NHS Dorset

Annual Children in Care and Care Experienced Young People Report 2024/25

May 2025

NHS Dorset Integrated Care Board

Meeting Title	Quality, Experience and Safety Committee
Date of Meeting	26.06.2025
Paper Title	Annual Report for Children in Care and Care Experienced Young People 2024-25
Responsible Chief Officer	**Pamela O'Shea**
Author	Ms Louise Harris Smith 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	04.06.25	Outcomes and themes discussed from DHC and UHD annual reports for Children in Care and Care Experienced Young People (CiC and CEYP)
Head of Safeguarding	06.06.25	Review of draft report
CNO and Deputy CNO	09.06.25	Report submitted for sign off

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 2024-25.						
	Note:	✓	Discuss:		Recommend:		Approve:	
Summary of Key Issues	This report provides an overview of development since the previous reporting period 2023-24, demographics for children in care, key areas of work and impact on health outcomes, challenges, and next steps for 2025-26. • Development of the Pan Dorset Children in Care Health Forum • Reducing serious violence role • Extended scope of PCNs to the PCN project for care leavers • Representative for CiC when requests for health funding made • National and Regional representation • CiC and CEYP representation in Preparation for Adulthood (PfA) and Birth to Settled Adulthood (B2SA) workstreams • Launch of the CiC dental premium scheme						

	• Providing clinical leadership of the NHS contribution to corporate parenting in Dorset and BCP councils • Offered learning and development opportunities to health workforce and beyond • Health lead and advocate for individual escalations • Raising quality and financial issues around fostering and adoption medicals **Demographics** – as at end March 2025 a total of **1011** children were in care for BCP and Dorset, giving a **1.1%** increase from previous year, with another **334** children placed in Dorset by other local authorities. **1263** care leavers are known to BCP and Dorset which is an increase of **12.5%.** The number of children placed outside of Dorset has increased this year to **33.5%,** with **80%** of unaccompanied asylum-seeking children (UASC) living outside of Dorset. **Challenges** • Out of area delays for health assessments • 30% of CiC are aged 16-18 years • Numbers of UASC required to be accommodated by local authorities • Number of children placed in Dorset from other local authorities **Next Steps 2025-26 Reducing the health inequality gap** • SEND joint work • Achieving health assessments within statutory timescales • Transformation of emotional and mental health pathways for CiC and CEYP • Population Health Management • Extending specialist health services for CiC and CEYP • Adoption redaction of records guidance
Action recommended	The Quality and Safety Committee is recommended to: **1. NOTE the assurance, challenges and areas for development provided in the annual report for children in care and care experienced young people.**

Governance and Compliance Obligations		
Legal and Regulatory	**YES**	Under the Children Act 1989, The Care Planning and Placement Regulations 2010 and Promoting the Health and Wellbeing of Looked After Children (DoH 2015) it is made clear the NHS responsibilities to contributing to meeting the health needs of looked after children (and, by extension, to care leavers) in three ways: commissioning effective services, delivering through provider organisations, and through individual practitioners providing co-ordinated care for each child.
Finance and Resource	**NO**	
Risk	**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 2024/25

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 experience young people (CEYP) population of Dorset. This report covers the period from 1 April 2024 to 31 March 2025.

The demographic data for Dorset shows a total of **1011** children in care supported by Bournemouth, Christchurch & Dorset Council (BCP) and Dorset Council (DC) in and outside the Dorset conurbation (BCP 568, DC 443). This is an increase of 1.1% in the reporting period. In addition to this there are **1263** care leavers known to BCP and Dorset and **334** children living in Dorset from other local authorities.

Of note, **33.5%** of the 1011 children in care are living outside of the county of Dorset. The impact of this will be explored within the report. Of the 90 unaccompanied asylum-seeking children, **80%** are living outside Dorset. Also of note is the percentage of children in care aged 16-18 years **(30%),** again the impact will be explored further into the report.

In England, the number of children in care was recorded at 83,630 at the end of March 2024 (SSDA903 DfE) which is a 0.5% decrease from the previous year. The rate of children in care per 10,000 children population has increased since previous year for BCP from 70 to 74 and from 66 to 68 for Dorset Council. Both are above the Southwest region rate of 63 per 10,000 children. Children looked after in England including adoptions, Reporting year 2024 - Explore education statistics - GOV.UK

The focus for this report will highlight the following areas:

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

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Date: 06.06.2025

Key areas of work during 2024-25

- Development of the Pan Dorset Children in Care Health Forum
- Reducing Serious Violence dedicated role
- Extended scope of Primary Care Networks to the PCN project for care leavers
- Representative for Children in Care when requests for health funding made
- Presented at two Children in Care focused national and regional conferences
- Children in Care and Care Experienced Young People rep in both PfA & B2SA workstreams
- Launch of the Children in Care dental premium scheme
- Providing clinical leadership of the NHS contribution to corporate parenting in Dorset and BCP Councils
- South West rep for National Network of Designated Health Professionals
- Offered learning and development opportunities to health workforce and beyond
- Health lead and advocate for individual escalations
- Raising quality and financial issues around fostering and adoption medicals

Impact of 2024-25 work on health outcomes for children in care.

Development of the Pan Dorset Children in Care and Care Experienced Young People Health Forum	Newly formed in September 2024, chaired by designated nurse, this quarterly forum brings together the wide network of professionals working with children in care and care experienced young people across Dorset. The aim is to share common themes, raise inequality gaps and identify areas where the system can work collectively to make improvements. Examples of progress so far: engagement with participation officers to ensure child and young people voice present within the forum, exploring need for bespoke pathway for CiC referrals for neurodiversity assessments, recognition that transition is significant issue across all services for CiC.
Reducing serious violence in children in care	This band 7 role was funded by the Dorset Community Safety Partnership and launched in June 2024. The role works directly with children identified as vulnerable to being exploited or exploiting others, to reduce risk of harm. Outcomes in this first year are: 66% of caseload identified as needing speech and language intervention, 100% of caseload referred for assessment or receiving intervention for emotional, mental health or neurodevelopmental conditions, exploitation risk moved from significant to moderate whilst being supported by this role. Further year funding agreed by CSP for Dorset.
Extended scope of Primary Care Networks to the PCN project for care experienced young people	This year the number of PCNs who have agreed to offer additional support to the care experienced population has increased from 5 to 7, this incorporates 30 GP practices. Care co-ordinators and social prescribers have joined the regular touch base meetings with NHS Dorset and Dorset HealthCare, taken advantage of the local care leaver specific vulnerability training and worked in partnership with the care leaver transition nurse to enhance relationships and awareness of the needs of care leavers with successful outcomes.
Representative for children in care when requests for health funding made	The designated nurse attends the NHS Dorset Virtual Panel meeting where requests for funding from local authority are discussed, to give oversight and subject matter expertise for children in care. This is essential as knowledge of existing local services, and understanding of children placed outside of Dorset combined with effective relationships with peers in out of area teams ensures that the most appropriate intervention is procured.
Represented Dorset health system at national and regional conferences	In conjunction with Dorset HealthCare, and for the national conference a peer designate nurse, the care leaver transition nurse role and its positive outcomes were presented. Dorset is the only area regionally that offers this service to children in care transitioning to adult services, currently there are 1263 care leavers known to Dorset. Since the launch of the post in 2018, the overriding focus for the care leaver transition role is supporting care leavers with their emotional and mental health, as well as physical co-morbidities and navigation of the health system as adults.
Children in care and care experienced representative in Preparation for adulthood and Birth To Settled Adulthood workstreams	The designated nurse attends both workstreams as advocate and advisor for CiC with special educational needs and disabilities. This is vital as understanding both the local health landscape across Dorset and the health processes for children in care as they transition to adulthood ensures that their voice is clearly heard in a strategic forum and the gaps in healthcare for young people leaving care are understood. Emotional and mental health support for this cohort has been identified as a priority by young people themselves, capacity is limited in current services.

Launch of the children in care and care experienced dental premium scheme	Launched in January 2025, the CiC and CEYP dental premium sought to provide a dental appointment and treatment if necessary for those children and young people who were unable to access an NHS dentist in Dorset. To date the scheme has received 35 requests for appointments, supporting a combination of children in care, care leavers, and children placed in Dorset by other local authorities to have their dental needs met. Performance data for children in care being up to date with their dental checks has now exceeded target of 90%.
Providing clinical leadership of the NHS contribution to corporate parenting in Dorset and BCP	The designated nurse and doctor are active participants of both corporate parenting boards in BCP and Dorset, acting as representatives for the ICB and the wider health system. Leadership sometimes requires a robust response when challenges to health are raised, this can be seen as an opportunity to offer learning and information to board members around the existing work health teams undertake to promote positive outcomes for children in care, and to understand where changes need to be made.
Southwest representative for National Network of Designated Health Professionals Designated Doctor representative at Coram Baaf	Both designated doctor and nurse have taken on roles to represent the southwest region children in care network nationally. These are vital roles in ensuring the needs of children in care continue to be discussed strategically and that central governance changes are disseminated for a consistent approach to services across the region.
Offered learning and development opportunities to health workforce and beyond	Throughout the year, training in the needs of children in care and care leavers have been offered in a number of forums by CiC professionals, examples are student nurses on placement in the ICB, GP colleagues, medical students, paediatric registrars and dental clinicians. This has been a valuable opportunity for those involved, who may not have had any previous knowledge or experience of children in care, to hear why although children in care only make up 1% of the children population, their health needs impact disproportionally to this figure.
Health lead and advocate for individual escalations	The designate nurse and doctor act as advocates for children in care when there is need for a resolution of individual circumstances. The role allows oversight of services across Dorset and where the gaps and inequalities mean that the needs of children in care and their voice are not central to professional decision making or that more clarity is needed around multi disciplinary roles and responsibilities.
Raising quality and financial issues around fostering and adoption medicals	The designate nurse and doctor have responded to issues raised around the process of fostering and adoption medicals by writing a position statement to present at Safeguarding Assurance Group and adding to the departmental concern log. Specifically, the timeframe for medicals, and the payment for GP's completing the medicals against a backdrop of collective action has impact on the number of prospective adopters and foster carers able to provide homes for children in care to remain living in Dorset. When children are moved out of county, it becomes more difficult to maintain continuity of their health care, particularly if specialist referrals are needed for developmental assessments or therapeutic input is required.

Challenges

Over **1/3** of Dorset children in care are placed out of county, this has significant impact on achieving statutory duty for health assessments resulting in early identification of health needs being delayed for these children who tend to require more intensive support. **80%** of unaccompanied asylum-seeking children are placed outside of Dorset.

30% of children in care are aged 16-18 years – a high proportion of which sit in the 'targeted' caseload due to levels of contextual risk and exploitation. The safeguarding duty has increased putting pressure on health teams and the care leaver transition role.

9% of children in care are unaccompanied asylum-seeking children, although this shows a small decline in numbers since the start of the year, there is a requirement for both local authorities to accommodate 0.1% of the child population. This continually increases into care and leaving care workload as most young people are aged 16 and over.

Approximately **334** children are placed in Dorset by other local authorities, an additional **183** initial and review health assessments have been completed this year by health teams. This impacts on local capacity and there are challenges around notification of placements and the health needs of children being shared from teams outside of Dorset.

Next Steps 2025-26 Reducing the health inequality gap

- Continue to progress joint work to improve pathways for children in care with special educational needs and disabilities – through workstreams focusing on the reciprocal sharing of assessments for those children with an Education, Health and Care Plan as well as increasing knowledge across the health and social care landscape, understanding the need through improved population health management, improving Section 23 notifications across health system.
- Continue to understand the barriers to achieving health assessments within statutory timescales, for children placed in and outside of Dorset.
- Proactively support and advocate for the transformation of emotional and mental health pathways for the unique needs of children in care and care experienced young people.
- Further develop the benefits of population health management to evidence the health deficit and disproportionate health need for children in care and care experienced young people, with a focus on obesity.
- Consider the positive impact on reducing health inequalities for children in care of extending specialist health services that are focused on expertise, advocacy and collaboration, e.g. participation in resource panels discussing children in care, children in care reviews, extending the emotional health and wellbeing role to 18+, increasing capacity to support transition to adult services when leaving care.
- Work collaboratively to adhere to new guidance regarding redaction of adoption records across primary and secondary care.

Feedback for services working with children and young people who are care experienced

94% of carers felt their concerns were listened to during initial health assessments

(From young person) 'I feel safe, secure and comfortable to share my experiences, I feel more confident about how I navigate situations and emotions'

(From a foster carer) 'Thank you for getting a dentist and for all you do for looked after children and carers'

(From professional team) 'Our safeguarding team is fortunate to work with such a wonderful group of hardworking people in the CiC team. I hope you are proud of your teamwork and effort'

All CYP aged 10+ felt listened to at their initial health assessments