Public Document Pack

Corporate Parenting Board

Date: Thursday, 26 November 2026
Time: 3.00 pm
Venue: Council Chamber, County Hall, Dorchester, DT1 1XJ

Members (Quorum: 3)
Duncan Sowry-House (Vice-Chair), Stella Jones, Julie Robinson, Cathy Lugg, Jindy Atwal, Carole Jones and Scott Florek

Chief Executive: Catherine Howe, County Hall, Dorchester, Dorset DT1 1XJ

For more information about this agenda please contact Democratic & Governance Services Meeting Contact Tel: 01305 224450 - antony.nash@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. If you would like to attend this meeting and have any specific requirements please contact the Democratic Services Officer named above.

For easy access to all the council's committee agendas and minutes download the free public app called Modern.Gov for use on any iPad, Android, and Windows tablet. Once downloaded select Dorset Council.

Agenda

Item **Pages**

1. WELCOME AND INTRODUCTIONS

The Chair of the Committee to open the meeting and welcome those present.

a) Election of Chair of Corporate Parenting Board
To Elect a Chair for Corporate Parenting Board.

2. APOLOGIES

To receive any apologies for absense.

3. MINUTES OF PREVIOUS MEETING 5 - 8

To confirm the minutes of the previous meeting held on 28 May 2026.

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 antony.nash@dorsetcouncil.gov.uk by 8.30am on **23 November 2026.**

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. CORPORATE PARENTING DATASET 9 - 50

To receive the report from the Corporate Director - Care & Protection

7. IRO ANNUAL REPORT 51 - 74

To receive the report from the Quality Assurance Service Manager

8. ADVOCACY AND INDEPENDENT VISITORS ANNUAL REPORT 75 - 108

To receive the report from Strategic Commissioner and National Youth Advocacy Service

9. VIRTUAL SCHOOL ANNUAL REPORT 109 - 138

To receive the report from the Head of Service Children Thriving in Education

10. CHILDREN IN CARE AND YOUTH JUSTICE ANNUAL REPORT 139 - 146

To receive the report from the Head of Service, Dorset Combined Youth Justice Service

11. COMPLAINTS ANNUAL REPORT DISCUSSION

The Corporate Director - Care & Protection to discuss the complaints relevant to Corporate parenting board from the wider complaints report.

12. CHILDREN IN CARE HEALTH ANNUAL REPORT 147 - 168

To receive the report from the Designated Nurse for Children in Care and Care Experienced Young People

13. LOCAL AUTHORITY DESIGNATED OFFICER (LADO) ANNUAL REPORT APRIL 2025 - MARCH 2026 169 - 190

To receive the report from Service Manager Safeguarding & Standards Service

14. ASPIRE ADOPTION ANNUAL REPORT 191 - 234

To review and note the Cabinet report form June 2026 and the Aspire Adoption Annual report.

15. 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 20 May 2027 (pending full council approval on 3 December 2026). The next informal meeting will be held on 28 January 2027.

16. 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.

17. EXEMPT BUSINESS

To move the exclusion of the press and the public for the following item in view of the likely disclosure of exempt information within the meaning of paragraph x of schedule 12 A to the Local Government Act 1972 (as amended). The public and the press will be asked to leave the meeting whilst the item of business is considered.

There are no exempt items scheduled for this meeting.

Public Participation, Accessibility and Emergency Evacuation Information

Public Participation

This meeting may be viewed live or after the event via the YouTube link on the Dorset Council committee webpage. Members of the public may also attend in person. Details of the meeting venue are provided at the top of the agenda.
Members of the public wishing to participate in the meeting may do so in person or via a hybrid link. Further information is available in the Getting Involved guidance.
Please ensure mobile phones are set to silent during the meeting.
Dorset Council may record and broadcast the meeting, except where confidential business is considered.

Members of the public may film, photograph or report on proceedings that are held on public, including via social media, provided this is done unobtrusively and in accordance with the Chair's directions. Anyone wishing to film or record the meeting is asked to inform the Chair or the Democratic & Governance Services Officer.

Visitor Wi-Fi

Password: Jurassic

Accessibility

Dorset Council is committed to providing accessible and inclusive meetings. If you require any assistance, accessibility arrangements, or reasonable adjustments, please contact Democratic & Governance Services in advance of the meeting.

Emergency Evacuation in the event of a fire

Visitors and members of the public are advised that:

- The fire alarm is a continuous ringing bell. (The alarm is tested every Wednesday morning).
- If the alarm sounds, leave the building immediately using the nearest safe exit as directed by a council officer.
- Proceed to the designated muster point in the car park opposite County Hall.
- Do not use lifts during an evacuation.
- Do not re-enter the building until advised that it is safe to do so.
- Anyone who may require assistance during an evacuation should notify Democratic & Governance Services before the meeting begins.

First Aid

Anyone requiring first aid should go to the main reception at County Hall. Outside of normal office hours the first aid contact will be a member of the Facilities Team

Dorset Council

CORPORATE PARENTING BOARD

MINUTES OF MEETING HELD ON THURSDAY 28 MAY 2026

Present: Cllrs Duncan Sowry-House (Vice-Chair), Julie Robinson, Cathy Lugg, Jindy Atwal and Carole Jones

Apologies: Cllr Bridget Bolwell

Also present: Simon Hester (NHS Dorset), Cllr Belinda Bawden, Cllr Alex Brenton, Cllr Scott Florek and Louise Maple (NHS Dorset)

Officers present (for all or part of the meeting):
Toni Colledge (Quality Assurance Service Manager), Paul Dempsey (Executive Director - Children's Services), Louise Drury (Head of Service Children in Care and Care Leavers), Paula Golding (Corporate Director for Care and Protection), Jane Maclennan (Head of Service Leaving Care, Fostering and Adoption), Kaye Wright (Youth Voice Manager), Megan Cameron-Brown (Head of Quality Assurance and Partnerships), Susan Dallison (Democratic & Governance Services Team Leader), Jen Furnell (Corporate Director for Education and Learning), Kelly Henry (Head of Good Care Provision, Safeguarding and Business Support) and Anna Balistari (Youth Voice Officer)

1. **Welcome and Introductions**

   Cllr D Sowry-House, Vice-chair welcomed everyone to the meeting.

2. **Minutes of previous meeting**

   The minutes of the meeting held on 11 December 2025 were confirmed as a correct record and signed.

3. **Declarations of Interest**

   Cllr C Lugg declared an interest in agenda item 9 as an independent member of the Fostering Panel.

4. **Public Participation**

   There was no public participation.

5. **Corporate Parenting Dataset**

   Louise Drury, Head of Service, Children in Care, presented the Corporate Parenting Dataset. The Board noted the information and agreed to ask questions under the next agenda item, the Corporate Parenting Board Annual report.

6. **Corporate Parenting Board- Annual Report**

Louise Drury, Head of Service, Children in Care, presented the Corporate Parenting Board Annual Report.

Members asked a number of questions regarding reasons for the increase of the number of children in care over the last 2 quarters, the reasons for the children that had had 3 plus moves in the last 12 months, the classification of unsuitable accommodation, reasons children living more than 20 miles away from home or out of county and the provision of support for boys and young men. Responses were provided by the appropriate officer.

Cllr C Lugg expressed her disappointment that the Corporate Parenting Board had not responded to the Department for Education consultation on Fostering Reforms. Officers confirmed that the Council had responded to the consultation and had liaised with a number of key stakeholders on the response. The Vice-chair agreed to take Cllr Lugg's views on board and look at the frequency of meetings.

Cllr J Robinson asked for an update regarding 2 asylum seekers, officers agreed to provide an update on the welfare of those individuals outside of the meeting.

The report was noted.

7. **Fostering Service- annual report**

Jane Maclennan, Head of Service, Leaving Care, Fostering and Adoption introduced the Fostering Service Annual Report.

Members of the board noted the annual report.

8. **Fostering Panel Chair Report**

In the absence of Deborah Ford, Jane Macellan, Head of Service Leaving Care, Fostering and Adoption, presented the Fostering Panel Chair Report.

Members were advised that laptops would be delivered to foster carers over the coming weeks; the Vice-chair acknowledged that the concerns regarding the delivery of laptops was being addressed by officers.

Members of the board discussed the contents of the report and asked questions regarding: -

The kinship assessment and approval process
The Philomena Protocol
Fostering reforms and regionalisation of fostering services

and detailed responses to the questions were provided by officers.

The Board noted the report.

9. **Leaving Care Service- annual report**

Jane Maclennan, Head of Service Leaving Care, Fostering and Adoption introduced the Leaving Care Service Annual Report.

Members discussed the different categories of care leavers and the different levels of active engagement and service for young people who were in care that went up to the age of 21 or 25. In response to a comment regarding care leavers in BCHA accommodation not knowing what effect working had on their tenancy agreements, the board was advised that the council had 2 housing officers that were part of the care leavers team providing support around tenancy issues and Jane Maclennan agreed to take this point forward. Cllr C Jones also raised the issue that there was scope for Family Hubs to provide support for care leavers, the Vice-chair suggested that this issue could be worked on with the Family Hubs to provide better access.

The Board noted the report.

10. **Youth Voice Strategy for Care Experienced Children and Young People**

Kaye Wright, Youth Voice Team Manager introduced the report on the Youth Voice Strategy.

The Board noted the report.

11. **Date of Next Meeting**

The next formal meeting would be held on 26th November 2026.
The next informal meeting would be held on 23rd July 2026.

The Chair thanked those members who were not members of the panel but had chosen to attend the meeting, Cllr Bawden, Cllr Brenton and Cllr Florek.

12. **Urgent items**

There were no urgent items.

13. **Exempt Business**

There was no exempt business.

Duration of meeting: 3.00 - 4.29 pm

Chairman

.....

.....

Dorset Council

Corporate Parenting Board Performance Report

September 2026

Corporate Parenting Board Performance Report

September 2026

Introduction

The purpose of this report is to present the **Corporate Parenting Board** with a comprehensive overview of performance metrics. The indicators are organised by relevant categories to facilitate analysis and understanding. We will continue collaborating with managers to establish clear targets for improvement and accountability.

Overview of Performance

The report presents key indicators and evaluates performance against these metrics over the past six months. It assesses the available data as of the end of the last month, utilising snapshots for analysis. Where applicable, specific targets have been established to promote high performance and drive improvement, accompanied by a RAG (Red, Amber, Green) rating for each indicator. These targets are aligned with national benchmarks and the averages of statistical neighbours, and relevant information is included in the report where available, in collaboration with Service Managers.

RAG Rating

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.

Performance Direction

The latest performance is compared to the previous month, with icons indicating the direction of performance, based solely on whether the figures have increased or decreased. It is important to note that the '**Direction of Performance**' field is not related to the established targets; rather, it serves to highlight changes in performance trends. To assess the overall status of each measure, please refer to the RAG ratings in the '**Status**' field, which indicate how the latest month's performance aligns with the set targets.

Corporate Parenting Board Performance Report

September 2026

Key Messages

Summary

What is Going Well

1. **Care Leaver outcomes remain strong,** with high levels of suitable accommodation, engagement with services and positive participation in education, employment and training.
2. **Education performance is strengthening,** with attendance improving and reductions in suspensions for children in care.
3. **Stability of homes for children is improving,** with most children remaining in long-term stable homes and relatively low levels of multiple moves.
4. **Adoption performance remains effective,** with continued focus on reducing delays and securing permanent families for children

Areas of Focus

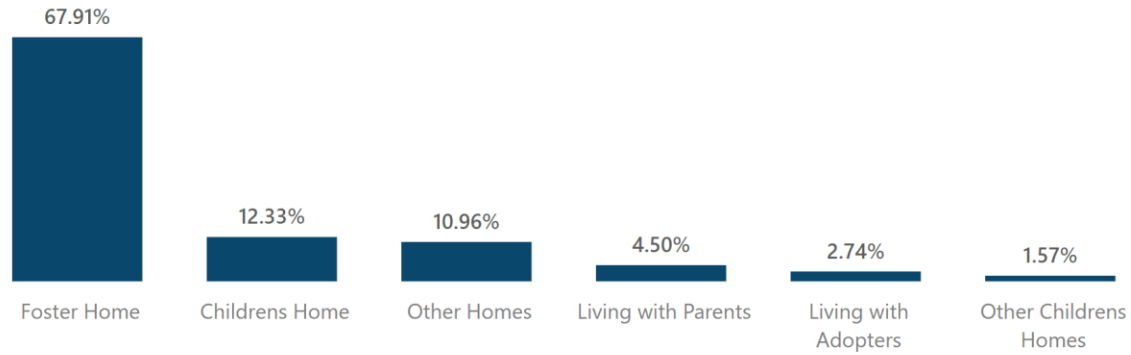
1. **The number of Children in Care** is 511 (rate of 76.10 per 10,000) which is above Good+ Statistical Neighbours (66.00) and National Average (67.00)
2. **Achieving permanence through adoption and special guardianship** is starting to increase but not at the pace our children need.
3. **Health performance** remains an area of focus especially around timeliness of initial health assessments which are impacted by delayed consent, children living outside of Dorset and capacity of our health partners to meet increasing need and numbers across both Dorset and BCP areas.
4. **Maintaining and increasing local homes for our children & young people** continues to be an area of focus. The need to increase the number of local foster families for children and young people.

Corporate Parenting Board Performance Report

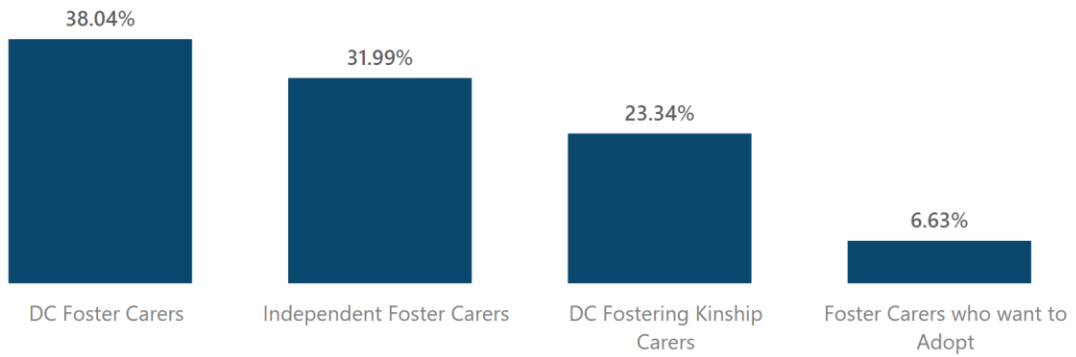
September 2026

Summary

Where Children Live



Types of Foster Homes



Summary

Children's living arrangements - September 2026

As of September 2026, almost seven in ten children lived in foster homes.

Of these, the largest proportion lived with DC foster carers, while almost a third lived with independent foster carers and around a quarter with DC kinship carers.

Children’s homes accounted for 12.33 % of all living arrangements, with the remaining children living across other homes, with parents, or with adopters.

Corporate Parenting Board Performance Report

September 2026

> Children in our Care

We have 511 children in care (rate of 76 per 10,000), 57 of which are unaccompanied children.

Last month we had 494 , (74) and 53 respectively.

> Adoption and Special Guardianship

In the last 6 months 3 % of children moved to live with adopters and 9 % became settled through Special Guardianship Orders (SGO).

Last month this was 5 % and 9 % respectively.

> Distance from Family Home

38 % of our children in care live over 20 miles away from home (excluding our unaccompanied children).

Last month it was 41 %.

> Safe and Stable Home

Of our children in care who have been in care for 2.5 years (aged 16 or under) 68 % have been in their home for 2 years or more.

Last month it was 71 %.

We have 13 % of our children in care who have had 3 or more homes in the previous 12 months.

Last month it was 13 %.

Dorset Council

Corporate Parenting Board Performance Report

September 2026

> Health

Of our children who have been in care for at least 12 months (aged 4-16), 48 % have had a strengths & difficulties questionnaire completed. Last month this was 50 %.

Of our new children in care, 0 % had their initial health assessment within 20 days. In the month prior to this it was 1 %.

> Education

The average attendance for this academic year for our children in care is 91 %, (87 % up to July 2026). 94 % (up to July 2026) of our children in care have had their termly personal education plan completed on time.

> Adoption

11 children were adopted in the last 12 months, compared to 14 children in the previous 12 months. The average number of days from the date of the 'Placement Order' to the date the child was matched to prospective adopters was 167 (159 last month).

The average number of days between entering care and moving in with adopted family (adjusted for foster carer adoptions) was 374 (316 last month).

> Care Leavers

We had 2 care leaver(s) (active, aged 16-25 yrs) in B&B accommodation. In the previous month we had 2 . 98 % of our care leavers are living in safe, secure & affordable accommodation (active, 19-21 yrs). Last month this was 98 %. 68 % of our care leavers are in employment, education or training (active, 19-21 yrs). Last month this was 68 %.

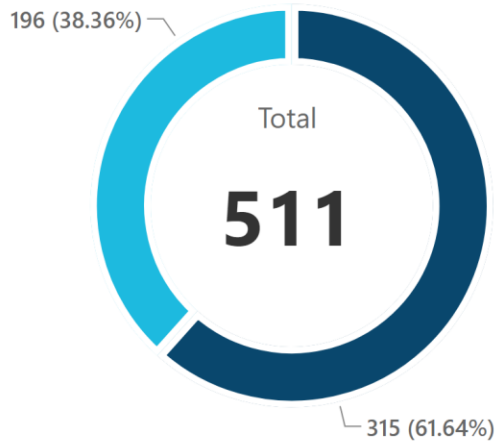
89 % of our care leavers with an up to date Pathway Plan at end of month (active, 17-25 yrs). Last month this was 89 %. 95 % of our care leavers are in touch with us (active, 19-21 yrs). Last month this was at 93 %.

Corporate Parenting Board Performance Report

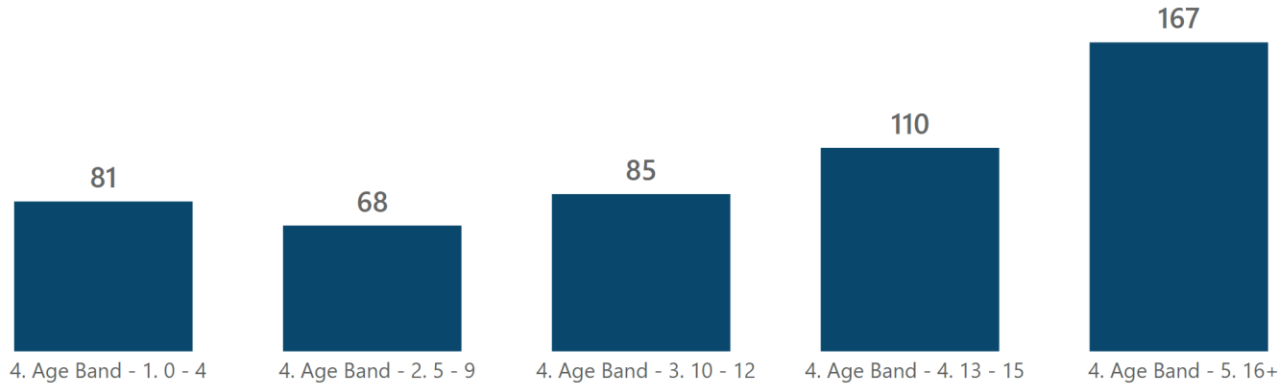
September 2026

Profile

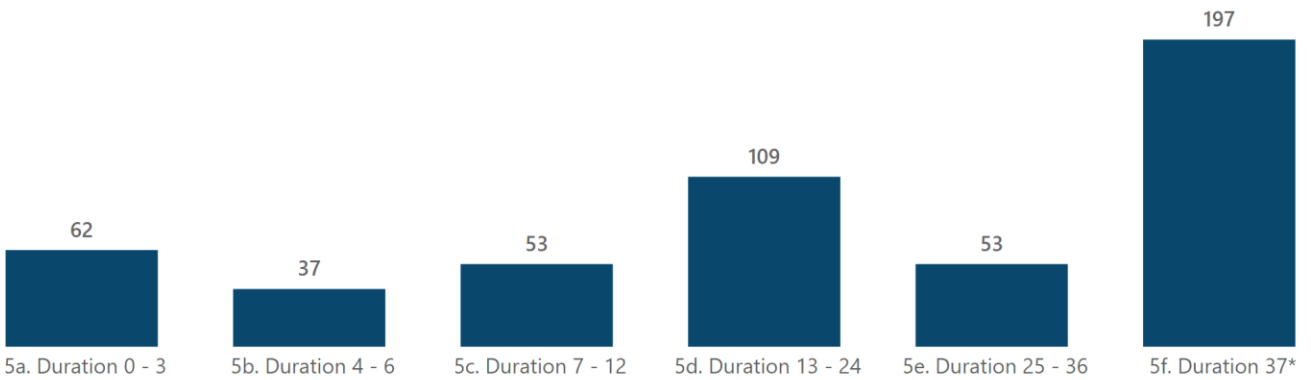
Children in Care



Children in Care (Age)



Children in Care (in Months)



> **571** Number of Care Leavers

> **318** are Receiving a Service

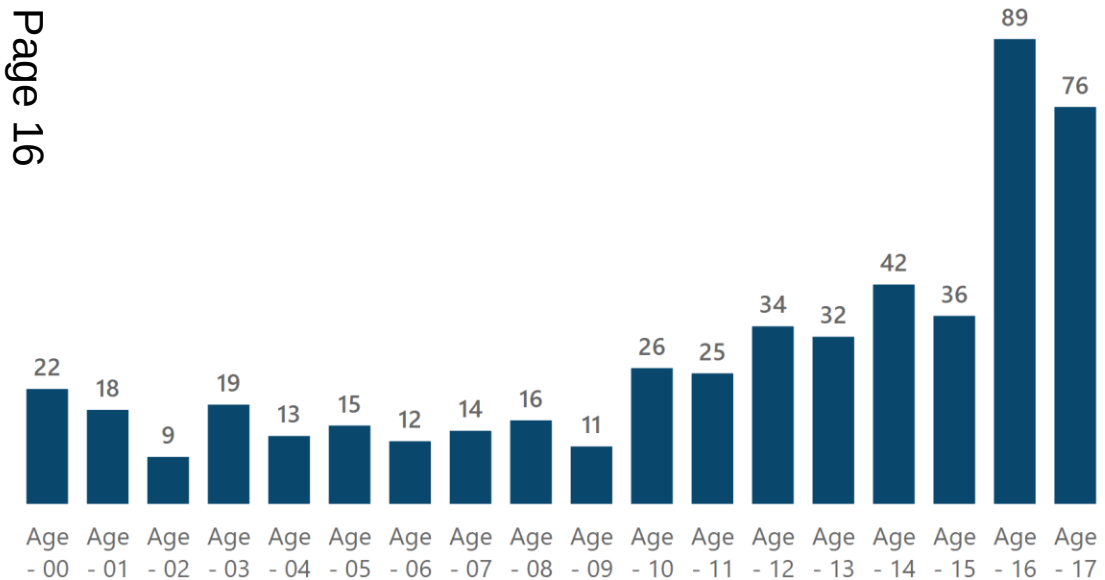
Corporate Parenting Board Performance Report

September 2026

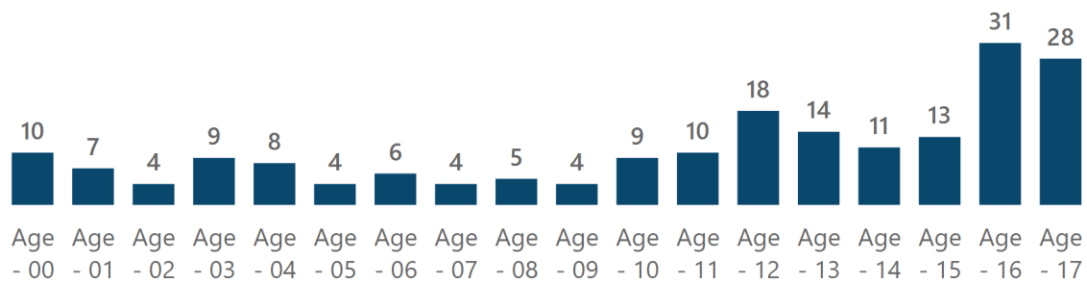
Profile

C1 Interim Care Order	C2 Full Care Order	V2 Single Period of Accomodation Under S20	E1 Placement Order Granted
53	310	116	32

Children in Care by Gender & Age (Male)



Children in Care by Gender & Age (Female)

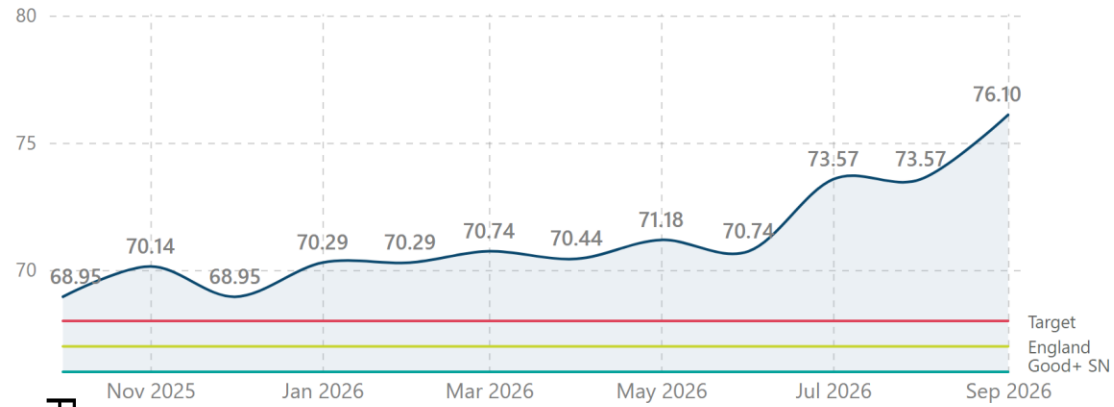


Corporate Parenting Board Performance Report

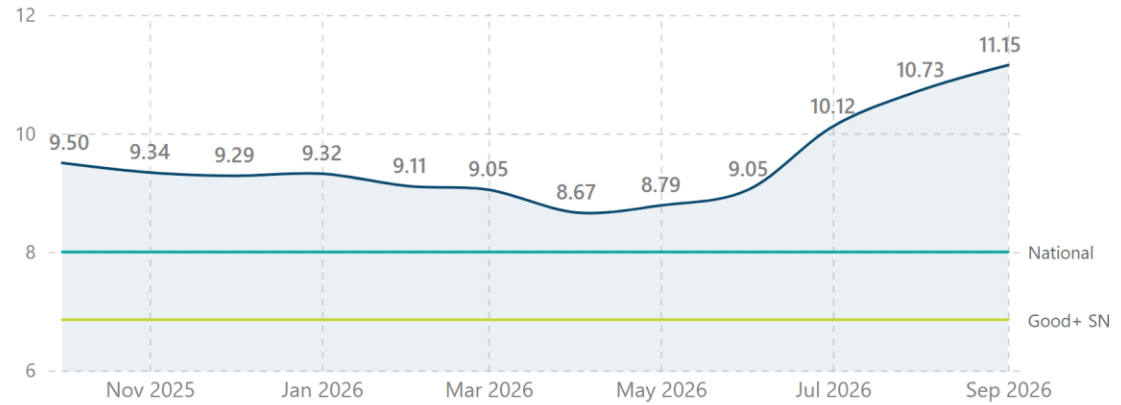
Children and Young People

September 2026

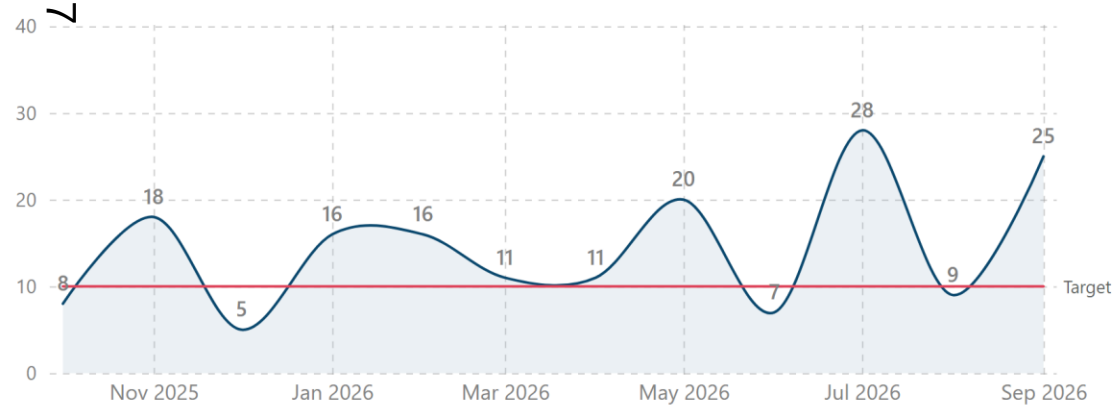
Rate of Children in Care at Month-End



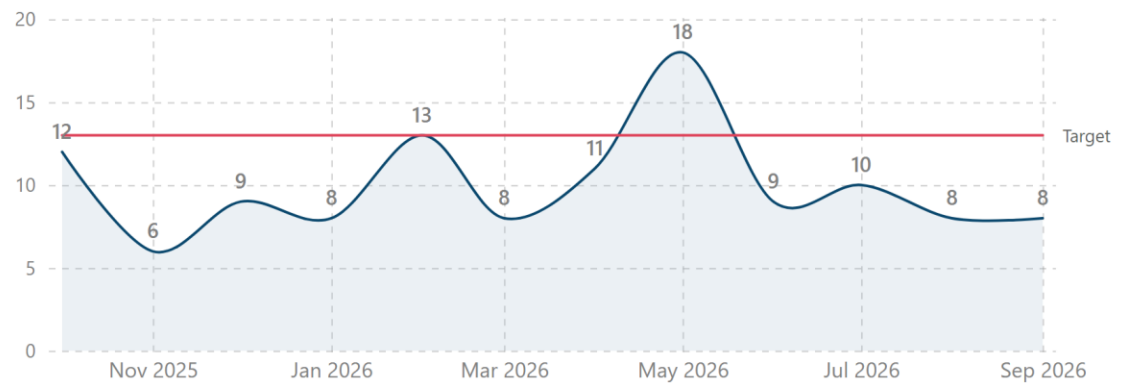
Percentage of Children in Care who are Unaccompanied Children



Number of Children who became Children in Care



Number of Children who ceased to be Children in Care



Corporate Parenting Board Performance Report

September 2026

Children and Young People

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Became CiC (Excl. UC)	Low			10.00	21.00	9.00	19.00	Worsening
Became CiC (Month)	Low			10.00	28.00	9.00	25.00	Worsening
Ceased to be CiC (Month)	High			13.00	10.00	8.00	8.00	Same
CiC at Month End	Low			420.00	494.00	494.00	511.00	Worsening
CiC Rate at Month End	Low	66.00	67.00	68.00	73.57	73.57	76.10	Worsening
CiC Rate at Month End (Excl. UC)	Low	61.14	61.76		66.12	65.67	67.61	Worsening
UC at Month End	-			65.00	50.00	53.00	57.00	
UC Share of CiC	-	6.86	8.00		10.12	10.73	11.15	

Corporate Parenting Board Performance Report

Children and Young People

September 2026

Commentary

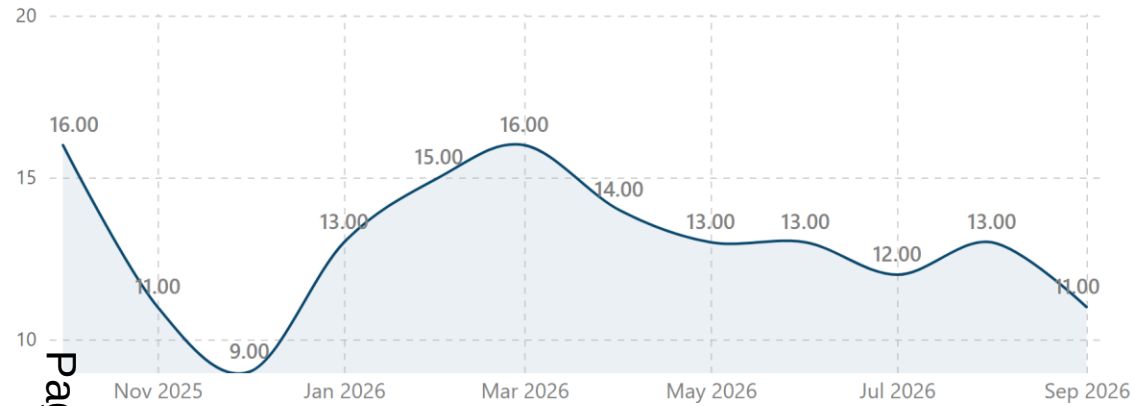
Dorset continues to maintain a strong focus on improving outcomes for children and young people in care through permanence planning, relationship-based practice and improved participation in decision-making. During Q2, the number of children in care remained high. 62 children in total came into care (over 3 months) of whom 24 were adolescents & 6 by police powers. Overall, 8% of new children into care, had previously been in our care. At the end of Q2 we had an increase of 17 children in our care (compared to Q1) placing continued pressure on services and placement sufficiency. Through the national transfer scheme, we have supported 7 unaccompanied children coming into our care and are working closely with Authorities in Kent to plan to reach our target of 65. Our unaccompanied children account for 11% of our overall children in care population. Despite the increase in overall numbers, we have remained focused on ensuring children experience stability, maintain important relationships and achieve positive outcomes. 14 children remain in care but are living at home with their parents- supporting our focus on reunification. Priority during the next quarter will continue to focus on ensuring children experience stable homes, timely permanence planning and access to opportunities that support their wellbeing and future success.

Corporate Parenting Board Performance Report

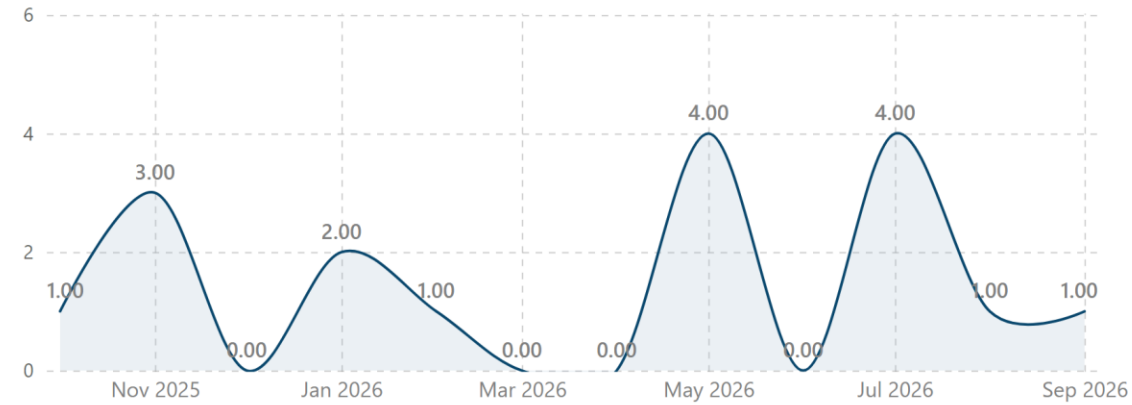
September 2026

Adoption

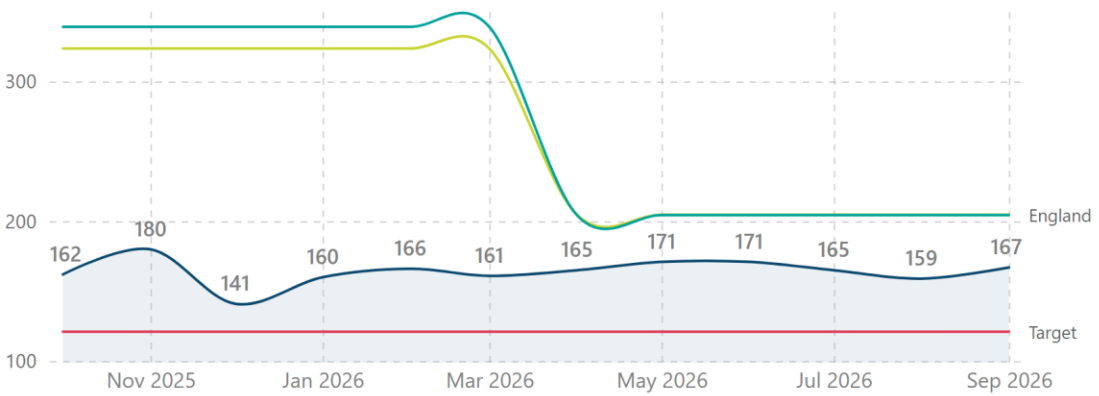
Children adopted in last 12 months



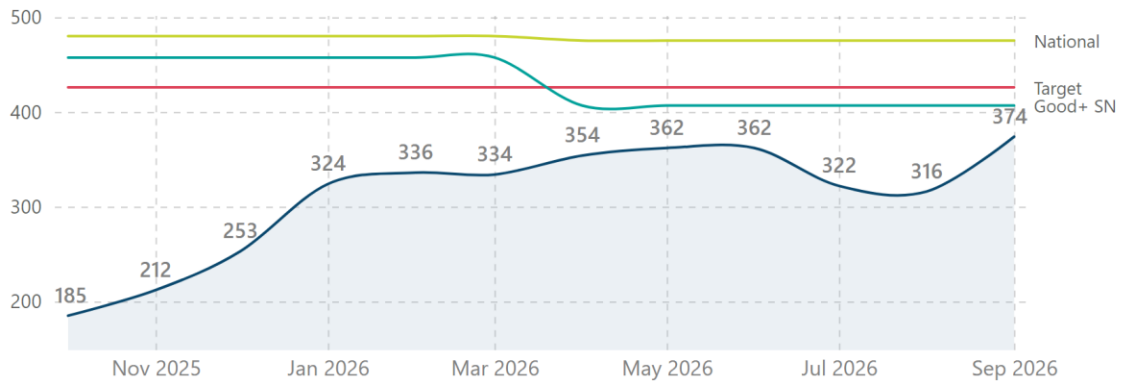
Number of adoptive families approved (ADM)



Average Days to match from placement order



Average days to move in with adoptive family



Corporate Parenting Board Performance Report

September 2026

Adoption

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Adopted (Last 12m)	High				12.00	13.00	11.00	Worsening
Adoptive Families Approved (ADM)	High				4.00	1.00	1.00	Same
Adoptive Families in Assessment	High				15.00	18.00	18.00	Same
Days: Enter Care → Move-In (Adjusted) (Avg)	Low	406.85	475.48	426.00	322.00	316.00	374.00	Worsening
Days: Placement Order → Match (Avg)	Low	204.46	204.68	121.00	165.00	159.00	167.00	Worsening
Placement Order Revocations (Last 12m) - Number	Low				4.00	4.00	4.00	Same

Corporate Parenting Board Performance Report

September 2026

Adoption

Commentary

Adoption performance is tracked through Aspire adoption 6 weekly operational and quarterly strategic boards, as well as tracking permanency within localities. Children waiting meetings are held regularly in Aspire to consider the needs of children who are waiting for the right adoptive family with prospective adopters in assessment. Aspire Performance Board also scrutinises quarterly data. Over the last 12 months (rolling), 11 Dorset children have been adopted (compared to 14 at the same point in 2025), 27 Dorset children are waiting to be adopted, and 17 are living with prospective adopters of which 7 adoption order applications have been made and are waiting court dates. Aspire are actively family finding for 10 children who are waiting with a placement order for the right adoptive family. 7 of these children are sibling groups (1 x 3 children and 2 x 2 children) Of the 66 children who ceased to be in care over the last 6 months, 3% were due to adoption orders being made. Q2 has seen an increase each month in the time for children between entering care and being placed with an adoptive family- 322 days in July, 316 days in August, 374 days in September. Although an increase for Dorset, we remain lower than the national average and lower than other good+ authorities which remains a positive position. In the last 12 months 9% (4/43 children) have had a change in best interest decision- where the child should no longer be placed for adoption. The adopter recruitment pipeline remains positive with 30 prospective adopters currently in assessment (stages 1 and 2 combined) a significant increase from 16, in the same reporting period in 2025. Q2 has seen 9 approvals and to date this will be 19 in total. Last year there was 23 approvals and currently the target of 36 is on track. 8 ROIs (register of Interest) were received in Q2 and 6 since April 2026. Despite an increase in recruitment and approvals, this is not increasing at the same rate as children where adoption is determined as the best permanence option. This is leading to some of our children being matched with families outside of Aspire. The key priorities are to improve timeliness for children; ensure children achieve permanence without unnecessary delay and to review the family finding capacity within Aspire. Dorset continues to promote permanence planning at the earliest opportunity for children who are unable to return to the care of their birth families. Alongside adoption, the service continues to recognise the increasing importance of kinship care, connected persons care and special guardianship arrangements in securing permanence for children within their wider family networks.

Corporate Parenting Board Performance Report

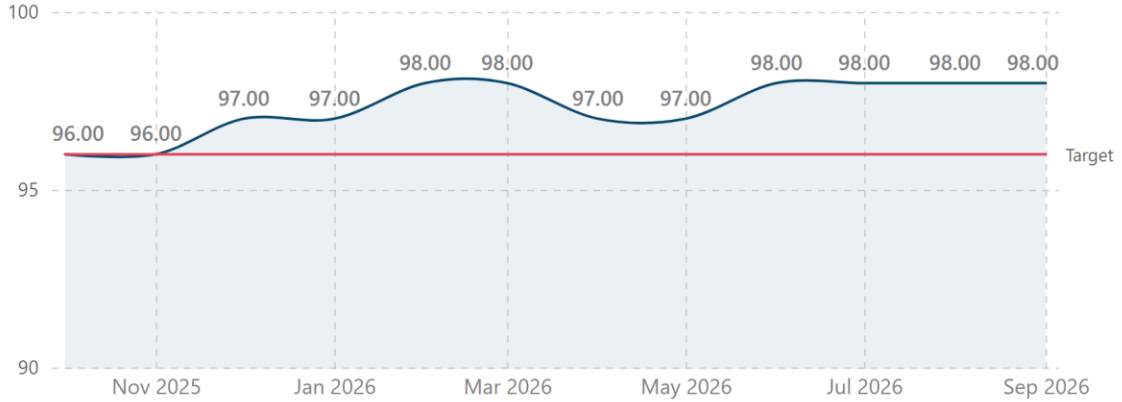
September 2026

Care Leavers

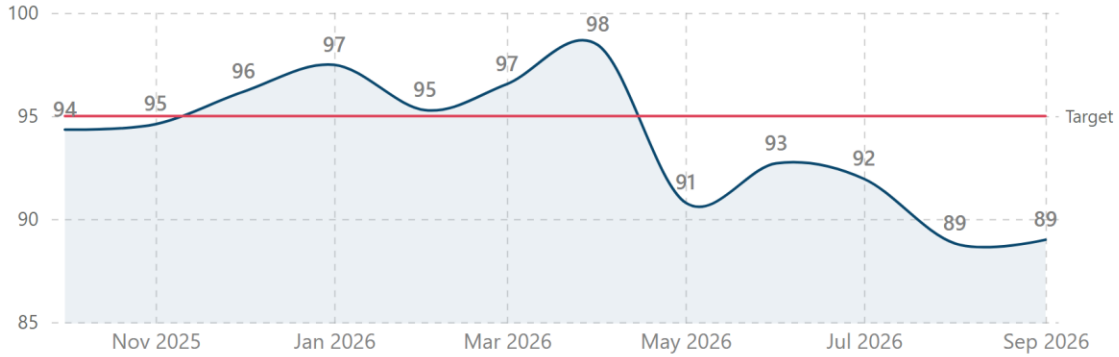
Percentage of Care Leavers in touch with Dorset Council (Active aged 19-21)



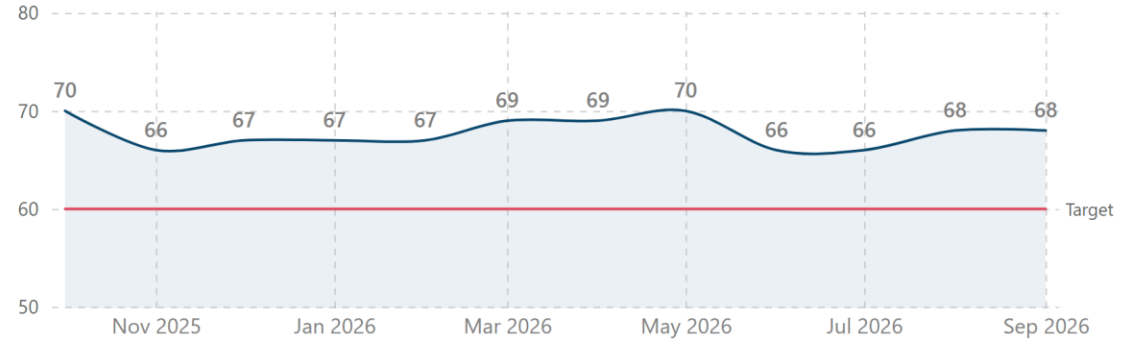
Percentage of Care Leavers who are living in suitable accommodation (Active aged 19-21)



Percentage of Care Leavers with an up-to-date pathway plan at month-end (Active aged 17-21)



Percentage of Care Leavers who in education, employment or training (Active aged 19-21)



Dorset Council

Corporate Parenting Board Performance Report

September 2026

Care Leavers

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Bed & Breakfast – Number (Active 17–25)	Low			0.00	1.00	2.00	2.00	Same
EET – Percentage (Active 19–21)	High			60.00	66.00	68.00	68.00	Same
EET – Percentage (Active 17–18)	High			60.00	66.00	71.00	74.00	Improving
EET (19–21) – Percentage (OC3)	High	54.00	54.00				56.73	Worsening
Health Passports Completed – Number (2m Arrears)	-							
Health Passports Due – Number (2m Arrears)	-				5.00			
In Touch – Active (19–21)	High			93.00	94.00	93.00	95.00	Improving
Pathway Plan Up-to-Date – (Active 17–25)	High			95.00	91.95	88.82	88.99	Improving
Suitable Accommodation – (19–21)	High			96.00	98.00	98.00	98.00	Same
Unsuitable Accommodation – Number (Active 17–25)	Low			11.00	5.00	6.00	5.00	Improving

Corporate Parenting Board Performance Report

September 2026

Care Leavers

Commentary

Performance for Dorset care leavers remains a significant strength during Q2, with strong outcomes across engagement, accommodation, education, employment and training. The service continues to provide effective support to young people as they transition into adulthood, whilst maintaining a focus on independence, stable relationships and positive future opportunities.

At the end of Q2, there were 571 care leavers aged 18-25 eligible for support from the service. Of these, 318 young people were receiving active support from a Personal Adviser, representing 56% of all care leavers aged 18-25. This reflects a stable level of engagement across the quarter. It is important to note that care leavers aged 21 and over can choose whether to remain actively involved with the service and can re-engage at any time through the duty offer should they require advice, guidance or support.

The service continues to perform exceptionally well in maintaining contact with care leavers, with 99% of young people recorded as being "in touch" at the end of Q2. Practitioners maintain contact at least every eight weeks, with frequency increasing where young people have additional needs.

Accommodation performance remains strong despite continued pressures within the housing market and increasing challenges in securing affordable housing for young people. Overall, 98.43% of care leavers aged 18-25 were living in suitable accommodation during Q2, significantly better than the local target and demonstrating effective accommodation planning and oversight. Performance remained well within target throughout the quarter, averaging 1.57% of care leavers living in unsuitable accommodation.

There were two care leavers living in Bed and Breakfast accommodation during Q2, both residing within Dorset. Enhanced oversight is in place, and officers are working closely with housing partners to secure suitable move-on accommodation. There was also one care leaver recorded as homeless, living outside Dorset after leaving previous accommodation for personal reasons and currently staying with friends. In addition, two care leavers remain in custody serving long-term sentences.

A particular strength is the outcome achieved for care leavers who were previously unaccompanied asylum-seeking children, with 100% living in suitable accommodation, exceeding the already strong performance of the wider care leaver population.

Participation in education, employment and training continues to be a positive area of performance, reflecting the impact of targeted support from Personal Advisers, effective pathway planning and strong partnership working. Performance remained consistently above the 60% target throughout Q2.

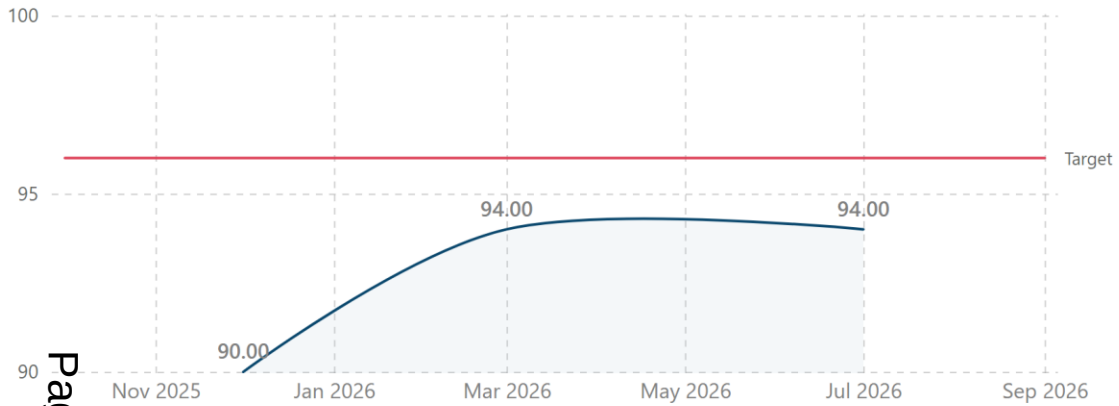
These outcomes demonstrate the effectiveness of support available through education pathways, employment opportunities, apprenticeships and tailored support for young people to achieve their aspirations and successfully transition into adulthood.

Corporate Parenting Board Performance Report

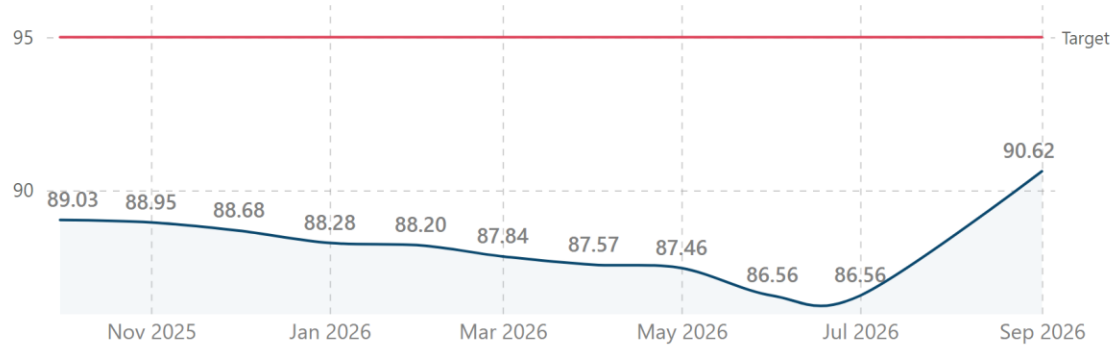
September 2026

Education

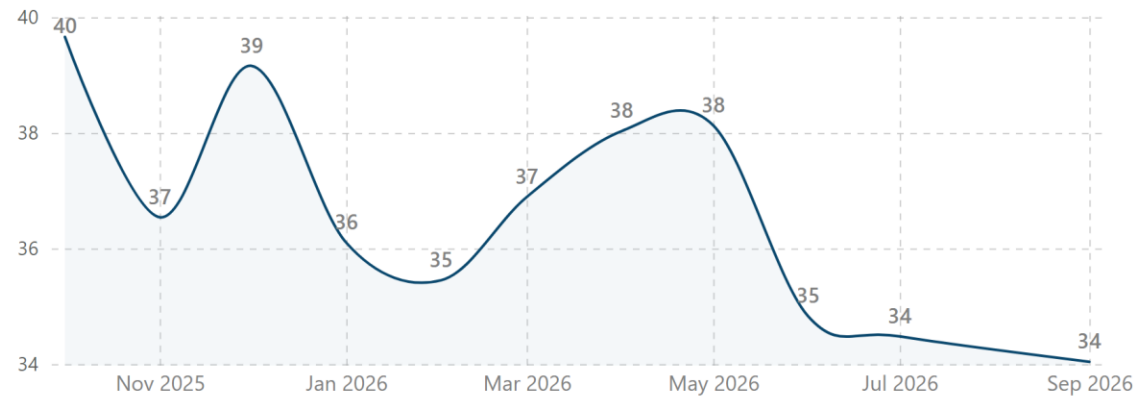
Percentage of Children in Care with a termly PEP completed on time



Average percentage attendance for school-aged Children in Care (Academic year-to-date)



Percentage of Children in Care with Education, Health, and Care Plan



Percentage of school-aged Children in Care who have had at least one suspension in the academic year



Corporate Parenting Board Performance Report

September 2026

Education

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26		D.O.T
Average Attendance – AYTD – % (School-Aged CiC)	High			95.00	86.56		90.62	✓	Improving
CiC with EHCP – %	-				34.48		34.04		
EET – % (CiC & Care Leavers, 16–18; Y12–Y13)	High			72.00	76.23		78.19	✓	Improving
NEET – % (CiC & Care Leavers, 16–18; Y12–Y13)	Low			28.00	23.77		21.81	✓	Improving
PEP Within 20 Days of Entering Care – %	High			100.00	100.00				
Suspended ≥1 (AYTD) – % (School-Aged CiC)	Low				11.67		1.19	✓	Improving
Termly PEP Completed on Time – %	High			96.00	94.00				

Corporate Parenting Board Performance Report

September 2026

Education

Commentary

August and September provides the Virtual School with an opportunity to reflect on the previous academic year to help us plan for the future for our children. It also enables us to celebrate the achievements of our children in an assessment year and in receipt of formal results as well as all our children and the progress they have made in their learning.

2025/26 has been a year of reflection and transformation within the team to embed the work of the extended role alongside our work with our Children in Care and Care Leavers and has given the opportunity to build relationships with our partners to ensure that our children and young people have the opportunity to achieve and be successful.

We have focused on highlighting and celebrating belonging and inclusion within our work and practice, embedding proactive training opportunities for our settings and reflecting on how we capture and use our children's' voices to improve our practice.

We need to continue to focus on:

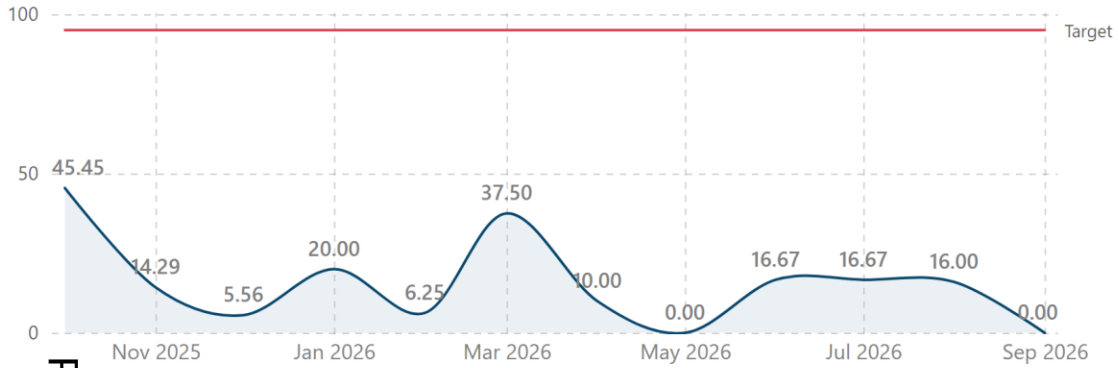
- Improving attendance for those children with persistent and severe absence
- Reduce suspensions for children on Child Protection plans
- Embedding our children's voice within our work
- Working with locality practitioners and partners to develop good practice to reduce suspensions, particularly for children with Special Educational Needs
- Develop a robust monitoring report for children with a Social Worker who are Electively Home Educated in preparation for Children's Wellbeing Act.
- Develop bespoke training for Virtual School on Post 16/18 offer
- Consider impact of tutoring funding on Pupil Premium+
- Monitoring of attainment outcomes for Children on Child in Need and Child protection plans

Corporate Parenting Board Performance Report

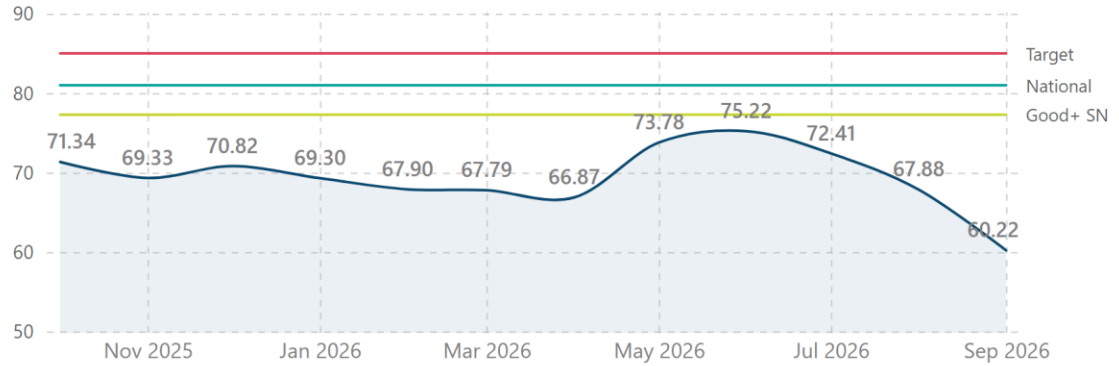
September 2026

Health and Emotional Wellbeing

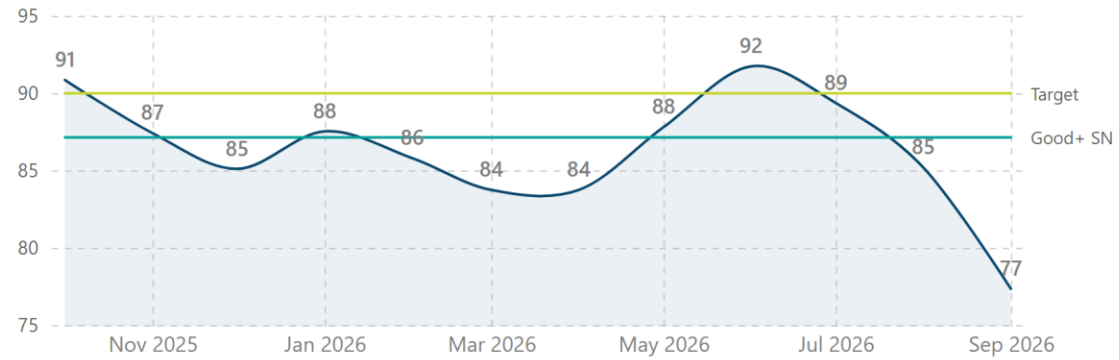
Percentage of new Children in Care (in the previous month) who received their initial health assessment within twenty days



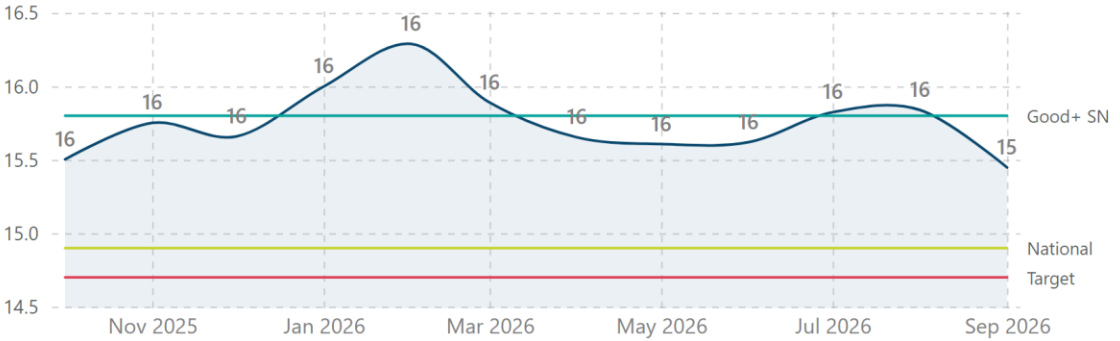
Percentage of Children in Care for twelve months or more who have had a dental check within in the last twelve months



Percentage of Children in Care for twelve months or more with an annual health assessment completed on time



Average Strengths and Difficulties questionnaire (SDQ) score for Children in Care for more than twelve months (Aged 4-16 years)



Dorset Council

Corporate Parenting Board Performance Report

September 2026

Health and Social Wellbeing

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
CiC 12m+ Average SDQ Score (Age 4–16)	Low	15.80	14.90	14.70	15.82	15.84	15.45	Improving
CiC 12m+ SDQ Completed (Age 4–16)	High	80.14	78.00	75.00	50.33	49.52	48.13	Worsening
CiC 12m+ with Annual Health Assessment On Time	High	87.14	90.00	90.00	89.37	85.20	77.35	Worsening
CiC 12m+ with Dental Check ≤12 Months	High	77.29	81.00	85.00	72.41	67.88	60.22	Worsening
CiC 12m+ with Up-to-Date Immunisations	High	87.14	84.00	90.00	89.66	85.75	79.56	Worsening
New CiC IHA ≤20 Days (Prev. Month)	High			95.00	16.67	16.00	0.00	Worsening
RHAs Completed in the Month Due – ICB	High			90.00	83.30			

Corporate Parenting Board Performance Report

September 2026

Health and Social Wellbeing

Commentary

Promoting and maintaining the health and wellbeing of our children in care remains a key priority. There are ongoing challenges with the timeliness of initial health assessments for children coming into care. A combination of factors are at play which include the timely provision of consent and capacity on health partners due to the increased numbers of initial health requests across Dorset and BCP areas. We are starting to track early the children new into our care, to ensure that consent is obtained and information provided to our health partners within 5 working days.

We have seen a drop in our overall health performance during Q2. This is an area of both concern and focus:

- the number of children in care with an up-to-date immunisation reduced from 82.79% to 72.99%
- CiC 12 months+ with dental check in the last 12 months declined- 72.41% to 60.22%
- Annual health assessments completed on time has reduced from 89% to 77%

Our monthly meetings with health enable us to identify the children who are missing health appointments so we can put into place support to enable children and young people to attend. This continues to be a focus area of our work and corporate parenting responsibilities.

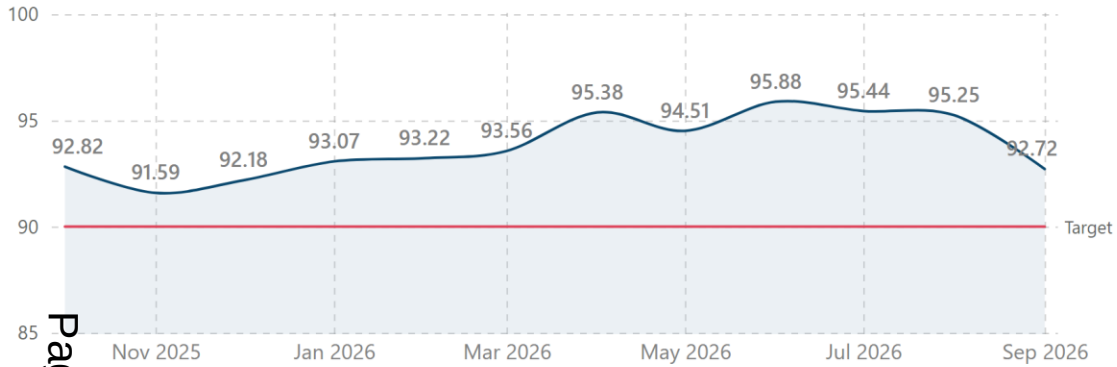
Work to strengthen the emotional health and wellbeing of children in care continues as we develop a comprehensive mental health strategy, ensuring that the needs of children in care are clearly recognised and prioritised within a coordinated multi-agency approach. We continue to support the workforce to be trauma informed and to deliver therapeutic life story work for children in kinship arrangements and those in longer term care. Through continued partnership working and a strong focus on children's physical and emotional wellbeing, we will ensure that children in care receive the support they need to thrive. Increasing complexity of need continues to be evident across the care population, particularly amongst adolescents and those requiring specialist support. Services continue to work closely with health partners to ensure children receive timely access to timely health assessments, emotional wellbeing support and targeted interventions. The next quarter will focus on strengthening access to mental health support, trauma-informed approaches and targeted interventions for children whose emotional wellbeing impacts placement stability and educational participation.

Corporate Parenting Board Performance Report

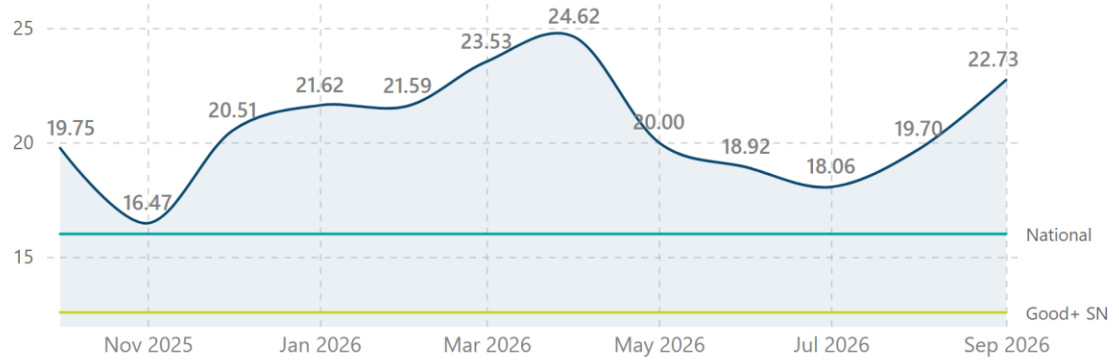
September 2026

Settled at Home

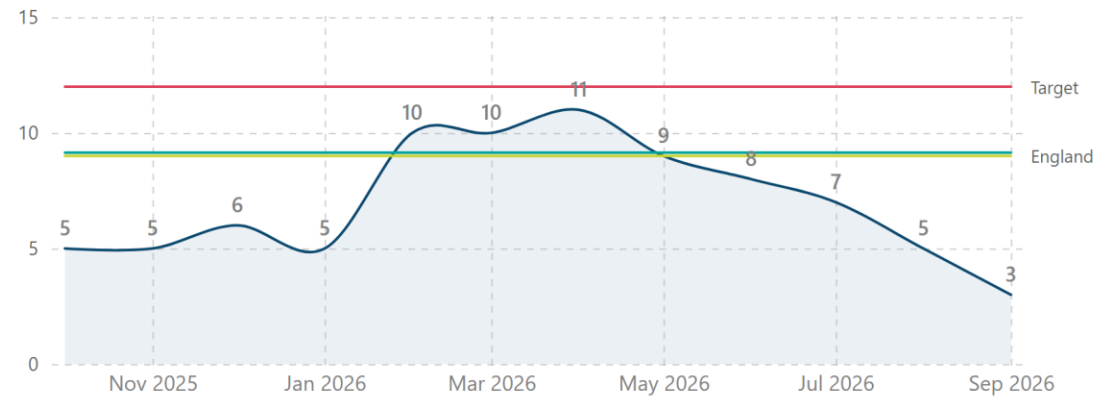
Percentage of Children in Care for four months or more with a completed permanence plan



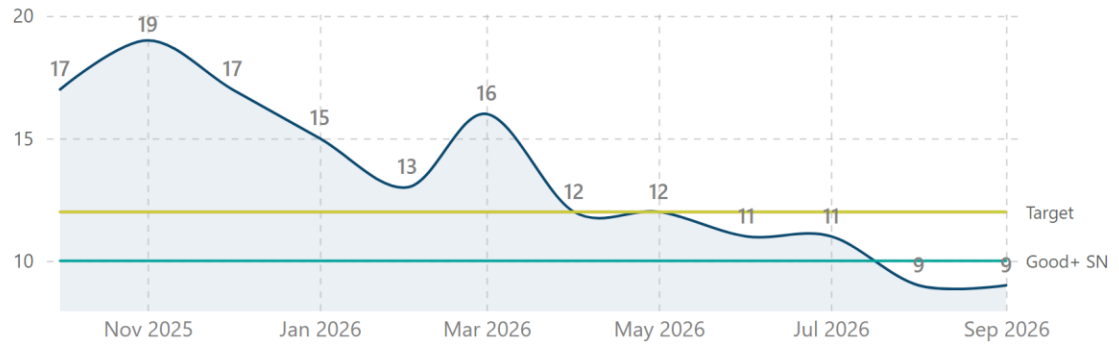
Percentage of children who achieved permanence by returning home to live with parents or relatives (with parental responsibility) (rolling six months)



Percentage of children achieved permanence adoption (rolling six months)



Percentage of children achieved permanence special guardianship order (Rolling six months)



Dorset Council

Corporate Parenting Board Performance Report

September 2026

Settled at Home

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Achieved Permanence – Adoption (Rolling 6m)	High	9.14	9.00	12.00	7.00	5.00	3.00	Worsening
Achieved Permanence – SGO (Rolling 6m)	High	10.00	12.00	12.00	11.00	9.00	9.00	Same
Achieved Permanence by Return Home (Rolling 6m)	High	12.57	16.00		18.06	19.70	22.73	Improving
CiC 4+ Months with Permanence Plan Completed	High			90.00	95.44	95.25	92.72	Worsening
LT Fostering Plan & Permanence Achieved (Excl. UC)	High				58.97	58.05	58.72	Improving
LT Fostering Plan & Permanence Achieved (Month End)	High				54.41	53.99	55.17	Improving

Corporate Parenting Board Performance Report

September 2026

Settled at Home

Commentary

Supporting children to experience permanence, stability and a strong sense of belonging remains a key priority for Dorset. Children continue to benefit from a sustained focus on maintaining family relationships and promoting permanence through family-based care arrangements wherever it is safe and appropriate to do so. The increased use of connected persons and kinship arrangements has enabled more children to remain within their wider family networks, preserving important relationships and supporting positive identity and emotional wellbeing outcomes.

The service is currently supporting 179 families caring for 233 children through Special Guardianship arrangements, demonstrating the significant contribution that permanence outside of care makes in securing stable family homes for children and young people. Practitioners continue to work proactively with carers and families to maintain stable homes, providing support at the earliest opportunity to help sustain placements during periods of challenge.

92.7% of children in care for 4 months+ have a completed permanence plan, although there has been a small decrease in performance over the last few months, we remain above the target of ensuring that at least 90% of children in care have a permanence plan. The IRO and our quality assurance framework will be continuing to monitor and support improvements in this area of work.

There has been a small improvement in the number of children living more than 20 miles from home, reducing from 40% to 38% during Q2. This suggests some progress in securing homes closer to children's communities and support networks. However, sufficiency continues to present challenges. Overall, 35% of children in care live outside Dorset and, excluding unaccompanied asylum-seeking children, 24% are both living more than 20 miles from home and outside of the county.

While local and national placement sufficiency pressures remain significant, there continues to be a strong commitment to ensuring children experience stable and nurturing homes that support positive outcomes across education, health and emotional wellbeing. During Q3, the service will maintain a focus on identifying placements at risk of disruption at the earliest stage, strengthening support available to carers, and increasing placement stability across the fostering system. Alongside ongoing development of kinship and connected carer arrangements, this work will support more children to remain settled, maintain important relationships, and achieve permanence within family-based care wherever possible.

Corporate Parenting Board Performance Report

September 2026

Homes for Children

Percentage of Children in Care for two and half years or more, aged under sixteen, who have been in the same home for two or more years



Percentage of Children in Care at month-end with three or more placement moves in the previous twelve months



Percentage of Children in Care placed more than twenty miles from home



Percentage of Children in Care living outside Dorset



Dorset Council

Corporate Parenting Board Performance Report

September 2026

Homes for Children

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
3+ Moves in Last 12 Months (Month-End)	Low	12.14	10.00	10.00	12.96	12.55	12.72	Worsening
In Foster Home – Percentage	High	55.71	67.00	71.00	69.23	67.61	67.91	Improving
In Private Provision – Percentage	Low	33.43	40.00		42.11	42.51	40.31	Improving
In Private Provision – Percentage (Excl. UC)	Low				36.26	36.28	33.92	Improving
Living Outside Dorset – Percentage	Low	29.71	44.00	40.00	40.49	40.89	39.53	Improving
Living Outside Dorset – Percentage (Excl. UC)	Low			30.00	36.71	36.96	35.24	Improving
Over 20 Miles from Home (Excl. UC)	Low			35.00	40.09	40.82	38.11	Improving
Placed with Parents	-				19.00	20.00	23.00	
Under 16, 2.5 Years in Care, Same Home ≥2 Years	High	67.29	69.00	70.00	69.12	71.43	68.09	Worsening
Unregulated Placements (P2/R1/H5 pre-Nov-2023)	Low			10.00				
Unregulated Placements (P2/R1/H5 pre-Nov-2023, Excl. UC)	Low				0.00	0.00	0.00	Same

Corporate Parenting Board Performance Report

September 2026

Homes for Children

Commentary

Ensuring that children in care have access to safe, stable and appropriate homes remains a key corporate parenting priority. A continuing focus is on the need to increase the number of homes we can provide for our increasing numbers of children coming into care. As a large rural county, Dorset faces challenges in balancing sufficiency with the ambition to keep children close to the people, communities and networks that are important to them.

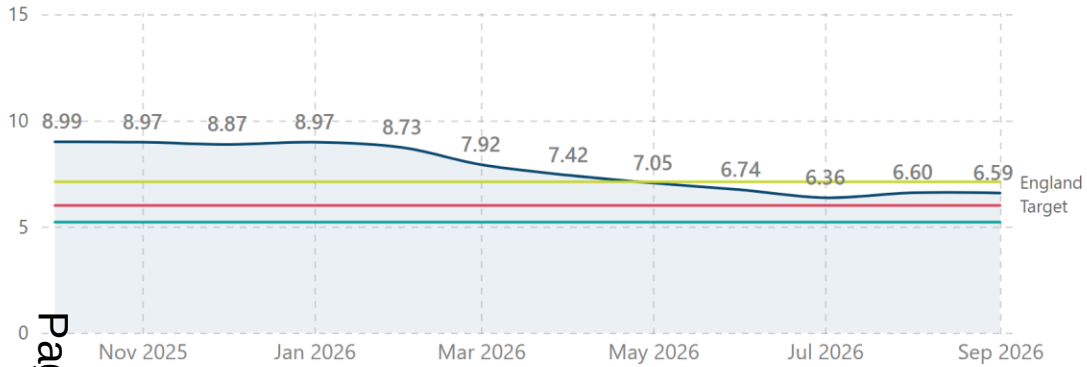
During Q2, around 40% of children in care lived more than 20 miles from their home address, a position that remains consistent with the same period last year. Whilst many of these children continue to reside within Dorset, geographical distance can still impact their connection to family, friendships, education and local support networks. In addition, 26% of children in care (excluding unaccompanied asylum-seeking children) were living both over 20 miles from home and outside Dorset. This figure has remained relatively static over recent months and represents a slight improvement compared to the 27% reported in August 2025. Family-based care continues to be the preferred option wherever possible, with 68% of children in care living with Dorset foster carers, including those placed within kinship fostering arrangements. However, the proportion of children living in foster homes remained below the corporate target of 71% throughout Q2, recording 69.2% in July, 67.6% in August and 67.9% in September. Whilst there was a small improvement in September, performance reflects the continuing impact of rising care numbers and national foster care sufficiency challenges, which are increasing demand for family-based placements. Placement stability remains a strength for most children, with the majority experiencing stable and enduring homes that support positive emotional wellbeing, a sense of belonging and improved life outcomes. However, 12% of children experienced three or more placement moves during the last 12 months. The service maintains oversight of these children and understands the individual circumstances contributing to instability. Work continues to strengthen placement stability through enhanced support to carers, the development of connected carer arrangements, and exploration of a hub of short-term foster carers designed to reduce unplanned moves and improve permanence planning. Recruitment and retention of foster carers remains a key strategic focus, alongside expanding kinship care capacity and developing local options. These initiatives are critical to improving sufficiency, increasing opportunities for children to remain within family settings, and reducing the need for children to live at a distance from their home communities. While challenges remain significant, the service continues to prioritise safe, nurturing and stable homes that enable children and young people to thrive.

Corporate Parenting Board Performance Report

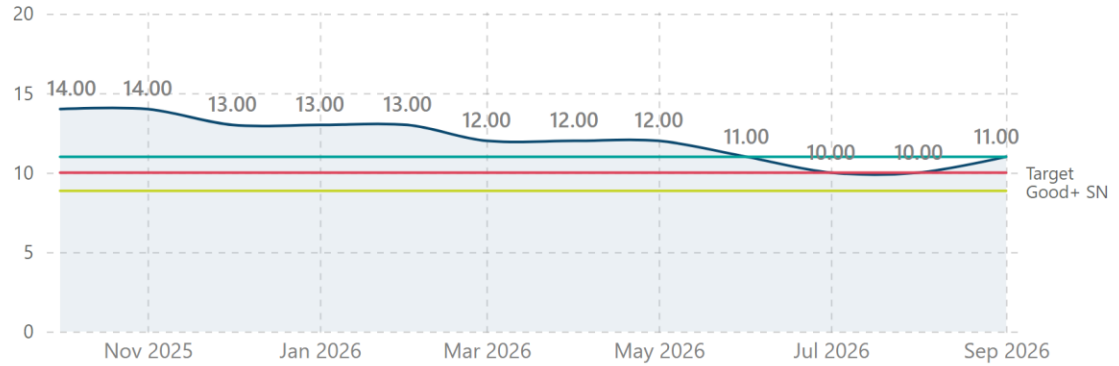
September 2026

Safety

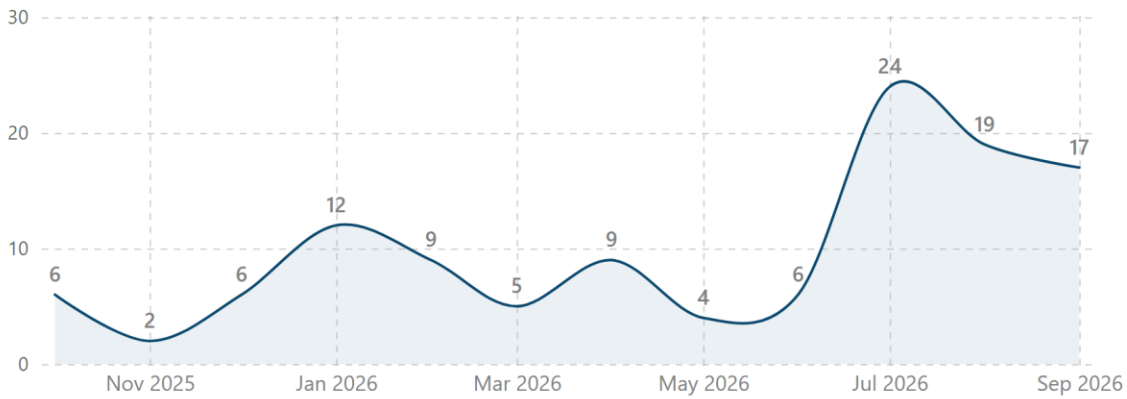
Percentage of Children in Care (at any point in the last 6 months) who have had more than one episode of missing (Annex A)



Percentage of Children in Care (at any point in the last six months) with a least one missing episode in the last 12 months (Annex A)



Number of formal independent reviewing officer (IRO) esculations



Total number of allegations made against Dorset Foster Carers in the last twelve months



Corporate Parenting Board Performance Report

September 2026

Safety

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
CiC with >1 Missing Episode (Any point last 6m) – (Annex A)	Low	5.22	7.11	6.00	6.36	6.60	6.59	Improving
CiC with ≥1 Missing Episode in last 12m – (Annex A)	Low	8.86	11.00	10.00	10.00	10.00	11.00	Worsening
IRO Escalations – Closed – Number	-				24.00	24.00	41.00	
IRO Escalations – Formal – Number	High				24.00	19.00	17.00	Worsening
IRO Escalations – Informal – Number	High				8.00	11.00	14.00	Improving

Corporate Parenting Board Performance Report

September 2026

Safety

Commentary

The safeguarding of children and young people remains central to Dorset's corporate parenting responsibilities. Multi-agency arrangements continue to support children who are at risk of exploitation, missing episodes, placement instability or other vulnerabilities.

Where children present with complex behaviours or heightened risks, robust multi-agency oversight and planning arrangements remain in place. Regular monitoring and review processes ensure that risks are understood and managed appropriately, whilst maintaining a focus on the child's strengths, relationships and future outcomes.

August saw a “spike” in children reported missing (18) which has reduced towards the end of Q2 (13). Q2 has seen a consistent pattern of over 88% of children in care missing offered a return home interview- increasing to 93% at the end of Q2. There is notable disparity between RHIs being offered and those being accepted. This is usually due to those children being reported missing having multiple incidents but are having at least one RHI during a period multiple reported missing. Benchmarking data indicates that Dorset is below England average and above good+ authorities for the % of all CiC with a missing incident. (Dorset 10%, good+ 8% and England- 11%)

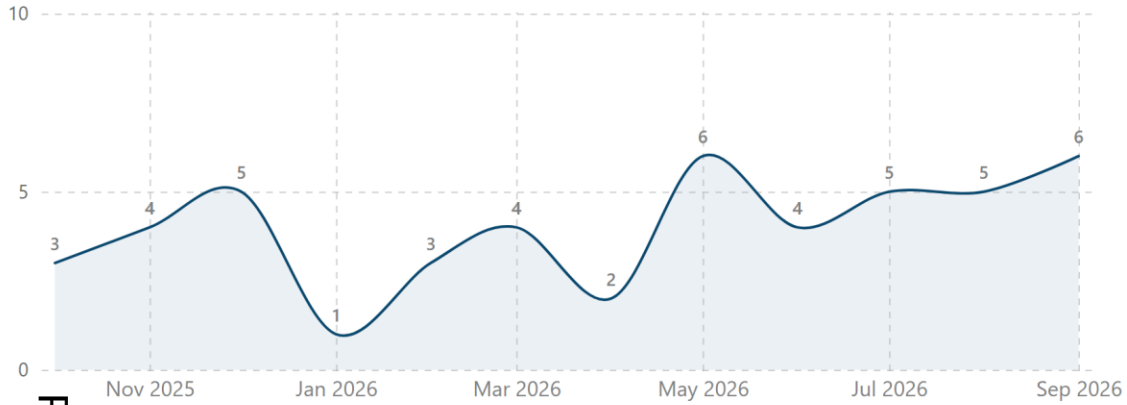
The average number of incidents per CiC who were absent in August 2026 was 2.8 for Dorset, compared to 0.8 for good+ authorities and 4.5 for the England average. The Board can be assured that safeguarding remains a strong area of focus, with partnership working supporting timely responses to emerging concerns.

Corporate Parenting Board Performance Report

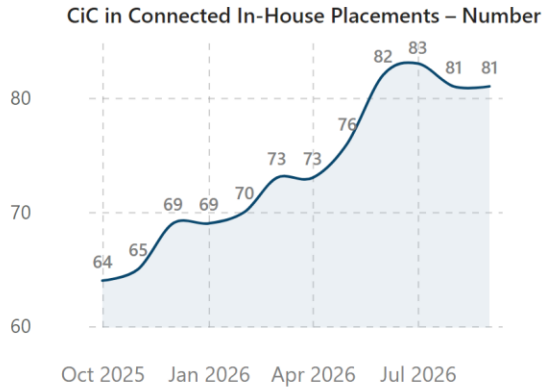
September 2026

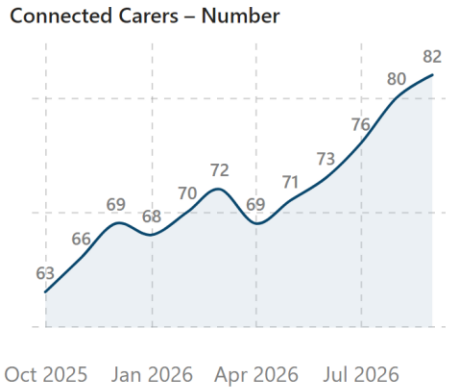
Sufficiency

Total number of new households recruited

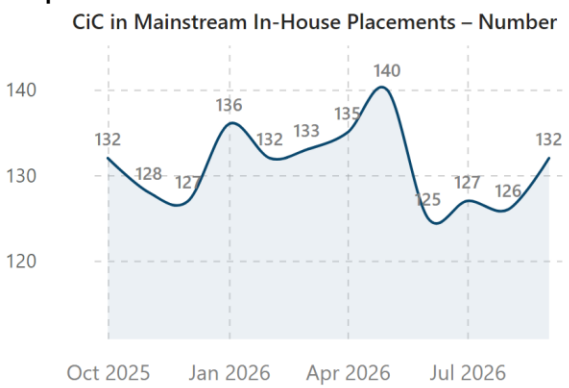


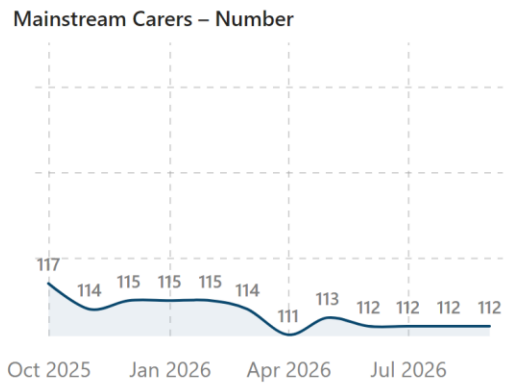
In house connected carers



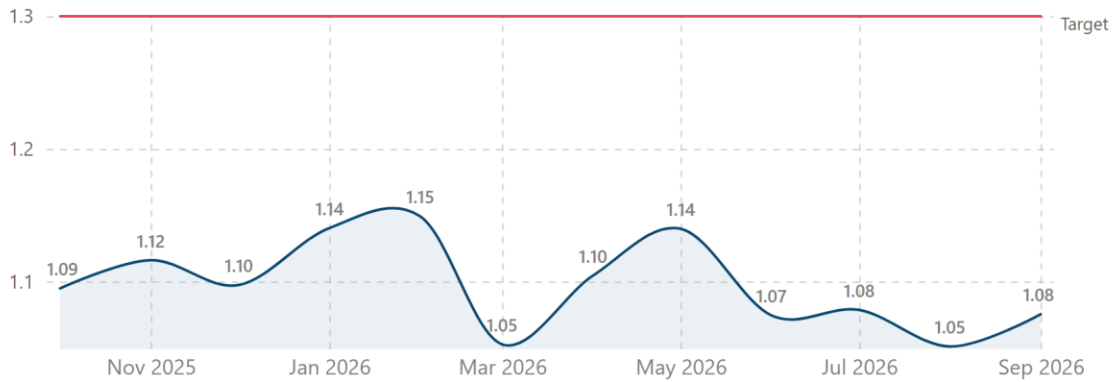


In house mainstream foster carers





Mainstream fostering utilisation rate



Corporate Parenting Board Performance Report

September 2026

Sufficiency

Performance Measures & Metrics

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Applicants in Assessment – Connected Person	High							
Applicants in Assessment – Mainstream	High							
CiC in Connected In-House Placements – Number	-				83.00	81.00	81.00	
CiC in Mainstream In-House Placements – Number	High				127.00	126.00	132.00	Improving
Connected Carers – Number	High				76.00	80.00	82.00	Improving
Foster Carer Visits Up to Date (Excl. FTA) – %	High			85.00	84.13	78.87	87.18	Improving
Foster Carers – Month End	High			200.00	191.00	196.00	199.00	Improving
Fostering Utilisation – Mainstream	High			1.30	1.08	1.05	1.08	Improving
Households Deregistered/Resigned – Connected Carers	Low				2.00	1.00	2.00	Worsening
Households Deregistered/Resigned – Foster to Adopt	Low				0.00	0.00	0.00	Same
Households Deregistered/Resigned – Mainstream	Low			1.00	0.00	0.00	1.00	Worsening
Households Deregistered/Resigned – Temporary	Low				0.00	0.00	0.00	Same
Mainstream Carers – Number	High			138.00	112.00	112.00	112.00	Same
New Households Recruited – Connected Person	High				0.00	0.00	0.00	Same
New Households Recruited – Foster to Adopt	High				1.00	0.00	1.00	Improving
New Households Recruited – Mainstream	High			2.00	0.00	0.00	1.00	Improving
New Households Recruited – Temporary	High				4.00	5.00	4.00	Worsening

Corporate Parenting Board Performance Report

September 2026

Sufficiency

Sufficiency

Placement sufficiency continues to be the most significant strategic challenge for Dorset during Q2. Increasing numbers of children in care, alongside growing levels of complexity and need, continue to place pressure on fostering, residential and specialist provision.

There have, been several positive developments during the quarter. The number of approved foster carers increased from 188 at the end of Q1 to 199 at the end of Q2, demonstrating encouraging progress in recruitment and retention activity. Dorset carers are now supporting 213 children in care, including 132 children living with in-house mainstream foster carers, an increase from 125 in Q1, and 81 children living within kinship fostering arrangements.

Recruitment and retention activity remains a key area of focus. The service has continued to strengthen fostering recruitment through local events, social media campaigns and the Dorset "Can You See Yourself Fostering?" campaign, whilst ensuring prompt contact with prospective carers who express an interest. Work is also progressing to address delays in DBS and medical assessments to minimise barriers for both mainstream and connected carers entering the fostering community.

Retention remains positive, with only one mainstream foster carer resignation during the quarter, (a planned retirement linked to family circumstances). Dorset Carers Voice continues to provide a valuable mechanism for carers to influence service development, helping foster carers feel listened to and supported. Alongside improvements to allowances and benefits, this is contributing to the stability of the fostering workforce.

Further positive progress has been made through increased connected carer assessments, the development of emergency fostering and short-break fostering arrangements.

The service continues to track and understand the reasons why kinship foster carers cease fostering and is actively exploring opportunities for those carers to transition into mainstream fostering where appropriate, building on their existing skills and experience.

Quality assurance indicators also show improvement, with fostering visits completed on time increasing from 83% in Q1 to 87.2% in Q2, demonstrating stronger oversight and support for foster carers and the children they care for.

Looking ahead, the priority remains to increase the availability of family-based care, accelerate foster carer recruitment, strengthen the kinship local offer and promote Special Guardianship as an alternative permanence option where appropriate. Alongside this, work will continue to support children to step down from higher-cost residential arrangements wherever this is safe and in their best interests, helping to ensure more children can grow up within stable family-based care environments closer to their communities.

Dorset Council

Corporate Parenting Board Performance Report

Appendix

Corporate Parenting Board Performance Report

September 2026

Appendix A

This appendix summarises six months of Corporate Parenting KPIs, including targets, 'Good+' benchmarks and England averages to enable robust comparison. It also captures each indicator's latest direction of travel and provides totals for trend categories and RAG ratings to give a concise performance overview.

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Achieved Permanence by Return Home (Rolling 6m)	High	12.57	16.00		18.06	19.70	22.73	Improving
Allocated Children (Open >4 Weeks) with Supervision in 8 Weeks	High			90.00	81.92	80.54	73.24	Worsening
Became CiC (Excl. UC)	Low			10.00	21.00	9.00	19.00	Worsening
Became CiC (Month)	Low			10.00	28.00	9.00	25.00	Worsening
Ceased to be CiC (Month)	High			13.00	10.00	8.00	8.00	Same
Children & Young People Supported by Advocate (CP)	-				35.00	27.00	24.00	
CiC 4+ Months with Permanence Plan Completed	High			90.00	95.44	95.25	92.72	Worsening
CiC at Month End	Low			420.00	494.00	494.00	511.00	Worsening
CiC Rate at Month End	Low	66.00	67.00	68.00	73.57	73.57	76.10	Worsening
LT Fostering Plan & Permanence Achieved (Excl. UC)	High				58.97	58.05	58.72	Improving
LT Fostering Plan & Permanence Achieved (Month End)	High				54.41	53.99	55.17	Improving
Placed with Parents	-				19.00	20.00	23.00	
UC at Month End	-			65.00	50.00	53.00	57.00	
UC Share of CiC	-	6.86	8.00		10.12	10.73	11.15	

Corporate Parenting Board Performance Report

September 2026

Appendix B

This appendix summarises six months of Corporate Parenting KPIs, including targets, 'Good+' benchmarks and England averages to enable robust comparison. It also captures each indicator's latest direction of travel and provides totals for trend categories and RAG ratings to give a concise performance overview.

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
3+ Moves in Last 12 Months (Month-End)	Low	12.14	10.00	10.00	12.96	12.55	12.72	Worsening
CiC (40 WD in Care) with Valid Passport at Last Review	High				41.97	45.43	42.86	
CiC 12m+ Average SDQ Score (Age 4–16)	Low	15.80	14.90	14.70	15.82	15.84	15.45	Improving
CiC 12m+ SDQ Completed (Age 4–16)	High	80.14	78.00	75.00	50.33	49.52	48.13	Worsening
CiC 12m+ with Up-to-Date Immunisations	High	87.14	84.00	90.00	89.66	85.75	79.56	Worsening
EET – (CiC & Care Leavers, 16–18; Y12–Y13)	High			72.00	76.23		78.19	Improving
In Foster Home – Percentage	High	55.71	67.00	71.00	69.23	67.61	67.91	Improving
In Private Provision – Percentage	Low	33.43	40.00		42.11	42.51	40.31	Improving
In Private Provision – Percentage (Excl. UC)	Low				36.26	36.28	33.92	Improving
New CiC IHA ≤20 Days (Prev. Month)	High			95.00	16.67	16.00	0.00	Worsening
Over 20 Miles from Home (Excl. UC)	Low			35.00	40.09	40.82	38.11	Improving
Valid Passport at Last Review (Excl. UASC)	High				46.54	50.94	48.67	

Corporate Parenting Board Performance Report

September 2026

Appendix C

This appendix summarises six months of Corporate Parenting KPIs, including targets, 'Good+' benchmarks and England averages to enable robust comparison. It also captures each indicator's latest direction of travel and provides totals for trend categories and RAG ratings to give a concise performance overview.

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Bed & Breakfast – Number (Active 17–25)	Low			0.00	1.00	2.00	2.00	Same
CiC 12m+ with Annual Health Assessment On Time	High	87.14	90.00	90.00	89.37	85.20	77.35	Worsening
CiC 12m+ with Dental Check ≤12 Months	High	77.29	81.00	85.00	72.41	67.88	60.22	Worsening
CiC with >1 Missing Episode (Any point last 6m) – (Annex A)	Low	5.22	7.11	6.00	6.36	6.60	6.59	Improving
Days: Enter Care → Move-In (Adjusted) (Avg)	Low	406.85	475.48	426.00	322.00	316.00	374.00	Worsening
Days: Placement Order → Match (Avg)	Low	204.46	204.68	121.00	165.00	159.00	167.00	Worsening
EET (16–21) – Percentage (OC3)	High	54.00	54.00				56.73	Worsening
Foster Carers – Month End	High			200.00	191.00	196.00	199.00	Improving
Health Passports Completed – Number (2m Arrears)	-							
Health Passports Due – Number (2m Arrears)	-				5.00			
Living Outside Dorset – Percentage	Low	29.71	44.00	40.00	40.49	40.89	39.53	Improving
Living Outside Dorset – Percentage (Excl. UC)	Low			30.00	36.71	36.96	35.24	Improving
Unregulated Placements (P2/R1/H5 pre-Nov-2023)	Low			10.00				
Unregulated Placements (P2/R1/H5 pre-Nov-2023, Excl. UC)	Low				0.00	0.00	0.00	Same
Unsuitable Accommodation – Number (Active 17–25)	Low			11.00	5.00	6.00	5.00	Improving

Corporate Parenting Board Performance Report

September 2026

Appendix D

This appendix summarises six months of Corporate Parenting KPIs, including targets, 'Good+' benchmarks and England averages to enable robust comparison. It also captures each indicator's latest direction of travel and provides totals for trend categories and RAG ratings to give a concise performance overview.

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Achieved Permanence – Adoption (Rolling 6m)	High	9.14	9.00	12.00	7.00	5.00	3.00	Worsening
Achieved Permanence – SGO (Rolling 6m)	High	10.00	12.00	12.00	11.00	9.00	9.00	Same
Adopted (Last 12m)	High				12.00	13.00	11.00	Worsening
Adoptive Families Approved (ADM)	High				4.00	1.00	1.00	Same
Adoptive Families in Assessment	High				15.00	18.00	18.00	Same
CiC in Mainstream In-House Placements – Number	High				127.00	126.00	132.00	Improving
CiC with ≥1 Missing Episode in last 12m – (Annex A)	Low	8.86	11.00	10.00	10.00	10.00	11.00	Worsening
Connected Carers – Number	High				76.00	80.00	82.00	Improving
EET – Percentage (Active 19–21)	High			60.00	66.00	68.00	68.00	Same
Foster Carer Visits Up to Date (Excl. FTA) – %	High			85.00	84.13	78.87	87.18	Improving
In Touch – Active (19–21)	High			93.00	94.00	93.00	95.00	Improving
Mainstream Carers – Number	High			138.00	112.00	112.00	112.00	Same
NEET – % (CiC & Care Leavers, 16–18; Y12–Y13)	Low			28.00	23.77		21.81	Improving
Pathway Plan Up-to-Date – (Active 17–25)	High			95.00	91.95	88.82	88.99	Improving
PEP Within 20 Days of Entering Care – %	High			100.00	100.00			
Placement Order Revocations (Last 12m) - Number	Low				4.00	4.00	4.00	Same
Suitable Accommodation – (19–21)	High			96.00	98.00	98.00	98.00	Same
Termly PEP Completed on Time – %	High			96.00	94.00			

Corporate Parenting Board Performance Report

September 2026

Appendix E

This appendix summarises six months of Corporate Parenting KPIs, including targets, 'Good+' benchmarks and England averages to enable robust comparison. It also captures each indicator's latest direction of travel and provides totals for trend categories and RAG ratings to give a concise performance overview.

Indicator	Good Is	Good + SN	Eng. Avg	Target	Jul 26	Aug 26	Sep 26	D.O.T
Applicants in Assessment – Connected Person	High							
Applicants in Assessment – Mainstream	High							
Average Attendance – AYTD – % (School-Aged CiC)	High			95.00	86.56		90.62	Improving
CiC in Connected In-House Placements – Number	-				83.00	81.00	81.00	
CiC with EHCP – %	-				34.48		34.04	
Fostering Utilisation – Mainstream	High			1.30	1.08	1.05	1.08	Improving
Households Deregistered/Resigned – Connected Carers	Low				2.00	1.00	2.00	Worsening
Households Deregistered/Resigned – Foster to Adopt	Low				0.00	0.00	0.00	Same
Households Deregistered/Resigned – Mainstream	Low			1.00	0.00	0.00	1.00	Worsening
Households Deregistered/Resigned – Temporary	Low				0.00	0.00	0.00	Same
IRO Escalations – Closed – Number	-				24.00	24.00	41.00	
IRO Escalations – Formal – Number	High				24.00	19.00	17.00	Worsening
IRO Escalations – Informal – Number	High				8.00	11.00	14.00	Improving
New Households Recruited – Connected Person	High				0.00	0.00	0.00	Same
New Households Recruited – Foster to Adopt	High				1.00	0.00	1.00	Improving
New Households Recruited – Mainstream	High			2.00	0.00	0.00	1.00	Improving
New Households Recruited – Temporary	High				4.00	5.00	4.00	Worsening
Suspended ≥1 (AYTD) – % (School-Aged CiC)	Low				11.67		1.19	Improving

This page is intentionally left blank

Corporate Parenting Board
26 November 2026
IRO Annual Report
For Review and Consultation

Cabinet Member:
Cllr C Sutton, Children, Families & Education

Local Councillor(s):

Senior Leadership Team:
P Dempsey - Executive Director, Children's Services

Report author and job title: Toni Colledge, Quality Assurance Service Manager
Email: toni.colledge@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

1. **Executive summary (maximum of 500 words)**
2. 1.1 This annual report provides evidence relating to the Independent Reviewing Officer (IRO) Service in Dorset Council, as set out in the IRO Handbook. It covers the period 1 April 2025 to 31 March 2026.

   The report evidences a service which continues to develop and provides good quality work to support children being well cared for and achieving good outcomes. The report includes key information outlining the work of the service with and for children in care.

   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.

3. **Recommendation(s)**

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

4. Reason for the recommendation(s)

4.1 To ensure that the IRO 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.

4. The report

4.1

5. Alternative options considered

5.1 N/A This is a statutory service

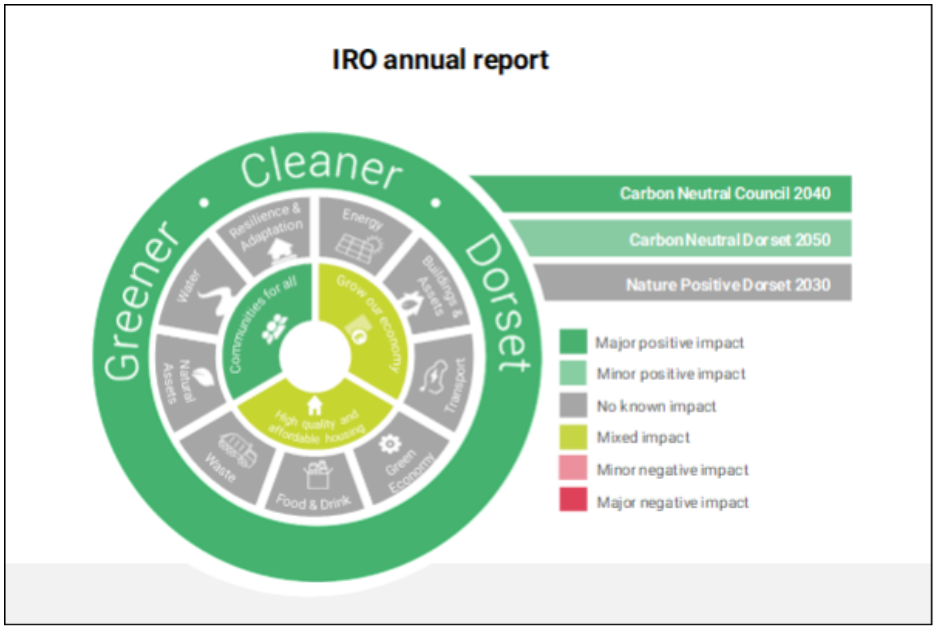
6. Legal considerations

6.1.1 The service fulfils the council's responsibilities set out in Children Act 1989: care planning, placement and case review', and Independent reviewing officers' handbook - GOV.UK

7. Financial implications

7.1 An effective IRO service helps to reduce costs in Children's Services by reducing drift and delay in care planning, promoting early support and reducing escalation of need and higher support costs later in life.

8. Natural environment, climate & ecology implications



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
Grow our economy	neutral
High-quality and affordable housing	neutral
Communities for all	strongly supports it

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	

9. Well-being and health implications

9.1 An effective IRO service contributes to improved health and wellbeing outcomes for children in care, and those who will go on to live in family arrangements or adoption.

10. Other implications

10.1 None identified

11. Risk implications

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

Current Risk: Low

Residual Risk: Low

12. Equalities

12.1 The IRO service key responsibility is to provide independent oversight of care planning by the Local Authority for children in care. One aspect of this is to ensure the child's views are obtained and taken into consideration by the Local Authority, and to uphold the child's rights and best interests.

The requirements for the role of IRO include being an experienced social worker registered with Social Work England. To do this there is a requirement to adhere to professional standards including:

Promoting the rights, strengths and wellbeing of families and communities'

Not to 'Abuse, neglect, discriminate, exploit or harm anyone, or condone this by others'

Report allegations of harm and challenge and report exploitation and any dangerous, abusive or discriminatory behaviour or practice.

This report includes a description of ongoing work by the service to improve practice in relation to hearing the views of care experienced young people in a variety of ways and evidence impact on practice. It describes specific work as part of the Corporate Parenting Delivery Group Plan on supporting young people's identity with reference to protected characteristics, and barriers to equity.

The report draws attention to the importance of diversity within the staff team and that this is an area we seek to improve.

As such I conclude that this service contributes positively to equality.

13. Appendices

13.1 None

14. Background papers

14.1 None

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Cabinet Member(s)

Independent Reviewing Officer (IRO) Annual Report 2025/2026

The contribution of Independent Reviewing Officers to Quality Assuring and Improving Services for Children in Care.

Toni Colledge, Quality Assurance Service Manager
September 2026

Contents

1. **Introduction**
2. **The IRO service for Children in Care in Dorset**
3. **Profile of children and young people in care in Dorset**
4. **Performance Data for the Service 25-26**
5. **The voice of children and young people in Dorset**
6. **Review of areas for development 25-26**
7. **Conclusion and areas for development 26-27**



Artist: Expert by Experience from Youth Voice

1. Introduction

To ensure that our service continues to be effective and ambitious for children in our care, 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 statutory role as set out in the IRO Handbook. The IRO role is a statutory role described in legislation and has responsibility for providing independent monitoring of the Local Authority's care planning for all children in care. They are responsible for ensuring the child's voice is heard and taken into account in planning, and challenging where required to ensure the Local Authority fulfils its duties to children in care. In practice this includes regular Child in Care Review meetings, visiting the child and escalating issues to management where challenge is required. This year we have reverted to the statutory title of Independent Reviewing Officer. This annual report covers the period 1 April 2025 to 31 March 2026.

The report evidences a service which continues to develop and provides good quality work to support children being well cared for and achieving good outcomes. The report includes key information outlining the work of the service with and for children in care and the report includes examples of IRO work with children.

The IROs maintain a collaborative and strengths based approach closely linked to Corporate Parenting Board, the Youth Voice team, and our operational teams. The service strives to model the values and aims of Dorset Council, and the 'Dorset Children Thrive' model.

The IROs relational approach continues as this is most effective in improving the experiences and outcomes for our children in care and is supported through the structures of statutory reviews, recommendations, and informal and formal escalations.

Through a range of quality assurance activities and performance management tools, the service contributes towards effective and timely care planning for Children in Care. This report will provide an overview of 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 of the aims and objectives set out in the last annual report and aims and objectives for the service for the upcoming year.

Dorset Council's Children's Services were inspected by Ofsted in March 2025 and received an 'outstanding' judgement. The work of the IRO service is proud to have contributed to the result that 'The experiences and progress of children in care' was judged as 'outstanding'. Specifically, it was noted that:

'Children are encouraged to attend their review meetings, and often do so, or they are supported by advocates or an independent visitor to provide their views. This involvement ensures that children are active participants in the care planning process'

The report also noted the role of IROs for children living in unregistered children's homes *'ensur(ing) that children living in such homes are helped to be protected'.*

Further verbal feedback from inspectors during the inspection commended the role of the IRO service in supporting permanence planning, including the introduction of IRO progress checks and escalation tracking meetings.

2. The IRO service for Children in Care in Dorset

The IRO service is now made up of 10 IROs, 5 full time and 5 part time. There is a mix of genders and a range of background experience including Child Protection, Adoption, Fostering, Permanence Teams, Probation, CAFCASS, and including 'frontline' management. IROs have also developed areas of specialist interest such as children with disabilities and asylum-seeking young people. The team is not split into specialisms, which maintains versatility, broad knowledge and experience across the whole team. The diversity in the team is currently low, although white European ethnicities and different sexualities and gender are represented in the team.

The team has experienced some changes towards the end of the year with several long standing members of the team retiring, and recruitment to those posts underway. The Service Manager has remained in post since May 2023.

Caseloads for IROs are between 60-70 (increase since last year) and 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 for consistency and understanding of the whole family picture and history, as well as having less professionals for a family to have to link with. If a child comes back into care we endeavour to assign the same IRO again for consistency, reflection and learning. If a young person requests a different IRO, we are happy to respect their wishes.

IROs in Dorset have access to independent legal advice through a reciprocal arrangement with a neighbouring Local Authority and this has continued to be used this year.

Working with other teams

Dorset has a locality-based model for most Children in Care until long term care becomes the plan, at which point they transfer to the Permanence Service. There are two specialist services for children in care – Birth to Settled Adulthood for children with disabilities and the Unaccompanied Asylum Seekers Service. Escalation tracking meetings between the IRO Service Manager and Locality Service Managers maintains relationships and working together between the different parts of the service. The IRO Service Manager has delivered training to other teams this year to improve understanding of the IRO role and the Local Authority's duties in relation to the role.

IROs regularly attend Permanence Planning Meetings, Stability Meetings, Extra Familial Harm, (contextual safeguarding) meetings and other decision-making forums for their children.

Quality Assurance role

The team sits within the Quality Assurance and Partnerships service, under a Quality Assurance Service Manager and the team complete monthly audits across a range of practice areas as well as thematic and dip audits. This year included the practice leading up to children coming into care and supporting identity for children in care.

Quality Assurance work is also completed monthly by the Service Manager, including additional thematic audits, quarterly escalation reports and contributions to our 'Good and Better Board', which celebrates good practice.

IROs complete monitoring forms at each review which identifies quantitative data around 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 senior management oversight, addressing drift and delay, and overall performance management.

The Quality Assurance and Partnership Service, which the IRO service is part of, includes a focus on 'closing the loop' in terms of learning from audits and feedback. It is achieved in collaboration with the Principal Social Worker, Practice Leads, colleagues in Practice, Policy and Procedures and Workforce Development who sit within the partnership.

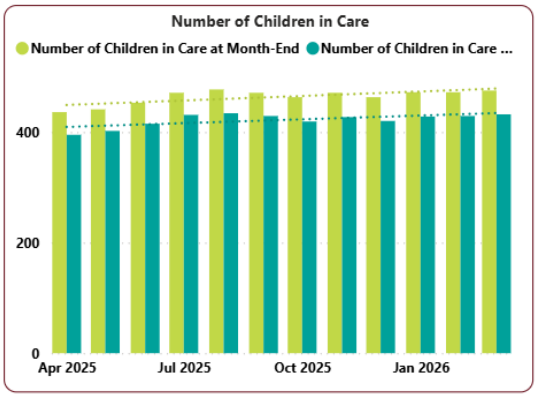
Supervision and training

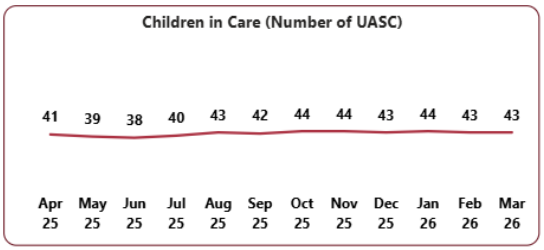
Supervision for IROs takes place regularly and covers personal, performance and practice issues. In person team meetings are held monthly with guests/visitors from partner teams and agencies to develop stronger relationships and up to date knowledge about development in other service areas. An annual Team Development Day was been held in July 2025, focussed on team building and service development plans.

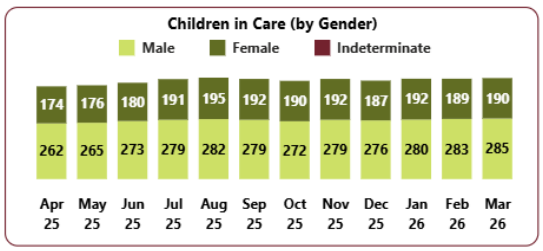
Training for IROs is available through the council training programme and IROs have been provided with a range of training opportunities throughout the year.

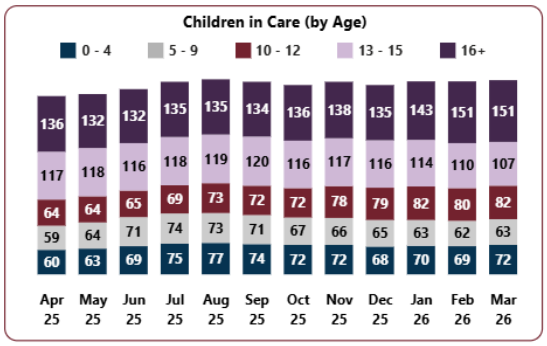
Regional and National links have been maintained and strengthened, and the IRO CPD event in October 2025 was well attended by Dorset IROs. The Dorset IRO Service Manager led a workshop sharing the voices of care experienced young people from Dorset.

3. Profile of children in care in Dorset









The table above shows the overall numbers of children in care has increased significantly, by 37, over the period of this report. This is excluding Unaccompanied Asylum Seeking Children who have increased by 2.

A detailed thematic audit was completed by the IRO Service Manager in 2025 with recommendations for Operational Managers to consider. Themes identified were the need to ensure children with a care history were allocated to suitably experienced workers and the risk of coming back into care recognised at the start of that work. It was also noted that Family Group Conferences could be better used at an early stage, and that there should be a focus on using the Line of Sight framework consistently to ensure rigorous oversight of children coming into care.

4. Performance data for the service:

Number and Timeliness of Reviews, Recommendations and Minutes.

IROs in Dorset write their minutes in the form of a letter to the child or young person.

The total number of reviews completed this year is 1,348, an increase explained by the increase in the number of children in care. Overall, the number of reviews completed in timescales is 93% almost the same as last year. This has been consistent with every month this year being over 89% and 5 months at 95% or more. Some of the lateness shown on the performance charts 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 illness or emergencies.

It is positive to see that the number of recommendations distributed within 5 days has been maintained this year. The small percentage that are not can be due to 'split reviews' (where two separate meetings may be required for separated parents or birth family and prospective adoptive family), reviews that take place as a 'series of meetings' or staff sickness and absence.

It is also positive to see the number of minutes completed in 20 days has improved from 45 – 67%. It is hoped that this will improve again next year. High caseloads and extensive out of area travel are the main reasons for delayed write ups. As the recommendations are sent out within 5 days this does not impact on actions being progressed.

IRO progress checks (also known as md-way reviews) are often completed between reviews to ensure progress is being made, recommendations are being followed and identify if further actions are needed.

Annual figures

Task	Total number	Percentage	Comparison to 24-25
Child in care reviews that took place	1348		+97
Child in care reviews that took place within timescales (not including overdue reviews)	1260	93%	-1%
Child in care reviews with completed recommendations	1347	99.9%	same
Child in care reviews with completed recommendations within 5 working days	1218	90%	-1%
Child in care reviews with full review minutes completed	1342	99.5%	+8%
Child in care reviews with full minutes completed within 20 working days.	912	67%	+22%

Participation and advocacy

Participation levels for reviews remain consistently high with a year total of 92%, 9 months were 90% or higher and a lowest month of 85% (10 children). Reasons why children had not participated are illness, disability and personal choice.

'Mind of My Own' is also now the default way the team formally seek young people's views prior to their review, alongside seeing them and talking to them.

A feedback form is sent out after each review which provides feedback on the meeting itself, asking attendees their views on the number of people attending, was it the right people, how well they understood what was said, and were the right things discussed. We have begun to receive feedback from young people, family, foster carers and professionals, which will help us continue to improve.

We have received 15 feedback forms this year which has been mostly positive and has helped individual IROs understand how to individualise reviews and has on one occasion helped us to identify when a parent could participate more. 3 have been received from children or young people; 7 from family members; 2 from foster carers; 2 from professionals. One young person fed back 'I thought the review was brilliant'.

Children are encouraged to participate in a way that feels comfortable for them. This could be sharing their views, wishes and feelings 1:1 with their IRO, the use of an advocate to represent their views, attending their review and joining the discussion or in some cases, chairing their own review.

Use of Advocates for Children in Care was 203 individual children, and 55% of all referrals for advocacy were for Child in Care Reviews. Children and young people often tell us they would prefer an existing trusted adult (for example foster carer) to speak on their behalf or to speak for themselves so not all children will need or want an advocate. A workshop to support closer collaboration between Independent Advocates and IROs was held this year and was well attended. An action plan was produced for working together more effectively. The Service Manager is part of the contract monitoring group for advocacy and meets monthly with the NYAS manager to improve how advocacy works for children in care in Dorset.

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

IRO contact and relationships with children and young people

IRO contacts on 31st March 2026	
All Children in Care	476
Percentage of all Children in Care who have had an IRO contact in the last 6 months	93%
Those in placements where a contact is expected to take place	468
Percentage of those above, who have had an IRO contact in the last 6 months	95%

For the first half of the year (April 25 – September 25) 97% of children expected to have contact with their IRO over the previous 6 months did so. These figures have improved from last year despite the number of children in care increasing. This indicates a consistent picture, and positive relationships between the IRO and their children is something the team are rightly proud of.

IRO contact is tailored to the young person's needs wishes and feelings. Young people who are more vulnerable or who have a particularly strong relationship with their IRO having more. Between September 2025 and March 2026 78% of children had more than one contact with their IRO (higher than last year) and 35 of these children had 5 or more contacts with their IRO (also higher than last year)

'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. This can include taking them for a milkshake or hot chocolate or doing an activity/playing a game.

Circumstances where a contact 'is not expected to take place' includes children 'placed for adoption' or children in a hospital setting. However, IROs in Dorset usually maintain contact with those children where appropriate. A very small number children do not wish to have contact with their IRO, the reason for this is usually that don't want to be reminded they are in care or meet additional professionals. In these cases, the IRO would send their 'one page profile' and contact details for the young person to have should they change their mind.

Dispute resolution (escalations)

Dispute resolution continues to be achieved with a variety of approaches and tools which IROs can draw from according to the situation. Issues are raised in conversation, at meetings, set out in formal recommendations at reviews, and IRO progress checks. If these do not achieve the outcome required for the child then they can use 'pre-escalations', informal escalations, formal escalations of

varying levels, and/or escalation resolution meetings. The ethos is one of high support, high challenge and the expectation on the IRO is to approach issues with respectful and strengths-based communication, looking for solutions and with a focus on the outcome for the child. They should be a safety net and tool for learning and improvement, not a criticism of individuals, teams or practice.

The Service Manager has produced quarterly reports to share and analyse the escalation data and make improvements to the process. These are shared with operational managers in our Quality of Practice Action Group and demonstrate a developing and effective approach.

Pre-escalations:

The pre-escalation tool has continued to be used well this year, as a way of capturing the informal challenge that IROs provide on a day to day basis before raising more formal escalations with managers. The overall number has increased by 36 this year.

Pre-escalation type	Number of Children	Number of Notes
QARO Pre-escalation: Care/Pathway Plan missing or out of date	57	73
QARO Pre-escalation: Child's journey not reflected on the file	63	72
QARO Pre-escalation: Child's voice not being heard	13	14
QARO Pre-escalation: Education (incl. SEND)	1	1
QARO Pre-escalation: Family contact	10	10
QARO Pre-escalation: Health	11	13
QARO Pre-escalation: Permanence/transitions	60	76
Total	**152**	**259**

This report shows that the IROs have continued to focus on ensuring care plans and pathway plans are up to date, and that there is good planning for young people turning 18. Others focus on Permanence Plans being completed and updated, and plans being progressed to achieve long term matching with foster carers.

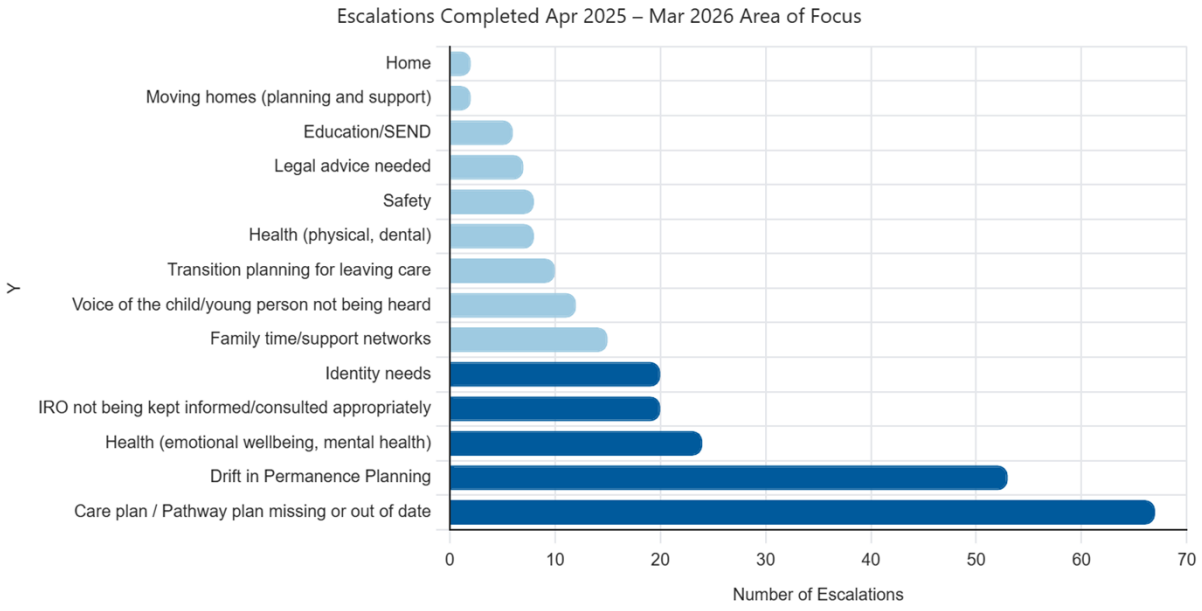
The 'child's journey not reflected on the file' category refers to missing documents, 'chronology of significant events' not being updated and delays in recording visits. Care experienced people have told us how much they dislike having to repeat their story to new workers and how important it is that they can look back at their records and understand what happened and why. Keeping their records up to date and accurate is not only important for safety and sound decision making, but also respectful too.

Informal and Formal escalations resolved.

Informal Escalation	Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Totals
99 (+20)	79 (+27)	44 (+18)	9 (+1)	3 (+2)	0 (same)	**234 (+54)**

In the year 2025 – 2026 there has been a 40% increase in resolved escalations. Increases have occurred in all stages.

Consistent with last year, most escalations were resolved 'informally' with the Social Worker or Team Manager, and all were resolved before reaching Stage 5. No referrals needed to be made to CAFCASS 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, but also that IROs are confident and willing to escalate higher if required.



Nearly half (47.2%) of all escalations completed between April 2025 and March 2026 have included either missing care plans or pathway plans or drift in permanence planning, highlighting these as the predominant areas of concern identified through the escalation process.

As a response to this a 'quick reference guide' to Permanence Planning has been written by the IRO Service Manager and Permanence Service Manager, to help improve the quality of permanence planning meetings, Permanence Planning training was delivered in Oct 25 and will further work is planned for next year, including changes to assessments and planning templates to increase practitioners focus on this area of children's needs.

There has also been a significant increase in escalations about Identity, Emotional/Mental Health, and Family Time. There are plans to address these issues noted in the section below 'current resources issues impacting on outcomes for children in care'.

Escalation tracking meetings

Escalation tracking meetings, with a structured monthly tracker, are held monthly with Service Managers for all service areas (Locality Teams, Permanence, B2SA, and Asylum Seekers Team). These meetings maintain management oversight of complex or difficult to resolve escalations and supports timely resolution of issues for children and families.

The average completion time this year was 71 days, with a median completion time of 53 days. The higher mean average reflects a small number of escalations with significantly longer timescales, which increased the overall average. This is similar times to last year, showing the team are doing more escalations without compromising timescales.

Recognition of good practice:

To reflect the commitment of this service to strengths-based practice and high challenge high support, we also use a 'recognition of good practice' note which is added to the child's record to shine a light on good practice.

There have been 52 notes to recognise good practice this year, covering issues such as relationship-based practice, good quality assessment, and child focussed recording on the file.

Thematic audits and broader Quality Assurance work

Themes and thematic audits completed by the IRO team and Service Manager help to identify where practice can be strengthened with Children in Care. The focus of these comes from a variety of sources including themes noticed in the day to day IRO work; those raised by the Youth Voice Network; requests linked to the Corporate Parenting Board Delivery Plan; themes identified by Senior Managers; and themes identified during inspection work/auditing.

The 'Safe and Settled Care' learning event was held this year in October 25 and was organised and co-ordinated by the IRO Service Manger to 'close the loop' by providing training to practitioners that had been identified as needed through the previous year's audits.

Workshops covered 'Respecting Me, My Journey and My Individuality', 'Planning Well so I feel settled for the Future' and Working Well with My Parents and Wider Family'.

It was a success, and 60 practitioners attended from 9 different teams. Positive feedback included:

- I feel I have learned so much from today and will incorporate this into my practice
- Thought-provoking discussions
- Has made me think about how I will do things differently
- Opportunity to hear from and talk to people in different roles
- It was a fantastic training event!

As part of the Identity Pillar work for Corporate Parenting Board the Identity training has been delivered to several more teams since the initial date. It was also delivered as part of the IRO Regional Conference in September 25, showcasing Dorset's practice across the region and giving a platform to the voice of care experienced young people across the southwest.

The Safe and Settled Care Learning Event is now a regular event. This year's will be held in November 26. Workshops will be on the topics of 'Learning from Complaints from Children in Care', 'Savings, Pocket Money and Decision Making', 'Using Language that Cares in Records'. It is hoped that attendance will increase and we have been working on promotional strategies to achieve this.

Current resources issues impacting on outcomes for children in care

The national shortages of suitable foster families and good quality care provision continue to be a challenge in Dorset. It makes matching more difficult and can result in more frequent moves for children. Valuing Care (Project) was launched this year and supports Dorset's sufficiency arrangements by improving the quality of children's profiles, matching with foster carer profiles, strengthening provider engagement and enabling earlier discussions around matching, home finding and permanence planning. While formal impact analysis is still underway, Valuing Care is becoming increasingly embedded within practice and is helping to identify opportunities that improve outcomes for children and young people.

A Reunification Strategy is being progressed next year, which will also support children to return home where it is safe to do so, enabling family networks and releasing resources for the children who need to remain in care.

IROs have highlighted inconsistencies with Family Time for children over the year and are pleased to note that plans for a review of the who system around family time, and Dorset taking part in the Enduring Relationships Programme in 26/27, which will strengthen this area of practice.

Young People from the Youth Voice Network have raised the need for better mental health services for children in care. Further to improvements with the CAMHS transformation programme, Dorset Council have provided funding for our health colleagues to employ a Systemic Family Therapist, 1.6 WTE Emotional Health and Wellbeing Practitioners and the existing psychology support is now funded along with clinical lead time that also supports the Harbour Psychotherapists.

5. Young People's experience/voice

The 'Your life beyond care' Bright Spots Survey will be completed in June and July 2026 and we look forward to the results.

The IRO Service Manager regularly attends Network meetings and Informal Corporate Parenting Board, to hear what is important to young people who are experts by experience. Examples throughout this report show how young people's voice continues to influence and shape what we do. We will continue to be ambitious about working with and being directed by young people with lived experience as they understand best what the issues are and how they can be improved.

IROs have been the most frequent users of 'Mind of My Own', role modelling how it can be used to enable young people to give their views in everyday practice.

The identity work co-ordinated by the IRO service manager was recently presented to Informal Corporate Parenting Board and plans to continue this for 26-27 are underway.

Young People's feedback on their need for greater choice and control in their lives, the importance of clear and respectful records and for better understanding of their life stories will be the focus for next year. A specific piece of work on improving the framework for decision-making for day to day issues for children in care will be completed and will be reported on in next year's report, as well as actions to improve life story work and good record keeping.

5. Review of areas for development identified in the 2024-25 Annual Report:

1. **Improving the timeliness of Child in Care Review Meeting minutes.**
   We will utilise new technology to improve the timeliness of minutes, as well as performance management approaches.

   We have seen a 22% increase in minutes timeliness to 67% within 20 days. This will continue to be focus for next year.

2. **Continue to challenge where there is drift and delay in Permanence Planning, including planning for young people turning 18.**
   Continue to use recommendations, IRO progress checks and escalations to address drift and delays.

   The escalation summary in the report shows a clear and determined focus on this area, with 120 issues escalated, accounting for almost half of all escalations.

3. **Increased focus on the child's voice and being guided by what matters to young people in care and care leavers.**
   Close working with the Youth Voice Network, Corum Voice survey and 'Ask Me What Matters' to ensure we are asking, addressing and escalating what matters to young people.

   The team have continued to work closely alongside Senior Managers, the Youth Voice Team and NYAS Advocacy Service to platform young people's voice and ensure the issues raised by them are addressed and inform the direction of practice. Participation in reviews is consistently high and escalations in respect of the child's voice not being heard are also reflected in this report. The Safe and Settled Care Learning Event training event is a platform to influence practice using care experienced young people's direct feedback.

4. **Continuing and improving the Safe and Settled Care Learning Event to learn from audit findings.**

   This has been achieved as described above with the successful completion of further audits and training events.

5. **Improve practice around supporting the identities of children and young people in care.**
   As described in this report, this has been achieved with the training workshops, improved access to the resources, launch of the Gender Identity Toolkit through the Dorset Safeguarding Partnership, and ongoing work on increasing diversity in the foster carer network.

This report demonstrates a service that remains child-centred, effective and ambitious for Dorset's children in care.

The inspection outcome, strong participation levels, improved performance measures and evidence of effective challenge through the escalation process provide assurance that the IRO Service continues to fulfil its statutory responsibilities while promoting positive change for children and young people.

As we move into 2026-27, our focus will remain on reducing drift and delay, strengthening permanence planning, improving timeliness and ensuring that all children experience care planning that is purposeful, responsive and shaped by what matters most to them.

1. **Continuing to improve the timeliness of Child in Care Review Meeting minutes.**
   Continue to improve the timeliness of minutes, as well as performance management approaches.

2. **Utilising the increased escalation data to support strategic changes**
   This will be achieved through strengthened quarterly meetings, and feedback direct to the Permanence Service Manager, Heads of Service and Corporate Director.

3. **A stronger IRO assurance of court care plans, and all significant decisions for children in care**.
   This will be achieved through improved collaboration between the IRO service and operational teams, legal services and CAFCASS

4. **More ambitious focus on the child's voice and being guided by what matters to young people in care and care leavers.**
   Close working with the Youth Voice Network, and 'Ask Me What Matters' to ensure we are asking, addressing and escalating what matters to young people.

5. **Continuing and improving the Safe and Settled Care Learning Event to learn from audit findings.**
   We will deliver more training workshops, in line with young people's and corporate priorities, based on care experienced young people's authentic voices.

This page is intentionally left blank

IRO Annual Report 2025-26: Summary for Young People

The Independent Reviewing Officers (IROs) are people who help make sure that children in care are listened to, have good plans, and get the support they need. They chair your reviews, hear your views, and challenge services when things are not happening as they should.

What went well this year?

✅ **Dorset Children's Services were rated "Outstanding" by Ofsted**, including services for children in care. Inspectors recognised that children are encouraged to take part in their reviews and have their voices heard.

✅ **More children took part in their reviews.** Around **92% of reviews included young people's participation**, showing that most children and young people were involved in decisions about their lives.

✅ **IROs stayed in touch with children.** By March 2026, **95% of children who were expected to have contact with their IRO had been contacted within the previous six months.** Many had contact more than once.

✅ **Reviews happened on time.** The IRO service completed **1,348 reviews**, with **93% held within timescales**.

What have young people told us?

Young people have told Dorset Council that they want:

- Better support for their **mental health and emotional wellbeing**.
- More **choice and control** in decisions about their lives.
- Clear, respectful records about their lives and experiences.
- Better understanding of their life stories and journeys.
- The IRO team has continued to work closely with the **Youth Voice Network** and use **Mind of My Own** to help young people share their views.

What still needs to improve?

The main concerns raised by IROs this year were:

- Delays in planning for children's long-term futures (permanence planning).
- Missing or out-of-date care plans.
- Making sure children's records are complete and accurate.
- Issues around identity, emotional health and family time
- IROs challenged services about these issues through recommendations and escalations, helping to make sure action was taken for children and young people.

What will happen next?

During 2026-27, the IRO service will focus on:

- Listening even more to what young people say matters.
- Improving planning for children's futures and transitions into adulthood.
- Improving the time it takes to write up minutes from reviews
- Making sure important decisions are checked and challenged when needed.
- Providing training based on the experiences and feedback of care-experienced young people.

A final message

This report shows that children and young people in Dorset are having their voices heard and are influencing change. The IRO service is proud of the positive feedback from young people and remains committed to making sure every child in care is listened to, supported, and helped to achieve the best possible future.

Corporate Parenting Board

26 November 2026

Annual Report of Children's Advocacy and Independent Visitor Service

For Review and Consultation

Cabinet Member:
Cllr C Sutton, Children, Families & Education

Local Councillor(s): N/A county wide service

Senior Leadership Team:
P Dempsey - Executive Director, Children's Services

Report author and job title:
Rob Elkins, Service Manager (NYAS)
Sara Mullen, Senior Advocate (NYAS)
Emma Collings, Independent Visitor Coordinator (NYAS)
Tina Ironside, Strategic Commissioner (Dorset Council)

Email:
rob.elkins@nyas.net
sara.mullen@nyas.net
emma.collings@nyas.net
tina.ironside@dorsetcouncil.gov.uk

Statutory Authority:

Advocacy

Corporate Parenting Duties: Under Section 22 of the Children Act 1989, local authorities must safeguard and promote the welfare of looked-after children. Advocacy is a key mechanism to uphold children's rights and ensure their voices are heard in decisions affecting them.

Section 26A requires local authorities to make arrangements for the provision of advocacy services for children and young people who wish to make or have made a complaint under the Children Act 1989.

Independent Visitors

Local authorities have a statutory duty to consider appointing Independent Visitors for children in care under Section 23ZB of the Children Act 1989, as amended by the Children and Young Persons Act 2008.

Report status: Public (the exemption paragraph is N/A)

1. Executive summary

1.1 This report has been jointly prepared by the National Youth Advocacy Service (NYAS), commissioned by Dorset Council to deliver advocacy and Independent Visitor (IV) services, and the Council's All-Age Commissioning Service.

1.2 It reflects delivery and performance during the second full year of the contract (1 April 2025 to 31 March 2026). The services support children in care, care leavers, and other children in need, ensuring their voices are heard in decisions that affect their lives and that they have access to consistent, trusted relationships.

1.3 The report demonstrates strong demand for both advocacy and Independent Visitor services during 2025/26. It shows positive outcomes for children and young people, and growing evidence of the impact that independent relationships and rights-based support have on children's lives. It also highlights increasing demand, particularly within the Independent Visitor service, where demand now exceeds current commissioned capacity.

1.4 The report sets out:

- service developments
- performance data
- the views of children and young people
- progress made against challenges identified in the 2024/25 report
- priorities for the year ahead

2. Recommendation(s)

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

3. Reason for the recommendation(s)

3.1 The rights of children in care to be heard in decisions about their lives are fundamental. These rights are enshrined in the United Nations Convention on the Rights of the Child (UNCRC, Article 12), which states that every child has the right to express their views freely in all matters affecting them, and for those views to be given due weight. They are also embedded in the Children Act 1989, which requires local authorities to ascertain the wishes and feelings of children before decisions are made about their care.

3.2 Advocacy provides a mechanism to ensure these rights are realised in practice. Where children find it difficult to express their wishes or feelings, or where their views conflict with those of the care provider, an advocate offers independent support. Advocates can help children to prepare for and participate in meetings, to raise concerns, or to make a complaint when they feel their voice has not been heard. Importantly, advocates work to the child's agenda, ensuring the child's perspective is central to decision-making processes.

3.3 The appointment of an Independent Visitor (IV) is a further statutory duty. Local authorities must consider the appointment of an IV where it is judged to be in the child's best interests, and this should form part of care planning and be reviewed regularly. IVs provide children with consistent, trusted relationships with adults who are independent of their corporate parent and professional network. The role is not task-focused; rather, it is relational. For many children, the IV may be the only person in their life who is there by choice, not by professional obligation.

3.4 Both advocacy and IV provision are more than compliance with statutory duties; they are expressions of good corporate parenting. They provide children and young people with trusted adults who listen, amplify their voices, and ensure their rights are upheld. Dorset's commissioning of dedicated advocacy and IV services reflects its commitment to embedding these duties within a child-centred framework of practice.

The report

4. Background

4.1 Dorset Council commissions the National Youth Advocacy Service (NYAS) to deliver the Advocacy and Independent Visitor (IV) service. Alongside providing advocacy for children in care and care leavers when issues arise (issue-based advocacy), NYAS also provides advocacy for children who are subject to child protection processes. This report focuses on issue-based advocacy for children in care and care leavers.

4.2 Whilst the contract runs from August to 31 July each year, reporting has been aligned with financial years. Therefore, this report covers performance in year 2 from 1 April 2025 to 31 March 2026.

4.3 Throughout the year, both Advocacy and IV services experienced sustained demand and increasing complexity. This report therefore focuses not only on activity and performance, but also on children's experiences, outcomes and

the strategic contribution these services make to Dorset Council's Corporate Parenting responsibilities.

4.4 Advocacy ensures that the views, wishes and needs of children and young people are represented to professionals making decisions about their lives. It enables them to navigate complex systems, particularly at points of transition. The service provides independent and confidential advice, representation, and support. High-quality advocacy is preventative, addressing issues early so that practical problems do not escalate. Advocates also support children and young people who wish to make a complaint about council services. A further role of NYAS is to help young people build their self-advocacy skills, growing their confidence to speak up for themselves; a lifelong skill that extends beyond their time in care.

4.5 Independent Visitors (IVs) are trained volunteers who befriend children in care, providing consistency and reliability to enable a trusting, positive relationship to develop over time. An IV remains independent of the child's professional network and continues to provide support even when placements or social workers change. Visits usually take place at least once a month, ensuring regular contact. IVs may be allocated to children living in foster care, residential care, residential special schools or supported living arrangements up to the age of 18.

4.6 Where it is in a young person's best interests, and both the IV and young person wish to continue their relationship beyond the age of 18, this is supported and encouraged as a natural evolution. Dorset Council and NYAS work together to maintain this important relationship.

4.7 While children and young people can refer themselves to NYAS, most referrals are made by social workers or Independent Reviewing Officers (IROs) through the NYAS referral portal. As a national organisation, NYAS provides advocacy services across multiple local authorities using this system.

4.8 It is important to recognise that:

- not all children will want or need an advocate
- some may prefer a trusted professional or another adult to represent their views
- some may choose not to engage with an advocate, even if initially consented
- others may only require advocacy for a short period
- many will grow in confidence and develop their own self-advocacy skills

5. Advocacy standards and strategic context

5.1 Dorset's services are benchmarked against the National Advocacy Standards (DfE, 2023). In October 2026, the refreshed National Standards for the Provision of Children's Advocacy Services were published, providing an updated framework for high-quality advocacy practice across England.

5.2 Whilst these standards were published outside the period covered by this report, NYAS welcomes their publication and will use them to inform ongoing quality assurance, service development and workforce development activities during 2026/27. Many of the themes highlighted within the refreshed standards, including participation, rights, accessibility, independence and relationship-based practice, are already reflected within Dorset's advocacy service and will continue to shape future developments.

5.3 NYAS and Dorset Council will review the revised standards and where necessary, update the contract's specification, including the list of situations where advocacy should be proactively offered to children and young people.

5.4 Statutory guidance requires local authorities to:

- act in the best interests of children and young people, promoting their physical and mental health and emotional well-being
- encourage children and young people to express their views, wishes, and feelings
- take those views, wishes, and feelings into account in decision-making

5.5 Children and young people may sometimes express views that professionals feel are not in their "*best interests*" or that conflict with other needs. Local authorities must balance these views with what is reasonably practicable and achievable, just as any good parent would.

5.6 A child's right to be heard and the local authority's best interest duties are not mutually exclusive. Where differences arise, it is essential that the child's views are given due consideration and that a clear, respectful explanation is provided. This underscores the value of high-quality, independent advocacy in supporting children's rights and ensuring transparency.

5.7 The Children's Commissioner's 2023 report, *The State of Children and Young People's Advocacy Services in England*, highlighted national variability in access, independence, and commissioning practice. It recommended stronger entitlements, clearer oversight, and improved data collection. Dorset's approach, commissioning a dedicated provider, embedding youth voice in

service design, and aligning with national standards, reflects these recommendations and demonstrates good practice.

6. Independent Visitor standards and strategic context

6.1 The National Independent Visitor Network (NIVN) Standards (2016), ensuring alignment with best practice and statutory expectations across both service areas.

6.2 The Independent Visitor (IV) service is a statutory entitlement for children and young people who are looked after and have little or no contact with their birth family. The NIVN Standards (2016) set out expectations for quality, consistency, and child-centred practice in IV services.

6.3 IV's provide long-term, stable relationships with trusted adults outside the care system. They support emotional well-being, build confidence, and offer opportunities for fun, connection, and personal growth. The IV role complements advocacy by promoting the child's voice through relational support, not just representation.

6.4 The 2024 NIVN report *A Friend Indeed*, provides the first independent national review of the impact of Independent Visitor services. Drawing on the voices of care-experienced children and young people, it evidences the emotional, developmental, and relational benefits of IV friendships. The report calls for improved access, stronger commissioning, and better outcome tracking. Dorset's structured matching process, youth-led service development, and alignment with national standards reflect many of the report's recommendations and demonstrate good practice.

7. Alignment to our council's priorities

7.1 The advocacy service works with children in care on the issues that are important to them, and this can touch on many different aspects of their lives including the following that align with the Corporate Parenting Strategy 2024–2027:

Priority 1, safety and permanence: living arrangements and ensuring that the child's voice is heard in decision making regarding where they live and any necessary moves

Priority 2, education and employment: their experience and needs in education, as well as their future, plans aspirations, and ensuring that care-experienced young people have a Pathway Plan that meets their needs and is delivered

Priority 4, identity: having the opportunities, abilities and confidence to express their views; not only about their Care but also about who they are and their Identity. We work with children to ensure that the adults in their lives listen and respond to their views, wishes and feelings, including their concerns. We support children to understand their rights and entitlements, including the right to complain through informal or formal Local Government processes

Priority 5, next steps towards adult life: our relationships with children can extend beyond care, with our advocacy service available for young people / young adults up until their 25th birthday

Through our IV service, children and young people build long-term relationships with adults who they meet regularly to have fun and do things together.

Priority 1, safety and permanence: these relationships form part of the important wider support network for children and give them an adult (who is not paid to be there) that they can rely on

Priority 4, identity: children are given choice and control over who they are "matched" with and can give specific criteria for the volunteer that they would like to spend time with. This can include either volunteers with similar interests / hobbies, or volunteers who share some characteristics (e.g. a young boy who wants a male volunteer)

Priority 5, next Steps towards adult life: we continue to support the IV relationship beyond a young person's 18th birthday, if this is something that the young person wants to continue. This is currently being achieved through the IV contract, but we have also started to develop connections with the Council's lifelong links, recognising the value and importance of these long-term relationships

7.2 The Dorset promise is Dorset Council's commitment to care experienced children and young people as their corporate parents. The provision of advocacy and IV services supports the council in meeting these commitments:



8. Part A: Advocacy service overview 2025/26

Advocacy at a glance:

8.1 During 2025/26, Dorset's Advocacy Service continued to ensure that children and young people's voices were heard, their rights were upheld and they were supported to participate in decisions affecting their lives.

8.2 Key achievements during the year included:

- 613 advocacy referrals received
- 3,719 advocacy hours delivered, achieving 103% of the contracted annual target
- 203 individual children and young people received Issue Based Advocacy (IBA) support
- 322 advocacy interventions delivered through closed IBA referrals.
- 85% of closed IBA referrals resulted in advocacy being delivered
- Significant improvements in children's understanding of their rights, confidence to express their views and ability to influence decisions affecting their lives
- Exceptionally high satisfaction levels, with 99% of children aged 11 and under and 97% of children and young people aged 12–25 reporting that they were happy with the support received

8.3 The service experienced strong and sustained demand throughout the year, exceeding its contracted advocacy hours whilst continuing to deliver positive outcomes and high levels of satisfaction for children and young people. Continued referral levels demonstrate ongoing confidence in the service from children, carers and professionals.

About the Advocacy Service

8.4 NYAS delivers two types of statutory independent advocacy on behalf of Dorset Council:

Child Protection Advocacy (CPA)
Supporting children and young people involved in Child Protection processes, including Child Protection Conferences and Review Conferences.

Issue Based Advocacy (IBA)
Supporting children and young people with specific issues affecting their lives, including Care Reviews, education, housing, complaints, safeguarding concerns, transition to adulthood and care leaver entitlements.

8.5 Advocacy remains independent of Dorset Council and exists to ensure children are listened to, understand their rights and can influence the decisions being made about their lives.

Demand for advocacy

8.6 During 2025/26 the service received **613** referrals for advocacy:

- 298 (49%) of these were for children being safeguarded in the Child Protection system (CPA)
- 315 (51%) were supported with issues raised by Children in Care, care leavers and other eligible children and young people (IBA)

8.7 The 315 IBA referrals represented 203 individual children and young people.

- 128 children were referred once during the year
- 75 children were referred on multiple occasions
- 9 children were referred four or more times for separate advocacy matters throughout the year.

8.8 The number of children requiring support on multiple occasions highlights the complexity of many children's circumstances and reinforces the value of advocacy relationships that can support children across several decision-making processes over time.

8.9 The most common reasons for referral were:

- 55% Child in Care reviews
- 5% Child in Need meetings
- 3% Living arrangements
- 3% Local authority complaints
- 3% Housing and homelessness support
- 2% Education-related concerns
- 2% Relationship issues with professionals

8.10 In total, advocates delivered 3,719 advocacy hours during the year, exceeding the annual contractual hours of 3,600 and demonstrating both strong demand and sustained engagement with children and young people.

Who accessed Issue Based Advocacy?

8.11 The demographics of the 203 children and young people using the service in this period were:

Gender
50% were female
45% were male

5% (9 children and young people) identified as non-binary, transgender, gender non-conforming or another gender identity.

Age
The youngest child referred for advocacy was 5 years old and the oldest young person was 24 years old.

3% aged 5–6

25% aged 7–11

33% aged 12–15

29% aged 16–17

10% aged 18–24.

Ethnicity

The majority of children and young people accessing advocacy identified as White British (86%), with additional representation across Black, Asian, Mixed Heritage, Gypsy/Traveller and other ethnic communities.

Disability and Additional Needs

32 children and young people (16%) were identified as having a disability or additional need. The most frequently recorded needs included:

- Autism spectrum disorder

- Communication needs

- Learning disabilities

- Behavioural, emotional and social difficulties

8.12 The profile of children accessing advocacy demonstrates the importance of maintaining accessible and flexible advocacy approaches for children with disabilities, neurodivergence and complex communication needs, including Non-Instructed Advocacy where applicable.

Advocacy for children living outside of Dorset

8.13 Whilst most children referred lived within Dorset, 40 children and young people supported by the service were placed outside of the county. These homes or settings spanned 21 different local authorities, reflecting the increasing complexity of care arrangements and Dorset Council's ongoing commitment to ensuring children can access advocacy wherever they live.

8.14 The list below summarises the number of children and young people living in other local authority areas:

- Bournemouth, Christchurch and Poole Council x **8**
- Somerset County Council x **5**
- Cornwall Council x **4**
- Hampshire County Council x **3**
- Shropshire Council x **3**
- Essex County Council x **2**
- Bedford Borough Council x **1**
- Cambridgeshire County Council x **1**
- Devon County Council x **1**
- Kent County Council x **1**
- Leeds City Council x **1**
- Lincolnshire County Council x **1**
- London Borough of Brent x **1**
- London Borough of Enfield x **1**
- London Borough of Haringey x **1**
- Milton Keynes Council x **1**
- Oxfordshire County Council x **1**
- Southampton City Council x **1**
- West Sussex County Council x **1**
- Wiltshire Council x **1**
- Worcestershire County Council x **1**

Advocacy delivered and closed 2025/26

8.15 Between 1 April 2025 and 31 March 2026 **382 IBA referrals were closed.** This figure includes advocacy cases carried forward from the previous contract year.

8.16 Of the 382 IBA referrals closed, **322 (85%) of these referrals resulted in the delivery of advocacy support.** This reflects strong advocacy delivery rates throughout the year and an improvement across quarterly performance. The IBA advocacy delivery rate increased across the year, from 78.5% (Q1) to 89.2% (Q4).

8.17 This improvement reflects stronger referral management, improved allocation responsiveness and strengthened partnership working.

8.18 When advocacy is not delivered, 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 for these 60 referrals were:

- 17 (28%) children and young people declined the offer of advocacy support
- (15%) NYAS were unable to make contact or gain consent to provide the service
- (17%) advocacy was no longer required due to issues being resolved or changing circumstances

Outcomes for children and young people

8.19 Advocacy continues to deliver measurable improvements in children's understanding of their rights, participation in care planning and confidence to express their wishes and feelings.

8.20 Across both age groups, children reported improvements in:

- understanding their rights
- expressing their views and feelings
- influencing decisions affecting their lives
- communicating with professionals
- satisfaction with the support received

8.21 The Advocacy Outcomes Framework provides one of the clearest indicators of the difference advocacy makes to children's lives, measuring changes in understanding, participation and confidence before and after advocacy involvement.

8.22 Table 1 shows the children and young people who answered 'yes' to the questions before they received support (pre) and when it ended (post). It illustrates a significant shift in understanding, confidence and satisfaction following the support:

Table 1: Children and young people's satisfaction with advocacy

Question	Children aged 11 and under		Children and young people aged 11 to 25 years	
	Yes-Pre	Yes-Post	Yes-Pre	Yes-Post
Do you know what your Rights are?	33% (30/92)	**83%** (69/83)	59% (54/92)	**89%** (82/92)
Did you have opportunities to express your views, wishes and feelings?	58% (52/89)	**100%** (83/83)	66% (61/92)	**94%** (86/92)

During planning, are changes made to your plan because of your views?	31% (21/68)	**67%** (42/63)	58% (53/92)	**84%** (77/92)
Do you tell workers / carers in your life what you think about your care?	65% (56/86)	**89%** (64/72)	55% (51/92)	**88%** (81/92)
Are you happy with the service you have from your NYAS advocate?	n/a	**99%** (82/83)	n/a	**97%** (89/92)

8.23 Collectively, these findings demonstrate that children who access advocacy are better able to understand their rights, participate meaningfully in decision-making and influence the plans that affect their lives. This directly supports Dorset Council's Corporate Parenting priorities around participation, identity, safety and preparation for adulthood.

What children and young people told us

8.24 Below are a sample of quotes from children and young people during 2025-26 (no amendments have been made to how they were worded):

"You are the only one that is listening to me and calls me to help and find out how I am."

"Having an advocate definitely helped to speed up the process of getting me a home."

"I know you have my back."

"I'm really pleased that an issue I raised with my advocate before has now been addressed, and things are much better."

8.25 These comments reflect recurring themes of trust, participation and advocacy helping children navigate challenging situations.

What professionals told us

8.26 Professionals highlighted the positive contribution that advocacy makes to planning, participation and safeguarding:

"You managed to get more out of the children than I did – thank you."

“The child’s report had a powerful impact in letting their voice be heard in the meeting.”

“Advocacy ensured the child remained at the centre of decision making.”

8.27 These comments reinforce the important role advocacy plays in helping professionals understand children's views and ensuring that children's voices remain central to decision making.

Examples of Advocacy and Impact

8.28 When an advocate completes their support, they summarise the impact for individual children and young people. Below are some examples of the impact that were recorded during the year (children’s names have been changed):

Alicia – Securing Housing and Stability

Issue: Alicia was experiencing uncertainty regarding her housing situation and needed support to understand her options and ensure her views were heard during decision-making.

Advocacy actions: Her advocate supported Alicia to understand her rights and entitlements, helped her communicate her wishes to professionals, and worked alongside her throughout discussions regarding her future accommodation.

Outcome/impact: Suitable accommodation was secured and Alicia reported that advocacy had helped progress the process. She felt better informed, more involved in decisions affecting her future, and more confident in expressing her views.

Bobby – Understanding Rights and Care Leaver Entitlements

Issue: Bobby needed support to understand his rights, care status and the support available to him as a care experienced young person.

Advocacy actions: His advocate helped him navigate assessments and decision-making processes, supported him to express his wishes and concerns, and ensured his voice remained central throughout discussions with professionals.

Outcome/impact: Bobby's entitlements were clarified, additional support was secured, and he developed a greater understanding of his rights and available support. He reported increased confidence and improved ability to advocate for himself.

Chris – Strengthening Participation in Care Planning

Issue: Chris wanted greater involvement in decisions being made about their future and support to ensure their views were properly considered within planning processes.

Advocacy actions: Their advocate worked with Chris to identify their wishes and feelings, supported them to prepare for meetings, and ensured their views were represented to professionals responsible for planning their care and support.

• **Outcome/impact:** Chris's views directly informed planning discussions and agreed actions were clearly recorded. They reported feeling listened to, respected and more involved in decisions affecting their life.

Danuta – The Value of Consistent Relationships

Issue: Danuta had experienced multiple changes in professionals and wider circumstances, leaving her feeling unsettled and uncertain about who she could trust.

Advocacy actions: Her advocate provided continuity during a period of change, maintained regular involvement and ensured Danuta's wishes, feelings and experiences remained understood by the professionals involved in her life.

Outcome/impact: Danuta described her advocate as a trusted adult who remained consistently involved when other relationships changed. Advocacy helped her maintain confidence in expressing her views and ensured her voice continued to be heard during important decisions.

Key rights themes emerging during 2025/26:

The right to be heard and influence decisions

8.29 The most common reason for referral continued to be support around Child in Care Reviews and other statutory planning processes. Throughout the year, advocacy enabled children and young people to understand the decisions being made about their lives, express their wishes and feelings, and influence planning processes.

8.30 Outcome data demonstrated significant improvements in children's confidence to express their views and their belief that their views influenced decisions affecting them. This reflects children's rights under Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), which states

that children have the right to express their views and have those views given due weight in matters affecting them

The right to information and understanding

8.31 Many children and young people sought advocacy support when they were unsure about decisions, processes or their rights and entitlements. Advocacy helped children better understand care planning, safeguarding processes, complaints procedures, education arrangements, housing options and care leaver entitlements.

8.32 Outcome data demonstrated substantial improvements in children's understanding of their rights following advocacy involvement, strengthening their ability to participate effectively in decisions about their lives.

The right to stability, relationships and support

8.33 Children consistently highlighted the value of having a trusted adult who listened, stood alongside them and helped navigate periods of uncertainty or change. Whilst advocacy is often focused on specific issues, the importance of consistent, relationship-based support was evident throughout the year.

8.34 This was particularly evident for children experiencing changes to where they are living, transitions to adulthood, complaints processes and complex safeguarding situations, where advocacy helped ensure their rights and wishes remained central despite changing circumstances.

The right to help when things are not working

8.35 Advocacy continued to play an important role in helping children and young people raise concerns, challenge decisions and access complaints processes where appropriate. Throughout the year, young people were supported with issues relating to housing, planning, education, safeguarding and care leaver entitlements.

8.36 This demonstrates the importance of maintaining accessible, independent advocacy services that enable children to exercise their rights, challenge decisions and seek redress when needed.

8.37 Taken together, the performance data, outcomes framework, feedback and case studies demonstrate that advocacy continues to make a meaningful difference to the lives of Dorset's children and young people. Advocacy is helping children understand their rights, participate in decisions affecting their lives, challenge decisions when required and access support during periods of change or uncertainty. The service continues to make an important contribution to Dorset Council's Corporate Parenting responsibilities and commitment to the Dorset Promise.

9. Part B: Independent Visitor Service Overview 2025/26

Independent Visitors at a glance

9.1 The Independent Visitor (IV) service provides children and young people in care with the opportunity to develop long-term, trusted relationships with adults who are independent of the care system.

9.2 During 2025/26:

- 34 children and young people were matched with an Independent Visitor by the end of the year,
- 16 new matches were established
- 225 visits were delivered
- The service reached full contract capacity in the year, with 33 matches plus an additional Spot Purchase for 1 child
- Children consistently reported high levels of trust, enjoyment and emotional support from their IV relationships
- 100% of children participating in Annual Reviews reported feeling comfortable talking to their IV
- 80% reported trying something new
- 60% reported learning a new skill

9.3 The service continued to provide trusted, enduring relationships which promote emotional wellbeing, identity, belonging, confidence and positive futures for children and young people in care.

About the Independent Visitor service

9.4 Independent Visitors are trained volunteers who develop long-term, positive relationships with children and young people in care.

9.5 The service fulfils a statutory duty under the Children Act 1989 and directly contributes to Dorset Council's Corporate Parenting Strategy 2024–2027 and the Dorset Promise by strengthening emotional resilience, promoting identity and belonging, and supporting successful transitions into adulthood.

9.6 Independent Visitors support children and young people to:

- develop confidence and self-esteem
- access positive activities and experiences
- build life skills and aspirations

- form stable and trusted relationships
- maintain a consistent adult presence during times of change and uncertainty

9.7 Unlike professional relationships, Independent Visitors are volunteers who choose to spend time with a child or young person because they want to build a meaningful and supportive connection. This distinction is frequently highlighted by children as one of the service's greatest strengths.

9.8 NYAS have produced a video 'Someone just for you' that summarises findings from their 2025-26 Independent Visitor Service user survey.

Demand for Independent Visitors

9.9 By Quarter 3, the service had reached full contractual capacity with all 33 funded match places filled. During Quarter 4, the service increased to 34 active matches through an additional spot-purchased arrangement agreed by Dorset Council.

9.10 Across the year:

- active matches increased from 24 to 34
- 16 new matches were established
- 36 volunteer applications were received
- 225 visits were delivered

9.11 Despite these achievements, demand continued to exceed available capacity. By March 2026, 30 children and young people remained on the waiting list.

9.12 The waiting list demonstrates both the value that children and professionals place on the service and the growing gap between funded provision and local demand. Whilst reaching full contractual capacity is a significant achievement, the waiting list demonstrates that there remain children and young people who would benefit from an Independent Visitor.

9.13 From June 2026 Dorset Council increased capacity in the contract to 42 matches to help meet demand. Whilst demand is still higher the increase gave NYAS enough 'headroom' to sustain performance and continue matching at pace throughout 2026/27. It also creates space to review the wider needs of the cohort and consider future scaling in a way that is planned, sustainable and aligned to the optional contract extension periods. Further increases to IV (and advocacy) will be dependent on available budget and spend approval processes.

Who accessed the service?

9.14 Children and young people accessing the Independent Visitor Service represented a diverse range of ages, backgrounds and experiences.

9.15 During 2025/26, the service received referrals for children and young people aged between 7 and 17 years old, with most referrals relating to children aged between 10 and 13 years old.

9.16 The demographic data of referrals is as follows:

Gender

Of the children and young people referred during the reporting period:

31% were female

63% were male

6% identified as non-binary or did not conform to a gender

Ethnicity

The majority of referrals were for children and young people identifying as White British (81%). The service also supported children from Black British and other ethnic backgrounds.

Disability and Additional Needs

Children accessing the service included those with:

- specific learning difficulties
- autism spectrum disorder
- social, emotional and mental health needs
- additional communication and developmental needs

Children living outside Dorset

9.17 Whilst most children accessing the service lived within Dorset, the service also supported Dorset children placed across neighbouring authorities and wider geographical areas. This reflects the complexity of modern care arrangements and Dorset Council's commitment to ensuring children can access trusted adult relationships regardless of where they live.

Table 2: Location of children matched with an IV or on the waiting list

LA area	Matched	Waiting list
Dorset Council	24	14
Bournemouth, Christchurch & Poole	6	5
Somerset	2	2
Kent	1	-
Wiltshire	1	1
Hampshire	-	2
London	-	3
Devon	-	1
Essex	-	1
Birmingham	-	1

What children told us

9.18 Throughout the year, children consistently highlighted that the most valuable aspect of the service was having a trusted adult who listened, cared and remained involved over time.

9.19 Children described their Independent Visitors as adults who:

- listened without judgement
- provided emotional support
- kept their promises
- helped them try new things
- remained alongside them during difficult periods

9.20 Children told us:

"He's always there for me."

"My IV makes me feel less angry about stuff and we end up laughing."

"One time I didn't want to go out so my IV came to my house and we had hot chocolate, then we went for a walk near my house and I felt better."

"When I moved into a hotel… I got freaked out. My IV made me feel better."

"He said he would still see me even if I moved… he's kind."

9.21 These comments demonstrate that consistency, trust and emotional support are often more important to children than the activities themselves.

What volunteers told us

9.22 Volunteer feedback demonstrated the positive impact that consistent relationships can have over time. Volunteers frequently observed:

- increased confidence
- improved emotional regulation
- growing independence
- broader social opportunities
- increased aspirations

9.23 One volunteer reflected *"Ryan was given an award, they are flourishing. Their confidence has grown and they have made a wide circle of friends."*

9.24 Another noted *"Kai is getting better at fishing every time and was keen to demonstrate his increasing knowledge and skill base."*

9.25 These observations suggest that IV relationships contribute not only to social opportunities, but also to children's confidence, resilience and personal development.

What difference did the IV service make?

9.26 NYAS's annual review process empowers children and young people to directly evaluate their relationship with their Independent Visitor.

9.27 During 2025/26:

- 100% felt comfortable talking to their IV.
- 80% reported trying something new.
- 60% reported learning a new skill.
- 80% rated their IV's listening skills 5 out of 5.

9.28 The Independent Visitor service is fundamentally a relationship-based intervention. Whilst activities are important, feedback gathered throughout the year consistently highlighted that the greatest value for children and young people was having a trusted adult who listened, remained consistent and stayed involved during periods of change.

Themes emerging during 2025/26:

The right to consistent relationships

9.29 Many children in care experience frequent changes in homes, schools and professionals. Throughout the year, children consistently identified reliability, trust and continuity as the most valuable aspects of their relationship with an Independent Visitor.

9.30 Comments such as *"He's always there for me"* and *"She always turns up"* demonstrate the significance of having a trusted adult who remains alongside them through change and uncertainty.

The right to be heard and understood

9.31 Children repeatedly described their Independent Visitor as somebody who listened, cared and helped them make sense of difficult experiences.

9.32 Annual review findings demonstrated exceptionally high levels of trust and communication, with all participating children reporting that they felt comfortable talking to their Independent Visitor.

The right to enjoy childhood, leisure and new experiences

9.33 Many children described trying new activities, visiting new places and developing new interests through their Independent Visitor relationship.

9.34 Examples during the year included:

- bowling events
- fishing activities
- zoo visits
- trips to London
- cookery experiences
- Harry Potter studios

The right to hope, identity and positive futures

9.35 Independent Visitor relationships supported children to build confidence, develop aspirations and strengthen their sense of identity.

9.36 Examples during the year included children:

- joining cadets
- developing new hobbies
- exploring future careers

- building confidence in social settings
- becoming more independent

9.37 Taken together, these findings demonstrate that the Independent Visitor Service helps children build trusted relationships, access opportunities, develop confidence and experience childhood in ways that support their wellbeing and long-term outcomes. The service continues to make an important contribution to Dorset Council's Corporate Parenting responsibilities and the Dorset Promise.

Examples of impact through the IV service

9.38 The following examples illustrate how Dorset's Independent Visitor (IV) service makes a difference in children's lives. Each story highlights the importance of consistent, trusting relationships with adults who are there by choice, not by professional obligation. IVs provide fun and new experiences, emotional support, and continuity through times of change, helping children and young people feel listened to, valued, and supported (children's names have been changed):

Jess – Rebuilding Confidence Following Family Difficulties

Issue: Jess was finding family contact arrangements difficult and felt conflicted about reducing contact with her mum. She was experiencing feelings of guilt and uncertainty about the decisions she was making.

Independent Visitor support: Jess's Independent Visitor provided a safe and trusted space to talk through her feelings, helping her explore her options without pressure or judgement.

Outcome/impact: Jess reported feeling listened to and supported. The relationship helped her make decisions with greater confidence and reduced feelings of guilt and responsibility for circumstances beyond her control.

Josh – Stability Through Change

Issue: Josh experienced significant changes and uncertainty in his life and benefited from consistent support during periods of disruption.

Independent Visitor support: Through regular activities and visits, Josh's Independent Visitor remained a reliable and consistent adult presence.

Outcome/impact: Josh reported feeling safe and valued within the relationship and enjoyed opportunities to access activities and experiences alongside a trusted adult. One volunteer reflected that Josh "appreciated the opportunity to be himself and felt safe".

Ryan – Building Confidence and Future Aspirations

Issue: Ryan lacked confidence and was uncertain about future goals and aspirations.

Independent Visitor support: Ryan's Independent Visitor encouraged participation in activities, celebrated achievements and supported Ryan to explore new opportunities, including involvement with RAF cadets.

Outcome/impact: Ryan received an award through RAF cadets, developed a wider friendship group and increased confidence. Ryan subsequently identified a future ambition to join the RAF as an apprentice. A volunteer reflected that Ryan was "flourishing" and that their confidence had grown significantly.

Kai – Developing Skills, Confidence and Independence

Issue: Kai benefited from opportunities to build confidence, learn new skills and develop interests outside of everyday routines.

Independent Visitor support: Through regular fishing trips and shared activities, Kai and his Independent Visitor developed a strong relationship centred on encouragement, learning and enjoyment.

Outcome/impact: Kai's confidence and skill levels increased over time. His Independent Visitor noted that Kai was increasingly confident in demonstrating his knowledge, seeking guidance and trying new approaches. He looked forward to future activities and continued developing a positive sense of achievement and self-confidence.

9.39 Together, these examples show how the IV service supports Dorset's Corporate Parenting priorities; giving children safety and permanence through consistent relationships, supporting their identity by valuing their voice and choices, and helping them take positive steps towards adulthood with confidence.

10. Developing and strengthening Dorset's Advocacy and IV services

Continuous Improvement During 2025/26

10.1 Advocacy and Independent Visitor services continue to deliver positive outcomes for children and young people across Dorset. Alongside direct service delivery, Dorset Council and NYAS have continued to work in partnership throughout 2025/26 to strengthen quality, increase impact and improve children's experiences of both services.

10.2 During the year, development activity focused on the following key areas:

Quality and Practice Improvement

10.3 During 2025/26, Dorset Council and NYAS strengthened quality assurance arrangements, including thematic reviews and reflective feedback processes. This approach has helped identify strengths in practice, share learning across the team and support continuous improvement in relation to:

- rights-based practice
- participation and influence
- recording outcomes
- use of direct work tools
- advocacy planning and review processes

10.4 For Independent Visitor services, Annual Reviews, volunteer feedback and children's feedback continue to inform service development and quality improvement activity.

Workforce Development

10.5 The service has continued to invest in workforce development across both advocacy and Independent Visitor services. During the year this included:

- best practice meetings
- reflective learning opportunities
- volunteer development activity
- safeguarding updates
- practice discussions informed by children's feedback
- strengthening understanding of trauma-informed and relationship-based approaches

10.6 The publication of the refreshed National Standards for the Provision of Children's Advocacy Services in October 2026 provides a further opportunity to strengthen practice and quality assurance arrangements moving forward.

Partnership working

10.7 Dorset Council and NYAS have continued to strengthen partnership working throughout the year. Examples include:

- engagement through Thinking Thursday sessions
- collaboration with Independent Reviewing Officers and QAROs
- connections with Youth Voice activity
- links with safeguarding partners
- promotion of advocacy and Independent Visitor services across the wider children's workforce

10.8 These activities have helped improve awareness of services, strengthen referral pathways and support greater understanding of the role of advocacy and Independent Visitors in promoting children's rights and participation.

Priorities from 2024/25

10.9 Last year's report identified five key priorities for our Advocacy and IV Services. Progress during the year demonstrates how both Dorset Council and NYAS have continued to strengthen advocacy and Independent Visitor provision for children and young people.

Expanding the reach and uptake of Advocacy and Independent Visitors

10.10 Advocacy demand remained strong throughout the year, with 613 referrals received and 3,719 advocacy hours delivered, exceeding the contracted annual target.

10.11 Independent Visitor provision also continued to grow, increasing from 24 active matches at the start of the year to 34 by year-end. Whilst demand continues to exceed capacity, the growth in matches demonstrates continued progress in extending access to children and young people.

Continuing to embed children's voice in service delivery, governance and evaluation

10.12 Children's feedback has remained central to service development throughout the year.

10.13 Advocacy outcomes monitoring, feedback surveys, Annual Reviews within the Independent Visitor Service, case audit activity and case studies have all strengthened understanding of children's experiences and the impact of services.

10.14 Both services continue to demonstrate a clear commitment to ensuring children's voices shape planning, review and service improvement activity.

Broadening the use of direct work tools and relational approaches in advocacy practice

10.15 We have worked collaboratively across teams and services, with an increased emphasis on relational advocacy practice throughout the year. Quarterly reports demonstrated growing use of direct work approaches, improved recording of outcomes and increased focus on supporting children to understand their rights and participate meaningfully in decision-making processes.

Supporting transitions for care leavers and strengthening lifelong relationships

10.16 Transitions remained a significant theme throughout the year.

10.17 Advocacy supported young people with accommodation, housing, education, care leaver entitlements and pathway planning.

10.18 Within the Independent Visitor Service, children and young people continued to benefit from trusted long-term relationships which provided stability and continuity during periods of transition and change.

Growing a diverse and sustainable volunteer base

10.19 Volunteer recruitment remained a significant focus throughout the year, with 36 applications received and 16 new matches established. Whilst demand continues to exceed available capacity, recruitment activity enabled the service to reach full contractual capacity and support more children and young people than at any previous point during the current contract.

11. Forward Focus: Priorities for year 3 (2026/27)

11.1 Whilst significant progress has been achieved, both Dorset Council and NYAS remain committed to continuous improvement.

11.2 Key priorities for 2026/27 include:

- implementing and embedding learning from the refreshed National Standards for the Provision of Children's Advocacy Services, published in October 2026.
- further embedding children's voice and lived experience within service development, quality assurance and evaluation processes
- supporting continued growth within the Independent Visitor Service through volunteer recruitment, development and retention activity
- reducing waiting times for children and young people seeking access to an Independent Visitor wherever possible

- strengthening connections with Dorset Council's wider participation, lifelong relationships and preparation for adulthood agendas

Looking ahead

11.3 Advocacy and Independent Visitor services enter 2026/27 from a strong position. Performance data, children's feedback, outcomes measures and case studies throughout this report demonstrate that both services continue to make a meaningful contribution to the lives of Dorset's children and young people.

11.4 Demand remains high, outcomes remain strong, and both services continue to play an important role in promoting children's rights, participation, trusted relationships and positive futures.

11.5 Throughout this report, children consistently describe feeling listened to, supported and understood. The outcomes demonstrated through advocacy and Independent Visitor services closely reflect the commitments contained within Dorset's Promise, particularly around listening to children, supporting positive futures, providing opportunities and ensuring children experience trusted and stable relationships.

11.6 Dorset Council and NYAS remain committed to building on this progress and ensuring children and young people continue to receive high-quality, rights-based and relationship-centred support.

12. Alternative options considered

N/A

13. Legal considerations

N/A

14. Financial implications

14.1 Whilst services continue to operate within the agreed contractual budget, performance data indicates that demand for both advocacy and Independent Visitor services exceeds the level of provision currently commissioned

14.2 Advocacy activity exceeded contracted annual hours, whilst the Independent Visitor service reached full capacity and maintained a significant waiting list throughout the year.

14.3 Dorset Council will be reviewing IV and advocacy sufficiency when making decisions leading up to the first optional extension in July 2027. Further

increases to contract capacity will be dependent on available budget and spend approval processes.

15. Natural environment, climate & ecology implications

15.1 This report does not require a decision; therefore the climate decision wheel is not applicable

16. Well-being and health implications

16.1 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.

17. Other implications

10.1 The refreshed National Standards for the Provision of Children's Advocacy Services were published in October 2026 and will inform future service development and quality assurance activity.

18. Risk implications

18.1 The risks are assessed as ‘low’.

19. Equalities

19.1 This report does not require a decision, therefore an Equalities Impact Assessment is not required.

20. Appendices – None.

21. Background papers

CPB Advocacy and Independent Visitors report 2025

22. Report sign-off

22.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Cabinet Member(s)

This page is intentionally left blank

🎤 Your Voice. Your Rights. Your Relationships.

Dorset Advocacy & Independent Visitor Service – 2026 Update

👤💼 **Who wrote the report:** This report was written by Rob Elkins, Emma Collings and Sara Mullen.

We are the manager and senior team members in the Dorset Advocacy and Independent Visitor Service, part of NYAS.

📅 **Date written:** September 2026 (covering April 2025 to March 2026)

👋 What's this?

- Every year Dorset Council & NYAS report how advocacy and Independent Visitors (IVs) are helping children and young people in Dorset.
- It shows what's working well and what we're doing next to make things even better. ☺
- We share it with the **Corporate Parenting Board** (the people who make sure children in care in Dorset are supported).
- This update is for *you*.

📌 What are the key messages of this report

✅ **More children and young people** received advocacy support.

✅ **More children** now understand their rights.

✅ **More children** said adults listened to them and took their views seriously.

✅ **More children** are benefiting from an Independent Visitor.

✅ Children told us that having trusted adults who listen and stick around really matters.

🗣️ What is Advocacy?

An **advocate** is someone independent who is ***on your side*.**

✓ Helps you share your views in meetings about your life
✓ Makes sure adults listen to you
✓ Explains your rights
✓ Supports you to complain if needed
✓ Works to *your* views and wishes, not anyone else's

💬💬*"You are the only one that is listening to me and calls me to help and find out how I am."*

👤 What is an Independent Visitor (IV)?

An **IV** is a volunteer who chooses to be in your life and spend time with you.

An IV can:

✓ Spend time with you regularly

✓ Do activities together

✓ Help you try new experiences

✓ Be someone you can talk to

✓ Stay involved even when other things in life change

"He's always there for me."

What happened this year?

Advocacy

During 2025/26:

203 children and young people received Issue Based Advocacy support.

613 advocacy referrals were received.

Advocates delivered more than 3,700 hours of support.

97% of young people aged 12-25 and 99% of children aged 11 or younger said they were happy with their advocate.

What changed?

Children and young people who had an Advocate told us:

More understood their rights.

More felt able to share their views.

More believed adults listened to them.

More felt involved in decisions about their lives.

"Having an advocate definitely helped to speed up the process of getting me a home."

Independent Visitors (IVs)

During 2025/26:

34 children and young people were matched with an Independent Visitor.

16 new matches were created.

🚶 225 visits took place between children and their IVs.

💬 100% of children told us they felt comfortable talking to their IV.

🎯 80% tried something new.

🎯 60% learned a new skill.

Children and young people who have an IV told us:

💬*"My IV makes me feel less angry about stuff and we end up laughing."*

💬*"When I moved into a hotel… I got freaked out. My IV made me feel better."*

💬*"He said he would still see me even if I moved… he's kind."*

🔍 What's next?

Next year we will:

✨ Keep improving how children's voices shape our services

✨ Recruit more Independent Visitors and reduce waiting times for children who want an IV

✨ Continue helping children understand their rights

✨ Help more children find trusted adults and feel a sense of belonging.

💡 Want support?

📞 **Call NYAS free:** 0808 808 1001
🌐 **Visit:** www.nyas.net

💬 *"I know you have my back."*

nyas
national youth advocacy service
gwasanaeth eiriolaeth ieuenctid cenedlaethol

This page is intentionally left blank

Corporate Parenting Board
26 November 2026
Virtual School Head's Annual Report 2025-26
For Decision

Cabinet Member:
Cllr C Sutton, Children, Families & Education

Local Councillor(s):

Senior Leadership Team:
P Dempsey - Executive Director, Children's Services

Report author and job title: Jo Smark-Richards
Job Title: Head of Children Thriving in Education and Virtual School Headteacher
Email: jo.smark-richards@drsetcouncil.gov.uk

Statutory Authority: Dorset

Report status: Choose an item. Choose an item.

1. Executive summary (maximum of 500 words)

The Virtual School Headteacher's Annual Report 2025/26 evaluates the progress, attendance and outcomes for our Children in Care and Care Leavers during the academic year. The report also evaluates the work undertaken through the Extended Role of the Virtual School to provide strategic leadership and oversight for all children with a social worker, children in kinship care arrangements and children who have previously been in care.

2. Recommendation(s)

Members of Corporate Parenting Board are requested to note the content of this report which captures the work of Dorset Virtual School over the last academic year and progress made against our priorities in 2025-2026. The report also identifies the next steps and the identified priorities for Dorset Virtual School 2026- 2027.

3. Reason for the recommendation(s)

As Corporate Parents, all members of the board seek to stay informed about Dorset children in care and care experienced young people, to offer challenge and support. The Virtual School Headteacher's Annual Report provides members with an opportunity to review the work of the previous year, to consider what has worked well and to plan priorities for the next academic year.

4. The report

Please note Appendix 1 is the Virtual School Headteacher's Annual Report 2025/26

5. Alternative options considered

Not applicable

6. Legal considerations

Not applicable

7. Financial implications

The Virtual School receives DfE funding each year to support children in care, those previously in care, and those with a social worker as per DfE guidance.

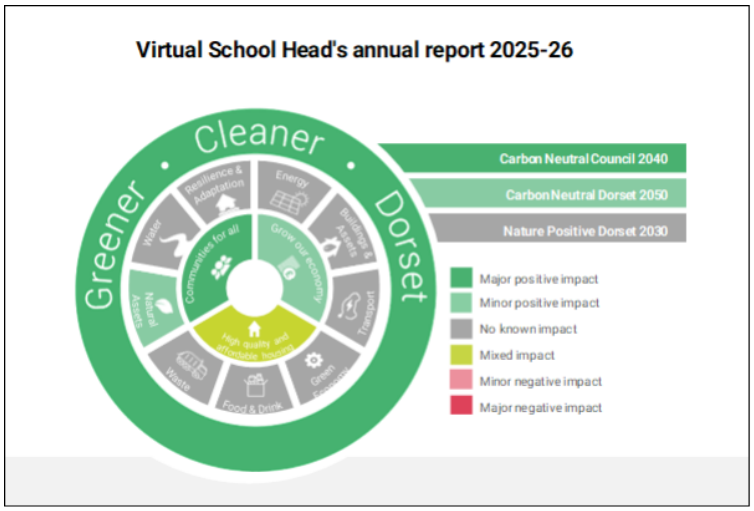
8. Natural environment, climate & ecology implications

Not applicable

9. Well-being and health implications

The report evaluates the impact of the work of the Virtual School to supports its children in education; the report considers the impact of interventions on well-being and progress of young people.

10. Other implications



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	minor positive impact
Water	No known impact
Resilience and Adaptation	No known impact
Corporate Plan Aims	**Impact**
Grow our economy	minor positive impact
High-quality and affordable housing	neutral
Communities for all	strongly supports it

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	

11. Risk implications

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

Current Risk: Low

Residual Risk: Low

12. Equalities

13. Appendices

13.1 Dorset Virtual School Head's Annual Report 2025/26

13.2 Appendix 13.2 Dorset Virtual School 2025/26 attainment

14. Background papers

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Cabinet Member(s)

Title of report: Virtual School Head Annual Report 2025–2026

Summary of what the report is about:

This report focuses on the progress and outcomes for children within the Virtual School. The key outcomes demonstrate a sustained improvement in inclusion, attendance, participation and attainment for children supported by the Virtual School, alongside significant reductions in suspensions, permanent exclusions and barriers to education. These achievements have been underpinned by strong partnership working, targeted interventions, high-quality educational planning and an enhanced focus on belonging and support for children in care, children in need, those on child protection plans and children in kinship care.

Overview of our children and young people:

- At the end of the reporting period, 516 (491 in 24/25) children and young people were part of our school as Children in Care or Care Leavers.
- 333 children and young people on Child Protection Plans and 1080 children and young people on Child in Need plans sat within the extended role of the Virtual School.

What are the key messages of this report?

- Delivery of 4th Knowledge Exchange Programme in collaboration with University College London - working in partnership with a cross-phase group of specialist and mainstream providers to develop practice
- Proactive staff training offer implemented and focused annual conference on Belonging for our children
- Reduction in suspensions for Children in Care over a three-year period
- Ensured that there has been no increase in suspensions for children with on Child in Need plans
- Reduction in the number of permanent exclusions for Children in Care (0 children) and for children on Child Protection Plans (6 children compared to 20)
- Increase in attendance 88% (Children in Care), 77% (children on Child Protection plans) and 80% for Children in Need
- Reduction in the use of reduced timetables for Children in Care over a three-year period
- Reduction in Children in Care not having a school place over a 3-year period
- Increase in the number of Post 16 who are in Education, Employment or Training (75% monthly average) (Children in Care)
- Outstanding PEP Quality Assurance (98% good or outstanding)
- Weekly celebrations of 267 children and young people who have excelled in education or overcome significant barriers
- Delivery of a bespoke Key Stage 4 programme to support our Children in Care back into school and Post 16 provision
- Development of our support for children in kinship care arrangements
- Good outcomes for phonics, year 4 multiplication check, Key Stage 2 SATs, GCSE and Post 16 for Children in Care

We need to focus on:

- Improving attendance for those children with persistent and severe absence
- Reduce suspensions for children on Child Protection plans
- Embedding our children’s voice within our work
- Working with locality practitioners and partners to develop good practice to reduce suspensions, particularly for children with Special Educational Needs
- Develop a robust monitoring report for children with a Social Worker who are Electively Home Educated in preparation for Children's Wellbeing Act.
- Develop bespoke training for Virtual School on Post 16/18 offer
- Monitoring of attainment outcomes for Children on Child in Need and Child protection plans

This page is intentionally left blank

Dorset Virtual School Annual Report

2025/26

Contents

Introduction 4
Purpose of the report 4
A year in summary 4
Virtual School Structure and responsibilities 5
Children and young people in the Virtual School 6
Educational Engagement for Children in Care 7
Attendance 7
Children in Care Not in Full Time Education 8
Permanent Exclusions 9
Suspensions 9
Attainment data for Children in Care 10
Early Years 10
Phonics Screening 10
Year 4 multiplication check: 10
Key Stage 2: 10
Key Stage 4: 10
Key Stage 5: 11
Main qualification (year 13) 11
Main qualification (year 12): 12
Personal Education Plans and resources including Pupil Premium Plus 12
Pupil Premium Plus 13
Educational engagement for Children in Need and on Child Protection Plans 13
Attendance 13
Children in Care Not in Full Time Education 14
Exclusions 14
Permanent Exclusions 14
Suspensions 14
Elective Home Education 15
Attainment data Children in Need and children on Child Protection plans 15
Key Stage 2 ..... **Error! Bookmark not defined.**
Support for children who are adopted, Post Looked After or in Kinship Care arrangements 15
Child Voice and Virtual School Projects 16
Celebrating Child Successes 16
Oracy Project 16
Numeracy project 16

Creative Music Course 17
Supporting Learning 17
Supporting our children with SEN 17
Support for our Early Years Children 18
Support for our Unaccompanied young people 18
Knowledge Exchange Programme with University College London 18
Big Bids 19
Virtual Reality training 19
Higher Education project 20
Pre-16 provision 20
Virtual School training 20
Appendix 1: School Development Plan 2026/27 21
Appendix 2: Attendance for 2025/26 22

Introduction

Dorset Virtual School is a proud educational advocate for our children. Our vision for our children is that they thrive in the right educational setting; they attend, feel included and listened to and are understood, to prepare them to become independent and resilient young people.



We have had a very busy 2025 – 26 supporting our children and young people to thrive in education whilst supporting our settings to improve practice for all children within the Virtual School through a range of targeted, proactive work to improve outcomes and experiences. The Virtual School team understands the need for patience, resilience, innovation and the importance of building effective relationships to ensure that we can create the environments in which our children and young people can thrive.

It is a privilege to be the Head of Service with responsibility for the work of the Virtual School including the extended role of the Virtual School Head

Jo Smark-Richards: Head of Children Thriving in Education and Virtual School Headteacher

Purpose of the report

This report provides an overview and analysis of the impact of Dorset Virtual School's work during the academic year 2025 – 26 and is the key educational advocacy service of Dorset's Education Service within the Children's Services Directorate for Dorset's Children in Care, Care Leavers, children with a Social Worker, children in Kinship Care arrangements and children previously looked after.

A year in summary

2025/26 has been a year of reflection and transformation within the team to embed the work of the extended role alongside our work with our Children in Care and Care Leavers and has given the opportunity to build relationships with our partners to ensure that our children and young people have the opportunity to achieve and be successful.

We have focused on highlighting and celebrating belonging and inclusion within our work and practice, embedding proactive training opportunities for our settings and reflecting on how we capture and use our children's' voices to improve our practice.

Virtual School headline data is reported weekly to the Children's Services Leadership Team with Key Performance Indicators reported monthly to ensure that there is a line of sight of the work of the Virtual School. Performance is also reported monthly to the Corporate Parenting Board. The Virtual School Governing Body has a forward plan of monitoring activity linked to the priorities on the School Development Plan and continues to challenge the Virtual School to ensure that it is providing all our children with the best education possible.
Some of the key strengths this year have been:

- Delivery of 4th Knowledge Exchange Programme in collaboration with University College London - working in partnership with a cross-phase group of specialist and mainstream providers to develop practice

- Proactive staff training offer implemented and focused annual conference on Belonging for our children
- Reduction in suspensions for Children in Care over a three-year period
- Ensured that there has been no increase in suspensions for children with on Child in Need plans
- Reduction in the number of permanent exclusions for Children in Care (0 children) and for children on Child Protection Plans (6 children compared to 20)
- Increase in attendance 88% (Children in Care), 77% (children on Child Protection plans) and 80% for Children in Need
- Reduction in the use of reduced timetables for Children in Care over a three-year period
- Reduction in Children in Care not having a school place over a 3-year period
- Increase in the number of Post 16 who are in Education, Employment or Training (75% monthly average) (Children in Care)
- Focus on targeted interventions for all children within the Virtual School
- Outstanding PEP Quality Assurance (98% good or outstanding)
- Weekly celebrations of 267 children and young people who have excelled in education or overcome significant barriers
- Delivery of a bespoke Key Stage 4 programme to support our Children in Care back into school and Post 16 provision
- Development of our support for children in kinship care arrangements
- Good outcomes for phonics, year 4 multiplication check, Key Stage 2 SATs, GCSE and Post 16 for Children in Care
- Developed offer for our children living in Kinship Care arrangements

We need to focus on:

- Improving attendance for those children with persistent and severe absence
- Reduce suspensions for children on Child Protection plans
- Embedding our children's voice within our work
- Working with locality practitioners and partners to develop good practice to reduce suspensions, particularly for children with Special Educational Needs
- Develop a robust monitoring report for children with a Social Worker who are Electively Home Educated in preparation for Children's Wellbeing Act.
- Develop bespoke training for Virtual School on Post 16/18 offer
- Consider impact of tutoring funding on Pupil Premium+
- Monitoring of attainment outcomes for Children on Child in Need and Child protection plans

Virtual School Structure and responsibilities

The Virtual School is led by the Head of Children Thriving in Education and Virtual School Headteacher. The Virtual School team delivers their work within Dorset Council localities, enabling best practice to be disseminated and shared within the wider Children's Services structure. This enables the best possible support and guidance to be available for our schools and children and young people.

The Virtual School team consists of:

• One Specialist Teacher with responsibility for data and assessment for Children in Care and Care Leavers

• Two Team Managers with responsibility for children with Social Worker and children in kinship care arrangements and responsibility for children with SEND

•One Inclusion Lead with responsibility for ensuring the monitoring of attendance, progress and inclusion for children with Social Worker and children in kinship care arrangements

• Fourteen Virtual School Leads (11.8 FTE): responsibilities are for a case load of 45 children in each locality (and a share of those children out of authority), ensuring that children have a suitable and ambitious education offer, there is strong liaison with their settings and Designated Teachers, and the Personal Education Plan (PEP) is effective in supporting children's progress.

Each member of the team holds a whole school responsibility to support the priorities of the Virtual School. This enables the team to develop leadership skills and have a sense of autonomy over the priorities within the school.

The School Development Plan 2026/27 has set three strategic priorities with an overarching aim to ensure that all children within the Virtual School are ambitious around education and feel they belong. (further details in appendix 1):

A programme of half-termly Continuous Professional Development is in place for the Virtual School Team. CPD training themes in the academic year 2025/26 have included:

- Using Welfare Call to monitor attendance
- PEP quality assurance
- SEND annual reviews and EOTAs
- VSEND
- Working with the Youth Justice Service

Children and young people in the Virtual School

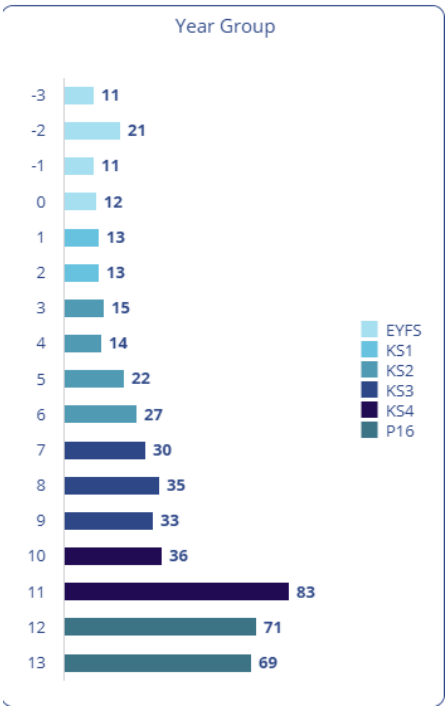
Children join the Virtual School from the age of 2 to the end of the academic year following their 18th birthday. In this way the Virtual School can bridge the change from Social Worker to Personal Advisor (PA) and maintain advice and guidance about education from a position of best knowledge of the young person. The Virtual School ensures that the PA is involved in post-16 PEPs alongside the social worker and is well briefed with regards to the young person's ambitions and any barriers to learning.



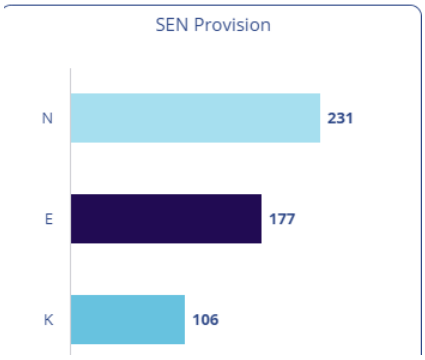
The Virtual School work with children with a Social Worker and children in kinship care arrangements or previously looked after from the age of 2 to the end of the academic year following their 18th birthday. This allows the Virtual School team to support settings and our Social Work teams to champion the educational progress and outcomes for these young people and ensure that our children's voice is heard throughout their educational career.

At the end of the reporting period, 516 children and young people were part of our school as Children in Care or Care Leavers (an increase from 491 in July 2025). The Virtual School cohorts range from early years to our Post 16 cohort, which is made up of young people in Sixth Form, Further Education colleges, those in apprenticeships and those in employment.

The Virtual School has a higher number of young people across Key Stage 4 and 5 and an increasing number of children in Early Years in 2025/26.



The Virtual School Children in Care cohort is 62% male, with 51% of our young people living in County. 34% of our children have an EHCP and a further 21% of our cohort have an identified SEN need. In terms of SEN, 61% of our children have SEMH listed as their primary need (63% in 2024/25) with a further 33% listing complex needs.



At the end of the reporting period, 333 children and young people on Child Protection Plans and 1080 children and young people on Child in Need plans sat within the extended role of the Virtual School.

The Virtual School Children in Need cohort is 51% male and on Child Protection Plans is 52% male, with 22% of our Children in Need and 18% of our children in Child Protection having an EHCP. Additionally, four children on Child Protection Plans and 9 Children in Need are currently electively home educated.

Educational Engagement for Children in Care

Attendance

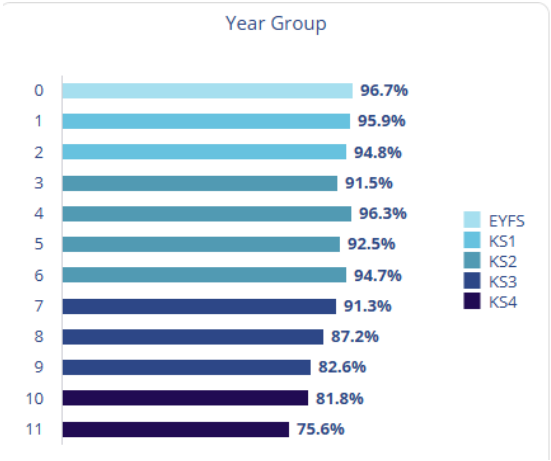
The Virtual School undertakes daily attendance monitoring through Welfare Call's live dashboard, providing dynamic and instant overview of attendance for all cohorts. This robust system provides data at a cohort and individual level to give an accurate view of attendance, reasons for absence and patterns of absence. This has enabled the Virtual School to monitor, analyse and respond to attendance concerns rapidly and remains a key area for improvement (priority 1 on the School Development Plan). The attendance overview for statutory school age children in the academic year 2025 - 2026 is provided in Appendix 2.

Our ambition is to ensure that all our children thrive and achieve through the targeted monitoring of and challenging of attendance within the Virtual School. This also includes the reduction of persistent absence and unauthorised absence.

Dorset's attendance was above the Welfare Call Local Authorities average (87% compared to 86%) and slightly below Dorset in 2024/25 (88%).

Additionally, there are 25 children with 100% attendance, 151 children with above 95% attendance and 203 children with above 90% attendance.

Attendance for children with an EHCP was slightly lower compared to the whole cohort (84.7%) with the lowest attendance seen in year 10 (74.7%) and year 11 (73.4%). Attendance for children with a SEN need was higher (86.4%) with the lowest attendance seen in year 11 (64.1%).



Persistent absence is defined as attending less than 90% of school sessions. Persistent absence figures have increased since the previous year with 34.23% having less than 90% attendance and above the Welfare Call average at 30.2%.

Severe Absence is defined as attending 50% or less. There has been a slight decrease in children with severe absence (9.31% of our children) compared to 9.4% in 2024/25. Dorset Virtual School have lower levels of severe absence compared to the Welfare Call average of 10.94% for 2025/26.

A piece of work has been undertaken by the team to unpick barriers to education for this cohort of children with illness as the biggest driver of the increase in absence; an increase in anxiety and capacity within specialist provision to support places also contributing, as well as changing behaviours and habits during the Pandemic.

Attendance monitoring will remain a focus for the Virtual School in 2025/26 with targeted support for children with persistent absence. Further scrutiny through bi-monthly Virtual School Inclusion Monitoring Board meetings involving the Virtual School Leads, SEN Leads and Social Workers allows discussion, analysis and support for targeted children to monitor and address concerns.

Children in Care Not in Full Time Education

Reducing the number of children in care who are missing out on education is within priority 1 of the development plan. To address this there are robust methods for identifying, supporting and tracking these children The Virtual School Inclusion Monitoring Board focuses on actions being taken to re-engage identified children and young people in education (or training and employment if relevant post-16) with a cross Children's Services panel. The meeting gives clear oversight of these children and ensures that robust actions are in place to secure suitable full-time education.

Children in Care and Care Leavers	Children missing education	Reduced timetables	Young People Not in Education Employment or Training
2023/24	39	17	73
2024/25	33	19	78
2025/26	23	15	61

Dorset Virtual School has ensured that 75% of its Post 16 young people are in education, employment or training with 20 Post 16 young people also employed in part-time or full-time employment or accessing tutoring as their provision. These young people are still monitored on the fortnightly inclusion monitoring board to ensure that the correct support and guidance is offered throughout their career and close collaboration with the Leaving Care and Education, Employment and Training team has been crucial to this success. School-aged children without a school place and on reduced timetables has reduced for the third year running through the use of the monitoring board to ensure support is provided.

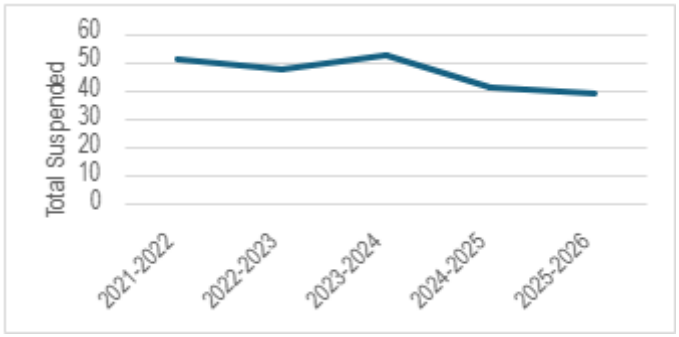
Permanent Exclusions

There have been zero permanent exclusion during 2025/26. This is a three-year reduction in permanent exclusions for Children in Care.

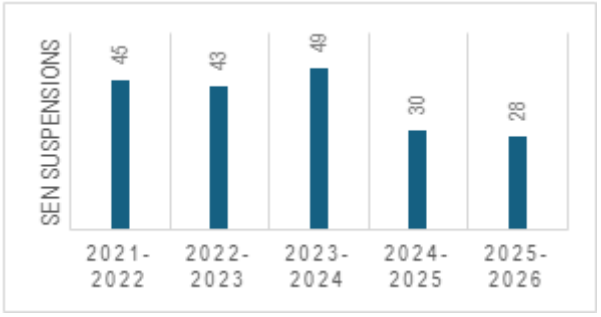
Suspensions

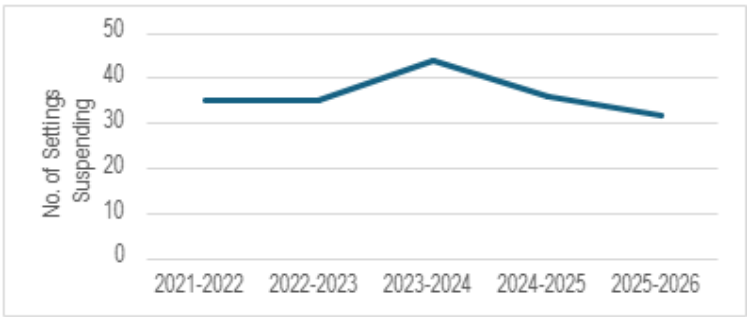
The Virtual School undertakes daily monitoring of suspensions and permanent exclusions through Welfare Call's live dashboard, providing dynamic and instant overview of exclusions of our young people.

With a focus on reducing suspensions, 11.40% (39 children) of children had at least one suspension during the academic year, highlighting a three-year decrease in suspensions. 64$ of these children were in secondary education.



There has also been a three-year reduction in the number of suspensions for children with an EHCP or SEN need (8.19%) and a three-year reduction in the number of settings suspending children (9.36% of settings)





Reasons for suspensions are persistent disruptive behaviour (18 suspensions), Other (vaping and smoking) (14 suspensions) and verbal abuse towards an adult (10 suspensions).

Due to the work undertaken by the Virtual School, there has been a reduction in suspensions for young people and a reduction in the number of schools who repeatedly suspend our children. Virtual School Leads attend every reintegration meeting with the

school and team around the child and collate feedback from the child and team about strategies to prevent further suspensions. Further focused meetings for suspensions are planned in 2026/27 to further improve our suspension rates.

Attainment data for Children in Care

Early Years

There are 36 children in Early Years settings. 81% (29 children) are making good progress towards their Early Years Foundation Stage Good Level of Progress checks.

Phonics Screening

There are thirteen children in year 1 with 100% taking the screening test. Conclusions are difficult to draw due to the small number of children within our cohort. 77% are working at expected outcomes which is an increase on 2024/25.
Twelve of the children have been with the Virtual School for 12 months plus and progress reports throughout the year from teaching staff have been positive with 80% of the children making good or expected progress.

Year 4 multiplication check:

In year 4, there were 14 children on roll. Three children are in specialist provision with both unable to access and disapplied from the assessment. The mean average score for Dorset Children in Care is 19 (maintained at 19 from 2024/25) with five children scoring full marks; the mean average for the year 4 multiplication check for all children is 19.

Key Stage 2:

In year 6, there are 27 children with 26 children on roll. Nineteen of these children have either an EHCP or SEN need with four children in specialist provision who were disapplied from the assessment.

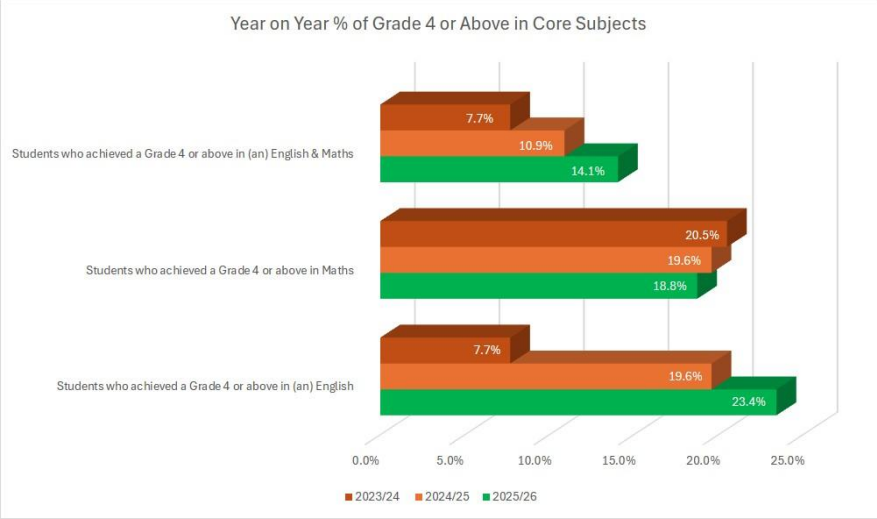
40% of our children are working at expected standard in maths, 48% at reading and 40% of our children are working at expected standard for Spelling, punctuation and grammar. This is 8% higher for reading and 2% higher for maths and SPaG in 2024/25.

Key Stage 4:

In year 11, there were 81 children on roll during 2025/26 (59 in 2024/25) with 14.81% being children seeking asylum. 45% of year 11 have an EHCP and 14% have a SEN need.

59.3% of our young people are in mainstream provision and 19.8% within specialist provision. 2.5% of our young people (2) were not in education to take examinations. 23% of our young people (15) did not sit exams this year.

We have seen a sustained achievement rate with 18.8% (12 children) of our cohort achieving a grade 4 or above in maths (19.6% - 9 children in 2024/25) and a marked improvement with 23.4% (15 children) (achieving a grade 4 or above in English (19.6% - 9 children in 2024/25). There has also been an improvement in the number of children gaining a grade 4 or above in both English and maths 14.1% (10.9% in 2024/25).



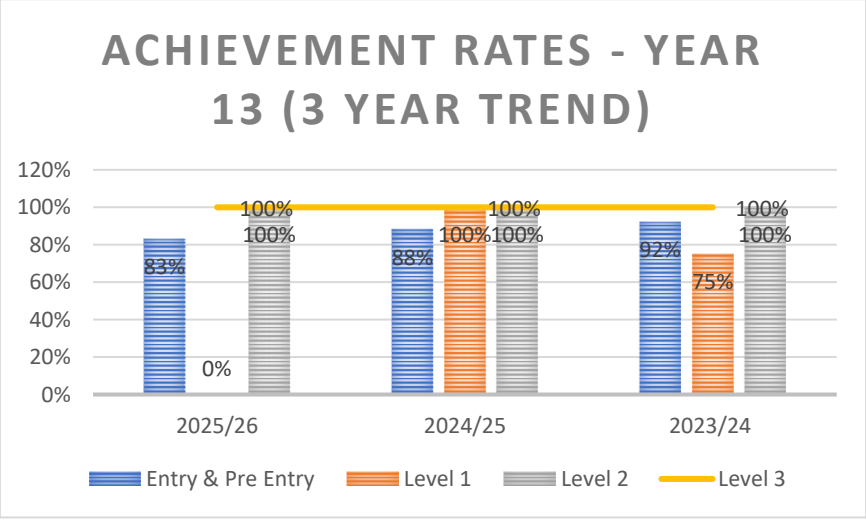
There has been a marked improvement in the number of children achieving grade 5 or above in English (10.9% vs 8.7%) and maths (14.1% vs 10.9%) in 2025/26 compared to the previous year and this is due to targeted interventions for young people, including tutoring, revision resources and targets set during termly PEPs that have focused on final outcomes. There has also been an improvement in the number of young people achieving five or more grade 4s and above (including English and maths) 10.9% (7 children) compared to 2024/25 (8.7% 4 children).

Key Stage 5:

Main qualification (year 13)

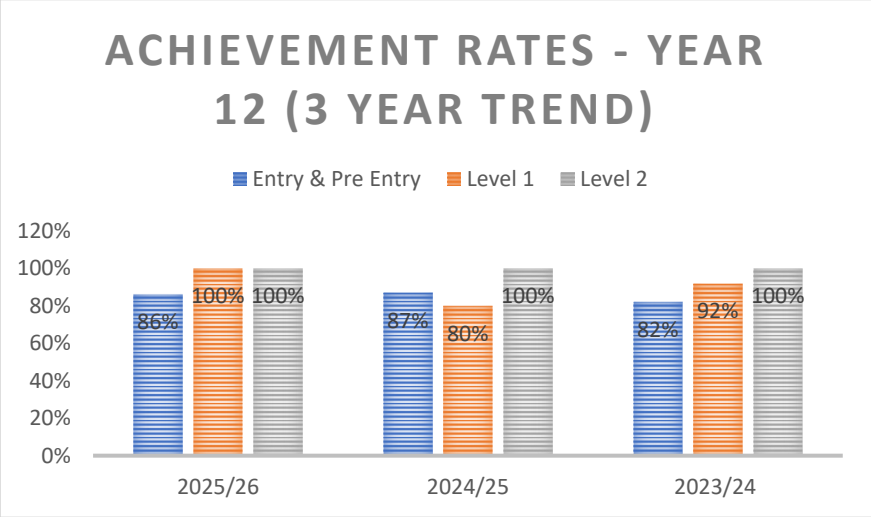
There were 69 young people in year 13, Six of the young people are in employment, ten are engaged with tutoring and 27 young people were not in Education Employment or Training (NEET). 26 young people were enrolled on provision in further education. Additionally, 11 young people in year 13 are unaccompanied young people accessing ESOL courses and Functional Skills maths. Of these, 82% (11) passed their main qualification.

Our year 13 young people performed well in their main qualifications with 100% of our young people passing, level 1 and 3 programmes. 83% of our young people on Entry Level programmes passed (11 out of 13 young people).



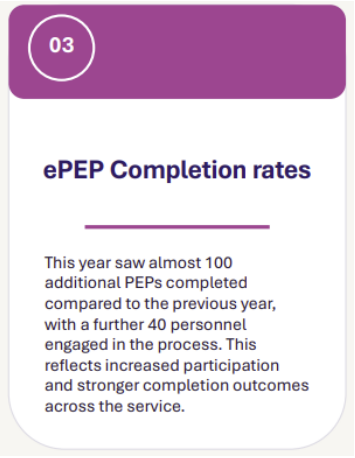
Main qualification (year 12):

There were 70 young people in year 12 within the Virtual School. Three of the young people are in employment, 3 are accessing tutoring and 9 young people Not in Education Employment or Training (NEET). 52 young people were enrolled on provision in further education with 38 sitting assessments this year. In 2025/26, the Virtual School had comparable entrants on each level of full-time course but saw higher achievement rates for every level of programme in comparison to 2024/25



Personal Education Plans and resources including Pupil Premium Plus

The Virtual School uses a PEP quality assurance process for all PEPs. There are clear quality assurance criteria and training has been delivered to the Virtual School Team on what a good PEP looks like. Training has also been delivered to Designated Teachers and there is a strong focus on the PEP in the Virtual School Handbook. All PEPs are peer Quality Assurance (QA) reviewed. The QA outcome appears on the PEP so that all involved in the PEP are able to see the grading and any feedback given. Themed audits of PEPs review specific aspects of the school development plan, such as the quality of the use of the child's voice through person centred planning, are a central part of link governor monitoring. QA outcomes are fed back to the Full Governing Body Meeting for oversight.



The impact of the work to strengthen the PEP process can be seen in the PEP QA results with 98% of PEPs found to be good or better (95% 2024/25) with an increase in the number of gold PEPs being awarded (44). As a breakdown, each cohort has seen an improvement in PEP quality with a maintaining of quality for Post 16;

- Early Years 100% good or outstanding
- Primary 100% good or outstanding
- Secondary 99% good or outstanding
- Post 16 98% good or outstanding

Completion of PEPs within 20 days of the PEP date has remains an area of strength with all PEPs being completed, signed off by the Designated Teacher, Social Worker and Virtual School Lead. Overall, 96% of PEPs were completed within 20 days of the PEP date with the

remaining PEPs being completed within 25 days. This has involved 374 staff being involved in the PEP process.

Term	Number of PEPs completed	Average number of days to be signed off by the Designated teacher, Social Worker, Virtual School Lead and quality assured.
Autumn 2025	501 (442 in 2024/25)	17 days
Spring 2026	508 (459 in 2024/25)	15 days
Summer 2026	495 (495 in 2024/25)	17 days

Attendance to PEPs has also improved in 2025/26 with termly feedback given to our Social Care terms so that they can further support our children and young people at the next PEP.

Term	Child/Young Person	Social Worker/ Personal Advisor	Designated Teacher
Autumn 2025	46%	70%	94%
Spring 2026	46%	70%	94%
Summer 2026	59%	73%	97%

Pupil Premium Plus

Pupil Premium Panel meet on a weekly basis to consider requests for funded interventions. These decisions are recorded and shared with Children's Services Accountant. The document is reconciled with the Council's Financial Ledger each month. This ensures that payments have been allocated, and it is clear how much of the Grant is available to use to inform future funding requests. Outcomes from the meetings are reported to the Virtual School Governing Body.

During 2025/26, £463,829 of interventions were approved with 51% being spent on secondary school children, 21% on Post 16 young people and 28% on primary and Early Years children. The average pupil premium cost per child of PEP outcomes achieved was £1230 (£386 per outcome). 50% was spent on targeted academic support and 33% was spent on wider strategies. Targeted academic support interventions include tutoring and small group sessions whilst wider strategies include social, emotional support, trips and arts interventions.

Educational engagement for Children in Need and on Child Protection Plans

Attendance

National data for attendance will not be released until Spring 2027 as a comparison. Dorset Children in Need overall attendance stands at 80% (78.68% in 2025/26) whilst attendance for children on Child Protection plans stands at 77% (77.12% in 2025/26). There has been a slight improvement in persistent absence for children on Child Protection plans 58% (59% in 2025/26) and Children in Need 50% (53% in 2025/26.)

Severe absence (Child Protection 15% and Children in Need 17%) has stayed at similar levels to 2025/26 and this is an area to focus on in 2026/27, working in collaboration with locality teams to increase awareness of the impact of attendance for young people.

The Virtual School undertakes weekly cohort attendance monitoring through the Inclusions dashboard to provide tracking of trends for these children. This has enabled the Virtual School Extended Team to monitor, analyse and respond to attendance concerns rapidly and remains a key area for improvement (priority 1 on the School Development Plan). The attendance overview for statutory school age children in the academic year 2025 - 2026 is provided in Appendix 2.

Children in Care Not in Full Time Education

An Inclusion Monitoring Board is chaired by the Locality Learning and Belonging Service Manager fortnightly that focuses on actions being taken to re-engage identified children and young people in education (or training and employment if relevant post-16) with the Virtual School extended team supporting with this. The meeting gives clear oversight of these children and ensures that robust actions are in place to secure suitable full-time education or equivalent.

The team have focussed on identifying the children within the cohort and plans to support children back into education through the locality teams. During 2025/26, there have been 31 Children in Need and 5 children on Child Protection plans opened to a reduced timetable and 7 Children in Need and 2 children on Child Protection plans became CME (reduction on 2024/25).

The Extended Team are working with the locality Learning and Belonging Service Managers fortnightly to monitor this cohort and ensure there is timely responses to finding suitable education.

Currently, tracking for young people in Post 16 provision is monitored through the Education, employment and training team and the Extended team have worked closely to ensure monitoring of year 11 young people at risk of not being in education, employment or training in year 12.

Exclusions

Permanent Exclusions

There have been six permanent exclusions during 2025/26 for Children on Child Protection plans and 8 permanent exclusions for Children in Need compared to five children subject to a Child Protection Plan and 20 Children in Need in 2024/25. The Extended Team are focusing in 2026/27 on the schools that have permanently excluded children with a Social Worker to consider alternative ways to suspension and preventative approaches.

Suspensions

In Dorset, there was a reduction in suspensions (1766 children compared to 1905 children in 2024/25). 48 children on a Child Protection Plan and 179 children on Child in Need plans had at least one suspension during the academic year. This is an increase in children on Child Protection plans having a suspension (16.9% against 11%) but suspensions for children on Child in Need plans has maintained at 22% of the cohort receiving a suspension.

In 2026/27, the focus for the Extended Team will be on Alternatives to suspensions, working collaboratively with Education Challenge Leads, Locality Learning and Belonging, the Youth Voice, Family Help and Educational Psychology teams who will lead the co-ordination in their localities of working with primary phase schools where a child has had one suspension and secondary phase schools where a child has had more than two suspensions.

Monthly data monitoring in 2026/27 will ensure there is oversight and focus particularly for children on Child Protection plans.

Elective Home Education

In 2025/26, there were 0 Children in Care, 7 children on Child Protection plans and 26 Children in Need who were electively home educated at some point during the academic year. Locality Learning and Belonging Teams monitor the home learning offer as part of the statutory role with Social Workers and Family Workers supporting the care aspect to the child's plan.

Attainment data Children in Need and children on Child Protection plans

The Virtual School has focused on collating attendance, suspensions and permanent exclusion data to improve outcomes. Work is underway to collect attainment data based on the March Census point for care status and this will be a focus in 2026/27 to ensure the accuracy of this data.

Support for children who are adopted, Post Looked After or in Kinship Care arrangements

The Virtual School aims to ensure outstanding educational achievement for our children who have previously been in care and in kinship care arrangements. We have amended our tracking system that monitors enquiries to the Virtual School that are allocated to locality based Virtual School Leads who provide support and guidance to families, schools and settings. This tracking is now incorporated in a half-termly board meeting, giving Virtual School Leads to discuss children and settings that they have worked with and to consider next steps.

The Virtual School has responsibility for supporting educational progress for children in kinship care arrangements. This has led to 98 enquiries from families and settings for support with key queries related to SEN and admissions. Attendance at the kinship steering group ensures that education remains a key support for our families. A new handbook to support families and settings around kinship was implemented in September 2025.

	Spring		Summer		
	Adoption	Kinship	Adoption	Kinship	Total
Total Number of Young People	15	6	14	8	43
Total Requests for Support	21	11	16	7	55
General Information	0	5	2	0	7
SEN	6	3	7	3	19
Attendance	6	0	1	3	10
Anxiety	2	0	1	3	6
Pupil Premium	1	1	1	0	3
Admissions	0	1	1	0	2
Transition	0	1	1	0	2
Exclusions	0	0	2	1	3
Funding	0	0	4	2	6
Attainment	0	0	1	0	1
Suspensions	0	0	1	0	1

Attachment	0	0	1	0	1
Behaviour at Home	0	0	1	0	1

Child Voice and Virtual School Projects

Dorset Virtual School have worked hard to ensure that our children and young people feel that they belong within the educational settings and also belong to the Virtual School. At every PEP, work is undertaken with our young people to collect their views and be curious about their interests. Further meetings have been held with two groups of children around ideas about belonging; This feedback informed the Education focused Corporate Parenting Board meeting in January 2026 and has led to new priorities for 26/27 set by out young people.

Celebrating Child Successes

The Virtual School has a strong focus on celebrating child successes and sharing these widely including with the extended Children's Services leadership team to ensure that our children's lived experience is in everyone's minds in a positive, strengths-based way and to celebrate good practice from teams working with our children.

Children's successes are celebrated weekly within the team, with each identified child receiving a £10 book voucher. During 2025/26, 267 children and young people were celebrated for a variety of reasons, including leading their PEP, accessing education full time after missing education for one term completing their ESOL qualification and moving to the next qualification. The positive acknowledgement of children's successes in the PEP meetings was recognised in governor monitoring as a strength of the PEPs.

The 2026 Virtual School Awards took place in July 2026 at Monkey World, Bovington following young people's feedback around the type of event they would like where they would be able to spend time with their families. 154 children and young people were nominated and celebrated at this event with five children and young people having an additional celebration from the Corporate Director for Education and Director of Children's Services. Additionally, nineteen Designated Teachers were nominated for their hard work and commitment to our young people and celebrated at the award this year alongside our 12 Designated Teachers of the month awards. The awards provided a valuable opportunity to show our young people, our Designated Teachers, and their supporters just how much they are appreciated and how proud we are of all they've achieved.

Oracy Project

The Extended Team have collaborated with the Education Challenge Leads to implement a bespoke oracy programme aimed at children in Key Stage 2 to improve literacy and oracy. This started on 25th April 2025 involving 12 settings in Chesil. The intended aims of the programme are to improve implementation climate for settings; Develop Accountable Talk knowledge and practice. There is much research into the significant benefits for disadvantaged pupils where schools have a strong focus on oracy and deliver this in a high quality and consistent way. Feedback has been positive; 'I think the training has put 'oracy' on the map in our schools (which has been slightly ahead of the game). Every school is giving more oracy opportunities to pupils'.

Numeracy project

The Extended Team have collaborated with the Education Challenge Leads to implement a bespoke numeracy programme aimed at children in Key Stage 2. Feedback is positive and teachers were able to take away some ideas to try out. In 2026/27, a focused CPD session is planned on assessment and curriculum adaptations for those pupils who are below or

significantly below expected levels highlighting supporting children to move from scaffolded support to independent learning.

Creative Music Course

Dorset Virtual School offered a one-day creative music course in collaboration with the Dorset History Centre and Dorset Music Service. Eight young people took part, exploring their creativity by making music using digital software, including working with backing tracks and overlaying with vocals and instruments. Plans are underway to offer this as an online afterschool club for our young people.

Supporting Learning

During 2025/26, the Virtual School supported 69 children and young people to have access to the Letterbox Literacy Club to encourage and foster a love of reading and to improve literacy. Feedback from this project was positive with one carer noting 'how excited our young person was to receive his first parcel. It is in his bedroom, by his bed waiting to be read!'



The Virtual School has also invested in a range of support materials and online learning packages for our children and young people to support with maths and English learning at Key Stage 2 and 4. This has been offered to 37 Children in Care and 13 Children with a Social Worker to be used as an additional revision resource for examinations with 23 young people making use of the programme during the year. 102 laptops have been offered to our young people during the year to support learning as well as offering 59 IXL licences for English, maths and science learning. Half-termly evaluations of the impact of the IXL licences is being undertaken by the team to ensure usage and feedback is gained from young people about its benefits.

Supporting our children with SEN

Dorset Virtual School have embedded and further developed the learning packs designed for children with a SEN need in 2025/26. These packs have been designed for children in homes with new carers who are waiting on a school place and allow learning to take place for up to four weeks. Each pack included resources based on The Gruffalo, The Snail and The Whale and Room on the Broom with activities based around literacy, numeracy, geography, art, music, science, cooking, outdoor education and drama opportunities. Each pack was designed to be flexible in terms of ability.

By providing our resource following a move, Dorset Virtual School are ensuring there is education in place for up to a month while SEN process is followed, and appropriate and welcoming provision secured.



In 2025/26, the Virtual School have developed further resources for older children and these will be introduced in 2026/27.

Support for our Early Years Children

One priority in 2025/26 was to embed the best practice for our children within early years settings. A focused literacy intervention for our Early Years children has been developed and had positive feedback from our families; The Gruffalo being the favoured set in the SEND pack, scoring 5/5 overall with 'How could the transition packs be improved? - "Don't think it could"' they will be using it everyday from one family. The Book Trust Story Explorers Literacy programme has also been offered to 26 children in care and 21 children on child in need or child protection plans to further support progress in literacy.

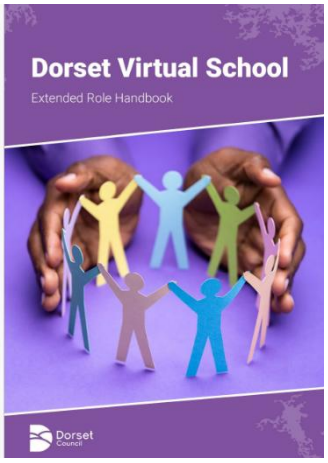
Targeted training for our Early Years settings has led to 100% of PEPs being graded as good and better and greater collaboration between the Dorset Best Start in Life Team, Virtual School and Health Visitors has ensured there is greater scrutiny and support educationally for children on Child in Need and Child Protection plans.

Support for our Unaccompanied young people

The Virtual School have built upon its support for our increasing numbers of unaccompanied young people during 2025- 26. A new toolkit for settings supporting our young people is being developed and a further review of the 'Welcome Pack', providing language learning resources and games that can be used within the family settings to encourage immersion in the English language has occurred. This has led to 18 packs being delivered to young people during the year.

Each young person is also provided with a laptop and language tuition as part of their welcome package and a targeted residential visit is planned for 2026/27 for our young people to develop an understanding for Dorset alongside a guide for educational staff to support or young people seeking asylum.

Knowledge Exchange Programme with University College London



The Virtual School partnered for the fourth year running with University College London (UCL) to deliver their Knowledge Exchange Programme that seeks to support practice in schools and colleges to improve outcomes for children within the Virtual School. It originated as a result of the dearth of evidence available to support schools in developing practice for this group of children and young people.

The programme engaged seven settings in a collaborative year long programme through access to research findings, a comprehensive school/college audit tool and regular support from facilitators with research and school practitioner backgrounds. Participants had the opportunity to share and evaluate their findings at the end of the academic year.

A set of case studies is due to be published by UCL demonstrating the impact and learning from each of the projects and the school/college lead for each project will be sharing their work through workshops in the Virtual School Conference in January 2027.

Big Bids



Following feedback from our colleagues within schools and settings around 'dream projects' if funding was available, the Virtual School has continued to offer its Big Bids process for schools and settings for the fifth year running. This initiative encouraged settings to bid for funding to implement a project or creative idea that would support our children within the Virtual School as a cohort within the school to achieve and be successful.

During this period 35 bids were received (20 from Dorset settings). Projects ranged from resourcing for ELSA and literacy rooms, sensory equipment, indoor and outdoor sensory spaces, targeted books for library spaces and training courses for staff to support emotional well-being of children.

Feedback from settings involved has been positive; 100% said the project had very good or good impact on their children and 100% said the project had an impact on attendance of our children.

Virtual Reality training

To support the Extended Role of the Virtual School and children with a Social Worker, we have rolled out our training offer using the Cornerstone Virtual Reality training programme which allows the user to experience the impact of our conversations and interactions with children who may have experienced trauma through the eyes of the child.

"We have had several discussions about the content of the sessions and how powerful they were in helping staff to understand trauma on a very unique level. This deeper understanding goes a long way to help staff support pupils who have experienced trauma. It certainly reinforces that behaviour is communication, sensory responses are communication and belonging and mattering are key"

15 staff were trained to deliver sessions with settings, focusing on the impact that adult interactions have with young people. This year, 54 sessions have been held across our settings and teams with 8 settings having their whole staff teams trained using the technology to impact culture change. As part of our wider promotional activity, we have attended six conferences and training events, providing short demonstrations to delegates. More recently, there has been growing interest from alternative providers, enabling delivery of this training to six external organisations.

Feedback has been provided through evaluations forms and has been positive, achieving an average of 4.70 out of 5. We have also seen a slight reduction in the number of suspensions in a school that previously had a high number of them for our children on a child protection plan in the first year of the project.

Higher Education project

The Virtual School offered Higher Education mentoring to those young people who have aspirations to study at University. In 2025/26, there was a small uptake from young people who felt that they were able to access the offered programme through alternative methods with visits to two universities offered through the Virtual School. In 2026/27 the team are developing a new offer of HE experiences via webinars and visits to local universities in collaboration with Arts University Bournemouth.



Pre-16 provision

The Virtual School have offered a Pre-16 provision at a local provider for six young people.
They young people were confident to attend and engaged in activities and performed well as a group. Attendance at this intervention was 85% with two young people missing just one session each and other not attending before officially withdrawing. 100% of children will have a confirmed destination place for Post 16 from the KS4 programme and 100% of children undertaking the programme will achieve ASDAN accreditation with 2 children also achieving Entry 3 in maths and one child achieving level 1 in maths.

Virtual School training

The Virtual School provides an extensive training and development programme via termly Virtual School training, new to the Designated Teacher role training and bespoke training on themes identified from cohort need.

During 2025/26, these have included:

- Using Strength Based Language
- PEP interventions and Target setting
- Emotionally based school absence
- Hear My Voice (voice of our young people)
- Supporting children engaged with the Youth Justice Team
- How our Children in Care nurses can support children



Based on feedback from Designated Teachers, the Virtual School offered its fourth Virtual School Annual Conference in January 2026 focused on belonging and mattering. Dr Lisa Cherry and Steven Russell delivered key note addresses, focusing on how we can support children within the Virtual School and a series of workshops offered takeaways for participants. A marketplace for stalls allowed networking opportunities and further opportunities. Feedback from this event was excellent with 95% stating that the CPD would have a good or significant impact on their practice. The Virtual School are planning a fifth Conference in January 2027 around lived experience and supporting children who have been adopted.

Appendix 1: School Development Plan 2026/27

Priorities on a page: Dorset Virtual School Development Priorities 2026 – 27

AIM	**To ensure that Children within the Virtual School are ambitious around education and feel that they belong**		
STRANDS	**Achieving educational stability**	**Improving how children are represented in our work**	**Developing opportunities for children to achieve their ambitions**
PURPOSE	To provide children and settings the right support to enable full time stable education age 2 - 18	To provide children with the best support led by them	To provide high quality opportunities that lead to educational and employment success and belonging
12 MONTH GOALS	• (1.1) Improve attainment for children in the Virtual School at Key Stage 2 and Key Stage 4 • (1.2) Reduce the use of suspensions for Children within the Virtual School • (1.3) Develop and deliver a programme of CPD for professionals working with Children within the Virtual School, including collaborative work with UCL • (1.4) Improve the attendance of SSA children and remove barriers to belonging in school • (1.5) Reduce the number of children missing education, use of reduced timetables, children who receive a permanent exclusion and young people who are NEET • (1.6) Improve progress and outcomes for children with a SEN need	• (2.1) Provide a sense of belonging for Early Years children • (2.2) Promoting a sense of belonging for children seeking asylum • (2.3) Provide support for settings to better meet the needs of children previously in care and children in Kinship Care arrangements • (2.4) Collect and respond to child feedback to improve our service	• (3.1) Embed a structured programme for young people with aspirations for higher education • (3.2) Embed a personalised programme for young people to develop a sense of belonging and resilience in education • (3.3) Develop wider learning opportunities and positive experiences • (3.4) Embed clear plan to engage with Locality teams through Pathfinder
OUTPUTS	• 75% engagement with IXL English and maths programme for all children • 75% engagement with IXL KS3 and 4 science programme for all targeted children • 75% partially or fully met targets with online and face to face 1:1 tutoring for Children in Care • Ensure that an introductory session is held by commissioned tutors for our children in care • 65% Children in Care making expected progress in KS2 maths • 18% Children in Care achieving grade 4+ in English at KS4 • 25% Children in Care achieving grade 4+ in maths at KS4 • 40% Children with a Social Worker making expected progress in KS2 reading, writing and maths • 20% Children with a Social Worker achieving grade 4+ in English and maths • 75% engagement with Literacy Gold programme for targeted children in care • 75% engagement with Letterbox literacy programme • 75% engagement with Story time and Story Explorers literacy intervention	• Implementation of bespoke training for Early Years setting • Implementation of method of capturing the voice or our early years children via most appropriate method • 100% of children needing additional support with communication is being monitored through the PEP process. • Collaborate with VSEND operational group on Early Years to reception pathway to implement a next steps pathway for Children in Care and all children with a social worker. • 75% engagement with Story Explorers • Develop monitoring system for children not in educational settings • 90% of young people seeking asylum engage with the resource pack and induction booklets (CPD and offer) • Develop monitoring and support of use of IXL for children seeking asylum • Develop a targeted programme of extra-curricular activities for our children seeking asylum. • Develop process for targeted toolkit and Pupil Premium+ funding • Develop the use of the induction booklet • Embed monitoring system for children previously looked after and in kinship care arrangements includes record of advice, guidance or	• Target group of 6 (child in care) young people to participate in initial HE programme and taster day with evidence of impact via child voice feedback • Introduce a guide to Post 16 education for young people (links to open days) • Implement offer for financial and lifelong education • Develop bespoke training for Virtual School on Post 16/18 offer • Target group of 10 young people in care to participate in belonging programme with evidence of impact via child voice feedback • 100% of children in care will have a confirmed destination place for Post 16 from the KS4 programme • 100% of children in care undertaking the KS4 programme will achieve unit accreditation • Implementation of education mentors for Young People with a Social Worker with the EP service • Development of an Annual programme of events linked to belonging and child voice • Develop the Virtual School annual awards • Every child is celebrated at least once during the year • Refine the reading list for settings

Appendix 2: Attendance for 2025/26

Attendance Trend

Year	Children in Care Overall absence (%)	Children in Need Overall absence (%)	Children on Child Protection Plans Overall absence (%)
2023/24	13.0%	-	-
2024/25	12.0%	23%	23%
2025/26	13.4%	20%	22%

2025/26 Attendance for Children in Care

2025-6	Overall Attendance Year to Date
Whole Cohort	86.54%
Reception	96.70%
Year 1	95.90%
Year 2	94.80%
Year 3	91.50%
Year 4	96.30%
Year 5	92.50%
Year 6	94.70%
Year 7	91.30%
Year 8	87.20%
Year 9	82.60%
Year 10	81.80%
Year 11	75.60%

2025/26 Persistent and Severe Absence Children in Care

Year	Persistent absence (%)	Severe absence (%)
2023/24	28.0%	6.0%
2024/25	25.8%	9.4%
2025/26	34.23%	9.31%

2025/26 Persistent and Severe Absence Children in Need plans

Year	Persistent absence (%)	Severe absence (%)
2023/24	-	-
2024/25	58%	15%
2025/26	50%	10%

2025/26 Persistent and Severe Absence Children on Child Protection plans

Year	Persistent absence (%)	Severe absence (%)
2023/24	-	-
2024/25	76%	17%
2025/26	77%	17%

Appendix 13.2 Dorset Virtual School 2025/26 attainment

		Dorset Children in Care 2025/26	Trend	South West Children in Care 2025/26	Trend	National Children in Care 2025/26	Trend
Year 1	**Phonics**	77%	↑	60%	↑	61%	↑
Key Stage 2	**Reading**	48%	↑	41%	down	51%	same
	SPaG	40%	↑	38%	down	46%	↑
	Maths	40%	↑	43%	same	49%	↑
Key Stage 4	**% of children with grade 4+ in GCSE English and maths (12 months +)**	14.1%	↑	Waiting on results 14/10/26			
	% of children with grade 4+ in GCSE English and maths	14.1%	↑				
	% of children with 5 grade 5+ including GCSE English and maths	10.9%	↑				

Attendance and progress 2025/26

	Dorset Virtual School	Welfare Call Virtual Schools (95)
Attendance	88%	86.82%
Persistent absence	34.23%	30.59%
Severe absence	9.3%	11.05%
Unauthorised absence	4.17%	4.47%
Suspensions	11.40%	13.25%

This page is intentionally left blank

Corporate Parenting Board
26 November 2026
Children in Care and Youth Justice
For Decision

Cabinet Member:
Cllr C Sutton, Children, Families & Education

Local Councillor(s):

Senior Leadership Team:
P Dempsey - Executive Director, Children's Services

Report author and job title: David Webb, Head of Service, Dorset Combined Youth Justice Service

Email: david.webb@bcpcouncil.gov.uk

Statutory Authority:

Report status: Public Choose an item.

1. **Executive summary (maximum of 500 words)**

1.1 Children in care are over-represented in the justice system, both nationally and locally. These children are more likely than other children to enter the justice system, to reoffend and to receive a custodial sentence.

1.2 The Youth Justice Service (YJS) is a multi-disciplinary team which agrees an individualised plan with each child to build on their strengths and to reduce the likelihood of further offending. These plans should be developed in collaboration with the child and with other professionals, such as the child's social worker. Audits of YJS work with children in care shows examples of good joint work between the YJS worker, the social worker, education professionals and health professionals for some children, but this good practice needs to become more consistent.

1.3 Children in care gave some mixed views on the quality of the joint work between the YJS and Children's Social Care. There was some recognition that workers were trying their best and wanted to help.

1.4 Children in care used to be criminalised for behaviour in the place where they live. Dorset Council have an agreement with Dorset Police, the YJS and with BCP Council that children's homes and supported accommodation providers should only call the police when it is necessary to keep people or property safe. Most incidents should be dealt with under the setting's behaviour

management policy, in the same way that a family would not call the police for misbehaviour by a child. The multi-agency group which monitors the implementation of this agreement did not meet between November 2025 and October 2026, while waiting for Dorset Police to reallocate its internal support for this work. The group has now been relaunched and will meet quarterly in 2027.

1.5 The government is drafting a new national protocol for reducing the criminalisation of children in care. The new protocol has a wider scope than previous documents, including prevention work, responses to all offending by children in care (not just offences at the place where they live), and support for care-experienced young people up to the age of 25. The new national protocol is scheduled for implementation in July 2027. It will require a refreshed local protocol and an expanded multi-agency group, including the Probation Service, to oversee this important work.

2. Recommendation(s)

2.1 For the Corporate Parenting Board to note and support the work being done to reduce the criminalisation, offending and imprisonment of children in care

3. Reason for the recommendation(s)

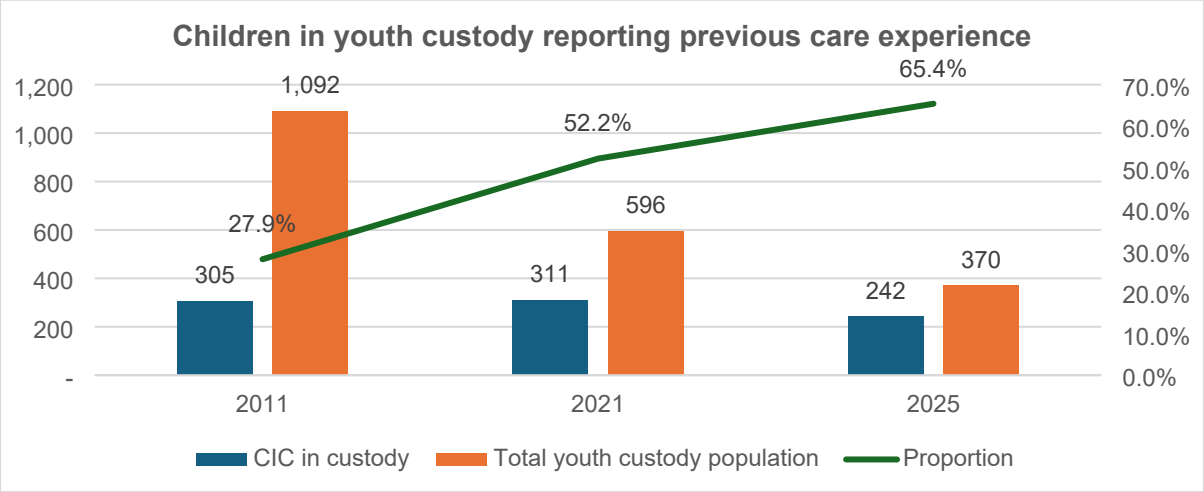
3.1 To ensure that the Corporate Parenting Board is informed about the issues relating to children in care at risk of offending and about the work being done locally and nationally to address these issues.

4. The report

4.1 Children in care continue to be over-represented in our local youth justice system. Although there is some fluctuation in the numbers and proportion of children in care on the Youth Justice Service (YJS) caseload, over the past year, at any one time, children in care have comprised between 15-20% of the YJS Dorset caseload (around 10-15 children at any one time).

4.2 The over-representation of children in care in the justice system is recognised nationally. Research has indicated that 52% of care-experienced people have been convicted of an offence by age 24, compared to 13% of those who had never been in care, and 15% have been sentenced to custody by age 24, compared to 1% of those who had never been in care.

4.3 Over the past 15 years there has been a notable drop in the numbers of children being sentenced to custody in England and Wales. This reduction has not been evenly distributed amongst all groups of children; children in care now account for a higher proportion of all children in custody, as shown in this chart:



4.4 The numbers of Dorset children being sentenced to custody remain very low, around two children per year in the past three years. Since April 2024, five different Dorset children have been sentenced to custody. Four of these five children were in the care of the local authority when they were sentenced to custody.

4.5 Local analysis of the children and young people who received custodial sentences across Dorset and BCP during the year 2025/26 shows a pattern of common features:

- 100% were male
- 100% had an allocated social worker (29% for Child Protection, 71% as a Child in Care or Care Experienced Young Person)
- 85% were rated as Significant for the risk of Extra-Familial Harm
- 100% were assessed as having speech, language and communication needs

- 85% had an EHCP
- 100% had received a Permanent Exclusion from school
- 85% were known to the Community Adolescent Mental Health Service (CAMHS)
- 100% were identified with substance use concerns
- 85% were aged 17 or 18 at the time of sentence (reflecting delays between the offence and the sentence)
- 85% were aged 14 or younger at their first justice outcome for a proven offence
- 85% had received 5 or more previous justice outcomes.

4.6 The list above shows the multiplying impact for children who have overlapping areas of need, such as social care experience, speech, language and communication needs (SLCN), Special Educational Needs and Disabilities (SEND), mental health needs, and a pattern of substance use. Previous reports to the Corporate Parenting Board have identified similar patterns of needs and negative experiences for children in care in contact with the youth justice system. Some of the common factors include:

- Multiple residential placements, often including placements out of area.
- A history of education exclusions and multiple education placements.
- Speech, language and communication needs.
- Special educational needs and disabilities.
- Mental health and emotional wellbeing needs, which can often be traced back to traumatic early life and/or recent experiences.
- Vulnerability to criminal and/or sexual exploitation.
- Substance use, on average from around the age of 11/12.
- Physical health needs.

4.7 This profile of needs means that these children often have contact with practitioners from multiple services. It is important that practitioners from different services work together, with each other and with the child, to integrate their support for the child and to achieve shared goals. YJS audits and learning reviews have shown examples of strong co-working between YJS workers, social workers, health care professionals and the Virtual School, such as joint visits, shared plans and work to achieve agreed priority outcomes, such as improving the education offer for a child. The learning from these audits also showed that good joint work was not embedded in every case, with some variation depending on the individual working relationships between different practitioners. The YJS has now initiated a joint meeting between YJS workers and social workers at the start of YJS work with a

child in care to agree how best to work together. As a result of these audits, some adjustments have also been made to the joint working practices between the YJS health team and the Child in Care health team, and between the YJS education workers and the Virtual School.

4.8 The YJS is a multi-agency partnership between Dorset Council, BCP Council, NHS Dorset, Dorset Police and the Probation Service, giving the team a multi-disciplinary identity. The YJS includes a part-time Clinical Psychologist, Nurses, Speech and Language Therapists, Police Officers, a Probation Officer, Education Officers, Activity Coordinators and Restorative Justice Practitioners. This means that support for each child can be tailored to their needs, using the resources within the YJS, and working in partnership with other services such as Children's Social Care, CAMHS, the Children in Care Health Team, the Virtual School and the Police.

4.9 Although each child receives an individualised approach, including assessment and plans based on their experiences of trauma and their speech and language needs, evidence indicates that children who have been in care are much more likely to reoffend than children who have never been in care. The latest YJS analysis of reoffending rates, focusing on children who received a criminal justice outcome in the period from October 2023 to September 2024, shows that 44% of children who were currently or previously in care reoffended within 18 months, compared to 19% of children who had never been in care (*these figures relate to the whole YJS caseload, including children in the BCP Council area*).

4.10 The YJS previously reviewed its work with a sample of children in care. These children were asked for their views on the work of the YJS and how well the YJS worker and the social worker joined up their support for the child. Some of the feedback from the girls indicated that they didn't feel, or weren't aware, that social workers and youth justice workers worked together, and they didn't feel that their social workers were helpful. The boys were more positive, saying that YJS workers and social workers did work together well, though one commented that: "They work together and try to help me as best they can….I feel like they are good people, most of them, who care and want to help. Good people with a bad system."

4.11 The different perspectives from the girls and the boys may reflect the length of their contact with the YJS; all the boys had had contact with the YJS for a longer period, over several interventions, and sometimes across placements in different local authorities. One of the boys also gave positive feedback about his work with a YJS Nurse, saying that she "talks to me about things and is there if I need to talk about things and we get things done".

4.10 An independent review of the criminalisation of children in care in 2016, led by Lord Laming, identified a pattern of residential settings calling the police to respond to incidents which would not have involved the police if they had occurred in a family setting. Locally we produced a multi-agency protocol in 2016 to provide guidance to

residential providers about when to call the police (when there is an immediate risk to safety), and when to handle incidents within the organisation's behaviour management policy. In 2018 the Ministry of Justice, the Home Office and the Department for Education produced a National Protocol, which was influenced by the Dorset document.

4.11 Oversight and review of our local protocol sits with a multi-agency group, chaired by the YJS, with representation from the local authority placement commissioning services, Children in Care services and fostering services, Dorset Police, and the Child in Care Health Team. The group reviews individual call-outs from residential settings to Dorset Police, to check that the protocol was followed and that it was necessary to call the police. Learning is shared with residential providers to support them to manage behavioural incidents without police involvement where this is appropriate. In the period between November 2025 and October 2026 the group did not meet, waiting for Dorset Police to reallocate its internal responsibility for this area of work. The group re-convened on 19 October 2026, reviewing police call-outs to children's homes in the previous quarter, and agreeing priorities for future meetings.

4.12 Despite the use of our local protocol to avoid criminalising children in care for behaviour in their place of residence, we still see over-representation of children in care in our local youth justice system. This reflects patterns of offending in public places, and other settings away from the child's home, often in the context of Extra-Familial Harm, beyond the scope of our local protocol.

4.13 During 2026, the Ministry of Justice led a cross-government working group to refresh and broaden the national protocol for reducing the criminalisation of children in care. As a member of the national working group, I have seen a draft version of the new protocol, which is due for publication in November 2026 and for implementation in July 2027. The new protocol significantly widens the expected scope of activity, to include the following headings:

- Identification, early intervention and prevention
- Relationships, stability and support networks
- Responding to incidents and police contact
- Diversion and safeguarding responses
- Information sharing, recording and accountability
- Support for those who enter the criminal justice system

4.14 The draft new national protocol also extends its application to care-experienced young people up to the age of 25. This means that our local protocol and arrangements will need to be reviewed in the period before July 2027, bringing in additional partners like the Probation Service and Housing colleagues.

5. Alternative options considered

5.1 This report does not contain proposals for change, meaning that alternative options are not applicable.

6. Legal considerations

6.1 No legal considerations have been identified from this report.

7. Financial implications

7.1 There are no financial implications from this report.

8. Natural environment, climate & ecology implications

8.1 When Dorset children are placed out of area, the resulting increase in staff travel to maintain contact with the child causes some environmental and climate consequences.

9. Well-being and health implications

9.1 This report refers to joint work between the YJS health team and the Child in Care health team to meet the health and wellbeing needs of children in care who have contact with the justice system.

10. Other implications

10.1 No other implications have been identified.

11. Risk implications

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

Current Risk: Low

Residual Risk: Medium

12. Equalities

12.1 The report does not relate to new working arrangements. Therefore an Equalities Impact Assessment has not been undertaken.

13. Appendices

13.1 None

14. Background papers

14.1 None

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Cabinet Member(s)

NHS Dorset

NHS Dorset

Annual Children in Care and Care Experienced Young People Report 2025-26

July 2026

NHS Dorset Integrated Care Board

Meeting Title	Quality, Safety and Experience Committee
Date of Meeting	
Paper Title	Annual Report for Children in Care and Care Experienced Young People 2025-26
Responsible Chief Officer	**Shelagh Meldrum**
Author	Mrs Louise Maple Designated Nurse for Children in Care and Care Experienced Young People

Confidentiality	N/A
Publishable Under FOI?	Yes

Prior Discussion and Consultation		
Job Title or Meeting Title	**Date**	**Recommendations/Comments**
Designate Doctor & Nurse meeting	27.08.2026	Outcomes and themes discussed from DHC and UHD annual reports for Children in Care and Care Experienced Young People (CiC and CEYP)
Associate Director Health Inclusion	03.08.2026	Review of draft report
Designate Doctor	13.08.2026	Review of draft report
Deputy Director of Nursing	21.08.2026	Review of draft report

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 2025-26.						
	Note:	✓	Discuss:		Recommend:		Approve:
Summary of Key Issues	During 2025-26, NHS Dorset continued to meet its statutory responsibilities for Children in Care (CiC) and Care Experienced Young People (CEYP), despite increasing demand and complexity. The number of children in care increased by 11% to 1,120, with a 25% rise in children entering care. Over a third of children were placed outside of Dorset, creating additional challenges in accessing timely health services.						

	Key achievements included: • Launch of the Care Leaver Flag to support trauma informed care across health services. • Continued success of the Dental Premium Scheme achieving above the 80% ICB target in each quarter, improving access to dental care. • Development of improved emotional health pathways and multidisciplinary working. • Strengthened partnership working across health, social care, education and primary care. • Ongoing work to improve support for unaccompanied asylum-seeking children, adoption services and neurodevelopmental assessment pathways. **Challenges remain:** • Declining performance against statutory health assessment timescales due to rising demand and capacity pressures. • Delays for children placed outside of Dorset. • Increasing safeguarding workload. • Difficulties supporting care leavers transitioning into adult services, particularly around emotional wellbeing. **Priorities for 2026-27:** • Improve health assessment performance and reduce out-of-area inequalities. • Strengthen mental health and neurodevelopmental pathways. • Address workforce and capacity pressures. • Ensure the voice of children and young people remains central to service development.
Action recommended	The Quality, Safety and Experience 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	**NO**	

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.

Children in Care and Care Experienced Young People Annual Health Report 2025/26

Introduction

This strategic report describes how NHS Dorset ICB met its statutory duty in commissioning services in identifying and meeting the health needs of the children in care (CiC) and the care experienced young people (CEYP) population of Dorset. This report covers the period from 1 April 2025 to 31 March 2026.

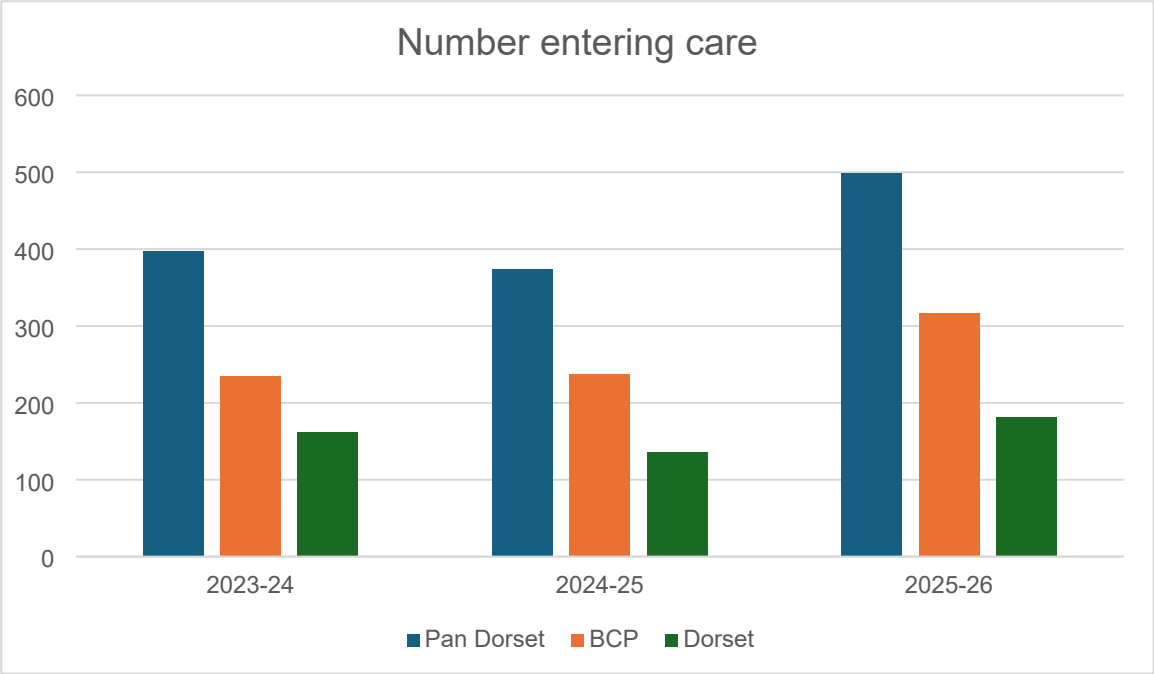
During 2025/26, NHS Bath and Northeast Somerset, Swindon and Wiltshire, NHS Dorset, and NHS Somerset clustered together. Each ICB remained the accountable statutory partner to local multi-agency safeguarding partnership arrangements. In September 2025, Jonathan Higman was appointed as Chief Executive to the cluster. Jonathan assumed the role of Lead Safeguarding Partner for the NHS for all safeguarding partnerships served by the three ICBs. In December 2025, Shelagh Meldrum was appointed as Chief Nursing Officer to the cluster and assumed the role of Designated Safeguarding Partner for all partnerships. All three ICBs continued to engage the services of designated safeguarding professionals to work with local partnerships. Clustering will afford these professionals better opportunities to collaborate and share resources, the process of clustering will continue in 2026/27. The ICBs will develop cluster-wide strategies for commissioning healthcare services which are inclusive to the needs of those who suffer abuse or neglect, whilst accommodating local variations in need.

Throughout this process the ICB remains committed to delivering all statutory safeguarding functions consistently and to a high standard, maintaining safe and effective safeguarding leadership across the new ICB cluster.

Important Numbers

On 31 March 2026 the demographic data for Dorset shows a total of **1120** children in care supported by Bournemouth, Christchurch & Dorset Council (BCP) and Dorset Council (DC) within and outside the Dorset conurbation (BCP 643, DC 477). This is an overall increase of **11%** in the reporting period (BCP 12%, DC 7%).

The number of children coming into care has also increased in this reporting period, by **25%,** see table below:



In addition to this there are **1145** care leavers known to BCP Council and Dorset Council and **337** children living in Dorset from other local authorities.

Of note, **34%** of children in care are living outside the county of Dorset.

Of the 84 unaccompanied asylum-seeking children, **81%** are living outside of Dorset (BCP Council 69%, Dorset Council 93%).

Also of note is the percentage of children in care with Education, Health and Care Plans **(30%),** in comparison to **6%** of pupils attending BCP and Dorset schools, and **6%** nationally. **40%** of the caseload are identified as having special educational needs or disabilities (SEND).

As of 31 March 2025, there were 81,770 children looked after in England, representing a 2% decrease from the previous year. This equates to a rate of 67 CiC per 10,000 children aged under 18. BCP Council rate is above the national average at 81 children in care per 10,000 and Dorset Council rate is below national average at 56 (per 10,000). This compares to neighbouring counties: (CLA numbers and rates per 10,000 children aged under 18 years - by local authority, Data set from Children looked after in England including adoptions - Explore education statistics - GOV.UK)

Local Authority	Children in Care Rate (per 10,000 children)
England	**67**
BCP	81
Dorset	56
Hampshire	49
Wiltshire	52
Somerset	67
Devon	73

Designate Nurse Role

The role of the designated nurse for children in care and care experienced young people is to provide strategic clinical leadership to ensure that NHS Dorset meets its statutory duties to children in care. The role offers system assurance, professional leadership and works closely with health providers and local authorities to promote the health, safety and wellbeing of children in care and care experienced young people. This report will focus on:

- The voice of children and young people
- Children in care population health outcomes
- Reducing health inequalities for children in care and care experienced young people

Designated Doctor Role

The role of the designated doctor for children in care is:

- To provide strategic oversight of health services provided for children and young people in local authority care.
- To advise Integrated Care Boards (ICBs) and local providers on healthcare standards and clinical governance.
- To Support and offer expertise to clinical practitioners, named doctors, and health professionals handling initial and review health assessments.
- To ensuring partnership working across health, social care, and education sectors to narrow health inequalities.

Key Areas of Work 2025-26

- Statutory health assessments and health planning
- Safeguarding and risk management
- Emotional health and wellbeing
- Care leaver health support
- Partnership working
- Addressing health inequalities

Impact on Health Outcomes for Children in Care

Area of Work	Health Outcome
Health Assessments and Health Planning	• Health assurance meetings with providers University Hospitals Dorset (UHD) and Dorset HealthCare (DHC) and both local authorities continue monthly, to ensure that any barriers to achieving statutory timescales are identified and solutions discussed. This year has seen a decrease in performance for both Initial Health Assessments (IHA) and Review Health Assessments (RHA); despite flexibility from both health teams in offering extra clinics and visits, the increase in the number of children entering care and the increase in safeguarding responsibilities, has affected this performance. A demand and capacity report giving options for achieving the current service specification has been submitted by DHC to the ICB so that this impact can be fully reviewed. In addition to this, both local authorities have commenced work to analyse the increase in the number of children entering care. • Health assessments are written to the child and young person using language that cares, so that their views are captured. This trauma informed way of working can support young people when accessing their records at a later date. • UHD continue to offer a 'one stop shop' for unaccompanied asylum-seeking children (UASC) needing an IHA, meaning that their full assessment, including screening for TB and blood borne viruses are completed on the same day with a face-to-face interpreter, making it a better experience for the

	young person. From April 2025 to March 2026, 23 BCP unaccompanied asylum-seeking children received this service and 5 Dorset children. • DHC has been working with both local authorities SEND teams to strengthen the information sharing between EHCP and RHA processes, resulting in more informed assessments and improved care planning between health and education. • 35% of children in care known to BCP and Dorset are living outside of the county; this can cause delays in receiving health assessments. Both UHD and DHC offer mitigation to this by bringing children back for assessments or visiting up to 60 miles outside of the county to ensure that health needs are met in a timely way. The designate nurse, and both health teams are submitting data to NHSE to evidence the variance in the health offer in other regions.
Safeguarding and Risk Management	• In Dorset, the Lead Specialist Nurse role provides strategic leadership in safeguarding, with a focus on reducing serious violence, ensuring that risks are identified early and addressed through multi agency working. This role has clearly evidenced outcomes for the young people involved, by identification of speech and language needs, and neurodiversity, helping to address inequalities and improving the trajectory away from criminality and exploitation. The young people involved have evaluated the highly relational approach positively. • Responsibilities for safeguarding activity has increased for the DHC health team, the requirement to attend AMBER level strategy discussions has increased by 21% over the past two years, this has direct impact on the team's ability to consistently deliver statutory assessments, provide follow up for health concerns and reduces capacity for preventative work. • After a period of time where increased demand on capacity meant medical advisors were not able to attend adoption panel to give a health view for prospective adopters, this was reinstated in January 2026. • Following NHS England guidance in June 2024 Key Principles for Ensuring Continuous Health Records of Adopted Children, NHS Dorset has led a working group across the health system (primary care, acute hospital, secondary care, clinical systems) to enact these recommendations. When a child is adopted and given a new

	NHS number, their medical records should be merged with the new post-adoptive details, merging records creates a continuous health record for the child, protecting their health and wellbeing and giving them the same rights to their medical history as all children.
Emotional Health and Wellbeing	• A significant development has been the launch in early 2026 of the Care Leaver indicator or flag, developed collaboratively with NHS Dorset, DHC, lived experience voice from both local authorities and primary care. The purpose of the indicator is to ensure practitioners are aware of the need for a therapeutic and compassionate approach, whilst also recognising that many care leavers may not wish to repeatedly share their stories. The initiative supports health settings in becoming more 'care leaver friendly', improving patient experience and embedding trauma informed care across services. • Support for children in care in improving emotional health pathways has been enhanced by the development of emotional health multi-disciplinary team (MDT) meetings in BCP, the aim being to strengthen multi agency responses to need. There are plans to develop a similar model within Dorset to support greater system wide consistency. • The care leaver transition nurse provides targeted support to care experienced young people aged 18-21 (up to 25 years for those with SEND) advocating for their health needs and supporting transition to adult services. Due to increasing demand across a large cohort, the service has now implemented a referral, screening and caseload management process to maximise impact while maintaining safe and effective practice. • Within this year, the Care, Adoption and Permanency Clinical Psychology team and the Dorset Council Harbour therapy team have merged with the Pan Dorset CiC Health Team. This unified model has been positively received and is evidencing benefits through collaboration, shared expertise and a holistic approach to meeting the needs of our children and young people.
Partnership Working	• Collaboration continues with Primary Care Network colleagues, working with care co-ordinators, social prescribers and the GP team to ensure that the needs of our care experienced young people are met and understood. In conjunction with the care leaver transition nurse, this has enhanced awareness and led to increased trauma informed

	care. There have been positive examples of when working together has meant young people have accessed a GP appointment which they previously might have avoided. • NHS Dorset and Dorset HealthCare were asked to support the development and launch of BCP's new Joint Housing Policy and Care Leaver Offer. Working together in this way strengthens relationships and fosters new ways of working, enhancing mutual understanding and respect across our professions as we strive towards improving outcomes. • NHS Dorset and Dorset HealthCare had the opportunity to work directly with Dorset's Youth Voice team to develop the Health and Wellbeing pillar of informal Corporate Parenting Board. Listening to our children in care and care experienced has enabled a greater understanding of some of the barriers and good practice which impacts how our children and young people access their health care. As a result, a training package is being formulated to promote the changes that health settings can facilitate to make a difference. • Involvement in the multi-agency compassionate pregnancy pathway has been important in giving the care experience perspective. Whilst this workstream is paused awaiting national guidance, the existing Pregnancy Pathway for Children in Care which offers multi agency support for parents to be, is due to be re launched to ensure that knowledge of this pathway is strengthened. • Work has taken place with Dorset Council Fostering team and UHD children in care leads to revise the process of fostering and adoption medicals with the aim of improving understanding of each agency's role and part they play in the process. This has the goal of reducing delays and enhancing the experience for prospective foster carers and adopters through improved inter-agency collaboration.
Addressing Health Inequalities	• Lead professionals within CAMHS, UHD, NHS Dorset, DHC and Virtual Schools are working on a bespoke pathway for children in care requiring neuro developmental assessments, with the aim of reducing wait times, need for private assessments and increasing consistency across the health network. Current wait times are approximately 3.5 years, however UHD triage referrals for children in care and if accepted, the aim is to see them within 6-12 months. • The Dental Premium Scheme for Children in Care and Care Experienced Young People continues to demonstrate improved access to dental care for those children and young

	people who previously did not have access. Since the launch of the scheme in January 2025, the percentage of children who are up to date with dental checks in the month their RHA is due has increased from 70.8% to 92.3% and has been consistently above the 80% target in each quarter. The positive outcome from this initiative clearly evidences the improvements that can be achieved through system collaboration. The Named GP and Designated Nurse facilitated direct children in care training to dental colleagues with the aim of increasing awareness and understanding for this cohort; the training was well received and evaluated. • Addressing the health needs for children presenting into care and throughout their care journey with elevated Body Mass Index (BMI) has led to the need for focused training for the CiC health teams, foster carers and social workers. Advice and guidance from the Clinical Psychology team has been key to understanding the difficulties some children and young people face with eating patterns. This work has coincided with a successful innovation bid won by NHS Dorset to develop personalised pathways to healthy weights over the next 2-3 years. • It is well recognised that children living outside of the county have a high possibility of experiencing health inequalities. Despite both health teams aiming to narrow this gap by bringing children back for health assessments and visiting outside of the county, performance exception measures highlight the delay in achieving health assessments for children living further afield. Data is sent quarterly to NHS England to reflect this inequality, with significant challenge from the Designated Nurse to national colleagues to address this issue. • To enhance understanding of key areas including consent, parental responsibility, mental capacity and deprivation of liberty in the context of children in care, the Designated nurse collaborated with a colleague in Bath and Northeast Somerset, Swindon and Wiltshire ICB to develop a comprehensive training package. The resource has subsequently been shared nationally to support wider learning and practice.

Children in Care and Care Experienced Young People Health Forum

The forum started in September 2024 and is held four times a year. Attendance is offered out to any professional working with children in care who have an interest in improving health outcomes: social care, virtual school, independent reviewing officers, participation teams, CiC health leads, clinical psychology and CAMHS, youth justice, SEND, safeguarding and population health improvement colleagues to name a few. The aim of the forum is to bring together the wider network around children in care and care experienced young people to hear their voice, what the perceived gaps in health are and areas of good practice to share and celebrate. It's also useful as a learning and development platform to hear updates from other services. The forum always attracts high numbers of attendees and lots of conversation, there is a clear action log that aligns to corporate parenting principles and the joint forward plan.

Challenges

The demands on social care and health teams in providing timely health assessments have resulted in a decline in performance. Exception reasons identify blocks such as late paperwork (including consent) for children coming into care, and the reliance on other health teams timescales to complete health assessments for children living outside of Dorset. The significant increase in the number of children coming into care have also impacted this.

A workstream highlighted at the CiC Health Forum is the inequality for those children who are living outside of Dorset. Despite health teams attempt to mitigate this by offering visits to neighbouring counties (278 health assessments completed this year by the Pan Dorset CiC Health Team for our children living outside of Dorset, an increase from 166 in the previous reporting year), there are a number of children each month who are not receiving their health assessment within statutory timescales. Working parties have commenced with colleagues from health and both local authorities to identify how inequalities can be addressed and the designated nurse continues to work closely with NHS England to report on this issue nationally.

Transition to adult services remains a challenge for young people leaving care, particularly in relation to emotional health and wellbeing support. Planning for young people approaching the age of 18 is an area needing improved co-ordination between all services, to avoid contributing to poorer outcomes for care leavers when compared to their peers. Although Dorset is unique in benefiting from the role of a care leaver transition nurse, this 30-hour post holds a caseload of 1145 young people which significantly limits capacity to provide much needed consistent and individualised support. A referral, screening and caseload management system is now in place and discussion of future capacity will form part of the service review.

Next Steps 2026-27

- UHD have highlighted the need for Forms M/B (mother and baby) and PH (parental health) should be requested for every IHA to complete the full history for the child coming into care and fully inform the health assessment and future care planning.
- Improve the inequity for children living out of area by tightening the escalation process when health assessments cannot be achieved by out of area teams. Consider improvements that could be made for children out of area in terms of emotional and mental health pathways.
- Health assessments performance decline – respond to demand and capacity report by DHC in terms of current service demands not being able to meet service specification.
- Ensure that advocacy and the child's voice remains central to service design and delivery, particularly embedding this within new ICB cluster arrangements.
- The current Children in Care (CiC) pregnancy pathway will be reviewed and relaunched to encourage greater use across Dorset. Feedback from young people who have received support through the pathway will help identify what is working well and where improvements can be made. The relaunch, planned for Quarter 3 2026-27, will increase awareness among all agencies involved, helping professionals to use the pathway more effectively and provide better support. Future developments will include support for expectant fathers and a pregnancy pathway for care leavers aged 18 and over.
- Lead professionals across CAMHS, University Hospitals Dorset (UHD), NHS Dorset, Dorset HealthCare (DHC), and Virtual Schools are developing a bespoke pathway for children in care requiring neurodevelopmental assessments. The pathway aims to reduce waiting times, minimise reliance on private assessments, and improve consistency across the system. Timescales remain difficult to define due to the impact of developmental trauma and therapeutic needs, and the overlap between trauma, mental health, learning, and neurodevelopmental conditions. A holistic approach is therefore required, with assessments undertaken at the most appropriate time for the child. Future developments will include medication management pathways.
- Develop CiC health teams' involvement in the Personalised Pathways to Healthy Weights programme to ensure a compassionate, trauma informed approach is embedded into service design, CiC Health Forum to be referenced as a Special Interest Group for the prime provider.

Feedback and Good News Stories

From young person to CiC nurse specialist: ‘she is there when I need her’, ‘I find her supportive and easy to talk to’

From young person to Care Leaver transition nurse: ‘thank you so much for your advice, it has helped me so much, thank you again’

Good news story – Specialist CiC Nurse ongoing liaison with designated nurse regarding outstanding ADHD medication review – now has appointment for review after many months of waiting due to multiple placement moves and declined referrals

Emotional Health and Wellbeing Practitioner advocated for fosters carers to receive DDP training to support the children they care for; funding is now agreed and DDP has started with positive feedback

Author: Louise Maple Designated Nurse for Children in Care and Care Experienced Young People

Date: 31.07.2026

This page is intentionally left blank

What NHS Dorset Has Been Doing for Children in Care and Care Leavers (2025-26)

Who is this for?

This summary is for children and young people in care, and care leavers. It explains what has been happening in health services over the last year, what has gone well, and what still needs to improve.

What We Are Proud Of

🦷 Better Access to Dentists

More children and young people in care are now getting regular dental check-ups. The Dental Premium Scheme helped increase dental attendance from around 71% to over 92%, which is a big improvement.

💙 A New Care Leaver Flag

A new Care Leaver Flag has been introduced across health services. This helps staff recognise when someone has care experience so they can provide more understanding, compassionate and trauma-informed support without young people having to repeat their story again and again.

☺ Better Emotional Wellbeing Support

Health, social care and psychology teams are working together more closely to help children and young people get the right emotional wellbeing support when they need it.

🗣 Listening to Young People

NHS Dorset has continued to work with Youth Voice groups and Corporate Parenting Boards to hear directly from children and young people about what works well and what needs to change. This feedback is helping shape future services.

🌍 Support for Young People Seeking Asylum

Children coming to Dorset as unaccompanied asylum-seeking children continue to access a "one-stop" health assessment service, making it easier to get the checks and support they need.

What Needs to Get Better?

⏳ Waiting Too Long for Some Health Assessments

Because more children are coming into care and services are very busy, some health assessments are taking longer than they should.

🚗 Living Away From Dorset

About one-third of Dorset's children in care live outside the county. This can make it harder to get health appointments and support quickly.

🔄 Moving into Adult Services

Many care leavers tell us that moving from children's services to adult services can be difficult, especially when accessing mental health and wellbeing support.

🧠 Neurodevelopmental Assessments

Waiting times for assessments such as autism and ADHD can still be very long, although work is underway to improve this.

What Will Happen Next?

In 2026-27 NHS Dorset plans to:

✅ Improve waiting times for health assessments.

✅ Reduce inequalities for children living outside Dorset.

✅ Improve mental health and emotional wellbeing support.

✅ Develop better pathways for autism and ADHD assessments.

✅ Make sure children and young people's voices continue to shape services.

✅ Continue to develop trauma-informed services that understand the impact of care experience.

Our Message to You

You told us that being listened to, treated with kindness, and getting help when you need it matters most. We are committed to working with you to improve health services and make sure every child in care and care leaver has the opportunity to be healthy, happy and reach their potential.

This page is intentionally left blank

Corporate Parenting Board

26 November 2026

Local Authority Designated Officer (LADO) Annual Report April 2025 – March 2026

Choose an item.

For Information Only

Cabinet Member:
Cllr C Sutton, Children, Families & Education

Local Councillor(s): OBJ

Senior Leadership Team:
P Dempsey - Executive Director, Children's Services

Report author and job title: Emma Pleece, Service Manager Safeguarding & Standards Service

Email: emma.pleece@dorsetcouncil.gov.uk

Statutory Authority:

Report status: Public Choose an item.

1. **Executive summary (maximum of 500 words)**

1.1 During 2025-2026, the Designated Officer Service experienced its highest recorded level of activity, managing 844 contacts relating to concerns about adults working with children. Of these contacts, 155 progressed to referrals under the management of allegations process.

1.2 The data demonstrates increasing use of the service for consultation, advice and threshold discussions, reflecting growing awareness of safeguarding responsibilities and confidence amongst partner agencies in seeking guidance at an early stage. This supports effective risk management and proportionate decision-making before concerns escalate.

1.3 Transferable Risk remained the most frequently reported allegation category, accounting for 69 referrals (44%). This continues to highlight the

importance of considering how behaviour or circumstances outside of the workplace may impact an individual's suitability to work with children.

1.4 Education remained the largest source of referrals, with continued referrals from fostering, social care, health services and other partners.

1.5 Outcome data remained broadly consistent with previous years, with 58 substantiated allegations, 66 unsubstantiated allegations and low numbers of false or malicious allegations. Seven referrals remained open at the end of the reporting period due to ongoing police investigations.

1.6 The report provides assurance that allegations continue to be managed through independent oversight, effective multi-agency working and proportionate safeguarding processes.

1.7 Priorities for 2026-2027 include strengthening quality assurance activity, maintaining workforce confidence, improving recording and reporting arrangements, further developing partnership learning, and enhancing information and support available to children, foster carers and adults involved in the management of allegations process.

2. Recommendation(s)

2.1 The Corporate Parenting Board is asked to note the findings of the Local Authority Designated Officer (LADO) Annual Report 2025-2026 and the priorities defined for 2026-2027.

3. Reason for the recommendation(s)

3.1 To provide assurance regarding the management of allegations against adults working with or volunteering with children and to update members on service activity, performance and emerging themes during 2025-2026.

4. The report

4.1 Introduction

The statutory guidance *Working Together to Safeguard Children (2026)* and *Keeping Children Safe in Education (2026)* set out the requirement for agencies to have clear procedures for reporting and managing allegations against those working or volunteering with children. The Designated Officer plays a key role in overseeing this process, providing independent advice on thresholds, risk management, and safeguarding actions when an allegation is made. This may include a range of measures, in consultation with an employer, such as the employer completing risk assessments, the use of suspension for more serious conduct matters or criminal investigations, alongside other measures, while promoting the organisation's duty of care to employees and ensuring a proportionate process that is concluded fairly and in a timely manner.

This report provides an overview of the management of allegations in Dorset, and the role of the Designated Officer between 1 April 2025 and 31 March 2026.

4.2 The Role of the Designated Officer

Working Together (2026) and Keeping Children Safe in Education (2026) state that organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice, or a complaint. An allegation may relate to a person who works with children who 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.

The final criterion includes concerns arising in an individual's personal life that may affect their suitability to work with children. This is known as transferable risk.

All agencies have a duty to contact the Designated Officer directly or make a referral through the Family Support and Advice Line if there is a child

protection concern or an allegation made that a criminal offence may have been committed or related to a child.

Allegations are considered across five categories: sexual abuse, physical abuse, emotional abuse, neglect, and Transferable Risk, where concerns arising in an individual's private life that may impact children.

The Designated Officer provides independent oversight, advice, and guidance in relation to allegations and patterns of conduct concerning adults working with children. Key responsibilities include assessing and managing referrals; coordinating and chairing allegation management meetings; liaising with Children's Services, Police and partner agencies; ensuring the child's voice is considered; monitoring investigations and actions to conclusion; maintaining accurate case records; identifying learning and practice improvements; supporting policy and procedure development; managing cross-boundary cases; and delivering safeguarding and allegations management training. The role helps ensure concerns are managed consistently, fairly and proportionately, while promoting safe practice across the children's workforce.

4.3 **Service Structure and Supervision**

The Designated Officers are located within the Quality Assurance, Safeguarding and Partnership Service based at County Hall, Dorchester. There are two full-time Designated Officers and a further 0.5 fte complement from a Safeguarding Standards Advisor who works flexibly across both roles.

All three Designated Officers are qualified social workers with a background in child protection and safeguarding practice. They are managed by a social work qualified Safeguarding Standards Service Manager.

The Designated Officers attend regional and annual National meetings, and this enables an opportunity for peer reflection and discussion around key issues and challenges within the role locally and nationally.

4.4 Allegation process

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



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 also record 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 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.

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, Police and schools. All Initial Evaluation meetings (IEM's) and Post Allegation Investigation Meetings (PAIM's) have been held via Microsoft Teams.

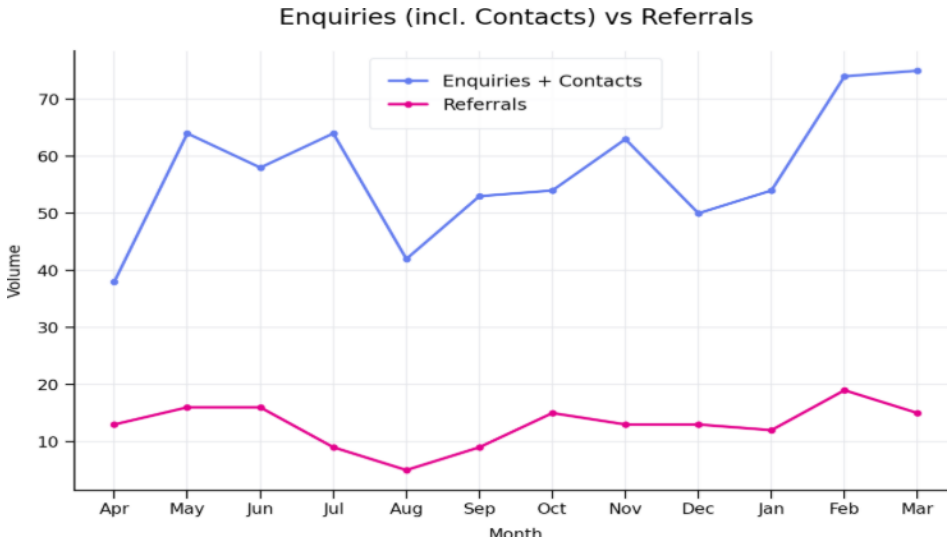
4.5 **Enquiries and Referrals April 2025 – March 2026**

During 2025-2026, the Designated Officer Service managed 844 contacts with the service, compared with 796 contacts in 2024-2025 and 658 contacts in 2023-2024. This total includes consultation, advice, and referrals.

Of the 844 contacts, 155 progressed as referrals, representing approximately 18% of total activity. This indicates that most activity relates to early consultation, advice, and threshold discussion, rather than escalation into formal processes. The Designated Officers continue to provide training to a variety of different agencies, and this has likely contributed to the continued awareness and increase of people seeking advice and guidance from the service.

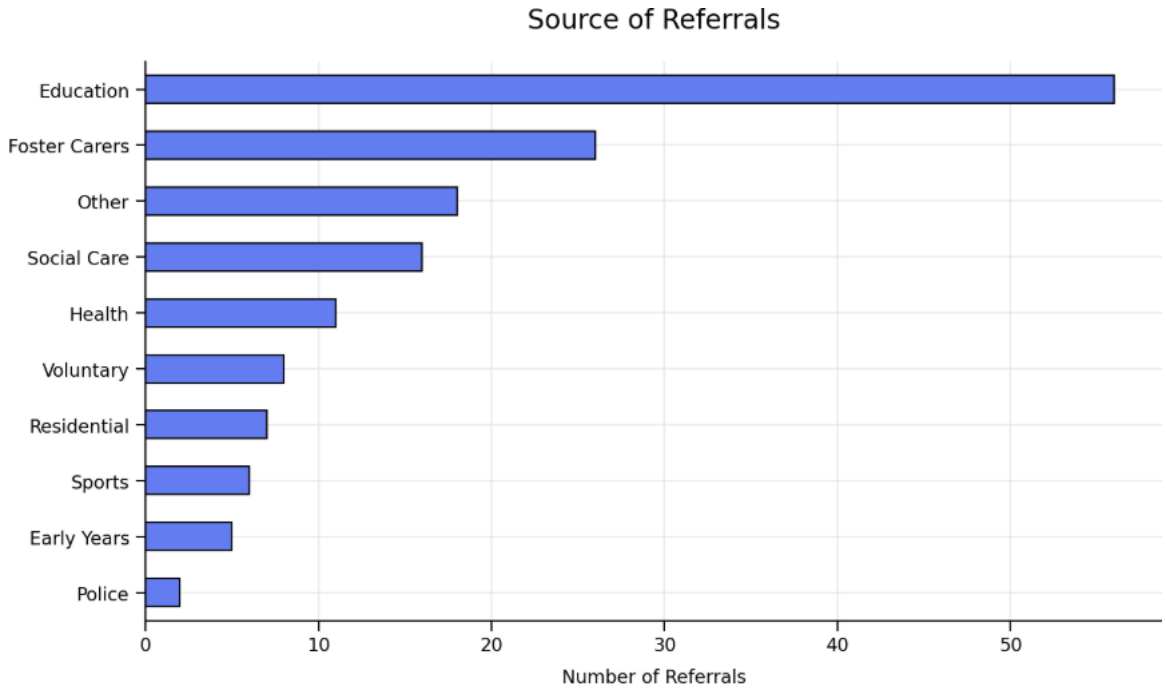
Demand remained steady throughout the year, with peak activity in February (93 contacts) and March (90 contacts), and lower levels during August (47 contacts). This pattern is consistent with previous years and reflects the influence of the academic year on safeguarding activity.

No significant anomalies were identified, providing assurance that demand for the service remains sustained rather than reactive.



4.6 Source of Referrals (that progressed under the Management of Allegations Process)

The chart below shows the agency where the adult was working when the allegation was made.



Education continued to represent the largest source of referrals, accounting for 56 referrals during the year. There were 26 referrals in relation to foster carers; 17 of these were Dorset Council foster carers, followed by social care (16) and health services (11). Additional referrals were received from voluntary organisations, residential settings, sports groups and early years provision.

Referrals from police services (2 cases) remained comparatively low and continued to represent an area for ongoing partnership development. The Service Manager has met with appropriate Police representatives and agreed to the development of a local escalation process to support attendance and awareness of responsibilities. There is now a police Single Point of Contact within the Multi-Agency Safeguarding Hub (MASH) to support referral management and oversight. It is hoped that this and continued oversight and training during the 2026–2027 period will support awareness and development.

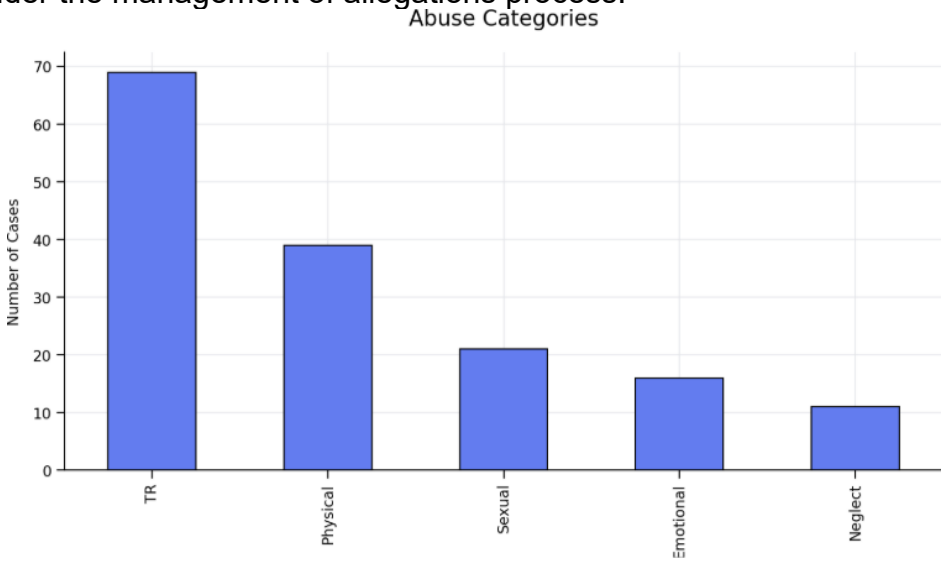
The diversity of referral sources demonstrates the continued multi-agency awareness of the management of allegations process and reflects the impact of ongoing training and engagement activity.

Key Messages

- Total contacts increased from 796 (2024–2025) to 844 (2025–2026), indicating continued growth in demand
- The proportion of contacts progressing to referral reduced (22% → 18%), suggesting increased use of early consultation and advice. It may also suggest that the wider training offer promotes awareness and understanding of the Designated Officer and professionals seeing the value in seeking earlier advice and guidance.
- Activity follows a consistent seasonal pattern, with peaks in late winter and reduced activity in August.
- Education remains the largest source of referrals, with continued multi-agency engagement.

4.7 Referral/Allegation Category

The chart below shows the category of allegations for cases progressing under the management of allegations process.



The most common category is still transferable risk (TR) at 69 cases, consistent with the previous reporting period. This is where there is a risk or concern identified about a person's behaviour outside of the workplace, which may not directly relate to the children they work with, but may present a risk that could transfer to the workplace. For example, domestic abuse incidents or criminal investigations.

Physical may include physical force or actions that may cause physical harm to a child, such as inappropriate restraint, excessive physical intervention. Sexual may include inappropriate sexual behaviour and/or communication towards or with a child, possession, creation or sharing of indecent images of children. Emotional harm may relate to a child being subjected to behaviour that may negatively affect their emotional wellbeing or development, for example, bullying, intimidation, conduct that may cause distress or fear. Neglect may relate to a child's needs not being appropriately met, potentially resulting in harm or risk of harm. This may include failures relating to supervision, safeguarding responsibilities, or access to support.

This chart shows the breakdown of the number of cases, percentage of referrals and the allegation category

Allegation Category	Number of Cases	Percentage of Referral
Transferable Risk (TR)	69	44%
Physical Abuse	39	25%
Sexual Abuse	20	14%
Emotional Harm	16	10%
Neglect	11	7%
Total	**155**	**100%**

The distribution of allegations remains broadly consistent with previous reporting periods, with Transferable Risk continuing to account for the largest proportion of LADO activity. Whilst allegation categories provide a useful overview of referral themes, individual cases may involve multiple forms of harm and are categorised according to the primary concern identified at referral. Transferable Risk referrals continue to represent the largest proportion of LADO activity, reflecting concerns about behaviour or circumstances outside of the workplace that may indicate a risk to children. Physical Abuse, Sexual Abuse, Emotional Harm and Neglect referrals continue to require careful assessment and, where appropriate, multi-agency safeguarding responses to ensure children are protected, and risks are effectively managed.

4.8 Outcome of Referrals

The outcome of investigations into allegations are categorised as follows:

Substantiated – which means there is sufficient identifiable evidence to prove an allegation.

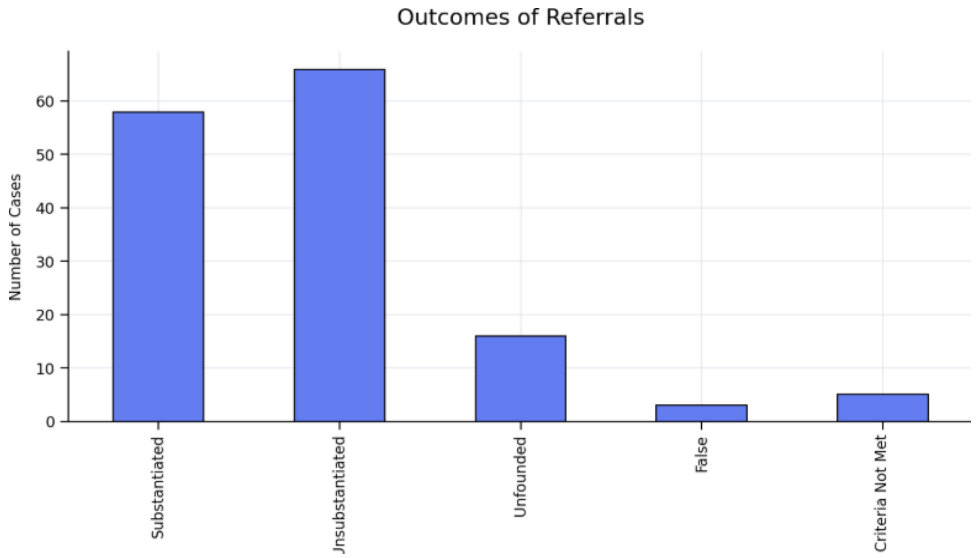
False – which means there is sufficient evidence to disprove the allegation.

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.

The chart below shows the outcomes of referrals concluded during 2025–2026.



Of the 155 referrals, the largest proportion of concluded allegations were recorded as unsubstantiated (66). There were 58 substantiated allegations, representing approximately 37% of referrals, consistent with previous reporting periods.

There were 3 false allegations, 16 unfounded, 5 criteria not met and no malicious referrals, providing reassurance regarding the quality and intent of referrals. A small number of investigations (7) remain open due to ongoing police investigations.

Outcomes are stable year-on-year, with substantiated cases at approximately 37% (2024 – 2025 38%), providing assurance of consistent thresholds and decision-making.

4.9 **Foster Carers**

During 2025-2026 there were 17 referrals relating to Dorset Council foster carers. Of the 17 foster carer referrals that progressed to an Initial Evaluation Meeting, the majority related to concerns of physical harm, emotional harm or neglect. Most allegations concluded as unsubstantiated, with a smaller number substantiated. Exact numbers are not provided due to this being a small number of foster carers.

Additional safeguards are in place where concerns are substantiated. This includes an early fostering review undertaken with independent oversight from the Fostering Reviewing Officer Service within Quality Assurance and Safeguarding, with review outcomes presented to Fostering Panel to provide additional scrutiny and assurance regarding carers' ongoing suitability and safeguarding practice. No emerging themes or patterns of concern were identified from the allegations received during the reporting period.

During the reporting period, the Designated Officer Service continued to work closely with Fostering services in relation to allegations concerning foster carers living within Dorset. Regular discussions aim to support learning, quality assurance, and careful balancing of safeguarding responsibilities alongside support, to maintain stability for the children and workforce sufficiency.

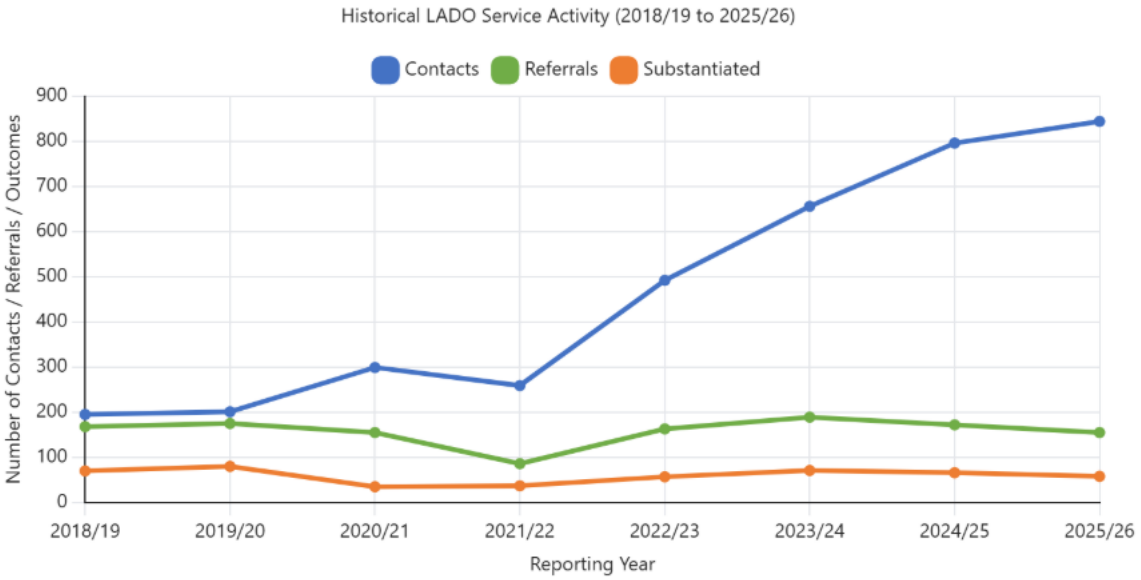
More recently, the Designated Officer Service plans to develop good practice guidance in respect of the Management of Allegations process for our Fostering colleagues, as well as providing additional training to the service and attend practice slots as and when required. Our aim is to continue to work closely with our fostering service, learn from each other, and strengthen practice across both service areas.

Allegation referrals concerning foster carers who care for Dorset children but reside outside the county are managed by the Local Authority Designated Officer (LADO) in the foster carer's home local authority. The child allocated Dorset social worker is responsible for ensuring that any such allegations are appropriately overseen by the external LADO. If there is any uncertainty regarding the decisions or actions taken by the external LADO, the Dorset social worker may seek guidance from the Dorset LADO service. In such cases, Dorset LADO will liaise directly with the external LADO to support resolution and ensure appropriate oversight. Where deemed necessary and appropriate, a Dorset LADO may also attend allegation meetings convened by

the external LADO to support the process and advocate for the child's best interests.

4.10 **Service Activity**

Historical LADO Service Activity Trends (2018/19 - 2025/26)



The volume of LADO contacts has continued to increase year on year, rising from 195 contacts in 2018/19 to 844 contacts in 2025/26, representing an overall increase of approximately 333% over the 8-year reporting period. This reflects sustained growth in consultation and safeguarding activity across the children's workforce.

Whilst contacts reached their highest level during 2025/26, referrals reduced slightly from 172 in 2024/25 to 155 in 2025/26. The number of cases resulting in a substantiated outcome also reduced from 66 to 58 during the same period. This may indicate that a greater proportion of contacts were managed through consultation, advice and guidance rather than progressing to the formal allegation management process.

The trend data suggests that agencies continue to seek advice and consultation at an increasing rate, indicating greater awareness of safeguarding responsibilities and confidence in using the LADO process. However, the proportion of contacts progressing to referral and substantiated outcomes remains relatively stable, suggesting that many contacts appropriately involve consultation, threshold clarification and early advice rather than allegations meeting the criteria for formal management through the LADO process.

Transferable Risk remains the most common allegation category and continues to be a key area of safeguarding practice and learning.

The data demonstrates that the Designated Officer Service is increasingly valued as a safeguarding consultation resource, supporting early risk assessment and professional decision-making.

Demand is expected to remain high during 2026-2027 as awareness and utilisation of the service continues to increase across the children's workforce.

Referrals have remained relatively stable, fluctuating between 155 and 189 over recent years.

While demand for consultation, advice and threshold discussions continues to increase significantly, only a small proportion of contacts progress to formal referral and an even smaller proportion result in substantiated allegations. This suggests increasing use of the LADO service for professional consultation, threshold clarification and early safeguarding advice.

Historical LADO Service Activity, Referrals and Substantiated Outcomes (2018/19 to 2025/26)

Reporting Year	Contacts	Referrals	Substantiated
2018/19	195	168	70
2019/20	201	175	80
2020/21	299	155	35
2021/22	259	86	37
2022/23	492	163	57
2023/24	656	189	71
2024/25	796	172	66
2025/26	844	155	58

The historical trend data demonstrates sustained growth in overall service demand, with contacts increasing significantly over the reporting period. Whilst referrals and substantiated outcomes have remained comparatively stable, the increase in consultation activity suggests that professionals are increasingly seeking advice and guidance at an earlier stage, supporting effective safeguarding decision-making and proportionate management of concerns.

4.11 **Service Performance and Timeliness**

The Designated Officer Service continues to monitor the timeliness of allegation management activity to ensure that safeguarding concerns are progressed appropriately and concluded without unnecessary delay.

During 2025-2026, 122 of 148 referrals requiring an Initial Evaluation/Post Allegation Investigation meeting were convened within timescales. Where

timescales were exceeded, this was generally due to case complexity and the requirement for initial multi-agency investigation planning.

Of the 148 referrals progressing through the management of allegations process, 96 reached an outcome within 28 days from referral to conclusion. Cases exceeding this timescale were typically associated with complex safeguarding enquiries, police investigations, employer processes, or wider multi-agency involvement.

A further seven referrals remained open at the end of the reporting period due to ongoing police investigations. Throughout the reporting period, the Designated Officer Service maintained oversight of all allegations to ensure that safeguarding risks were appropriately managed, actions progressed in a timely manner, and cases concluded as promptly as possible.

4.12 **Conclusion**

The 2025–2026 reporting period demonstrates a continued increase in demand for the Designated Officer service, with a higher number of contacts compared to the previous year.

Despite this increase, the proportion of cases progressing to formal referral has reduced, indicating a strengthening of the service's advisory and preventative role, with more concerns being appropriately managed through early discussion and threshold guidance.

Patterns of activity remain consistent and predictable, with no significant anomalies, providing assurance that safeguarding concerns are being identified and reported in a timely way.

The data continues to demonstrate strong engagement from partner agencies, particularly education, alongside sustained contributions from our fostering service in relation to foster carers, social care and health services.

Outcome data remains stable, with a consistent proportion of substantiated cases, and very low levels of false or malicious allegations, reinforcing confidence in professional decision-making and safeguarding practice across the partnership.

Overall, the evidence from 2025–2026 indicates that the Designated Officer service is operating in a consistent, proportionate and well-engaged way, with increasing demand being effectively managed through a combination of early advice, clear thresholds and robust multi-agency working.

4.13 **Update on Priorities set for 2025 – 2026**

Action	Expected Outcome	Project Lead	Due Date
Continue to deliver training bespoke training to raise awareness & professional development	The newly formed family help teams to receive LADO awareness training Family Help colleagues will understand what meets LADO threshold and how to refer.	LADO	Completed and remains an ongoing training offer within Children's Services.
External validation of the service	Regional partners are invited to undertake audit activity of Dorset LADO. Feedback to be used for further service development	New Service Manager (starts 06/01/25)	New Service Manager commenced in January 2026. LADO peer audit completed, awaiting feedback.
Develop a system for tracking recommendations following investigations are implemented.	Further work required to embed this action with the team.	Service Manager	Not completed, requires appropriate IT/business support to progress. Carried forward to 2026 – 2027 priorities. This will be included within QA auditing.
Reviewing and updating process for evaluation meetings.	To have a more streamlined process and less meetings for the LADO service.	Head of QA with LADO Service.	Completed.
Creating a regular internal audit process for the LADO service.	To ensure quality, assure our thresholds and processes remain of a high standard.	Head of QA and Interim SM.	Not completed, carried forward to 2026 – 2027 priorities.
Increased attendance by police for all relevant allegation meetings.	Police attend and engage in the allegation meeting for all LADO cases that have met criminal thresholds.	Interim SM and Head of QA	Completed but remains a focus.

4.14 **Priorities for 2026 – 2027**

The following priorities have been identified for the Designated Officer Service for 2026–2027, informed by analysis of activity, performance data, and emerging themes during the 2025–2026 reporting period.

Action	Expected Outcome	Project Lead	Due Date
Continue to deliver targeted training across partner agencies	Increased awareness and understanding of the management of allegations process. To promote appropriate use of the service and early consultation.	LADO Service / Safeguarding Standards Team	March 2027
Strengthen engagement with police to increase attendance at relevant allegation meetings.	Improved police attendance and engagement at Initial Evaluation Meetings and PAIMs will support timely information sharing and decision-making, particularly in cases involving criminal investigations.	Service Manager / Head of QA	March 2027
Further develop early consultation and advice offer	Ensure that the increase in contacts continues to be effectively managed through high-quality advice and guidance, supporting appropriate threshold decision-making and reducing unnecessary escalation.	LADO Service	Business as usual
Review and refine recording and data reporting processes – development of LADO BI dashboard	Improved consistency and clarity in recording (including enquiries vs contacts), enabling more streamlined	Service Manager / Head of QA/BI Team	March 2027

	reporting and clearer analysis of trends over time.		
Develop approach to engagement with harder-to-reach sectors (e.g. sports, voluntary, self-employed providers)	Increased awareness and reporting from underrepresented sectors, ensuring safeguarding concerns are identified and managed appropriately across all settings.	LADO Service / Safeguarding Partnerships	March 2027
Implement regular internal audit processes for the LADO service, including peer audits and twice-yearly QA audits in respect of recommendation tracking and completion.	Strengthened quality assurance of threshold decisions, process compliance and outcomes, providing ongoing assurance of service effectiveness.	LADO/Service Manager/Head of QA	March 2027
Continue work to track implementation of recommendations following investigations	Improved oversight of post-investigation actions, ensuring learning is embedded and risks are reduced.	Head of QA with LADO Service	March 2027
Develop information leaflets and letter templates for children and young people (our children in care). The letter on children's file is a result of learning from a complaint.	Children and young people will support the understanding of the LADO role and process when an allegation has been made. The letter will provide an outcome on the child's file.	LADO Service	December 2026
Information leaflet for Foster Carers and those adults subject to the management of allegations process.	Clarity in respect of the process and potential outcomes for adults subject to the Management of Allegations process.	LADO Service	December 2026

4.15 **Priorities Commentary**

The priorities for 2026–2027 reflect a continued focus on managing increased demand, while strengthening key areas identified through analysis of the 2025–2026 data.

The increase in contacts alongside a reduction in referrals highlights the importance of maintaining a strong advisory function, ensuring professionals continue to seek advice and apply appropriate thresholds.

Ongoing work to strengthen police engagement reflects the continued complexity of cases involving criminal investigations, and the need for timely and effective multi-agency collaboration.

The continued prominence of transferable risk reinforces the importance of maintaining a strong focus on training and awareness, ensuring that partner agencies remain confident in identifying and responding to these concerns.

The development of information sheets and letters to young people, along with information sheets for foster carers and other adults involved in the management of allegations process, has been a direct result of learning from complaints and requests made by the Fostering Service and young people.

We have been supported by Speech and Language colleagues to draft information sheets and letter accessibility for our young people. A young care experienced adult who has been supported through the complaints process, has also reviewed and provided feedback on these documents, supported by his advocate. Whilst the complaint process identified wider learning, it also identified the need for evidence to be recorded on children and young people's records, when allegations are made by children and young people. We need to record that appropriate processes were followed and if this involved LADO oversight, ensuring this is reflected on the child or young person's record. We are committed to ensuring we learn from complaints, keeping accessibility and young people at the core of our practice.

There is also a recognised need to:

- Improve consistency in recording and reporting
- Strengthening engagement with underrepresented sectors
- Maintain robust quality assurance processes.

Overall, these priorities are intended to ensure the service remains:

- Responsive to increasing demand
- Consistent in decision-making
- Effective in safeguarding children through strong multi-agency work.

5. Alternative options considered

5.1 Not applicable.

6. Legal considerations

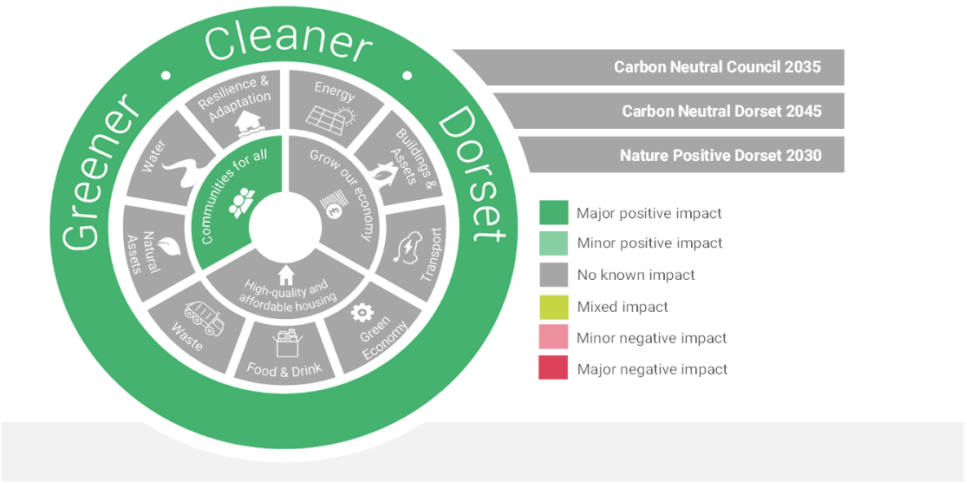
6.1 Not applicable. Statutory report.

7. Financial implications

7.1 The LADO Service is funded within the existing Children's Services budget. No additional financial implications arise from this report.

8. Natural environment, climate & ecology implications

8.1



9. Well-being and health implications

9.1 The wellbeing, safeguarding and health of all children in Dorset is at the centre of the work undertaken by the Local Authority Designated Officer. The child's voice, safeguarding, their lived experience and the wellbeing and the potential impact of those subject to and involved in the management of allegations process is considered at every meeting.

9.3 The Local Authority Designated Officer considers the support available to all concerned as part of the standard meeting agenda.

9.3 The wellbeing of the Local Authority Designated Officer overseeing the Management of Allegations process is support via regular supervision and support from their Service Manager and Head of Service. Staff also have access to Dorset Council's wellbeing offer.

10. Other implication

10.1 None identified.

11. Risk Implication

11.1 There is no decision required, this report is for annual information sharing purposes only.

12. Equalities

12.1 The Local Authority Designated Officer service plays an essential role in promoting equality by ensuring safeguarding concerns are managed fairly and consistently across all sectors and professional groups working with children. Through its commitment to fair and proportionate investigation processes, the service helps protect both children and professionals, ensuring that all individuals are treated with dignity and respect.

13. Appendices

13.1 None.

14. Background papers

14.1 None.

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Director for Assurance & Governance (Monitoring Officer), the Director for Resources (Section 151 Officer) and the appropriate Cabinet Member(s).

Summary - Dorset LADO Annual Report 2025–2026

Title of Report:

Dorset Local Authority Designated Officer (LADO) Annual Report 2025–2026.

Who Wrote the Report:

Emma Pleece, Service Manager for Safeguarding & Standards, on behalf of Dorset Council's LADO Service.

Date Covered by the Report:

This report looks at what happened between **April 2025 and March 2026**.

What the Report is About:

The LADO service helps keep children and young people safe when there are concerns about an adult who works or volunteers with children. This may include teachers, foster carers, social workers, sports coaches, health staff, volunteers, or other professionals.

The LADO service makes sure concerns are looked at fairly. The LADO service helps keep children and young people safe while concerns are investigated.

Main Messages:

- More people are contacting the LADO service for advice.
- Most concerns do not become formal investigations.
- Behaviour outside work, known as transferable risk, remains the most common reason for referrals.
- Schools make the highest number of referrals.

Important Facts and Figures

- **844 contacts** received.
- **155 formal referrals.**
- **69 referrals (44%)** involved transferable risk.



What does "transferable risk" mean?

An adult's behaviour outside work may affect children's safety.

- **58 allegations** were substantiated (proven).
- **17 referrals** involved Dorset Council foster carers.
- Very few allegations were found to be false or malicious.

What Will Happen Next?

The LADO service will:

- Continue to provide training to professionals.
- Improve partnership working.
- Check that learning from investigations is being used.
- Create information leaflets and letters for children and young people.
- Improve quality assurance.

Why Does This Matter to Children and Young People?

The LADO service helps make sure concerns about adults who work with children are taken seriously.

The report shows that organisations across Dorset are working together to help keep children and young people safe.

This summary has been written in a format supported by AI to help children and young people understand the key messages from the LADO Annual Report 2025–2026. The detail has been verified by the report author.

Cabinet

23 June 2026

Aspire Adoption Annual Report 2025-26

For Decision

Cabinet Member:
Cllr C Sutton, Children, Families & Education

Local Councillor(s):

Senior Leadership Team:
P Dempsey - Executive Director, Children's Services

Report author and job title: Jenny Ness, Head of Aspire Adoption Services
Email: jenny.ness@aspireadoption.co.uk

Statutory Authority:

Report status: Public (the exemption paragraph is N/A)

1. Executive summary

1.1 Dorset Council has a duty under the Adoption and Children Act 2002 to establish and maintain an adoption service for its area.

1.2 Dorset Council in partnership with BCP discharges this duty through a delegation of functions to Aspire Adoption, a Regional Adoption Agency. Dorset retains overall responsibility for its statutory adoption services, continuing to have parental responsibility for its own Children in Care.

1.3 The annual report is the ninth annual adoption report produced by Aspire Adoption, summarising the work of the agency in the period 1st April 2025 to 31st March 2026. The report provides a summary of the operational and strategic activity of Aspire Regional Adoption Agency during 2025/26.

1.4 The annual report provides Dorset Council with an opportunity to satisfy itself that the requirements of the Statutory Adoption Guidance 2013 and the Adoption Minimum Standards 2014 are met.

2. Recommendation(s)

2.1 We are recommending that Cabinet note the activity and performance of Aspire Regional Adoption Agency in 2025/26, as set out in the annual report.

3 Reason for the recommendation(s)

3.1 That Cabinet is satisfied that adoption statutory duties that the agency discharges on behalf of Dorset Council and the Aspire Annual Report 25/26 satisfies that these activities were discharged to a high standard in the last year.

4. The report:

4.1 The report provides assurance on the performance, quality, and strategic position of the Aspire Adoption Service during 2025-2026. Overall, the service remains stable, well-led, and effectively governed, with clear oversight of risks and pressures and appropriate mitigating actions in place.

4.2 Aspire Adoption continues to deliver safe and effective adoption outcomes for children, with a strong focus on securing permanence and promoting long-term stability. While performance has broadly been in line with expectations in 25-26, system-wide pressures particularly adopter sufficiency, workforce capacity, and increasing complexity of children's and families' needs impacted on timeliness and demand targeted improvement activity was required.

4.3 Financial pressures were monitored closely through the Aspire Strategic Board, particularly in relation to staffing and service budget and expenditure. Governance decisions ensured that resources were aligned to service priorities while maintaining value for money and safeguarding outcomes for children.

4.4 Key risks during 25/26 were adopter sufficiency, workforce capacity, and service demand are clearly evidenced and articulated within the report, with actions in place and subject to ongoing review through established performance and quality assurance frameworks.

4.5 Looking ahead priorities for 26-27 include strengthening adopter recruitment and retention, improving timeliness across the adoption journey, further developing adoption support and KiT contact arrangements, and sustaining a stable and skilled workforce.

5. Alternative options considered

5.1 It is a statutory requirement under the Adoption and Children Act 2002 which sets out the duty all Local Authorities to establish and maintain an adoption service, to meet the needs in relation to adoption, of children who have or may be adopted, of adults who have been adopted parents and children and persons who have or may adopt a child in their area.

6. Legal considerations

6.1 It is a requirement that Cabinet satisfy themselves that the Local Authority and the Regional Adoption Agency are working together to meet the needs of children requiring permanence through adoption as laid out by the Statutory Adoption Guidance 2013 and the Adoption Minimum Standards 2014.

6.2 The 2014 Adoption Minimum Standards can be accessed at Department for Education.

6.3 The 2013 Statutory Adoption Guidance can be accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270100/adoption_statutory_guidance_2013.pdf.

6.4 The Interagency Agreement between Dorset and BCP for the delivery of Aspire Adoption Services is currently being updated to reflect the movement of the Kinship care service back into Dorset Fostering Service and the changes to the budget.

7. Financial implications

7.1 Section 12 of the Dorset Aspire Annual Report shows the finance budget and resourcing of Aspire Adoption. In 2025/26 there was a total underspend of £44,800. This relates to income from recouped costs of aspire adopters adopting from local authorities outside of Dorset/BCP, payments from the adoption and special guardianship support fund (ASGSF) for therapeutic interventions delivered to adopted families by Aspire and from staffing vacancies.

7.2 The contribution split between Dorset and BCP to fund Aspire and the overall budget has been reviewed for 26/27 based upon the number of placement orders and adoption orders for each Local Authority averaged over the previous 3 years. This will be reflected in the updated Inter Agency Agreement.

7.3 The Aspire Budget 26/27 is £2,210,400 with the cost to Dorset being £991,900. This has increased in line with inflation and to enable removal of the income targets to reduce reliance on external placements which are additional cost to Dorset.

8. Natural environment, climate & ecology implications

8.1 No adverse environmental impact has been identified. The Covid-19 pandemic, and subsequent reduction of office space, led to an increase in Aspire staff members working from home, with a consequent reduction in staff travel.

9. Well-being and health implications

9.1 Adopted children in contact with Aspire Adoption are known to be more likely than other children to have a degree of unmet or unidentified health needs. Aspire Adoption works directly with CAMHS and health colleagues who facilitate their engagement with clinical psychology support for adopters. ASGSF funds provide specialist assessment and therapeutic support. Section 8 The Adoption Support offer provides data for Aspire Dorset Families accessing the ASGSF and number of families supported.

10. Other implications

10.1 No other implications have been identified.

11. Risk implications

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

Current Risk: Low

Residual Risk: Low

12. Equalities

12.1 The Aspire Adoption Annual Report 25-26 for Dorset does not relate to a new strategy, policy or function so an Equalities Impact Assessment has not been undertaken. Some information about equalities issues is included in the report. No adverse equalities impacts have been identified.

13. Appendices

13.1 Appendices A – Local Authority Statutory Duties.

B – Governance of Aspire.

C – Aspire Adoption Annual Report 25-26.

14. Background papers

14.1 None.

15. Report sign-off

15.1 This report has been through the internal report clearance process and has been signed off by the Assistant Director for Children Services and Head of Adoption and Fostering in Dorset Childrens Services.



Aspire Adoption Annual Report (Dorset)

Adoption Agency Annual Report

- Agency name: Aspire Adoption
- Report title: *Annual Report 2025–2026 (Dorset)*
- Date of publication: TBC

- Prepared by: Jenny Ness – Head of Service, Aspire Adoption.

Contents

1. Executive Summary
2. Introduction
3. Agency Overview
4. Service Delivery Overview
   4.1 Recruitment of Adopters
5. Matching and Family Finding
   5.1 Dorset Children's Data 25/26
6. Adoption Support Delivery 25/26
7. Performance and Quality Assurance
8. Safeguarding
9. Workforce
10. Partnership Working
11. Finance
12. Priorities for the Coming Year 2026-2027

Appendices

A. Local authority statutory responsibilities in respect of adoption
B. Governance of Aspire Adoption
C. Aspire Adoption Annual Report 2025-2026

---

1. Executive Summary

1.1 This report provides assurance on the performance, quality and strategic position of the Aspire Adoption Service during 2025-2026. Overall, the service remains stable, well-led, and effectively governed, with clear oversight of risks and pressures and appropriate mitigating actions in place. Aspire Adoption continues to deliver safe and effective adoption outcomes for children, with a strong focus on securing permanence and promoting long-term stability. While performance has broadly been in line with expectations, system-wide pressures particular adopter sufficiency, workforce capacity, and increasing complexity of children's and families' needs impacted on timeliness and demand targeted improvement activity was required.

1.2 Adopter recruitment and sufficiency remained a key challenge. Activity continues across the Aspire region to strengthen recruitment, improve conversion rates, and maximise available capacity, supported by collaborative working and enhanced marketing approaches were addressed. Matching and placement activity remained carefully managed to ensure quality outcomes, with learning from disruptions and adopter feedback informing practice development however this also needs increased operational and strategic focus.

1.3 Demand for adoption support continued to grow, reflecting the increasing needs of children and adoptive families. The service has prioritised structured support planning, improved oversight of contact after adoption via the Keeping in Touch proposal and partnership working to ensure families receive timely and proportionate support, while managing financial and increasing operational pressures.

1.4 The Aspire Adoption workforce continued to demonstrate commitment and resilience. However, staff capacity was a recognised risk. This were mitigated through additional resource, strengthened management oversight, staff wellbeing support, and continued focus on professional development and practice quality.

1.5 Financial pressures were monitored closely during 25-26 through the Aspire Strategic Board, particularly in relation to staffing and service budget and expenditure. Governance decisions ensured that resources were aligned to service priorities while maintaining value for money and safeguarding outcomes for children.

1.6 Key risks during 25/26 were adopter sufficiency, workforce capacity, and service demand are clearly evidenced and articulated within the report, with actions in place and subject to ongoing review through established performance and quality assurance frameworks.

1.7 Looking ahead priorities for 26-27 include strengthening adopter recruitment and retention, improving timeliness across the adoption journey, further developing adoption support and Keeping in Touch contact arrangements, and sustaining a stable and skilled workforce.

2. Introduction

2.1 This is the 9th annual report for Aspire Adoption Services. Aspire is the Regional Adoption Agency (RAA) that undertakes the adoption functions on behalf of the local councils of Dorset and BCP Councils.

2.2 The provision of an adoption service is a statutory requirement. The Adoption and Children Act 2002 provides the structure for an adoption service. Under the Adoption Act 2002 s3, each council must continue to maintain within its area an adoption service designed to meet the needs of children who may be adopted, their parents, their natural parents and former guardians. These services are referred to as the Adoption Service, (Adoption and Children Act 2002 s2 (1)). An adoption agency refers either to a local authority or to a registered adoption society under the Adoption and Children Act 2002 s2 (1).

2.3 Aspire has responsibility for recruiting, assessing, and supporting prospective adopters, for non-agency adoption work including partner adoptions and for intercountry adoptions. Aspire is responsible for family finding for all children with adoption plans across Dorset and BCP. Aspire provides support to all parties affected

by adoption, including adopters, adoptees, adoptive families, adopted adults and birth relatives.

2.4 An Inter Authority Agreement sets out the terms and conditions for the establishment and operation of Aspire between the parties, including the key objectives of Aspire; the principles of collaboration; the governance structures for Aspire; and the respective roles and responsibilities the parties have during the currency of the agreement. During 2026 this has been to reflect changes made in 2025 with the Kinship assessment and support teams moving from Aspire Back to Dorset Fostering Team.

2.5 It is important to note that the Quarter 4 data and information within this report is draft yearly data due to be finalised and submitted to the ASGLB on 31st May 2026. Additional Adoption Support Adult yearly data is due to be submitted by 28th July 2026 following a Pilot Data Collection of Q3 25/26 data. Plans for children are dynamic and develop every day and the picture will have changed at the point this is read. Our task has been to place children promptly in adoptive families that have been robustly assessed and are well-prepared for the challenges of adoption. We support children and their families throughout their childhood and adolescence through to adulthood.

3. Agency Overview

3.1 Vision, values, and strategic aims

Aspire Adoptions vision and the objectives aimed for are to achieve excellent outcomes for children and adults affected by adoption by:

- Working closely with our partner local authorities and other stakeholders to ensure that children's best interests are at the heart of placement decisions which will fully meet their needs.
- Targeted recruitment and the establishment of a wide and diverse pool of prospective adopters.
- Matching so that children are placed without delay in secure, loving families.
- Undertaking adoption support needs assessments which are through, evidence based, and timely.
- Providing creative and outstanding adoption support services.
- Investing in our workforce to ensure they have the right skills and capacity to deliver excellent services.
- Continually seeking to apply best practice and innovation to our ways of working.
- Actively listening to and learning from children, adults and staff with whom we work to develop and improve the services provided.

- Strategic and Operational delivery and challenges were analysed via a Diagnostic Assessment of the Aspire Adoption Service in May 2025. This gave opportunity for a strategic and operational deep dive into the priorities for improvements in a Diagnostic Implementation Plan which was implemented effectively addressing staffing capacity, service improvement and development.

3.2 Local context (demographics, demand trends)

3.2.1 Dorset, Bournemouth, Christchurch and Poole (BCP) together form a largely coastal, predominantly rural–urban mixed area in the Southwest of England, characterised by an ageing population, relatively low ethnic diversity, and pockets of deprivation alongside more affluent communities.

3.2.2 BCP is more densely populated and urban, with greater socio-economic inequality, while the wider Dorset Council area is more rural with dispersed communities and limited access to services. Across the conurbation, the proportion of older residents is significantly higher than the national average, contributing to increasing demand on health, social care and support services, while the number of children and young people is comparatively lower but with growing complexity of need.

3.2.3 Demand trends show rising pressures in children's social care, including increase in number of children in care, those with complex trauma, disability or mental health needs. Housing affordability, workforce challenges and inward migration (including seasonal and transient populations) further shape service delivery.

3.2.4 Within adoption services nationally, there is a continued gap between the number of children requiring permanent homes—particularly sibling groups, older children and those with additional needs—and the availability of approved adopters, alongside a greater emphasis on early permanence planning and permanence options outside traditional adoption.

4. Service Delivery Overview

4.1 Recruitment of Adopters

4.1.1 Aspire recruits a wide range of diverse adopters. However, this remains a challenge due to the national sufficiency crisis relating to the recruitment of adopters. This year 23 approval of adopters which is a reduction of 25% compared to the previous year.

4.1.2 Targeted changes to our social media messaging and changes to the induction programme and preparation training, have helped attract adopters for older children, sibling groups and children with additional needs that we require.

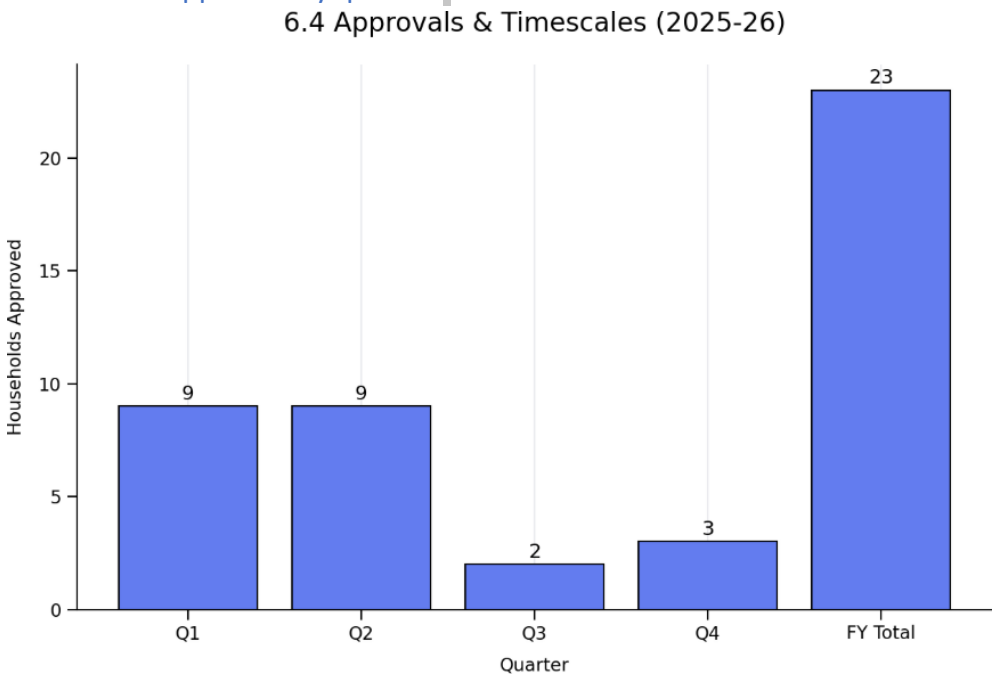
4.1.3 In December 2025 following successful recruitment, an Aspire Marketing Officer was appointed called Kirsty Chant. This is after a 3-year absence of anyone in post.

4.1.4 We continued to fine-tune our messaging and work with adopters to flex around the needs of our children. We do adopt some babies, but we are mainly looking for adopters who will consider older children, sibling groups and children with additional needs. If adopters are not matched with Dorset or BCP children, we support them to explore children nationally.

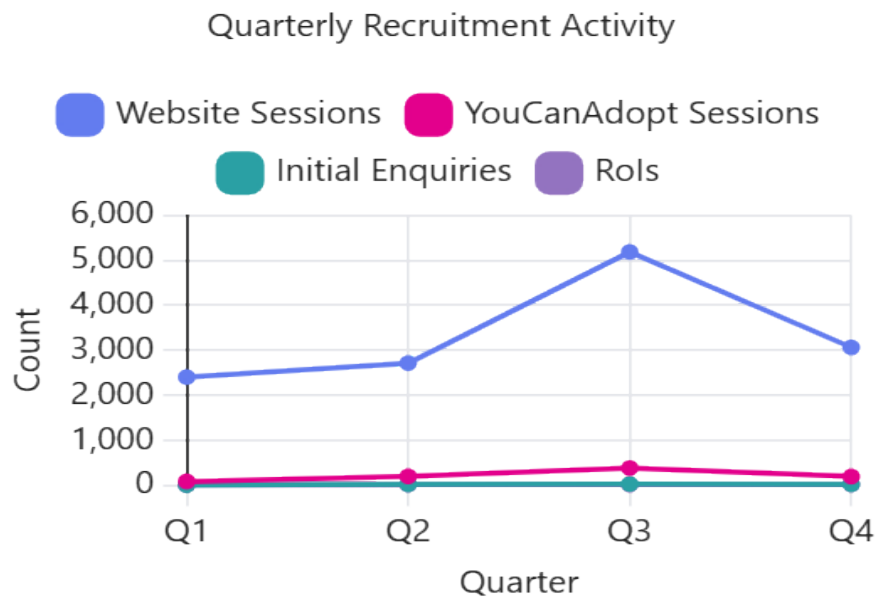
4.1.5 There continues to be a significant decrease in the number of approved adopters nationally within this year. Q1 and Q2 saw 9 approvals per quarters however due to staffing issues and delays in Stage 1s Q3 and Q4 saw a significant reduction in approval of adopters.

Fig 1 Approvals & Timescales (2025-26)

Households approved by quarter:



4.2 Recruitment strategy and activity



.

4.21 Website traffic peaked in Q3 (5,186 sessions) before stepping back in Q4.highest absolute volume of youcanadopt.co.uk referrals (379). Enquiry volume and Initial Enquiries via the online form averaged 18 per quarter. Registration of Interest held broadly steady across the year (Q1: 11, Q2: 10, Q3: 14, Q4: 11), giving an annual total of 46 RoIs. Conversion from Enquiry to RoIs conversion (where measurable) ran at 73% in Q1, 43% in Q2 and 82% in Q3. (Fig3)

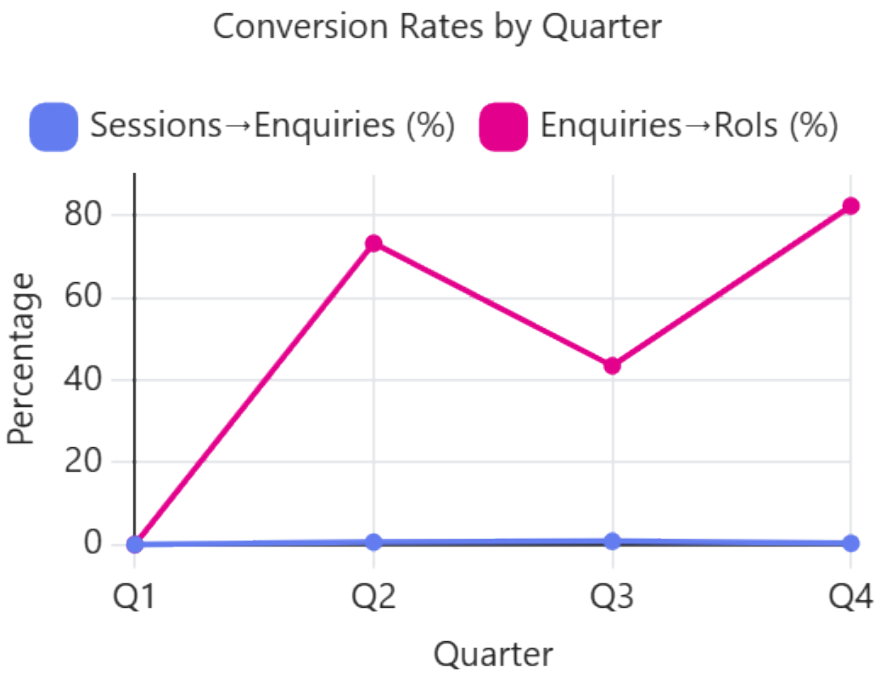
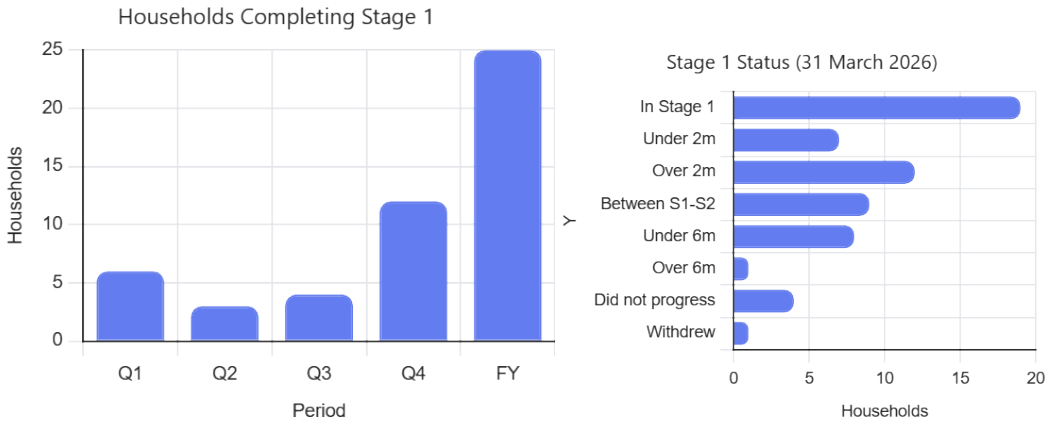


Fig 3. Enquiry to ROI.

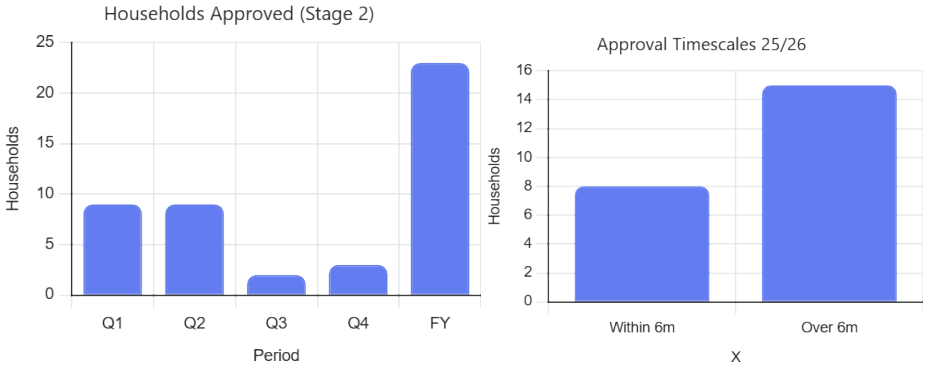
4.3 Assessment and Approval

Stage 1 & Stage 2 performance: (Fig 3 Stage 1 performance data)



4.3.1 Stage 1 performance data shows that 38 household's started Stage 1 across the year. Activity increased in Q3 & Q4 which would have been due to increased staffing capacity in the Aspire Recruitment and Assessment Team during this period. 67% of Stage 1s progressed to Stage 2 however 63% where in Stage 1 for over 2 months which is an nationally set adopter assessment KPI. Delays in medicals and staffing capacity being the rationale for this.

(Fig 4 Stage 2 Performance Data)



4.3.2 24 adopter households were approved with Q1 & Q2 frontloaded with 18 approvals during this period with a drop in Q3 & Q4. 43% of Stage 2 assessments were completed within 4 months during Q1 & Q2 with a decline to 64% in Q3 & Q4.

4.3.3 Complexity of assessments, staffing capacity and also adopters on hold is the rationale for this. However, Stage 2 maintains a healthy conversion rate despite the impact of capacity constraints and process delays. With the increased social worker capacity in late 2026 there is a renewed focus on achieving adopter approval targets for 26-27.

4.4 Quality Assurance Processes at Panel.

Aspire Adoption Panel 25-26.

4.4.1 Aspire Adoption Panel has continued to operate virtually, with business meetings, appraisals also online and training delivered through a combination of virtual and in-person formats. Full day training carried out half yearly is held in person, with two virtual half day training sessions carried out in between these dates including learning from disruptions, adoption support, early permanence, etiquette, questioning and confidentiality.

4.4.2 Panel focus remained on achieving the best outcomes for children through robust, child-centred decision-making. Panel colleagues and the Aspire have universally shown professionalism, flexibility and good humour throughout the year whilst ensuring that Panel is robust and provides a high level of quality assurance.

4.4.3 Panel met on twenty-seven occasions between April 2025 and March 2026. The Central List comprises of 26 active members, of whom including the chair and two vice chairs are independent members. The previous challenge around recruitment of social work members has been addressed through the addition of retired social work members and recruitment of one social work member working elsewhere within one of the councils. A birth parent and an adult adoptee are also members of panel. Recruiting more male panel members has remained a challenge. There now being 4 male Panel members but Aspire have ensured that there are two male panel members on panel including the chair.

4.4.4 The Aspire Adoption panel has continued to meet virtually twice a month. This year the panel made: -

- 23 Approvals
- 30 Matches
- 2 De-Registrations

4.5 Matches of children with adopters at Panel

4.5.1 Matches of children have continued well. The 30 matches identifying new homes for 37 children, including one sibling group of 3 and 5 groups of 2 children. The majority

of matches were of adopters with children who had already been placed with them under early permanence arrangements. The cases provide the challenge of ensuring appropriate scrutiny of a match which has, to all intents and purposes, already been agreed and settled.

4.5.2 The advantage of the Adoption Support Plan being used as a separate and more detailed document has helped considerably in allowing Panel to properly scrutinise the support going forward, most particularly from the perspective of there being experience of the children being in the adopters' care. There were 5 matches with adopters from external agencies, three for children from BCP and two for children from Dorset.

4.6 Adopter Approvals at Panel

4.6.1 The number of adopters approved this year has fallen markedly. The reason for this has been in part staffing challenges within the Recruitment and Assessment Team in Aspire and also a more general drop in those coming forward to offer themselves as adopters amongst the population at large. This situation is a national one and discussions with Panel colleagues who are Panel Chairs elsewhere are seeing reduction in adopter approvals at Aspire is not as significant as those experienced by many other agencies which is re-assuring.

4.6.2 Since the beginning of Q4 25-26 approvals began to increase once more, reflecting in particular the improved staffing situation with Aspire. It's heartening to see a significant number of adopter approvals booked onto the Adoption Panel forward plan over the next few months. There remain delays for adopters in being brought to Panel not of Aspire's making in those delays to both DBS checks and medical reports have held up a number of approvals. The number of deregistration's of adopters has significantly decreased, again impacted by the improved staffing situation and a focus on matching adopters with children.

4.7 Feedback from Panel

4.7.1 Panel has been operating a RAG rating system for social worker reports since early 2021. This has been generally well received and has improved the consistency and quality of feedback. The process has enabled an objective and measurable assessment of the direction of travel of reports which have in large part been positive as most reports are given a 'green rating'. Panel report that the quality of reports continues to be good, with particular improvement around CPRs and APRs at the point of matching.

4.7.2 Analysis and evidencing of resilience in PARs have become uniformly good, leading to no deferrals of adoption approvals this year. Timeliness of assessments has generally improved but still remains outside statutory limits. Delays to DBS check return and medical assessments remaining the primary cause.

4.7.3 Panel has placed increased focus on keeping in touch arrangements, particularly as direct contact is increasingly ordered by the courts. Questioning now ensures adopters are prepared for and open to these arrangements and that appropriate support is in place.

Panel Business

Aspire's Adoption Panel has undertaken the following business over the past twelve months:

	April 2025 - March 20226	April 2024 – March 2025	April 2023 – March 2024	April 2022 – March	April 2021- March 2022	July 2020 – March 2021	January – June 2020	2019
Approvals	23	30	28	35	39	33	28	54
Approvals deferred	0	0	0	2	2	2	0	3
Matches	30*	27	34	38	29	34	26	52
Matches deferred	0	0	1	0	1	0	0	0
De-Registration	2	9	8	8	3	3	3	4
Should be placed for adoption	0	2	1	0	0	1		
Review of Adopters/Short Report	2**	0	0	1	1	1		
Total	57	68	72	84	74	74	57	63

*30 matches comprising 18 matches of 22 BCP children in total; 12 matches of 15 Dorset children in total.

Fig 5 (Panel Activity)

5. Matching and Family Finding of Children

5.1 Number of children waiting

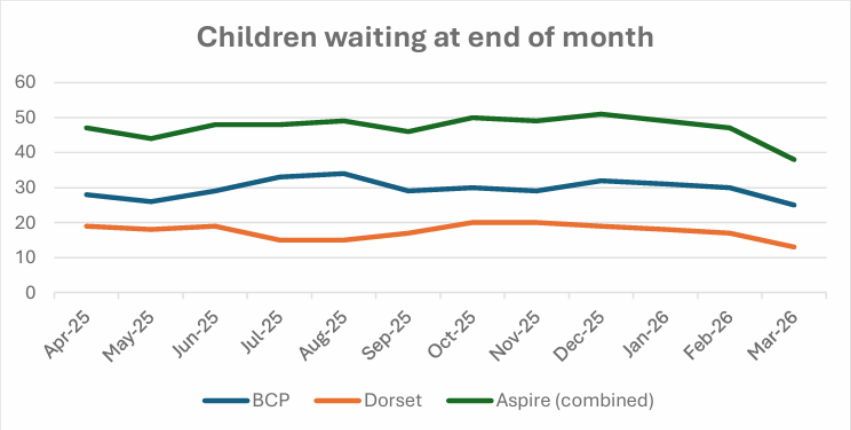


Fig 6.

5.1.1 The 25-26 data on children waiting indicates ongoing pressures within the service, with a sustained number of BCP and Dorset children awaiting placements or progression through the system. While there may be some fluctuations across the reporting period, the overall trend suggests that demand continues to exceed available resources in key areas.

5.1.2 A significant proportion of children BCP and Dorset children have been waiting for extended periods, highlighting challenges in securing suitable matches—particularly for those with more complex needs, sibling groups, or older children. This contributes to delays in achieving permanence and can impact children's emotional wellbeing and stability.

5.1.3 The 25-26 data may also show that new referrals and entries into the waiting cohort are occurring at a steady rate, which, combined with slower exits (through placement or change of plan), results in a backlog within the Aspire Family Finding Team. This indicates a need for ongoing recruitment of adopters/placements and more targeted matching strategies.

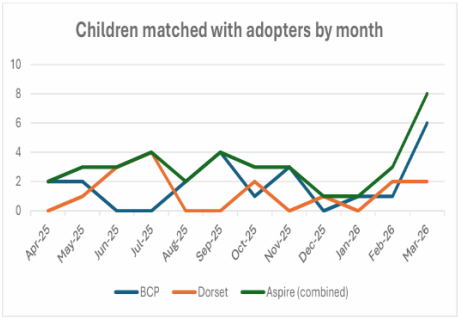
5.1.4 Positively, where reductions in children waiting numbers are seen, these are linked to focused interventions such as improved tracking and targeted family finding, or approval for external placement searches widening availability. However, these gains may be difficult to sustain without continued resource investment which is now happening in the Aspire Marketing Strategy 26-27 and the additional resource of the Aspire Marketing post which commenced on 1st December 2025.

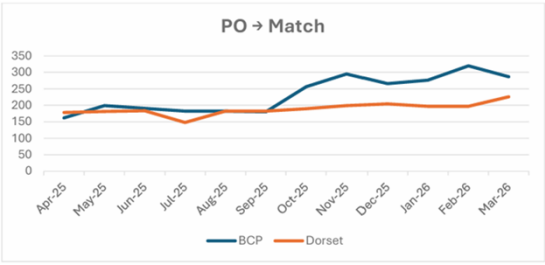
5.1.5 **Key themes** emerging in 25-26 was persistent demand and pressure on adopter placement sufficiency, longer waiting times for children with additional needs, Need for targeted recruitment and matching strategies and the importance of early intervention to reduce delays. Overall, the 25-26 data highlight the importance of maintaining momentum in recruitment, improving timeliness in decision-making, and strengthening permanence planning to reduce the number of children waiting and improve outcomes.

5.1.6 Children Matched with Adopters by Month (Apr 2025 – Mar 2026)

Metric	2022-23	2023-24	2024-25	2025-26	—	2022-23	2023-24	2024-25	2025-26
	BCP	BCP	BCP	BCP	—	Dorset	Dorset	Dorset	Dorset
Adoption Orders	27	22	23	15	|	26	16	20	14
Placements	24	24	19	20	|	16	19	17	15
Matches	25	22	17	22	|	16	19	17	15
Placement Orders	24	22	26	19	|	21	19	23	16
ADM BIDs	32	27	23	20	|	24	26	21	20
FFA/CP	1	3	3	6	|	2	10	7	2
A10 (BLA→placed, AO yr, days)	527	410	428	337	|	525	430	312	315
A2 (PO→match, AO yr, days)	283	156	178	299	|	236	116	180	157

Fig 6Year by year comparison of A10 & A2 KPIs for Adoption timeliness for children. ASGLB data





(Fig 7 & Fig 8)

5.1.7 The monthly data shows a variable but generally steady pattern of matching activity across the year, with clear peaks and quieter periods rather than a consistent upward trend. Across Aspire (BCP + Dorset combined), matches ranged from 1 to 8 per month, demonstrating fluctuations linked to operational activity and case progression.

- **Early year (Apr–Jul 2025):**
  Matching activity increased gradually from 2 in April to 4 in July, indicating a building pipeline of matches as the year began.
- **Late summer to early autumn (Aug–Oct 2025):**
  Activity remained moderate, with 2–4 matches per month, including a peak of 4 in September, suggesting a period of sustained family-finding progress.
- **Mid-year dip (Nov 2025 – Jan 2026):**
  There was a noticeable slowdown, with matches falling to 1 in December and

January, representing the lowest point in the year. This reflects seasonal pressures and delays in progressing matches over the holiday period.

- **Year-end recovery (Feb–Mar 2026):**
  Activity increased again, culminating in a significant peak of 8 matches in March, the highest monthly total of the year. This aligns with the broader Q4 trend of increased activity and throughput.

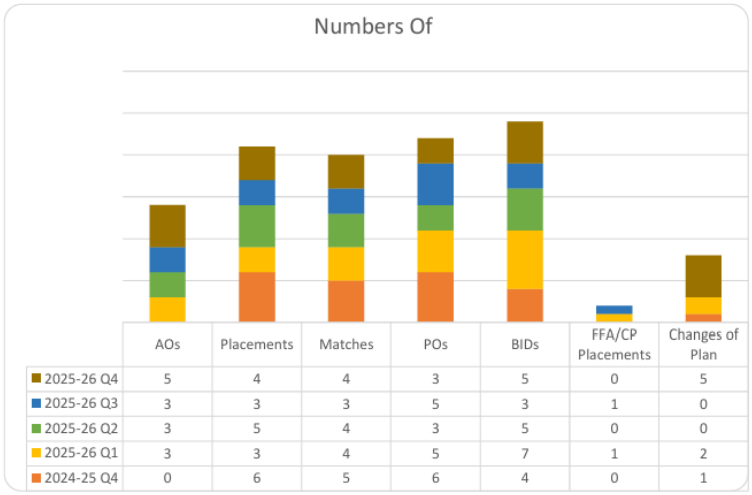


Overall Analysis of children's matches:

- Matching activity is inherently uneven, with peaks reflecting concentrated efforts to progress cases and quieter periods linked to operational or seasonal factors.
- The strong finish in March indicates a successful push to progress matches at year end, consistent with wider Q4 performance improvements.
- However, the mid-year dip highlights vulnerability in maintaining consistent matching momentum across all months.

While Aspire demonstrates the ability to deliver high volumes of children's matches in peak months, maintaining a more consistent monthly flow of matches remains a key area for development. Strengthening adopter availability, reducing delays between stages, and smoothing panel planning and court processes will be critical to achieving this.

5.2 Dorset Childrens Data 25/26



	AOs	Placements	Matches	POs	BIDs	FFA/CP Placements	Changes of Plan
2025-26 Q4	5	4	4	3	5	0	5
2025-26 Q3	3	3	3	5	3	1	0
2025-26 Q2	3	5	4	3	5	0	0
2025-26 Q1	3	3	4	5	7	1	2
2024-25 Q4	0	6	5	6	4	0	1

*** Fig 9 Coram Q4 return Dorset 25-26**

- There has been a consistent number of Best Interest Decisions (BIDs) throughout the year for Dorset children with should be placed for adoption decisions, although there has been a decrease in Placement Orders and Adoption Orders compared to the previous year. With regards to the Should Be Placed for Adoption (SHOBPA) decisions, there are many variables why this has increased for the LA's, changes of plan, extended family or kinship carers being identified prior to the plan being adoption, or birth parents making the necessary identified changes to parenting.

- There has been a decrease in children being placed within 2025/26. This has been due to children having to wait longer for adopters to be identified. Of the children placed 84% of Dorset Children and 100% of BCP children were placed with Aspire adopters. Overall, 73% percent of children who were placed for adoption, were placed with Aspire adopters which is a decrease from 92% in the previous year for internal placements with adopters.

5.3 Should be placed for Adoption Decisions (SBPA)

5.3.1 Dorset have made 1 less SBPA decisions this year as they made in 2024/25. Dorset made a total of 20 SBPA decisions in 2025/2026 and of those 20 SBPA decisions made between April 2025 and March 2026, 11 were boys and 9 girls, there were 3 sibling groups, 2 of which were groups of two siblings, 1 of which were a group of three. 12 children were below the age of 2 and the remaining 8 children were aged between 2 and 5 years old at the time of the SBPA decision. All but three children were White

British, those not, were a sibling group of 2 who were White/Chinese, and 1 child was White/Black Caribbean.

5.4 Placement Orders

5.4.1 There has been a decrease by 7 of Placement Orders granted this year from 23 in 2024/25 to 16 in 2025/26. This is a 31% decrease in Placement Orders.

5.5 Children Placed

5.5.1 There has been a slight decrease in children being placed within 2025/26 to 15 from 17. Of the children placed 73% of Dorset Children were placed internally with Aspire adopters. Timeliness for children however has remained good in all areas which is positive.

5.6 Adoption Orders

5.6.1 There has also been a decrease in adoption orders made. There were 20 adoption orders granted in 2024/25 a decrease to 14 in 2025/26. This is the lowest amount in 4 consecutive years since 22/23 with a 30% decrease. Q4 25-26 seen 5 Adoption Orders made which is positive as in the same quarter in the previous year there were 0 adoption orders granted.

5.7 Children waiting for a match.

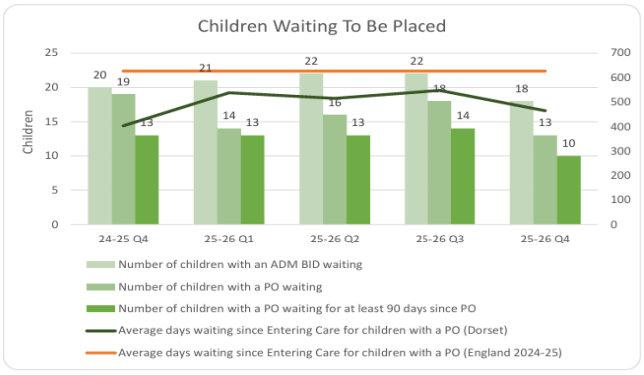


Fig 10

5.7.1 Dorset and Aspire are ambitious for their children and strive to seek placements for all children, no matter what age, level of need or sibling group size.

5.7.2 For the children currently waiting for a match, Aspire has worked hard to increase the range and diversity of adopters enabling children who are older, or in sibling groups loving adoptive families, by prioritising the assessment of those families. For 2025/26 this is evidenced by the children placed – 76% of Aspire children (BCP and Dorset combined), and 73.3% of Dorset Children were placed with Aspire adopters. External placements for Dorset where 8 children; all sibling groups bar 1 singleton.

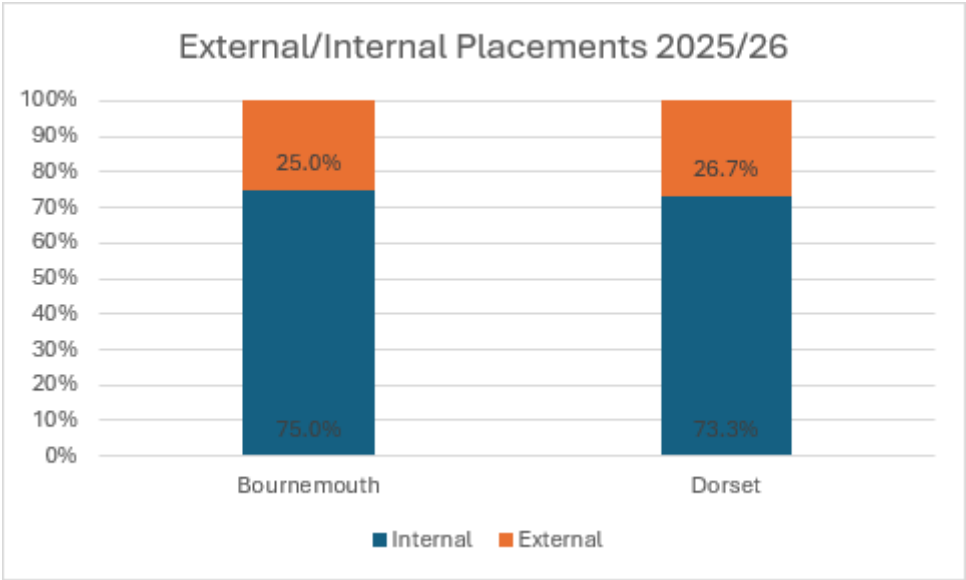


Fig 11.

- It does need emphasising that there continues to be a national sufficiency crisis with the recruitment of adopters, meaning that we have to work harder for older children and or sibling groups. Historically adopters who would have considered sibling groups and older children are now opting for children who have lesser needs on Linemaker Aspire have been part of the Southwest Permanency Project for disabled children and managed to secure 1 match from the project which was positive.
- Aspire have also attended matching events both regionally and nationally, linked with our Southwest Adoption Consortium Partners, and have used link maker, a national matching tool to link with external adopters. Coram Activity Days have also brought increased links for Dorset children who has external placement searches agreed.
- As of the 31st March 2026 there were 15 Dorset children waiting for a match, 4 sibling groups, 1 sibling group of 3. 1 child was matched and moving in June 2026, 1 sibling group of 2 at Panel in May 2026, 1 child shortlisting is happening in May, and 2 children family finding continues where Placement Order was granted in February and March 2026. 6 children also had a change of plan.
- As a general principle, siblings will be placed together; however, due to the individual needs of children, this is not always right for them and cannot always be achieved. It is essential that sibling assessments are carried out to ensure good quality decision making and support plans are evidence based if children are placed together or apart.

5.8 Timeliness of Adoption for Dorset Children

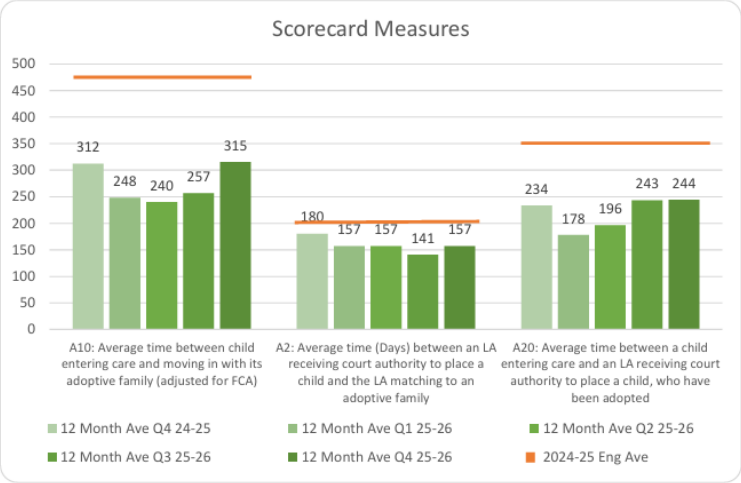


Fig 9 Q4 25/26 Dorset Coram Data.

5.8.1 Nationally, Aspire are one of the best performing RAA's in respect of their timeliness of the child's journey through the adoption process and throughout 25-26 timeliness for children in Dorset has remained strong for the A2, 10 and 20 being well below the national average. For all aspects of the child's journey through adoption (13) Dorset are achieving good timeliness for children in securing their permanence.

5.8.2 There has continued to be a decrease in both the time between entering care and being placed for adoption with a slight increase in Q4 25/26 and the time from Placement Order to be matched with adopters and from becoming looked after to being adopted. It must be remembered that lower is better for these figures as this indicates minimum delay in children achieving their permanence.

5.8.3 This is attributable to the close working partnerships between Dorset and Aspire. There has been a sustained improvement in tracking the children's progress throughout their adoptive journey.

5.8.4 Aspire implemented a tracking process in early 2024/25 from when the child was placed with their adoptive family, and the 10 weeks point when the adoption application could be made. This has seen a continued oversight in the time scales which is again beneficial as permanence is achieved quicker for the children.

5.8.5 This consolidated joint working, and tenacious family finding and continued recruitment of adopters for our children, has resulted in a timelier process, enabling children to be with their families sooner rather than later.

5.8.6 The most up to date scorecard data provided, at the time of writing, is the Q4 25/26 Dorset ASGLB RAA Dashboard - A1, A2, A10 and A20 timescales for children adopted in the year to 31 March 2026.

5.8.7 The timeliness between authority to place and deciding on a match has continued to improve over the last 12 months, despite the national sufficiency crisis. Dorset are performing better than the England and Good national averages. There has been much earlier tracking of children deemed harder to place, and targeted recruitment,

and in some cases fast tracking of the assessment of the adopters, for those children, to enable them to achieve permanence within their families.

5.9 Early Permanence

5.9.1 Early Permanence (EP) is an umbrella term for two main placement types where children have been placed with approved adopters who are also approved as foster carers. These placement types have previously been known as concurrent placements and foster to adopt placements.

5.9.2 Early permanence is seen to be win-win for a child, either they stay with the family they know and feel safe with, or they return to the care of their birth family who they also know and feel safe with. It is the adults who have to manage the uncertainty and challenges.

5.9.3 This year however has resulted in a decrease in number of EP placements to 2 from 7 the previous year which is a 72% decrease. There is however continued use of EP, which is extremely positive for the children, as they have fewer placement moves, and as above, either go on to be adopted or return to family. This has been due to adopter sufficiency where not enough EP carers have been recruited during 25/26. A Sufficiency Strategy is being implemented in 26/27. Aspire have not met recruitment targets for EP during 25/26:

Sufficiency targets for the recruitment of adopters over the next 3 years:

YEAR	2 SIBLINGS	3 PLUS SIBLINGS	CHILDREN 4 PLUS	EP	TOTAL
2025– 2026	10	4	1	15	30
2026/2027	14	5	1	15	35
2027/2028	15	6	1	18	40
TOTALS:	39	15	3	48	105

Fig 10 Aspire Sufficiency Strategy 25-28.

- Whilst Early Permanence has generally been used for babies Aspire has placed babies direct from hospital so there are children who have only known the one carer. We have also been far more creative historically in our use of early permanence with older children, and sibling groups, to reduce placement moves to avoid delay. The Aspire Early Permanence Offer and EP Policy has also been updated and agreed in 2025/2026 at Aspire Operational Board. Early Permanence in the Southwest Region also continues to be the strongest performance wise in utilisation of EP within court proceedings.

6. Adoption Support Service Delivery 25/26

ADOPTION SUPPORT		
Support services	Aspire Adoption Services	Local Authority
Assessment for adoption support	✓	
Developing and delivering adoption support plans	✓	
Agree and administer financial support to adoptive families pre and post Adoption Order		✓
Adoption support delivery including: • Support groups • Social events • Post adoption training • Independent Birth Relative services • Support with ongoing birth relative contact • Specialist Life Story practitioners • Adoption counselling and training	✓	
Financial support to adopters including adoption allowances		✓

6.1 During May 2025 the SGO element of Aspire was transferred back to BCP and Dorset Local Authority successfully along with the management and staffing establishment. Therefore the work was to concentrate solely on adoption.

Aspire Adoption services provide support for adopted children and adopted adults within the Dorset and BCP area. Aspire adoption services provide support for children outside of Dorset and BCP up until 3 years post adoption order. Birth relatives can access the Independent Birth Relative Service if their adopted child is considering keeping in Touch post order. A KiT Policy and Steering Group was developed further during 25/26.

6.2 **Aspire Adoption Support Principles**

6.2.1 Aspire Adoption Support Team deliver post adoption support in line with the following key principles: child-centred, trauma-informed, accessible, timely, collaborative, and proportionate. Aspire provides services to support adopted children and their families; child centred practice remains at the forefront of Aspire adoption services. Aspire recognizes accessibility, timely, and collaborative support with families is key to positive outcomes.

6.2.2 Aspire post adoption support core principle is to empower adopted families and their children and compliment their parenting, adopting support is a voluntary service which families opt in and of course can opt out if they should choose.

6.3 The Aspire Adoption Support Offer 25/26.

6.3.1 The service provides a graduated model of support including universal services, targeted support, and specialist interventions such as therapeutic services and support funded via the Adoption and Special Guardianship Support Fund.

6.3.2 In terms of reference, support can be provided to anyone up to the age of 22 without ever receiving an EHCP or 25 if they have been supported by an EHCP. (This is not the same for Access to Records or Intermediary requests).

6.3.3 Aspire post adoption support is not a crisis service they provide assessed and tailored support to adoptive families, children, young people and adults.

6.3.4 **Universal support-** Families have during 25-26 been able to access, adoption support groups, coffee mornings, training and workshops, social events and have access to a CATCH (Child Attachment and Trauma Community Hub) membership. Families, children and young people will be able to access our duty services 4 out of 5 working days,9:30-15:30

6.3.5 **Targeted support –** as recognized following an assessment of need with a practitioner, to include signposting to specialist services such as virtual school, Local Authority SEN department, SENDIASS, CAMHS, Health or local authority early help.

6.3.6 **Specialist support –** as recognized following an assessment of need completed with a practitioner to explore and access specialist therapeutic support for the family, child or young person. Commissioned and reviewed through Aspire Adoption support services, funded through the ASGSF.

6.3.7 Families, children and young people have an allocated practitioner for a 6-month period to include the assessment, implementation and review of adoption support packages.

6.3.8 As most children from BCP and Dorset are placed with Aspire adopters this means that the support is provided throughout the child's minority and into further education. This also creates a sufficiency issue in the ability to meet need, as the support will not cease after the 3 years, and transfer to the area the child is placed

6.3.9 Aspire continue to offer a tiered approach to support services, which consists of a duty system, universal support, and targeted Intervention. This has proved the most effective way of providing support within the region. The duty system is managed by experienced Family Support Practitioners who are able to give advice and guidance and signpost to other services if needed. This includes but is not limited to; meetings with Clinical Psychologists, bespoke training packages, therapeutic input delivered by Aspire staff, individual commissioned membership of Children and Trauma

Community Hub (CaTCH), a dedicated web-based support service providing online training, workshops, advice etc for Adopters.

6.3.10 Aspire continues to work hard to eradicate waiting lists and offer an immediate response to families at the lower tiers through a daily duty system. However, due to the sheer volume of work, there is a waiting list of 3-6 days for a consultation with a Social Worker, if this is required.

6.3.11 The service has formed strong links with Virtual Schools, Early Help and universal services who offer bespoke services for our families. The duty system receives approximately 300 enquiries a month, which vary dependant on the time of year i.e. holidays and Christmas seeing an increase in enquiries. The universal support offer which is inclusive and provides regular newsletters and information via the mailing list and support groups and workshops/training.

6.4 Assessment of Need.

6.4.1 Aspire adoption support services undertake an Adoption support assessment from an initial consultation. Aspire work alongside Aspire Adopted families to identify needs, considering the impact of trauma around your child's preadoption history. We explore support networks and work with other professionals to enable us to get a better understanding of adopted children whether that be CAMHS, education, SEN or health colleagues. To assist Aspire adoption services we seek consent to access your child's permanence report, adoption support plan, specialist health assessment, CAMHS assessments, EHCP or education psychology assessments.

6.4.2 Outcomes or the assessment of need is reviewed of your adoption support plan and include advice, universal support, a formal review of adoption support plan, or seeking specialist services and ASGSF commissioned services if required.

6.4.3 A targeted support offer for those families needing more than universal services. An assessment of need will be carried out. This will be done via a consultation with one of the experienced social workers. For those families that need targeted support, a worker will be allocated to the family to carry out the identified work and provide support for up to three months, and an exit plan will be developed within the plan.

6.4.4 This is not an exhaustive list as bespoke services and workshops/training can be tailored to individual family's dependant on need. Allocations are on a short-term basis (approx. 3 months) to provide an intensive package of support, to build a parents/carers skills, resilience, and confidence to parent the children in their care.

6.5 Quality Assurance of ASGSF commissioned services.

6.5.1 Aspire are working with our regional partners Adoption West and Adopt Southwest to review the commissioning of support services and work on ways to improve and

standardise the services. This is funded by Adoption England and during 25-26 the Southwest Therapeutic Framework.

6.5.2 During 25-26 Aspire Adoption Services have ensured quality assurance of services commissioned working with BCP Local authority to ensure that services meet their stringent framework whilst working towards the regional framework. When Aspire Adoption Services commission therapeutic services we will agree a minimum of 3 Goal Based Outcomes to ensure positive outcomes for adopted children.

6.5.3 Aspire will also request a midway report if the child is accessing more than 10 therapeutic sessions and every therapeutic intervention will have a final therapy review meeting and report we also seek the progressions of the 3 agreed goal-based outcomes.

6.5.4 On the rare occasion that a service which Aspire adoption services have commissioned does not meet the expectations of a family or there is a complaint raised against the provider Aspire will raise this on family's behalf and seek resolution. Additionally on the rare occasion that resolution cannot be agreed, Aspire will follow the BCP policy of raising complaints around a service provider. Make a complaint about children and young people services | BCP

6.6 Adoption Support Fund (ASF) & usage during 25/26

The Department for Education Adoption and Special Guardianship Support Fund (ASGSF)

6.6.1 The adoption and special guardian support fund provides funds to local authorities and regional adoption agencies to pay for essential therapeutic services for eligible adoptive, special guardianship order and child arrangement order families.

6.6.2 The post support team help adopters to access the ASGSF by completing the required assessment and sourcing the therapists using our procurement framework. This has become increasingly important for our families. and the current service, has meant we have been able to support significantly families to access therapeutic services despite changes to the ASGSF. In May 2025 the DfE announced key reductions to the fund:

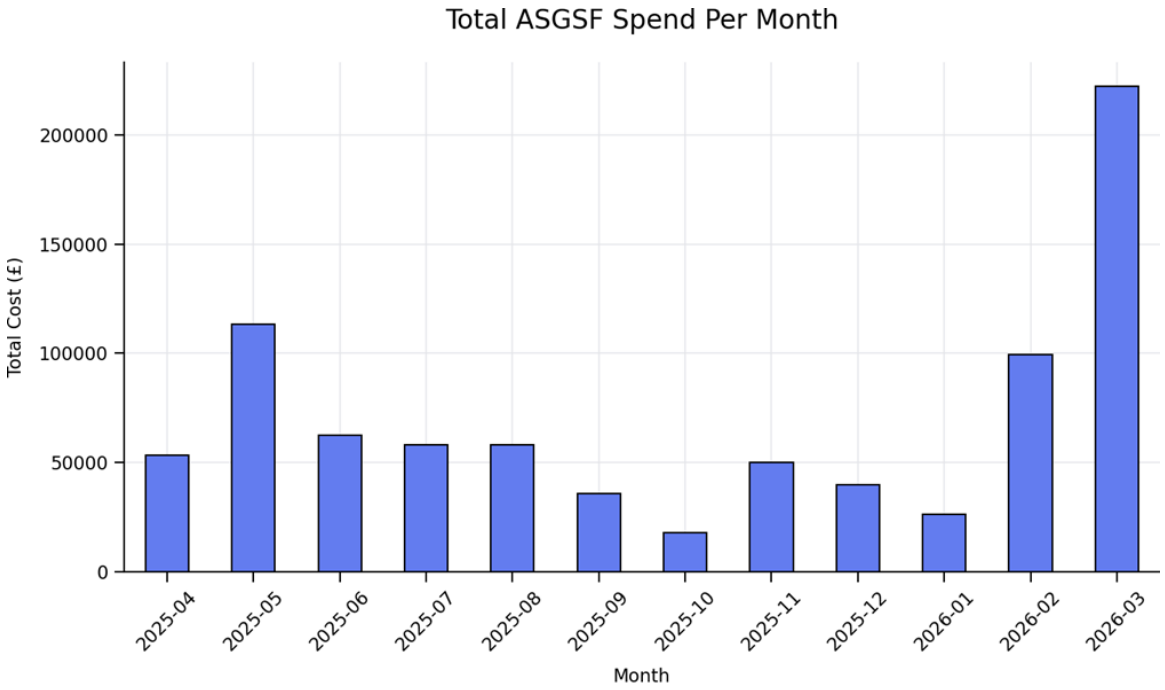
- **Fair Access Limit Cut:** The maximum therapy funding per child per year has been slashed by 40%, from £5,000 to £3,000.
- **Specialist Assessments Dropped:** The separate £2,500 allowance previously used to fund specialist assessments has been removed entirely.
- **Match-Funding Eliminated:** Local authority match-funding for children with exceptional, high-level needs above the £3,000 limit is no longer available.

6.6.3 The impact of the reduction of FAL is yet to see the full impact. Adopters are reporting the impact which has led to looking at how to use the fund more effectively. Regional RAA partnerships have also joined with Adopt UK to offer online parenting courses

which the project is in its early infancy but is co-delivered by Aspire FSPs and Adopt UK practitioners.

25-26 Monthly ASGSF Spend Overview

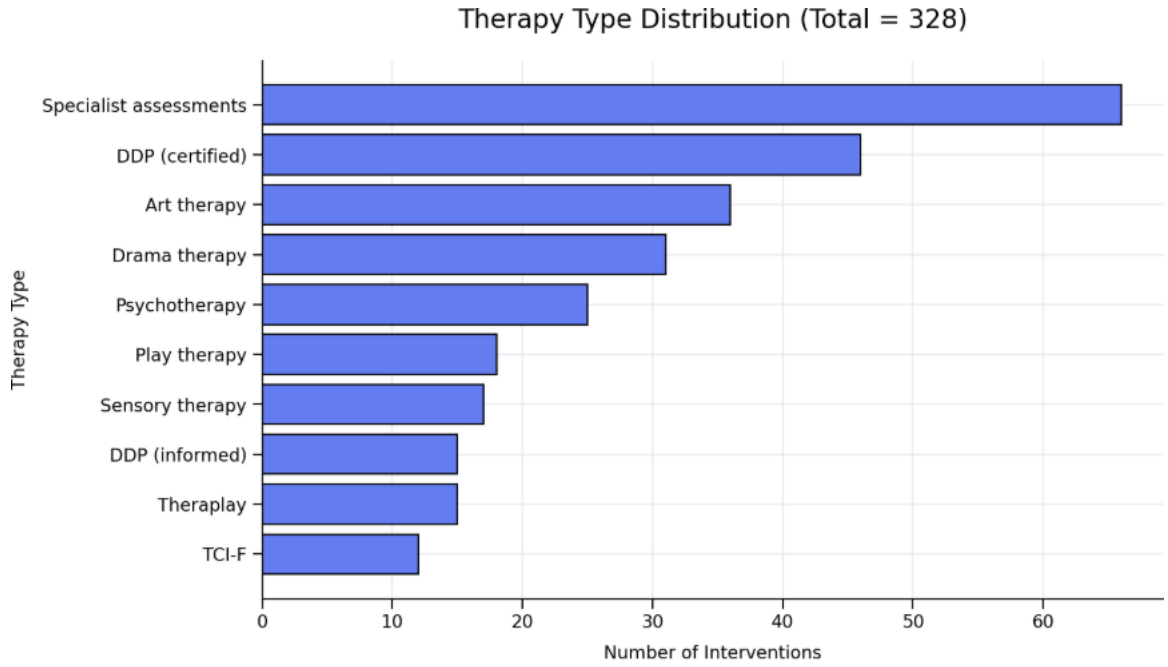
(Fig 11) Totals spend across all applications: £836,116.41.



Key Insight: Monthly expenditure demonstrates variation in funding demand and can support forecasting and service planning.

(Fig 12) Therapy Type Distribution 25-26

Total interventions delivered: 328



Key Insight: Service delivery is primarily focused on Specialist Assessments and attachment-based interventions (DDP), alongside strong use of creative therapies.

6.7 Demand for Adoption Support Services & modernisation of adoption.

6.7.1 This Aspire Adoption service has seen a continued increase in uptake over the year, and this is expected to continue with the Keeping in touch arrangements and modernisation of adoption. We are currently seeing more placement orders being made with recommendations or contact orders attached, for direct contact to take place. This has impacted on the support services during 25/26 due to all involved, birth family, adopters and children requiring support in the initial stages and throughout the case.

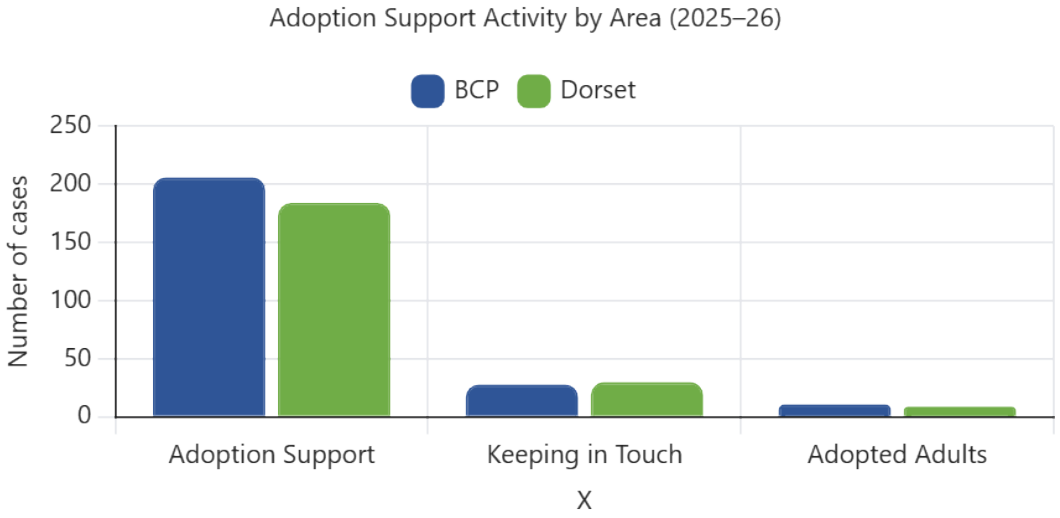
6.7.2 At the end of Q4 2026, Aspire reported 37 open cases of keeping in touch arrangements combining of historical direct contact and in-direct arrangements via the letterbox system direct contacts between children and their birth parents. There is an expectation that this will rise in the coming years. Aspire currently support 647 letterbox contacts, usually involving 2 parents which has increased by 20%.

6.7.3 In order to address this increased demands, Aspire Governance Boards requested a review of the adoption support team regarding income generation and an internal review of Keeping in Touch arrangements. Both reports enabled increased staffing capacity to address increased demands and budget for the modernisation of letterbox. The plan agreed is for 2026-2027 and new Keeping in Touch sub will be managed by an Assistant Team Manager with Birth Parent Support, KIT arrangements, Access to Records and modernisation of letterbox will be completed.

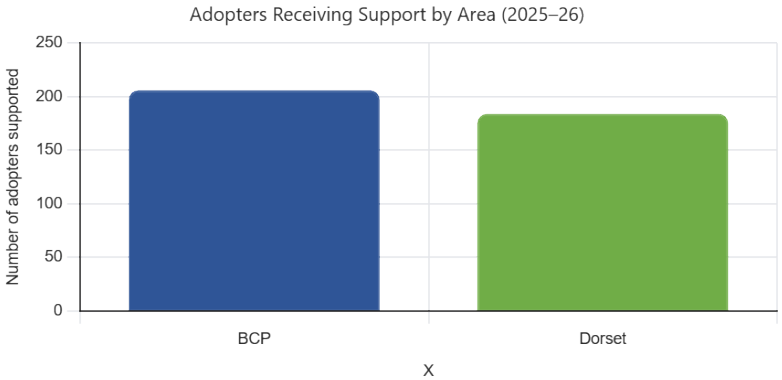
6.7.4 Birth parent services: It is a requirement that the birth family are offered independent support when a placement order is made in respect of their child. Aspire commissioned an independent agency, Parents and Children Together (PaCT) to deliver birth family support following the service ceasing with Families for Children This had been recommissioned from April 2022 to 31 March 2024 with an option to extend for a further 2 years. This however was not extended in 2025-2026 and the service was brought in house.

6.7.5 The service consists of 15 hours a week of an experienced social worker, management oversight and agency support. Recruitment has been delayed significantly, and the birth parent worker is due to commence in post in June 2026. This post will also sit in the Keeping in Touch new sub team.

6.8 Adoption Support Data 2025-2026



Across 2025–26, the Aspire Adoption service supported 390 children, with a broadly even distribution across BCP and Dorset. Activity relating to keeping in touch arrangements and adopted adult support remains comparatively small but consistent across both areas. In 2025-2026, there has been for BCP: 206 adopters supported, Dorset: 184 adopters supported.





6.9 Adopter Experience

6.9.1 Aspire Adoption value feedback from adopted families, children and young people. As see below some of this has been encapture and evidence strong relationships, high-impact support, safe, inclusive groups. This enables Aspire adopters and adoptees to builds confidence and connection.

6.9.2 Development would be to Improve continuity of social workers and expand access to groups and workshops.

Adopter Experience Feedback (2025–26)

Theme	What People Said (Quotes)	What This Means
Starting the Journey	"Our social worker really got us as a family." "They went above and beyond." "They were always there for us."	Strong relationships with social workers and good support during assessment
Challenges	"It was difficult when our social worker changed."	Continuity matters to families
Early Experience (EP)	"Support was 10/10, but daily hospital contact was hard."	High-quality support, though some arrangements are intense for families
⭐ **Impact of Support**	"The support has been amazing… a huge difference to our whole family."	Support creates real, lasting positive change
Support Groups	"Nice to meet others when I feel isolated." "People just get it." "Good to know you're not alone."	Reduces isolation and builds connection
Confidence & Parenting	"I feel better equipped to parent." "I've learnt so much from others."	Builds confidence and parenting skills

Community & Sharing	"We share advice and help each other." "It feels like a real community."	Strong peer support and shared learning
Safe Space	"It felt safe to share." "I feel valued and understood."	Safe, non-judgemental environments are a key strength
Facilitators	"They make sure everyone gets a chance to speak."	Skilled, inclusive facilitation
Workshops (LSB)	"It helped me a lot." "I liked being together." "I learned new things."	Workshops are valued and effective
What People Want More Of	Longer sessions More workshops Evening options	High demand for more flexible and extended support
In One Sentence	"A friendly place to talk, learn and feel understood."	Overall experience is positive, supportive and inclusive

7. Performance and Quality Assurance

7.1 **Performance and Quality Assurance:** Aspire Adoption Service has introduced in January 2026 a robust performance and quality assurance framework to ensure the delivery of safe, timely and effective services for children and families. Performance is monitored through a combination of key performance indicators (KPIs), regular audit activity has commenced again in March 2026 and learning from disruptions. The activity is overseen by the newly introduced Aspire Performance and Data Board then fed up to Aspire Governance Boards for consideration.

7.2 **Adoption Key Performance Indicators (KPIs)**: The service tracks core Adoption KPIs to measure effectiveness and timeliness across the adoption journey. These include approval timescales, matching timeliness and placement stability. Performance is reviewed regularly by senior leaders and reported through governance structures to ensure oversight and challenge. Aspire Head of Service also attends monthly Dorset and BCP Performance and Sufficiency SLT meetings with now built in adoption KPIs.

7.3 **Approval Timescales:** Aspire Adoption continues to monitor adopter approval timescales in line with national expectations. The majority of prospective adopter's progress through Stage 1 and Stage 2 within the expected six-month timeframe. Where delays do occur, these are typically linked to adopter circumstances, the complexity of assessments, or the need for additional specialist information. The service maintains a strong focus on minimising drift by tracking individual cases and intervening early where issues arise.

7.4 **Matching Timeliness:** Timely matching of children with suitable adopters remains a key priority for Aspire and Dorset children. The service works collaboratively across regional arrangements to widen the pool of available adopters and reduce delay for children. Performance this year demonstrates continued effort to reduce the time between placement orders and match, although this remains variable depending on the needs of the child, particularly for sibling groups, older children and those with complex needs.

7.5 **Placement Stability:** Placement stability is closely monitored as a key indicator of quality. The majority of Dorset children placed through Aspire experience stable placements which progress to Adoption Orders. Where disruptions have occurred (2), these were subject to detailed review to understand contributory factors. Learning from these is embedded into practice, particularly in relation to preparation, matching quality, and post-placement support. This year change of plan for some Dorset children has occurred due to sufficiency.

7.6 **Benchmarking:** Aspire Adoption Service benchmarks its performance against regional RAAs where available, national data. This enables the service to understand its relative performance and identify areas for improvement. Comparative analysis indicates that Aspire performs broadly in line with similar services, with particular strengths in adopter approval timeliness and stable placements. Work continues to strengthen performance in reducing time to match for children with more complex profiles.

7.7 **Audit Activity and Findings:** A structured programme of case file audits which ceased in 2024 has now been devised in Q4 2025-2026 and thematic reviews are taking place to evaluate the quality of practice. Audits are undertaken by managers and senior leaders and focus on compliance, quality of assessment, decision-making, and the child's experience. 2026-2027 will focus on Adoption Support in preparation for Ofsted visits during this coming year.

7.8 **Learning from Complaints, Disruptions and Serious Incidents:** The service actively promotes a culture of learning and continuous improvement. Feedback from complaints, placement disruptions and any serious incidents is systematically reviewed to inform practice development. Complaints received during the year 25-26 were low in number (5 Stage 1s, 2 Stage 2 which led to Stage 3 and Corporate Review subsequently and were responded to within statutory timescales. Themes identified included communication and clarity of processes, which have informed service improvements.

7.9 All placement disruptions (2 in 2025-2026) are subject to formal disruption meetings. Learning from these reviews has led to:

- Enhanced adopter preparation for complex needs
- Improved matching processes and information sharing

- Strengthening of post-placement and therapeutic support

8. Safeguarding

8.1 Safeguarding remains a core priority for Aspire Adoption across Dorset, informing all aspects of service delivery for children, adoptive families and birth relatives. During 2025–26, the service continued to work within the expectations of Dorset Safeguarding Children Partnership and local authority safeguarding procedures, ensuring that children remain protected and their welfare is promoted at all times.

8.2 Clear and robust safeguarding systems are in place throughout Aspire Adoption, with all concerns responded to promptly and managed in line with Dorset Council procedures. Staff work closely with children's social care, health, education and other partner agencies across Dorset to ensure a coordinated, multi-agency response where risks are identified. This partnership approach supports timely information-sharing and effective risk management.

8.3 Regular supervision, case tracking and quality assurance processes enable managers to maintain oversight of safeguarding practice, ensuring that any emerging concerns are addressed swiftly. Where appropriate, safeguarding issues are escalated through established local protocols to ensure that children receive the right level of intervention and support.

8.4 Training remains a key focus, with staff maintaining up-to-date knowledge of safeguarding legislation and local priorities identified within Dorset, including contextual safeguarding risks, trauma-informed practice and online safety. This ensures practitioners are equipped to respond effectively to the needs of children and families in the Dorset area.

8.5 Overall, Aspire Adoption continues to promote a strong safeguarding culture across Dorset, where vigilance, professional curiosity and partnership working underpin practice, and where continuous learning supports ongoing service improvement.

9. Workforce

9.1 Staffing overview (establishment, vacancies, turnover)

9.1.1 Aspire Adoption is delivered by a skilled, multidisciplinary workforce of approximately 40–45 staff (circa 36.5 FTE). The service is led by an Adoption Manager (Head of Service) and structured across three core teams: Family Finding and Matching, Recruitment and Assessment, and Adoption Support.

9.1.2 Each team benefits from dedicated management oversight, with a mix of social workers, family support practitioners, and specialist roles supporting the full adoption pathway—from recruitment and assessment through to post-adoption support. Additional capacity is provided through agency advisor, business support, and specialist functions, ensuring robust governance and operational effectiveness. The workforce model combines full-time and part-time roles, supporting flexibility while maintaining service continuity.

9.1.3 Staff turnover has been relatively low in 25-26. There has been the recruitment of a new permanent Head of Service, a 30-hour Marketing Officer post created within the staffing structure and additional Family Support Practitioners posts have been added to the Recruitment & Assessment Team along with the conversion of existing social work hours converting to FSP posts in both the R&A and Adoption Support Team.

9.1.4 Additional resource has been added to the Adoption Support Team to support the increased demand of keeping in touch arrangements and modernisation of adoption. Since April 2025, the Birth Parent Support Worker post was vacant which created additional impact on Family Finding Social Workers and the Adoption Support Team Manager who was allocated this role to meet legislation requirements. Delays where due to recruitment processes then 1 successful candidate refused the role which was then offered to the second appointable candidate.

9.1.5 Overall, the stability, experience, and professionalism of the workforce enable Aspire Adoption to deliver high-quality, child-centred services and positive outcomes for children and adoptive families.

10. Partnership Working

10.1 Aspire has the responsibility to discharge the two local authorities' responsibilities as an Adoption Agency. The working relationship between the local council (local authority) and Aspire is fundamental to the success of the partnership working.

10.2 Aspire Strategic Partnership Board is chaired by the Executive Director of children's services for Dorset Council, Paul Dempsey. The Board consists of the Director of Children's Services of each of the local councils, a representative from a voluntary adoption agency, Parents and Children Together (PaCT), the Designated Doctor for Children in Care, pan Dorset and, Parents and Carers Together, the Service User Consultative Forum.

10.3 The Service Directors/Heads of Service for each of the local council authority children's services attend the quarterly and bi-quarterly Strategic and Operational Board meetings. In broad terms, the Operational Board has day-to-day operational responsibility for Aspire.

10.4 Since the beginning of 2025-26, a review of the governance arrangements of Aspire has commenced in partnership with both partner agencies. This is due to the many

changes that have occurred over the past year, both within Aspire and in both partner agencies.

10.5 Aspire work closely with the local councils, BCP and Dorset – these are our local authority (LA) partners. We attend LA tracking and legal planning meetings across the RAA in order to support our LA colleagues and progress as promptly as possible where children are unable to live with their birth families and need an adoptive family.

10.6 Aspire take over all child in care duties and case responsibility for all BCP children once a Placement Order is made, and for those aged 2 and under for Dorset children.

10.7 For those children within Dorset aged 2 and over, Aspire provide a comprehensive Family Finding offer and support our colleagues within the Children's services teams to progress the plans in a timely manner in respect of achieving adoption. In all children's cases, Aspire co-allocate a Family Finding Social Worker from the should be placed for adoption decision and remain involved until the making of the adoption order.

10.8 Aspire also work closely with Adoption England, The Southwest Adoption Consortium (SWAC) and the Southwest Permanence Project. The service manager for Aspire sits on the Governance boards for Adoption England, SWAC, and the Southwest Permanence Project.

10.9 Adoption England is a collaboration of regional adoption agencies working together with a small central team working nationally, aiming to improving adoption practice and develop support and services to better meet the needs of children and families.

10.10 Aspire are members of SWAC which consists of our regional partner RAA's Adoption West and Adopt Southwest, and the regional Voluntary Adoption Agencies, CCS Adoption, Parents and Children Together, and Barnardo's. All agencies work in partnership to support the development of practice through workshops and training events.

10.11 SWAC run 3 Adoption Exchanges a year, either virtually or in person. At these exchanges, family finders for children have the opportunity to profile the children they have waiting, and social workers who are supporting adopters waiting also attend, as do prospective adopters themselves. All the SWAC Regional Adoption Agencies (RAAs) are invited to profile their children waiting, and neighbouring RAAs are also invited to these events.

10.12 There are also monthly profiling sessions held virtually where family finders in the 3 SWAC Regional Adoption Agencies (RAAs) can profile their children waiting. Workers in the RAAs and VAAs also attend virtually, to represent their adoptive families waiting.

11. Finance

11.1 Aspire is funded 49% by Dorset and 51% by BCP. Considerable work took place to agree a 3-year budget for Aspire from 2022 to 2025 however this has been developed further in 2025/2026 via the Head of Service, BCP Director of Commissioning, Quality & Resources, Aspire Finance Officer and in particular with Dorset Senior Leadership who attend the Aspire Strategic Board.

11.2 The budget outturn for 2025/26 is an underspend of £44,800. This favourable variance is primarily due to higher-than-expected income generated on partnership income from selling Aspire adopters externally. The final outturn differs from the previous forecast surplus because of disruption in two external placements and an accounting period miscommunication. The surplus will be apportioned between the two authorities in accordance with 2025/26 funding percentages.

Aspire Adoption - 2025/26 Outturn

Expenditure Items	Working Budget 2025/26	2025/26 Outturn	2025/26 Budget Variance	2025/26 Forecast
	£	£	£	£
Staffing Costs	2,065,488	2,023,656	(41,832)	2,048,857
Other Employee Costs	9,000	8,139	(861)	9,000
Premises	4,000	50	(3,950)	0
Transport & Vehicles	25,000	24,962	(38)	29,000
Supplies and Services	21,800	58,560	36,760	48,700
Third Party & Transfer Payments	27,500	37,481	9,981	24,700
Recharge Costs	15,000	15,635	635	15,000
Other Grants, Reimbursements & Contributions	(200,000)	(208,677)	(8,677)	(318,000)
Service Fees & Charges	0	(36,822)	(36,822)	(36,822)
Total Expenditure	**1,967,788**	**1,922,984**	**(44,804)**	**1,820,436**

Funded By;	Working Budget 2025/26	2025/26 Outturn	2025/26 Budget Variance	2025/26 Forecast
	£	£	£	£
Dorset Council	802,858	802,858		802,858
BCP Council	1,164,930	1,164,930	0	1,164,930
Total Funding	**1,967,788**	**1,967,788**	**0**	**1,967,788**
Total Variance	**0**	**(44,804)**	**(44,804)**	**(147,352)**

11.3 Of the £208.677 it must be remembered that each local authority is responsible for the additional costs relating to interagency expenditure. Each placement is agreed with the appropriate Director/SM prior to the placement being made

11.4 The net operational underspend was shared proportionately among the two local councils according to the funding percentages. The Interagency fees were met by each Local Authority based upon the cost to them of the placements. It has been agreed for 26/27 that the £200k income target is removed to ensure that more of our adopters are supporting our own children waiting for adopters with the aim of reducing the reliance on external placements.

11.5 Looking forward to 2026/27, the budget for the Operational Budget has been agreed at the time of writing this report, and therefore under inter-authority agreement which is in final draft is amended to reflect the 2026/2027 budget. The increased overall cost to Dorset Council in 26/27 will be £991k from 802k in 25/26 however the additional cost of external placements will be significantly reduced.

12. Ofsted and Regulatory Compliance

12.1 Aspire Adoption Service remains fully committed to meeting its statutory responsibilities and maintaining compliance with Ofsted regulatory requirements. Throughout 2025–26, the service has operated in line with the Adoption and Children Act 2002, the Adoption Agencies Regulations 2005 (as amended), and the Adoption National Minimum Standards.

12.2 Robust governance and quality assurance processes have been in place to ensure continuous oversight of practice and performance which has improved significantly. Regular audits, case file reviews, and feedback mechanisms have been utilised to monitor compliance, identify areas for development, and drive service improvement. Any learning from complaints, compliments, and incidents has been systematically reviewed and embedded into practice.

12.3 The service has maintained clear and up-to-date policies and procedures, ensuring staff are supported to deliver safe, effective, and child-centred services. Workforce development has remained a priority, with staff receiving appropriate supervision, training, and professional development aligned with regulatory expectations.

12.4 Notifications to Ofsted have been submitted in a timely manner, and there have been no significant breaches of regulatory requirements during the reporting period. Aspire Adoption continues to work in partnership with local authorities, panel members, and other stakeholders to ensure transparency, accountability, and adherence to best practice.

12.5 Overall, the service demonstrates a strong commitment to regulatory compliance, safeguarding, and achieving positive outcomes for children and families.

13 Equality, Diversity and Inclusion

13.1 Aspire has not previously had a specific EDI strategy however has an outline of what will be implemented in 2026-2027 following on from learning from practice and policies up to 2026.

13.2 The purpose of Aspire's Equality, Diversity & Inclusion (EDI) Strategy and Purpose will be to ensure Aspire Adoption Service delivers equitable, inclusive, and culturally competent services, improving outcomes for children and families while building a diverse and inclusive workforce. Key Strategic Priorities for 26-27 will be:

13.3 **Reduce Inequalities in Adoption Outcomes:** Address disparities in waiting times and placement outcomes, particularly for Black and minority ethnic children, disabled children, older children and sibling groups. We will strengthen early permanence and family finding for Dorset children with an anti-bias approach and the success measure would be reduced waiting time gaps and improved placement timeliness

13.4 **Diversify Adopter Recruitment:** Target underrepresented communities through tailored outreach and partnerships and ensure inclusive, accessible recruitment processes and materials, The success measure: Increased enquiries and approvals from diverse adopter groups.

13.5 **Embed Anti-Discriminatory Practice:** Mandatory EDI and anti-racism training for staff, panel members, and adopters will be reviewed and updated and look at introducing EDI-focused supervision and audit of assessments for bias. The success measure: Improved quality of assessments and positive user feedback.

13.6 **Promote Identity, Belonging and Lifelong Outcomes:** We will look to strengthen further life story work and identity planning for all Aspire children which will support adopters to meet children's cultural and identity needs. A success measure: Improved feedback from adopters and young people.

13.7 **Build an Inclusive Workforce:** We will review recruitment, progression, and retention to reduce inequality, monitor workforce diversity and promote inclusive leadership. The success measure will be increased workforce diversity and improved staff survey results.

13.8 **Strengthen Governance and Accountability:** Embed EDI in performance reporting and operational oversight by Quarterly reporting to Aspire Board on key EDI metrics. Devise an Annual EDI audit and action plan review. The success measure will be demonstrable progress against EDI indicators and inspection readiness**Key Enablers:** Robust data collection and analysis across protected characteristics will be collated, the co-production with Aspire adopters, young people, and birth families, strong partnerships with communities and agencies evidenced and leadership commitment and clear accountability

Implementation Timeline:

2025–26: Baseline data, training rollout, recruitment review.

2026–27: Embed practice improvements and targeted campaigns

2027–28: Evaluate impact and demonstrate measurable change

This strategy commits Aspire to tackling inequality, improving inclusion, and delivering better outcomes for children and families, supported by measurable targets and strong governance by Aspire Adoption.

14. Risks and Challenges 2025-2026

During 2025–26, Aspire Adoption continued to operate within a complex and pressured environment, with a number of significant risks and challenges impacting service delivery, performance, and outcomes for children and families.

1. Increasing Complexity of Children's Needs

Children waiting for adoption are presenting with increasingly complex needs, including trauma, developmental delay, and sibling group placements. This continues to extend family finding timescales and complicate matching processes. Additionally, to this also Increase the level of support required post-placement. Timeliness however for Dorset children has remained above National KPIs consistently which is positive.

2. Sufficiency and Recruitment of Adopters

Despite ongoing recruitment activity, there remains a shortage of adopters for Dorset children within Aspire with 73% of children placed internally with and 27% placed externally to meet the needs of older children, Sibling groups and Children with additional needs.

3. Growing Demand for Post-Adoption Support

Demand for support services has increased significantly, particularly in relation to keeping in touch arrangement, therapeutic interventions and emotional and behavioural support. There is a risk that demand exceeds available capacity and funding, which may impact placement stability particularly with the reductions in the ASGSF any decisions from the DfE National ASGSF Consultation due in 2027.

4. Financial Pressures and wider local authority financial constraints continue to affect service capacity, availability of specialist support. Commissioning decisions creates ongoing pressure to deliver effective services within constrained budgets. Inter-agency placement costs for external placements have impacted on Dorset in 25/26 however the review of the financial envelope took place in Q4 25-26 and was agreed.

6. Dependency on External Funding

The service remains reliant on the Adoption and Special Guardianship Support Fund (ASGSF)to deliver therapeutic support. Uncertainty regarding future funding levels presents a risk to Continuity of support provision and long-term planning for families

7. Partnership and Regional Working Complexity

Operating across multiple local authorities continues to present challenges however this has continued to strengthen in 2025-2026 by aligning policies and processes, maintaining consistency of practice and managing differing local pressures in the two local authorities and within Aspire.

Overall Position

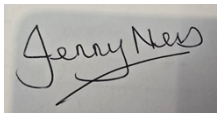
The overarching challenge for Aspire in 2025–26 has been balancing: Rising demand, increasing complexity of need, and constrained resources. This however has enabled Aspire Strategic and Operational Board to re- align priorities and ensure Dorset adopted families and children are offered a service which demonstrates resilience and commitment to positive outcomes with strategic planning, and continued investment to sustain performance and placement stability.

15. Priorities for the Coming Year 2026-2027:

……on next page.



Jenny Ness - Head of Service – Aspire Adoption.



22nd May 2026

APPENDICES

Appendix A

1. Local authority statutory responsibilities

1.1 The Adoption and Children Act 2002 sets out the duty all Local Authorities to establish and maintain an adoption service, to meet the needs in relation to adoption, of children who have or may be adopted, of adults who have been adopted, parents and guardians of such children and persons who have or may adopt a child in their area.

1.2 On the 1 July 2017 Dorset County Council delegated most of those functions to Aspire Adoption, a Regional Adoption Agency (RAA).

1.3 Aspire (RAA) is funded by Dorset County Council and BCP (Bournemouth, Christchurch and Poole Council) to deliver adoption statutory services.

1.4 Each local authority retains overall responsibility for their adoption services, continuing to have parental responsibility for their own Children in Care, but delegating most adoption functions to Aspire Adoption.

1.5 Aspire works closely with colleagues in the voluntary adoption sector, Parents and Children Together (PACT) are represented on the Aspire Partnership Board.

1.6 It is a requirement that elected members satisfy themselves that the Local Authority and the Regional Adoption Agency are working together to meet the needs of children requiring permanence through adoption as laid out by the Statutory Adoption Guidance 2013 and the Adoption Minimum Standards 2014.

1.7 The 2014 Adoption Minimum Standards can be accessed at Department for Education.

1.8 The 2013 Statutory Adoption Guidance can be accessed at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/270100/adoption_statutory_guidance_2013.pdf.

Appendix B

1. Governance

4.1 The following is taken from the Inter Authority Agreement which was being updated in 2025/2026.

SCHEDULE 2 – TERMS OF REFERENCE

Governance Structure



Aspire Strategic Partnership Board

The Aspire Boards provide and review the strategic direction of Aspire Adoption;

- Oversee, review and endorse budget setting and make recommendations to the Councils for Aspire Adoption.
- Oversee, review and endorse the Business Plan annually and make recommendations to the Councils for Aspire Adoption.
- Attempt to resolve disputes between the Councils under the terms of the Inter Authority Agreement.

TERMS OF REFERENCE where updated and agreed for both Boards in 2025-26.