96	63.81	63.52	68.54	71.64	Worsening
Rate of CIC as at end of month Excl UASC	Rate	Low				59.10	59.40	58.80	58.60	59.10	61.49	Worsening
No. of CIC who are UASC at end of month	No.	-				33.00	31.00	34.00	33.00	64.00	67.00	
% of CIC who are UASC	%	-	7.0	6.0		7.62	7.16	7.87	7.67	13.79	14.16	
No. of children who became CIC	No.	Low			10.00	9.00	13.00	10.00	9.00	45.00	16.00	Improving
No. of children who became CIC Excl UASC	No.	Low			10.00	9.00	13.00	7.00	9.00	11.00	11.00	Same
No. of children who ceased to be CIC	No.	High			13.00	10.00	9.00	11.00	9.00	12.00	7.00	Worsening
% CIC for 4 months or more with a completed permanence plan	%	High			90.00	90.95	91.08	92.16	93.47	93.94	91.81	Worsening
% CIC for 4 months or more with a completed permanence plan Excl UASC	%	High			90.00	92.80	92.50	92.90	93.80	94.30	92.59	Worsening
% CIC at month end with long term fostering as plan and achieved permanence	%	High				54.00	52.61	50.60	49.60	49.60	49.39	Worsening
% CIC at month end with long term fostering as plan and achieved permanence Excl UASC	%	High				56.50	55.00	53.50	52.40	52.10	51.50	Worsening
% Children Achieved Permanence Returned home to live with parents/ relatives (with PR) (Rolling 6 months)	%	High				33.33	34.15	35.53	32.88	27.03	21.74	Worsening
% CIC at end of month with 3+ placements in previous 12 months	%	Low	10.0	10.5	9.00	9.47	9.47	9.49	10.70	9.27	9.09	Improving
% CIC at end of month with 3+ placements in previous 12 months Excl UASC	%	Low			9.00	10.00	10.00	10.10	11.30	10.50	10.10	Improving
% of CIC for 2.5 years or more, aged under 16 who have been in their placement for 2 or more years	%	High	71.0	72.5	70.00	64.42	65.19	63.29	63.87	66.45	64.94	Worsening

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Corporate Parenting Board Performance Measures

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Month ▼

Sep 23 ▼



Indicator	Unit	Good Is	England Av.	Good + SN	Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Latest D.O.T.
No. of CIC placed with parent(s)	No.	-				20.00	21.00	19.00	25.00	27.00	28.00	
% CIC over 20 mile away from home excl UASC	%	Low	21.0	34.3	35.00	42.75	43.53	43.72	43.32	41.25	40.39	Improving
% CIC placed outside Dorset	%	Low	43.0	28.7	30.00	42.49	42.26	42.13	41.63	37.50	41.44	Worsening
% CIC placed outside Dorset excl UASC	%	Low			30.00	39.25	39.30	39.70	39.29	37.75	36.70	Improving
No. of unregulated placements (H5, P2, R1)	No.	Low			10.00	30.00	32.00	33.00	35.00	52.00	54.00	Worsening
No. of unregulated placement (H5, P2, R1) excl UASC	No.	Low				19.00	22.00	20.00	22.00	19.00	18.00	Improving
% of New CIC receiving their IHA within 20 days (one month in arrears)	%	High			95.00	33.33	57.14	88.89	44.44	25.58	56.25	Improving
% of New CIC receiving their IHA within 20 days (one month in arrears) Excl UASC	%	High			95.00	33.33	57.14	83.33	44.44	44.44	81.82	Improving
% CIC for 12 months or more with up to date Immunisations	%	High	85.0	87.3	85.00	87.65	85.19	87.27	87.35	86.75	84.08	Worsening
% CIC in care 12 months or more who have had a dental check within 12 months	%	High	70.0	68.3	85.00	57.41	56.48	59.01	58.95	56.33	56.16	Worsening
% CIC for 12 months or more with Annual Health Assessment completed on time	%	High	89.0	90.7	90.00	75.93	71.91	75.16	74.38	75.00	73.27	Worsening
% of children for CIC for at least 12 months age 4-16yrs with completed SDQ assessment	%	High	77.0	67.8	80.00	63.51	63.42	63.48	64.83	65.76	66.11	Improving
Average SDQ score for CIC who have been in care for more than 12 months (age 4 to 16)	No.	Low	14.0	14.7	14.90	15.55	15.52	15.53	15.62	15.82	15.64	Improving
% CIC living in foster placement	%	High	70.0	71.4	71.00	70.00	70.00	69.00	68.00	66.00	65.00	Worsening
% Care Leavers who are in touch with Dorset Local Authority (Active aged 19-21)	%	High			93.00	96.00	97.00	98.00	97.00	97.00	97.00	Same
No. of Care Leavers (Active aged 17-25) in Bed and Breakfast accommodation	No.	Low			0.00	6.00	4.00	1.00	2.00	3.00	4.00	Worsening
No. of Care Leavers (Active aged 17-25) in unsuitable accommodation at end of month	No.	Low			11.00	11.00	9.00	7.00	9.00	8.00	11.00	Worsening

Corporate Parenting Board Performance Measures

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Month ▼
 Sep 23 ▼



Indicator	Unit	Good Is	England Av.	Good + SN	Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Latest D.O.T.
% Care Leavers who are living in suitable accommodation (Active aged 19-21)	%	High			96.00	96.00	95.00	96.00	96.00	96.00	96.00	Same
% Care Leavers with an up to date pathway plan at end of month (Active aged 17-25)	%	High			95.00	89.86	89.26	87.50	89.83	88.74	90.51	Improving
% Care Leavers who are in Employment Education or Training (Active aged 19-21)	%	High			60.00	57.00	56.00	58.00	55.00	55.00	54.00	Worsening
No. of health passports completed (2 months in arrears)	No.	-				5.00	6.00	3.00	8.00	6.00	6.00	
No. of Health passports due within the month (2 months in arrears)	No.	-				5.00	6.00	3.00	8.00	6.00	6.00	
Children adopted in last 12 months	No.	High				26.00	26.00	19.00	17.00	19.00	17.00	Worsening
The average No. of days from the date of the placement order to the date the child was matched to prospective adopters	No.	Low	178.0	149.2	121.00	236.00	236.00	258.00	253.00	239.00	255.00	Worsening
Average No. of days between entering care and moving in with adoptive family for adopted children (adjusted for foster carer adoptions)	No.	Low	376.0	342.2	342.00	517.00	517.00	546.00	548.00	599.00	652.00	Worsening
No. of adoptive families approved (ADM)	No.	High				7.00	4.00	3.00	0.00	4.00	14.00	Improving
No. of adoptive Families in assessment	No.	High				14.00	21.00	26.00	28.00	24.00	27.00	Improving
% Children Achieved Permanence Adoption (Rolling 6 months)	%	High	10.0	9.0	12.00	12.00	6.00	7.00	7.00	8.00	9.00	Improving
% Children Achieved Permanence SGO (Rolling 6 months)	%	High	13.0	16.3	15.00	11.00	9.00	12.00	21.00	18.00	19.00	Improving
No. of Adoption placement order revocations over last 12 months	No.	Low				5.00	5.00	7.00	7.00	6.00	7.00	Worsening
No. of Foster carers at end of month	No.	High			200.00	168.00	166.00	167.00	165.00	172.00	169.00	Worsening
No. of mainstream carers	No.	High			138.00	117.00	116.00	115.00	113.00	114.00	110.00	Worsening
No. of connected carers	No.	High				51.00	50.00	49.00	48.00	54.00	55.00	Improving
No. of new households recruited – Mainstream	No.	High			2.00	1.00	0.00	1.00	1.00	2.00	0.00	Worsening
No. of new households recruited – Connected Person	No.	High				2.00	1.00	1.00	0.00	1.00	0.00	Worsening
No. of new households recruited – Foster to Adopt	No.	High				0.00	0.00	1.00	1.00	0.00	0.00	Same
No. of new households recruited – Temporary	No.	High				1.00	1.00	2.00	3.00	8.00	4.00	Worsening

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Month

Sep 23



Indicator	Unit	Good Is	England Av.	Good + SN	Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Latest D.O.T.
No. of households deregistered/resigned – Mainstream	No.	Low			2.00	0.00	0.00	2.00	2.00	1.00	3.00	Worsening
No. of households deregistered/resigned – Connected Carers	No.	Low				2.00	4.00	3.00	2.00	1.00	2.00	Worsening
No. of households deregistered/resigned – Temporary	No.	Low				0.00	0.00	0.00	0.00	0.00	0.00	Same
No. of households deregistered/resigned – Foster to Adopt	No.	Low				1.00	0.00	0.00	0.00	0.00	0.00	Same
Fostering utilisation rate - mainstream	Rate	High			1.30	1.08	1.10	1.08	1.09	1.07	1.04	Worsening
% Foster Carer visits up to date	%	High			80.00	80.36	87.35	83.93	87.88	79.65	85.80	Improving
No. of formal IRO escalations	No.	High				3.00	4.00	5.00	11.00	1.00	2.00	Improving
No. of allegations made against foster carers that were substantiated	No.	-				0.00	1.00	0.00	0.00	0.00	0.00	
% of children with a PEP within 20 days of coming into care	%	High			100.00	100.00			100.00			
% of CIC with a termly PEP completed on time	%	High			96.00				100.00			
Average Attendance % for CIC of school age (Academic year to date)	%	High			95.00	88.18	87.80	86.74	86.74	86.74	88.18	Improving
% CIC with an Education Health and Care Plan	%	-				36.90	36.90	37.50	37.64		36.20	
% CIC (school age) who have had at least one suspension in the current academic year	%	Low				14.38	14.65	15.05	15.05		2.97	
% CIC that are NEET	%	Low			28.00	21.00	22.90	20.14	23.20		30.51	

Corporate Parenting Board 23 November 2023 QARO (IRO) Annual Report 2022-2023

For Review and Consultation

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s): Cllr

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

Report Author: Toni Colledge
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Report Status: Public

Brief Summary:

This annual report provides evidence relating to the Quality Assurance Reviewing Officer (QARO) Service in Dorset Council, as set out in the IRO Handbook. In Dorset QAROs undertake the statutory function of the IRO. It covers the period 1 April 2022 to 31 March 2023.

Overall, the information and data describe a service which continues to develop and provide good quality work to support good outcomes for children and young people in care in Dorset. The report includes key information outlining the work of the service with and for children in care and the report includes case examples of QARO work with children.

This report includes a profile of the service, performance data including timeliness of review and the extent of participation, a profile of our children in care, including their age, gender and ethnic background, details of the dispute resolution process and how effective this is. The report concludes with a review of aims and objectives set in the last annual report and aims and objectives for the service for the upcoming year.

Recommendation:

Members are invited to consider the content of the report and give a view on the strengths, challenges and forward plan for the service.

Reason for Recommendation:

To ensure that the QARO service continues to develop and evolve to offer the best possible support and challenge to the Local Authority in meeting the needs of our children in care, and to ensure voices of children and young people in care are heard and acted upon.

1. Financial Implications

1.1 Not applicable

2. Natural Environment, Climate & Ecology Implications

2.1 None identified.

3. Well-being and Health Implications

3.1 None identified.

4. Other Implications

4.1 None identified.

5. Risk Assessment

5.1 Not applicable

6. Equalities Impact Assessment

6.1 Not applicable

7. Appendices

7.1 Quality Assurance & Reviewing Officer (QARO) Annual Report 2022/2023:
Appendix A

8. **Background Papers**

8.1 None

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**Dorset Council:
Independent Reviewing Officer
(IRO)
Annual Report 2022/2023**

***The contribution of Independent
Reviewing Officers to Quality
Assuring and Improving Services
for Looked after Children***

**Toni Colledge, Quality Assurance Service Manager
September 2023**

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1. Introduction
2. The IRO service for Children in Care in Dorset
3. Profile of children and young people in care in Dorset
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6. Review of areas for development 21-22
7. Conclusion and areas for development 23-24

Appendix A – Further detailed demographic data.

1. Introduction

In order for the aspirations and expectations for children in our care to be realised, it is important that we provide an annual report that sets out our progress. This annual report provides both quantitative and qualitative evidence relating to the Quality Assurance Reviewing Officer (QARO) Service in Dorset Council, as set out in the IRO Handbook. In Dorset QAROs undertake the statutory function of the IRO for children in our Care. It covers the period 1 April 2022 to 31 March 2023.

Overall, the information and data describe a service which continues to develop and provides good quality work to ensure children meet their full potential and achieve good outcomes. The report includes key information outlining the work of the service with and for children in care and the report includes case examples of IRO work with children.

A collaborative approach to working enables the service to work alongside our Corporate Parenting Board, our Children in Care Youth Voice, and the Pan Dorset Safeguarding Children Partnership. The improvement journey continues to model a relational approach based on 'High Challenge and High Support' and builds upon the values and aims of Dorset Council, and the 'Dorset Children Thrive' model.

We continue to believe that a person centred, relational approach is more effective in improving the experiences and outcomes for our children in care and that this is supported through informal and formal escalations.

Through a range of QA activities and performance management the service contributes to effective and timely care planning for Children in Care. This report will therefore provide an overview of the performance data, the extent of young people's participation, the profile of our children in care, and details of the dispute resolution process and its effectiveness. The report concludes with a review of progress with the aims and objectives set in the last annual report and aims and objectives for the service for the upcoming year.

The Independent review of children's social care by Josh McAllister (May 2022) has produced a number of recommendations but in particular for a social care system that puts lifelong loving relationships at the heart of the care system. Concerns were identified about the effectiveness of IRO services nationally. The government has since published a response to the review called 'Stable Homes Built on Love' and Dorset has been selected as a Pathfinder to trial the reforms. IROs will have a pivotal role in the oversight and progression of family-led solutions and promote the contribution of family networks to the plans for children enabling more children to be cared for in their family networks, with the right support and funding from professionals.

We are continuing to build on the positive view of Ofsted in their inspection report Oct 2021 which stated:

'An increasing number of children's reviews are written directly to children, an important part of helping them to understand key moments in their lives and their story through childhood. Independent reviewing officers, known as QAROs in Dorset, have regular oversight of children's lives and the plans for their future. Children's voices, either directly or through their advocates, are clearly heard within reviews.'

The majority of children in care reviews are held in time and participation rates are high. The number of children having contact with their IRO is high and escalations where gaps are identified continues to increase.

Alongside all statutory areas of focus IROs have been particularly focussing on supporting better transition planning for young people leaving care in Dorset this year. Dorset has implemented a new structure, with Personal Advisors being jointly allocated at 16 and working alongside the Social Worker. This is to ensure plans are in place and children are more prepared to leave care with have the right support in place. The offer for Care Leavers has been significantly strengthened and IROs have been able to challenge and support where pathway planning and transition planning needs to be strengthened.

An Ofsted focussed visit in May 2023 inspected the arrangements for 16 and 17-year-old care leavers and concluded that *'Leaders have significantly strengthened support and services for care leavers and have made notable improvements in the quality and standard of their accommodation'*. It was highlighted that supervision needs to improve.

Unaccompanied asylum-seeking young people have been an increasing part of our child in care family and the number in care to Dorset increased from 9 in April 2021, 27 in April 2022 to 43 in December 2022, and we ended the year with 34 in March 2023. This is set to increase by almost 100% in the next few months to 67, with the continuing implementation of the National Transfer Scheme. This is and will continue to be an important area of focus for IROs, ensuring that the needs of this group are fully understood and met in an area which is demographically 94% white (2021 census, Plumplot, accessed on 28 08 23).

2. The IRO service for Children in Care in Dorset

The IRO service is made up of 10 IROs who work full time and part time. There is an almost even split of gender and a range of background experience including Child Protection, Adoption, Fostering, Permanence Teams, CAFCASS, Adult Services, including Probation, Frontline Management and Service Management. IROs have also developed areas of specialist interest such as children with disabilities and asylum-seeking young people. Although there are no designated IROs for any particular group this does mean that it is possible to allocate an IRO with specialist knowledge or interest if required, or a IRO of a specific gender if needed/requested.

The ethnic diversity in the team is low, although it is comparable to the population in Dorset. However, we do have Black Caribbean and White European ethnicities represented. Different sexualities are also represented in the team.

The team has been stable throughout the year with one retirement and 2 new appointments. The previous Service Manager has moved on to become Head of Care Leavers and Asylum Seekers, and a new, permanent, Service Manager commenced the role in May 2023.

Caseloads for IROs are between 50-60 (full time equivalent), although include a significant amount of travel due to the number of children placed out of county. We aim to keep sibling groups with the same IRO where possible to aid consistency and understanding of the whole family picture and history.

IROs in Dorset have access to independent legal advice through a reciprocal arrangement with a neighbouring Local Authority and this was renewed this year.

Working with other teams

Dorset has a Locality based model for Children in Care and each has an IRO named as the link worker. There are also link IROs for the Children who are Disabled Team and one for the Care Leavers Service. We are aiming to strengthen these links over the next year, increasing visibility and providing training to the operational teams about the role of the IRO.

IROs regularly attend Permanence Planning Meetings, Stability Meetings, MACE (contextual safeguarding) meetings and other decision-making forums for their children. The Service Manager attends various regular tracking and oversight meetings to assist in shared decision-making, information sharing and advocating for the particular needs of children in care.

Quality Assurance role

Dorset has adopted the name 'Quality Assurance Reviewing Officer' for IROs in to reflect the increased responsibilities around Quality Assurance work. The team sits within the Quality Assurance Safeguarding and Standards Service and undertakes monthly individual case audits, monthly thematic audits, assisting other teams with information gathering and auditing for example SEND quality assurance work.

Quality Assurance work is also completed monthly by the Service Manager, including dip samples, thematic audits, and contribution to our 'Good and Better Board', which celebrates good practice.

IROs complete monitoring forms at each review which identifies quantitative data around a number of relevant issues, for example, participation, whether children's views are represented, completion of plans, whether appropriate meetings are taking place (for example Permanence Planning Meetings) and gives an overall grading (in line with Ofsted grading). This contributes to preventing or addressing drift and delay, and overall performance.

The Quality Assurance Partnership, which the IRO service is part of, includes a focus on 'closing the loop' in terms of learning from audits and feedback. This is addressed with colleagues in Policy and Procedures, and Workforce Development who sit within the partnership.

Supervision and training

Supervision takes place regularly and covers personal, performance and practice issues. An area for development in 23-24 is regular reflective peer supervision, and face to face team meetings with guests/visitors from partner teams and agencies to develop stronger relationships. A Team Development Day is also planned.

Training for IROs is available through the council training programme and IROs have been provided with a range of training opportunities throughout the year including Restorative Practice, Motivational Interviewing, Age Assessment, and Triple Planning (for asylum seekers).

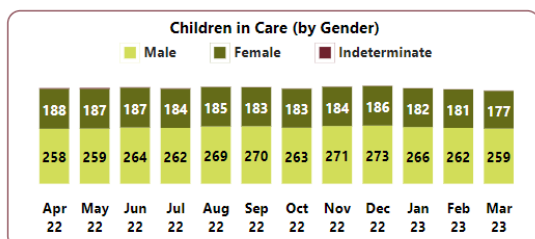
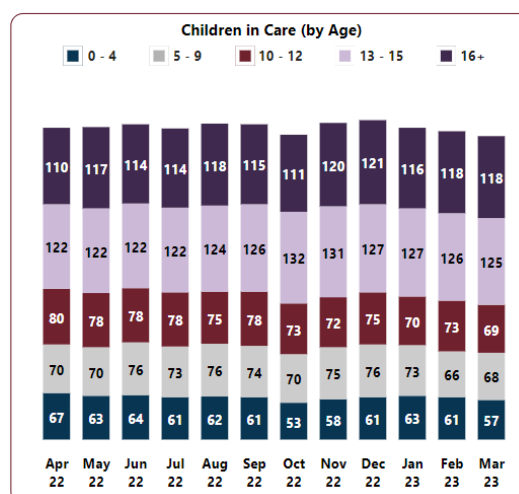
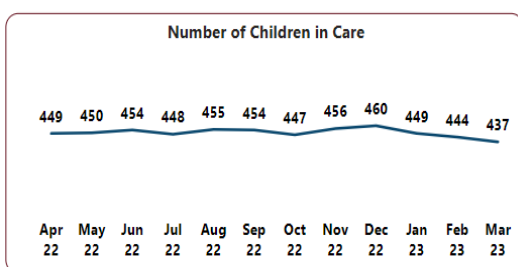
An area for development in 23-24 is strengthening Regional and National links and specific professional development opportunities in relation to the IRO role itself. The Clifton Strengths coaching is also being implemented in Dorset and all IROs will have the self-assessment completed and follow up support in understanding and using this approach next year.

Consultation questionnaires are sent out via an online form prior to every review, and are sent to parents, carers, other family members and professionals.

The consultation forms cover a range of areas including relationships, emotional wellbeing, health, education, family time, information sharing, and offer the space to add requests or recommendations and help the IRO to prepare for the review and understand the perspectives of those involved in the child’s life prior to the meeting so they can make sure it is as meaningful and useful as possible and all important points are covered.

The response is good from carers, however there is a noticeable lack of take up from parents and family members. The method for collating this feedback also requires improvement as it is currently completed manually by business support colleagues. This is an area for focus in 23-24.

3. Profile of children in care in Dorset



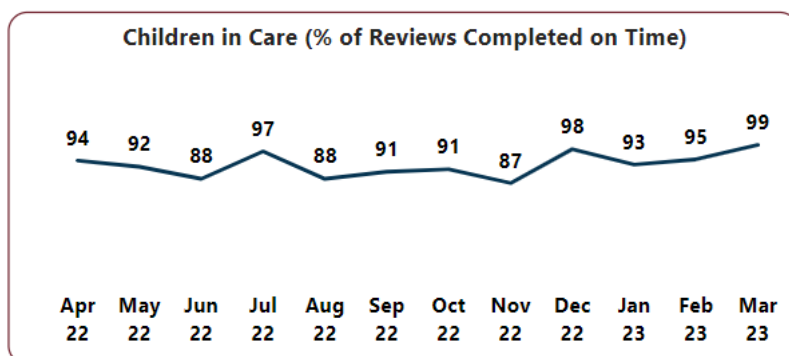
	Apr 22	May 22	Jun 22	Jul 22
White	389	381	386	381
Asian	5	5	5	5
Black	5	7	7	8
Mixed White and Asian	4	4	4	4
Mixed White and Black	8	9	8	8
Mixed other	11	11	11	10
Other minority				
Non-white British (%)	17	18	18	19
Non-white British (Number)	76	82	83	84

Another area of progress for 2023-24 is the new addition on the children’s service database of more gender options (in addition to biological sex), pronouns and working towards the option to add sexuality, which is very welcome.

4. Performance data for the service:

Number and Timeliness of Reviews, Recommendations and Minutes.

Children in Care (Reviews)	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Percentage Completed Within Timescales	94	92	88	97	88	91	91	87	98	93	95	99
Number That Took Place	121	142	78	105	95	118	117	124	93	128	93	125
Number Completed Within Timescales	114	131	69	102	84	107	107	108	91	119	88	124



Total number of reviews complete this year is 1, 339. Throughout most months of the year over 90% of reviews are completed within timescales with high points of 97, 98 and 99% in some months. Some of the lateness is caused by delays in write ups which can mean the data is not captured in the report for the month. Other reasons have included emergencies, for example within foster family circumstances, causing last minute cancellations.

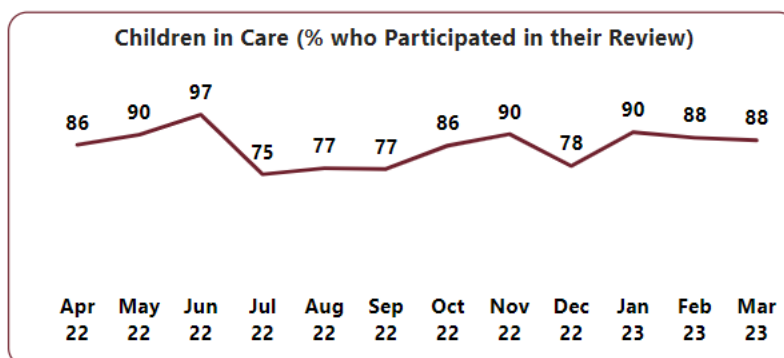
Ensuring the minutes are completed and distributed within the appropriate timescales of 20 working days is an ongoing challenge, which will require ongoing focus in 23-24. The timeliness of recommendations is good and as can be seen in the table below minutes are completed, just not as promptly as we would like. This has been affected by sickness absence and workload pressures.

Task	Total number	Percentage
Child in Care reviews that took place	1316	
Child in care reviews that took place within timescales (not including overdue reviews)	1221	92.78
Child in care reviews with completed recommendations	1315	99.92
Child in care reviews with completed recommendations within 5 working days	1192	90.58
Child in care reviews with full review minutes completed	1299	98.71
Child in care reviews with full review minutes completed within 20 working days of review	779	59.19

IROs in Dorset now all write their minutes in the form of a letter to the child or young person, and we are exploring ways to make this more child focussed with options to use a less formal template, with age-appropriate versions.

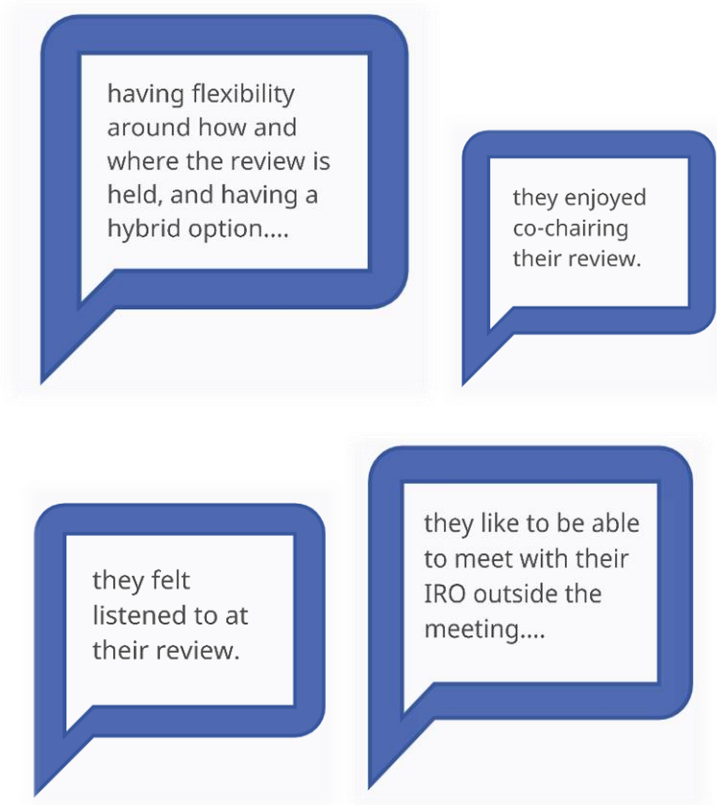
Participation and advocacy

Children in Care (Review Participation)	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Children and Young People Participating in Reviews (%)	86	90	97	75	77	77	86	90	78	90	88	88
PN1 - Attends and Speaks for Themselves	55	65	30	39	38	37	44	53	33	59	38	51
PN5 - Does Not Attend but Advocate Represents	3	9	2	5	1	10	3	7	7		4	9
PN6 - Does Not Attend but Provides Views	28	38	31	26	19	31	42	37	21	34	27	38
PN7 - Does Not Attend and No Views Are Conveyed	5	12		5	8	10	6	6	7	2	6	4
Not Known	12	1	2	21	11	16	10	5	11	10	2	9



The number of children and young people participating in reviews is over 75% every month, generally around 90% and in one month a high of 97%. This is an area of focus for 2023-24. We are concerned about the current low take up of independent advocacy, and we have set ourselves the ambition to reach 100% participation, ensuring all children and young people feel able to share their views and participate in their meeting in some way.

Young people have fed back to us that they like:



IRO contact and relationships with children and young people

IRO contacts on 31 st March 2023	
All Children in Care	436
Percentage of all Children in Care who have had an IRO contact in the last 6 months	95.87
Those in placements where a contact is expected to take place	425
Percentage of those above, who have had an IRO contact in the last 6 months	98.35

For the first half of the year (April 22 – September 22) 89% of children expected to have contact with their IRO over the previous 6 months did so. For the second half of the year (Sept 22 – March 23) it was 98%, which indicates an improving picture, with 3 IROs achieving 100% for that period.

Contact is tailored to the young person’s needs wishes and feelings. One particularly vulnerable young person had 23 contacts with her IRO over 6 months. Between Sept 2022 and March 2023 78% of children had more than one contact with their IRO, and 7% of children had 5 or more.

‘Contact’ in this context includes in person visits, telephone calls, text conversations and cards. IROs in Dorset use creative and individualised ways to build relationships with young people. For example, where one young person does not wish to meet or speak to their IRO, the IRO regularly sends cards

to show she is still 'holding them in mind' and she is there should the young person change their mind. Another has visited a young person in hospital, spending time with them and painting her nails to maintain and build the relationship.

Feedback from young people about their relationship with their IRO in Dorset:



Feedback from foster carers:



Gaining more structured, detailed feedback from children, young people, and families about their IRO, their review meetings and what could be better, is an area for further development in 2023-24. We are planning a quarterly survey and in person observations by the Service Manager.

Dispute resolution (escalations)

Informal Escalations started in Period	Stage 1 Escalations started in Period	Stage 2 Escalations started in Period	Stage 3 Escalations started in Period	Stage 4 Escalations started in Period	Stage 5 Escalations started in Period	Total
146	21	9	4	0	0	180

In the year 2022 - 2023 we have seen an 44% increase in the use of the formal escalation procedure from the previous year. This shows a continued increasing trend upwards (125 raised in 21-22, a 17% increase on 104 the previous year). This shows that the escalation procedure is becoming firmly embedded and is increasingly used as a tool to improve outcomes for children.

As the data shows, most escalations were resolved 'informally' with the Social Worker or Team Manager, and all were resolved before reaching Stage 4 or 5. No referrals needed to be made to CAF/CASS this year. This shows the benefit of the collaborative approach and strong relationships with the operational teams which enable issues to be resolved before reaching those stages.

Although titled 'informal' escalation, this is recorded on the escalation document on the child's file and perceived by operational teams as formal. What is not recorded here is the majority of challenge and dispute resolution work undertaken by IROs via telephone calls, e-mails and within meetings. All IROs contact the teams and give them a timescale to resolve a dispute before an escalation form is completed, which is very often successful. Capturing the data on this work is an area for further development in 23-24 to enable us to fully represent the work of the IROs and any recurring areas of dispute that need strengthening within the service to children in care in Dorset.

More detailed reporting in 2022 - 2023 has enabled us to see the areas in which escalations are identifying concerns, so that priority areas can be identified and addressed by IROs and the operational teams.

Area of concern	Started between April 22 and March 23	Concluded between April 22 and March 23
Statutory handbook and care regulations not met.	70	53
Care Plan implementation	56	40
Outstanding CiC review decisions	43	28
Concerns re: provision of services	22	15

Voice of the child/young person	18	14
Health issues	15	12
Education issues	14	11
Transitions (post 16/18)	14	11
Concerns where the child/young person lives	9	6
Issues re: family time/time with important people	8	5
Concerns re: safety	7	3
Life story work/late life letters	2	0
Staff turnover/sickness	1	1
Other	57	46

As the table above shows the most common areas raised by IROs were around statutory handbook and care regulations, care plan implementation (drift and delay), and actioning of outstanding review decisions. Multiple areas can be raised on one escalation.

Example of an escalation:

One young person (age 14) was supported by his IRO around the transition to secondary school. It was a complex situation due to his special educational needs and the difficulties in availability of suitable places. The slow progress in identifying a suitable place was making him very anxious and he felt different to his peers who were all talking about where they were going next term. A ‘back up’ place was identified which was not suitable. This made him and his foster carers even more worried. The IRO was determined and persistent in challenging this decision and pushing for a decision on a school that could meet his needs. After several meetings the issue was resolved, and he was able to have some transition visits before the summer break. He loves it and is starting this term.

The Foster Carer said afterwards:

‘Debbie supported the Social Worker which kept everyone on track and focussed on J’s needs. He wouldn’t be in school if the wrong place was offered. She added interim meetings, and invited people from education and was following up if they didn’t attend, booking another meeting the following week. She was persistent. As carers we don’t have PR so we were stuck in how much we could do and felt powerless. The consequences for him would have been huge if he didn’t have a place, it would have impacted on the rest of his life.’

Feedback from Social Workers and Personal Advisors at a Leaving Care and Permanence networking and training event in June 23 highlighted that working collaboratively with the child’s IRO had helped them:

'made sure accommodation was sorted earlier..'

'made sure the young person could stay where they could so they could finish their education.'

'Get the right education plans in place for young people.'

They fed back that having a IRO involved was helpful because the IRO:

'(the IRO) provides consistency for young people..'

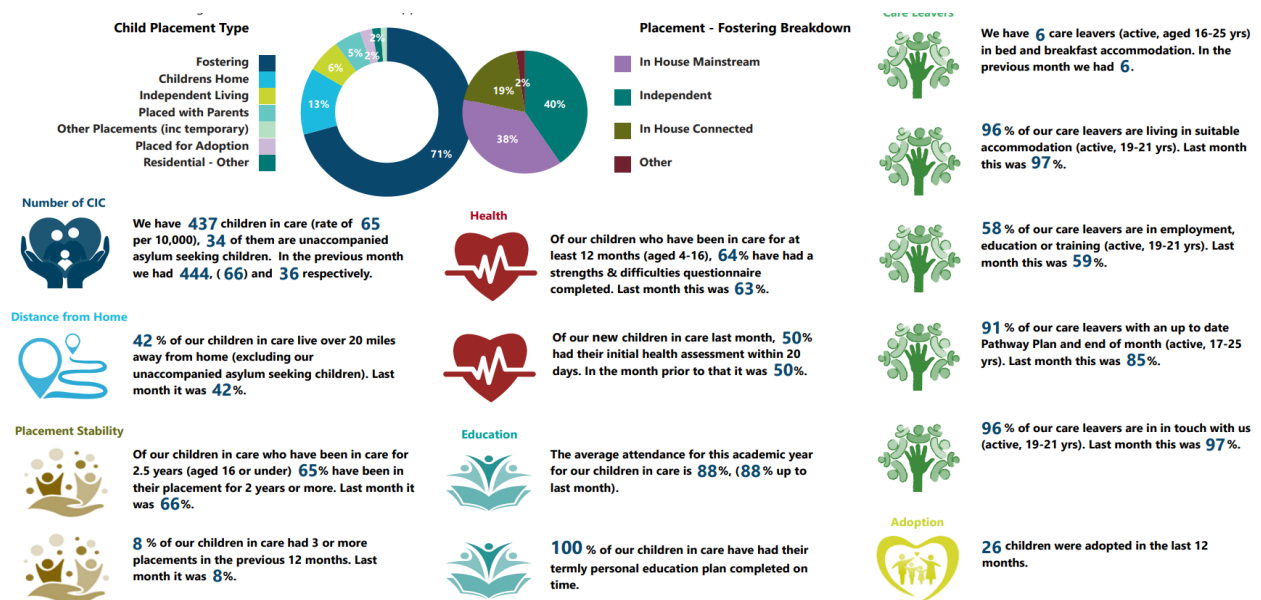
'(the IRO's) knowledge and understanding ..'

'not being afraid to challenge professionally..'

Another key area for development is around escalating to external services and partners, which would benefit from a better framework and reporting system. This would enable us to evidence and

challenge issues for children in care in this area more easily and support the operational teams in doing so. For example, the increasing difficulties in securing NHS dentists for Children in Care, access to appropriate mental health support, difficulties in accessing suitable education provision, and poor quality services from private fostering provision or children's homes.

Snapshot of performance data for children in care in Dorset (taken on 31st March 2023)



One of the key challenges for Dorset currently is sufficiency of foster placements and other good quality placement options for children. This can make effective matching and effective permanency more difficult. The Mockingbird model has been implemented in Dorset over the last year and it is hoped this will have a positive impact on children’s outcomes through placement stability, belonging, connectedness and foster carer wellbeing.

Children achieving permanency after 10 months of being in care is steady at around 38%. This is an area of focus for IROs and will continue to be challenged and supported over the next year. Permanence Plans are in place for almost all young people, and IROs will track the regularity that they are reviewed is in line with their requirements.

The number of children placed outside of Dorset has reduced (excluding asylum seeking young people) and includes young people in nearby bordering local authorities. However, distance from home can still significantly impact on contact and school changes due to the large geographical size of Dorset and travel times around the county.

Initial Health Assessments completed within 20 days continues to be a challenge, as do dental checks. These are tracked and pursued rigorously however capacity in the health service does impact on our children. Strategic work is taking place at Head of Service and Corporate Director level to improve this.

Personal Education Plans completed on time is a strength at 100% in March 2023, although there is more to do for Children in Care with special educational needs, and the significant work in Dorset in improving this gives reason for optimism. A number of Children in Care have been able to access

Dorset Council's new Special School Coombe House, and the joining up of SEND with Locality teams continues to improve communication and collaboration.

5. Young People's experience/voice

Dorset has recently commissioned a 'Bright Spots Survey' for Children in Care which captures children and young people's views in March 23. 151 children aged 4-17 responded.

Highlights:

87% of children aged 8-17 felt their lives were getting better.

100% of children aged 4-11 trust their carers (all or some of the time).

95% of children aged 8-11 liked their bedroom.

97% children and 92% young people felt their carers were interested in their education (this is higher than the national average).

All children aged 8-11 had a trusted adult in their lives.

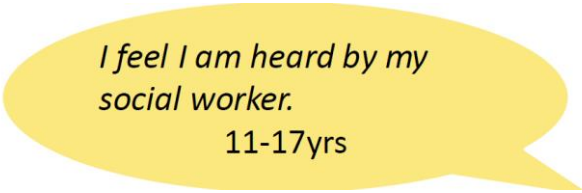
All children aged 4-7 felt safe and settled where they lived.

47% of young people had the same social worker for the last 12 months (compared to 34% in other local authorities)

All the youngest children said that they trusted their social worker.

97% of young people aged 11-17 said they were taught life skills 'at least sometimes.'

97% of children and 95% of young people reported they had spent time outdoors that week.



*I feel I am heard by my
social worker.*

11-17yrs

Areas for focus and improvement:

The proportion of children and young people who liked school was lower than in other local authorities.

28% of 11-17year olds said they were sometimes afraid to go to school because of bullying (slightly higher than the national average)

The number of children without one really good friend was substantially higher than the general population (except age 8-11)

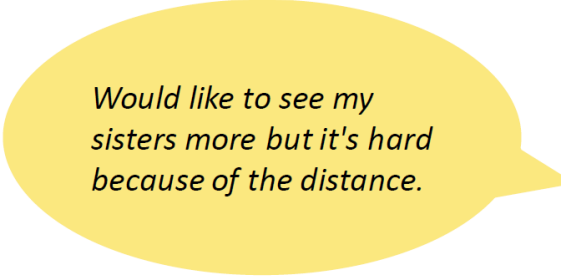
24% of young people (11-17) felt they could 'hardly ever' or 'never' do similar things to their friends, which was higher than in other local authorities.

24% of young people aged 11-17 who were unhappy with the way they looked, was significantly higher than in other local authorities.

18% of young people aged 11-17 felt the things they did on their lives were not worthwhile and were not positive about their future.

The proportion of young people aged 11-17 with very high happiness was significantly lower in Dorset than other local authorities.

Children and young people in Dorset were less likely to say they saw their siblings and dads 'the right amount' than in other local authorities.



Would like to see my sisters more but it's hard because of the distance.

(data and quotes from 'Your life, your care, A survey of the views of looked after children and young people aged 4-17yrs. Dorset, July 2023' Ollerearnshaw, R. Corum Impact and Evaluation team)

Children's views, as expressed in the Bright Spots survey, will be incorporated into service improvement plans for children in care. IROs will take these into consideration when undertaking their quality assurance role, for example, being mindful of the key concern that children have expressed about bullying and the actions within education to address them.

5. Review of areas for development identified in the 2021-22 Annual Report:

Continue to offer Learning and Development opportunities for IROs, including the embedding of restorative practice to support the focus on strengths based social work practice.

As detailed above IROs have accessed a range of training including restorative practice, motivational interviewing, age assessment training, and triple planning (for asylum seeking young people). This is an area for further development in 23-24.

Develop more creative ways to facilitate the meaningful involvement of Children in Care in their Reviews, particularly those who are currently reluctant.

The data above shows good levels of participation of children in their reviews; however, this is something we wish to improve the quality of as well as reach 100%. 23-24 will also focus on participation of family members and a thematic audit is taking place in September 23 to assist with this. There are plans in 23 – 24 to improve the consultation documents and work with the Youth Voice team to direct this work.

We need to develop an improved system that will enable us to strengthen our current performance on the timeliness of completing and distributing the minutes of all our child in care reviews.

CIC review timeliness is similar to last year, when it ranged from 90%-100% each month over the year and minutes completed is good. However as identified in the body of this report the timeliness for completing minutes (in 20 working days) requires improvement. There are plans to establish a dashboard which will enable transparency of performance and enable the team to check and manage their own performance more easily.

Better utilise data about our IRO footprint to assure ourselves that we have strong and through oversight of our children's care, their ambitions, their future plans and ultimate success into adulthood.

Data from the IRO footprint has been collated and used throughout the year to contribute to the work of the IRO service. As detailed in the body of this report, review meetings, time spent with children, monitoring data, audits and feedback have all contributed to understanding the needs of our children and providing advice, support and challenge to the local authority in its care of children and young people.

Maintain oversight, monitoring, and challenge for those young people where there is a Deprivation of Liberty (DOLs) and ensure that as an Authority we are acting in a legal way to protect the best interests of the young person.

DOLS Orders are tracked monthly now by the IRO Service Manager and IROs challenge where orders need to be sought, and where restrictions need to be reduced. This is an area that needs to continue to be strengthened and training developed.

Ensuring that young people are better prepared for leaving care by robust review and challenge around pathway assessment and transition planning, especially those young people where there is a need for transition into adult services.

This has been an area of focus as intended, and the Ofsted focussed visit has demonstrated the good practice in this area. The IROs have contributed to this with attending permanence planning meeting, challenging drift and delay, and escalating where necessary. Attendance at the Leaving Care and Permanence team event and the feedback included above demonstrates that their contribution is effective and valued.

To develop formal feedback following children in care reviews through our work with the Dorset Youth Council & NYAS.

This is an area of focus for the year ahead, as detailed above.

Ensure that our offer to our unaccompanied children seeking asylum meets their needs and they are provided with appropriate information to support them understanding what is happening to them.

Dorset Council have now begun setting up a specialist asylum seeking children's team, and this will be realised in 23-24. IROs will have a key role in quality assuring this new venture and ensuring that asylum seeking young people's needs are fully met.

6. Conclusion and Plan for 23/24 - 5 key priorities

There is a lot to be proud of in this report with consistently high review timeliness, high levels IRO contact with children, increasing and effective escalations, and positive feedback from children, colleagues, and families, however there is more to do.

As the new Service Manager for the Children in Care IROs I have been able to spend my first three months listening and observing where the strengths in the service are, and the areas for development. The team are a highly skilled, conscientious, committed and child focussed group of professionals who are proud of what they do, but can also see many ways in which we could improve the circumstances and support for children in care in Dorset. I hope that I can take this service to the next stage by putting in place supportive structures that will help to enhance their impact and improve the lives of the children that we serve.

The five key priorities for the IRO Service in 23-24 are:

1. Improve the IRO footprint.

Increase the use of and impact of escalations to challenge gaps in practice, drift and delay and ensure the child's voice is heard and listened to.

Develop Mosaic processes to capture and report on the IRO footprint including informal escalations.

We need an improved system to collate the consultation document information and address the fact that very few parents or family members complete these.

Develop a midway review template for mosaic and once launched for this to be part of the IRO performance management.

2. Improvement in the take up of advocacy and participation in children in care reviews.

The IRO Service manager is part of the working group with our current provider, looking at an improvement plan, and re-procurement options for 2024 onwards. Three IROs have attended focus

groups recently to identify what young people need from an advocacy service, and where gaps are in the current provision.

The Service Manager is now meeting monthly with the Advocacy Service Manager to provide feedback and work on improving the partnership working to improve the advocacy provision to children and young people.

Service Manager to track advocacy take up and include this within supervision to ensure IROs promote this with Social Workers in their consultation meetings.

3. Develop mechanisms for detailed feedback on the IRO service.

To systematically obtain feedback from families and young people, from social workers, operational managers, and partnership/key stakeholders with Children in Care. This will include quarterly surveys.

4. Focus on asylum-seeking young people in care to Dorset.

This service will need to work closely with the new asylum-seeking children's team to ensure this new and expanding area of work for Dorset is of the highest standard. This will include developing the skills and knowledge for IROs in understanding their needs and best practice nationally.

5. Contributing to the 'Stable Homes, Built on Love' Pathfinder work

Dorset has been chosen as one of three Local Authorities to be Pathfinders for the implementation of Stable Homes, Built on Love. The IRO service will have a key role in contributing to co-design, and Quality Assurance of the pilot. The team has wide range of professional experience and our expertise in Kinship Care support is likely to be particularly valuable.

IROs will have a pivotal role in the oversight and progression of permanency arrangements for children and young people. IROs, therefore, will ensure that the family and child/ young person have been fully consulted about who is important in their life and unlocking the potential of family networks in developing family led solutions for children.

Ref: <https://www.plumplot.co.uk/Dorset-census-2021.html#:~:text=94.1%25%20people%20are%20white%2C%202.3,%2C%206.7%25%20provided%20no%20answer.>

Appendix A

Children in Care at End of Month		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Rate per 10,000		66	66	67	66	67	67	66	67	68	66	66	65
Number		449	450	454	448	455	454	447	456	460	449	444	437
Children in Care who are UASC		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Number		27	35	35	35	38	41	41	43	43	37	36	34
%		6	8	8	8	8	9	9	9	9	8	8	8
Children in Care (by Age)		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
0-4		67	63	64	61	62	61	53	58	61	63	61	57
5-9		70	70	76	73	76	74	70	75	76	73	66	68
10-12		80	78	78	78	75	78	73	72	75	70	73	69
13-15		122	122	122	122	124	126	132	131	127	127	126	125
16+		110	117	114	114	118	115	111	120	121	116	118	118
Children in Care (by Legal Status)		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
C1 Interim Care Order		59	57	58	64	63	64	63	69	66	63	52	38
C2 Full Care Order		298	301	303	301	303	297	294	296	303	303	304	316
E1 Placement Order Granted		33	28	27	22	20	23	21	18	18	16	19	18
V2 Single Period of Accommodation Under S20		59	64	64	60	69	70	69	73	73	66	69	65
Children in Care (by Gender)		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Male		258	259	264	262	269	270	263	271	273	266	262	259
Female		188	187	187	184	185	183	183	184	186	182	181	177
Indeterminate		3	4	2	2	1	1	1	1	1	1	1	1
Children in Care:		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Who Were Previously CIC (Number)		57	55	54	52	57	54	54	53	53	52	53	52
With a CP Plan (Number)		3	0	2	1	0	0	0	1	1	0	0	1
Who Were Previously CIC (%)		13	12	12	12	13	12	12	12	12	12	12	12

Children in Care (by Ethnicity)		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
White		389	381	386	381	385	380	370	375	377	371	368	367
Asian		5	5	5	5	5	5	5	7	7	6	6	6
Black		5	7	7	8	9	9	9	8	7	5	5	4
Mixed White and Asian		4	4	4	4	4	4	4	4	4	4	4	4
Mixed White and Black		8	9	8	8	8	8	11	12	13	13	12	10
Mixed other		11	11	11	10	10	10	10	10	11	10	10	10
Other minority													
Non-white British (%)		17	18	18	19	19	20	21	21	21	21	20	19
Non-white British (Number)		76	82	83	84	87	90	92	95	97	93	91	83

Children in Care (Duration in Months)		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
0-3		59	66	61	50	45	45	51	61	57	57	50	28
4-6		32	26	29	38	49	43	36	26	33	31	37	38
7-12		26	27	37	36	39	50	54	59	58	53	52	57
13-24		58	57	51	53	49	50	45	52	48	53	55	61
25-36		77	70	70	64	63	56	47	45	48	42	36	41
37+													
Children in Care 2.5 Years or More		244	251	249	249	247	246	244	245	246	239	234	233
Children in Care more than 12 Months		332	331	327	324	322	316	306	310	312	308	305	314

Children in Care (by Need)		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Absent Parenting		25	33	33	34	36	38	38	40	41	37	35	33
Abuse or Neglect		255	247	255	251	253	252	245	256	262	257	252	244
Cases other than Children in Need		1	1	1	1		2	2	3	3	2	3	3
Disability		21	22	21	21	21	20	21	20	20	21	22	25
Family Dysfunction		96	98	96	98	98	96	97	95	93	93	91	91
Family in Acute Distress		38	36	35	31	33	32	30	28	28	28	29	29
Parental Illness or Disability		5	5	5	5	5	5	5	5	6	6	6	6
Socially Unacceptable Behaviour		5	5	5	5	5	5	5	4	3	3	4	4
Any Other Reason		0	0	2	0	2	2	2	1	3	2	0	1
Sentenced to Custody		0	0	0	0	0	0	0	0	0	0	0	0

Placement Stability		Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
3+ placements in last 12 months (%)		9	9	9	9	9	7	7	7	7	6	8	8
In placement for 2+ years (<16 CIC for 2.5+ years) (%)		64	63	64	63	62	63	62	63	63	63	66	65

Children in Care (Ceased by Age)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
0-4	3	7	1	4	2	2	5	8	2	3	3	4
5-9	2	4		4	1		4		1		2	1
10-12					2		1			1	1	
13-15				3		1	2	4	2	1	2	1
16+	10	5	6	4	1	6	4	2	8	9	5	5

Children in Care (Ceased by Reason)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Died	0	0	0	0	0	0	0	0	0	0	0	0
Care Taken by Other Local Authority	0	0	0	0	0	0	0	0	0	0	0	0
Live With Parents, Relatives at al	7	3	0	7	1	2	8	5	6	3	6	7
Moved to Independent Living	0	0	0	1	0	0	3	1	2	3	1	1
Moved to Adult Services	0	0	0	0	0	0	0	0	0	0	0	0
Any other Reason	0	0	2	0	2	2	2	1	3	2	0	1
Sentenced to Custody	0	0	0	0	0	0	0	0	0	0	0	0
Adopted	0	6	0	3	1	1	2	5	0	1	0	1
Over 18	8	3	4	3	0	4	2	1	2	4	4	1
Moved Abroad	0	0	0	0	0	0	0	0	0	0	0	0
Residence Order	0	0	0	0	0	0	1	0	0	1	0	0
Special Guardianship Order	0	4	1	1	2	0	0	0	0	0	2	0

Children in Care (by Placement)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Placed With Parents	18	18	24	26	27	27	28	32	26	22	20	22
Placed With Relatives or Friends	58	57	63	62	62	68	71	70	71	66	63	63
% Private Provision	45	47	45	46	46	46	46	45	44	45	45	45
% Own Provision	43	43	42	41	41	39	42	42	45	45	44	43

Children in Care (by Placement Location)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Number of Children in Out of County Placements	192	194	191	192	197	194	193	197	198	196	190	188
Out of Dorset and 20+ Miles From Home (%)	31	30	28	29	28	28	28	26	27	27	26	27
Out of Dorset (%)	43	43	42	43	43	43	43	43	43	44	43	43

Children in Care (Permanence)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
CIC 4+ Months with Completed Permanence Plan (%)	98	96	96	94	92	90	92	93	93	93	93	92
Children Achieved Permanence	42	44	40	40	39	39	41	41	39	40	41	38
Children Achieved Permanence (SGO)* (%)	15	19	15	16	17	11	10	11	10	8	8	8
Children Achieved Permanence (Adoption)* (%)	5	7	9	14	17	18	19	17	16	15	14	13

*Rolling 6 Months

Children in Care (Standard of Care Plan Rating)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Outstanding (Number)		1										1
Good (Number)	32	47	15	24	26	41	44	24	33	49	29	34
Requiring Improvement (Number)	2	1	1		4	7	1	1	2	8	2	1
Inadequate (Number)	1	2						9		2	3	2
Good and Outstanding Combined (%)	91	94	94	100	87	85	98	71	94	83	85	92

Children in Care (Health Assessments)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
New CIC Receiving Their IHA (%)*	9	14	50	44	0	0	23	23	41	50	50	0
CIC Health Assessments Up To Date - Under 5 (%)	84	84	88	89	73	69	81	74	70	65	67	86
CIC Health Assessments Up To Date - Over 5 (%)	85	83	88	92	89	85	84	82	77	76	75	78

* This measure is reported one month in arrears

Children in Care (Immunisations)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Immunisations Up To Date** (%)	85	85	85	88	85	85	87	85	83	86	84	87
Immunisations Overdue (Number)	80	90	84	65	70	77	67	71	88	76	73	58
Immunisations Up to Date (Number)	369	360	370	383	385	377	382	385	372	373	371	379

** for CIC 12+ Months

Children in Care (SDQ Scores)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Immunisations Up To Date** (%)	16	15	16	16	16	16	16	16	16	16	16	16
Immunisations Up To Date (Number)	79	82	80	77	77	74	72	72	69	68	63	64

** for CIC 12+ Months

Children in Care (Visits)

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Total Visits	371	414	361	361	392	407	373	384	415	430	392	403
CIC with Up To Date Visits (%)	86	86	86	81	80	87	88	81	79	81	83	86
CIC with Up to Date Visits (Number)	387	386	391	365	366	397	392	371	363	364	368	375

Children in Care (Timeliness of Visits)***

	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Completed Late (Number)	53	83	56	58	86	90	75	58	60	80	56	69
Completed on Time (Number)	256	267	242	220	217	260	243	241	258	265	260	272
Overdue (Number)	62	64	63	83	89	57	55	85	97	85	76	62
Completed Late (%)	14	20	16	16	22	22	20	15	14	19	14	17
Completed on Time (%)	69	64	67	61	55	64	65	63	62	62	66	67

***6/12 weekly as per plan due in month

Corporate Parenting Board 23 November 2023 Designated Officer Report

Choose an item.

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s): Cllr

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

Report Author: Martha Sharp
Job Title: Designated Officer
Tel: 01305 228323
Email: Martha.sharp@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: This report provides an overview of the activity of the Designated Officer for the year of April 2022 through to March 2023. This involves any activity that involves a person working with young people under the age of 18 years in a position of trust, whereby an allegation has been made against them.

Recommendation: This report is for information

Reason for Recommendation:

Report

1. Introduction

1.1 This report will provide an overview of the management of allegations in Dorset, and the role of the Designated Officer between 1 April 2022 and 31 March 2023. The statutory guidance Working Together to Safeguard Children 2018 sets out the requirements for all agencies providing services for children to have procedures in place for reporting and managing allegations against staff and volunteers. This is mirrored in Keeping Children Safe in Education 2023.

1.2 The guidance highlights the need for a Designated Officer to oversee the process, by giving independent advice on thresholds and the other aspects of

safeguarding when an allegation is made. This will include a range of measures, in consultation with the employer, including risk assessments, the use of suspension for more serious conduct matters or criminal investigations, alongside other issues including managing duty of care to the employee and proportionality to ensure the process is concluded fairly and as soon as possible.

1.3 The procedures for the management of such allegations are contained in the Pan- Dorset Child Protection Procedures Pan Dorset Multi Agency Safeguarding Procedures - Allegations against Staff. This report summarises the key activity and themes in the past year.

1.4 The Role of the Designated Officer

1.5 Working Together (2018) and Keeping Children Safe in Education (2023) states the criteria for Designated Officer involvement applies when an individual working or volunteering with children has:

- Behaved in a way that has harmed a child or may have harmed a child.
- Possibly committed a criminal offence against or related to a child.
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.
- Behaved or may have behaved in a way that indicates they may not be suitable to work with children.

1.6 This last bullet point refers to situations that arise in a professional's personal life, which give may give rise to concerns about their suitability to work with children, this is known as transferable risk.

1.7 All agencies have a duty to contact the Designated Officer directly or make a referral through the Children's Advice and Duty Service (CHAD) if there is a child protection concern or an allegation made that a criminal offence may have been committed or related to a child.

1.8 Allegations are considered in the context of four main categories of abuse; sexual abuse, physical abuse, emotional abuse and neglect and there is also consideration of areas including professional conduct and safeguarding concerns arising in a person's private life (Transferable Risk).

1.9 The role of the Designated Officer is varied, but key tasks include:

- Providing independent support and guidance to employers and voluntary organisations regarding allegations or when a pattern of conduct concerns arises.
- Liaison with the Children's Advice and Duty Services (CHAD) and the Multi-Agency Safeguarding Hub (MASH), Children's Services Teams and Police when child protection concerns become known about at the point of referral or during an investigation.
- Participation in strategy meetings and chairing of meetings involving Dorset Council employees or foster carers.
- Chairing evaluation meetings and professional meetings when the evidence for 'significant harm' for strategy meetings has not been met, but where a meeting is needed to consider complex issues and plan to reduce future risk.
- Ensuring the child's voice is heard.
- Monitoring progress of referrals and investigations to ensure progress on actions identified are all fully completed.
- Ongoing advice and guidance throughout the process, including organisational learning if gaps in practice are identified.
- Liaison with other local authority Designated Officers when there are cross-boundary issues, including Adult Safeguarding in Dorset when risks are linked to a role with adults.
- Maintaining confidential case records on the secure database (MOSAIC), tracking systems and the Designated Officers database
- Liaison with partner agencies and other departments to improve practice, including police, education, health, transport and Ofsted and contribution to meetings and supporting the development of policies and procedures to improve safeguarding.
- Ongoing practice development and delivering of allegations management training.

2.0 Service Structure and Supervision

2.1 The Designated Officers are located within the Quality Assurance and Partnership Service based at County Hall, Dorchester. The permanent Designated Officer started at the end of February 2022, and this has provided some stability. Service demand has significantly increased since this time,

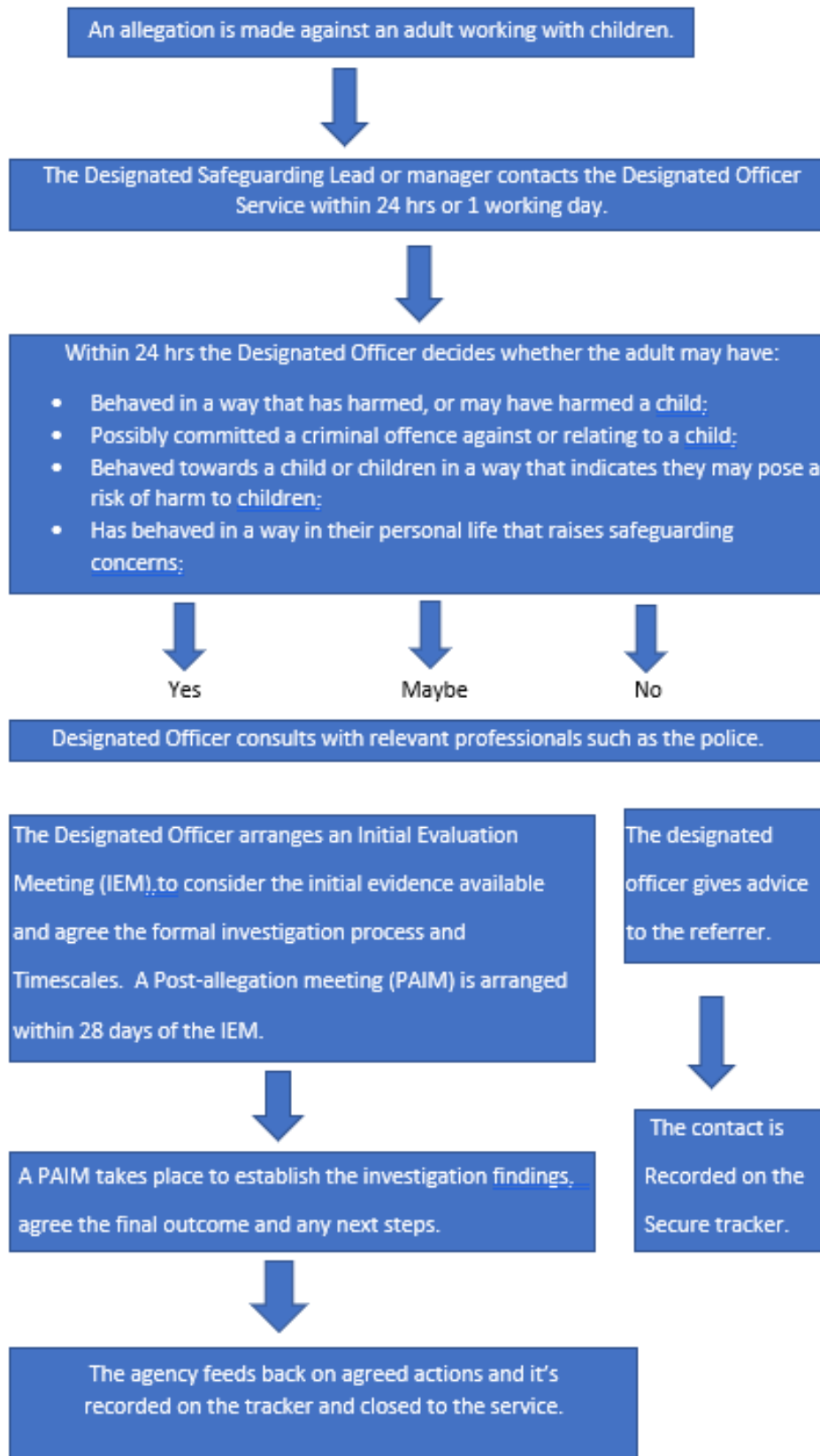
this has led to the appointment of one additional full time Designated Officer and a further 0.5fte supplement from a Safeguarding Standards Advisor who works flexibly across both roles.

2.2 All three Designated Officers are qualified social workers with a background in child protection work. They have previously been managed by one of the Quality Assurance Service Managers, but in December 2022 a new Safeguarding Education Service Manager was appointed to manage the Designated Officers, this has enabled greater focus and oversight on the development of the service.

2.3 The Designated Officers attend the regional designated officer meetings and the annual national designated officer meetings, and this enables an opportunity for peer reflection and discussion around key issues and challenges within the role. Dorset have been part of the peer audit completed with one of our neighbours in the southwest region, which provided some helpful learning. The Designated Officers have also been consulted about the Designated Officer Handbook that is currently being drafted. It is hoped that this will provide a clear framework for the role, and an agreed way of working nationally to ensure there is greater consistency in how allegations against professionals working with children are managed.

3.0 Process

3.1 The flowchart below describes the local process used when an allegation is made against an adult working with a child.



3.2 All referrals continue to be recorded on our case management system (MOSAIC) where details of allegations, minutes of meetings and outcomes are recorded, including where necessary referrals to DBS. We are also now routinely recording all contacts on mosaic; these are referrals that do not progress to an Initial Evaluation Meeting and may require an internal investigation without Designated Officer oversight. Recording contacts on mosaic ensures that there is a clear record of enquiries undertaken and decision making. A secure database is also used to record all enquiries/contacts/referrals that agencies make with the designated officer and the outcome, whether this is a referral or a low-level enquiry. The database enables information to be easily accessed so patterns and repeat concerns about an individual can be identified. It also provides the ability to track the number of contacts/referrals and progress which enables easier analysis of service effectiveness and areas for development and improvement.

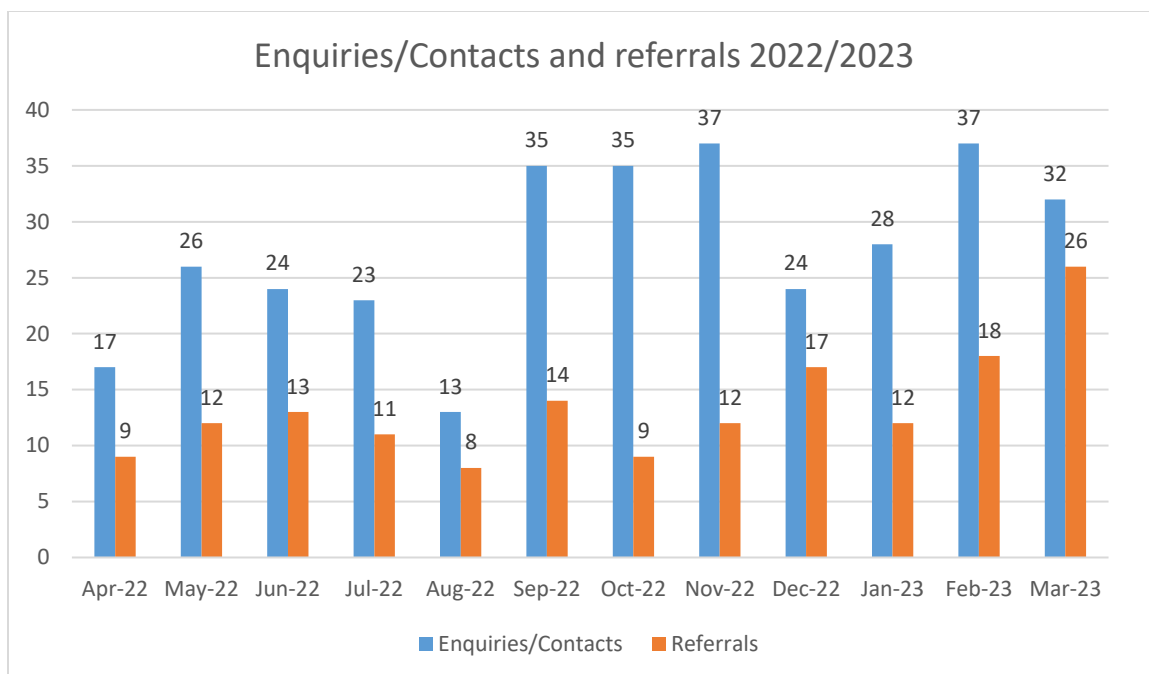
4.0 Service Activity

4.1 The Management of Allegations Service is carried out online and this continues to be effective in securing a good level of participation from our key partner agencies, such as HR, fostering, social care and schools. All Initial Evaluation meetings (IEM's) and Post Allegation Investigation Meetings (PAIM's) have been held via Microsoft Teams, there continues to be a high level of attendance at meetings, and this remains an effective way of co-ordinating investigations and sharing information.

5.0 Enquiries and Referrals (2022/23)

5.1 There were 492 contacts with the Designated Officer service this year, which is a significant increase from last year, where there were 259. It is likely that this is in part due to greater awareness of the Designated Officer role and training that has been delivered locally, however it is also noted that there has been an increase in referrals to designated officers nationally again with no clear explanation for this at present.

5.2 Out of the 492 contacts, 163 progressed to referrals and Initial Evaluation Meetings, which is almost double the number of active cases compared to last year. The graph below shows the enquiries and referrals made to the Designated Officer over the past 12 months. As can be seen below August was the quietest month, this is likely to be due to schools being closed for the summer. The number of enquiries has continued to increase from September onwards, with 58 contacts with the service in March alone, 26 of which progressed to an Initial Evaluation Meeting and further work.



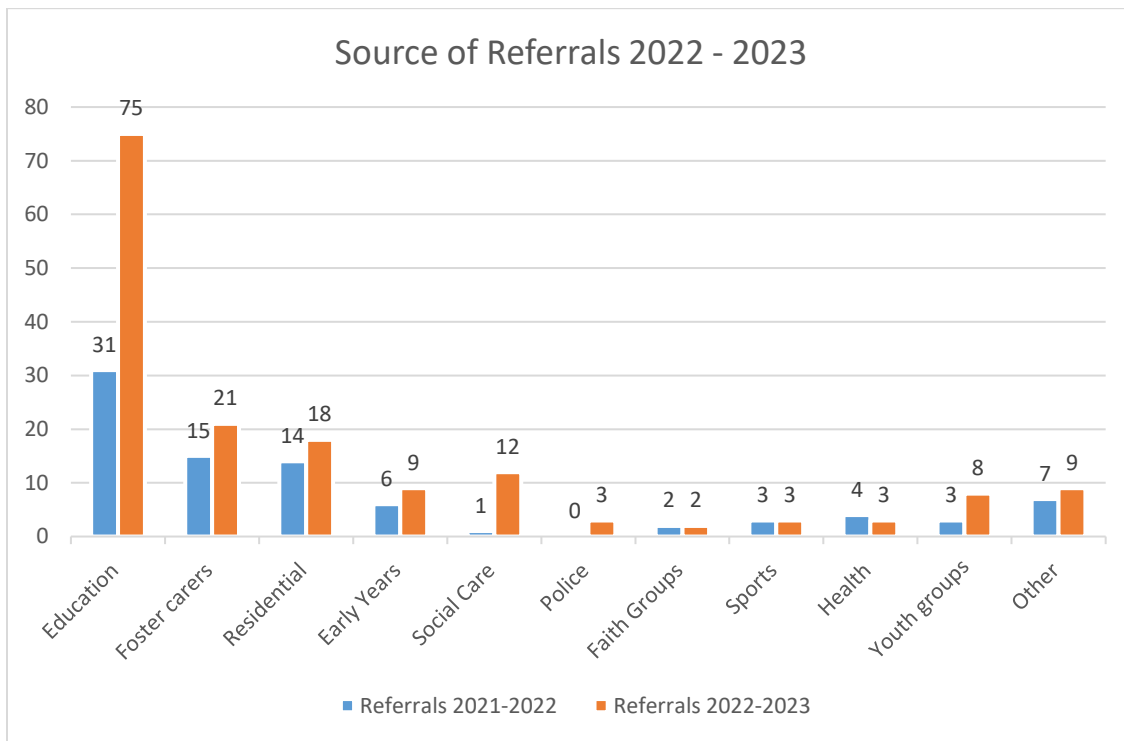
6.0 Source of referrals

6.1 The below chart shows the agency where the adult was working when the allegation was made about them. Just under half of all referrals open to the service this year related to people employed in education, this is a significant increase, just over 10% compared to last year. There have been a lot of concerns about two local independent residential school provisions which has resulted in a higher level of oversight and scrutiny and therefore an increase in referrals and seeking advice by these provisions. The number of referrals relating to foster carers and residential workers has increased slightly during this last year, but overall is proportional with last year.

6.2 There remain certain service areas that are underrepresented, we continue to have a low number of referrals from the sports sector. This is likely attributed to the way in which these clubs are set up, with many self-employed or small business with limited oversight. This coming year we will be rolling out training specifically targeted at sports clubs, with the aim of increasing awareness and understanding of the designated officer role.

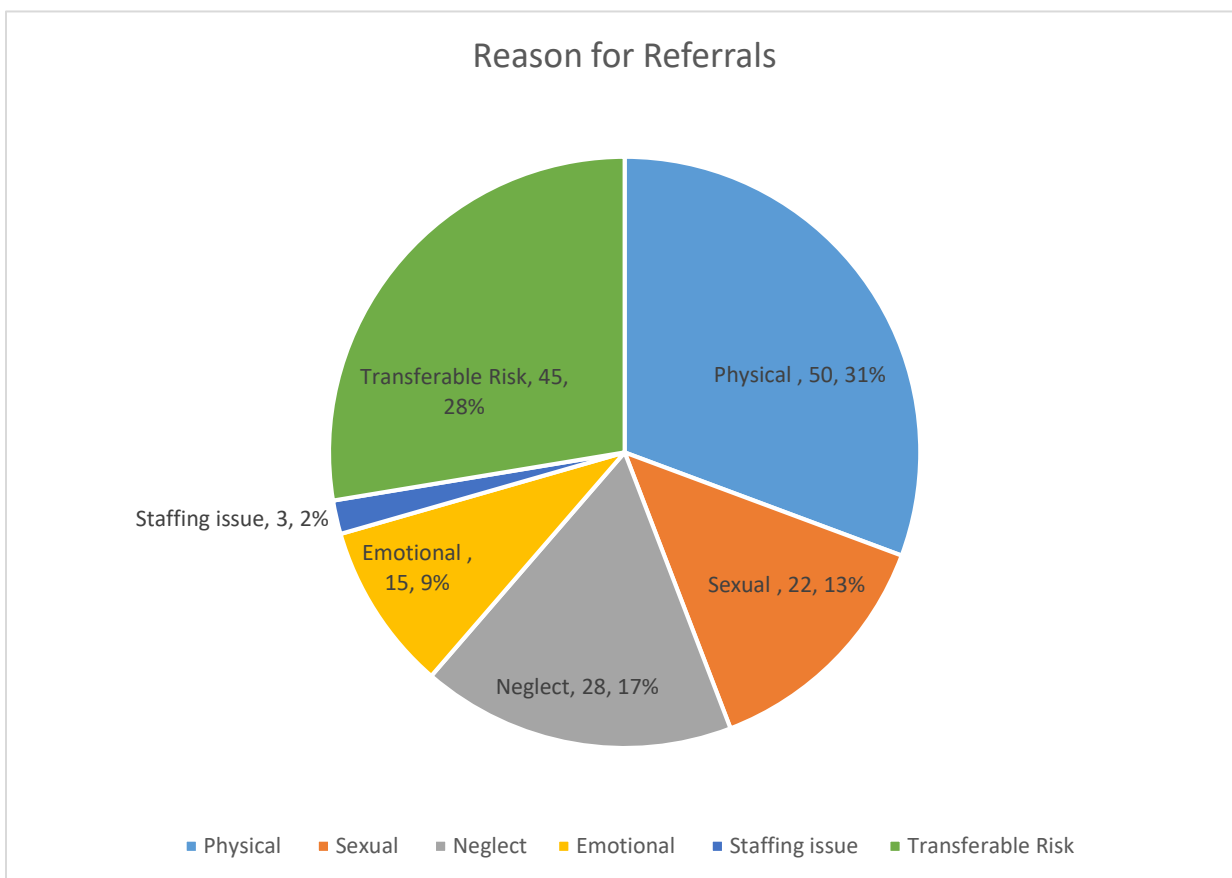
6.3 This last year we have been working on strengthening our relationships with the Police and now meet with colleagues on a regular basis. There have been three referrals relating to serving police officers this past year and although still low in numbers, this is an improvement from last year where we did not receive any. We are also in the process of organising training events for police officers as part of their induction and ongoing professional

development. It is hoped that this will increase understanding of the role within the police and hopefully improve better information sharing about those who work with children and come to the attention of the police.



7.0 Reason for referrals

7.1 The most common reason for referral this year is the same as last year and relates to reports of physical harm, this is closely followed by referrals relating to transference of risk. The number of referrals within this category has increased significantly compared to last year, this was expected and is likely due to amendments to the referral form and now being able to select this category. The number of referrals relating to Emotional Harm and Neglect have reduced this year and this supports the theory that this is due to amendments in recording. This will have affected those cases where for example a member of staff's children may be on a child protection plan and there are now being categorised as transference of risk, rather than neglect or emotional harm. There has also been a significant reduction in referrals with a category of staffing issues, this reduction is a positive, generally concerns relating to staffing issues should not be progressing to referral and should be dealt with by the employer, this evidence the impact of the training and relationship built by the LADO with services to understand the criteria for referral into the LADO.



8.0 Foster carers

8.1 There is a clear process for managing allegations relating to foster carers.

The Designated Officer has case management responsibility for all carers that live within Dorset; whether they are employed by another local authority but reside within our area, an independent fostering agency or Dorset Council.

8.2 In looking specifically at those carers employed by Dorset Council, during this last year we have had 19 contacts with the service. 9 were dealt with under fostering care standards through training and support and 10 of these progressed to referral and further work. Of the 10 referrals that progressed through the management of allegations process, over half (6) related to connected carers, often these concerns have related to risks and vulnerabilities that have previously been identified.

8.3 In looking at the reason for referrals to the Designated Officer relating to foster carers, the most common reason relates to physical harm. Reasons for

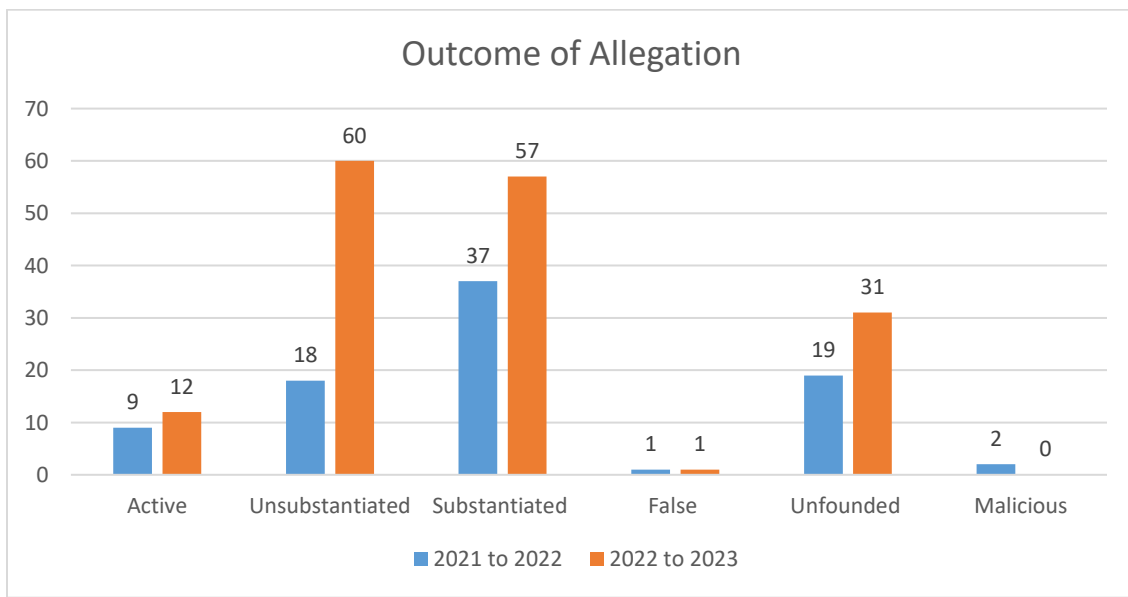
referrals for connected carers, have tended to relate more to concerns about emotional harm and neglect, typically not providing the level of care expected by foster carers and concerns about harm being caused to the child in their care.

8.4 In total 6 of these investigations for Dorset carers have resulted in an unsubstantiated outcome, 2 were unfounded and 2 were substantiated. All carers returned to panel for further consideration/oversight, regardless of the outcome.

9.0 Referral outcomes

9.1 The outcome of investigations of allegations are categorised as follows:

- Substantiated – which means there is sufficient identifiable evidence to prove an allegation.
- False – which means there is sufficient evidence to disprove the allegation.
- Malicious – which means that there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false.
- Unsubstantiated – which means that there is insufficient evidence to prove or disprove the allegation.
- Unfounded - which means there is no evidence or proper basis to support the allegation being made.



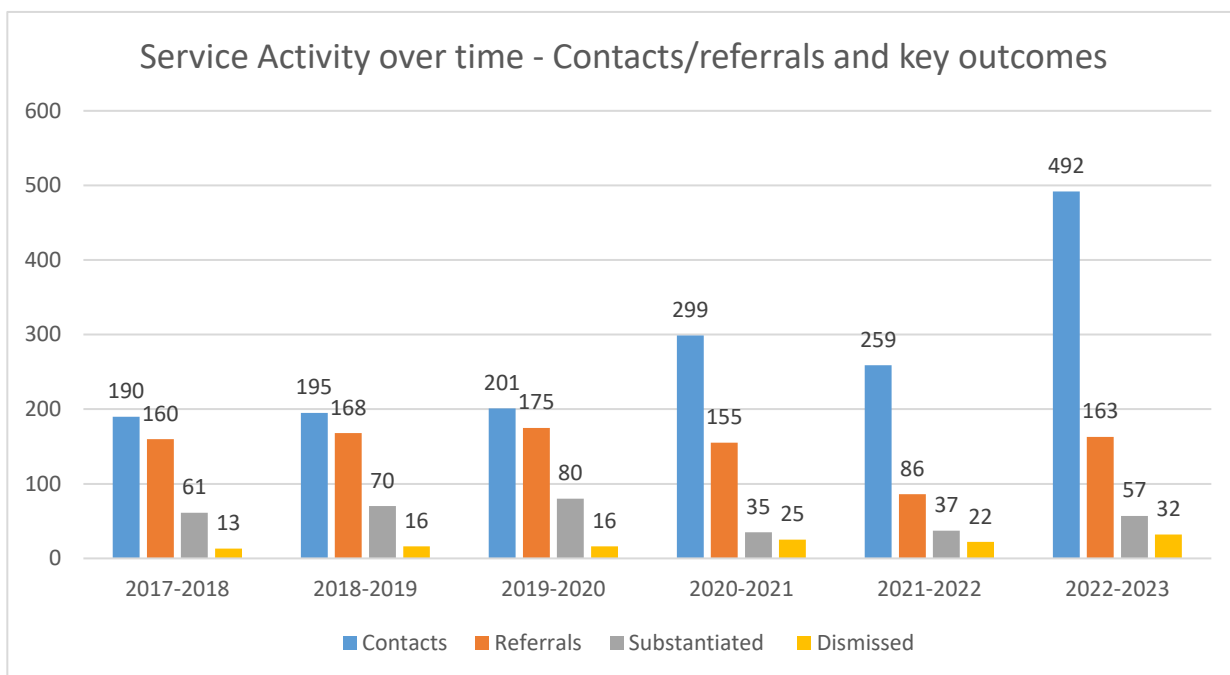
9.1 The above graph provides an overview of the outcomes of those referrals which were dealt with through the management of allegation process during 2022/2023 and compares this to 2021/2022.

9.2 This year there were a higher number of unsubstantiated outcomes, these are cases where there may be insufficient evidence to prove or disprove the concern being raised. This can be for example cases where there is one word against another and no other witnesses to corroborate either account. While the outcome itself may result in an unsubstantiated outcome, often the concerns are serious enough to warrant the oversight of the Designated Officer, and this also provides additional scrutiny from a safeguarding perspective, which benefits the employer with guidance provided around future actions to reduce risk, implement changes and learning. Although, there appears to be a higher number of Unfounded outcomes, proportionately there was actually a slight reduction in Unfounded outcomes, from 22% to 19% this year.

9.3 There was a total of 57 substantiated allegations from 163 referrals, which is around 34% of referrals concluding with a substantiated outcome, proportionately this has reduced by around 10% this year.

10.0 Service Activity

10.1 The below graph shows service activity over time.



10.2.1 The number of contacts with the service has significantly increased this year. Interestingly, the percentage of contacts that progressed to referral has remained consistent, at 33%.

11.0 Quality and Performance

11.1 The Designated Officer completes the QPAG quarterly reports and within this has identified themes and areas to focus on. Through this we have been able to identify particular provisions who are frequently referring to the designated officer and work with them alongside safeguarding standards to reduce areas of concern and risk.

11.2 The Designated Officer took part in a peer review with another local authority, which has provided some positive independent feedback. This involved sharing a case, reviewing the steps taken and identifying any areas for learning and development. Through this review, it was identified that the Designated Officer's work could have been further strengthened, by considering the support needs of the child during the process and also planning on how the child would be informed of the outcome of the management of allegations process, this is now something that is being considered within post allegations meetings.

12.0 Key Performance indicators

12.1 Below is a review of the Key Performance Indicators for the Designated Officer Service, over the last year.

Activity	Progress
An Initial Evaluation meeting should be held within 5 working days of the referral.	There have been 140 (85%) Initial Evaluation Meetings held on time out of a total of 163 this year. This is an increase of 10% compared to the previous year.
The Post-Allegation Investigation (PAIM) meeting should be held within 28 days.	158 (96%) of Post-allegation Investigation meetings have been held within the prescribed timescales out of 163. This is a slight increase from last year.
The length of time between the receipt of a contact and reaching outcome, needs to be reduced.	<p>When looking at referrals that progressed to IEM, the percentage of cases that were concluded within 4 weeks was 54% (which is an increase of 20% compared to last year), 15% were concluded within 8 weeks, 12% were concluded within 12 weeks and 12% of cases were concluded within 6 months or longer. 7% of cases that have not yet concluded and reached an outcome.</p> <p>Overall, this is an improving picture, there remain cases that cannot be concluded because of outstanding police investigations. However, there are also some provisions that take a significant length of time to conclude investigations, and this creates delay in reaching outcome.</p>

13.0 Multi-agency Practice Development

13.1 The Designated Officer has continued to work closely with the Safeguarding Standards advisor which has consequently strengthened Dorset LADO's oversight across the education sector in Dorset. For example, where there are complaints or concerns regarding safeguarding within schools there are at times also elements that meet the criteria for the managing allegations process and therefore this close working relationship is important. The safeguarding standards advisor provides valuable support for schools and has helped to address more broader safeguarding concerns and learning which may arise through the managing allegations process.

14.0 Training

- 14.1 The designated officer service has continued to deliver management of allegations training to schools virtually via MS Teams and this has been well received. There have been some amendments to the training presentation, and this now includes case examples which enables group participation and discussion.
- 14.2 The Designated Officer has also developed some condensed training presentations which have been delivered to a range of services and provisions, particularly providers where there has been either repeat referrals or referrals which have raised concerns about their understanding of the process or safeguarding procedures.
- 14.3 Looking to the future, there is a plan to deliver training to the army training centre, the police and sports clubs. There is also a plan to increase awareness of the Designated Officer role more broadly and among parents of children who access groups and activities in the community, to ensure that any concerns about people who are working with children are reported.

15.0 Self-employed service providers

- 15.1 A continuing area of work for all Designated Officers is the issue of self-employed service providers (sometimes referred to as 'headless organisations'). These are groups or activities where there is little or no structure or any evidence of lines of accountability. These are groups or services set up by an individual that are not affiliated to any agency. In the absence of accountability this is an additional challenge for Designated Officers. The Designated Officer provides support when required with safeguarding practice reviews where there are shortfalls in allegations management and safer recruitment practice.

16.0 Professional collaboration

- 16.1 The Designated officer has met regularly with the designated officers for Bournemouth Christchurch and Poole, where cross boundary issues have arisen. There has also been good communication with Designated Officers in Wiltshire and Hampshire also, alongside attending the regional southwest designated officer meetings which provides peer support.
- 16.2 The Designated officer is in regular communication with Ofsted, particularly where there have been investigations relating to early years providers and they are being invited to attend meetings and provided with copies of the minutes where appropriate.

17.0 The Child Safeguarding Practice Review Panel: Safeguarding children with Disabilities and complex health needs in residential settings

17.1 In October 2022, a national review was undertaken into how and why a significant number of children with disabilities and complex needs came to suffer very serious abuse and neglect whilst living in three privately provided residential settings in the Doncaster area. This review is being undertaken in two phases and this phase 1 report identified that there were major failings in operation of the LADO function, resulting in allegations about the conduct of staff in the residential settings not being investigated to a satisfactory standard in Doncaster.

17.2 The review identified urgent action for all Local Authorities across the country to take, specifically:

- That the host authority LADO for each individual establishment reviews all information on any LADO referrals, complaints and concerns over the last 3 years relating to the workforce in such establishments to ensure these have been appropriately actioned.
- The host authority LADO should then contact any local authorities who currently have children placed in the establishments in their area if there are any outstanding enquiries being carried out regarding staff employed in the home.

17.3 Action was taken to address the findings of the enquiry. There was a significant amount of work and oversight by the Designated Officer of local provisions and linking in with placing authorities during this last year, much of which stemmed from this national review.

17.4 Findings from Phase 2 of this Review are to be published in April 2023 and will be included in priorities for the forthcoming year.

18. Priorities for 23/24

Action	Expected Outcome	Project Lead	Progress Update Lead	Project Completion Due Date
Capacity	Strengthen the support and cover arrangements for the Designated Officer.	Kelvin Connelly	Kelvin Connelly	Completed – we now have 2.5 post holders

				covering LADO.
Timeliness	<p>Improve the length of time, duration and through-put of cases. This will be measured by KPI:</p> <ol style="list-style-type: none"> 1. 100% of Initial Evaluation Meetings being held within 10 days and 2. Conclusion of LADO involvement within 28 days in 85% of cases. 3. This is to be reviewed in Q3 Jan 2024 report. 	Kelvin Connelly	Sunita Khattrra-Hall	30.1.24
Raising awareness & professional development	<p>Review the virtual training offer and implement an ongoing evaluation framework for briefing and training through feedback being sought from training delivered across different sectors.</p>	Kelvin Connelly	Sunita Khattrra-Hall	30.1.24
	<p>Analyse themes and proactively identify sectors, organisations, and themes for the delivery of training to the sector to prevent harm.</p> <p>This will be achieved through Q3 report analysis of the training needs of different sectors.</p>	Kelvin Connelly	Sunita Khattrra-Hall	30.1.24
Professional Relationships	<p>Meetings between Fostering and LADO scheduled monthly. This</p>	Kelvin Connelly	Sunita Khattrra-Hall	30.4.24

	<p>is to review and evaluate referral and decision making. This is to ensure LADO and Fostering agree proportionate response and safe decision making. Annual evaluation of all referrals relating to LADO to be focus of specific report completed April 2024</p>			
Management Information	<p>Automate reporting and develop a dashboard to facilitate easier tracking of activity and management oversight.</p> <ol style="list-style-type: none"> 1. KC to work with Chloe Grier on the development of this with proposed commencement Feb 2024 	Kelvin Connelly	Sunita Khattrra-Hall	30.1.24
Service Quality	<p>Introduce a regular programme of auditing to understand quality of service being offered and to identify themes to share with multi-agency partners to inform learning and development.</p> <ol style="list-style-type: none"> 1. KC to commence this in November 2023, findings to be shared in Q3 report Jan 2024. Timetable of further auditing likely to be 6 monthly thereafter but maybe required sooner 	Kelvin Connelly	Sunita Khattrra-Hall	30.1.24

dependent on initial audit activity			
<p>Develop a system for tracking that recommendations following investigations are implemented</p> <ol style="list-style-type: none"> 1. New LADO spreadsheet with dedicated column for recording actions to be implemented by 3.11.23 2. Quarterly review with LADO of tracker actions to ensure progression of actions 	Kelvin Connelly	Sunita Khattra-Hall	30.1.24
<p>Implementation of Standard Operating Manual for Dorset LADO.</p> <p>To include:</p> <ol style="list-style-type: none"> 1. Development of template for structuring investigations and risk assessments to assist and improve standards of employer investigations and risk assessment 2. Development of a LADO Referrals Indicator Matrix to assist with consistency of decision making 	Kelvin Connelly	Sunita Khattra-Hall	31.12.23

	3. SOM to be approved in PPP			
External validation of the service	<ol style="list-style-type: none"> 1. Regional partner to be invited to undertake audit activity of Dorset LADO. 2. Feedback to be used for further service development. 3. Outcome to be shared in QPAG March 24 	Kelvin Connelly	Sunita Khattrra-Hall	29.2.24

19. Financial Implications

Not applicable

20. Natural Environment, Climate & Ecology Implications

Not applicable

21. Well-being and Health Implications

The well-being and health of all children in Dorset is at the centre of the work undertaken by the Designated Officer, the child's voice and understanding of the impact of adult behaviour is considered at every meeting.

There is always consideration of the well-being of adults being considered by the designated officer, and the support available to them is a standard consideration as part of the meeting agenda.

22. Other Implications

None identified

23. Risk Assessment

a. HAVING CONSIDERED: the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

24. Equalities Impact Assessment

Not applicable

25. Appendices

None

26. Background Papers

None

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

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Corporate Parenting Board 23 November 2023 Dorset Virtual School Annual Report

For Review and Consultation

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s): All

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

Report Author: Jo Smark-Richards
Job Title: Service Manager for the Virtual School
Tel: 01305 224393 (Amanda Davis)
Email: Jo.Smark-Richards@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: The report provides an overview of activity in the Virtual School for academic year 2022/23 and a summary of outcomes for our children, as well as priorities for academic year 2023/24.

Recommendation:

Reason for Recommendation:

1. **Financial Implications**

There are no financial implications as resource is provided from existing funds.

2. **Natural Environment, Climate & Ecology Implications**

None

3. **Well-being and Health Implications**

Education and learning play a fundamental role in the wellbeing of our children and young people and in their future life chances. As corporate parents, we are highly aspirational and ambitious for our children and hope they achieve in formal education as well as enjoying rich life experiences and informal learning opportunities.

4. **Other Implications**

None

5. **Risk Assessment**

5.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Low

6. **Equalities Impact Assessment**

Not applicable

7. **Appendices**

None

8. **Background Papers**

Corporate Parenting Board

23 November 2023

Advocacy and Independent Visitor Services update

For Review and Consultation

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s): N/A county wide

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

Report Authors: Tina Ironside
Job Title: Strategic Commissioner
Tel: 01305 228418
Email: tina.ironside@dorsetcouncil.gov.uk

Report Status: Public

Brief Summary: The report updates on our advocacy and Independent Visitor service which supports children in care, care leavers and other children in need. It covers performance of the current service for year 2 of the contract (1 August 2022 and 31 July 23).

Recommendation: Corporate Parenting Board are invited to note and discuss the contents of this report.

Reason for Recommendation:

The rights of children in care to have a say in decisions about their lives is enshrined in the United Nations Convention on the Rights of the Child and in the Children Act, 1989. Before making any decision with respect to a child in the care, the local authority must ascertain the wishes and feelings of the child. Where children have difficulty in expressing their wishes or feelings about any decisions made about them, or where the child's wishes conflict with the care provider around a specific decision, consideration must be given to securing the support of an Advocate. Advocates can also be offered to when a child wants to be represented at a meeting or assisted in making a complaint or bringing attention to an issue that needs to be addressed by a care provider, the local authority or any regulatory body.

When children are in care, the local authority has a duty to appoint an Independent Visitor if it appears to be in the child's best interest to do so. This should be considered as part of development of the child's care plan and during any child in care reviews. The appointment of an Independent Visitor must be made with the agreement of the child or young person.

1. Background

- 1.1 Dorset Council commission the National Youth Advocacy Service (NYAS)¹ to deliver our Advocacy and Independent Visitor (IV) Services. The contract commenced in 1 August 2021 and runs until 31 July 2024. As well as providing advocacy for children in care and care leavers when issues arise (issue-based advocacy), NYAS also provide advocacy for children who are being safeguarded through child protection processes. This report will focus on issue-based advocacy for children in care and care leavers.
- 1.2 Advocacy represents the views, wishes and needs of children and young people to professionals making decisions about their lives. It helps them to navigate the system, especially in times of transition. The service provides independent and confidential advice and representation. High quality advocacy is preventive so practical problems do not escalate. Advocates also support children and young people who wish to make a complaint about council services. NYAS also works with young people to develop their self-advocacy skills and the confidence to advocate for themselves, which will grow into a lifelong skill.
- 1.3 An Independent Visitor (IV) is a volunteer that visits and befriends children in care. They need to be consistent and reliable so that children can build a trusting, positive relationship with them over time. IV's will endeavour to become and remain a consistent adult in the child's life, who does not change when placements or social workers change and will, at all times, stay child focussed. The IV visits at least once a month, so the child or young person will see them regularly. IV's can be allocated to children and young people who live in foster care, residential homes and residential special schools and supported living arrangements up to the age of 18 years old.
- 1.4 Although children can refer themselves to NYAS², most commonly their social worker or Quality Assurance Reviewing Officer will use NYAS's referral portal³ to refer them. NYAS is a national organisation, who provide services across the county and this portal is used by all the local authorities that commission NYAS to provide their advocacy services.

2. Advocacy Overview of Performance – August 2023 to July 2023

- 2.1 In 2022/23 the service received 635 referrals for advocacy – 363 (57%) of these were for children being safeguarded in the child protection system, with the remaining 272 (43%) for support to and issues raised by children in care and care leavers. This paper focuses these 272 referrals.
- 60% of referrals were to support a child in care review meeting
 - 39% of referrals were about issues or complaints
 - 1% of referrals were to support other meetings

¹ [The National Youth Advocacy Service | NYAS](#)

² [NYAS self-referral options](#)

³ [NYAS referral portal for professionals](#)

- 2.2 Rates of referrals for children in care and care leavers are fairly steady across the year, with an average of 5 per week, with a slight increase in quarter 4 to 6 per week. Over the year there has been an increase in requests for advocacy attendance at child in care review meetings.
- 2.3 Just over seventy-three per cent (193) of these referrals resulted in the delivery of advocacy support. When advocacy is not delivered then the advocate will contact the social worker to let them know and share the reasons for this. There are a range of reasons that advocacy support was not delivered, but the most common circumstances were:
- 14 children/young people declined the offer (17%)
 - NYAS were unable to allocate an advocate to 10 children/young people on time for the event (14%). In all of these cases retrospective support was offered
 - Issues were resolved and it was no longer considered necessary to have an advocate for 7 young people (8%)
 - A small number of children and young people:
 - decided they no longer wanted the service of an advocate (1%)
 - decided to self advocate (1%)
 - were duplicate referrals (>1%)
 - were not contactable (1%)
- 2.4 Of the children and young people using the service:
- 47% were female, 48% were male, 2% were non-binary and 1% preferred not to disclose or to self-identify
 - 22% were aged 5 to 10 years; 43% aged 11 to 15 years; 22% aged 16 and 17 years and 14% were aged 18 and above
 - 90% of those receiving advocacy were White British, 2% were Black and 4% were Mixed race
 - 32 children were identified as having a disability (17%)
- 2.5 In early 2023 Dorset Council worked with NYAS on a service improvement plan to increase the number of eligible children and young people who are receiving advocacy. The plan also covered improvements to how children's views are shared with professionals. All NYAS's actions on this plan were addressed. Dorset Council and NYAS continue to work together to identify and implement improvements. This includes creating a communication plan to ensure all relevant staff in children's services as well as children and young people are aware of the service and how to refer.
- 2.6 NYAS have increased meetings with the teams who refer children in care, and their manager has reported that this is working well. Referrals in the last 6 months of 2022/23 increased.
- 2.7 Dorset Council are working with NYAS on a revised advocacy and IV referral procedure. The key aims have been to resolve barriers of gaining consent from children and young people and sharing proportionate information about their circumstances. The approach with the procedure has changed following the publication of the revised standards, which is summarised in the next section. The new policies and procedures are due to be agreed at

the council's Practice, Policy and Procedures group on the 21st November and will be rolled out immediately after this approval. We expect the new procedure to be fully enacted in December 2023.

2.8 The policy and procedures include guidance on identifying children and young people who have the most significant need for advocacy so that they are prioritised. We are also working on changes to our case management system to provide advocacy referral prompts for social workers to ensure that children are prioritised appropriately for advocacy.

3. Impact of advocacy

3.1 NYAS have been focused on capturing the impact of advocacy in the last 12 months, and support their advocates by bringing them together to focus on the identification of good practice and the outcomes from their work. The following table provides extracts of recordings of the impact identified by advocates. Names have been changed to protect the identity of children and young people.

What was the impact?
<p>Jane told their mum that they felt "very heard" at the first meeting. This was a highly stressful time for Jane. Janes's social worker reported that my report had helped to facilitate a very constructive conversation with the whole family. Jane's views were taken into account. They experienced constancy of support as they navigated the new status as a child in need and reached a point where they were happy with the situation and no longer needed my support.</p>
<p>The personal adviser felt that the wishes and feelings report was key to the decision being made to extend Jax's stay at their placement and subsequently to finding them a more permanent place to live. Jax was able to stay in the area where they had built a life for themselves and continue on in their studies towards becoming a nurse.</p>
<p>Omar and I have developed a relationship over time; they have experienced consistency in seeing the same advocate prior to meetings and will have me to support them through whatever the next steps will be.</p>
<p>Charlotte knew their views were valuable and that people were going to listen to them. Charlotte made it clear they wanted their mum and dad to stick more reliably to the contact arrangements. They also requested to have overnight stays at their nan's, which was agreed at the review. There will also be discussions with Charlottes's mum and dad about contact, taking on board her wishes.</p>
<p>Charlie felt supported at several stressful and difficult meetings. Charlie was able to be well prepared. I wrote out preparation notes for each meeting so I could explain clearly what was happening as they like having written information. They were able to have their views expressed. After I asked the social worker to explain clearly the difference between Child in Need and Child in Care at review, they understood more clearly the difference between being Child in Need</p>

under Section 17 and Child in Care under section 20. Charlie gained the confidence to move forward and to make a complaint.
Ollie's recent increasing contentment and acceptance of new arrangements for to attend school was set out in statement and this fed into Ollie's care plan for gradually increased hours of school attendance. Ollie's happiness at home and foster family was taken into account as endorsement of continuation of the placement.
A lot of good decisions were made in the meeting which has helped Yousef feel listened to.
Chloe has had their wishes and views heard and they are happy with the outcome. Their complaint had been resolved, and they are happy with the response.
Quinn was able to express their wish to have regular contact with their brother.

3.2 In addition, NYAS ask children and young people *'are you happy with the service you had from your advocate'*?

- 44 children aged under 11 years responded to the question and 91% said yes
- 106 children aged 12 and above responded to the survey and 95% said they agreed or strongly agreed:

3.3 Below were quotes from children and young people in the summer of 2023:

"It helped having an advocate. I can talk about my feelings that I have in my soul, and then I don't worry about them anymore".

"I like advocacy because they help you have a voice, and they help you sort things out and if you have worries, they help you get them out of your head, so they don't have any more worries"

4. Independent Visitors Overview of Performance – August 2023 to July 2023

4.1 Up to 31 July 2023, 28 children had been matched with an IV. 11 children were on the waiting list to be matched. NYAS's IV Coordinator for Dorset left in May 2023, so another coordinator covered this service until they appointed to this vacancy, prioritising existing matches. There was a delay commencing recruitment until the contract was confirmed to extend for 2023/24 and a new service.

4.2 We are keen to ensure that more young people benefit from having an Independent Visitor so are pleased to report that a new IV coordinator has now joined the service. She has been liaising with social workers to ensure that all information is up to date for those waiting to be matched and prioritising the following activity:

- Ensuring that all new referrals are addressed in line with contract requirements
- Marketing to attract new IVs
- Matching children to existing trained volunteers (there are 4 fully trained IVs ready to match)
- Establishing regular communication and management support for stakeholders

5. Impact of Independent Visitors

- 5.1 Twelve young people gave feedback about their Independent Visitor, and the feedback from was strong, with all children and young people who gave feedback on their IV saying that they like having an IV; they are happy with their IV; they get to choose what they like to do; they enjoy the visits and they feel safe with their IV. Quotes from the children and young people include:

“Thank you so much for getting my football boots”

“It’s nice that I can decide what to do”

“I really like experiencing new things with you”

“We had great fun at the theme park”

“I am happy with my IV as she likes to play sporty games”

“He does what I want. He listens to me”.

- 5.2 An independent visitor was matched with one young person as they were described as having low self-esteem and struggling to manage their feelings. The following is a case study of their experience (names have been changed):

Jordan was matched with an enthusiastic and caring Independent Visitor in December 2022. They have met regularly since and it is very clear from the visit reports that Jordan has become happy and relaxed in the company of their IV volunteer, who has shown genuine interest in Jordan and their love of football. This led to the IV contacting their Coordinator to request a pair of football boots. The IV Coordinator was able to use NYAS’ Positive Activity fund to purchase the boots, demonstrating practical and prompt support for the volunteer and young person. Jordan’s Independent Visitor has achieved an excellent balance with their visits. The IV provides Jordan with opportunities to ‘lead’ the visit and make decisions. The IV demonstrates excellent listening skills, encouraging Jordan to chat about a range of topics, sharing what’s on their mind. The IV is empathetic and opens conversation topics without being pushy or inquisitive taking their cues from Jordan.

6. Future plans

- 6.1 There are National Standards for both advocacy and Independent Visiting. The Department for Education (DfE) have published revisions to the Advocacy National Standards⁴ and Statutory Guidance⁵. The DfE are consulting on these until 18 December 2023, and they aim

⁴ [Revised National Standards for the Provision of Children and Young People’s Advocacy Services \(Sept 2023\)](#)

⁵ [Effective Advocacy for Looked-After Children, Children in Need and Care Leavers \(Sept 2023\)](#)

to publish them in Spring 2024. Officers from Children's Services have attended a DfE consultation event on the standards and will respond to the consultation.

6.2 The key proposed changes to the national standards and guidance are:

- increased focus on the importance of independent advocacy
- strengthened guidance on commissioning organisation's responsibilities.
- strengthened guidance for residential and secure settings
- strengthened content on children and young people being aware of their rights to advocacy and to ensure they are active partners in the delivery of these services
- a new standard on non-instructed advocacy for children unable to give instruction, including very young children
- emphasising the importance of timely access to advocacy support whenever required
- greater focus on recruiting diverse advocates and ensuring diverse groups are accessing these services
- increased focus on the values, knowledge and training of advocates

6.3 The revised standards broaden the application of the standards to include children and young people who are:

- in receipt of social care services, including children in care, children in need and care leavers
- in residential settings, including residential schools and special schools
- in secure settings, including children placed by the youth custody service in secure children's homes, secure training centres, youth offending institutions and secure schools (when open)

6.4 Page 7 of the revised standards also lists circumstances where children and young people should proactively be offered advocacy assistance to protect their rights. These provide greater clarification than the current standards.

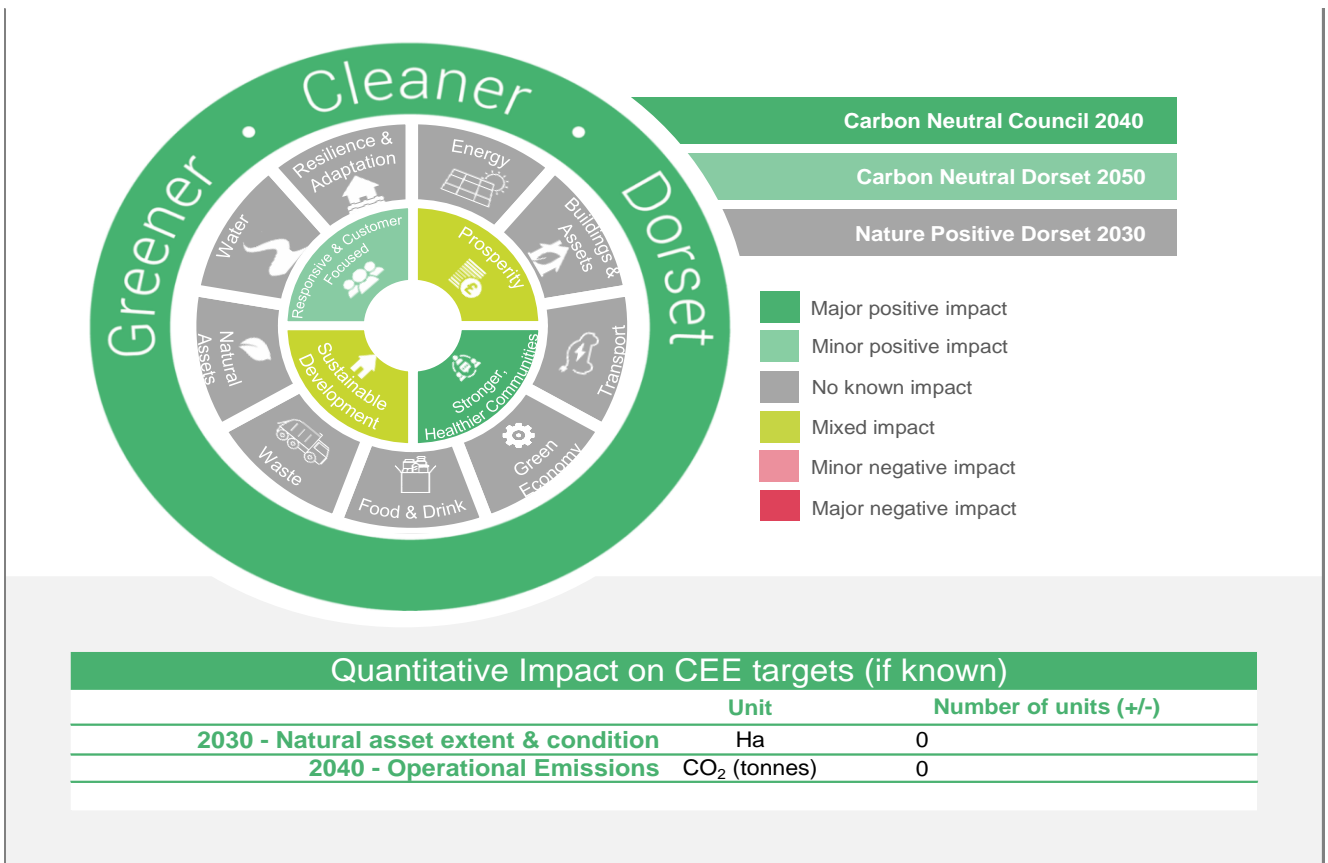
6.5 In preparation for the introduction of these new standards we have reviewed our policy and procedures to reflect these proposed requirements; and they will be included in a revised specification for the service, when we go out to tender early in 2024, in line with procurement legislation. It will be important that we ensure the provider awarded the contract has the skills and capacity to work with all the identified groups, including children with disabilities and very young children who may not be able to provide instruction to advocates.

6.6 We are currently benchmarking our provision against these new standards to ensure that we will be prepared for their implementation and will use this to develop a detailed plan. This will include updating our information to ensure that all children and young people understand their right to advocacy and using our existing information sharing and escalation processes to identify children and young people who should have a proactive offer of advocacy based on their circumstances.

7. Financial Implications

7.1 The service is operating within the agreed budget.

8. Natural Environment, Climate & Ecology Implications



9. Well-being and Health Implications

9.1 Dorset Council require the contracted provider to be responsive to advocates and IVs referrals to minimise impact on emotional well-being for children and young people.

10. Other Implications

10.1 The Department for Education selected Dorset Council to deliver the [Families First for Children programme](#). The council are helping develop best practice models for the entire children’s social care system, which will be rolled out across the country. Access to and the service specification for advocacy will be considered in line with these requirements.

11. Risk Assessment - Low risk

12. Equalities Impact Assessment - Not required for this report

13. Appendices

ACCESSIBLE TABLE SHOWING IMPACTS

Natural Environment, Climate & Ecology Strategy Commitments	Impact
Energy	No known impact
Buildings & Assets	No known impact
Transport	No known impact
Green Economy	No known impact
Food & Drink	No known impact
Waste	No known impact
Natural Assets & Ecology	No known impact
Water	No known impact
Resilience and Adaptation	No known impact

Corporate Plan Aims	Impact
Prosperity	neutral
Stronger healthier communities	strongly supports it
Sustainable Development & Housing	neutral
Responsive & Customer Focused	minor positive impact

TABLE OF RECOMMENDATIONS

Recommendations	Responses -will this be incorporated into your proposal? How? And if not, why not?
Energy	
No recommendations found for this category	
Buildings & Assets	
No recommendations found for this category	
Transport	
No recommendations found for this category	
Green Economy	
No recommendations found for this category	
Food & Drink	

No recommendations found for this category	
Waste	
No recommendations found for this category	
Natural Assets & Ecology	
No recommendations found for this category	
Water	
No recommendations found for this category	
Resilience & Adaptation	
No recommendations found for this category	

14. Background Papers

Report to Corporate Parenting Board – November 2022: Dorset Independent Visitor and Advocacy Report. Available at:

<https://moderngov.dorsetcouncil.gov.uk/documents/s31750/NYAS%20report%20corporate%20parenting%20board%20Nov%202022.pdf>

Report to Corporate Parenting - March 2022: Dorset Independent Visitors and Advocacy Report. Available at :

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fmoderngov.dorsetcouncil.gov.uk%2Fdocuments%2Fs28650%2FCPB%2520report%2520-%2520advocacy%2520and%2520IV.dotx&wdOrigin=BROWSELINK>

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Corporate Parenting Board

23 November 2023

Children in Care at Risk of Offending and Custody

Choose an item.

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s):

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

Report Author: David Webb
Job Title: Head of Service, Dorset Combined Youth Justice Service

Tel: 01202 794321
Email: david.webb@bcpcouncil.gov.uk

Report Status: Public

Brief Summary:

Children in care are over-represented in the national justice system, both in terms of numbers entering the justice system and among those who are detained in custody.

There is a local multi-agency protocol to reduce the criminalisation of children in care. The scope and implementation of this protocol is summarised in section 1, along with other measures to reduce the numbers of children in care entering the justice system.

For those children who do enter the justice system the Youth Justice Service provides a multi-disciplinary response, in partnership with other services, to reduce the risk of further offending and to avoid the use of custodial remands and sentences. Section 2 of the report outlines the work that is undertaken, the approach to children placed out of area and issues relating to the use of custody for Dorset children in care.

Recommendation:

That the Corporate Parenting Board notes and supports the work being done to reduce the criminalisation, offending and incarceration of children in care.

Reason for Recommendation:

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

1. Diverting children in care from the justice system

- 1.1 It has long been recognised that children in care are more likely to be criminalised than other children. Previous national reviews have examined this issue, contributing to the publication in 2018 of “The national protocol on reducing unnecessary criminalisation of children in care”. This national document drew in part on the multi-agency pan-Dorset protocol which was developed in 2016. More information is provided below about the continuing implementation of our local protocol.
- 1.2 Decision-making in the youth justice system should take account of a child’s care status. The “Child Gravity Matrix” is a national document which provides guidance on the seriousness of child offences, aggravating and mitigating features, and commensurate decision-making. The latest version, published in September 2023, cites a child’s care status as a mitigating feature, noting that “children in care are more likely to be vulnerable as a consequence of experienced trauma. This affects their behaviour disproportionately and increases their risk of becoming a victim of crime or being exploited. It is important to take this into consideration when choosing an appropriate disposal option”.
- 1.3 One of the reasons for children in care being over-represented in the justice system is that they can be criminalised for their behaviour at home when similar behaviour in a family setting would not lead to the police being called. Our local multi-agency Protocol for Reducing the Criminalisation of Children in Care provides guidance for children’s homes, supported housing projects and foster carers on when it is appropriate to call the police. The aim is to manage children’s behaviour without unnecessary police involvement.

- 1.4 A multi-agency group meets four times a year and reviews all incidents when the police have been called to a children's home or supported housing provider in response to the behaviour of a child in care (safeguarding issues and missing persons reports do not fall under this protocol). The protocol also covers foster placements but there is less of an issue with foster carers calling the police to deal with the child's behaviour at home.
- 1.5 The process of reviewing each incident enables us to check that local children's homes and supported housing providers are continuing to follow the protocol. Dorset Police allocate a Single Point of Contact for each children's home or supported housing provider which enables us to follow up any concerns.
- 1.6 The group monitors performance data about the number of police call-outs across the whole Dorset Police force area. It is difficult to compare data from one year to the next because the number of addresses being monitored changes as we become aware of new providers and as some projects close. Having noted that caveat, the data shows that in 2022/23 there were 35 police call-outs for criminal behaviour by children in care at their residential setting (including in the BCP Council area) compared to 46 call-outs in 2021/22 and 40 call-outs in 2020/21.
- 1.7 The reduction in police call-outs to children's homes is encouraging, indicating that residential providers deal with most incidents without calling the police. It is also encouraging that only one of the 35 call-outs in 2022/23 led to a criminal justice outcome for a child, compared to 4 criminal justice outcomes in 2021/22 and 5 criminal justice outcomes in 2020/21.
- 1.8 It is harder to apply our local protocol to placements outside our area. Although there is a national concordat, which requires local areas to have a protocol in place, the coverage and application of these protocols is inconsistent. Colleagues from our commissioning services participate in our local group and aim to include its principles in the commissioning and oversight of contracts for placements in other local authority areas.
- 1.9 In late 2022 the Ministry of Justice announced a new approach to diverting children from the justice system, called the 'Turnaround' programme. Funding has been provided to support assessments and interventions for 'children on the cusp of the justice system', enabling these children to be diverted away from the system. The design of the programme stipulates

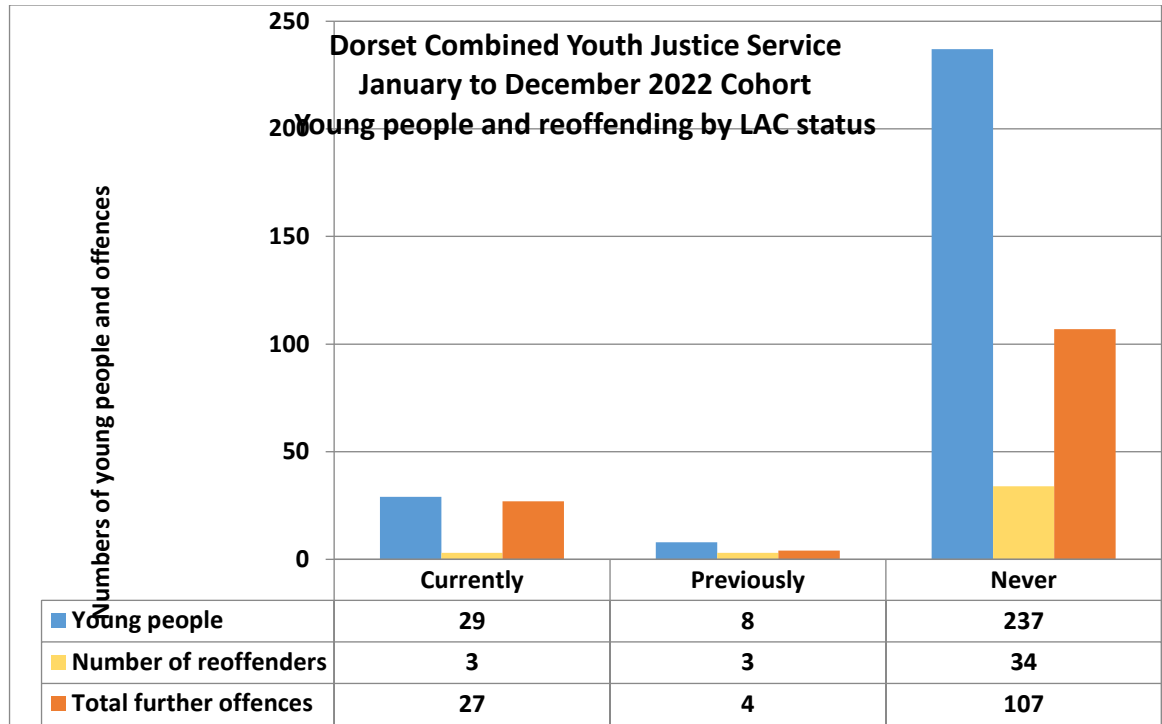
that children in care are excluded on the grounds that local authorities already receive funding to support their work with this group. Locally we have taken the decision to apply the same diversion route to children in care and to fund the work from the Youth Justice Service budget.

2. Support for children in care who have entered the justice system

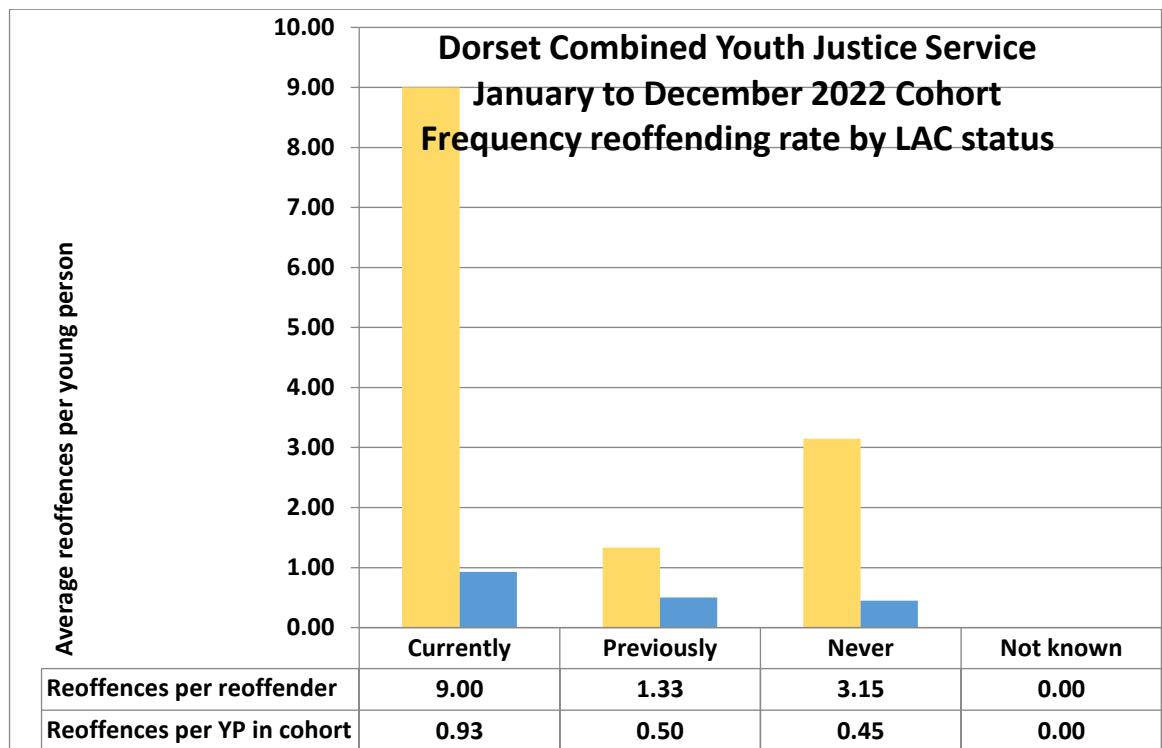
- 2.1 Dorset Combined Youth Justice Service (DCYJS) works with all local children who have entered the justice system, ie they have received a Youth Caution, a Youth Conditional Caution or a court order for a criminal offence. If a Dorset Council child in care receives one of these youth justice outcomes while living in another local authority area, DCYJS has 'case responsibility'. This means that the allocated DCYJS Youth Justice Officer oversees the work, usually with the local youth justice service providing the direct work. DCYJS also provides the same reciprocal service, ie working directly with children in care from other local authorities who live in the Dorset Council area.
- 2.2 Current delays in the criminal justice system can at times lead to children remaining under investigation for alleged offences for many months. As well as negatively affecting the victims of the offences, these delays can also give an implicit message to the child that their offending carries no consequences, increasing the risk of further offences and making it harder to work with the child to help them change their behaviour. DCYJS is now looking to engage these children on a voluntary basis during the investigation period, working alongside other services such as The Harbour. This enables our workers to build a relationship with the child which can be continued if the child goes on to receive a caution or court order for the offence under investigation.
- 2.3 Analysis of the current DCYJS caseload of Dorset children, in October 2023, shows that there are 12 children in care among the 55 children on the caseload. 4 of the children in care are receiving support before entering the justice system, 1 child is subject to a Youth Conditional Caution and the remaining 7 are on court orders. 2 of the 12 children in care are currently detained in secure settings. As well as these 2 children, another 6 children are placed in accommodation outside the Dorset Council area.

- 2.4 It is notable that 6 of the 12 children in care on the DCYJS caseload have Education, Health and Care Plans (EHCPs). The rate of EHCPs on the whole caseload is around 30%. The DCYJS Education Officers work closely with colleagues in the Virtual School to help meet the education, training and employment needs of children in care. The link between additional education needs and the likelihood of offending is well-established and is compounded by the co-existence of other needs such as family breakdown, emphasising the need for a holistic response.
- 2.5 DCYJS is a multi-disciplinary team. As well as youth justice officers, the team includes CAMHS nurses, a psychologist, speech and language therapists, education and careers specialists, restorative justice specialists, a probation officer and two police officers. In recent years the service's priorities have included a focus on children's speech and language needs and the application of trauma-informed practice.
- 2.6 The YJS Speech and Language Therapists complete a speech and language assessment for all children on the YJS caseload, which enables the child to understand their communication needs and to support YJS workers to improve their work with the child. These assessments are also shared with the child's social worker and carers to help them adjust how they communicate to meet the child's individual needs.
- 2.7 Trauma-informed practice means that the team seeks to understand the impact of past traumatic experiences on the child and how it affects their current behaviour to work out the best way for workers to respond to these needs. The YJS Psychologist leads multi-professional formulation meetings, under an approach known as 'Enhanced Case Management', to develop a shared understanding and consistent approach to meet the child's needs.
- 2.8 Evaluating the effectiveness of YJS interventions can be difficult. The most obvious measure is to consider reoffending rates, though this measure is dependent on reconviction rates and does not consider any changes to the gravity of the offences. Reoffending data for DCYJS work with children in care, or previously in care, across both Dorset and BCP Council areas, is summarised in the following tables. The data relates to young people who received a justice outcome during 2022.

2.9



2.10



2.11 The first table, in paragraph 2.9, shows the number of children in care who reoffended, the number of children previously in care who reoffended and the number of children who have never been in care who reoffended. The

- highest reoffending rate relates to children who had previously been in care.
- 2.12 The second table, in paragraph 2.10, shows the average number of further offences committed by those who reoffended. There is a much higher average number of further offences for children who are currently in care.
- 2.13 Taken together, the tables show that only 3 out of 29 (10.3%) of children in care reoffended but on average they each committed a further 9 offences. This indicates that most children in care did not reoffend but there was a high frequency of further offences committed by those who did reoffend.
- 2.14 Custodial sentences or remands can change a child's care status. If a child is remanded into custody they become a child in care for the duration of the remand period. If a child who has been accommodated under s20 is sentenced to custody, their care status lapses, at least until their release. A child who is subject to a full care order retains their care status during a custodial sentence. Whatever the legal status, the allocated YJS worker liaises closely with the child's social worker or PA to integrate the support and release plans for the child.
- 2.15 Although the numbers entering custody are very low, most custodial outcomes represent a combined failure to provide a suitable community sentence which has the confidence of the courts. In some recent cases, the custodial remand or sentence might have been avoided if there had been a suitable residential placement for the child. Effective community sentences require a suitable address to provide stability for the child and to enable multi-agency plans to address health and education needs, possibly alongside risk management controls such as electronically monitored curfews. It is also important to confirm a child's post-custody accommodation well in advance of the release date. The difficulties in finding suitable residential placements can make this hard to achieve, with accommodation sometimes not being confirmed until the day before release.
- 2.16 DCYJS was subject to a full joint inspection, led by HMI Probation, in September and October 2022, with the report being published in January 2023. The overall rating for the service was 'Good'. The inspection report included a recommendation for the YJS Partnership Board to 'improve partnership working with children's social care by ensuring YJS case manager involvement in all statutory multi-agency meetings and improve their direct access to children's social care records'. In response to this

recommendation, all YJS case managers now have access to the Dorset Council 'Mosaic' system and the YJS monitors if case managers have been invited to and have attended statutory multi-agency meetings.

3. **Financial Implications**

There are no financial implications from this report.

4. **Natural Environment, Climate & Ecology Implications**

No environmental, climate or ecological implications have been identified in this report.

5. **Well-being and Health Implications**

The health workers in DCYJS liaise with the Child in Care health team to help meet the health needs of children in care who have contact with the justice system. It is recognised that young people in the youth justice system often have unmet, and sometimes unidentified, health and communication needs. The above report contains more information about how the YJS works to meet these needs.

6. **Other Implications**

No other implications have been identified.

7. **Risk Assessment**

7.1 **HAVING CONSIDERED:** the risks associated with this decision; the level of risk has been identified as:

Current Risk: Low

Residual Risk: Medium

8. **Equalities Impact Assessment**

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

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

9. **Appendices**

None

10. **Background Papers**

None

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Corporate Parenting Board 23 November 2023 Corporate Complaints Team Annual Report 2022-23

For Review and Consultation

Portfolio Holder: Cllr B Quayle, Children, Education, Skills and Early Help

Local Councillor(s): All

Executive Director: J Mair, Director of Legal & Democratic

Report Author: Antony Bygrave
Title: Annual Report – Corporate Complaints Team
Tel: 01305 225011
Email: antony.bygrave@dorsetcouncil.gov.uk

Report Status: Fully Exempt

Brief Summary:

This annual report provides an update on the numbers, types and outcomes of complaints made against Children’s Services at Dorset Council, and also focuses on Children in Care.

Recommendation:

- a. That the Corporate Parenting Board will continue to monitor the complaints reporting process and ensure scrutiny is evidenced.
- b. That Officers ensure the Annual Complaints report submitted by the Complaints Team - Assurance complies with statutory and regulatory guidance.
- c. All staff associated with the voice of the child continue to be transparent and promote the Complaints Team as an independent eye, so learnings can be promoted.

Reason for Recommendation:

To have an awareness of the numbers and types of complaints and the organisational learning.

1. Report

- 1.1 Key messages for 2022-23 are:

- For context there have been 1838 complaints across the Directorates in 2022-23 which is a 31% increase year on year, and 166% increase overall since Dorset Council was formed. Of these only 747 have been considered through formal processes
- Children's Services saw an increase in Social Care complaints of 17% from 120 to 140 in 2022-23
- Non Social Care complaint contacts increased by 78% from 174 to 309. This was largely due to the national issue of children out of education and lack of provision. An issue that is still a theme in Dorset
- We received just 10 Complaints from Children in Care in 2022-23, an increase from the 8 received the previous year. Numbers of complaints are usually low from our Children in Care and many concerns are well handled in the service before the need for any escalation
- Of the complaints received for Children's Social Care in 2022-23 only 7% were considered fully justified by operational managers, with 14% considered partially justified

1.2 The Complaints Team, as an Assurance function, continue to make a difference in promoting a culture of learning from complaints despite challenges across the directorates and overall increase in complaints year on year. We are also pleased to report that we are able to support managers across the directorates in resolving complaints without undue process, where possible. This is also having a financial benefit with a reduction in Stage 2 complaints and independent investigators fees, continuing the good work of 2021-22.

2. Financial Implications

2.1 Dorset Council have paid £40,630 in LGSCO maladministration charges in 2022-23. This is slightly down from 2021-22 (£42,300) but still a steep rise from £6,750 2020-21 and just £1,800 in 2019-20. This increase is largely centred around SEND and periods where education was not provided. We also note the 1 Childrens Services Stage 2 investigation cost Dorset Council £46,304.60

2.2 In 2022-23 £4782 was spent on independent investigators for the more complex complaints cases in Children's Services. This compares to £5703.40 in 2021-22. The Complaints Team are very proud of our positive work with Locality Managers towards informal resolutions and this has had a tremendous impact on keeping these costs down. The early indications in Q1 2023-24 suggest a steep rise is likely.

2.3 Whilst reporting on the outgoing finance it is important to note that the Complaints Team have generated £7376 from schools by providing a complaints advice service.

2.4 There has not been a financial implication to any of the Children in Care complaints as none progressed to external investigation.

3. Environmental Implications

3.1 None

4. Well-being and Health Implications

4.1 The increase in complaints, coupled with associated vexatious behaviours, have had an impact on staff wellbeing and the team are regularly encouraged, through line management and other Dorset Council support, to be mindful of themselves and their colleagues in-keeping with our behaviours.

5. Other Implications

5.1 None

6. Risk Assessment

6.1 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

7.1 None

8. Appendices









8.1 Complaints Annual Report 2022-23

9. Background Papers

9.1 None









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2022/23

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	9	8	10	7	34
	Number of INFORMAL complaints	32	17	38	19	106
	Upheld approaches to the LGSCO Ombudsman compared to total received	0/1	0/0	0/2	1/2	1/5
	Timescales (overdue)	18%	0%	33%	10%	15%
	% fully justified complaints	10%	6%	2%	10%	7%
	% part justified complaints	17%	10%	10%	20%	14%
	Compliments	12	8	13	11	44
	Learnings	14	4	4	7	29

People - Children's - Social Care
 Total Complaints = 140

2022/23

		Q1	Q2	Q3	Q4	Totals
	Number of FORMAL complaints	62	39	37	42	180
	Number of INFORMAL complaints	23	37	31	31	38
	Upheld approaches to the LGSCO Ombudsman compared to total received	2/8	3/9	5/7	6/11	16/35
	Timescales (overdue)	18%	15%	8%	11%	13%
	% fully justified complaints	10%	13%	12%	20%	14%
	% part justified complaints	17%	13%	12%	17%	15%
	Compliments	10	7	11	20	48
	Learnings	11	20	20	23	74

**People - Children's - Non Social Care
Total Complaints = 218**

performance

Appendices

Children’s Service Statutory Reporting Requirements

To get perspective on the small number of complaints received from our Children in Care it is important to understand the overall numbers for Children’s Social Care complaints. Most complaints received are from parents (some estranged) and not necessarily representing the voice or best interest of the child. That is why we need to shine a light on the complaints process and how young people can find it

The figures below show an increase in complaints over all for Childrens Social care, but not limited to Children in Care which feature further down the report. Representations capture the figures for complaints that were resolved informally outside of the Statutory Process

Children’s Social Care	2022-23	2021-22	2020-21
Representations	106	91	131
Stage 1	34	29	51
Stage 2	1	1	1
Stage 3	0	0	0
LGSCO approaches	5 with 1 upheld	6 with 1 upheld	4 none upheld
Children’s Whole Authority			
Representations	129	75	19
Formal Complaint	180	98	37
LGSCO approaches	35 with 16 upheld	13 with 6 upheld	5 with 3 upheld

1 case accepted at Stage 2 relating to a lack of support for a grandparent who sought custody through the courts. This was ultimately upheld and resolved by a back payment of £43,230

The Local Government Social Care Ombudsman (LGSCO) investigates complaints from the public about councils and other bodies providing public services in England. It also investigates complaints about registered social care providers.

Social Care

Of the 5 Social Care complaints to be formally investigated by the Ombudsman, maladministration was only found in 1 case, highlighted below

Summary:

Summary: The complainant, a foster carer, alleged that the Council wrongly removed her son from her care and failed over a prolonged period to consider properly her status as a foster carer. The Council investigated the complaint and found fault in the way it dealt with alleged child protection concerns. After an Ombudsman investigation, the Council agreed to refer the complainant to its Fostering Panel and the Council recently decided she

Annual Complaints Report 2022-23

should be allowed to continue as a foster carer subject to a further assessment and training. We have now considered the impact of the Council's faults and recommended a way to remedy the injustice caused to the complainant.

Non Social Care

The 35 Non Social Care complaints heard by the Ombudsman related to delays with Education Health & Care Plan (EHCP) and poor communication regarding Special Educational Needs (SEN) and children out of education. 16 were upheld by the Ombudsman with financial penalties amounting to £39,680

It should be known that a further £21,800 was spent on SEN complaints for pre-emptive financial remedy that were therefore not heard by the Ombudsman. Positive work, but costs arising from complaints that we need to ensure we share with Senior Leaders

Which customer groups made the complaints;

Of the complainants who categorised themselves, we present the following data on who is complaining to children's services Social Care

Foster Carer	10
Grandparent	12
Parent	79
Young Person	3
Advocate	10
Customer	18
Other Relative	2

The types of complaints made;

Most complaints fall under subcategories of Service Provision, largely around delays of perceived failures to deliver a service

Themes	Children's Social Care
Communication	7%
Data	2%
Finance	0%
Policy - Disagreement with Decision	7%
Service Provision - Delay	0%
Professional Practice/Quality of Service	74%
Other	5%

The outcome of complaints;

Of the complaints received for Children's Social Care in 2022-23 only 7% were considered Fully Justified by operational managers shows there is some level of justification as outlined below:

Fully Justified

7% up from 6% last year

Annual Complaints Report 2022-23

Partially Justified 14% up from 10% last year

Not justified 79% down from 84%

In 2022-23 the Complaints Team have improved the quarterly reporting and added extra value in terms of learnings and actions from complaints. In many cases however the complaints process is used by parents who are unhappy with records held that cant be legally altered. There is always more work to do in providing robust assurance of our self assessment of the services we provide.

Focus on Children in Care

The table below demonstrates a breakdown of Children in Care complaints. All complaints by young people are coming to the Complaints team via an advocacy service. As the numbers are so low there could be concerns we are not hearing the voice of the Child in Dorset through the complaints process and work in 2021-22 has highlighted this with the QAROs

Year	Number of Complaints
Children in Care 2022-23	10
Children in Care 2021-22	8
Children in Care 2020-21	15
Children in Care 2019-20	10
Children in Care 2018-19	20

Advocacy is described as supporting children to have their say and making sure their views and wishes are taken into consideration on decisions and matters that affect them, it is also about ensuring that rights are upheld. Article 12 of the United Nations Convention on the Rights of the Child sets out the right of children to be listened to in decisions which affect them. There is a statutory duty to provide an independent advocacy service that supports children and young people to have their views and wishes taken into account when key decisions are being made about their lives.

An advocate can help if:

something needs to be started, changed or stopped, for example, if the child is unhappy about their treatment by children's social care or there are worries about plans being made, such as a move a child needs support during meetings to make sure their voice is heard children need advice and want to know their rights

a child needs support to make a complaint

In 2022-23 we have identified 10 cases that related to children in care, all via an advocate representing the voice of the child through the complaints process. You will note the figures are consistently low by comparison to the overall figures.

In Q1 we identified 3 complaint/contacts from a young people in care – all upheld

B (CIC)

The learning from this complaint will need to be taken forward in the Legal Team and Children's Services to raise the importance of planning earlier when a child wishes to change their name. This will ensure that all

Annual Complaints Report 2022-23

documents and ID are in place at age 18 to prevent delay for the young person and to ensure their wishes are heard and acted upon promptly and effectively, between teams and agencies.

SP re A

There should have been clearer communications about the urgent transfer of the young person (YP) to a new social worker, and the realistic challenges and limits in the social worker's capacity to be available to offer the family the support needed. This has been discussed with the managers who held oversight at that time to ensure this can inform improved practice and procedures in future. 5

The abrupt decision the home took to end both the YP's placement and education was not a child-centred or positive approach for him and our Commissioning Team have already addressed and raised this with the home to highlight the impact on the YP, and the extended situation this created for the family whilst an alternative matched home was sought.

H (CIC)

Manager to ensure that processes are in place to promote better communication with all involved, and especially the children, when children in care need to move placement.

In Q2 we identified 1 complaint/contact from a young person in care. This relates to contact with the father and we are working towards an informal resolution with the help of the team manager

In Q3 we identified 5 complaint/contact from a young person in care

Purbeck YP is unhappy with Social Worker

West - Lack of contact arranged for YP

East – MP approach seeking help for YP

North – Unhappy with decision to move placement

West – Lack of Communication from SW

In Q4 we have had 1 approach from a child in care in relation to contact with parent – still under investigation

Compliance with timescales, and complaints resolved within extended timescale as agreed;

The table below show the majority of all Stage 1 cases for Children's Services Social Care were within the 20-day statutory timescale. A trend that is improving

Timescales	2022-23	2021-22	2020-21
0-20 Working Days	85%	77%	78%
20+ days	15%	23%	22%

As always, closer observation reveals that some cases exceed the 20 days as a result of agreeing a more informal approach and resolution after the receipt of the original complaint, with good work from locality managers. This can include follow up calls and meetings, so the figure in isolation does not tell the whole story of the journey of the complaints.

learning and service improvement, including changes to services that have been implemented and details of any that have not been implemented;

Annual Complaints Report 2022-23

Learning points are collected at all stages of the complaints procedure. At stage 1, Operational Managers identify learning from complaints and learning actions. At Stages 2 and 3, action plans are compiled based on the recommendations of the investigator's or panel chair's report. In addition, the LGSCO will include recommendations to remedy complaints, and actions are monitored by the complaints team to ensure that they are completed.

How we disseminate learning

Quarterly reports to Children's Services Leadership Team produced by the Complaints team

Dissemination of the quarterly report to Operational Managers to be discussed at Service Team Meetings.

The complaints team also feed into the performance data for SLT each quarter

How we learn from complaints

Improvement in Stage 1 responses - Additional Training to be provided to Team Managers on how to complete and present and stage one investigations. The Complaints Team Manager will be attending meetings to advise and update

Improvement in communication, sharing of Assessments and CIN Plans - Practice issue raised. Notes from Meetings to be completed in a timely manner and a copy sent to the attendees, including the family. Operational Managers to ensure that Team Managers and Social Workers are clear about the need to record meetings. Robust quality assurance processes put in place.

Improved use of complaints as a measure of performance and quality control:

Evidence of sharing of quarterly reports and using to track individual team performance. The Senior Assurance Officer will be leading on this

Examples of learning from Complaints:

We have collected 29 good quality and robust organisational learnings in 22-23 down slightly from 33 last year. In addition, non social care complaints provided 74 cases with valuable learnings, up significantly from 56 the previous year which is really pleasing

Case ID	What we have learned from Complaints	What we have done as a result to improve practice
COM/00000886	Complaint upheld regarding possible parental alienation	Manager confirmed that they have begun to run workshops around Parental Alienation in the East and Purbeck Locality. They are involving Children's Social Care Principal Social Worker in this, so that Parental Alienation is understood by all our Social Workers and taken into consideration when assessing families where parental conflict, separation and divorce is a feature. As a council we are participating in a pilot project where issues of contact between separating parents is being taken out of the court arena and alternatives to litigation are considered.
COM/00001162	Complaint upheld regarding communication and contact with Social Worker	Manager has asked the social worker to ensure that, following the next review, she schedules the next review with the professionals at the meeting. If for any reason this needs to be re-scheduled, the social worker will ensure that another meeting is re-arranged.

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COM/00001192	Should have been more oversight from social workers prior to the domestic incident.	Manager to ensure that every effort is made to allocate duty social workers to visit on time where such concerns are known to exist.
COM/00001212	The SEN Team were unable to meet the child's needs in a timely way	The actions taken are as follows: There is wider work underway about the provision of specialist school placements, and Dorset Council are investing in improving provision for all of Dorset's children, including the development of the provision at Coombe House near Shaftesbury. We are also working with our colleagues in the maintained and independent schools to make sure that we have sufficient provision to meet needs.
COM/00001269	Manager has ensured that the social worker, and the rest of the team, are aware of best practice when sharing reports with parents and how they talk to children about issues, as a result of this complaint.	Manager has talked to social worker about how important it is for parents to feel that they are being listened to and they have looked at prioritising the social worker's time.
COM/00001272	Complaint upheld regarding communication of panel decisions	As part of the Panel decision making processes, the panel is now emailing panel outcomes to the SEN Provision Leads by the end of the week of the panel. This ensures that we are able to effectively and efficiently communicate those decisions to all involved, especially to the young people and their families.
COM/00001310	Complaint upheld regarding communication of panel decisions	Manager has worked with the team and, as the chair for the SEND Panel in North Dorset has implemented a process whereby the SEND Provision Leads are notified of the panel outcomes no later than the next working day. This enables us to effectively communicate those decisions to all involved, especially to families.
COM/00001320	Complaint upheld in regards to the lack of communication particularly relaying if scheduled appointments and contact is not going ahead due to social worker on sick leave etc. This has been acknowledged to cause stress and impacts adversely on the anxiety and depression of customer	Manager has asked that the team complete updated training on customer service as I they do not wish level of service to be repeated or caused any further anxiety
COM/00001333	The referral could have been dealt with in a more sensitive manner	Manager has raised this with colleagues to ensure other families do not have the same experience in similar situations
COM/00001383	Manager to ensure that, when there are workers off in the team for a long period of time, children are written to explaining the situation and what their plans will be to have a social worker and also their care plan	Complaints team to query any follow up actions necessary

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<p>COM/00001362</p>	<p>1. Social Worker involved needs to understand when sensitive information is shared, how this should be recorded and discussed with parents in advance of sharing with partners</p> <p>2. Where parents are separated or one parent only has PR for one child and not others involved in assessment it is essential the report is written in a way which enables the information not relevant to that parent to be removed without losing the essence of the assessment and concerns raised.</p>	<p>1. Supervision discussion with Social Worker</p> <p>2. Reflective workshop on information sharing and report writing</p>
<p>COM/00001422</p>	<p>Complaint upheld regarding lack of acknowledgment to emails and lack of updates may have caused anxiety and distress to customer</p>	<p>To make the service work better, we have put significantly more resource into the team over the Autumn, including new caseworkers and specialist Family Workers. We also continue to actively recruit new permanent Provision Leads. Action for the complaints team is to follow this up and to ensure this is completed.</p>
<p>COM/00001440</p>	<p>To make the service work better, we have put significantly more resource into the team over the Autumn, including new Caseworkers and specialist Family Workers. We also continue to actively recruit new permanent Provision Leads.</p>	<p>To make the service work better (SEN ECHP) we have put significantly more resource into the team over the Autumn, including new Caseworkers and specialist Family Workers. We also continue to actively recruit new permanent Provision Leads.</p>
<p>COM/00001496</p>	<p>As learning from complaint and findings, manager will ensure that, through the Senior Management Team, our Legal and Locality Teams all are reminded of the importance of full genograms in care proceedings and consideration of all extended family links and promoting sibling contact as a priority for children in our care. This will take place through Reflective Practice training in our teams and supervisions. Recently, Dorset have implemented the need for a Child and Family Assessment to be completed annually for each Child In Care and this will be a useful tool to gather all family information and consider contact issues further, aside from the Care Plan and Child In Care Reviews.</p>	<p>Complaints team to query any follow up actions necessary and facilitate by means of an action plan to ensure these targets are met</p>

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COM/00001550	<p>Manager confirmed that Dorset Council are working hard to ensure that they have an increase in Foster Placements and Residential Placements based in Dorset for our children and young people in the future.</p>	<p>There are now twice weekly placement meetings that have been introduced between Senior Managers, Fostering and Commissioning to support more proactive identification of placements and addressing barriers or issues relating to placement searches.</p>
COM/00001695	<p>The Service Manager has spoken to the SENDIASS Officer and reviewed with her in detail how the conversation should have been handled differently. We expect our staff to treat everyone with dignity and respect and she has recognised that she should have behaved in this way towards you.</p>	<p>We will be looking at additional customer services training for our SENDIASS team in early 2022. I know that some offers of support have already been made to you: If you would find it helpful, SENDIASS can offer you a different officer to support and advise you and the Chesil Locality Team could offer you some support for you and your family.</p>
COM/00001782	<p>In relation to lack of communication this is something we will be able to address as we move forward, this was predominantly down to a shortage of staff due to sickness and change of agency staff at the time. We now have SEN PLs in place and are recruiting to the SEN Family Worker roles which will support this.</p>	<p>Team Around the Schools support is being put in place in relation to Stalbridge Primary. SEN Team Manager will be responsible by 28.02.2022</p>
COM/00001085	<p>Manager has contacted the Purbeck Team Manager to discuss the nature of this complaint and to make sure they appreciate the strain the complainants are feeling as they continue to care for the three children.</p>	<p>Manager and Social Worker have reflected on, in going through the terms of the complaint, how they can make sure that they take the time to listen to families' concerns and explain decisions.</p>
COM/00001122	<p>Upheld complaint regarding contact arrangements and communication</p>	<p>Manager has ensured that the social worker, and the rest of the team, are aware of best practice when sharing reports with parents and how they talk to children about issues, as a result of this complaint. Manager has talked to social worker about how important it is for parents to feel that they are being listened to and they have looked at prioritising the social worker's time.</p>
CIC (H)	<p>Information was presented to young person in visual format which proved very effective and will be used in future. Young person had concerns about not being able to contact social worker, so a student social worker was also allocated to him so that he has two workers to communicate with.</p>	<p>With regard to Transition Services, manager stated that there are council wide improvements being implemented by Theresa Leavy across Children's Services to address the lack of placements for young people to move on to.</p>
CIC (LB)	<p>The learning from this complaint will need to be taken forward in the Legal Team and Children's Services to raise the importance of planning earlier when a child wishes to change their name. This will ensure that all</p>	<p>Complaints Team to seek update on action plan</p>

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	documents and ID are in place at age 18 to prevent delay for the young person and to ensure their wishes are heard and acted upon promptly and effectively, between teams and agencies.	
COM/00001496	As learning from complaint and findings, manager will ensure that, through the Senior Management Team, our Legal and Locality Teams all are reminded of the importance of full genograms in care proceedings and consideration of all extended family links and promoting sibling contact as a priority for children in our care	This will take place through Reflective Practice training in our teams and supervisions. Recently, Dorset have implemented the need for a Child and Family Assessment to be completed annually for each Child In Care and this will be a useful tool to gather all family information and consider contact issues further, aside from the Care Plan and Child In Care Reviews.
Stage 2 MY	A full IP report and adjudication letter including high level organisational learnings we provided	The Complaints Team and Children's Services are working on a detailed action plan relating to a Stage 2 investigation to ensure actions follow the lessons

Sharing Information

Professionals need to ensure they have explicit permission to share information, either through statutory guidance or with the consent of the children and family involved. This includes when sharing information with other family members.

Maintaining confidentiality within a family is complex and checks should always be made of the records to confirm what can and cannot be shared with each family member. A handover of key information between practitioners and their managers in respect of any changes in family's circumstances should take place after periods of absence to ensure clarity about what has happened and what information can be shared with whom.

Data Protection and Appropriate Action to take

Managers need to contact Data Protection Team as soon as possible following a potential breach to seek advice about immediate actions to mitigate risk and distress to the family. When aware that a data breach has occurred, advice must be obtained from the Data Protection Team about immediate actions required. Information on how to report a data breach can be found at <https://intranet.dorsetcouncil.gov.uk/task/report-a-data-breach/> Unless advised otherwise, contact should be made with the family to alert them to the breach and to provide apologies, reassurance and information about what the service will be doing to rectify the situation and mitigate the risks.

Safeguarding, the Legal Framework and Good Practice

Reference Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers.

A summary of statistical data about the age, gender, disability, sexual orientation and ethnicity of complainants

All complainants to Dorset Council are sent an equality and diversity monitoring form as part of the complaint process. Complainants are asked to complete this form but it is completely voluntary. If complainants contact us via the online form, we currently collect any information offered. We will need to introduce manual collection for postal complaints in future. The percentages are based on those who completed the form only and not specific to Children's Services as they are anonymous

Happily the data for 2022-23 seems more complete and indicative of trends but these figures are based only on the 1428 records provided, (up from 1146 last year).

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	2022- 23	2021-22
Gender		
Female	50%	47%
Male	33%	37%
Self described or non binary	1%	1%
Prefer not to say	16%	15%
Sexuality		
Heterosexual	67%	66%
Gay Man	1%	1%
Bisexual	2%	2%
Prefer not to say (selected)	14%	15%
Gay Woman/Lesbian	2%	1%
Left Blank	14%	13%
Age		
16-24	4%	1%
25-34	11%	20%
35-44	15%	15%
45-54	16%	15%
55-64	17%	18%
65-74	17%	12%
75 & Older	6%	10%
Left blank	14%	9%
Religion		
Atheist	2%	3%
Buddist	0%	0%
Christian (including Church of England, Catholic, Protestant and other Christian denominations)	30%	29%
Hindu	0%	0%
Jewish	0%	1%
Muslim	0%	1%
None/no religion	36%	35%
Other	2%	2%
Prefer not to say (selected)	12%	12%
Left Blank	18%	17%
Ethnicity		
Asian or Asian British - Indian	0%	0%
Asian or Asian British - Pakistani	0%	0%
Black or Black British - African	0%	0%
Black or Black British - Caribbean	0%	0%
Mixed Ethnic Background - Other White background	0%	0%
Mixed Ethnic Background - White and Asian	0%	0%
Mixed Ethnic Background - White and Black African	0%	0%
Mixed Ethnic Background - White and Black Caribbean	0%	0%
Not known	0%	0%
Prefer not to say	4%	5%
Traveller of Irish Heritage	0%	0%

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White - British	70%	68%
White - Gypsy or Traveller	0%	0%
White - Irish	0%	1%
White - Other White background	0%	1%
Other	2%	1%
Left Blank	24%	24%
Disability		
Mental Health, Learning Difficulty/Sensory	0%	1%
Mental Health Long Term	2%	1%
Mental Health - Unspecified	2%	3%
Physical Disability - Long Term	4%	10%
Physical Disability - Unspecified	6%	3%

A review of the effectiveness of the complaints procedure

The Complaints Team send out forms to gather feedback from complainants about their experience of complaining in order to continually improve the service. Regrettably there has been very little uptake on this and there is no reportable data of any value established.

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NHS Dorset Integrated Care Board

Meeting Title	Quality and Safety Committee
Date of Meeting	<u>24.08.2023</u>
Paper Title	Annual Report for Children in Care and Care Experienced Young People 2022-23
Responsible Chief Officer	Mrs Debbie Simmons
Author	Ms Louise Harris Smith Designated Nurse for Children in Care

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	Date	Recommendations/Comments
Quarterly Designate and Named Nurse and Doctor meeting	1.6.23	Outcomes and themes discussed from DHC and UHD annual reports for CiC and CEYP
Head Of Safeguarding	16.6.23	Review of draft report, advised to send to Q&S apprentice for Plain English check
Business Support and Administration Apprentice	04.07.23	Recommendations for alternative terminology to ensure effective communication and understanding of points raised
Safeguarding Assurance Group	27.7.23	Report discussed

Purpose of the Paper	The purpose of the report is to provide the ICB board with an overview and assurance of Children in Care services for the year 2022-23.						
Summary of Key Issues	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	<p>This report provides a full overview of developments since the previous reporting period 2021-22, demographics for children in care, performance, challenges, and areas for development 2023-24.</p> <ul style="list-style-type: none"> Flexible hybrid working continues for provider services in offering health assessments to young people, this is considered a positive outcome from the pandemic. 						

- There is recognition that Initial Health Assessment (IHA) performance is not achieving compliance and improvement is not being sustained.
- The importance of listening and acting upon the voice of children in care (CiC) and care experienced young people (CEYP) should not be underestimated and considered at every opportunity.
- Changes to contracting guidelines have affected the payment arrangements for children placed out of area placing pressure on existing services to continue to offer timely health assessments.
- There has been an increase in unaccompanied asylum-seeking (UASC) children into care, an additional clinic was commissioned to ensure IHAs were completed for this cohort. There is a need for raising awareness of the specific trauma suffered by these young people due to their experiences in their home countries, their journeys to the UK and anxiety caused by Right to Remain claims.

Demographics – as at end March 2023 a total of 973 children were in care for BCP and Dorset, with another 370 children placed in Dorset by other local authorities. 409 children came into care in 2022-23 which is a 7.9% increase since April 2022. UASC represented 92 of the number in care with 65.2% placed outside of the county of Dorset.

Performance – IHA shows an overall decline for the year, review health assessments (RHA) show a small increase but are not achieving the 90% target. Dental health data shows performance is just below 80% target, however local authority data which is measured in a different way has a lower attainment figure of 50%. Immunisations achievement is just below the 85% target.

Challenges – as above there are known difficulties in achieving dental access for children in care, many dentists in Dorset are declining NHS patients. Provider teams are working hard to find the few practices who are taking on NHS patients, but this is becoming more difficult. There are known delays for health assessments when children are placed out of area, leaving children with potentially unidentified and unmet health needs. Evidence from CEYP is that their emotional health and wellbeing needs are not being met with current services.

Areas for development

- a new dataset from NHSE aims to address the variations in health assessments for children placed out of area.
- work is ongoing towards compliance for IHAs.
- access to dental services innovation for those most at need.
- focus on addressing the emotional trauma experienced by uasc.
- launch of multi-agency pregnancy pathway for CiC.
- Progress work with DiiS particularly around population health of CEYP.

Action recommended

The Quality and Safety Committee is recommended to:
1. NOTE the assurance, challenges and areas for development provided in the annual report for children in care and care experienced young people.

Governance and Compliance Obligations		
Legal and Regulatory	YES	Under the Children Act 1989, The Care Planning and Placement Regulations 2010 and Promoting the Health and Wellbeing of Looked After Children (DoH 2015) it is made clear the NHS responsibilities to contributing to meeting the health needs of looked after children (and, by extension, to care leavers) in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing co-ordinated care for each child.
Finance and Resource	NO	
Risk	YES	Dental risk removed from register 2022, however risk remains that 50% of children in care are not up to date with dental check ups and as a result may have unidentified need for care and treatment.

Risk Appetite Statement	
ICB Risk Appetite Statement	N/A

Impact Assessments		
Equality Impact Assessment (EIA)	NO	Whilst children in care and care experienced young people are not a protected characteristic, they experience significant inequalities due to adverse childhood experiences and by merit of being in care. Core20Plus5 has acknowledged this with children in care and care leavers as part of the inclusion health groups requiring a tailored healthcare approach. NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people
Quality Impact Assessment (QIA)	NO	This report is focused on ensuring the quality of services for children in care and care experienced young people are of a high standard, meeting specific needs and are making a difference.

Fundamental Purposes of Integrated Care Systems

Improving population health and healthcare	NHS Dorset has a major role in ensuring the timely and effective delivery of health services to children in care with the objective of improving the health of this population.
Tackling unequal outcomes and access	Although children in care have many of the same health issues as their peers, the extent of these is often greater because of their past experiences. Ensuring effective service delivery will help to maximise their chances of reaching their potential and leading happy and healthy lives as adults.
Enhancing productivity and value for money	This report aims to provide assurance that existing services are delivering value for money and to consider ways to increase productivity.
Helping the NHS to support broader social and economic development	Children in care and care experienced young people touch many services throughout each ICS, this report provides insight and raises awareness of the importance of leadership and collaboration to deliver against the purpose of supporting social and economic development.

System Working

System Working Opportunities	This report provides many opportunities for system working, from active involvement in corporate parenting boards to recognising the importance of working in collaboration with providers such as Dorset HealthCare and University Hospitals Dorset. Reports from both these organisations have been integral in providing oversight and informing the report.
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Children in Care and Care Experienced Young People Annual Health Report 2022-23

1. Introduction

- 1.1 This strategic report is to provide assurance that NHS Dorset ICB are fulfilling their statutory requirements in commissioning services in identifying and meeting the health needs of their Children in Care (CiC) and the Care Experienced Young People (CEYP) population of Dorset. This report covers the period from 1 April 2022 to 31 March 2023.
- 1.2 On the 3 July 2022, Dorset CCG became NHS Dorset ICB, for the purposes of this report, the organisation will be referred to as NHS Dorset.

2. Outcomes of Key Areas of Development and Achievements 2022-23

- 2.1 This year has seen a return to business as usual for most services as they adapt to the changes that the pandemic instigated. Whilst recognising that COVID-19 had significant impact on us all, there has been some positive outcomes that have continued beyond the recovery phase. Provider services have continued with offering a hybrid delivery of health assessments and ongoing care which can be tailored to meet individual choice, either face to face at home or in a clinic setting or via a virtual platform.
- 2.2 IHA performance has been closely monitored throughout the year with some improvements noted but this has not been sustained. Work is ongoing to consider how changes can be made in service delivery in order that statutory duty is met.
- 2.3 The voice of children in care and care experienced young people is heard in a variety of ways, through direct meetings that ask for feedback to make changes to the health passport, via virtual platforms and through 'check and challenge' groups for mental health and the IHA process. Bright Spots and New Belongings survey outcomes are considered when shaping and planning services. Meetings are held with both participation group leads for the local authorities to share updates and areas for improvement.
- 2.4 Monthly health provider activity and key performance indicators continue to be reported and analysed by the designated nurse to ensure outcomes for children in care and care experienced young people are met. Individual meetings with BCP and Dorset Council with both designate doctor and nurse are important in talking through the differences in health and social care data. They aim to align the data as much as possible so that the most accurate information is received by the Corporate Parenting Board.
- 2.5 Throughout the year, the Designated nurse has been involved in local and regional meetings to discuss the changes to Liberty Protection Safeguards (LPS) and impact

for 16–17-year-olds whilst awaiting the new Code of Practice. However, a decision was made in April that implementation would be delayed for the changes to LPS ‘beyond the life of this parliament. Despite this, meetings have continued nationally and regionally to ensure any updates to the Mental Capacity Act are shared widely.

- 2.6 Due to the changes in the last year to contracting guidelines regarding payments for out of area health assessments (Low Volume Activity payments) there are now no invoices being raised between providers. This has put pressure on the Pan Dorset provider teams to ensure that children from other local authorities who are placed in Dorset and BCP receive their requested health assessment and are treated equally as children in care. It is recognised that this does not happen for all Dorset children placed outside the county of Dorset as their health assessments are often delayed. NHS England is aware of this and has commissioned a dataset to address some of the variations in placements, this will start in July 2023.
- 2.7 As a result of an increase in unaccompanied asylum-seeking children (UASC) in 2021-22, a commissioned clinic was set up in Quarter 1 of 2022 to ensure that children received their initial health assessments and to address any outstanding health needs for them. It became apparent that because of negative experiences before, during and after their journey to this country, a majority had symptoms of post-traumatic stress disorder. Referrals to CAMHS (Child and Adolescent Mental Health Service) are low, possibly due to an under reporting of symptoms and lack of cultural acceptance that support is needed.
- 2.8 The Dorset Intelligence and Insight Service (DiIS) continues to develop. More information is becoming available regarding local inequalities and how services should be shaped to address these. There is specific work ongoing to ensure that the data around care leavers is as accurate as it can be to allow greater awareness of the trajectory for this cohort up to age 25 years and beyond.

3. Demographics of Pan Dorset CiC and CEYP population

- 3.1 The demographic data for Dorset shows that 409 children have come into care under the age of 18 years in 2022-23, which represents an 7.9% increase since April 2022 and a 39% increase of the number into care since end of March 2021 (294 children).
- 3.2 Care Experienced Young People (Care leavers) numbers continue to remain high, there are now 941 care leavers on the caseload that can access a health service through the CiC health team should they request this. Both local authorities share their data on a quarterly basis which allows for the information to be as accurate as possible.

- 3.3 NHS Dorset have a responsibility to support the health needs of CiC placed in Dorset by other local authorities. At the end of March 2023, a total of 370 children from other local authorities were recorded on the scorecard, giving a total CiC/CEYP population of 2,284 as of 31st March 2023 in receipt of specialist health support.
- 3.4 The number of unaccompanied asylum-seeking children (UASC) have remained consistent throughout the year, at the end of March 2023 a total of 92 children were recorded on the scorecard, making up 9.5% of the caseload. Nationally, the SSDA903 Department for Education annual data return shows a 34% increase was recorded from 2021-2022, above pre pandemic levels¹. It is important to note the increase of UASC placed outside of the county – from 53% to 65.2% as of 31st March 2023, which is broken down to 84.8% for Dorset local authority and 54.2% for BCP.
- 3.5 Children in Care data taken from the SSDA903 shows an increase for BCP and Dorset in comparison with geographical neighbours. The number per 10,000 population of children remains higher than regional figures for Dorset at 68 per 10,000 and 70 for BCP (March 2022)².

County	No of CiC per 10,000 children
Hampshire	61
Dorset	68
Bournemouth Christchurch and Poole	70
Wiltshire	41
Somerset	51
Devon	57
Cornwall	48

4. Performance

- 4.1 Progress continues to be reported monthly and presented through the Power BI dashboard. Additionally, as agreed with both local authorities (LA), key performance indicators from Dorset Healthcare (DHC) and University Hospitals Dorset (UHD) are validated and submitted by the Designated Nurse to support LA data returns.
- 4.2 Overall 'IHA completed within 20 days' performance of 32.4% for 2022-23 represents a decline against the 2021-22 figure of 36.5% and remains significantly below the required 85% performance indicator for Initial Health Assessments (IHAs). Place data shows performance static from the previous year at 34% for BCP and a decline from 39.3% in 2022-23 to 29.7% for Dorset. Concerns have been raised throughout the year with several attempts to improve processes which have not resulted in a sustained improvement. A specific IHA improvement workstream started in December 2022 with a questionnaire to stakeholders, designed to draw out the main blocks and barriers to achieving IHAs ready for the first child in care review which should happen within 20 working days of coming into

¹ [Children looked after in England including adoptions, Reporting Year 2022 – GOV.UK \(explore-education-statistics.service.gov.uk\)](https://www.gov.uk/explore-education-statistics/service.gov.uk)

² [Children looked after rate, per 10,000 children aged under 18 - LG Inform \(local.gov.uk\)](https://www.local.gov.uk)

care³. Using a Clinical Systems Heuristics methodology to support a partner led approach, a report has addressed the main short term and long-term issues and advised a potential re-model of current IHA delivery. This report and workstream is being progressed in Q1 of 2023-24 and updates will be provided in future Quality reports.

- 4.3 Performance for the CiC Health Team in Dorset HealthCare have shown an improvement in the number of review health assessments completed that were due in the month from 75.5% in 2021-22 to 78.3% for this year, however, are not achieving the target of 90%. Out of area delays remain the main reason for non-completion of RHAs within the month which is impacted by 30% of children in care placed out of county. Requesting out of area health assessments have been impacted this year by the changes to Low Volume Activity payments which have stopped invoicing between CiC health teams. This has caused out of area teams to prioritise their own children and a waiting list for children placed there. NHSE have responded by piloting a data set which will show the national variations in placements, this is due to go live in July 2023. Performance has also been impacted by an increase in caseload for the team and the increasing complexity of their workload. It is an expectation that the senior nurses in the team attend all amber strategy discussions for children in care. This is in addition to prioritising red strategy and risk management meetings such as Multi Agency Child Exploitation (MACE) and Exploitation Team Around the Child (ETAC). This allows the team to provide continuity of care for their most vulnerable children and young people. It is important to note that the performance data does not reflect the total number of RHAs completed by the CiC health team. Outstanding RHAs from previous months and completing RHAs for children from other local authorities can add a further 20 health assessments per month for the team. A positive change has been noted in the RHA return for the under 5's from health visiting colleagues which has shown improvement from previous years.
- 4.4 Performance for dental remains static at 77.3% of those children due an RHA in the month up to date with their dental appointments. Although this is only just below the target of 80%, data alignment with the local authority shows a lower figure of around 50% when measuring those who have been in care for 12 months or more and up to date with their dental appointments. Access to dentists has been variable throughout the year, with a recognised shortage of practices taking on NHS patients. The CiC health team support foster carers and social workers to find dentists for their children and have a clear process of escalation to raise concerns when access or treatment is not available. NHSE are aware of the difficulties, not just in Dorset but nationally. They are aiming to address these with individual children in care pathways.
- 4.5 Immunisation rates for CiC are just below the 85% annual target, at 83.2%.
- 4.6 A key aspect of the Designated Nurse role has been to ascertain the thoughts and wishes of children in care to inform service planning and delivery. This has been achieved through involvement with both participation groups in the local authorities, particularly around the changes made to the Health Passport for young people

³ [The Care Planning, Placement and Case Review \(England\) Regulations 2010 – GOV.UK \(legislation.gov.uk\)](https://www.gov.uk/government/legislation/regulations)

leaving care. the New Belongings project in Dorset and participation groups in BCP.

5. Challenges

- 5.1 Delays in health assessments when children are placed out of area is resulting in inequity and potential gaps in health provision. This has been recognised by NHS England who have commissioned a new dataset to assess the impact nationally.
- 5.2 Meeting the 20-working day statutory timeframe for 90% of initial health assessments continues not to be achieved. However there is work in progress to consider a different delivery model which will support this.
- 5.3 Accessing dentists for all our children in care has been problematic in Dorset. Providers in health and social care are encouraged to continue raising specific access and treatment issues through the escalation process. Changes in commissioning to a more place level will help to highlight areas for local improvement.
- 5.4 Whilst the number of care leavers have not increased in the same rate as previous years, their identified need in terms of emotional and mental health support, has become more apparent. Ways to work together with partners to address what care experienced young people are asking for will be a key consideration for 2023-24, improved data sets will help with this.

6. Compliments and Complaints

- 6.1 No formal complaints have been received during 2022/23. Compliments continue to be received from CiC & CL, foster carers, partner agencies (See Appendix 1).

7. Key Areas for Development 2023-24

- 7.1 To continue to review IHA performance and consider alternative delivery models in order that statutory duty is met.
- 7.2 To ensure the voice of care experienced young people is heard. Consider how partners can work together to offer the most appropriate support which caters for their emotional, mental, and physical health and wellbeing.
- 7.3 Monitor health provider activity and performance in line with agreed arrangements, and review changes needed in service specification. Promote the identification of themes and outcomes to help shape and influence services. Work to improve the data into Diis to gain an accurate understanding of our children's health to narrow the inequalities gap.

- 7.4 Work with health partners to start providing the data needed for the new Addressing Variations dataset, so that health services for children in care can be equitable nationally and avoid lengthy delays in the identification of health needs.
- 7.5 Consider how our children in care can receive the dental assessment and reviews they need. Work with partners locally and nationally to find new ways to provide dental services.
- 7.6 Act responsively to offer statutory services to unaccompanied asylum-seeking children, with a focus on addressing symptoms of trauma and exploitation.
- 7.7 Launch the new multi-agency pregnancy pathway for CiC which aims to provide 'wrap around' corporate parenting support pre and post pregnancy. Ensure that a detailed evaluation takes place to evidence that the new processes are making a difference.

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Date: 16.06.2023

APPENDICES

Appendix 1

Service User Feedback

Service User Feedback

Feedback from Children and Young People:

**"You have a good vibe"
and was the "nicest
person she ever met"
and the "greatest nurse".**

**"You're a legend
– thanks I needed
a dentist, and you
got it done!"**

**RHA went well and I got
a hug from YP to say
thank you for letting me
come to see you.**

Feedback from the carer:

**"Thank you for taking the time
to listen and understand. You
made the review meaningful; it
was by far the best we have
received in the 6 years we have
been doing this."**

**"Nurse arranged change
to appointment. "Thank
you so much for this,
this will be so much
better for them both to
be at the same place."**

**"Thank you finally feels
like someone is
listening."**

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