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.

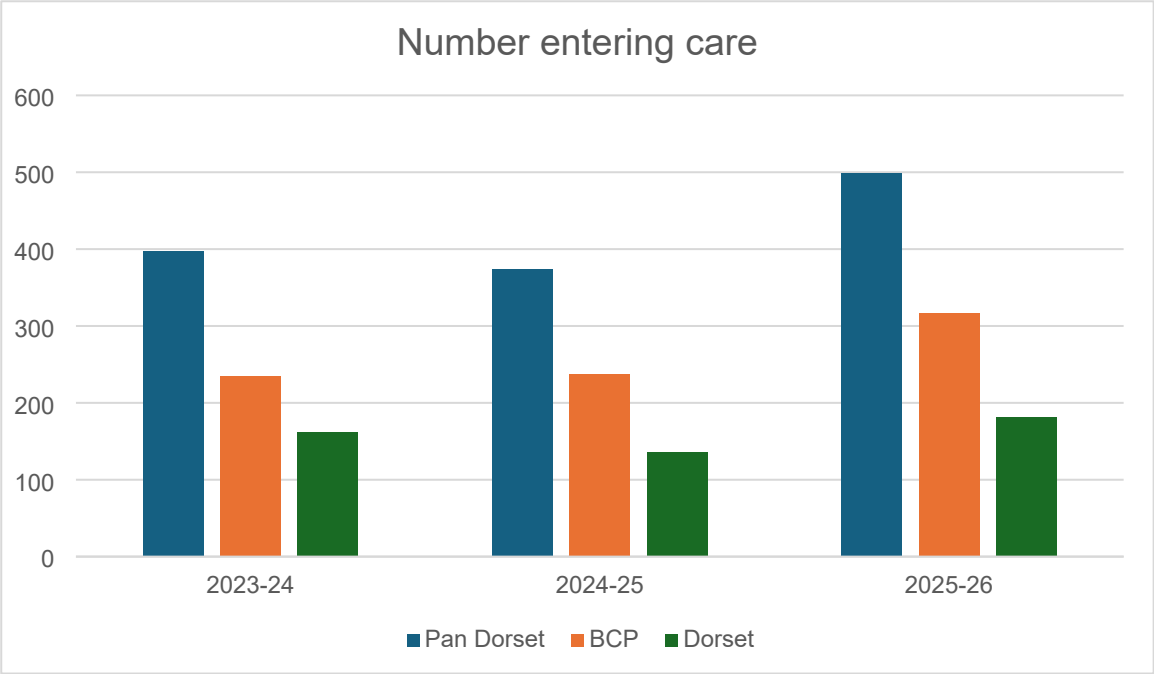
During 2025/26, NHS Bath and Northeast Somerset, Swindon and Wiltshire, NHS Dorset, and NHS Somerset clustered together. Each ICB remained the accountable statutory partner to local multi-agency safeguarding partnership arrangements. In September 2025, Jonathan Higman was appointed as Chief Executive 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

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NHS Dorset